

2017

# Student Incivility and Its Impact on Nursing Faculty and the Nursing Profession

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*Walden University*

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Tamara Lynette Williams

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Walden University  
2017

Abstract

Student Incivility and Its Impact on Nursing Faculty and the Nursing Profession

by

Tamara Lynette Williams

MSN, Walden University, 2009

BSN, Concordia University, 1998

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

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## Abstract

Incivility disrupts the learning environment for nursing students and faculty, and contributes to the national nursing shortage since many nursing faculty reportedly leave academia because of disruptive student behaviors. Academic leaders at a midwestern college of nursing are concerned by the increasing number of students engaging in uncivil behaviors and are seeking solutions. Using Clark's conceptual model, which holds that incivility can be mitigated with effective communication and engagement, this qualitative case study was designed to understand what faculty perceive as the cause of student incivility, and what actions they believe would decrease these uncivil behaviors. Data were collected from semi-structured interviews with 10 purposefully selected faculty members who met the established criteria for participation. The data were transcribed, member checked, and coded for emerging themes. Coding was completed using an open and axial coding process. Nursing faculty communicated a lack of knowledge regarding how to address student incivility, and expressed not feeling properly skilled to defuse uncivil encounters. Five major themes emerged, as follows: classroom expectations, caring culture, organizational support, orientation, and student entitlement. A 3-day professional development workshop on managing student disruptive behaviors and promoting civility within the learning environment was developed as the project outcome. Addressing incivility by learning effective ways to respond, manage, and diminish disruptive behaviors has the potential to positively impact the nursing profession, the patients in nurses' care, and the healthcare system.

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## Dedication

I dedicate this work to my grandmother, the strongest woman I know. Your amazing grace, style, and class showed me all I wanted to become. You taught me to hold my head up high and love my life and all that God has given me. There is not a day that goes by that I do not smile with gratitude from the light you brought into my life.

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## Table of Contents

List of Figures .....	v
Section 1: The Problem.....	1
Introduction.....	1
Definition of the Problem .....	2
Rationale .....	4
Evidence of the Problem from the Professional Literature.....	4
Student Factors.....	5
Faculty Factors.....	7
Institutional Factors .....	8
Evidence of the Problem at the Local Level.....	9
Definitions.....	10
Significance.....	11
Guiding Research Questions.....	13
Review of the Literature .....	13
Research Strategy.....	13
Conceptual Framework.....	15
Workplace Incivility .....	20
Bullying.....	22
Nursing: The Early Years .....	23
Academic Incivility.....	24
Effects of Incivility .....	25



Contributing Factors .....	27
Faculty.....	28
Institutional Factors .....	30
Consumerism .....	31
Implications.....	32
Summary .....	33
Section 2: The Methodology.....	36
Introduction.....	36
Research Design.....	36
Sample Selection.....	38
Research Site.....	40
Role of the Researcher .....	40
Data Collection .....	41
Data Analysis .....	43
Interview Results and Analysis.....	44
Themes .....	56
Evidence of Quality .....	58
Summary .....	59
Section 3: The Project.....	61
Description and Goals.....	61
Rationale .....	63
Review of the Literature .....	64

Professional Development .....	64
Nurse Faculty Transition.....	68
Promoting Civility within the Learning Environment .....	71
Implementation .....	75
Potential Resources and Existing Supports.....	77
Potential Barriers .....	78
Proposal for Implementation and Timetable.....	79
Roles and Responsibilities of Students and Others.....	79
Project Evaluation.....	80
Implications for Social Change.....	81
Local Community .....	81
Far-Reaching Applications .....	81
Conclusion .....	82
Section 4: Reflections and Conclusions.....	83
Introduction.....	83
Project Strengths .....	83
Recommendations for Remediation of Limitations .....	84
Alternative Approaches .....	85
Self-Reflections.....	86
Scholarship.....	86
Project Development and Evaluation.....	88
Leadership and Change.....	88

Analysis of Self as a Scholar .....	89
Analysis of Self as a Practitioner .....	90
Analysis of Self as Project Developer .....	91
Reflections on the Importance of the Work .....	91
Implications, Applications, and Directions for Future Research .....	92
Conclusion .....	93
References .....	95
Appendix A: The Project .....	116
Appendix B: Email Letter of Invitation to Participate in the Study .....	147
Appendix C: Interview Protocol for Nurse Faculty .....	147
Appendix D: Confidentiality Agreement .....	149
Appendix E: Permission to Reproduce the Conceptual Model for Fostering Civility in Nursing Education .....	150

List of Figures

Figure 1. Conceptual model for fostering civility in nursing education. ....16

## Section 1: The Problem

### **Introduction**

Disruptive behaviors and incivility have become common practice in nursing education (Clark, Olender, Cardoni, & Kenski, 2011). Two decades ago, Boyer (1990) identified acts of academic incivility as a challenge faced by many institutions of higher learning. Uncivil behaviors in nursing education warrant attention because the problems they cause in the learning environment require appropriate solutions. Preventing uncivil behaviors from escalating into more aggressive and violent acts is a priority for all academic leaders. When uncivil student behaviors are not addressed, the adverse effects extend beyond the college campus (Clark & Springer, 2010). Nursing students who engage in uncivil behaviors during nursing school may carry those same behaviors into the clinical practice once they become nurses. Incivility in the workplace may lead to unsafe working conditions, poor patient outcomes, and further exacerbate the national nursing shortage, as some nurses choose to leave the profession all together (Clark et al., 2011).

Incivility is an overarching term used to describe rude or discourteous comments or behaviors (Davis, 2013; Feldman, 2001). Uncivil behaviors that are unresolved may escalate and lead to other nonfatal or fatal acts of violence. From 1993 to 1999, the United States Department of Justice reported more than 40,000 annual nonfatal acts of violence targeting university faculty (Luparell, 2004). Such acts ranged from being rude and late for class, to physical aggression and verbal abuse. Clark and Springer (2007)

found that 70% of student and faculty participants reported that incivility was a moderate problem at their institution.

Disruptive behaviors in the classroom impede the learning process and erode the image of the academic nursing community (Robertson, 2012). Incivility in nursing educational environments violates norms of respect, care, and empathy, which are central tenants of the nursing profession (Marchiondo, Marchinodo, & Lasiter, 2010; McNamara, 2012). Research by Altmiller (2012), Clark and Ahten (2012), Mott (2014), and Robertson (2012) has shown that student incivility is a problem in nursing education. However, researchers have noted few effective strategies for preventing and/or reducing the occurrence of uncivil behaviors in the nursing classroom (Robertson, 2012). Campus leaders at my study site have identified student incivility as a problem. Therefore, the purpose of the qualitative study was to explore the problem of student incivility with participating campus faculty and identify effective strategies to diminish the behavior.

### **Definition of the Problem**

Student incivility is a problem at a private, for-profit, single-purpose nursing college in a large metropolitan city in the midwestern region of the United States. The faculty chair reported to me that campus administrators and faculty members have experienced an increase in nursing students' uncivil behaviors towards each other, faculty members, community partners, and campus administrators. The increase in incivility is troubling because incivility can have a negative impact on the learning environment. Uncivil behaviors that researchers have identified as disruptive to the learning environment include talking during class, using cell phones during class, being tardy or

leaving class early, making disrespectful remarks, and not listening to or challenging the instructor (Clark & Springer, 2007; Gallo, 2012). Uncivil behaviors create a negative environment by reducing classroom interest and the commitment of other students (Hirschy & Braxton, 2004).

Incivility also contradicts the nature and intention of nursing as a discipline. Nursing is a caring profession, yet incivility in the workplace creates an opposing picture. Care is a central tenet of the nursing profession; it is the essence of nursing and its existence is necessary on a biological level for infant survival, and on a psychosocial level for those nearing the end of their life (Lachman, 2012). When a person enters into the nursing profession, he or she has committed to provide holistic care.

My study site was established in 1889 as a hospital-based nursing program. It is a regionally accredited, private, for-profit, single-purpose nursing college that now expands across seven states and offers pre-licensure as well as post-licensure nursing programs. The college, guided by its vision to graduate extraordinary nursing professionals provides students with the academic and social support needed to assist students in achieving their academic goals.

Enrollment at the College exceeds 2,400 students across the 3 campus locations. The diversity of the student body is a reflection of current trends within higher education. The National Center for Education Statistics (NCES, 2013a) noted 73% of students enrolled in undergraduate programs are nontraditional students. The median age of students at the college is 27 years, and more than 80% of the student body is over the age of 25 (NCES, 2013b). Because non-traditional students are the majority, the leadership at

the college acknowledges the competing demands, multiple obligations, and responsibilities that students have outside of the classroom. The president at one of the campuses reported that this acknowledgment often leads to acceptance of uncivil behaviors by students, such as being late for class, talking on a cellphone during class, and engaging in disrespectful discussions with their classmates, faculty members, and campus staff/administration. Whatever its cause or influences, student incivility is a widespread problem on campuses of higher education, a problem that requires urgent attention and remedy (Misawa & Rowland, 2015).

### **Rationale**

#### **Evidence of the Problem from the Professional Literature**

Incivility affects many colleges and universities. Previous researchers have documented that faculty and students on many university campuses and across many disciplines have experienced student incivility (Burke, Karl, Peluchette, & Evans, 2013; Lewis & Malecha, 2011). Royce (2000) reported that 80% of the faculty at Indiana University reported having witnessed at least 23 acts of incivility in a 6-month timeframe. Three-fourths of the faculty at a community college in Pennsylvania reported that classroom disturbances occurred several times a week (Black, Wygonik, & Frey, 2011). Similarly, 62% of respondents in Clark and Springer's (2007) study reported that uncivil behavior was a moderate problem in their academic institution. These behaviors require attention because they often are the predecessors to more aggressive and violent acts (Lewis & Malecha, 2011).



Student incivility has become a major focus in nursing education. Mott (2014) noted participants in her study unanimously reported feelings of emotional exhaustion because of the negative interactions between faculty and students. Dalpezzo and Jett (2010) noted uncivil encounters are the most common sources of harm for nursing faculty, who are susceptible to physical, emotional, and psychological harm from students. The hostility expressed by students toward faculty is often rooted in anger over changes to classroom assignments, clinical schedules, and grades (Clark, 2008a; Dalpezzo & Jett, 2010). According to Schaeffer (2013) and Dalpezzo and Jett (2010), nursing faculty are vulnerable to incivility when students disrupt the learning environment by making rude comments, arriving unprepared for class, and rudely contesting test answers (Clark & Springer, 2007). These behaviors often invoke anger and dissatisfaction in nursing faculty (Dalpezzo & Jett, 2010). Understanding the origins of student incivility may be the first step in addressing this problem.

### **Student Factors**

Factors that contribute to student-to-faculty incivility are multifaceted. However, understanding the causes is important to reducing the occurrences. Clark (2008a) identified two primary contributing factors: student stress, and an attitude of student entitlement. The demands associated with balancing a college education and personal responsibilities may cause a heightened sense of anxiety and stress (Clark, 2008a; Koop & Finney, 2013; Robertson, 2012). Students who are academically and socially unprepared for the rigors of college may find themselves becoming “burned out” from

the demanding workloads as they compete in the high-stakes academic environment (Clark, 2008a), and may express their distress in aggressive ways.

When confronted with high standards and scheduling conflicts, nursing students' stress may manifest in the form of fear, anger, and incivility (Robertson, 2012), creating a cycle of desperation. This feeling of desperation may impact their judgment and cause some students to react impulsively. Burke et al. (2013) also noted students are more likely to engage in uncivil behaviors during high stress times, such as before or after an exam and near deadlines of major assignments.

Uncivil student behaviors have also been linked to academic entitlement. According to Kopp and Finney (2013), students who believe they are academically entitled to positive academic outcomes regardless of their performance often engage in uncivil behaviors and become hostile when their demands are not met. Chowning and Campbell (2009) defined academic entitlement as "the tendency to possess an expectation of academic success without taking personal responsibility for achieving success" (p. 982). Students often expect and demand that faculty rearrange class structure to meet students' wishes, and they expect high grades without reciprocal performance (Greenberger, Lessard, Chen, & Farruggia, 2008). Entitled students believe campus faculty and staff exist to serve them (Koop & Finney, 2013). When entitled students do not receive positive outcomes, they perceive the unfavorable outcome as a failure on the part of the faculty and administration/university (Koop & Finney, 2013). Another factor to consider in uncivil classroom encounters is the behavior of faculty members themselves.

## **Faculty Factors**

Although much of the literature addressed student-to-faculty incivility, Clark and Springer (2007) urged faculty to reflect on how their behaviors contribute to incivility in academia. Altmiller (2012) stated that faculty response to student incivility may exacerbate uncivil behaviors in the classroom, and Hall (2004) noted that faculty contribute to dehumanizing learning environments for nursing students when faculty are rigid, act superior, or treat students unfairly. Nursing students who experience incivility by nursing faculty experience feelings of confusion and distress because they have been taught that nursing is a profession founded on the principle of caring (Mott, 2014; Schaeffer, 2013).

Previous researchers have documented that incivility by faculty affects nursing students as well. Altmiller (2012) found consequences of faculty incivility led students to feeling helpless and hopeless. Students described their reluctance to ask clarifying questions for fear of being publicly humiliated, and they often did not report faculty incivility to campus leadership because of concerns about retaliation. Similarly, Mott (2014) examined the lived experiences of six nursing students in the Midwest who were bullied by nursing faculty, and found the experiences had a negative emotional impact on the participants. Faculty who engage in uncivil acts towards nursing students foster the “dance of incivility” (Clark, 2008a, p. 37), wherein students become resistant and do not learn, and faculty respond with anger and shift focus from facilitating and mentoring to disciplining the students (Schaeffer, 2013). In 2003, Thomas examined nursing students’ perceptions of faculty incivility; students described faculty as unfair, reported they had

been tested on uncovered material, and asserted that faculty changed course assignments unexpectedly, identifying all of these as contributing factors to classroom incivility.

Likewise, Clark (2008b) demonstrated that both students and faculty contribute to incivility in the academic setting. Consideration of the larger environment—the institution itself—within which incivility occurs is also necessary in identifying solutions to the problem.

### **Institutional Factors**

An academic institution's structure may also contribute to student incivility. AlKandari (2011) noted that a college's view of its students as customers can contribute to students' views of faculty as service providers. Often students take no responsibility for their own learning; instead, they expect faculty to assume that responsibility and reward students' efforts instead of their performance (Burke et al., 2013). Nordstrom, Bartels, and Bucy (2009) noted consumer-orientated students may believe that because they are the customers, they are always right, and they are entitled to engage in less than courteous behaviors to obtain what they want.

Furthermore, most institutions impose sanctions on only the most serious forms of student incivility in order to retain students (Alberts, Hazen, & Theobald, 2010; Nordstrom et al., 2009). In a conversation I had with the assistant dean of faculty, this individual noted that faculty are less likely to report uncivil student behavior when they perceive campus administrators as non-supportive. Likewise, faculty at a university in Canada reported they had not informed campus administration of student incivility because they perceived reporting the behavior would not make a difference (McKay,

Arnold, Fratzi, & Thomas, 2008). One participant noted, “Student incivility towards faculty is now rampant, led by their culture of entitlement and by their knowledge that campus administration will never support faculty in a student-faculty conflict” (McKay et al., 2008, p. 89). Davis (2013) discussed the need for academic policy development and administrative support to mitigate student incivility. These types of institution-level concerns were relevant considerations at the college in this study.

### **Evidence of the Problem at the Local Level**

Campus administrators at the research site frequently receive feedback from faculty and staff regarding students’ uncivil behaviors. One faculty member described her embarrassment as she waited in the lobby of the hospital with hospital administration for the four students who were scheduled to report to the hospital by 6:30 a.m. for their clinical experience. The four students arrived at 7:15 a.m. When the faculty inquired about the students’ tardiness, three students replied, “What is the big deal? We are here now, so teach us.” Another faculty member, who recently resigned from nursing education, noted, “Because of the disrespect I endured from the students during my time here, I would never teach again. There were times when I was in the classroom and I could not even hear my own voice over the noise of some of the students. How could the students who were trying to learn hear me?” A student service advisor recalled a student screaming at her and using profanity as the student service advisor attempted to tell the student the nursing course was not available on the day and at the time the student wanted to register. The campus president shared an email communication between her and a student in which the student threatened to seek legal representation because the campus

president would not approve the student's reinstatement appeal. Such incivility is a concerning component of the academic experience at my study site. Therefore, I sought to explore this problem further to identify appropriate solutions.

### **Definitions**

I used the following definitions throughout the study:

*Academic entitlement:* The expectation that one should receive positive academic outcomes, often independent of performance (Koop & Finney, 2013).

*Academic incivility:* To speak rudely or forcefully to other students or the instructor; to dominate the class discussion; to arrive late or leave early from class; to engage in side conversations during lecture; use of a cell phone during lecture (Harris, 2011).

*Bullying:* Behaviors that are considered humiliating, intimidating, threatening, or demeaning to an individual or a group and occur repeatedly over time (Cleary, Hunt, & Horsfall, 2010).

*Civility:* An authentic respect for others during encounters of disagreement, disparity, or controversy (Clark & Carnosso, 2008).

*Incivility:* Rude or discourteous speech or behavior that violates the norms of mutual respect (Feldman, 2001).

*Lateral violence:* Bullying that occurs between nurses at the same hierarchical level (Thobaben, 2007).

*Sentinel events:* A patient safety event that results in an unexpected death or serious physical or psychological injury (Institute of Medicine, 2000).

*Uncivil behaviors:* Behaviors identified as disruptive to the learning environment and include talking during class; use of cell phone, being tardy or leaving class early; making disrespectful remarks; and not listening to or challenging the instructor (Gallo, 2012).

*Vertical violence:* Bullying that occurs between nurses at different hierarchical levels (Thobaben, 2007).

### **Significance**

Incivility in nursing education is not a new phenomenon, but the frequency with which it occurs is on the rise (Clark, 2008b; Luparell, 2004). Incivility is rude or discourteous speech or behavior (Feldman, 2001) and a disregard of others that causes a hostile working environment (Clark, 2008b). Incivility can range from verbal insults to physically violent acts. Incivility within the academic setting disrupts the learning environment and impedes mutual respect.

Faculty members suffer from such treatment by their students. Suplee, Lachman, Siebert, and Anselmi (2008) found that faculty identified the incivility they experienced while teaching as a significant source of stress. Lashley and DeMenses (2001) reported 58% of their faculty participants described being yelled at in the classroom by nursing students, and Luparell (2004) noted faculty who experienced incivility by nursing students often experience long-term effects associated with fear, panic, and stress. Hunt and Marini (2012) identified incivility in nursing education as a contributing factor in faculty burnout and low morale. In another study, nursing faculty explained how the effects of incivility—such as the physical strain, loss of confidence in their teaching

abilities, damage to their self-esteem, and significant time expenditures—caused them to leave nursing education (Luparell, 2007). Similarly, Beckmann, Cannella, and Wantland (2013) noted faculty who experienced incivility reported physiological and psychological distress, and Clark (2009) noted that some nursing faculty reported fearing for their personal safety, doubting their abilities as educators, and leaving the academic setting because of students' uncivil behaviors. However, the impact of incivility extends farther than personal harm to faculty.

Nursing faculty who leave the academic setting further impact the national nursing shortage. The American Association of Colleges of Nursing (2013) reported that during the 2012-2013 academic year, nursing schools turned away more than 75,000 qualified applicants from baccalaureate and graduate nursing programs because of an inadequate number of faculty to teach them. Incivility is also concerning because today's nursing students are the nurses of tomorrow.

Uncivil behaviors tolerated in academia may extend into the workforce (Luparell, 2011). As nursing students engage in and observe acts of incivility, these interactions are likely to shape their image of the profession (Clark & Ahten, 2012). In 2000, the Institute of Medicine reported uncivil behaviors were the cause of more than 3,500 sentinel events over a 10-year period, and that they contributed to more than 98,000 patient deaths annually. Behaviors that intimidate or affect the morale of healthcare workers can be harmful to patient care. It is imperative that uncivil student behaviors be addressed and modified in nursing schools before they are permanently incorporated into the nursing workforce environment.



### **Guiding Research Questions**

As a result of the increase in observed student incivility at the research site, I employed a qualitative study to explore the problem of student incivility with participating campus faculty. I sought to gain a better understanding of student incivility in an effort to identify effective strategies that can be used to diminish the disruptive behaviors of nursing students. The overarching research question was: Why do students engage in uncivil behaviors during their nursing education? Focusing on the experiences of campus faculty and staff and aligning with the research problem and purpose, the following research questions guided this study:

1. What are nursing faculty's perceptions regarding student incivility at a college in the Midwest?
2. What do nursing faculty perceive as the cause of student incivility?
3. What strategies do faculty perceive to be effective in minimizing student incivility in nursing education?
4. What are faculty perceptions of whether or not, or the degree to which, they are prepared to manage student incivility at a college in the Midwest?

### **Review of the Literature**

#### **Research Strategy**

I obtained information using research databases I accessed via Walden University's library including, Education Research Complete, ProQuest Central, Academic Search Complete, Google Scholar, and CINAHL. During database searches, I used the following phrases and key words: *incivility, nurse, higher education, disruptive*

*behaviors, nursing shortage, nurse faculty shortage, violence, student aggression, learning environment, classroom management, academic entitlement, nursing faculty, classroom incivilities, workplace incivility, and nursing practice.* In addition to the database searches, I gathered other scholarly works from the reference lists of all articles used in my research. When I could not locate any new information, I assumed saturation had been reached. Furthermore, repetition of the following themes indicated saturation: the importance of effective communication, the significance of displaying mutual respect, the relevance of student-faculty relationship dynamics, the contributions faculty behavior make to student incivility, the periods of high stress and anxiety for faculty and students, and the ways acts of incivility can be minimized to decrease violence. Previous researchers have defined student incivility as encompassing an array of student behaviors, from arriving late to class to engaging in physical acts of violence against faculty (Barrett, Rubaii-Barrett, & Pelowski, 2010; Kolanko et al., 2006). Examples and descriptions of incivility were not hard to locate.

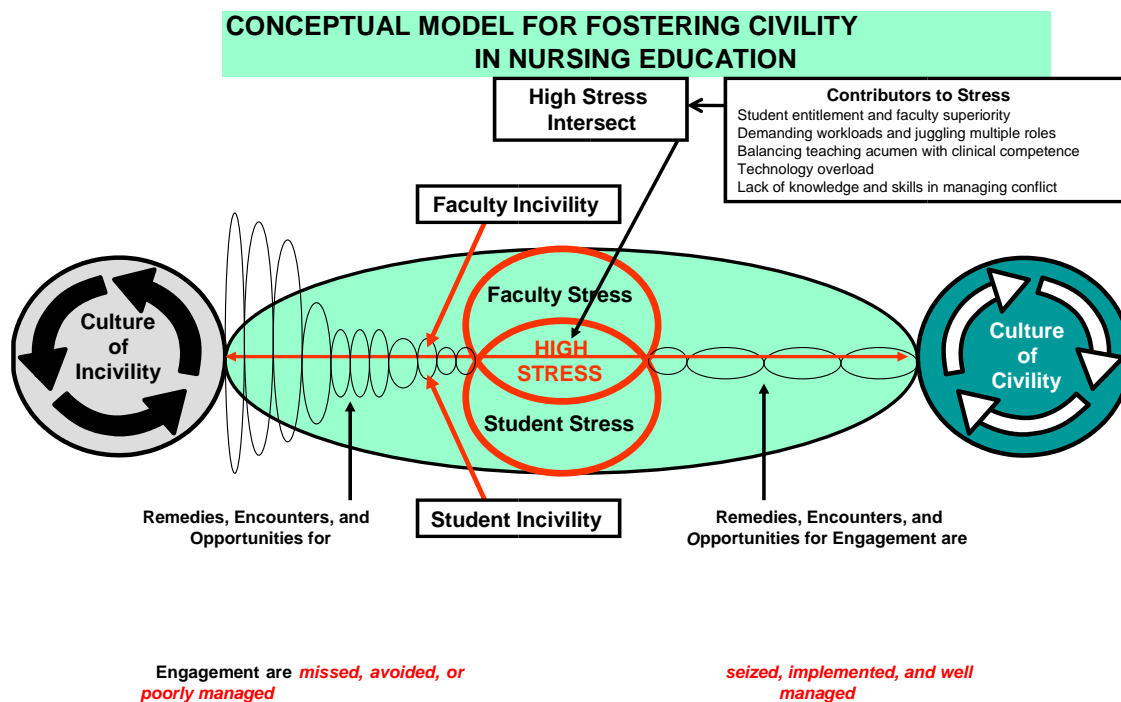
Disturbing occurrences of student incivility can be found in the media, where images ranging from insulting remarks and verbal abuse to acts of physical violence generate a panic among educators (Clark, 2011a). Feldman (2001) defined incivility as rude or discourteous speech or behavior that violates the norms of mutual respect. Nursing faculty who endure students' disruptive speech or behavior have been noted to leave the academic setting (DalPezzo & Jett, 2010; Luparell, 2004; Schaeffer, 2013), further impacting the national nursing shortage. These faculty members may also experience greater job dissatisfaction and high levels of emotional, physical, and

psychological strain (Harris, 2011; Hunt & Marini, 2012). The relationships between faculty and students suffer in an environment of incivility, as well.

Incivility affects the learning environment, creating distrust in the faculty-student relationship. It frequently erupts during the challenge created when poor performance on the part of the student necessitates criticism from the faculty (Altmiller, 2012; Luparell, 2004). Additional researchers have found incivility to be prompted by those who are stressed, unhappy, or under time constraints (Clark, 2008a; Forini, 2008; Harris, 2011). These conditions may cause individuals to behave in ways that lead to uncivil actions.

### **Conceptual Framework**

Clark's (2010) conceptual model for fostering civility in nursing education served as the frame for this study of incivility in nursing education. The conceptual model defines the problem, identifies contributing factors, and outlines prevention strategies for addressing student incivility. The faculty-student relationship, shared responsibility, and the interdependent exchange between student and faculty are specific components of Clark's model. Figure 1 is a visual representation of Clark's model. The left side of the model illustrates an escalating spiral of incivility (Clark, 2010), wherein the opportunity for resolution is missed. The center of the model shows an intersection where high levels of faculty and student stress meet (Clark, 2010). This intersection of high stress creates encounters between faculty and student that can be intense, resulting in disruptive or threatening behaviors (Clark, 2010). When opportunities for engagement are seized and effective communication occurs, a culture of civility can be established, as reflected by the right side of the model.



*Figure 1.* Conceptual model for fostering civility in nursing education. Adapted from *Creating and Sustaining Civility in Nursing Education* by C. Clark, 2013, Indianapolis, IN: Sigma Theta Tau International. Copyright 2010 by Sigma Theta Tau International Publishers. Adapted with permission.

Clark's (2010) model, fostering civility in nursing education, can serve as a guide for faculty, students, and academic leaders alike. The model can be used to improve the overall academic climate. Using this conceptual model to guide my research, which focused on gaining a greater understanding of incivility in nursing education, it was important to understand how faculty defined student incivility, what student behaviors they considered uncivil, what factors they believed contribute to incivility, and what strategies they suggested to achieve civility at the study site.

The first step in preventing incivility is to understand it and identify contributing factors. The conceptual model shows how heightened levels of nursing faculty and student stress, combined with faculty's feelings of superiority and students' attitudes of

entitlement, contribute to incivility in nursing education (Clark, 2008a). Factors that cultivate high stress levels for nursing students include high-stakes exams, challenging clinical performance, the rigors of college, and the need to balance personal and academic responsibilities. Similarly, Clark and Springer (2010) noted nursing faculty experience stress resulting from burnout from demanding workloads and high faculty turnover. Other factors include lack of knowledge and skills, and non-supportive administrative teams (Clark et al., 2011). When stress levels between students and faculty are high, opportunities to resolve conflict may be missed or poorly managed (Clark & Springer, 2010); neither party may be able to hear or process what the other is saying when emotions are high.

In addition to high levels of stress, faculty who abuse their authority contribute to incivility. One area of focus in the model is that incivility is not unidirectional; it is reciprocal. When faculty abuse the power that accompanies their role by embarrassing students in the classroom or publicly humiliating them during clinical practice, some students respond with verbal abuse, such as yelling in a hostile manner (McCrink, 2010; McNamara, 2012). This interdependent exchange of disrespect between student and faculty cultivates the “dance of incivility” (Clark, 2008a, p. E38), wherein student and faculty point blame at one another. According to Sguera, Bagozzi, Huy, Boss, and Boss (2016), exchanges such as these may occur as emotional reactions to stimuli, rather than as intentional attacks. Therefore, awareness of the potential conflict and prevention of escalation are possible solutions.

Raising awareness of uncivil behaviors and recognizing behaviors that negatively impact the learning environment will aid in preventing incivility. Clark (2014) noted that uncivil behaviors exist along a continuum ranging from mildly disruptive behaviors, such as being late to class, eye rolling, and making sarcastic comments, to threatening behaviors, including physical violence. Along the continuum, uncivil behaviors begin to escalate to bullying, physical, and psychological abuse (Clark & Athen, 2012). Behaviors expressed on the other end of the continuum are often ignored or excused away due to their subtleness. However, Clark (2014) advised those in academia to pay close attention to the benign behaviors on the milder end of the continuum, as they can quickly escalate to the threatening behaviors on the extreme end when students encounter stress, are dissatisfied, or feel threatened.

Awareness requires faculty and students to assess their own actions and consider how they may contribute to incivility. Student and faculty can be instigators of incivility as they challenge each other's professionalism. Whether initiated by student, faculty, or both, incivility presents an opportunity for further engagement (Clark, 2010). Given the challenges present when students and faculty engage in incivility (Clark, 2011b), and its interference with the learning environment (Harris, 2011), this study was relevant to the field of nursing education because my goal was to understand how faculty define incivility, what they perceive to cause incivility in nursing education, and what strategies are necessary to end the behavior.

Clark's (2010) model for fostering civility in nursing education was appropriate to frame this study because it addresses a major contributing factor, high levels of stress,

from the perspectives of both faculty and students. While researchers have noted other frameworks throughout the literature, those were not appropriate models for this study site. For example, while Alberts et al. (2010) offered suggestions to discourage students from engaging in uncivil behaviors, the authors indicated that the breakdown in civility was due to the lack of social bonds between student and faculty. Similarly, Fuller (2010) applied the concept of rankism to incivility in education, and argued that the abuse of power and rank by faculty created an uncivil learning environment. In addition, Robertson (2012) noted incivility reflected the generational differences between students and faculty, and Luparell (2004) described incivility as an unfolding battle precipitated by students' academic performance. Although the perspectives may differ, each study highlighted the relationship between students and faculty. With the emphasis on stress as a precipitating factor in student to faculty incivility, Clark's conceptual framework seemed more appropriate as the foundation for this study.

In order to understand incivility in the academic setting, a broader view of incivility in nursing was necessary. Incivility had been studied extensively from the perspective of the professional nurse and hospital workplace. By first reviewing the foundation of the phenomenon, I sought to gain a better understanding of incivility in nursing education. To provide a broader context for understanding incivility, in the following subsections I address workplace incivility, bullying, the early years of nursing, and the transference of incivility from the workplace to academic setting.

## **Workplace Incivility**

Clinical practice is an important part of nursing education that provides the student nurse with opportunities for actual skill application in a real-world healthcare environment. For some student nurses, clinical practice is their first experience with the nursing profession; interactions that occur during clinical practice will shape the student nurses' image of the profession of nursing (Clark & Ahten, 2012). While reviewing the literature, I found that student nurses may be exposed to incivility in the healthcare environment during their clinical practice. Ferguson-Pare, Mallette, Zarins, McLeod, and Reubin (2010) reported that 95% of nurse participants noted they witnessed acts of incivility during their first 3 months of employment, and 71% identified themselves as the victim. Eighty-four percent of the direct care nurses at an academic medical center in the state of Texas reported experiencing workplace incivility within the last year (Lewis & Malecha, 2011). Similarly, Laschinger, Finegan, and Wilk (2009) reported 67% of nurses experienced incivility from their supervisors, and 77% reported co-worker incivility. These acts of incivility may influence student nurses' behavior (Clark & Ahten, 2012; Hubbard, 2014) and change or determine how nurses in the workplace behave towards each other, patients, and other healthcare providers. Often, nurses' workplace environment is likely to generate conditions of incivility.

The healthcare environment is at greater risk for incivility because of stressful work conditions, frequent policy changes, and the large volume of healthcare providers who must work collaboratively to improve patient outcomes (Cleary et al., 2010; Hunt & Marini, 2012). According to the American Nurses Credentialing Center (n.d.), a healthy



work environment for nurses includes interdisciplinary relationships, autonomy, professional satisfaction, and positive patient outcomes. Collaborative work relationships are imperative for a healthy, effective work environment. However, strained work relationships have been associated with medical errors, poor performance, and job dissatisfaction (Smith, Andrusyszyn, & Laschinger, 2010). In addition to maintaining professional relationships with colleagues, nurses must cope with the life and death situations that arise in their work.

Besides the aforementioned reasons that expose the healthcare environment to incivility, providers must ensure they deliver safe and competent care in the midst of managing the day-to-day hectic operations of healthcare. The intensity of the work and the pressure to perform is conducive to blaming (Cleary et al., 2010), and a culture of blaming may contribute to tolerance of bullying and reinforce these types of behaviors. Many experts agreed that bullying involves the act of intentionally repeating efforts to cause another person physical or emotional harm or injury (Dellasega, 2009; Eggerston, 2011). Bullying and uncivil behaviors in the workplace are unhealthy and destructive. If student nurses are exposed to incivility during their clinical practice, they are more apt to emulate those behaviors and engage in bullying activities themselves (Harris, 2011). Nursing students construct their image of a nurse by observing other nurses in the workplace. Marini (2009) identified the similarities in behaviors between incivility and bullying, and suggested further exploration of bullying may provide greater insight to the precursor of incivility.

## **Bullying**

Bullying, for the purpose of this study, was defined as “workplace behaviors which are considered humiliating, intimidating, threatening, or demeaning to an individual or a group and occur repeatedly over time” (Cleary et al., 2010, p. 331). Bullying behaviors consist of negative gestures, isolation techniques, gossiping, withholding pertinent information, and refusing to collaborate (Eggerston, 2011). Bullying can occur between nurses at the same hierarchical level (lateral violence) or between nurses at different hierarchical levels (vertical violence); however, bullying is more commonly associated with differences of power or authority (Thobaben, 2007). Regardless of its origin or direction, bullying is damaging to its victims.

The effects of bullying are wide-ranging; bullying impacts nurses professionally and emotionally. Vessey, Demarco, Gaffney, and Budin (2009) noted nurses who experienced ongoing bullying reported being depressed, having thoughts of suicide, and feeling emotionally exhausted. When bullying occurs at the workplace, nurses are hesitant to communicate with others; this breakdown in communication may lead to errors in patient care. Bullying can contribute to a stressful, negative work environment, causing some to leave the employer or profession (Eggerston, 2011). Berry, Gillespie, Gates, and Schafer (2012) found that within the first six months of employment, half of the graduate nurses surveyed reported they experienced bullying at the workplace, which significantly impacted their productivity. The authors also noted that one-fifth of the graduate nurses expressed that bullying was a common practice at their workplace and noted having difficulty concentrating on performing tasks. Similarly, Griffin (2004)

reported 60% of graduate nurses leave the workplace due to bullying within the first six months of employment. Workplace attrition, specifically within the first six months, due to bullying has significant financial implications for the employer who must pay for the recruitment and development of new nurse professionals (Rocker, 2008). For this reason, it was imperative to review the early years of nursing to gain an understanding of the submissive culture underlying the profession.

### **Nursing: The Early Years**

As a female-dominated and once subservient profession, early nursing culture held that nurses never question the authority of the physician. This relationship created a hierarchy wherein the nurse was the least powerful member of the healthcare team (Johnson & Rea, 2009). Because nursing education was modeled after the workplace, with faculty in a role of authority, the effects of bullying were evident in both the workplace and the academic setting. A long history of oppression and subordination caused nurses to often target their frustrations towards others, particularly those of less power (Freshwater, 2000; Johnson & Rea, 2009). Lateral violence can occur at any workplace with members of unequal power, for example, nurse-to-nurse manager or student nurse to nursing faculty. If unresolved, lateral violence can lead to an unhealthy work environment; job dissatisfaction; or physical, emotional, and psychological stress (DalPezzo & Jett, 2010). In 2008, Hader surveyed 1,000 nurses, and more than 50% of nurse respondents reported having experienced or witnessed intimidation, angry outburst, severe criticism, and harassment at work. Other studies reported similar results: 65% of nurses observed lateral violence among co-workers (Stanley, Martin, Michel,

Welton, & Nemeth, 2007); 30% of nurses experienced workplace bullying by their supervisors (Johnson & Rea, 2009); and three-fourths of critical care nurses endured condescending, insulting, and rude comments from non-nurse colleagues (Grenny, 2009). MacKusick and Minick (2010) reported nurses described bullying behaviors are accepted as normal behavior; they are cyclical; and they are tolerated by hospital administrators.

Students who witness acts of incivility, such as nurses refusing to assist other nurses or withholding pertinent patient information, are more likely to display the same behaviors towards their classmates (Altmiller, 2012) or display similar behaviors towards their patients and other healthcare providers upon graduation. During Clark's (2011b) opening remarks at the North Carolina Board of Nursing Education Summit, she asserted bullying occurs in clinical practice and in the academic setting for three reasons: because it can, because it is modeled, and because it is tolerated.

### **Academic Incivility**

Contributing factors of incivility are multifaceted. Similar to nurses in the workplace, nursing faculty in the academic setting also experience varying degrees of incivility. Common acts of incivility include students arriving late to class, conducting side conversations during class time, and threatening to give poor faculty evaluations (Davis, 2013). Alberts et al. (2010) expanded on this definition and included missing class, sleeping in class, and cheating on exams. Uncivil behaviors can range from mild classroom disruptions to aggressive, intimidating, bullying behaviors (Clark & Springer, 2010). Uncivil behaviors may take many forms, but whether classified as less serious disruptions or major violence, incivility impedes the learning environment and inhibits

the ability to develop high quality nurses (Schaeffer, 2013). Experts noted that uncivil behaviors in the learning environment are typically grouped into three categories: less serious offensives, more serious offensives, and most serious offensives (Alberts et al., 2010; Bjorklund & Rehling, 2010; Connelly, 2009). Behaviors such as sleeping in class, not attending class, and dominating classroom discussions were noted as less serious offensives (Clark, 2014; Connelly, 2009). While Alberts et al. (2010) labeled stalking, intimidation, verbal attacks, and unjustified complaints about the faculty member as more serious offensives. The most serious offensives occur when the student threatens the instructor with violence (Knepp, 2012). These types of violent acts against faculty may weaken the learning environment by creating tension between faculty and students. The next section of this literature review will focus on effects of incivility.

### **Effects of Incivility**

Uncivil behaviors can have detrimental effects on the learning environment and the learning process. When incivility occurs in the learning environment, the relationship between the student and faculty member and the relationship between the student and the institution are diminished (Bjorklund & Rehling, 2010). Students expect the faculty member to control the classroom and stop disruptive student behaviors. When this does not happen, students may lose respect for the faculty member and the institution. Classroom incivility is any action that interferes with a cooperative learning environment. Incivility can disrupt the learning environment for students who are not engaging in the uncivil behaviors and for the faculty member who is trying to facilitate student learning. Students are at a disadvantage when faculty cannot guide their learning and help ensure

they meet the learning objectives. Simply put, disruptive behavior takes time away from teaching and learning.

A faculty member at the research site explained that it was her perception that disruptive students purposefully interrupted the teaching process and interfered with student teaching (M. Lee, personal communication, January 18, 2015). When students are exposed to long-term incivility, the results may include increased stress, lack of confidence, emotional hurt, decreased program satisfaction, and possible withdrawal from the nursing program (Marchiondo et al., 2010). Previous researchers offered findings that faculty experience similar symptoms when exposed to long-term incivility (DalPezzo & Jett, 2010; Kolanko et al., 2006; Schaeffer, 2013).

Bjorklund and Rehling (2010) noted incivility in the classroom may contribute to instructors' stress and discontent with the role. Schaeffer (2013) explained how nursing faculty are vulnerable to the effects of student incivility, and because of this vulnerability, many have chosen to leave the profession. In a national survey, results demonstrated 25% of the 400 nursing faculty participants reported engaging in physical contact to protect themselves from uncivil students and 43% reported being verbally abused by students in the classroom (Lashley & De Meneses, 2001). Verbal abuse appears to be the most common form of incivility experienced by nursing faculty followed by inappropriate, rude behaviors (40%) and belittling or condescending behaviors (30%; Clark, Kane, Rajacich, & Lafreniere, 2012). Incivility in the academic setting is a serious problem, and some experts predict it will get worse (Clark, 2010; Keim & McDermott, 2010). Like bullying in the workplace, incivility in the academic setting can cause physical,

emotional, and psychological strain (DalPezzo & Jett, 2010); frustration and emotional hurt (Schaeffer, 2013); and decreased morale and productivity (Knepp, 2012). Therefore, it is important to identify contributing factors and possible solutions.

### **Contributing Factors**

As previously noted, various factors contribute to incivility in nursing education. Current researchers examine the roles of the student, the faculty, and the institution, along with the growing influence of consumerism (Hughes, 2000; Nordstrom et al., 2009). Nursing students must often juggle multiple roles. Many have competing obligations such as nursing school, familial responsibilities, and a full-time or part-time job. Balancing these obligations can lead to students' experiencing high levels of stress and fatigue. Burke et al. (2013) noted because a greater percentage of today's nursing students balance multiple priorities, they appear to be more anxious and stressed than ever before; this stress is possibly due to societal pressures to maintain a demanding school schedule and a full or part-time work schedule (Robertson, 2012). Researchers consistently documented high levels of stress and maladaptive coping strategies throughout the literature as factors contributing to incivility in the academic setting (Clark, 2011b; Gallo, 2012; Knepp, 2012). Pursuing a nursing education can be a stressful endeavor and although some stress is thought to facilitate learning (Anthony & Yastik, 2011), stress in excess can lead to shame, self-doubt, and insecurity (Gallo, 2012).

Clark et al. (2011) identified stressors associated with nursing school, which included demanding workloads, conflicting personal and school schedules, and challenging clinical practice. As nursing students balance the time demands and high

academic standards of nursing education, some find themselves experiencing high levels of anxiety, which can impair their judgment. Robertson (2012) concurred with this sentiment, noting high levels of stress and anxiety are synonymous with nursing education. He further noted that high levels of anxiety can cause desperation, which quickly converts to frustration, manifesting in the forms of anger and incivility. Kuhlenschmidt (1999) explained when time constraints for nursing students increase, civility is often lost. In addition, Alberts et al. (2010) reported that many students are not prepared academically for college, and as a result have unrealistic expectations about college life and underestimate the rigor of college-level work. The authors also reported that students are more likely to engage in inappropriate behaviors if they are not academically prepared for college level work due to lenient grade school environments (Alberts et al., 2010). Students who are not prepared academically for college may expect others within the institution to disproportionately support them to achieve success. In addition to a student's lack of academic preparation, specific faculty traits may predispose faculty to incivility.

### **Faculty**

Limited literature supported the idea that certain demographic characteristics of faculty may prompt incivility in the classroom (Alberts et al., 2010; Alexander-Snow, 2004; AlKandari, 2011; Nordstrom et al., 2009). Young, female, non-White faculty members are more likely to be targets of incivility than their male counterparts (AlKandari, 2011). Results from Alberts et al.'s (2010) study indicated that nearly all new-career female instructors experienced some form of incivility from their students.



The female faculty reported students did not accept them as authority figures, often referred to them by their first name rather than the titles of professor or doctor, and interacted with them more casually than their male counterparts (Alberts et al., 2010). The difference in treatment is likely related to students' perceptions of what a college professor should look like (Nilson & Jackson, 2004). In the traditional sense, students view a college faculty member as a White male with a deep voice who commands authority in the classroom; when students encounter faculty who do not meet those characteristics, they tend to rebel and engage in uncivil behaviors (Nilson, 2003; Nilson & Jackson, 2004). The prejudice displayed in these behaviors warrants investigation, as does the reverse interaction, faculty who are uncivil to students.

Although much of the literature discussed student-to-faculty incivility, nursing students may also be the recipients of uncivil behaviors. Clark (2008a) described incivility as an interactive process wherein both parties share the responsibility and blame. Incivility is not unidirectional; it is an interdependent exchange between faculty and students (Braxton & Bayer, 2004; Clark, 2008a). When faculty engage in uncivil behaviors such as arriving late to class, arriving unprepared, and using rude speech, students may perceive these behaviors as acceptable and begin to emulate them. Marchiondo et al. (2010) reported 48% of senior-level nursing students noted incivility was more common in the clinical practice setting, while 37% reported the classroom as the most common location. Clark (2008b) surveyed 306 nursing students regarding faculty incivility; the participants identified faculty superiority, inappropriate use of power, and intimidating and bullying as the most frequent features of faculty incivility.

Similarly, 24 junior- and senior-level nursing students described feeling they had no recourse for incivility on the part of the faculty and explained that often, questioning a faculty member resulted in a counterattack (Altmiller, 2012). Faced with demanding workloads, nursing faculty may feel overwhelmed, become intolerant of students' issues, and respond inappropriately. Furthermore, the faculty's working conditions and institutional environment may be pertinent to the incidence of incivility.

### **Institutional Factors**

The culture of the academic institution may also contribute to fostering an environment of incivility. As institutions compete for students' enrollments, Koop and Finney (2013) noted students' uncivil behaviors may be overlooked for the sake of tuition and retention. This competition for student enrollment has caused the study site to expand its advertisement and recruitment efforts into new demographics, accepting less than academically qualified candidates. Once it has enrolled students, Nilson and Jackson (2004) argued, some institutions' desire to retain students is stronger than their dislike of incivility, and overlooking the incidents further perpetuates the problem.

A sense of anonymity may serve as an influence in student's incivility. Students enrolled in larger classrooms have been reported (Koop & Finney, 2013; Nilson, 2003) to engage in rude, discourteous behavior as they perceive themselves to be a number rather than an individual. The same is true in the online learning environment. When students believe faculty do not know them by name, their uncivil actions become anonymous, which is often the case in a large classroom or online setting. Alberts et al. (2010) elaborated and included the classification of the academic institution as a contributing

factor of incivility. In 2010, faculty teaching at a large, public institution were 30% more likely to experience student incivility as compared to only 8% of faculty teaching at a small, private institution (Alberts et al., 2010). The underlying assumption is the larger and more impersonal the environment, the greater the probability of incivility. Finally, the concept of consumerism in education may contribute to students' incivility.

### **Consumerism**

As paying customers, students often view education as a service or commodity wherein course grades and college degrees are expected, not earned. Chowning and Campbell (2009) noted that both consumerism and entitlement were significant predictors of inappropriate behaviors. Similarly, Burke et al. (2013) identified a positive correlation between students who engage in uncivil behaviors and those who express a consumerism viewpoint that categorizes students as buyers of education. Students who view themselves as consumers of education believe they are owed something in return for their tuition dollars (Burke et al., 2013; Knepp, 2012). A survey of faculty concluded uncivil student behaviors were common among students who perceived themselves as customers accustomed to receiving instant gratification (Alberts et al., 2010). When students do not take accountability or responsibility for their own actions and/or failures, they contribute to the cycle of incivility. Some students have adopted a buyer mentality, asserting that paying tuition makes them a customer and expecting that they should receive positive academic outcomes regardless of their performance (Chowning & Campbell, 2009; Koop & Finney, 2013). As perceived customers, students may feel they are entitled to favorable grades and may demand accommodations be considered when they encounter challenges.

The basic tenets of the nursing profession emphasize care and compassion; uncivil behaviors should not be condoned. The nursing profession is guided by several standards of practice: First, the Essentials for Baccalaureate Education for Professional Nursing Practice (American Association of College of Nursing, 2008) emphasizes the importance of civility as a component of professionalism. Second, the Nursing: Scope and Standards of Practice state, “The art of nursing is based on a framework of caring and respect for human dignity” (American Nurses Association, 2010, pp. 11-12). Third, the American Nurses Association Code of Ethics for Nurses (2015) requires “nurses to treat colleagues, students, and patients with dignity and respect. Any form of harassment, disrespect or harm will not be tolerated” (p. 20). Despite these guiding tenants, nursing students and nursing faculty often perceive nursing education as an uncaring, uncivil environment (Harris, 2011). The effects of this environment are far-reaching and serious.

### **Implications**

Uncivil behaviors can have negative effects on students and faculty. Davis (2013) suggested implementing strategies to address incivility in order to remedy the national nursing shortage and the shortage of nursing faculty. Incivility contributes to program dissatisfaction (Davis, 2013; Marchiondo et al., 2010), weakens the sense of community, and depicts nursing as an uncaring profession. When incivility is minimized, learning is fostered (Clark, Farnsworth, & Landrum, 2009). Incivility in nursing education may transfer to clinical practice if no intervention occurs, as nursing students often adopt behaviors they have observed, learned, or saw modeled in nursing school (Clark & Ahten, 2012). Bartholomew (2014) noted negative behaviors may be a learned process,

transferred from nursing education to nursing practice. She also identified that uncivil behaviors contribute to the departure of new graduates within the first six months of employment (Bartholomew, 2014). All these factors impact the quality of healthcare delivered to patients, as well.

The impact of incivility has significant implications on clinical practice. Healthcare providers who encounter uncivil behaviors report greater job dissatisfaction and exhibit a higher incidence of headaches, eating disorders, and depression; in addition, they are more likely to leave their positions (C. Hunt & Marini, 2012). McNamara (2012) reviewed the 2009 Joint Commission Sentinel Event Alert, which focused on disruptive behaviors that affect nurse staff morale and contribute to high staff turnover. Disruptive behaviors negatively impacted patient care, the nursing profession, and the organization's bottom line. Creating a culture of civility in nursing education takes courage, a commitment to change, and comprehensive policies that outline unacceptable behaviors. From the data collection in this study, it was anticipated that themes would emerge that would provide specific strategies for how to address student incivility at the study site. It was predicted that the findings would indicate the need for professional development workshops for the nursing faculty. The workshops could include strategies to prevent and defuse uncivil student behaviors.

### **Summary**

In Section 1 of this paper, I focused on student incivility at a nursing college in the Midwest. Campus administration and faculty of the college are concerned about the increase of nursing students who engage in uncivil behaviors towards each other, faculty,

community partners, and campus administration. Incivility often negatively impacts the learning environment, causing psychological and physical strain for both faculty and students. The literature review supported that faculty are leaving the profession of nursing education due to students' uncivil behaviors, while nursing students express feelings of helplessness and hopelessness when met with incivility from faculty (Burke et al., 2013; Clark & Athen, 2012; Dalpezzo & Jett, 2010; Gallo, 2012). Uncivil behaviors learned and/or tolerated in the academic setting can extend into the healthcare environment. Nursing students who participate in uncivil behaviors in nursing school when they are met with completing demands, high levels of stress, or non-favorable feedback will employ those same uncivil behaviors upon graduation towards their peers, supervisors and patients.

An extensive literature review served to explore the factors that contribute to student incivility, the role faculty play in student incivility, and the impact on the nursing profession. Contributing factors of incivility are multifaceted. The grounding of this study was Clark's conceptual model of fostering civility in nursing education (2010), which suggested that when high levels of faculty and student stress converge, the result may be disruptive, uncivil interactions. Clark (2010) noted high levels of stress caused by demanding faculty workloads and students' challenging academic and personal schedules create a learning environment of anxiety and frustration. When stress levels are high, opportunities for resolution can be missed. The concept of consumerism compounds this situation, because students perceive their tuition dollars entitle them to favorable

academic outcomes regardless of their efforts. Considering the national nursing shortage, creative strategies and solutions are needed to curtail incivility in nursing education.

My anticipation was that the solutions may include a future project of professional development workshops for faculty. The workshops could include solution-oriented approaches to preventing and defusing uncivil student behaviors, including classroom management. Section 2 of this paper will focus on the methodology, population and sample, and data collection and analysis. Section 3 of this paper will provide a detailed explanation of the project. Section 4 of this paper will focus on my reflections and conclusions based on the findings.

## Section 2: The Methodology

### **Introduction**

I determined that a case study design was appropriate to examine faculty perceptions of student incivility during their nursing education at a private, for-profit, single-purpose nursing college in the Midwest. I developed an interview tool to collect information from participating nursing faculty. Because I do not live within driving distance of the study site, I collected qualitative data via individual interviews over the telephone. Then I analyzed the interview data in order to derive and code themes. Participants in this study were 10 faculty members employed at the study site. Descriptions of the research design, sample selection, data collection, and analysis follow.

### **Research Design**

Creswell (2012) noted the research design should align with the purpose, the research questions, and the type of data collected. I collected data for this study through interviews with those closest to the phenomenon. Qualitative research, as described by Merriam (2009), should focus on making sense of the phenomenon from the viewpoint of the participants and then understanding their experiences. A qualitative, case study design was appropriate for this study because it allowed me to focus on “individuals within a small group while obtaining holistic, real-world perspectives” (Yin, 2014, p. 34). Specifically, this design was most appropriate for this study because it allowed for a holistic account of student behaviors from the perspectives of nursing faculty. Collecting data from the faculty aligned with the purposeful sampling methodology, so that each



participant met the inclusion criteria of the study. Through the interviews, I was able to collect participants' perceptions, understandings, views, and ideas for probable solutions to student incivility at this nursing college.

As previously noted, when selecting a research design, the purpose, research question, and data collection should be in alignment. Consequently, the researcher chooses to follow either the qualitative or quantitative research design. Quantitative research designs are either experimental or descriptive in nature, and are best suited for determining the relationship between one variable and another (Keele, 2012). The quantitative design was not an option for this study because it did not lend itself to attaining a better understanding of faculty perspectives of student incivility. Detailed descriptions of lived events cannot be measured numerically. Qualitative designs are expressly meant to collect those types of data.

Ethnographic study, grounded theory, and phenomenological study are other qualitative research approaches (Lodico, Spaulding, & Voegtle, 2010). While each approach lends itself to exploration, the ethnographic study was not well aligned with this research because it focuses on how interactions in a cultural group are influenced by the greater society. The grounded theory design was not the best fit for this research because I sought to better understand student behaviors from faculty's perspectives, not to develop a theory. The phenomenological design was not appropriate because the aim of the study was not to capture the "essence" of the human experience (Lodico et al., 2010, p.15), but rather to gather a rich, thick description from members of a bounded system.

### **Sample Selection**

Participants of a qualitative study must be selected based on their insights and familiarity as they relate to the problem, purpose, and research questions. To acquire the perceptions of the faculty, I chose purposeful sampling as the sampling technique for this study. Purposeful sampling, the most common form of sampling in qualitative research (Lodico et al., 2010), involves selecting participants or key informants who are closest to the phenomenon and who can provide vital information. The criteria for participant selection were (a) institutional designation of faculty, (b) nursing faculty with at least 1 year of teaching experience at the study site, and (c) nursing faculty who have experienced student-to-faculty incivility. All full-time faculty at the study site received an email soliciting their participation. The campus president provided me the email distribution list of the 18 full-time campus faculty.

In the introductory email I described the study and criteria for potential participants. Of the 18 full-time faculty at the study site, a participant pool of 10 faculty members was the target. Glesne (2015) noted a target sample size of 10 is appropriate because it allows the researcher to spend adequate time with each participant and gain a greater understanding of the phenomenon. Securing 10 participants allowed me to spend ample time with each participant and thereby achieve a greater understanding of their perceptions of student behaviors. I initially received 12 responses to my introductory email and ultimately scheduled interviews with 10 participants. One of the potential candidates retired prior to my obtaining approval from the study site, and another

potential participant chose not to participate, so I interviewed a total of 10 participants. Individual interviews took place during a convenient timeframe for each participant.

The population in this study was faculty at a college of nursing in the Midwest. Prior to participant selection, I obtained approval from the Walden University Institutional Review Board (IRB; approval # 04-12-16-0067411). After obtaining IRB approval, I emailed the director of educational research at the study site and explained the purpose of my study with the goal of gaining site approval. Next, I scheduled a meeting with the campus president to answer any questions she had regarding my study; at this meeting, I obtained the faculty email distribution list. Following the meeting with the president, I emailed the full-time faculty. The email (see Appendix B) explained the purpose of the study, the criteria for participation, their potential role, and the anticipated time commitment. Included in the email was my contact information so potential participants could contact me if they had any questions.

Once the 10 potential participants responded regarding their interest to participate in the study, I emailed them individually, reminding them their participation was voluntary and they would not receive a payment or gift for their participation. This email included an informed consent form with IRB approvals from Walden University and the study site noted at the bottom of the letter. Prior to initiating the interview, I ensured I had received each participant's signed consent form via e-mail; I reminded them they could exclude themselves from the study at any time for any reason, and I asked if they had questions before we began the interview. At the conclusion of the interview, I thanked each participant for their time, and again reassured them that all interviews

would be transcribed in private and stored on my personal password-protected home computer using participant identifiers to ensure their anonymity.

### **Research Site**

The study was conducted at a private, for-profit, single-purpose nursing college in a large metropolitan city in the Midwest. The study site offers a bachelor of science in nursing degree, and enrollment exceeds 600 pre-licensure undergraduate nursing students (NCES, 2013b). The student demographics are diverse, and greater than 50% of the student body is employed, working at least 20 hours a week (NCES, 2013b). Given the recent retirement of one faculty member, the college now employs 17 full-time nursing faculty.

### **Role of the Researcher**

Researchers who engage in qualitative research are interested in understanding how those closest to the phenomenon interpret their experiences and what meaning they attribute to those experiences (Merriam, 2009). Creswell (2012) noted that the exploration of participants' experiences offered through their own words is central to qualitative studies. The phenomenon of student incivility became a topic of interest during the time in which I was employed at the study site. During that time, I witnessed student-to-faculty incivility in the classroom setting, and I observed faculty members becoming increasingly concerned and frustrated with the perceived lack of respect exhibited by students as it related to some of the students' uncivil behavior and misconduct. As a former administrator at the study site, I received complaints from faculty regarding students' uncivil behaviors.

Because of my personal experience with the phenomenon of student incivility, throughout this study, I implemented strategies to address any potential bias. One strategy was the addition of a de-briefer. The de-briefer assisted in reviewing the data collection and analysis in a systematic, objective manner. According to Lodico et al. (2010), the addition of a de-briefer will further mitigate any potential bias and ensure validity. The de-briefer, a non-participating, full-time faculty member with more than 15 years of experience in qualitative research design, provided feedback after examining the methodology, interview questions, and transcripts to enhance credibility and ensure validity of this study's findings. The de-briefer signed a confidentiality agreement.

In addition to the de-briefer, I maintained reflective field notes that included my feelings and thoughts at the time of data collection and analysis. This procedure allowed me to remain focused as a researcher, and to keep personal biases out of the process, as recommended by Creswell (2012). Also, a panel of experts conducted a field test of the interview questions and reviewed the questions to ensure they were clear. The experts provided me with extensive feedback; however, the field test did not result in any changes to the interview protocol for nurse faculty (Appendix C). Finally, to further minimize any potential biases, a co-worker asked me the interview questions and recorded my responses. In reviewing my responses, I was able to identify any biases I may have had.

### **Data Collection**

Data collection for this study took place during telephone interviews in which I used semi-structured and open-ended interview questions. During the interviews, I asked

questions from the interview protocol for nurse faculty, using follow-up questions and probes as needed. Semi-structured interviews allowed for flexibility and further exploration (Merriam, 2009). A field test of the interview questions involved selecting three different nurse educators to read and evaluate each question to make sure that the wording of the questions was clear and that the questions connected to both the research questions guiding the study and the original problem. Two of the three nurse educators had more than 20 years' nursing education experience, which included writing unbiased test questions for two of the largest publishers in nursing education, Elsevier and ATI Nursing Education. The third nurse educator had more than 15 years of nursing education experience, including writing and analyzing unbiased test questions for the National Council of State Boards of Nursing. The field testers did not recommend any changes to the protocol for this study.

Interviews took place during a time that was convenient for each participant. Two days prior to the scheduled interviews, I called each participant and reminded them of the date and time of their interview. Prior to beginning each interview, I made sure I received each participant's signed and dated informed consent form. I answered any questions the participants had and reminded them their participation was voluntary and responses would be kept confidential. Once they granted permission to audio record, I conducted individual interviews using open-ended, semi-structured questions. The interviews with the 10 participants averaged 30 minutes in duration. Field notes were important in recording my thoughts about the interviewee. At the completion of each interview, I

thanked each participant for her time, ended the audio recording, and scheduled the time and day for the follow-up phone call.

In the privacy of my home office, I transcribed the recorded interviews using Microsoft Word, and then provided each participant with an emailed summary of her interview transcript. During the follow-up phone calls, no participants identified any corrections or changes to be made to their transcript. This follow-up procedure served the purpose of member checking, which ensures internal validity and credibility by ruling out the possibility of misinterpreting what the participants said or did (Merriam, 2009). The first step of data analysis included audiotaping, transcribing, and initially coding each interview.

### **Data Analysis**

The 10 interviews resulted in an extensive volume of data; therefore, I adopted a systematic approach to managing, recording, and safeguarding the data. Analyzing qualitative data requires understanding how to make sense of the data in order to answer the research question (Creswell, 2012). While there is no one way to analyze textual data, the review of the literature provided me some guidance and direction (see Creswell, 2014; Glesne, 2015; Saldana, 2013). Yilmaz (2013) recommended that qualitative data analysis should first begin with organizing the data. Using Microsoft Word, I converted data collected from the faculty interviews to a typed document. I categorized each interview transcript file by interview questions and participant identifier. The typed data were then arranged in categories. Using the Find feature in Microsoft Word, I analyzed the data collected from the faculty interviews for relevant words or phrases.

The initial open coding process focused primarily on identifying distinct concepts and categories. I began data analysis by reading and re-reading the transcripts. At this stage, I labeled relevant words and phrases of the participant's actions, experiences, processes, and opinions. Incorporating the Microsoft Word's highlighting function to distinguish the various concepts for ease of reference. Relevant information, as defined by Saldana (2013), consists of data that are repeated throughout the transcripts, are concepts the participants noted as important, and is any information that resembles previously published literature. Next, I began to use axial coding to identify relationships between the open codes. I created categories by grouping several codes together. I followed the guidelines from Glesne (2015), who recommended creating a codebook that lists the codes, their values, and their definitions when processing voluminous amounts of text-based data. Identifying how the broader categories connected to each other provided a rich description of the central phenomenon (Schutt, 2012). Subsequently, broader categories and themes emerged according to how frequently they appeared in the data. During data analysis, when no new information (nor any discrepant information) emerged in the faculty's perspectives, saturation of the data had occurred, and no additional interviews were needed.

### **Interview Results and Analysis**

**Interview Question 1. Based on your experiences, how would you define incivility?** In their interviews, most of the participants, when defining incivility, used adjectives such as *rude*, *disrespectful*, and *discourteous* in their interviews. Three of the 10 participants included being intimidating, making people feel uncomfortable and



unnecessary, and expressing hostility in their definitions of the term. Participant 10 defined incivility as behaviors that cause disruption to the workforce, while Participant 2 noted the behaviors are often subtle and overlooked. Having little to no regard for others was how another participant defined incivility.

**Interview Question 2. What student behaviors do you consider uncivil?**

Participants' responses to this question varied. Participant 4 noted being sarcastic, not engaged, folding arms and putting head down to sleep on table, not paying attention or participating in class, and talking or texting on a cell phone during class. Participant 8 said she witnessed a group of students threaten peers and the faculty with violence and legal action because they were dissatisfied with the classroom instruction. Participant 5 identified as uncivil behaviors such as when students speak out of turn or argue in a way that belittles or undermines the authority of the faculty. Three of the 10 participants described students who repeatedly challenge faculty decisions, deadlines, or instructions. Two of the 10 participants identified regular tardiness and absences as a problem. Three out of 10 noted eye rolling and displaying passive-aggressive behaviors. Participant 8 explained, "Students believe they are entitled and believe it is okay to be disrespectful." Participant 1 noted, "Not only will the student challenge your knowledge as an instructor, but I have witnessed students encourage others to jump on the bandwagon."

**Interview Question 3. What would you identify as the primary cause of student incivility?** All participants noted causes of incivility are multi-faceted.

Participant 6 noted the academic environment as a significant contributing factor; she further explained when incivility is not managed properly by campus leaders, morale

suffers, and faculty, staff, and even students do not feel cared for in this type of an environment. Participant 2 stated, “I believe the learning environment is so fast paced that there is little time for relationship building between student and faculty; without relationship building, there is no trust.” A lack of clear expectations and consistency was a factor noted by two of the 10 participants: “If students are not provided with classroom norms and desired behaviors are not told or modeled for students, how would they know what we expect of them?” stated Participant 9. Four of the 10 participants explained students’ fear of failures, anxiety, and lack of knowledge and confidence can create stress and desperation on part of the students, causing them to behave uncivilly. Participant 10 noted some students may be unaware of how unruly their behaviors are. She went on to explain many of the students entering college today are non-traditional, adult learners whose mentality promotes their own self-interests over others’ concerns.

**Interview Question 4. What factors do you believe contribute to student incivility?** Four out of the 10 participants noted student stress contributes to student incivility. Participant 6 elaborated and said, “Students who are stressed, overwhelmed, and in high stakes environments such as nursing school are more likely to be uncivil and act with anger and aggression towards peers and faculty.” The demands of nursing school and the inability to balance competing priorities are additional contributing factors, noted Participant 2. Four of the 10 participants correlated student incivility to a culture of entitlement and the generation of students, explaining millennials are impatient, demanding consumers: “They desire ultimate consumer control, what they want and how and when they want it,” Participant 3 stated. Participant 1 explained, “The attitude of

privilege, lack of trust in the education process, and a lack of support in enforcing expectations” contributes to incivility. Participant 6 explained, “When we hire novice faculty and do not provide them with adequate development, they are more prone to student incivility.” One participant explained if a faculty member is reluctant to modify his/her instruction or unable to empathize with students, this circumstance can also cause incivility. She went on to say, “Students look to us to be the professional so if we are unorganized, inconsistent, or unapproachable, the interactions and exchanges will be unpleasant.”

**Interview Question 5. How do you believe incivility impacts the learning environment?** All participants explained that incivility negatively impacts the learning environment. Participant 8 elaborated and noted from her experience when one student begins to engage in uncivil behaviors, several other students pattern the same disruptive behavior if the behavior is not diminished. Similarly, Participant 3 said as a faculty member, she spends most of her time dealing with uncivil behaviors and loses time on instruction: “It hinders learning and creates an unsafe learning environment.” When students engage in rude argumentative behavior, the environment can quickly turn into a negative environment in which learning is limited or nonexistent. Three of the 10 participants noted when one student behaves in an uncivil manner, as Participant 1 specifically stated, “other students jump on the bandwagon and behave in the same manner.”

In its least aggressive form, incivility is a distraction and disruption in the classroom, but Participant 4 noted, “It creates a deeper problem with trust between

faculty and students.” Eight of the 10 participants agreed that incivility is a distraction that wastes precious time for learning, but the interruption of the faculty-student relationship can impact the learning environment in a greater way by derailing the communication between student and faculty. Participant 7 noted, incivility “negatively impacts the learning environment and leads to a poor learning experience for students [and] decreased job satisfaction for faculty, causing some faculty to leave,” Participant 10 stated, “Incivility ultimately damages the school’s reputation and may negatively impact patient safety in the clinical environment.”

**Interview Question 6. How is student incivility impacting you as a faculty member?** All but one participant expressed the physical and emotional toll incivility has caused them; however, Participant 8 noted incivility does not impact her because she does not care anymore. She noted, “I have been working in the academic environment a long time and when campus administration is more concerned with student satisfaction than student learning, an uncivil environment in the end result.” The general consensus from the nine participants was that student incivility decreased morale and inhibited their ability to engage with students. Further, participants shared that they had to take time to redirect negative behavior, and this distraction resulted in wasted time that could be used in more constructive ways.

Generally, the 9 participants believed the more time spent in the classroom focused on negative, disruptive behaviors, the less time they have to address academic outcomes. Participant 6 responded, “It makes it hard for me to make sure all the other students stay focused and engaged.” Participant 2 shared she was tired and she did not

find pleasure and excitement in teaching anymore: “It has become a consistent battle between me and the students.” Participant 1 explained that she feels exhausted because there are always “fires that need to be extinguished, leaving little time to focus on the learning outcomes.” The emotional strain has caused physical ailments, as well: “I call in sick more than I used to in the past,” Participant 5 stated.

**Interview Question 7. How would you describe your response when faced with student behaving uncivilly?** Six of the 10 participants explained they typically try not to take the behavior personally and respond to initial acts of incivility by highlighting classroom expectations and professionalism as the standard in the learning environment. Three of the 10 participants preferred to address the inappropriate behavior privately with the student away from the situation if possible. They informed their students that their behavior was unprofessional and counterproductive to learning. When discussing the students’ behavior, Participant 2 noted she makes sure she listens to what the student has to say when explaining his or her behavior; she stated, “Mutual respect goes a long way in building a relationship of respect and trust.” Participant 10 noted that she becomes frustrated and finds herself giving herself a little talk to stay calm. She also said that she reflects on the encounter most of the day, and this preoccupation causes her to be unproductive. Finally, Participant 5 noted repeated uncivil behavior wears on her, and she may choose to give up on the student.

**Interview Question 8. Can you describe your emotional reaction when a student behaves in an uncivil manner?** Most participants described feeling upset, challenged, irritated, and frustrated at the uncivil behavior. Participant 6 explained she

became slightly angry. Participant 2 noted she feels hurt and disappointed. Another participant, Participant 8 stated, “I begin to second guessing my ability as an educator.” Embarrassed and having less energy throughout the remainder of the day were reactions described by Participant 1, and Participant 4 mentioned feeling devalued as an educator, saddened for the nursing profession, and worried for the future generations of nurse educators.

**Interview Question 9. What strategies do you recommend to achieve civility in nursing education?** The general consensus was incivility is not managed properly because neither the faculty team nor the organization has thoroughly defined *incivility*. Participant 3 stated, “We have not clearly communicated what is acceptable and unacceptable behavior.” Participant 10 explained, “We need to define what appropriate professional behaviors look like; then we need to consistently model professional behavior and set clear expectations for our students.” Another participant believed the most important thing nursing faculty can do is foster an environment of professionalism in which uncivil behavior is not tolerated, “calling out bad behavior” (P1).

Three of the 10 participants explained nursing faculty must have classroom management skills to foster an environment of learning. In addition, five of the 10 participants believed that nursing faculty must demonstrate civil professional behavior in an environment of respect, wherein students feel they can communicate their concerns. Participant 3 explained, “Establishing and reviewing acceptable classroom conduct should be included in class orientation on day one.” The general consensus from several of the participants was to hold students accountable for their actions and to place the

ownership of uncivil behavior on the students. Participant 6 specifically said, “We need to ask students How does this behavior help them with their educational goals”? All participants noted support from management to uphold classroom rules and policies is key to curtailing unwanted behaviors. Participant 10 commented that it was important to provide students with the realities of nursing school. She explained, “Nursing school is hard and demanding; we need to make them aware of what lies ahead.”

**Interview Question 10. What actions have you taken to curtail student incivility?** Many of the participants reported they establish and review classroom expectations and etiquette with students at the start of class. Participant 2 noted she has observed millennials need to feel “connected,” and they often use their cell phones during lecture/workshop time. Therefore, she has incorporated a break every hour or so, so that if students feel the need to grab their phone, they are reminded that they only have to be “disconnected” for 59 minutes. The same participant explained she tries to build a rapport with students so that they feel that she is empathetic to their concerns and do not find the need to disrupt the environment. Participant 7 noted in addition to establishing classroom norms, “I model appropriate behaviors and reward students for professional behavior.” Two participants mentioned creating a trusting environment, establishing classroom norms, and following organizational policies. Participant 8 noted she collaborates with students to identify the characteristics of a “safe” and therapeutic learning environment and establish classroom rules or etiquette. She elaborated and noted that once she and the students agree on the classroom rules, they hold each other accountable to uphold them.

Also, Participant 3 added, “Students need to be held accountable for their actions when they do not follow the expectations.”

**Interview Question 11. How would you describe the culture of the organization?** Generally, all participants described the organizational culture as contributing to incivility. Five participants commented the organization places a great amount of value on student satisfaction. Three of the 10 participants stated, “We are expected to meet or even exceed the needs of the student.” Six participants, when describing the culture of the organization, concurred that the organization’s “care culture” has led to a culture of distrust and unprofessionalism among students. Another participant described the culture as a “culture of caring, which caters to students’ needs, sometimes to a fault” (P7). Participant 1 added, “We are very flexible with the student’s needs.” A consensus of six participants expressed that the culture of the organization supports students but not faculty. According to participants, the lack of faculty support contributes to student incivility. “Students have a sense of entitlement because the culture is so that we concern ourselves with student satisfaction instead of student success,” stated Participant 8. “The organization is fast-paced, with constant change, and it often feels unorganized,” explained Participant 2. And Participant 9 noted “a lack of support from leadership, and no one wants to address student incivility.”

**Interview Question 12. How does the organization’s culture foster or enable incivility within the student population?** The general perception of all participants was that the organization’s culture fosters an uncivil learning and work environment. Many of the participants noted that many of the policies are vague and do not support holding



students accountable for their actions. Several participants spoke about fostering a “caring” environment, which has led to students’ feeling entitled to have full control over not only the classroom, but the entire program. Participant 5 explained, “Students are allowed to engage in uncivil behavior such as being late, absent, unaccountable, and disrespectful to members of faculty and leadership with no repercussions.” Another participant noted, “There are little to no professional standards put in place by faculty or leadership members, it sometimes feels as if the students’ rights or concerns are weighted more than the faculty concerns” (P6). The participant went on to say, “There is a lack of faculty support; we have novice faculty with no teaching experience, and we are understaffed; it is very stressful.” In general, the participants felt they spend more of their time and energy on addressing students’ uncivil behaviors and less time on instruction. Participant 3 stated, “Students who push back the most or argue the loudest tend to get the most attention; we have no repercussions for student incivility.” Only one participant, Participant 4, reported the organization had recently begun to take a closer look at acceptable student behaviors as described in the student handbook in hopes of making some revisions to the student code of conduct policy.

**Interview Question 13. How is student incivility impacting the culture of the organization?** All of the participants perceived student incivility to have had a negative impact on the culture of the organization. Three participants similarly reported that as a faculty team, when they have attempted to establish classrooms norms and guidelines of professional behavior, they felt unsupported by organization. Participant 9 elaborated and said, “Ultimately creates a culture of distrust; if there is distrust between faculty and

administration, how can there be trust between faculty and student?” Several participants described a continuous battle between faculty and students that creates a culture of apathy. Participant 3 noted, “When my efforts to enforce behavioral expectations are not supported by the organization, I tend to stop trying to impact the bigger picture.” In addition, Participant 7 explained she believes the culture is causing some faculty to leave because they are tired. Many of the participants reported they have observed a decrease in faculty and staff engagement in campus activities, such as the nursing pinning and graduation ceremony.

**Interview Question 14. What actions could the organization take to curtail student incivility?** All participants agreed that addressing student incivility should be a priority for the organization. Participant 6 explained, “All vested stakeholders need to establish and mutually agree on what behaviors are acceptable and which behaviors are not; we need to communicate what the acceptable behaviors are to students, and we need to display acceptable behaviors towards students and each other.” Four of the 10 participants noted they were all hired at the same time (about 1.5 years ago) and would have appreciated and greatly benefited from professional development on classroom management, as well as training on how to diminish incivility in the classroom.

Participant 8 recalled seconding guessing her decision to become a nursing faculty member within the first 90 days in the role due to an unpleasant exchange between her and two students. Participant 8 stated, “I felt bullied by the students and did not know what to do.” Two participants suggested discussing incivility with the faculty and students as a strategy to decrease incivility. Participant 10 stated, “The topic of

incivility is so taboo in higher education, especially in nursing education, but if we do not talk about it, how will we find probable solutions.” Participant 3 recalled when she began her career in education, she did not clearly understand what incivility was, she stated, “Providing faculty appropriate training and orientation would have helped; we also need to educate our students on incivility.”

Participant 1 explained the organization may wish to implement a zero tolerance policy for students and/or faculty who display behaviors that are unacceptable. Also, Participant 5 noted the institution needs to not only set clear expectations regarding what is and what is not acceptable behavior but also needs to follow up when instances of unacceptable behavior occur. Two participants believed incivility should be addressed within the student handbook under the student code of conduct. Participant 2 stated, “We have information about student academic integrity and plagiarism but nothing about incivility in the student handbook.” Three participants felt faculty required more support from the organization and management, including measures such as clear policies with sanctions, consistent enforcement of policies, and open, honest dialogue about incivility.

**Interview Question 15. Before we conclude, is there anything else you would like to share with me?** Seven of the 10 participants replied *no*, and I thanked them for their time. The remaining three participants decided to offer additional insights as I concluded their interviews. Participant 10 commented, “Incivility that is tolerated in the academic setting will also manifest itself in the clinical setting and create communication barriers among the healthcare team.” This issue is concerning for her because communication barriers in the acute care setting can lead to negative outcomes for

patients. Participant 5 added, in nursing education “we need to call a spade a spade” and address the issue of incivility. It is key to have students, faculty, and campus administrators work through these issues so patient safety is not negatively impacted. Participant 8 reflected on her earlier responses and thought she might have been negative in her answers to the interview questions. I assured her my role was not to judge her but to learn from her lived experiences. Participant 8 went on to say,

I do believe we are fighting an uphill battle with incivility, but it is a battle worth fighting. I do believe steps have been taken within nursing education and specifically on my campus that are moving us in the right direction. This issue will require a continued, consistent effort for improvement.

### **Themes**

Based on the data analysis process that I described earlier in this section, five major themes emerged. They were as follows: classroom expectations, caring culture, organizational support, orientation, and student entitlement. What follows are more detailed discussions of each theme.

**Theme 1: Classroom expectations.** The majority of participants believed having clear classroom expectations for students and faculty would assist in establishing a civil learning environment. Participants noted challenges with the consistency of classroom expectations and posed the following questions: Are all faculty implementing classroom expectations? Are the classroom expectations the same for every class? If classroom expectations are not being met, are the behaviors being addressed? and How are the behaviors being addressed?

**Theme 2: Caring culture.** Participants conveyed an overall perception that the organization's "care culture" has contributed to the incivility on the campus. Because the care culture may be interpreted differently by every person in the organization, including students, it is clear that how one demonstrates "care" is individualized. Participants felt a large number of the nursing students believed "care" should be demonstrated in actions such as faculty awarding students grades they did not earn or students threatening faculty with legal action if they were not satisfied with an outcome.

**Theme 3: Organizational support.** While Participant 4 commented that the organization was beginning to address student incivility by reviewing and possibly revising the student handbook, the majority of participants felt they were not supported by the organization in addressing incivility. Many participants noted organizational policies were vague and therefore did not provide enough guidance. Participants perceived the organization as not wanting to discuss the topic of incivility, and when it was discussed, participants felt the organization agreed with the student.

**Theme 4: Orientation.** Lack of orientation for new educators and professional development pertaining to classroom management came up often in the interviews. Participants noted it would be helpful to have a detailed orientation for faculty and perhaps a faculty mentor to introduce them to the work culture and guide them through what it means to be a nursing faculty, to enculturate them to campus activities, and to assist with finding and interpreting organizational policies and procedures. Participants also noted because many nursing faculty transitioned from clinical practice, they

perceived the organization did not believe they required orientation when facilitating student learning in the hospital setting.

**Theme 5: Student entitlement.** Participants expressed an overarching perception that the student body at this particular study site exhibits an attitude of entitlement. Many participants believed students view themselves as consumers and believe that because the tuition is higher than that of neighboring colleges of nursing, they expect all their wishes to be accommodated. All participants felt the organization's for-profit status and "care culture" contributed to the students' perceptions of entitlement.

### **Evidence of Quality**

Qualitative research is a systematic, subjective approach used to describe the lived experiences of participants and give them meaning (Keele, 2012). The goal of qualitative research is not to generalize but instead to make meaning of the phenomenon of interest through the lens of a small subset of the population. Lodico et al. (2010) stated that to analyze the data of a qualitative study requires the researcher to provide evidence that the descriptions are an accurate representation of the persons and circumstances depicted in the study. The goal is to present a description of the human experience so that people having the experience can identify with it (Keele, 2012). Methods such as member checking can establish validity with the data collection and analysis process (Lodico et al., 2010; Merriam, 2009). Member checking is a method used to determine data accuracy by allowing the participants to review the data after collection. In addition to the participants' interviews, the use of a de-briefer further augmented the credibility and validity of this study. The de-briefer, a nonparticipant, provided feedback after examining

the methodology, interview questions, and transcripts to enhance credibility and ensure validity. The additional assistance of the de-briefer aided in addressing any potential biases.

Providing each participant with a summary of their interview transcript to review for accuracy minimized any bias and also provided an opportunity for the participants to supplement or modify their information. No participants made changes or edits. The 10 participants in this study provided information from 10 different perspectives. The process of member checking validated my interpretations of the interviews because all participants corroborated what I had written in the interview summaries.

### **Summary**

Section 2 presented a rationale for the selection of the case study research design as the most appropriate for the focus of this study. That design facilitated an in-depth understanding of perceptions of faculty members regarding student incivility at a private, for-profit, single-purpose nursing college in the Midwest. Purposeful sampling was the sampling strategy in an effort to recruit 10 participants close to the phenomenon who could provide key information on the problem. A meeting with the campus president served as an entry point to the study site and provided an opportunity for explaining the purpose of the study and answering questions. Full-time faculty at the study site received an e-mail requesting their participation. The target sample size was 10 full-time faculty members. Invited participants received a consent form via their e-mail address.

Next, data collection commenced. A systematic approach allowed me to organize, manage, record, and safeguard data. The participants reviewed interview summaries to

further confirm the accuracy of the data. Assistance from a de-briefer aided in reviewing the data and analysis to ensure validity. A field test by a panel of experts further added to the study's validity and minimized any potential bias in the interview questions.

The analysis phase included converting the data from faculty interviews into a typed file, categorizing the data by type and participant identifier, and identifying common threads within the data. Five themes emerged from the data. The themes were as follows: classroom expectations, caring culture, organizational support, orientation, and student entitlement. Based on the findings from the interviews, Section 3 will focus on a proposed project with the overarching goal of bringing together all of the themes that emerged from the data analysis to create a professional development workshop for faculty. The recommended professional development workshop will provide solution-orientated approaches to preventing and defusing uncivil student behaviors, including strategic classroom management.



### Section 3: The Project

The findings from Section 2 showed that the participants' views of what constitutes incivility varied. Participants also reported a lack of knowledge regarding how to address student incivility, and expressed not feeling properly prepared as faculty members to defuse uncivil encounters. A faculty development workshop may help participants identify incivility, provide strategies to defuse incivility, and offer an opportunity to exchange ideas among peers regarding promoting a civil learning environment. The purpose of the faculty development workshop is to help participants develop solution-oriented strategies to prevent, de-escalate, and minimize episodes of student incivility. This section provides the rationale, literature review, and detailed overview of the project. The description of the project includes potential barriers, necessary support, timelines for completion, and its social change implications.

#### **Description and Goals**

In this study, I addressed the problem of student incivility with participating campus faculty in order to identify effective strategies to diminish the behavior. Data obtained from the interviews helped me understand nursing faculty's perceptions of student incivility. Of the five themes identified in this study, establishing clear expectations was found to have the greatest impact on curtailing negative behavior. Within the theme of clear expectations were three topics: (a) consistent expectations across all faculty, (b) expectations to be reviewed first day of class, and (c) supportive policies within the student handbook. In the interviews, many of the participants identified feelings of not knowing what to do when faced with an uncivil encounter, and

they also expressed a need for a platform to learn the necessary skills to deal with the problem of incivility.

A review of the emerging themes indicated that a professional developmental training program was the most appropriate project outcome for this capstone study. I thus designed the 3-day interactive workshop to prepare faculty to decrease incivility in nursing education. The goal of the workshop is to provide faculty with simple, practical techniques that they may apply in the academic setting. A faculty development workshop format allows for discussion and examination of the identified challenges related to incivility from the perspectives of the participants. Also, while the options for program delivery are numerous, workshops are a preferred method for adult learners (Caffarella & Daffron, 2013).

The target audience includes 18 full-time faculty and 35 visiting professors who will be invited to participate in the workshop. Those who attend the workshop may gain a greater understanding of how incivility negatively impacts the learning environment, and they will learn techniques that will help minimize incivility in the classroom. The study site is a private, for-profit, single-purpose college of nursing. It offers a bachelor of nursing degree to its students, to be completed in two and a half years. The program of study is year-round, without a summer, winter, or spring break, and the semesters are 8 weeks long. The rapid pace of the learning environment affords faculty very little time for extensive development programs. Friday is the day of the week the study site schedules development activities and opportunities for the faculty. So as not to disrupt the

site's process, the workshop will be presented over three consecutive Fridays in 2017; the exact dates will be incorporated into the 2017-2018 faculty development calendar.

### **Rationale**

The findings noted in Section 2 showed that participants had differing viewpoints and opinions on what behaviors are considered uncivil and what to do when these behaviors occur. Luparell (2011) noted that many nursing faculty transitioned from clinical practice and may not have acquired any formal training as educators. Without formal training, some participants described feelings of defeat and a lack of motivation to teach when faced with rude or discourteous students. Others participants reported often awarding students grades they did not earn in order to keep students quiet and happy. Seven of the 10 participants stated that professional development on classroom management, as well as instruction on how to diminish incivility in the classroom, would have been beneficial to them as new nursing faculty. These findings indicated a lack of knowledge and ability among inexperienced faculty to clearly define and identify incivility and curtail the behavior.

A professional development workshop was an appropriate project to develop since it will bridge the gap in the faculty's knowledge and practice. Saleem, Masrur, and Afzal (2014) defined professional development as a learning strategy that fosters the professional advancement of personnel, teams, and the organization as a whole by concentrating on the needs of participants. Professional development includes the opportunity to understand, educate, and learn new skills in a safe learning environment (Saleem et al., 2014). As evidenced by the data presented in Section 2, a need exists to

implement such a program. The professional development workshop can provide attendees with hands-on techniques to diminish discourteous student behaviors and effectively manage their classroom setting (Lustick, 2011). Offering this workshop may contribute to a culture of civility. Pitt, Narayanasamy, and Plant (2016) noted that professional development workshops provide learners the opportunity to practice new skills in a safe learning environment without judgement. Workshop attendees will learn from others in the workshop and receive immediate feedback from the facilitator.

### **Review of the Literature**

During my review of the literature, I sought to find best practices for creating a workshop intended to assist faculty better identify and defuse incivility in the learning environment. I conducted searches on CINAHL, EBSCO, ERIC, ProQuest, Ovid, Education Research Complete, and Thoreau databases using the following key search phrases: *professional development workshops, faculty development, development and training, nursing faculty, faculty development workshops, professional development, promoting civility, classroom management, and nurse faculty development*. All literature was published within the last 5 years in peer-reviewed journals. In the following subsections of the literature review, I provide summaries of the previous research on professional development, nurse faculty transition, and promoting civility in the learning environment.

#### **Professional Development**

Professional development refers to the continuous training of personnel on an individual or group basis to achieve improvements in productivity and practice

(Bernhardt, 2015). In the literature, professional development has been defined as systematic training with the purpose of providing individuals with new or enhanced skills, knowledge, and abilities (Saleem et al., 2014). Hadar and Brody (2016) offered their definition to include the understanding that learning has to be carried out continuously in order to improve the skills, knowledge, and abilities of educators.

Throughout their professional careers, faculty members typically engage in a variety of professional development opportunities related to teaching, course/curriculum development, and item writing and analysis (Knowlton, Fogleman, Reichsman, & de Oliveira, 2015). Faculty members use professional development as a way to learn new pedagogies, keep current with practice and technology, and stay current with emerging trends in education (Hudson, Sanders, & Pepper, 2013). Professional development opportunities include faculty-centered workshops, conferences, courses, and online modules. The varied formats may range from several hours to several days in length. Professional development activities provide faculty with the opportunity to learn from experts in the field and their peers and to improve upon their own practices (Bernhardt, 2015). Faculty must maintain professional development in order to stay current in their field.

Emerging trends in education reinforce the need for lifelong learning. These trends require faculty to revise their practices to keep delivering high quality education (Gerken, Beusaert, & Segers, 2016). The faculty's ability to rethink current practice not only improves professional expertise in the domain of learning and instruction, but also allows them to incorporate new ideas and act on new developments in the field of

education (Darling-Hammond, 2010; Gerken et al., 2016). Professional development programs are vital because they provide faculty members with tools they need to educate today's diverse learners. Consequently, these types of programs involve educating, motivating, and/or teaching concepts or strategies that improve a learner's outcomes (Blau & Snell, 2013).

Previous researchers have identified specific action items that must be considered when organizations plan for the professional development of faculty. Bigbee, Rainwater, and Butani (2016) identified needs assessment as the first step. Data from the needs assessment will indicate the best topics to cover, the best timing of the workshop, and the best modality with which to deliver the workshop. The needs assessment may be conducted via interviews, focus groups, or a suggestion box for participants to provide their recommendations (Bigbee et al., 2016; Simon, 2013). It is important for the creator of the workshop to develop and plan the curriculum appropriately to achieve the desired outcomes (Simon, 2013). Minor, Desimone, and Hochberg (2016) found that in order to build upon an educator's knowledge in a meaningful way, the professional development opportunity must require sustained content that is embedded in the educators' work, and the program must include opportunities for practice, discussion, and feedback.

The professional development training must relate to the professional and personal goals of the attendees and build upon their prior knowledge (Allen & Penuel, 2014). Also, implementing new instructional strategies is not automatic; it requires practice. The educators must be willing to experiment, ask higher-level questions, seek feedback, and learn from mistakes (Minor et al., 2016). An effective professional

development workshop provides attendees with practical knowledge to perform their jobs and assists them with improving their skills and attitudes toward their chosen professions (Homeyard, 2014).

Bayar (2014) identified five elements of an effective professional development workshop. First, the professional development must match the educators' needs. Second, the development activity must align with the school's needs. Third, educators must be involved in the design, planning, and implementation of the activities. Fourth, the workshop should include some active learning strategies such as role play. Fifth, facilitators of the workshop should have significant understanding of the topic, the audience, and the university. Similarly, Rock (2014) suggested facilitators of the workshop should come from within the institution so that they are more familiar with the culture. When feasible, facilitators with a wide range of experience and background should be used to enhance the diversity of the learning experience (Hinderer, Jarosinski, Seldomridge, & Reid, 2016).

During the planning stage, my intent is for all members of the target audience to attend; however, this may not be feasible. Challenges may arise with scheduling and identifying an ideal time for all faculty to attend. For those who cannot attend, Bayar (2014) recommended supplying handouts and video recording the workshop, if possible. This alternate format should be made available for those who cannot attend the live workshop. Attendees of the workshop may also benefit from having these resources available to them as a way to revisit key concepts from the workshop.

The evaluation of the professional development workshop is just as important as its implementation. An evaluation of the workshop serves several purposes. First, it allows the facilitator to determine if the training met the intended goals or outcomes (Kazempour & Amirshokoohi, 2014). Second, evaluation of the facilitator, his/her delivery, and the venue will help improve facilitation of future workshops. Third, the evaluation allows the learners to assess their own learning (Campana, 2014); and fourth, evaluation will prompt suggestions for future professional development. Nursing faculty at the study site need a way to acquire new skills, learn from others, and practice in a safe environment. I anticipate that a professional development workshop will provide nursing faculty with the tools they need to create a civil learning environment.

### **Nurse Faculty Transition**

Each year, colleges of nursing turn away thousands of qualified applicants from baccalaureate and graduate programs due to an insufficient number of nursing faculty (American Association of Colleges of Nursing, 2013). The recruitment and retention of nurse educators is critical in addressing the nursing shortage (Schoening, 2013). The shortage of nursing faculty has raised the interest of many nurses in clinical practice and has motivated them to pursue a teaching role. The idea of flexible work hours and the ability to influence the next generation of nurses are the two primary reasons nurses in the clinical arena transition to nurse faculty (Grassley & Lambe, 2015). When nurses seek to change their role from clinical practitioner to nurse faculty educator, they are entering a new phase of their career (Goodrich, 2014). The excitement of teaching, influencing student nurses, and contributing to the future nursing profession is a



significant motivating factor for the career change. However, clinicians often have expectations that are incongruent with the realities of the faculty role.

New faculty often find themselves unprepared for the cultural differences between nursing practice and academic nursing education (Schoening, 2013; Siler & Kleiner, 2001). The acquisition of clinical expertise and competence, while important, does not prepare clinicians for teaching nursing students (Anderson, 2009). For nursing faculty, the transition from clinical practice to education has reportedly resulted in stress and anxiety related to lack of knowledge of the role and limited support/resources (Dumphily, 2011; Paul, 2015; Poindexter, 2013).

In 1969, the American Nurses Association urged all schools of nursing offering master's degree programs to shift their focus from education to clinical specialization in order to improve nursing care through theory and science. This proposed shift was a direct correlation to the lack of formal preparation for teaching seen in nursing faculty. Transitioning from the clinical arena without formal training, inexperienced nursing faculty refer to their clinical practice experiences as their foundation for teaching (Paul, 2015). New nursing faculty often do not know or understand nursing curriculum, standardized testing, or classroom management.

In a study conducted by Siler and Kleiner (2001), 50 novice faculty members described the academic environment as unfamiliar, with a lack of guidance and orientation. Similar research more than a decade later revealed that participants described the academic environment as vastly different from the hospital environment; they explained the hospital environment consisted of structure, policies, and procedures,

whereas the academic environment had very little structure and a lack of formal orientation and mentorship (Schoening, 2013; Weidman, 2013). Logan, Gallimore, and Jordan (2016) examined the experiences of 10 nursing faculty members throughout their first year of teaching; all participants reported they had not been properly orientated to their new role; they described being unprepared, with little to no resources provided. Similarly, Davidson and Rourke (2012) surveyed 100 nursing faculty about their orientation, and 72% of the participants noted they had unmet needs, role confusion, and were unprepared to manage student issues.

Professional development is vital to all educators, regardless of discipline or career level. Although nursing faculty must possess advanced degrees, many do not focus on education (McDermid, Peters, Daly, & Jackson, 2016). Considering the current faculty shortages, investing in strategies that ease the challenges experienced by clinicians who are new to nursing education is essential to the recruitment and retention of nursing faculty (McAllister, Opreescu, & Jones, 2014). New faculty must be immersed in the academic culture and thoroughly orientated to the role. Clinicians need formal preparation for the teaching role, which should include topics such as defining the faculty role, planning and guiding student experiences, using formative and summative evaluations, understanding ethical and legal considerations, and handling difficult students (Cangelosi, 2014; Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013; Schoening, 2013). Particularly for nursing faculty, Hinderer et al. (2016) noted structured orientation, ongoing professional development, and intentional mentoring are critical elements in the professional development of nursing faculty.

Traditionally, faculty development activities include 1- to 3-day orientations in which new faculty must acquire a massive amount of information with little time for processing it. Previous researchers advocated for an intentional, extended orientation process to ease new faculty members' transition into the academic culture (Baker, 2010; C. W. Hunt, Curtis. & Sanderson, 2013; Santisteban & Egues, 2014). Using a workshop format, faculty members can engage in discussions and joint activities related to solving teaching and learning problems. Santisteban and Egues (2014) recommended workshop sessions include discussion of the curriculum, as well as policies that include expectations related to student appearance, lateness and absences, and managing difficult student behavior (Baker, 2010; C. W. Hunt et al., 2013). Strategies learned at the workshops, if implemented, can act as a catalyst to curtail students' unruly behaviors.

### **Promoting Civility within the Learning Environment**

One of the themes that emerged from the interviews was the faculty's perceptions that the organization's care culture has been misinterpreted and contributes to an uncivil learning environment. Participant 6 noted,

We live our care culture by caring for self, then each other as faculty and our students, but caring for students does not mean we give them what they want; it is our job to give them what they need.

Many participants described the need to establish classroom norms and set clear professional boundaries to assist in fostering a civil learning environment. Shanta and Eliason (2014) recommended a two-step approach to fostering civility, which includes communication and accountability.

Effective communication is a part of any relationship and is a critical element in the educational environment. Communication in the educational environment serves two primary purposes (Shanta & Eliason, 2014). First, clear and accurate communication provides guidance for students to successfully master the course objectives. Faculty members establish and review expectations for course work, assignment deadlines, and classroom behaviors (Nickitas & Mensik, 2014). Review of classroom norms should include faculty requesting students' commitment to engage in civil interactions. Faculty must be clear with students regarding their availability, response times, and grading procedures since timely feedback and prompt grading are important in developing positive student faculty staff relationships (Lightner, 2014). Students should be taught how to respectfully disagree within the learning environment through honest communication. Williams and Lauerer (2013) recommended facilitating open forums and student surveys that allow students to have a voice, provide feedback, and discuss challenges in a non-threatening environment.

Second, respectful communication is the foundation of the relationship between faculty and student. Positive faculty-student relationships promote empowering learning environments. The manner in which a faculty member communicates with a student can create a mutually respectful relationship (Shanta & Eliason, 2014). When communicating with students, faculty should role model the desired behavior and display enthusiasm, taking a genuine interest in the students' educational goals. On the first day of contact, communication must be honest and based in mutual respect. The expectation of respectful communication must be the standard. Faculty members should model

respectful, effective communication in a caring and honest manner when discussing the importance of civility (Poindexter, 2013). Shared responsibility between faculty and students keeps both parties involved and accountable for promoting civility.

In addition to effective verbal communication, faculty need to pay particular attention to their non-verbal communication. When a student's behavior begins to escalate, Nickitas and Mensik (2014) suggested the faculty member should remain calm, maintain eye contact, physically move away from the escalated student, and use touch appropriately to refocus the student. Finally, Weidman (2013) suggested the faculty should discuss the student's behavior with a colleague to garner support and provide thoughtful reflections; this debriefing will help prevent the faculty from displaying frustration when meeting with the escalated student.

The review of literature indicated that solutions and strategies to promote a civil learning environment assign responsibility to the learning institution, the culture, and the environment (Clickner & Shirey, 2013; Marquis & Huston, 2012; Sprunk, LaSala, & Wilson, 2014). A person's behavior and communication are the responsibilities of that individual (Clark & Cardoni, 2010). The ownership, responsibility, and accountability for civility resides with the faculty and the student, who are each owner of their behavior and communication style (Clark & Cardoni, 2010; Shanta & Eliason, 2014). Accountability, as defined by the American Nurses Association Code of Ethics (2015), "means to be answerable to oneself and others for one's own actions" (p. 3). Individuals must be accountable for every relationship, every interaction, and every decision at every level during nursing education.

In nursing education, holding colleagues and students accountable for mutually agreed upon classroom norms is necessary to promote professional growth and a civil learning environment. Nursing students who demonstrate disruptive behaviors in the classroom and clinical areas compromise the learning environment and are unable to provide safe, quality client care (Ibrahim & Qalawa, 2016). These students require early identification, consultation, and sanctions. Shanta and Eliason (2014) noted it is essential that consequences for violating behavior norms be clearly communicated. Consequences viewed as interventions to change the inappropriate behaviors will enhance civility within the learning environment (Ibrahim & Qalawa, 2016).

Ultimately, strategies such as establishing and communicating classroom norms, engaging in respectful communication, raising awareness through surveys and student forums, and holding individuals accountable may not be enough to achieve civility. Incivility in nursing education requires attention from all members of the college. As Clickner and Shirey (2013) noted, the institution and the institutional leaders must commit to the transformation of the institution's culture. To accomplish this task requires strong, effective leadership, a long-term, sustained, and dedicated effort, and a commitment to invest sufficient human and financial resources (Clickner & Shirey, 2013; Nickitas & Mensik, 2014). When institutional leaders implement and support faculty members' expectations and policies for students with disruptive behaviors, students understand that they will be held accountable, which motivates them to behave in a responsible and appropriate manner (Klebig, Goldonowicz, Mendes, Miller, & Katt, 2016).

De Gagne, Min, Ledbetter, Hee, and Clark (2016) urged institutional leaders to review their guiding statements, to ensure the vision, mission, and purpose of the institution reflects a commitment to civility and respect. Furthermore, behaviors from top level leaders should role model how each individual within the institution should live the guiding statements (De Gagne et al., 2016). The guiding statements should form the basis for each individual's daily interactions with others.

Faculty members are in an exclusive position to affect significant change and play a key role in creating a culture of civility. With proper training and development, nursing faculty can learn to foster positive relationships through professional role modeling, to create classroom norms, and to support joint accountability in order to promote civility within the learning environment.

### **Implementation**

Implementation of the project will take place in 2017 at the study site. The 3-day workshop will be presented over three consecutive Fridays in 2017; the exact dates will be in accordance with the 2017-2018 faculty development calendar. Each workshop will consist of 8 hours of training, for a total of 24 hours. The first workshop session will begin with a keynote speaker. During the first workshop session, full-time faculty and visiting professors will hear the keynote speaker define incivility and discuss its prevalence in higher education, specifically in nursing education. During this initial training day, attendees will establish a mutually agreed-upon definition of incivility, articulate how it impacts the learning environment, and develop parameters to assess and recognize incivility. The goals of the first day's training session are to make attendees

aware of problems related to student incivility and to teach them how to recognize uncivil behaviors when they occur through current relevant research and interactive examples during this training session. During the interview process, many of the participants of the study noted difficulties in recognizing behaviors deemed to be uncivil, specifically subtle disruptive behaviors. Welbourne, Gangadharan, and Sariol (2015) noted despite the subtleness, incivility of any kind has negative consequences for the learning environment.

The second workshop session will focus on having the participants develop a course of action for dealing with incivility. Classroom expectations and a lack of organizational support were emerging themes, so this session will include the manager of student services, who will present the institution's professional conduct policy and the student code of conduct policy. In order to develop a course of action, attendees need to know what policies and procedures the institution has in place to assist with creating a civil learning environment. This second day of training will provide the participants the opportunity to work in groups and develop an action plan that will be supported by the policies of the institution and that will address students' disruptive behaviors.

The data from Section 2 further revealed participants' perceptions that incivility is not being managed properly at the study site because neither the faculty team nor the institution has clearly defined incivility or articulated a plan of action for addressing it. Participants will be asked to include three recommendations and incorporate the professional conduct and student code of conduct policies in their action plans. After the action plans have been developed, each group will have about 30 minutes to present their



recommendations and 15 minutes for question and answer or suggestions. The action plans of each group will be recorded, and I will collect the plans.

In the third workshop session, following a recap of the content from Days 1 and 2, participants will have the remaining morning session to reflect on their action plans and discuss the feasibility of implementation. The after-lunch session will be facilitated in the simulation lab of the study site. Each group will be provided their action plans. Using the simulation lab and case scenarios, the attendees will role play the action plans.

Participants will simulate the roles of faculty member and student. At the end of each group's simulation, the simulation manager and I will facilitate a debriefing session.

Debriefing, as defined by Palaganas, Fey, and Simon (2016), is a dialogue of reflection and feedback aimed at improving future performance. During the debriefing session, we will ask each group what went well, what did not go well, and what could they have done differently.

### **Potential Resources and Existing Supports**

Implementing a professional development workshop requires detailed planning, administrative support, and various resources. Participation in the workshop is voluntary, so advertisement materials will include a request for response in regard to attendance for the workshop so I may have an accurate headcount. I will need to request and secure a classroom equipped with audio/visual equipment that can accommodate the participants; I have my own wireless microphone. Advertising materials, handouts, and evaluation forms will be created using Microsoft Word. The keynote speaker has agreed to waive her presentation fee but will require compensation for travel expenses. Depending on the

number of participants, refreshments and lunch for the 3-day workshop could be the largest expenditures. Existing support for this program includes the campus president, deans, directors, faculty members, manager of student services, and manager of the simulation center. Facilitation of the workshop will be led primarily by me with assistance from the managers of student services and simulation center. The director of campus operations previously granted approval and ensured technical support would be present during the 3-day workshop for any unforeseen technical challenges.

### **Potential Barriers**

One potential barrier could be the time commitment required to participate in the 3-day workshop. Although full-time faculty at the study site do not teach on Fridays, they may have personal obligations that could prevent them from attending the workshop in its entirety. Many of the part-time, visiting professors have full-time jobs that may conflict with the timeframe of the workshop. Another potential barrier could be securing the keynote speaker. Because the 3-day workshop will be scheduled in accordance with 2017-2018 faculty development calendar, I will not have the exact dates to provide to the keynote speaker until Spring of 2017. Marketing to the part-time, visiting professors maybe another barrier as many of them do not respond in a timely fashion to e-mail communications. Many of the part-time, visiting professors work with the nursing students in the clinical areas and rarely come to campus. Additionally, it is not the practice of the institution to compensate part-time visiting professors for attending development opportunities.

### **Proposal for Implementation and Timetable**

I will schedule a meeting with the Associate Dean of Faculty to discuss adding the workshop to the 2017-2018 faculty development calendar. The 3-day workshop will be presented over three consecutive Fridays; each session will last 8 hours with a one-hour lunch and two breaks. Friday seems to be the best day of the week for the workshop because full-time faculty do not teach on Fridays. Once the dates for the workshop are secured, I will contact the keynote speaker, the managers of student services, and the simulation center and provide them with the dates. At this time, I will also reserve the classroom and simulation center.

### **Roles and Responsibilities of Students and Others**

I will serve as the primary facilitator of the workshop. A keynote speaker who is an expert on incivility in nursing education will begin the 3-day workshop. On Day 2 of the workshop, the manager of student services will be present to provide an overview of the institution's policies. Then on Day 3 of the workshop, the manager of the simulation center will be present to co-facilitate the debriefing session after the simulations. Campus administrators will be responsible for encouraging full-time faculty and part-time visiting professors' attendance at the workshop. Ancillary departments, such as environmental services, technical support, and security services, will need to be present to ensure a smooth process. The administrative assistants from the academic department will be responsible for ordering, distributing, and cleaning up the lunch and refreshments for the workshop.

### **Project Evaluation**

Formative and summative are the two types of tools commonly used to assess student learning (Dixson & Worrell, 2016). Formative assessment involves gathering data at specific intervals to determine if student learning has improved, whereas summative assessment uses data to assess how much a student knows at the completion of a learning activity. Cornelius (2013) advised formative assessment is best combined with summative assessment for making improvements in future learning activities and for understanding student learning needs. I will use both formative and summative assessment to measure results for the professional development workshop. The formative assessments in this project will be administered at different intervals throughout the workshop. Participants will be asked open-ended questions to allow them to reflect on the learning activities, describe their experiences in the workshop, and provide feedback on the individual sessions.

At the conclusion of the three-day-day workshop, the participants will be asked to complete a summative evaluation. The goal of the summative evaluation will be to provide feedback on the workshop in its entirety and to determine if the learning objectives of the workshop were achieved. The summative assessment will be in the form of a questionnaire. The survey questions will help determine if the workshop helped participants understand the reality of incivility in nursing education, develop parameters for assessing incivility, and create a course of action, incorporating the institution's policies, for addressing incivility.

## **Implications for Social Change**

### **Local Community**

The 3-day professional development workshop addressed the needs of full-time faculty members at a college of nursing in the Midwest. The project's design was based on the findings in Section 2, which revealed participants had differing viewpoints and opinions on what behaviors are considered uncivil and what to do when these behaviors occur. The goals of the professional development project are to bridge the knowledge gaps pertaining to defining and assessing incivility and to provide faculty with practical tools to assist in addressing incivility. By addressing incivility at the local level, faculty efforts can focus on student learning instead of student behaviors (Lightner, 2014).

Furthermore, the nursing students of today will become the nurses of tomorrow; incivility not addressed in education may negatively impact the health outcomes of patients. Educating nursing students about the importance of civil behavior not only in the nursing professional but also in life will better prepare them to be leaders for change in the clinical setting. When faculty address student incivility, they model the professionalism they want to see in their students. If faculty members participate in the professional development workshop, they could learn strategies to foster a more civil learning environment and communicate classroom norms and reduce the incidents of escalation to campus administration.

### **Far-Reaching Applications**

Upon implementation at the local level, the professional development workshop can be shared with other colleges of nursing that are experiencing similar challenges with

disruptive student behaviors. The study site is a part of a national organization which consists of 21 other colleges of nursing throughout the United States. If the workshop is successful, it may be implemented to the other 21 campuses. Furthermore, incivility is not isolated to nursing education; it transcends all levels of education and therefore this workshop can serve as a model for other schools.

### **Conclusion**

This section presented the project goals and rationale of the professional development program. A professional development format addressed the participants' perceptions, as noted in Section 2. The review of literature focused on professional development, the transition of nursing faculty, and promoting civility within the learning environment. The implementation, potential barriers, necessary support, and project evaluation were also presented. Formative and summative evaluations will be implemented to assess and improve the implementation of the professional development workshop. This section concluded with implications on how to influence social change in the local community and beyond. Section 4 will present my reflections and conclusions, as well as recommendations for future research.

## Section 4: Reflections and Conclusions

### **Introduction**

Section 4 contains self-reflections and conclusions about the project as it relates to assisting faculty members in fostering a civil learning environment. I anticipate that participants of the 3-day professional development workshop will be better able to define and respond to students' uncivil behaviors appropriately and promote civility in educational encounters. In this section, I also discuss the strengths of the project, recommendations for limitations, an evaluation of the project, and limitations of the study. In addition, I reflect upon my development as a scholar, change agent, and project developer.

### **Project Strengths**

I designed the 3-day professional development project to address the problem of student incivility at a college of nursing in the Midwest. Reflecting on the development of the project, I noted several strengths. Based on the data collection I reported in Section 2, I designed the workshop to help participants develop solution-oriented strategies to prevent, de-escalate, and minimize episodes of student incivility. Flexibility is one strength of this workshop. Although the target audience was nursing faculty, the problem of incivility is not isolated to nursing education; therefore, the concepts introduced in the workshop can be applied to various settings within higher education. In addition to the project's generalizability, the 3-day workshop can be modified to a 1-day or 2-day workshop to meet the needs of the audience. The content for each day of the workshop is focused on covering specific concepts, so the implementation is adaptable.

Another strength is the project's alignment with the institution's structure for faculty development. The institution values professional development, but year-round classes limits the availability of faculty because of their teaching schedules. Scheduling the 3-day workshop in accordance with the 2017-2018 faculty development calendar will ensure greater participation. The workshop provides multiple opportunities for networking, sharing ideas, and interacting. Finally, the project is rather inexpensive to implement. Financial constraints can be an obstacle when institutions are planning profession development opportunities for employees, so this workshop contains features designed to keep operating cost to a minimum.

### **Recommendations for Remediation of Limitations**

Limitations of the project could include the availability of faculty to attend the workshop and their interest in the study topic. Dedicating three 8-hour days to a professional development workshop may not be a realistic expectation for some full-time nursing faculty. Also, faculty members may reject the project if they are not interested in learning about incivility, or if they believe little or no change will be achieved in the learning environment as a result of attending the workshop.

Another limitation includes the sample. Participants were selected based on who responded to the invitation email sent to all full-time faculty who met the criteria. Self-reported data are limited in that researchers have to take what the participant says as accurate, and the data derives entirely from the participant's interpretation of his or her experiences (Berning, 2016). Therefore, data may not truly reflect the perspectives of all faculty who have experienced student incivility at the study site.



Potential recommendations to mitigate these risks would be to alter the format of the workshop. An online format that encompasses the workshop concepts may be more conducive, and could reach a larger audience because it could be asynchronous, allowing faculty to participate at their convenience. Also, engaging in frequent conversations with campus administrators, faculty, and community partners would garner their support, and soliciting their feedback would help to ensure all stakeholders work toward the common goal of understanding why addressing incivility in the academic setting is so important for the future of the healthcare field. Having ongoing dialogue with administrators as to the importance of this topic would seem a positive way to mitigate against potential concerns about the controversial topic.

### **Alternative Approaches**

To address the research problem, I chose to interview nursing faculty to gain their perspectives regarding their experiences with incivility and their recommendations for address it in an effort to improve the learning environment. With the professional development project, I aimed to help participants identify incivility, provide strategies to defuse incivility, and offer an opportunity to exchange ideas. An alternate approach would be to seek the perspectives of nursing students and gather their recommendations to address incivility. Either perspective could lend itself to the desired outcome of a civil learning environment.

Additionally, an advisory committee comprised of nursing faculty, academic leaders, practicing nurses, and community partners within the acute care setting could be created to discuss common challenges, and to strategically identify solutions that would

benefit both settings. The ability of nurses and nurse educators to share ideas and partner with one another to address incivility from different perspectives could have a significant impact on this campus, and potentially beyond. Because nurses comprise the largest group of healthcare providers (American Association of College of Nursing, 2013), this positive impact could spread throughout the healthcare industry.

Finally, one additional approach I could have taken to address incivility could have been a white paper. The content could have focused on recommendations to promote a civil learning environment based on the input from the participants and from the current literature. Recommendations would include establishing expectations that clearly identify the type of conduct that is appropriate in the classroom and on the campus. All of the aforementioned approaches could positively impact the learning environment.

### **Self-Reflections**

#### **Scholarship**

When I enrolled in Walden's doctoral program, I had no idea what it took to become a scholarly practitioner. The coursework, online discussions, and frequent communication and feedback from committee members prepared me for writing the proposal. Identifying the topic was easy, as I was interested in understanding more about incivility in nursing education because I had experienced it as a faculty member. The initial literature review, although time consuming, proved to be beneficial because I learned incivility was a much more significant problem than I knew. With the assistance of my committee chair, I broadened my research terms and came to understand incivility

from a much larger scope, including the contexts of nursing education and nursing at the bedside.

Working with the IRBs of two institutions slowed my progress, but I remained encouraged, looked ahead, and practiced my interviewing skills with family and peers. Upon IRB approval, securing participants was quite easy; however, establishing mutual times and dates for the individual interviews was a challenge. While participants were eager to contribute and share their perspectives, we struggled to secure a mutual time that worked well to conduct the interviews because of our numerous obligations and commitments. I learned to be patient and flexible. Many of the interviews took place late in the evening, which created a bit of resentment for some of my family. During this time I also moved to another state, creating yet another obstacle in securing interview times.

Even though I had practiced my interviewing skills as I awaited IRB approval, I was a little nervous about conducting the interviews. First, I did not know or have a relationship with the participants, so I was not sure if they would be comfortable with me and be candid in their responses. Second, incivility is a sensitive subject, and I was not sure how the participants were going to respond to the interview questions. However, I believe I was able to establish rapport and trust with the participants during the interview process by answering their questions and reiterating their right to not answer an interview question or stop the interview at any time. Taking a step back and listening to the interview recordings, I am pleased the participants were comfortable enough to share their experiences surrounding such a sensitive topic. However, I was sad to hear that all the participants had experienced incivility in nursing education.

The data analysis phase was the most challenging, yet exciting, aspect of the entire project. This is when I felt like all my hard work finally came together. I chose to transcribe the interviews myself, and my intimate familiarity with the transcripts seemed to strengthen my data analysis. I had to suspend my biases and let the themes emerge from the data. Completing my doctoral studies has increased my skill set as a scholar, has provided me with a deeper understanding of incivility within the nursing profession, and has prepared me for future research.

### **Project Development and Evaluation**

In the past, I have contributed to professional development projects, and have even participated as a guest speaker. However, this was the first time I developed a project on my own. I reviewed the literature and read many scholarly resources on how to successfully develop a professional development project. Previous scholars described factors to consider when creating a project such as the content, scheduling, the space, presenters, and the associated costs. When I began, I was overwhelmed. I used the data, my literature review on professional development of nursing faculty, and my knowledge of curriculum to develop a project that would meet the needs of the nursing faculty who participated in the study. This process taught me to review the literature for guidance. Identifying existing, effective strategies for project development and implementation was the best course of action as I worked to develop a project of this magnitude.

### **Leadership and Change**

In my current position as dean of academic affairs, I am responsible for assessing and evaluating program outcomes. When I consider making changes, experience has

taught me to seek the perspectives of the front-line leaders, the nursing faculty. It is important to me to carefully listen to their challenges and their suggestions for process improvement. This project allowed me to develop a program that could potentially affect the way nursing faculty academically prepare the nursing workforce of the future.

Throughout this experience, I reflected on the experiences shared by nursing faculty and remembered my original purpose was to make an impact on the learning environment at the study site. The changes I hope to see as a result of the professional development program are, first, nursing faculty who are better prepared to diminish incivility within the learning environment, and second, nursing faculty who can foster civility among nursing students—civility that could transcend from the academic setting to the nursing workforce.

### **Analysis of Self as a Scholar**

As a nurse educator, I have read several research articles, I have attended several scholarly conferences, and I was once selected to present a poster on active learning strategies. During my undergraduate and graduate course work, I was required to take research classes, which introduced me to quantitative and qualitative research designs. However, nothing could have prepared me for the challenge or the unpredictability of this project study. Throughout this process, I learned what it really means to be patient and persevere. Encouraging words from family, friends, colleagues, and my committee members enabled me to stay on task. I could not help but note the similarities between this process and my preparation for the Chicago marathon. Once I understood that the race was not a sprint, I stopped worrying about completion, and I began to enjoy the

process. I took in the scenery during this “marathon” research project, and I learned a lot in the process. The more I learned, the more I shared with my students, peers, and others with a similar interest. I began to solicit viewpoints that differed from mine, which expanded my worldview and caused me to challenge my own patterns of thinking. This doctoral journey has increased my capabilities, the way I communicate and relate with others, and how I view my personal impact on the nursing profession.

### **Analysis of Self as a Practitioner**

As a practitioner, I have learned to appreciate the perspectives of others. This project study has helped me be a better leader of nursing faculty. I ask questions of colleagues and peers in an attempt to understand. I find myself curious about the experiences of others and now understand how those experiences have greatly influenced their perspectives. Starting from a place of curiosity in every interaction, seeking to understand the perspectives of others, and openly discussing challenges of incivility have increased my contribution as a practitioner within nursing education. This process was a humbling experience, asking for advice and expertise of my committee members and classmates and writing revision after revision in order to build a solid foundation for my study. This project presented a remarkable opportunity for me to address a sensitive subject at the study site. The results of this study have significance for this college of nursing, and I expect that my research will be disseminated across several campuses within the organization.

### **Analysis of Self as Project Developer**

Developing a project was new for me; as previously noted, this was my first time creating a project independently of others. Besides my committee members' and classmates' suggestions, I did not have the assistance or expertise of others who were more familiar with project development, so this was a significant challenge for me. Not knowing where to start, initially I re-read the interview transcripts, the emerging themes, and the literature review on professional development. Reviewing this information provided me with the key concepts that needed to be covered in the project. Next, I needed to consider the logistics: cost, location, speakers, and advertisement. As I read the works of other researchers' projects for guidance on formation, style, and layout, I began to formulate my first draft. With each subsequent draft, I gained confidence and clarity and began to envision the operationalization of the workshop.

When conceptualizing the workshop, I was concerned about the usefulness and practicality of the workshop. Throughout my career, I have attended several professional development opportunities; some were beneficial, and others were not. When I reflected on professional development programs that I had attended that were relevant, I concluded the experiences that were most helpful were because the content was relevant to my everyday work and was readily applicable therein. This applicability was my goal for the professional development workshop developed for this research study.

### **Reflections on the Importance of the Work**

The data collection, analysis, and project implications have significant importance for the nursing profession and the healthcare community. If successful, this project could

potentially be implemented at other campuses within the institution and at other organizations. As a result of the one-on-one interviews, the findings from the participants provided a guide for what was needed to develop the project. Integral to Section 2 were the findings from the interviews. The findings provided important data; however, a general theme emerged that the nursing faculty were ambivalent of the next course of action when faced with student incivility.

As result of this information, I learned to focus my attention to their experiences and to be open minded during the interviews. Journaling and keeping reflective notes allowed me to remain unbiased and to transcribe the data accurately, which strengthened credibility. Nursing faculty are responsible for preparing the future nursing workforce. If faculty are not properly educated and prepared to manage difficult student behaviors, these same student behaviors may carry over into the workforce. Furthermore, incivility disrupts the learning environment, and allowing incivility is not fair to those students who are actively engaged in their educational journey. Student incivility has become a major focus in nursing education, and this project study was designed to bring about social change in the nursing profession and to benefit the patients.

### **Implications, Applications, and Directions for Future Research**

Incivility within the academic setting takes on many forms. What constitutes a disruptive behavior is dependent on the nursing faculty's perception, which is shaped by their experiences and whether or not the behavior harms the learning environment. Looking at the problem of incivility globally, I believe the professional development workshop will significantly improve the facilitation of learning and interactions between



nursing faculty and nursing students. Still, future research is needed to determine the efficacy of the project.

The efficacy of the workshop could be measured by determining if faculty who attended the 3-day workshop had fewer incidences of student incivility compared to faculty who did not attend the workshop. Similarly, the project should be expanded to a larger, more diverse sample size. The expansion also could include testing of new strategies to promote civility such as in class education for students, presentations for faculty and students, and institutional policy creation or revision. Numerous opportunities for future research are plausible and should be explored. Colleges should continue to acknowledge when incivility occurs with the goal of identifying new and effective ways to target the problem.

### **Conclusion**

The purpose of the project study was to examine nursing faculty's perceptions of student incivility and develop a professional development workshop to assist faculty in more effectively managing student incivility and promoting a civil learning environment. This section presented my reflections on the project study. I outlined the project's strengths, which includes an organizational structure that could be adapted and implemented in various settings; further, the structure could be modified for an online delivery model, and the cost effectiveness of this program could enable other institutions to adopt this program. Changing the format to online was a recommendation offered to address the project's greatest limitation. Additionally, I explored my growth as a scholar, change agent, and project developer. Promoting civility within the nursing profession

begins in nursing school. Addressing incivility by learning effective ways to respond, manage, and diminish disruptive behaviors has the potential to positively impact nurse education, the nursing profession, the patients in nurses' care, and the healthcare system as a whole.

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## Appendix A: The Project

### **Faculty Professional Development Workshop Incivility. How Do We Stop It? Workshop: Day 1 (8.5 hrs.)**

Facilitator: Tamara L. Williams

#### **Learner Objectives**

At the conclusion of Day 1, faculty will:

- Define incivility and contributing factors
- Understand the prevalence of incivility in nursing education
- Articulate the impact incivility has on the learning environment
- Identify uncivil behaviors

#### **Resources**

- Large classroom with round table seating (5 seats per table)
- Overhead projector, laptop, projector screen
- Access to internet
- Podium and wireless microphone
- Medium post-it notes for every table
- 5 sets of colored index cards numbered 1-6 (per table)
- A variety of pens, pencils, and markers
- Printed agenda for each attendee
- Day 1 formative evaluation form for each attendee

#### **Agenda**

- Welcome, Introductions, and Training Overview
- Keynote Speaker
- Break
- Why Should We Care?
- Table Discussion
- Break
- Civility Matters
- Table Discussion
- Civility is a Choice
- Evaluation



Workshop Day 1	
8:00am to 8:30am	<p style="text-align: center;"><b>Welcome, Introductions, and Training Overview</b></p> <p>Review housekeeping items (agenda, bathroom locations, breaks, etc.) Attendees will introduce themselves by providing the following:</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Years as a faculty member</li> <li>• Subjects taught</li> </ul> <p style="text-align: center;"><b>Polling Questions:</b></p> <p>I will ask participants to answer the polling question by raising the index card with the number that reflects their answer. The purpose of the polling question is to quickly gauge the participants' feelings regarding teaching.</p> <p style="padding-left: 40px;">1. Which of the following best describes you?</p> <ol style="list-style-type: none"> <li>1. I look forward to teaching every day; it brings me immense joy</li> <li>2. I enjoy teaching most days</li> <li>3. I enjoy teaching sometimes</li> <li>4. I find teaching a chore</li> <li>5. I think about leaving teaching altogether</li> </ol> <p>I will ask participants to answer the polling question by raising the index card with the number that reflects their answer. The purpose of the polling question is to quickly gauge the participants' experience with discourteous behaviors.</p> <p style="padding-left: 40px;">2. Which of the following have you experienced during this past school year? (Choose all that apply)</p> <ol style="list-style-type: none"> <li>1. Students late to class</li> <li>2. Inattentive students</li> <li>3. Yelled at by a student in the classroom</li> <li>4. Yelled at by student in clinical setting</li> <li>5. Pushed or shoved by a student</li> <li>6. Threatened by a student</li> </ol>
8:30am to 9:30am	<p><b>Keynote Speaker: Cynthia Clark, PhD, RN</b></p> <p><b>Presentation: Why Civility Matters: Fostering Respect in Nursing Education</b></p>
9:30am	<b>Question and Answer session</b>

to 10:00 am	
10:00am to 10:15am	<b>Break</b>
10:15am to 11:30am	<p style="text-align: center;"><b>Presentation of Why Should We Care? (PowerPoint Slides 2-4)</b></p> <p style="text-align: center;"><b>Why Should We Care?</b></p> <ul style="list-style-type: none"> <li>• “...inherent in accountability is responsibility for individual actions and behaviors, including civility. In order to demonstrate professionalism, civility must be present.”(AACN Baccalaureate Essentials, 2008)</li> <li>• American Nurses Association-Code of Ethics</li> <li>• Impact on Patients</li> <li>• Human capital</li> <li>• Medical errors</li> </ul>
11:30pm to 12:30pm	<b>Lunch</b>
12:30pm to 1:00pm	<p style="text-align: center;"><b>Table Discussion</b></p> <p>At each table, one person will be selected to scribe and one to be the reporter. On separate sheets, attendees will respond to the following questions:</p> <ol style="list-style-type: none"> <li>1. What impact has incivility had on your teaching?</li> <li>2. What impact has incivility had on your physical/ mental being?</li> <li>3. If the ability to collaborate with others among the interdisciplinary healthcare team is necessary for positive client outcomes, is it ethical to graduate students who are unable to work with others due to their discourteous behaviors?</li> </ol>
1:00pm to 1:30pm	<b>Report Out</b> -The reporter from each table will reference the group’s sheets and share the group’s observations and conclusions.
1:30pm to 1:45pm	<b>Break</b>
1:45pm to 2:15pm	<b>Presentation of Civility Matters (PowerPoint Slides 5-6)</b>

	<p style="text-align: center;"><b>Civility Matters</b></p> <ul style="list-style-type: none"> <li>• Identifying uncivil behaviors             <ol style="list-style-type: none"> <li>1. Passive Incivility</li> <li>2. Active Incivility</li> </ol> </li> <li>• View Video - Classroom Incivility (3 min.)</li> </ul> <p><a href="https://video.search.yahoo.com/yhs/search;_ylt=A0LEV75HTlhYsSQAZ0knnlIQ?p=classroom+incivility&amp;fr=yhs-mozilla-004&amp;fr2=piv-web&amp;hspart=mozilla&amp;hsimp=yhs-004#action=view&amp;id=1&amp;vid=bd56894ee13b0de8045fbf2f805b3c18">https://video.search.yahoo.com/yhs/search;_ylt=A0LEV75HTlhYsSQAZ0knnlIQ?p=classroom+incivility&amp;fr=yhs-mozilla-004&amp;fr2=piv-web&amp;hspart=mozilla&amp;hsimp=yhs-004#action=view&amp;id=1&amp;vid=bd56894ee13b0de8045fbf2f805b3c18</a></p>
2:30pm to 3:30pm	<p style="text-align: center;"><b>Table Discussion</b></p> <p>At each table, one person will be selected to scribe and one to be the reporter. On separate sheets, attendees will respond to the following questions:</p> <ol style="list-style-type: none"> <li>1. What types of incivility were occurring in the video?</li> <li>2. Was the behavior active or passive?</li> <li>3. What types of incivility have you experienced?</li> <li>4. In the experience you described, was the student behavior active or passive?</li> </ol>
3:30pm to 4:00pm	<p><b>Report Out</b> - The reporter from each table will reference the group's sheets and share the group's observations and conclusions.</p>
4:00pm to 4:45pm	<p style="text-align: center;"><b>Keynote Speaker: Cynthia Clark, PhD, RN</b></p> <p style="text-align: center;"><b>Presentation: Civility is a Choice</b></p>
4:45pm to 5:00pm	<p style="text-align: center;"><b>Question and Answer Session</b></p>
5:00pm to 5:30pm	<p style="text-align: center;"><b>Complete Formative Evaluation</b></p>

## Workshop Day 1 PowerPoint, Slides 2-3

## Why Should We Care?

- "...inherent in accountability is responsibility for individual actions and behaviors, including civility. In order to demonstrate professionalism, civility must be present."  
(AACN Baccalaureate Essentials, 2008)
- The nurse, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual.  
(ANA Code of Ethics)

## Why Should We Care? (cont.)

- 1.5: Principles of respect extend to all encounters, including colleagues. "This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one's actions on others" (p.9). ANA Code of Ethics
- 3.4: Nurse educators have a responsibility to...promote a commitment to professional practice prior to entry of an individual into practice" (p.13) ANA Code of Ethics

## Workshop Day 1 PowerPoint, Slides 4-5

## Why Should We Care? (cont.)

- Impact on patients
- Patient safety is jeopardized when the health care team does not communicate effectively.
- Can lead to a loss of valuable human capital and medical errors.

## Civility Matters

- Passive Incivility
  - Inattention
  - Sleeping
  - Cellphone usage
  - Lack of preparedness
  - Arriving late
  - Leaving early
  - Appearing not interested

## Workshop Day 1 PowerPoint, Slide 6

## Civility Matters

- Active Incivility
  - Rude comments
  - Challenging faculty authority
  - Yelling
  - Threatening behaviors
  - Intimidation
  - Disruptive behaviors
  - Academic Integrity violations

## **Faculty Professional Development Workshop**

### **Incivility. How Do We Stop It? Workshop: Day 2 (8.5 hrs.)**

Facilitator: Tamara L. Williams

#### **Learner Objectives**

At the conclusion of Day 2, faculty will:

- Identify values and philosophies that shape your teaching
- Apply the organization's policies to promote a civil environment
- Identify 3 strategies to cultivate a healthy and productive learning environment

#### **Resources**

- Large classroom with round table seating (5 seats per table)
- Overhead projector, laptop, projector screen
- Access to internet
- Podium and wireless microphone
- Medium post-it notes for every table
- A variety of pens, pencils, and markers
- 5 sets of colored index cards numbered 1-6 ( per table)
- Day 2 formative evaluation form for each attendee
- Manager of Student Services

#### **Agenda**

- Be Transparent
- Break
- Organizational Response to Incivility
- Table Discussion
- Guest Presenter
- Course of Action
- Break
- Circle of Trust
- Culture Change
- Evaluation

Workshop Day 2	
8:00am to 8:30am	<b>Welcome and Recap of Day 1 content</b>
8:30am to 9:00am	<p style="text-align: center;"><b>Presentation of Be Transparent (PowerPoint Slides 7-8)</b></p> <p style="text-align: center;"><b>Be Transparent</b></p> <ul style="list-style-type: none"> <li>• Identify your teaching philosophy</li> <li>• Acceptable vs Unacceptable behaviors</li> <li>• Personal annoyances vs. Disruptive learning environment</li> </ul>
9:00am to 9:30am	<p style="text-align: center;"><b>Self-Reflection Exercise</b></p> <p>Each attendee will be asked to reflect on the list of uncivil behaviors identified on Day 1. Ask yourself: Are these behaviors a personal annoyance or do they negatively impact the learning environment? Are these behaviors impacting your ability to facilitate student learning? Are the behaviors of some students perceived as disruptive by other students? Do the behaviors trigger an emotional response? If so, why?</p>
9:30am to 10:00am	<b>Break</b>
10:00am to 11:00am	<p style="text-align: center;"><b>Presentation of Organizational Response to Incivility (PowerPoint Slides 9-13)</b></p> <p style="text-align: center;"><b>Organizational Response to Incivility</b></p> <ul style="list-style-type: none"> <li>• Promoting campus civility</li> <li>• Communicate Classroom Expectations</li> <li>• Be explicate in the syllabus</li> <li>• Organization's Policies</li> <li>• ANA Code of Ethics</li> <li>• Nurse Practice Act</li> </ul>
11:00 am to 11:45am	<ul style="list-style-type: none"> <li>• View Video - Preparing an Effective Course Syllabus (10 min.)</li> </ul> <p style="text-align: center;"><a href="https://www.youtube.com/watch?v=QJ7zzqU5ljM">https://www.youtube.com/watch?v=QJ7zzqU5ljM</a></p> <p style="text-align: center;"><b>Table Discussion</b></p> <p>At each table, one person will be selected to scribe and one to be the reporter. On separate sheets, attendees will respond to the following questions:</p>



	<ol style="list-style-type: none"> <li>1. Do we minimize the weight we put on the course objective pertaining to professionalism? If so, why?</li> <li>2. Data correlates inappropriate, disruptive behavior and ineffective communication to negative patient outcomes. If a student displays these behaviors, does it cause you to question the student's ability to provide safe client care? Why or Why not?</li> </ol>
11:45am to 12:15 pm	<b>Report Out</b> – The reporter from each table will reference the group's sheets and share the group's observations and conclusions.
12:15pm to 1:15pm	<b>Lunch</b>
1:15pm to 2:00pm	<p style="text-align: center;"><b>Polling Question:</b></p> <p>I will ask participants to answer the polling question by raising the index card with the number that reflects their answer. The purpose of the polling question is to quickly gauge how the participants' respond to incivility.</p> <p>When I have a student who displays disruptive behaviors in class, I tend to do nothing and hope the problem will go away on its own.</p> <ol style="list-style-type: none"> <li>1. Raise the number 1 for True</li> <li>2. Raise the number 2 for False</li> </ol> <p style="text-align: center;"><b>Guest Presenter: Student Services Manager</b></p> <p>Professional Code of Conduct Student Code of Conduct Q &amp; A</p>
2:00pm to 3:00pm	<p style="text-align: center;"><b>Presentation of Course of Action (PowerPoint Slide 14)</b></p> <p style="text-align: center;"><b>Course of Action</b></p> <p>Activity:</p> <ul style="list-style-type: none"> <li>• Faculty members will divide into groups of 4</li> <li>• Each table will identify one person to scribe and one to be the reporter.</li> <li>• Each group will identify at least three strategies that mitigate disruptive student behaviors incorporating the organization's policies.</li> </ul>
3:00pm to 3:30pm	<b>Break</b>
3:30pm to 4:00pm	<b>Report Out</b> – The reporter from each table will reference the group's sheets and share the group's observations and conclusions.

	(I will collect each action plan)
4:00pm to 4:45pm	<p align="center"><b>Presentation of Circle of Trust</b> (PowerPoint Slides 15-16)</p> <p align="center"><b>Circle of Trust</b></p> <ul style="list-style-type: none"> <li>• Student-teacher relationship</li> <li>• Identify the student's goals</li> <li>• Do they want to be an extraordinary nurse?</li> <li>• Do they need to provide for their family?</li> <li>• What motivates them?</li> <li>• Are they the first in their family to go to college?</li> <li>• Feedback is intended to help them achieve their goals</li> </ul> <p align="center"><b>Self-Reflection Exercise</b></p> <p>Each attendee will be asked to reflect on the question below. How can I build trust with my students on the first day of class and throughout the semester?</p>
4:45pm to 5:15pm	<p align="center"><b>Presentation of Culture Change</b> (PowerPoint Slide 17)</p> <p align="center"><b>Culture Change</b> <b>How do we began to change a culture?</b></p> <p align="center">(below are probable ideas from the participants)</p> <ul style="list-style-type: none"> <li>• Welcoming tone</li> <li>• Welcoming atmosphere</li> <li>• Inclusive attitudes</li> <li>• Faculty-student partnership</li> <li>• Be aware of own behaviors</li> <li>• Partner with Student Services</li> <li>• Policies and procedures for fostering civility</li> </ul>
5:15pm to 5:30pm	<b>Complete Formative Evaluation</b>

## Workshop Day 2 PowerPoint, Slides 7-8

## Be Transparent

- Identify your teaching philosophy
  - Respect for students
  - Foster student learning through engagement
  - Stimulate critical thinking, clinical reasoning, and judgment
  - Share nursing expertise to assist students reach their goals
- Identify acceptable and unacceptable classroom behaviors
  - Address minor incivilities early
  - The behaviors will not go away on their own

## Be Transparent (cont.)

- Identify if the behaviors are personal annoyances or if they impact the learning environment



## Workshop Day 2, PowerPoint Slides 9-10

## Organizational Response to Incivility

- Promoting campus civility
  - Choose civility
  - Be proactive
  - Raise awareness of incivility
  - Discuss civility during student orientation
  - Involve students in communicating the message of civility
  - Role model desired behaviors
  - Provide education to students, staff, and campus administration

## Organizational Response to Incivility

- Classroom Expectations
  - Communicate and role model behaviors that are acceptable
  - Communicate behaviors that are not acceptable
    - Side conversations
    - Texting in class
    - Eating in class
    - Cellphone use
    - Arriving late/leaving early
  - Co-create classroom norms

## Workshop Day 2, PowerPoint Slides 11-12

## Organizational Response to Incivility

- Integrating Civility into the Syllabus
  - Respectful communication
  - Mutual trust and respect
  - Communicate how you would like to be addressed by the students
  - Communicate your response time for student emails/questions/phone calls
  - Include statements regarding technology use in class
  - Hyperlink to Code of Conduct, ANA Code of Ethics, etc.

## Organizational Response to Incivility

- Add behavioral objectives to the course (samples)
  - Student will be responsible for own actions, including actively managing own learning experiences.
  - Student will be accountable for ensuring all interactions are congruent with the ANA Code of Ethics.
  - Student will demonstrate respect for the nursing profession by evaluating own professional behavior in relation to the effect it has and others and change that behavior when necessary.

## Workshop Day 2, PowerPoint Slides 13-14

## Organizational Response to Incivility

- Policies

- Professional Conduct

A student enrolling in College of Nursing assumes an obligation to conduct himself or herself in a manner compatible with the College's function as an institution for professional nursing education. All students are expected to abide by the College of Nursing. The Professional Conduct Policy applies to student behavior that affects the members of the community, irrespective of where that conduct may occur. Discipline may extend to off-campus activities and locations or online activities, when they adversely affect members of the community and/or pursuit of their objectives. (College Student Handbook, 2016)

- Student Code of Conduct

The College of Nursing Student Code of Conduct incorporates all related policies including the Academic Integrity Policy, the Professional Conduct Policy, the Network and Responsible Computing Policy, the Sexual Misconduct Response and Prevention Policy and the Social Media Policy. The Student Code of Conduct is designed to foster a fair and impartial set of standards by which alleged violations of the policy will be judged. All students are required to adhere to these standards. (College Student Handbook, 2016)

## Course of Action

- Sample strategies (probable strategies identified by the participants)
  - Engage in respectful communications
  - Initiate a trust contract
  - Ignore the urge to disregard the behavior
  - Anticipate acts of incivility
  - Practice, practice, practice to address inappropriate behaviors
  - Assemble a campus civility team
  - Depersonalize the insensitive comments

## Workshop Day 2, PowerPoint Slides 15-16

## Circle of Trust

- Student-Teacher relationship
  - Narrow the relationship gap between faculty and students
- Faculty provide a lot of feedback to students
  - Do not assume students understand the purpose of feedback
- Trust is integral in the feedback process
  - Mutual bond centers around trust
- Constructive feedback could be a trigger for uncivil outburst

## Circle of Trust

- I trust that you want my feedback to help you achieve your goal of \_\_\_\_\_. I will honor our trust by sharing my observations with you. I ask that you trust that my sole purpose in sharing both positive and constructive feedback is to help you achieve your goal.

## Workshop Day 2, PowerPoint Slide 17

## Culture Change

- Nurse faculty have a unique role in eliminating incivility.
- Nurse faculty serve as role models upon which nursing students base their expectations of future interactions.
- Civility can be obtained when supported by the environment and policies.
- Ongoing engagement, evaluation, consistency, and commitment are necessary for sustainability.



## Formative Evaluation Tool

**Incivility. How Do We Stop It?**

Thank you for attending the professional development 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 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 physical environment was conducive to learning.

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

The interactive discussions enhanced presentation content

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

**How will you incorporate what you learned today to promote civility?**

**Please share any additional thoughts on the topic or presentation:**

## **Faculty Professional Development Workshop**

### **Incivility. How Do We Stop It? Workshop: Day 3 (7.5 hrs.)**

Facilitator: Tamara L. Williams

#### **Learner Objectives**

At the conclusion of Day 3, faculty will:

- Describe approach to respectful communications
- Model the approach to respectful communications
- Apply a systematic approach to manage difficult situations in the simulation lab

#### **Resources**

- Large classroom with round table seating (5 seats per table)
- Overhead projector, laptop, projector screen
- Access to internet
- Podium and wireless microphone
- Medium post-it notes for every table
- A variety of pens, pencils, and markers
- 5 sets of colored index cards numbered 1-6 (per table)
- Summative evaluation form for each attendee
- Manager of Simcare™ Center
- Simulation Center

#### **Agenda**

- Respectful Communication
- Break
- Practice, practice, practice
- Teaching Civility
- Simulated Clinical Experiences (SCE) exercises
- Stress management
- Civility: Next Steps
- Break
- Evaluation

<b>Workshop Day 3</b>	
8:30am to 9:00am	<b>Welcome and Recap of Day 2 content</b>  (action plans will be distributed to each group)
9:00am to 10:00am	<p style="text-align: center;"><b>Polling Question:</b></p> <p>I will ask participants to answer the polling question by raising the index card with the number that reflects their answer. The purpose of the polling question is to quickly gauge the participants' ability to manage disruptive students.</p> <p>I feel confident in my skills for preventing or managing student disruptive behavior.</p> <ol style="list-style-type: none"> <li>1. Raise the number 1 for True</li> <li>2. Raise the number 2 for False</li> </ol> <p style="text-align: center;"><b>Presentation of Respectful Communication (PowerPoint Slide 18)</b></p> <p style="text-align: center;"><b>Respectful Communication</b></p> <p>Systematic approach</p> <ul style="list-style-type: none"> <li>• Plan the conversation (validate facts; determine who should be involved; timing/meeting space)</li> <li>• Assess your own perception (choose words respectfully; good listener, non-judgmental)</li> <li>• Deliver the message (describe situation, the behavior, and the impact)</li> <li>• Empathize (display care, sensitivity, and honesty)</li> <li>• Summarize (check for understanding; identify next steps)</li> <li>• Follow-up (determine what kind of follow-up is needed; apology; counseling, education, termination, etc. This is determined by the situation).</li> </ul>
10:00am to 10:15am	<b>Break</b>
10:15am to	<b>Practice, Practice, Practice</b>

11:00 am	<p>Activity:</p> <ul style="list-style-type: none"> <li>• Faculty members will divide into groups of 4.</li> <li>• Each group will appoint a group leader.</li> <li>• Each group leader will be given a different disruptive behavior to be acted out for the remaining group members.</li> <li>• The remaining group members will identify the disruptive behavior.</li> <li>• Once the disruptive behavior is identified correctly, the remaining group members will role play the steps of respectful communications with the group leader</li> </ul> <p><b>Report Out</b></p> <ul style="list-style-type: none"> <li>• The group leader will share his/her feelings regarding the member's use of respectful communication.</li> <li>• The group members will share how they felt when the group leader was being disruptive.</li> </ul>
11:00am to 12:00pm	<p>View Video- Classroom Etiquette (30 min.)</p> <p><a href="http://www.civilityexperts.com/resources/manners-etiquette-videos/">http://www.civilityexperts.com/resources/manners-etiquette-videos/</a></p> <p style="text-align: center;"><b>Presentation of Respectful Communication (PowerPoint Slides 19-20)</b></p> <p style="text-align: center;"><b>Teaching Civility</b></p> <ul style="list-style-type: none"> <li>• Develop curricula to address this incivility</li> <li>• Conflict management strategies</li> <li>• Open communication</li> <li>• Professional identity (personal regard)</li> <li>• Stress management</li> </ul>
12:00pm to 1:00pm	<b>Lunch</b>
1:00pm to 3:00pm	<p style="text-align: center;"><b>Simulated clinical experiences</b> (after lunch attendees will report to the simulation lab)</p> <p>Activity:</p> <ul style="list-style-type: none"> <li>• Faculty members will divide into groups of 6.</li> <li>• In each group 2 members will volunteer; one will role-play the student; the other will role-play the faculty or nursing professional</li> </ul>

	<ul style="list-style-type: none"> <li>• Each group will role play each scenario (time permitting)</li> <li>• Group members observing the role play will decide on a response incorporating the previously developed action plans and respectful communications.</li> <li>• At the end of each scenario the manager of the simulation lab and I will facilitate a debriefing session (45 mins).</li> </ul> <p>Scenario 1 Student to faculty  Scenario 2 Student to clinical faculty  Scenario 3 Student to student  Scenario 4 Student to college administration  Scenario 5 Student to nurse professional  Scenario 6 Faculty to student</p> <p><b>Debriefing Session: Manager of Simulation Lab</b></p> <ul style="list-style-type: none"> <li>• What was the experience like for you?</li> <li>• What happened and why?</li> <li>• What did you do and was it effective?</li> <li>• What are you going to take away from this experience?</li> </ul>
3:00pm to 3:30pm	<p>Group exercise- Participants will be asked to close their eyes, quiet their thoughts, and take in 3 slow deep breaths, slowly noticing a decrease in their pulse and respirations.</p> <p style="text-align: center;"><b>Presentation of Stress Management (PowerPoint Slide 24)</b></p> <p style="text-align: center;"><b>Stress Management</b></p> <ul style="list-style-type: none"> <li>• Minimize commitments</li> <li>• Ask for assistance</li> <li>• Take time off</li> <li>• Spend time with loved ones</li> <li>• Exercise</li> <li>• Deep breathing</li> <li>• Massage/mediation</li> <li>• Listen to music</li> <li>• Eat healthy</li> <li>• Confide in a friend/relative</li> <li>• Obtain a mentor</li> </ul>
3:30pm to	<b>Break</b>

3:45pm	
3:45pm to 4:15pm	<p style="text-align: center;"><b>Presentation of Civility: Next Steps (PowerPoint Slide 25)</b></p> <p>Now that we have learned about incivility, how do we begin to create civility within our learning environments?</p> <p style="text-align: center;"><b>Civility: Next Steps</b></p> <ul style="list-style-type: none"> <li>• Commitment</li> <li>• Accountability</li> <li>• Engagement</li> <li>• Assume positive intent</li> <li>• Focus on mutual goals</li> <li>• Shared responsibility</li> <li>• Prepare for potential obstacles</li> </ul>
4:15pm to 4:30pm	Thank participants for their time; answer any closing questions; distribute certificates of appreciation for attendees' professional portfolio.
4:30pm to 5:00pm	<b>Complete Summative Evaluation</b>

## Workshop Day 3, PowerPoint Slides 18-19

## Respectful Communication

- Difficult/crucial conversations they are hard, they take courage, and they require planning.
- The goals of difficult/crucial conversations are open communication and collaboration.
- All parties involved should leave the conversation feeling heard, respected, and valued.
- Deliver a difficult/crucial conversation in a systematic way.

## Teaching Civility

- Nurses code of ethics define how nurses are to behave in all aspect of their practice.
- Developing curriculum which addresses incivility
  - Journal clubs
  - Incivility article discussions/Case studies
  - Role-play responding to uncivil acts
  - Practice civility in a safe learning environment
  - Reflection exercises



## Workshop Day 3, PowerPoint Slides 20-21

## Teaching Civility

- Conflict management strategies
  - Open forums for candid dialogue between faculty and students
  - Emotional awareness
  - Focus on the present
  - Be respectful of differences
  - Remember the common goal
  - Mindful of nonverbal communication
  - Pick your battles

## Simulated Clinical Experiences (SCE) Exercises

- Scenario 1: A student, who disagrees with a grade awarded by the faculty member, emails the faculty demanding the grade be changed otherwise the student will report her concerns to the campus president.
- Scenario 2: A student arrives to the clinical setting 30 minutes late. When the faculty asked about the student's whereabouts and reminded the student of the late policy, the student replied what is the big deal I am hear now so teach me something.

## Workshop Day 3, PowerPoint Slides 22-23

## Simulated Clinical Experiences (SCE) Exercises

- Scenario 3: Two students have having a side conversation in class. A third student tells them to be quiet. The two students become belligerent and begin making derogatory remarks about the third student.
- Scenario 4: A student, who is upset because she was academically dismissed, repeatedly calls and emails the college president threatening to get a lawyer if she is not reinstated.

## Simulated Clinical Experiences (SCE) Exercises

- Scenario 5: A student in the clinical setting is caring for a client with chronic pain. When the nurse assigned to the client ask the student to reposition the client to provide comfort, the student replies that is your job.
- Scenario 6: A faculty member in the clinical setting starts criticizing a nursing student in front of her peers because the nursing student did not complete a thorough assessment of the client.

## Workshop Day 3, PowerPoint Slides 24-25

## Stress Management

- Nursing is a profession that is rapidly changing; therefore, producing knowledgeable and skillful graduates through classroom instruction is a challenge. Nursing academia is considered one discipline with higher levels of job stress (Fang & Li, 2013). Complexity of the role, faculty workload, and diverse learners are all contributing factors.

## Civility: Next Steps

- Be the spark that ignites the path to civility.



## References:

- American Association of College of Nursing. (2008, October 20). *The essentials of baccalaureate education for professional nursing practice*. Retrieved from <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>
- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: American Nurses Publishing
- College Student Handbook, (2016). Retrieved from:
- Fang, D., & Li, Y. (2013). AACN's special survey on vacant faculty positions for academic year 2012-2013. Retrieved from <http://www.aacn.nche.edu/leading-initiatives/research-data/vacancy12.pdf>

## Summative Evaluation Tool

**Incivility. How Do We Stop It?**

Thank you for attending the 3-day professional development 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.**

As a result of attending the workshop, I have a better understanding of the impact of incivility in nursing education and the nursing profession.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

As a result of attending the workshop, I am able to identify uncivil behaviors.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

As a result of attending the workshop, I have the confidence to use the skills and knowledge gained during this workshop to promote a civil learning environment.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

As a result of attending the workshop, I am able to apply the institutions policies to manage disruptive behaviors appropriately.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

As a result of attending the workshop, I am able to apply a systematic approach when managing difficult situations.

Strongly Disagree      Disagree      Neutral      Agree      Strongly Agree

**How will you incorporate what you learned during the workshop to promote civility?**

**Please share any additional thoughts on the topic or presentation:**

## Appendix B: Email Letter of Invitation to Participate in the Study

Invitation to participate in the study of Student Incivility and Its Impact on Nursing Faculty and the Nursing Profession

Dear [REDACTED] Faculty,

Thank you for taking the time to consider this request to participate in a doctoral research study on student incivility. I am currently a doctoral student at Walden University. One of the purposes of this doctoral study is to gather information from current nursing faculty members who have experienced a demonstration of student incivility. Through your perceptions, this study seeks to gain an understanding of what faculty believe to be the causes and implications of such behavior and to identify what is needed from the institutional community to curtail the behavior. This study is unique as it is centrally focused on the perceptions of the faculty.

To participate in this study you must have institutional designation of faculty, have at least one year of teaching experience at [REDACTED] College of Nursing and have experienced student to faculty incivility. Please feel free to contact me with any questions you have. My contact information is [REDACTED] or by email at [REDACTED]. Also, if you have questions later, you are welcome to contact me at any time.

Thank you for considering participating in this project!

Sincerely,

Tamara L. Williams  
Doctoral Student  
Walden University

## Appendix C: Interview Protocol for Nurse Faculty

1. Based on your experiences, how would you define incivility?
2. What student behaviors do you consider uncivil?
3. What would you identify as the primary cause of student incivility?
4. What factors do you believe contribute to student incivility?
5. How do faculty contribute to student incivility?
6. How do you believe incivility impacts the learning environment?
7. How is student incivility impacting you as a faculty member?
8. How would you describe your response when faced with a student behaving uncivilly?
9. Can you describe your emotional reaction when a student behaves in an uncivil manner?
10. What strategies do you recommend to achieve civility in nursing education?
11. What actions have you taken to curtail student incivility?
12. How would you describe the culture of the organization?
13. How does the organization's culture foster or enable incivility within the student population?
14. How is student incivility impacting the culture of the organization?
15. What actions could the organization take to curtail student incivility?
16. Before we conclude, is there anything else you would like to share with me?



## Appendix D: Confidentiality Agreement

Name of Signer:

During the course of my activity in collecting data for this research: “Student Incivility: Its Impact on Nursing Faculty and the Nursing Profession”. I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

***By consenting to this Confidentiality Agreement I acknowledge and agree that:***

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I’m officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

***Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.***

**Signature:**

**Date:**

## Appendix E: Permission to Reproduce the Conceptual Model for Fostering Civility in Nursing Education

The screenshot shows a Gmail inbox on a Windows desktop. The browser address bar displays <https://mail.google.com/mail/u/1/#inbox/151504a8076d8c16>. The email subject is "Permission to reprint images".

**From:** Tamara Williams <tamara.williams@waldenu.edu> (4:50 PM, 18 hours ago)

**To:** cclark

**Content:**

Hello Dr. Clark:

I am a doctoral student at Walden University and will be completing a project with a focus on student incivility. I would like to request permission to use the images of your *Conceptual Model for Fostering Civility in Nursing Education and Incivility Continuum*.

Thank you

...

**From:** Cindy Clark (9:35 AM, 2 hours ago)

**To:** me

Good morning Tamara--thank you for your interest in my work. As requested, I have attached the Conceptual Model for Fostering Civility in Nursing Education and the Continuum of Incivility. These are copyrighted materials and require my permission to use them (included here by virtue of this e-mail) and with proper citation/referencing (included on the attached).

Warm regards,

*Dr. Cynthia (Cindy) Clark*

Cynthia (Cindy) Clark Ph.D, RN, ANEF, FAAN  
 Professor Emeritus  
 Boise State University  
 cclark@boisestate.edu  
 208-866-8336 (cell)

The Windows taskbar at the bottom shows the search bar, application icons (Edge, File Explorer, OneDrive, Amazon, Word, Chrome, Teams), and system tray icons (volume, network, battery, time: 11:37 AM, 11/29/2015).