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Civility Promotion Actions and Decisions of Prelicensure Baccalaureate Nurse Faculty

Brooke Stelle Russo
Walden University

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Walden University

College of Health Sciences

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Brooke S. Russo

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the review committee have been made.

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The Office of the Provost

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2019

Abstract

Civility Promotion Actions and Decisions of Prelicensure Baccalaureate Nurse Faculty

by

Brooke S. Russo

MS, Walden University, 2011

BS, Armstrong State College, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

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November 2019

Abstract

Acts of incivility in nursing education and practice settings are a growing concern. Previous research has indicated that uncivil behaviors, especially among nurses in the healthcare workplace, create toxic work environments and pose risks to patient safety. Uncivil behaviors among nurse educators and students were found to erode the learning environment and lead to poor program outcomes. Researchers provided evidence to show varied levels of incivility in academic and workplace environments and recommended solutions to improve civility, yet little evidence exists to show how nurse faculty approach civility promotion in their practices. This qualitative, descriptive study was designed to explore the actions and decisions of prelicensure nurse faculty who promote civility in their baccalaureate programs. Fifteen full-time, prelicensure nurse faculty from varied baccalaureate programs across the southeastern United States volunteered to participate in individual, online interviews. Husted and Husted's theory of bioethical symphonology was used to support the study design and analyze the findings. Thematic analysis of participant interview transcripts revealed 4 themes to explain civility promotion actions and decisions which included (a) guiding civil professionalism, (b) championing civil communication, (c) negotiating civil partnerships, and (d) empowering civility awareness. The findings of this study are beneficial to nurse faculty seeking civility promotion solutions which will enhance awareness, knowledge, and professional civility skills among nursing students and effect positive social change as new graduate nurses are prepared to promote civility in the healthcare workplace.

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Dedication

Along my doctoral journey, and throughout my nursing career, I have been blessed to have such a great network of love and support. I credit my parents, Edward and Joan Stelle, for always encouraging my siblings and I to be inquisitive and curious about the world. We were taught to believe in ourselves and empowered with courage to pursue our dreams. My father did not live long enough to see me accomplish this important personal goal, but I know he is watching from heaven. My husband, Pat, and children Erik, Meg, Sarah, Ashleigh and Patrick were also tremendously supportive and encouraging throughout my doctoral journey. I especially appreciate their patience during family events and vacations when I had important submission deadlines! The love, patience, and support from my family motivated me to move forward in my doctoral journey. I would also like to recognize my friends, Walden University peers, and colleagues who inspired and encouraged me during these past four years. I am very fortunate to have the opportunity to work and learn among so many nurse educators who understand the challenges of balancing careers while furthering our educational goals. These nurse educators role modeled collegiality, civility, and professionalism. I am so grateful to this network of family, friends, peers, and colleagues for all the supportive efforts. I dedicate this dissertation to you all!

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Chapter 1: Introduction to the Study

Civility Promotion Actions and Decisions

Acts of incivility, by nurses and other healthcare workers, are a negative influence on healthcare work environments (Joint Commission, 2015). New nurse graduates reported experiencing disruptive or uncivil behaviors in the workplace which negatively impacted their psychological and physiological health and intent to remain in their position (Sauer & McCoy, 2017). Researchers also found evidence that workplace incivility and bullying were a risk to safe patient outcomes (Laschinger, 2014). The prevalence of bullying and incivility behaviors in the healthcare workplace prompted the Joint Commission (2015) to recommend that nurse administrators and educators adopt civility policies and education to promote a safer, healthier workplace environment. Raising awareness of the prevalence and types of incivility is the first step towards making impactful, organizational changes in nursing programs and practice (Clark, 2017a, 2017b). Promoting civility in nursing education requires nursing faculty to understand possible forms of incivility, consider appropriate strategies for promoting civility, and choose specific professional and ethical values that support civility in nursing practice (Clark, 2017b). Research has shown a wide range of uncivil behaviors among nurse educators and students which interferes with the learning environment and creates stress among students and faculty (Clark, 2017b).

Topic of Study

In this study, the civility promotion actions and choices of prelicensure, baccalaureate nurse faculty were explored as the phenomenon of interest. In the

conceptual model for fostering civility in nursing education, Clark (2008) described an interrelated link, influenced by student and faculty stress behaviors, which required specific actions and choices for supporting civility promotion solutions. Additional initiatives to improve civility were proposed by the American Nursing Association (ANA) a) which included updated language to the *Code of Ethics for Nurses* directing the need for respectful, civil behaviors among peers in nursing practice and education. Finally, the National League for Nursing (NLN2018) called upon nurse educators to take action for promoting civility in nursing education with intentionality towards preparing students for civility in practice.

The Need for the Study

Nurse faculty at all educational levels are challenged to prepare students for the complexities of professional nursing practice (Clark, 2017b; Goodolf, 2018). At the baccalaureate nursing level, contractual obligations, university policies, regulatory and accrediting agency practice standards, and professional codes of ethics influence how faculty prevent incivility and promote civility (Clark, 2017a, 2017b). Prelicensure nurse faculty teaching for a Bachelor of Science in Nursing (BSN) program are required to have advanced or terminal nursing degrees, current nursing licenses, and knowledge of professional and regulatory expectations regarding professional practice expectations. BSN faculty, like all nurse faculty, have a responsibility to direct nursing students in foundational learning activities that support professional identity formation and ethical nursing practice (Crigger & Godfrey, 2014; Goodolf, 2018). Providing knowledge of civility actions and educating nursing students about incivility in practice were found to

prepare new nurse graduates with greater confidence for management of incivility in their early practice (Clark, Ahten, & Macy, 2014).

Social Implications

To reduce or prevent incivility in nursing education, nurse educators have important responsibilities for implementing civility promotion solutions (Clark, 2017b). Nurse faculty were encouraged to promote civility education by the Joint Commission (2015) and the ANA (2015) to prepare new graduate nurses for skills needed to improve patient outcomes and promote respect among peers. Reversing or preventing incivility, which requires knowledge of civility actions or decisions, impacts social change through supporting positive learning environments and preparing nursing students with civility skills needed in practice (Clark, Nguyen, & Barbosa-Leiker, 2014). Finally, seeking solutions to improve civility knowledge and actions while in nursing school has the potential to prepare new graduate nurses to effect social change with practice and knowledge of civil behaviors for in the healthcare workplace (Joint Commission, 2015).

Background

Civility measures are needed to address the wide spectrum of uncivil behaviors that negatively influence work and learning environments (Clarke, 2017a). In the healthcare workplace, incivility between healthcare workers threatened morale, nurse retention, patient safety, and lead to substantial legal and financial consequences (Joint Commission, 2016). In nursing education, the rising incidences of incivility and bullying contributed to faculty and student stress across the academic environment, resulting in both student and faculty attrition (Clark, 2017b). Incivility researchers also found

evidence of student incivility directed against other students (Sauer, Hannon, & Beyer, 2017) and towards faculty (Luparell, 2004). Students have also reported experiencing incivility perpetuated by faculty (Mott, 2014). Researchers reported findings of incivility between faculty members demonstrated cases of low morale and dissatisfaction in the academic workplace (Muliira, Natarajan, & van der Colff, 2017). Understanding the varied ways that incivility occurs, and by whom, informs nurse faculty on possible approaches to promoting civility (Clark, 2017b). Although many researchers recommend possible solutions for promoting and achieving civility in the academic workplace and learning environment (Clark, 2017a, 2017b; Muliira et al., 2017), a research gap existed regarding how nurse faculty can take action and choose approaches to civility.

Problem Statement

Nursing faculty provide the initial guidance and facilitation of education to prepare students for the challenges and realities of the workplace (Crigger & Godfrey, 2014). In response to the crisis of rising nursing workplace incivility, the ANA (2015a) revised the *Code of Ethics for Nurses* to include recommendations that nurses respect coworkers and “promote a culture of civility” (p.). In a similar response to the severity of this problem, the Joint Commission (2016) called on nurse educators to provide education about incivility before entering practice to promote greater knowledge and skills for civility behaviors.

Developing and promoting a culture of civility in nursing education requires knowledge of how to evaluate and prevent situations of incivility (Clark, 2017b). Student stress and fears of failure due to strict nursing program policies were shown to contribute

to incidents of undesirable student behaviors (Tharani, Husain, & Warwick, 2017). Stress was shown to be a mitigating factor along the continuum between incivility and civility (Clark, 2017b). Incivility was found to cause secondary stress on nursing faculty, which threatened faculty satisfaction and retention amidst reported faculty shortages (Owens, 2017). Uncivil behaviors by nurse faculty towards nursing students were also found to incite uncivil student behaviors (Clark, 2017b). Despite proposed conceptual models to promote or advance civility in nursing education (Clark, 2017b; Shanta & Eliason, 2014) and research of potential civility promotion educational strategies (Authement, 2018), there was a lack of evidence to explain specific decisions and actions taken by baccalaureate nurse faculty to advance civility in their practice.

Purpose of the Study

The purpose of this qualitative descriptive study was to explore civility promotion choices and actions of baccalaureate nurse educators working in university BSN programs. In this study, I also considered how nurse educators were influenced in developing and promoting specific educational and management strategies to improve knowledge and practice of civility among students. Institutional and program policies that influenced or supported baccalaureate faculty members in their decisions for promoting civility were considered in the study. A qualitative descriptive research design was selected to provide a naturalistic approach to determining how participants describe shared experiences (Willis, Sullivan-Bolyai, Knafel, & Cohen, 2016). The phenomenon of interest, civility promotion actions and decisions, were representations of the activities taken by baccalaureate faculty members to promote civility in nursing education. The

participants and setting for this study provided important evidence of how nurse nursing faculty interact with students, other faculty, and how they maintain institutional and other regulatory standards.

Research Question

This study was designed to answer to the following question:

What are the civility promotion decisions and actions of prelicensure, baccalaureate nurse faculty?

Theoretical Foundation

The theory of bioethical symphonology was used as the theoretical foundation for this study. The origins of this theory were originally proposed as a grand nursing theory by Husted and Husted (2008). Husted and Husted first proposed the theory of bioethical symphonology as a framework to explain ethical decision making used by nurses in varied areas of nursing practice. Burger, Kramlich, Malitas, Page-Cutrara, and Whitfield-Harris (2014) applied the theory of bioethical symphonology as a framework to support solutions for faculty incivility. In applying this theory, Burger and fellow researchers aligned theoretical concepts and provided exemplars that illustrated ethical decision-making assumptions for improving incivility. This theory was also useful as a lens to explore how the principles of autonomy, freedom, objectivity, beneficence, and fidelity support the decisions and actions taken by faculty to promote civility within the professional expectations of students, faculty, and nurses. The principles of this theory had clear application to the ethical foundations of the nursing profession and center

around the meaning of the word, symphonology, which has Greek origins for expressing agreement (Husted & Husted, 2008).

Nature of the Study

A qualitative descriptive design was applied to this study. Common features of a qualitative descriptive design, which were included in this study, were semistructured individual interviews, applications of theory or conceptual models to the design, the use of thematic analysis, and the use of purposeful sampling to generate rich data which answers specific questions (Colorafi & Evans, 2016). Qualitative description studies are considered a distributed residual category of qualitative methodology which follows a naturalistic approach, incorporates thematic analysis, and incorporates a variety of theoretical or conceptual frameworks (Sandelowski, 2010). A qualitative descriptive research design was implemented by Holtz, Rawl, and Draucker (2018) to explore student perceptions of faculty incivility, which elicited themes of varied faculty behaviors. In their approach, Holtz and associates also incorporated individual, semistructured interviews and thematic analysis of the data.

The sampling process of this study commenced following approval by the Walden University Institutional Review Board (IRB). A purposive sampling strategy was used to identify BSN programs with accreditation of the Commission of Collegiate Nursing Education (CCNE). The CCNE online directory was used to search programs within the southeastern United States and included the states of Florida, Georgia, North Carolina, South Carolina, and Virginia. The directory was useful for providing nursing program websites, nursing director names, program levels, and current accreditation status.

Faculty email addresses, when publicly available on program websites, were used to directly recruit participants. If faculty contact information was not accessible on the public website, the program director would be asked to forward participant invitations to qualified staff. Originally, I had considered using snowballing attempts at nursing conferences and networking through nursing education organizations then decided against this strategy. My goal for sampling was to secure and interview between five to fifteen participants, with the final number of participants guided by the saturation of specific themes and redundancy of responses derived from the data (Guest, Bunce, & Johnson, 2006). Fifteen participants were interviewed and included after evaluation of responses indicated saturation.

A qualitative descriptive design was an appropriate study methodology because it allowed for varied types of sampling and coding strategies (Colorafi & Evans, 2016). Selection of study participants was limited to nurse faculty with active nursing licenses who were employed full-time in a CCNE-accredited, prelicensure BSN program. Following receipt of participant consents, interviews with eligible participants were scheduled with a web conferencing product called Zoom. The Zoom conference platform was chosen as the setting for conducting live interviews with the ability to have video or audio-only options and the ability to use telephone conferencing, secure cloud storage, and record meetings (Zoom Video Communications, Inc., 2019). Following each interview, I transcribed the interview recordings and analyzed each transcript individually using thematic analysis.

Definitions

The phenomenon of interest in this study are civility promotion actions and decisions. The terms defined in this section are provided in order to explain important concepts related to this study. More specifically, defining these terms provides context to nurse students' actions and decisions to promote civility and recognize evidence of incivility, as well as how incivility, civility actions, and ethical principles are strongly related and applicable to the professional standards of nurses (Clark, 2017a).

Academic Incivility: Academic incivility was identified as varied types of disrespectful behaviors displayed by either students or faculty in the class or clinical setting (Clark, 2017b).

Autonomy: Nurse faculty practice autonomy when making decisions for students and promote greater awareness of professional values or knowledge for student autonomy (Shanta & Eliason, 2014). Exercising autonomy varies among individuals due to unique qualities and education which influences an individual's decisions or actions (Husted et al., 2015).

Beneficence: In the professional expectations of healthcare practitioners, beneficence refers to doing what is right for others and avoiding harm (Husted et al., 2015).

Civility: Clark (2017a) described civility as individual actions that demonstrate a profound respect for individuals, including those of diverse backgrounds, and provide a foundation for developing common ground (p. 10). The ANA (2015) guided nurses to treat colleagues with respect and to create a "culture of civility" (p. 4). In the operation of

civility, individuals can share different ideas and discourse in a professional and respectful manner (Authement, 2016).

Civility Promotion: A collection of varied activities that provide nurse faculty and students with opportunities to collaborate towards shared visions of respectful transactions and educational strategies for educating participants about uncivil behaviors that threaten a health academic workplace (Williamson, 2018).

Fidelity: Faculty actions to advocate for student success and support are responsibilities which exemplify fidelity (Tinnon, Masters, & Butts, 2018). The process of fidelity is also represented through a faculty actions towards achieving a valued commitment with students (Husted et al., 2015).

Freedom: The operational definition of freedom includes individual rights towards exercising actions within a legal or ethical framework (Burger et al., 2014). Freedom requires an individual to be motivated and self-directed towards taking actions within the norms and values of the profession (Husted et al., 2015).

Incivility: The use of the term *incivility* includes a wide array of inconsiderate and disrespectful behaviors (Lachman, 2015). Uncivil behaviors, which are collectively called “incivility,” occur along a continuum that includes milder examples of behaviors to higher levels of behaviors that are oppressive and threatening (Clark, 2017b).

Objective Awareness: In the theory of bioethical symphonology, the concept of objective awareness includes recommendations for nurses to be objectively aware of interactional situations and to address the situation with ethical principles (Husted et al., 2015).

Symphonology: The meaning of symphonology has origins to the Greek word, *symphonia*, which refers to making agreements (Husted & Husted, 2008). The everyday experiences of nurses caring for patients require an implicit and explicit agreement for the care offered and provided (Husted et al., 2015).

Workplace incivility: Nurses working in hospitals have reported a wide range of uncivil behaviors that contributed to risks to patient outcomes, nurse confidence, nurse illnesses, and thoughts of leaving the practice (Laschinger, 2014). Workplace incivility in hospitals includes descriptions of incivility, bullying, and horizontal violence which negatively impacted the wellbeing of nurses in the healthcare workplace environment (Lachman, 2014). Many factors are attributed to workplace incivility, including poor management and lack of support and civility policies (Smith, Morin, & Lake, 2018).

Assumptions

Multiple assumptions about faculty and civility promotion are relevant to this study. My first assumption was that faculty recognize that civility is an ethical responsibility of professional behavior required for the education and preparation of students to enter professional nursing practice (Goodolf, 2018). My second assumption was that nursing faculty are guided in their civility actions by ethical nursing standards and evidence-based teaching practices (Clark, 2017a). A third assumption was that nursing faculty have a degree of autonomy and freedom within their universities to direct students in civility promotion and education using varied educational strategies that promote student learning (Clark, 2018b). The fourth, and final, assumption was that

faculty must be role models for their students and mentor fellow faculty in their practice to be safe, civil nurses (Clark, 2017b).

Assumptions for this study were found to be relevant to actions taken by baccalaureate nurse faculty to promote civility in their academic practices. Nursing educators directly influence how students begin their professional journey in nursing through the actions in the educational environment (Crigger & Godfrey, 2014). Without the confirmation of these assumptions, I would not be able to explore civility promotion actions and decisions of baccalaureate nursing faculty within the framework of this study.

Scope and Delimitations

The scope of the study was to explore the actions and decisions of baccalaureate nurse faculty when promoting civility in their educational practices. In academic practices, nurse faculty must adhere to institutional and regulatory guidelines while also considering evidence-based practices to guide their actions in the classroom and clinical learning environments (Clark, 2017a). Faculty must also participate in faculty development and practice competencies to maintain current knowledge of advancing nursing practice and teaching responsibilities. Additional expectations for meeting program and accreditation guidelines influence how faculty members direct activities in the academic workplace. Nurse faculty also have departmental responsibilities for curriculum development and program accreditation which requires student input and levels of satisfaction in program outcomes (Clark, 2017a). The findings of this study have the potential to provide new knowledge and evidence of how academic civility is

successfully promoted and how nurse faculty are led in their decisions for civility promotion strategies.

Only nursing faculty from accredited, baccalaureate nursing programs were considered for this study. Accreditation is a quality process which ensures that nursing faculty and programs adhere to evidence-based practices and professional standards to ensure that program outcomes are met (Halstead, 2017). The Commission of Collegiate Nursing Education (CCNE) accredits prelicensure nursing programs for baccalaureate preparation or higher. In this study, I used the CCNE website directory to locate nursing programs at BSN level. The transferability of my qualitative results are dependent upon my careful steps in my sampling process and for my consistency in following interview protocol with all participants (Patton, 2015).

Limitations

All qualitative researchers anticipate addressing limitations for their study through careful attention to the research design and their roles in the research (Patton, 2015). In consideration for possible limitations, I carefully implemented my purposive sampling plan, followed my interview protocol for data collection, kept an audit trail of my research activities, and immersed myself in the data during the data analysis process to improve the credibility and quality of this research.

Participation Selection Limitations

A purposeful sampling process was implemented in this study. In order to find faculty from CCNE accredited programs, I accessed the CCNE online accreditation directory (<https://directory.ccnecommunity.org/reports/accprog.asp>) to find program

information and names of baccalaureate program directors. The CCNE member directory lists names of approximately 780 current program directors of baccalaureate nursing programs in addition to the mailing information and websites of the organizations. The original sampling plan included contacting program directors to assist in distributing the volunteer opportunity to qualified faculty members. Recommendations from the Walden IRB required gaining permission from outside IRBs prior to contacting nursing directors. Further clarification was received from the Walden IRB which allowed contacting nursing faculty directly when email addresses were publicly available. Changes to this plan will be further discussed in chapter three.

The number of participants needed for a descriptive, qualitative design is not easily quantified and, therefore, required careful analysis of each transcript to recognize redundancy and saturation of themes (Guest, Bunce, & Johnson, 2006). Early attempts to gain permission from outside IRBs included emailing over 30 outside IRBs to gain permission to distribute volunteer opportunities. One participant was found through this process. Delays in responses and procedures prompted further clarification in contacting BSN faculty directly. Over 380 volunteer opportunity emails were sent to nursing faculty who were identified as full-time, BSN faculty on the nursing website, ultimately yielding a total of 16 responses.

Researcher Bias

The activities and roles of qualitative researchers as instruments in their research may pose risks or limitations within their research (Patton 2015). As the instruments in their research, and through the presuppositions of the qualitative study, researchers may

risk inserting their own biases or beliefs during the interview or through the interpretation of the data (Patton, 2015). As a nursing faculty member in a baccalaureate nursing program, I took steps to minimize my own bias about civility promotion. The steps I took to minimize this bias included careful development of an interview guide with open-ended questions, was used as a semi-structured approach, including follow-up questions used with each participant. Member checking was another strategy I implemented to improve the credibility of qualitative research and to reduce limitations to the data collection process (Burkholder, Cox, & Crawford, 2015). As a final measure to prevent bias, I provided each participant with a copy of the transcribed interview and my preliminary analysis for review and as a measure that enabled participants to provide additional comment or edits.

Data Analysis

As a novice researcher, my lack of data analysis experience was another consideration regarding limitations of the study. Therefore, all interviews were recorded with the knowledge and consent of each participant. I transcribed the interviews at the conclusion of each interview using an electronic translation program and then compared and corrected verbatim to share with participants. For the first stage of coding, I used an in vivo coding process. In vivo coding, used by many novice researchers, is a process that translates the actual words or phrases of the participants into codes (Saldana, 2014). In addition, I utilized a qualitative software product called NVivo™ to organize the codes. From the initial coding, new codes and categories emerged. The movement of codes to

categories followed an inductive process of analysis until themes emerged that described the phenomenon of study (Saldana, 2014).

Significance

As noted in Walden University's report (2017), Walden University doctoral students have advanced social change through their dissertation research and beyond. The overall significance of this study is that its findings can be to advance social change by gaining knowledge of the types of civility promotion actions and decisions used by prelicensure, baccalaureate nurse faculty. Increasing the knowledge of civility promotion and practice among prelicensure, baccalaureate nurse faculty has the potential to enhance the educational experience of both students and faculty (Clark, 2017b). The information garnered from this study may influence social change through the adoption of new civility policies or programs in nursing education. The findings of my research may also prove beneficial for confirming theoretical proposals by researchers who have noted the close association with concepts of empowerment and the ethical implications of nursing practice (Clark, 2017b; Shanta & Eliason, 2014).

Significance to Nursing Faculty

Overcoming incivility through civility strategies leads to improved learning and academic work environments (Clark, 2017a). Building upon existing knowledge of civility choices and actions has the potential to benefit baccalaureate faculty development and program outcomes with evidence of actions and decisions used by other faculty with experience with promoting civility. A secondary benefit of this research is to encourage researchers to further examine how faculty are influenced in their choices to make civility

promotion actions. Finally, by gaining knowledge of how civility actions are implemented, this study can effect positive social change through providing evidence of how nurse educators are meeting regulatory recommendations to prepare nurse graduates with the skills and knowledge for promoting civility in future practice (Joint Commission, 2015).

Significance to Nursing Students

This research has secondary benefits for nursing students. Nursing school marks the beginning of professional identity formation for nurses (Goodolf, 2018). Negative interactions between students and faculty create stress which leads to greater risks of uncivil behaviors in the academic setting (Clark, 2017a). Managing incivility or other academically entitled behaviors requires shared responsibilities and actions by both students and faculty to improve learning environments and promote professional formation (Shanta & Eliason, 2014). The knowledge gained by this study could benefit social change by revealing evidence-based strategies to reduce student stress, support student success, and enhance professional identity to prepare students with skills for improving civility in nursing practice. Finally, this study may significantly effect social change through the discovery of student civility initiatives currently being used for advancing civility behaviors among baccalaureate nursing students.

Summary of Chapter 1

Civility promotion actions and decisions require knowledge about the detrimental consequences of incivility in academic settings and the benefits of civility within practice environments (NLN, 2018). Incidences of incivility have the potential to decrease nurse

workplace satisfaction (Joint Commission, 2016), erode learning environments (NLN, 2018), and compromise ethical nursing obligations of nursing care (ANA, 2015). An understanding of the causes of incivility may provide context on how faculty explore solutions to advance civility in nursing education (Clark, 2017b; Williamson, 2018). Although researchers found evidence of the high prevalence of incivility in nursing practice and education (Clark, 2017b; Clark et al., 2015; Lupporell, 2004; Mott, 2014; Sauer et al., 2017) and discovered that specific interventions increase knowledge about civility (Authement, 2016), less evidence is available in previous studies to explain how nursing faculty made choices and took action to promote civility in their academic practices.

My study was designed to incorporate a qualitative descriptive methodology. Previous researchers applied qualitative descriptive research in order to examine specific problems or shared experiences of individuals within healthcare settings or practices (Willis et al., 2017). The participants of the current study were all full-time, prelicensure nursing faculty who currently teach for a baccalaureate, nursing program. Participants reviewed their transcripts for accuracy and any additional insights. In vivo and descriptive coding methods were used in the process, leading to an iterative process that elicited themes to explain how faculty members are influenced to promote civility. A thorough understanding of the current state of civility promotion and incivility research is needed to inform this study. In Chapter 2, I provided a review of the current literature about incivility prevalence and civility strategies. In addition, I offered an explanation of the theoretical foundation that guided this study. Finally, to demonstrate the applicability

of this design to nursing research, I provided examples of qualitative descriptive studies in Chapter 2.

Chapter 2: Literature Review

Introduction

Acts of incivility, bullying, or violence in the workplace pose threats to all individuals involved. Uncivil or threatening behavior in the healthcare workplace also has serious safety, legal, financial, and human resource implications (ANA, 2015b; Joint Commission, 2016). In the academic workplace, a wide range of uncivil behaviors by students and faculty were identified and determined to be a threat to the effectiveness of educational environments, student retention, and faculty satisfaction (Clark, 2017b). In response to widespread incivility in both nursing education and nursing practice, civility education measures were recommended by researchers to prepare new graduate nurses for prevention and management of workplace incivility (ANA, 2015b; Clark, 2017; Joint Commission, 2016). The ethical imperative for improving civility influenced verbiage changes to the ANA (2015a) *Code of Ethics for Nurses*. Additionally, the NLN (2018), an organization which supports educational excellence for professional nursing, recognized the need for promoting a culture of civility within both academic and nursing workplace practices. Workplace incivility impacts patient safety outcomes and erodes the healthcare workplace (Lashinger, 2014). In Chapter 2, I provide an overview of the literature about the significance and prevalence of uncivil behaviors in nursing education, including a discussion of the limited research on civility-promotion strategies. Additionally, I review findings from the literature that support using a framework for promoting civil behaviors in nursing education.

Strategy for Literature Review

I used electronic databases from the Walden University Library for my search of the literature. The databases included Cumulative Index to Nursing and Allied Health Literature (CINAHL) with Medline, ProQuest Central, Science Direct, PubMed, Ovid Database, ERIC database, and Academic Search Complete with keywords of *civility* and *nurs**. I conducted a broad, initial search of peer-reviewed journals, with publication dates between 2014 and 2018, all databases to include dissertations. The cumulative results of using the terms *civility* and *nurs** yielded 520 total results. Further refinement of the search involved varied combinations of the search terms *incivility*, *students*, *faculty*, *academic*, *actions and/or strategies and/or management and/or solutions*. Additional sources were found through cross-referencing reference lists from the research gathered from the electronic databases and by selecting research by author, date, and citation-chaining via Google Scholar. These steps resulted in a total of 64 peer-reviewed articles about civility and incivility in nursing education . Additional searches were conducted to support the findings of the qualitative design, process, and theoretical foundation.

Theoretical Foundation

Consideration of using a theoretical foundation or a conceptual model for research depends on the purpose and type of research (Green, 2014). The purpose of this study was to explore the civility-promotion decisions and actions of baccalaureate nurse educators. The theory of bioethical symphonology (Husted et al., 2015) was applied as a theoretical foundation to explore how civility decisions and actions among faculty align

with ethical attributes linked to nursing practice. My decision for this theory was also influenced by the ethical frameworks supporting the professional expectations of nurses (ANA, 2015a).

The Theory of Bioethical Symphonology

The theory of bioethical symphonology as the theoretical foundation for this study aligns with the expectations of ethical decision making and interactions expected of nurses in varied practice environments. The important contextual constructs of knowledge, awareness, and situation are used to explain decision-making actions that require mutual agreement between patients and nurses in healthcare situations (Husted et al., 2015). The meaning of the term *symphonology* has origins from the Greek word *symphonia*, which translates as *agreement* (Husted & Husted, 2008; Husted et al., 2015). Bioethical aspects of this theory are situated with the ethical decisions that involve the patient to trust and cooperate in the care or activities (Husted et al., 2015). Burger et al.(2014) applied the theory of bioethical symphonology, which included the ethical principles of autonomy, freedom, objectivity, beneficence, and fidelity, as a framework for their research on improving uncivil behaviors among faculty. The researchers concluded that there was a need for ethical frameworks for civility in nursing education. Padigos' (2015) theoretical application of the bioethical theory of symphonology to the nursing care of critical care patients provided guidance for respecting the actions of the patient representative or “whanau” to have ethical rights and decision-making abilities during critical events of resuscitation. According to the results of research involving nursing students, the application of the six standards of the bioethical symphonology

provided students with a useful decision- making method to evaluate ethical situations, including those involving uncivil behaviors (Hutchison, Shedlin, Gallo, Krainovich-Miller, & Fulmer, 2014). Through use of the theory of bioethical symphonology, the researchers recognized the importance of individual agreement when aligning the ethical principles of autonomy, freedom, objectivity, beneficence, and fidelity in order to achieve civility in nursing practice and education.

Autonomy. Ethical standards are foundational to the practice of nurses and nurse educators (Clark, 2017b; Russell, 2014). With respect to the professional expectations of nurses, most nursing curricula include the principle of autonomy, in early nursing foundation courses (Clark, 2017a). In the theory of bioethical symphonology, the standard of autonomy represents both individual uniqueness and power to take the correct action within nursing situations (Husted et al., 2015). Autonomy insures individual freedoms within the agreements made between two parties, which also includes respecting the individual rights of others. Husted and fellow theorists (2015) asserted that the act of self-determination to take proper actions arises from the autonomy of individuals. Pallotto-Russo (2015) found that BSN faculty were able to promote civility because they were autonomous in their workplace.

Freedom. The concept of freedom, as described in the theory of bioethical symphonology, provided a context for how autonomous individuals moved forward and came to agreements (Husted et al., 2015). Freedom was a conditional concept that must exist in order to make agreements. Individual freedom is a condition that requires power to take an action within mutual agreements and goals. Nursing students and nurses are

taught to respect the freedom and rights of patients' self-determined decisions within the agreements. Applying civility as a condition to meeting program goals within nursing education, freedom would be given to both students and faculty.

Objectivity. Within the theory of bioethical symphonology, the concept of objectivity was expanded to include having objective awareness of situations which may arise with patients which require care decisions (Husted et al., 2015). Objectivity required a precondition of knowledge about specific situations that enabled the participants to autonomously act within coming to agreements. Gaining objectivity supported the agreements made among participants and promoted confidence in patient care situations among individuals. Attaining objectivity from all the participants in the academic nursing units involved effective communication of goals and expectations to support the emotional and intellectual awareness students and faculty needed to make decisions.

Beneficence. Beneficence, as a concept included in the theory of bioethical symphonology, supports a practice of providing care and avoiding harm (Husted et al., 2015). The concept of beneficence was aligned to this study to interpret interactions between nursing educators and students to bring about positive learning outcomes and relationships. According to Husted and associates, beneficence is a condition that requires a nurse to exercise objective awareness of situations and interactions. To be beneficent, a nurse should be empathetic to patients in order to gain trust, cooperation, and meet specific patient health goals (Husted et al, 2015).

Fidelity. The final concept within the theory of bioethical symphonology is fidelity as a condition between a nurse and a patient (Husted et al., 2015). The principles

of autonomy and faithfulness are included as sub-concepts of fidelity. A nurse educator or a nurse practices fidelity when fulfilling commitments to meet goals and terms of mutual agreements with patients (Husted et al., 2015). When examining fidelity within a nurse and patient agreement, the nurse assumes a greater share of fidelity based on personal autonomy and knowledge of how to support patients towards meeting healthcare goals. Using this theory to provide a lens of fidelity in nursing education was a beneficial to show civility-promotion actions as collaborative agreements among nurse educators and nursing students. In addition to the application of this theory to nursing practice (Padigos, 2014), this theory provided relevance to providing guidance for nursing students (Hutchinson et al., 2015) and nursing faculty regarding incivility (Burger et al., 2014).

In summary, this theory has a dual benefit to faculty and students. The theory of bioethical symphonology was useful to link ethical decision-making practices and civil promotion as an expectation supported by the ANA (2015b) *Code of Ethics for Nurses*. The ANA (2015b) provided ethical guidelines for the actions of nurses and nursing students in nursing practice. The theoretical concepts were also applicable to faculty-led decisions made to take promote civility and develop agreements with other faculty within academic programs (Burger et al., 2014). The application of the six theoretical standards were used in the planning, implementation, and data analysis of this study. Although the theory of bioethical symphonology was not widely applied in nursing research, the findings of this study suggest the alignment of the concepts to civility promotion actions and decisions of prelicensure, baccalaureate nurse faculty.

Findings of Literature Review

Throughout the literature search, the search terms *civility* and *incivility* often appeared in the same studies with the use of either search keyword yielding similar research results. Including incivility studies in the literature search provided the recognition that specific measures are needed to manage or prevent uncivil behaviors among nursing students and faculty. In the section of the literature review, I present research findings to show how incivility impacts the workplace, as well as discuss academic incivility, incivility in the clinical environment, ethical aspects of promoting nursing civility, civility management approaches or actions in nursing education, faculty incivility, student incivility (or civility), and civility studies from other academic disciplines.

Workplace Incivility

Uncivil and disruptive behaviors are well-known and studied in nursing practice. Nurses who experienced incivility and bullying in the healthcare workplace reported physical and psychological health problems that impacted their work abilities (Sauer & McCoy, 2016). Students going to into the clinical setting are often inadvertent victims or instigators of incivility and are unaware of the impact of their disruptive behaviors (Meires, 2017). Incidences of incivility among nurses of varying experiences in the workplace can be sporadic and, based on the results of quantitative research, appeared to occur less frequently when there was strong leadership (Smith, Morin, & Lake, 2018). A In a cross-sectional study, researchers found authentic leadership was a strong predictor for civility norms in the workplace when managers were making individualized

assignments with new nurse graduates (Spence-Laschinger & Read, 2016). Finally, new graduate nurses participated in a mixed-method research study with findings of increased amounts of stress and attrition of nurses with high levels of bullying on specific hospital units over 18 months (Berry, Gillespie, Fisher, Gormley, & Haynes, 2016).

Academic Incivility

Academic incivility is a broad term to describe many subsets. In this section, I organized academic incivility research to reflect the current findings regarding instruments used to measure academic incivility, student incivility, faculty incivility, clinical environment incivility, incivility in online learning environments, and incivility by program levels.

Measurement of academic incivility. The use of tested research instruments provided information about the types and prevalence of incivility among students and faculty in nursing education. Clark (2008b) conducted a mixed method study, using the incivility in nursing education (INE) research instrument, with findings of varying rates of incivility prevalence and perceived behaviors of incivility reported by nursing students and faculty in their academic environments. A later revision of INE was refined to measure specific areas of perceived patterns of incivility in nursing programs (Clark et al., 2015). The INE-R research tool, which included fifteen quantitative and four open-ended items, specified items representing types of student behaviors ranging from mild to severe acts of rudeness, inappropriate remarks, tardiness to class, being unprepared for class, making rude gestures or remarks, and committing acts of violence (Clark et al., 2015). The INE instrument was modified to measure and identify incivility behaviors in

multiple studies internationally with the researchers noting modifications for translation and resulting in similar findings to U.S. studies (Muliira, Natarajan, & van der Colff, 2017; Rad et al., 2014).

Incivility research tools were used in other studies for other measurement purposes. Aul (2017) implemented a mixed-method study using the INE-R to measure and compare levels of reported uncivil behavior among nursing levels. The INE-R instrument was used by Authement (2016) with findings of improved civility following an educational implementation. In their research using the INE, Yassour-Borochowitz and Desivillia (2016) found both faculty and students had similar beliefs that the generation gap and societal influences contributed to the prevalence of the uncivil situations between both students and faculty. Ziefle (2014) used the INE in a study between faculty of two different generations with findings that the older generation of faculty reported fewer experiences of incivility than younger faculty. In a dissertation study of faculty perceptions and responses to student incivility, Theodore (2016) implemented used the INE for quantitatively collecting faculty responses and then conducted semi-structured interviews with faculty. In a three-year research study, Clark et al. (2014) collected data with a civility survey instrument with findings of a slight drop in civility over time with qualitative themes which identified potential stressors with coping strategies and strategies to improve relationships among students and faculty. Tecza and associates (2017) tested an incivility research instrument that measured nursing student perception of civil and uncivil behaviors (NSPCUB), with findings of improved levels of civility following implementation of civility promotion in the clinical learning environment. In

their study, Tecza et al. (2018) reported measuring improved levels of civility using the NSPCUB following an intervention to improve recognition of incivility for staff on their clinical units.

Student incivility. Uncivil student behaviors were the focus of past and current incivility studies. A seminal incivility study, Luparell (2004) reported disrespect, dishonesty, threats, and escalating student incivility behaviors contributed to faculty stress and burnout. The perceptions of incivility behaviors among students were found to vary based on program levels and on the range of behaviors seen among students in that program (Aul, 2018). Student incivility behaviors required greater time for management and strategies to circumvent disruptive behavior, such as complaints during a group test review (Sprunk, Lasala, & Wilson, 2014). In the results of their quantitative study, Sauer and associates (2017) found the levels of peer incivility among students were proportional to classroom incivility, which included speaking above others, sidebar conversations, and cheating among the uncivil student behaviors (p. 283). In addition to student incivility in the United States, international researchers reported findings of high levels of uncivil student behaviors among nursing students from Australia (Courtney-Pratt, Pich, Levett-Jones, & Moxey, 2018; Meirdeirks Bowllan, 2015), Canada (Babenko-Mould & Laschinger, 2014), Egypt (Ibrahim & Qalawa, 2016), Iran (Rad, Ildarabadi, Moharreri, & Moonaghi, 2016), Israel (Yassour-Borochowitz & Desivillia, 2016), New Zealand (Minton, Birks, Cant, & Budden, 2018), South Korea (Hyun, De Gagne, Park, & Kang, 2017), and the United Kingdom (Thomas, Jinks, & Jack, 2015).

Faculty incivility. Faculty share culpability in contributing to academic bullying and incivility behaviors (Clark, 2017b). Younger nursing faculty reported high levels of stress from bullying behaviors of older faculty (Ziefle 2018). Other factors shown to contribute to nursing faculty incivility included a lack of strong leadership in the academic unit (Casale, 2017). Casale (2017) used a faculty incivility survey for a quantitative design which correlated levels of incivility between experienced faculty and an inverse correlation with incivility and resonant leadership within the program. Novice educators reported feelings of insecurity, self-doubt and overall rejection in a qualitative incivility study (Peters, 2014). Additionally, researchers reported findings of powerlessness and dissatisfaction among administrators and faculty in the academic workplace (LaSala, Wilson, & Sprunk, 2016). In another quantitative study of faculty and student behaviors in Oman, the researchers (Muliira et al., 2017) found the most prevalently reported examples of uncivil behaviors by faculty towards other faculty and students included taunting or belittling.

Other studies presented student perceptions toward faculty incivility. Nursing students described different perceptions of how faculty behaviors contributed to feelings of fear and stress which negatively impacted the learning environment (Mott, 2014). In a similar study, Holtz, Rawl, and Draucker (2018) found students felt singled out or targeted by nursing faculty, which resulted in stressful classroom experiences.

Incivility in the Clinical Learning Environment

Clinical learning environments are also vulnerable to incivility events. In their qualitative study, Hyun, De Gagne, Park, and Kang (2018) interviewed nursing students

who reported incidents of incivility from nurses and clinical instructors during their clinical placement. Researchers found student perceived experiencing greater levels of incivility within the clinical placement learning environment, including acts of unfair assignments, harsh criticism, ridiculing, and other inappropriate behaviors by nurses during a three-year New Zealand study of incivility among nursing students was the (Minton, Birks, Cant, & Budden, 2018). In a mixed method study of Australian nursing students, researchers found students reported experienced bullying during clinical which included a wide range of uncivil behaviors, including physical assault from nurses, clinical instructors, and peers (Courtney-Pratt et al., 2018). Finally, researchers conducting a quantitative study with Canadian baccalaureate nursing students found statistical correlation between experiencing incivility in the clinical learning environment and increased levels of burnout of students and nurses (Babenko-Mould & Laschinger, 2014).

Incivility in Online Environments

The rise in social media use has also impacted opportunities for incivility incidents in society and education (Westrick, 2016). In their integrative review of social media policies in online nursing programs, De Gagne, Choi, Ledbetter, Kang, and Clark (2016) found consistent online policies in place to describe student expectations while noting an absence of a clear definition of civility on social media sites or any consequences associated with inappropriate behavior on social media. Additionally, posting unfavorable material about faculty and peers on social media resulted in student dismissals in some nursing programs (Westrick, 2016).

Incivility Across Program Levels

Incivility in undergraduate nursing education occurred across all program levels. In this section, I review the research by program type for comparison within and across program levels.

Diploma programs. No researchers exclusively studied incivility in diploma programs. In a study by Aul (2017), diploma nurses were among the participants in an incivility study. In the findings of Aul's (2017) study, diploma students had lower levels of perceived incivility which may have been attributed to the culture of the program.

Associate degree nursing programs. Associate degree in nursing (ADN) students were among the participants of several studies. In one study with ADN students researchers found that statistically significant findings of an inverse relationship between incivility experiences and career choice satisfaction (Furst, 2017). In a study comparing ADN diploma nursing students and BSN students, Aul reported findings of higher student perceptions of incivility among BSN students in comparison to other levels of nursing programs. Mott (2014) also included a mix of ADN and BSN participants in a study, concluding that prelicensure students experienced incivility from faculty. Other research with ADN students included a mixed method study with improved civility knowledge following the implementation of a revised code of conduct (Authement, 2016). Finally, a quantitative study was conducted to measure changes in self-efficacy and incivility knowledge, after introducing an online, civility-education intervention, which showed statistical significance among ADN students who reported incivility experiences (Palumbo, 2018).

BSN programs. Other recent incivility studies included participants from university nursing or BSN programs. In a quantitative study with BSN students, high levels of program dissatisfaction were found to correlate with perceived events of faculty incivility towards students (Todd, Byers, & Garth, 2016). In another quantitative study, researchers provided an educational intervention of cognitive rehearsal with BSN students to introduce specific behaviors of incivility which resulted in statistically significant improvement of improved knowledge among students following the intervention (Roberts, Hanna, Hurley, Turpin, & Clark, 2018). The results of the mixed-method design used by Roberts et al. (2018) included findings of comparable quantitative survey results between two civility teaching methods with additional themes by students regarding their recognition of incivility. Researchers found improved levels of confidence with newly graduated BSN students receiving educational scenarios about incivility during their senior year of nursing school (Clark, Ahten, & Macy, 2014). Many international researchers also conducted studies with baccalaureate student participants with findings of varied types of incivility behaviors between students and faculty (Bowllan, 2015; Hyun et al., 2017; Minton, Birks, Cant, & Budden, 2018; Muliira et al., 2017; Rad et al., 2016; Yassour-Borochowitz & Desivillia, 2016).

Ethical Applications for Promoting Civility

The American Nursing Association (ANA, 2015a) recognized the need to update the nursing code of ethics with revisions to key criteria that stipulate civility in nursing practice. Nursing educators have a dual role of implementing educational strategies that reinforce ethical behavior and for modeling ethical values in the educational environment

(Russell, 2014). Clark (2018) proposed the need for nursing faculty to model behaviors that promote respect and civility for students in the academic environment. Lachman (2014) aligned key criteria from the ANA (2015a) *Code of Ethics for Nurses* that specified the need for faculty to raise expectations of collegial respect and trust to guide nurses and nursing students in civility activities. Tinnon, Masters, and Butts (2018) proposed ethical alignment of the ANA code of ethics throughout the nursing curriculum using a case study approach which noted specific areas of focus with provisions directed towards civility.

Interventions to Improve Incivility or Promote Civility

A limited number of evidence-based studies were found on strategies to either reduce incivility or to promote civility. The next section, I present findings from the literature by the categories of policy recommendations, educational interventions, cognitive rehearsal or simulation studies, curricular proposals, and communication interventions studies.

Civility policy recommendations. Behavior and conduct policies are not new to nursing programs. Some proposals for developing civility promotion policies included recommendations for recognizing specific stressors among students and faculty while also preparing to circumvent, reduce, or prevent stressors between all individuals (DeMarco, Fawcett, & Mazzawi, 2018). Clark and Ritter (2018) proposed steps and evidence to support the implementation of an academic workplace policy, which concisely outlines consequences for incivility infractions and rewards civility practices. Additionally, Authement (2016) found a statistically significant improvement in incivility

prevention knowledge with an interventional study following the implementation of a new code of conduct. Clark and Kenski (2017) recommended strategies for improving civility by adopting civility toolkits and communication strategies.

Educational interventions improving civility. In the review of the literature, there were varied interventional research studies found to improve civility. A pilot study conducted by Authement (2016) improved levels of civility following providing incivility education and implementing a revised program code of conduct. In a quantitative study with associate degree of nursing (ADN) students, civility knowledge improved after an intervention of providing educational modules of incivility and civility (Palumbo, 2018). Problem-based learning scenarios, which were performed by faculty, improved the recognition and management of incivility situations for new graduate nurses (Clark, Ahten, & Macy, 2014). In a descriptive evaluation study, Williamson (2018) reported findings of a pilot program to promote development of civility behaviors among students and faculty which revealed shared values to describe civility responsibilities. Finally, in Pallotto-Russo's dissertation research, a case study approach was used with participants teaching BSN students with findings which supported the use of three evidence-based civility promotion strategies in the classroom to support and teach civility.

Educational interventions to reduce incivility have also been conducted among nurses in practice settings. An incivility educational intervention with nurses at a clinical site was shown to improve student perceptions of the nurses' behavior and civility on the unit (Tecza et al., 2018). Additionally, Nikstaitis and Coletta-Simko (2014) reported

statistically significant results of improved incivility awareness following a series of incivility education sessions with critical care nurses.

Cognitive rehearsal and simulation recommendations. Simulation and role play were interventions applied to several incivility research studies. Simulation and cognitive rehearsal were applied as active learning strategies in research to explore effects of strategies to assist students to recognize incivility and apply conflict resolution (Griffith & Clark, 2016). Sanner-Stiehr (2017) proposed simulations steps of prebriefing, immersion, and debriefing to introduce students to varied types of incivility scenarios. In a quantitative study, cognitive rehearsal was used as an intervention to train students and support civility behaviors among upper classmen and lower classmen following the intervention (Roberts, Hanna, Hurley, Turpin, & Clark, 2018). Wilkins (2014) proposed cognitive rehearsal and humor as strategies to circumvent bullying in the workplace with recommendations for preparing new graduates with the skills to recognize and manage incivility. In an additional quantitative study, researchers reported that BSN students showed less confidence in handling incivility incidents with providers in a simulated communication exchange, despite having an evidence-based communication tool (Sauer et al., 2018).

Civility and curriculum development. The curriculum of nursing programs directs the learning and student outcomes. Several researchers proposed recommendations to integrate civility education throughout the nursing curriculum to empower students with knowledge and tools to recognize and manage incivility (Choudhary, 2018; Meirdierks-Bowllan, 2014; Clark, 2017a). Russell (2014) proposed

the application of ethics educations throughout the curriculum with measures to support civility and formation of professional identity. Tinnon and associates (2018) used the ANA code of ethics as a framework for supporting civility throughout the curriculum through alignment of specific provisions for program concentration and teaching strategies. In addition to recommendations of nursing program civility policies, Clark and Ritter (2018) suggested incorporating civility education into the curriculum to provide students with ongoing support in their professional development.

Civility communication strategies. The literature review provided multiple examples of how effective communication aligns with civility practices. In their civility model, Shanta and Eliason (2014) proposed communication strategies to support student learning and student-faculty interactions for more collegial relationships. Additionally, student perceptions of solutions to incivility were found to include improved faculty and student communications and communication about civility (Clark, Nguyen, Barbosa-Leiker, 2014). Communication was a common attribute of professionalism in the conceptual analysis of civility by Woodworth (2014, p. 200) which also included authentic listening and meaningful dialogue among key attributes for nursing student civility practices. Clark et al. (2014) found new graduate nurses reported the importance of communication in their ability to feel equipped to manage uncivil behaviors after an educational intervention prior to graduation. In their study, Sauer and associates (2018) used an evidence-based approach for improving uncivil, interdisciplinary communication with simulation. Finally, Choudhary (2018) recommended continued rehearsals or

practice of conflict resolution communication skills with students throughout the program in an attempt to prepare new graduate nurses for experiencing situations of incivility.

Findings of Methodology

I plan to use a qualitative descriptive design for this study. The use of a qualitative description design is appropriate when seeking a naturalistic approach to explore a phenomenon, with purposive sampling, and incorporating varied strategies of content analysis to achieve thematic results (Willis et al., 2016). Qualitative descriptive designs are appropriate designs for nursing and healthcare researchers who stay close to and explore rich data from the participants' experiences (Sandelowski, 2010). The justification for choosing participants with a distinct knowledge or experience also requires the interviewer to be informed about the topic to move interview questions forward and allow knowledge to evolve into thematic answers (Roulston, 2018). Qualitative descriptive designs may be less prescriptive than phenomenological or grounded theory designs which increases the need of the researcher to clearly describe all aspects of the design process (Colorafi & Evans, 2016). My decision to conduct semistructured individual interviews with each BSN faculty participant would allow their authentic answers to be transcribed and analyzed with using thematic analysis.

Despite finding a moderate number of qualitative studies on civility and incivility, very few researchers noted the application of a qualitative descriptive design. Holtz and associates (2018) applied a qualitative descriptive methodology in their study to explore student feelings about faculty incivility. Semistructured interviews with 30 participants provided rich data of the experiences which were analyzed through a process of a priori

and content analysis to reveal six themes of uncivil behaviors (Holtz et al., 2018). The strength of this study was the distinct details of the steps of the methodology, followed by thorough categorization of results into six typologies of faculty behaviors to avoid in their practices.

Qualitative descriptive designs are commonly used in combination with quantitative designs for mixed method studies (Willis et al., 2016). In a mixed-method study by Courtney-Pratt and associates (2017), a qualitative, descriptive method was used to collect and analyze the qualitative findings of longitudinal mixed method study. The study by Courtney-Pratt and fellow researchers (2017) detailed how participants were selected and interviewed, then themes were developed using content analysis. Although the researchers' intent was to explore the experiences of being bullied by faculty, the themes were relevant for informing improved faculty training.

Two qualitative studies stipulated a qualitative methodology with content analysis. In the two separate Iranian studies, the researchers stipulated a qualitative approach with content analysis (Rad et al., 2016; Rad & Moonaghi, 2016). In the study by Rad and associates (2016) the methodology design to study causes of incivility among Iranian nursing students. The description of the steps for achieving rich results with the application of content analysis, described similar activities used in many qualitative descriptive studies. Although the intent of the study was to explore uncivil behaviors, the results provided preventable factors which faculty should consider for prevention of student incivility. The same methodological approach was also used in the study by Rad and Moonaghi (2016). The researchers again provided very clear steps in the qualitative

process was recommended by Colorofi and Evans (2016) to strengthen the quality and intent found in qualitative descriptive methods. The inclusion of these studies, as examples of qualitative descriptive methods, were included for the merits of the thorough description of the qualitative steps from sampling to interviewing, content analysis, and determining the strengths and weaknesses of the approach (Rad et al., 2016; Rad & Moonaghi, 2016).

Summary of Chapter 2

In this literature review, many relevant studies were found which correlated strong evidence of problems of caused by incivility in the professional and academic areas of nursing. Incivility in the workplace has detrimental effects on nurses (Sauer & McCoy, 2017) and requires new graduate nurses to have skills and support from leaders to be prepared to manage incivility in the workplace (Berry et al., 2016). Incivility was prevalent finding in nursing education with incidences of faculty perpetuating academic incivility(Bowllan, 2015; Casale, 2017; Courtney-Pratt, 2018; Holtz et al., 2018; LaSala, 2016; Mott, 2014; Muliira, , 2017; Peters, 2014; Ziefle, 2018), by students (Meires, 2018; Sprunk et al., 2014; Sauer et al., 2017; Sauer et al., 2018), nurses in clinical settings (Babenko-Mould & Laschinger, 2014; Furst, 2018; Minton et al., 2018) or a combination of multiple groups (Aul, 2017; Clark et al., 2014; Hyun et al., 2018; Kim, 2018; Yassour-Borochowitz & Desivillia, 2016).

Civility and incivility research varied by methodology and purpose. Multiple researchers conducted studies to explore interventions or strategies to identify incivility behaviors and implementations to improve civility (Authement, 2016; Clark et al., 2014;

Griffin & Clark, 2014). Pallotto-Russo, 2015; Palumbo, 2018; Roberts et al. 2018; Tecza et al., 2018; Wilkins, 2014). Theoretical proposals for promoting civility included empowerment (Clark & Kenaly, 2010; Shanta & Eliason, 2014) and proposals for supporting ethical concepts embedded in the nursing profession (Clark & Ritter, 2019; Russell, 2014). The application of the theory of bioethical symphonology provided a framework to support research of improving faculty civility (Burger et al., 2014) which supported the decision to implement the framework in this study. Several researchers proposed the need to incorporated civility education throughout program curricula (Lachman, 2014; Tinnon et al., 2018) and implement specific civility policies (Clark & Ritter, 2019; DeMarco et al. 2018). In a final evaluation of the literature, there was a gap in research to explain the civility promotion actions and choices of baccalaureate nurse faculty.

In chapter three, the research design is presented. An overview of the purpose and research question are included in chapter three to situate the phenomena of study to the design. Components integral to the research design, including the methodology, role of the researcher, instrumentation, participant selection logic, ethical considerations, trustworthiness, and the data analysis plan are presented with detailed explanations and rationales.

Chapter 3: Research Method

Introduction

The purpose of this qualitative descriptive study was to explore civility promotion choices and actions of nurse educators teaching prelicensure students in a BSN program. The approach of this study is a qualitative descriptive research design, which is useful for providing a naturalistic approach to explore how participants describe shared experiences of a phenomenon (Holloway & Galvin, 2016; Sandelowski, 2010; Willis, Sullivan, Bolyai, Knafl, & Cohen, 2016). The phenomenon of interest for this study were civility promotion actions and decisions. The participants in this study were baccalaureate nursing faculty who teach in prelicensure tracks.

In this chapter, I identify and explain important elements of the qualitative descriptive design, including a review of the research questions, central concepts, and the qualitative descriptive traditions. A concise explanation of the methodology, trustworthiness of the study, and ethical applications are also discussed in this chapter.

Research Design and Rationale

I used a qualitative descriptive design for this study. Incorporating a qualitative process into a research design allows researchers an opportunity to explore multiple realities of the participants' in a natural and holistic manner (Lincoln & Guba, 1985). As further suggested by Sandelowski (2001, 2010), qualitative researchers may choose a qualitative descriptive methodology for the opportunity to use a naturalistic approach with flexibility options for data collection and analysis. With qualitative descriptive approaches, a researcher may incorporate a variety of sampling strategies, collect data

from structured interviews, focus groups and other associated documents, and conduct thematic analysis to answer research questions (Colorafi & Evans, 2016). Qualitative description researchers seek answers to qualitative questions by using an iterative approach to explore the shared experiences of individuals with a variety of analytic approaches to generate thematic results (Wills et al., 2016). My rationale for selecting a qualitative method study emanated from the importance of a conducting a naturalistic research approach and a process of data analysis process that keeps the researcher close to the data (Holloway & Galvin, 2016). Using a qualitative descriptive approach for this study also gave me the options of supporting my research with one or more theoretical foundation and to incorporate sources of data such as interview transcripts, written documents, and researcher observation notes (Colorafi & Evans, 2016). In keeping with a qualitative approach, I composed open-ended research questions to elicit responses of rich, detailed explanations to describe the phenomenon (Patton, 2015).

Research Question

This study was designed to answer to the following question:

Research Question: What are the civility promotion actions and decisions of prelicensure, baccalaureate nurse faculty?

Phenomenon of Study

The phenomenon of interest for this study were civility promotion actions and decisions of prelicensure, baccalaureate nurse educators. Clark (2017a) defined civility as “the intention to find common ground and inherently requires an authentic degree of respect” (p. 11). Williamson (2018) described civility promotion as combinations of engagement activities and professional commitments by faculty and students. In 2015, the ANA modified their *Code of Ethics for Nurses* to include specific civility guidance for how nurses and nursing students should respect colleagues within the workplace. Specific or expected actions require thought or planning. In making decisions to guide students towards professional responsibilities, nurse educators must consider the professional and ethical standards which guide their practice (Crigger & Godfrey, 2014). The phenomenon of interest was viewed using theoretical perspectives of the bioethical symphonological theory which explains the use of an ethical decision-making framework for nurses to make agreements with patients (Husted & Husted, 2008).

Role of the Researcher

Researchers have unique roles and responsibilities when conducting qualitative research (Patton, 2015). A qualitative researcher works from the positions of both an instrument and participant in their study (Patton, 2015). In this study, my research role included planning and conducting all research activities while also acting as a participant during Zoom interviews. During the qualitative research process, a researcher will take a position to get closer to the data and be in direct contact with the participants (Holloway & Galvin, 2016). Researchers who practice reflexive notetaking include notes to improve

the dependability of their studies (Korstjens & Moser, 2018). In my role as a researcher, I practiced reflexive activities such as journaling and note-taking during my interviews and kept my notes with other documents in my audit trail. Although I did not include my notes in the data collection and analysis, journaling helped me catalog for my audit trail of daily events during sampling and data collection (Holloway & Galvin, 2016; Patton, 2015). As the primary research instrument, I assumed the role of directing all research activities to ensure collection and analysis of data to elicit meaning from the research results (Holloway & Galvin, 2016, p. 14.)

Because a researcher's bias poses risks to a qualitative study, self-reflection and planning by the researcher is necessary (Patton, 2015). As a BSN faculty member, I was aware that I could unintentionally insert biases related to my own experiences with promoting civility. To minimize any threats of bias, I kept a journal of my thoughts and daily research activities. By keeping a journal, I was able to have a mechanism for practicing reflexivity by taking notes about my own interpretations and feelings generated by the research activities (Patton, 2015). This process also allowed me to organize any questions that arose so that I could discuss them with my dissertation chair and committee member.

I was careful to approach my study with ethical actions. Individuals who had any association with me, as a past or present coworker, were excluded from participating in the study. I was the sole researcher and did not use any outside individuals for editing or transcribing of interviews. I did not offer any gifts to participants for their participation. In the consent form for this study, I provided clear explanations of the confidentiality

steps to protect identities of the participants and the institutions where they were teaching. The study did not commence until I was notified by the Walden University Institutional Review Board (IRB) that my proposed study was approved. I started sampling and data collection after I received a copy of my IRB approval. Prior to each interview, I emailed a consent form to the participants. Once I had received a return email of consent, I moved forward with conducting the interview. A copy of the Walden IRB was provided to several universities that I originally contacted for permission to distribute volunteer opportunities to their nurse faculty. All communication with outside IRB committees was provided to the Walden University IRB to keep with my original IRB approval documents.

Methodology

I collected data through individual, semi-structured interviews using open-ended questions via Zoom web conferencing. Open-ended questions were used to facilitate detailed responses which provide the participants' reality of the experience with the phenomenon (Holloway & Galvin, 2016). The sampling plan was designed to solicit qualified participants from nursing programs within the United States. Participants were asked to have appropriate technology for the audio interview which included either a computer with a microphone or connecting to the interview by telephone. In selecting the Zoom web conferencing product, I was able to schedule the interviews and provide web hyperlink information or phone numbers for each meeting. The interviews occurred synchronously, during times and dates that were convenient to the participants' schedules during the month of July 2019. I sent each participant an email which provided all the

information for connecting by computer or telephone, as well as a data and time reminder. Using Zoom, I was able to record the audio of each interview. Although Zoom also allows for video conferencing and recording, the Walden IRB was not conciliatory for using video recording. As such, only audio was used. All participants indicated they were familiar with Zoom and did not express any difficulty with the instructions or connecting with me for their individual interviews.

Participation Selection Logic

Target Group

The target group of participants for this study were full-time, nurse faculty who taught for a prelicensure BSN program accredited by CCNE during the time of their interview. My rationale for seeking faculty from BSN programs was aligned to the Institute of Medicine (IOM) (2010) recommendations which supported increasing the number of BSN-prepared nurses to improve patient outcomes. Additional rationales for selecting faculty who taught at a baccalaureate level were aligned to Aul's (2016) findings that BSN students had higher levels of incivility than students from diploma or associate degrees. My rationale for seeking CCNE-accredited nursing programs was attributed to recognition that baccalaureate faculty members must adhere to and participate in meeting quality expectations (Halstead, 2017). Additionally, program eligibility to seek CCNE accreditation applies to programs which are at or above baccalaureate levels. As a final rationale for the participant qualification, I chose to select faculty who taught prelicensure BSN students which was aligned to teaching students

who are in the initial stages of professional identity formation and developing professional values (Crigger & Godfrey, 2014).

Sampling Strategy

I used a purposive sampling strategy for recruiting the study participants.

Purposive sampling is a participant selection process used to recruit members with similar characteristics or experiences related to the phenomena of interest (Patton, 2015). After obtaining permission from the Walden University IRB, I began the purposive sampling process. In the emails sent to prospective volunteers, I provided the inclusion criteria of volunteers needed for my study.

My original plan for data collection involved contacting CCNE BSN program directors as the first point of contact to allow for disseminating my invitation email to faculty members in their organization who met the inclusion requirements. The Walden University IRB suggested that I would need to follow each university's processes for an outside researcher distributing a volunteer opportunity to each department. This process involved researching the IRB department's rules and contacting multiple IRBs for initiating the IRB process. As I received permissions from outside universities, I was required to send change requests back to the Walden University IRB. Due to delays in receiving responses and the varied types of responses, I sought clarification from my IRB regarding recruiting participants through published emails available on public websites. Upon receiving verification from my IRB that I was allowed to directly email a volunteer invitation to a public email address, I changed my process from contacting nursing directors to contacting faculty directly. An example of the recruiting email to faculty can

be found in Appendix F. A final change in sampling was that I did not recruit any volunteers through STTI or the NLN.

Inclusion Criteria

I used the following inclusion criteria to recruit qualified candidates:

1. Participants must be full-time BSN faculty of a CCNE accredited nursing program.
2. Participants must have experience with implementing civility solutions in their practice or nursing program.
3. Participants must teach prelicensure BSN students.
4. Participants must have an active nursing license.
5. Participants must be willing to sign an informed consent.
6. Participants must be able to read and write in English.

Exclusion Criteria

The following criteria was applied to exclude candidates from the study:

1. Nurse faculty teaching in RN-BSN or ADN programs.
2. Adjunct faculty, who work less than full-time.

Sample Size and Saturation

In qualitative studies, research questions are typically answered through reaching a process of saturation in the context of responses from participants (Patton, 2015). Many researchers reported reaching saturation between 5 and 30 participants (Guest, Bunce, & Johnson, 2006). My initial purposive sampling process was directed toward contacting nursing directors of CCNE-accredited nursing programs by email. An example of the

email sent to nursing directors is provided in Appendix B. I located the names and contact information of nursing program directors through an online directory of CCNE nursing programs provided by the American Association of Colleges of Nursing (AACN, 2019). A change in this plan was made, with permission of my IRB, to contact nurse educators directly through publicly accessible emails. The revised plan still included using the CCNE directory to locate BSN programs and program websites. All the programs were located in the southeastern region of the United States, without regard to program or school size. In the revised sampling strategy, I emailed BSN faculty to provide them with the purpose of the study, inclusion criteria, exclusion criteria, and interviewing method. An example of the email invitation is located in Appendix C. After consideration and discussion from the IRB, I did not consider any other alternative sampling strategies.

Instrumentation

An interview guide (see Appendix A) was used to guide me in all semistructured participant interviews. An interview guide provides a framework which supports the researcher in meeting qualitative standards and provides consistency throughout the interview process (Troncoso- Pantoja & Amaya-Placenia, 2017). The guide was designed to support the primary research question through four subquestions.

Interview Guide

I conducted individual interviews for my qualitative descriptive study. An integral part of the instrumentation for this study was my role as the researcher, the process of conducting interviews, and the standardization of the interview process with an interview

guide. An interview guide was used to provide a framework to support each interview in meeting qualitative standards and keeping consistency throughout the interview process (Troncoso- Pantoja & Amaya-Placenia, 2017). An interview guide was also useful to ensure uniformity of the process between securing and interviewing the participants. As suggested by Troncoso- Pantoja and Amaya-Placenia (2017), the researcher develops the interview questions with careful review of the literature and knowledge about the phenomenon. Throughout the literature review, the phenomenon of civility promotion actions and decisions emerged as a possible solution to incivility in nursing education (Clark, 2017). Researchers who created and tested instruments to measure specific incivility behaviors recommended further research on investigating strategies to promote civility (Clark, Barbosa-Leiker, Gill, & Nguyen, 2015). A paucity of civility promotion evidence was found through the literature review which included interventions used to reduce incivility or improve civility among nursing students, faculty, and nurses (Authement, 2016; Clark et al., 2014; Pallotto-Russo, 2015, Palumbo, 2018; Rad & Moonaghi, 2016; Roberts et al., 2018). My own experiences as a faculty member in a CCNE-accredited, BSN program influenced how I considered the interview subquestions. These factors were considered in the development for the interview questions.

An example of the interview guide is provided in Appendix A. I asked the participants a total of eight questions, with the initial three questions aligned to collecting demographic information related to their experiences and credentials as nurses and educators. The remaining subquestions were aligned to answering the main research question of this study. The interview subquestions were as follows:

1. What are your responsibilities as a full-time faculty member of a prelicensure BSN program?
2. How long have you been teaching at this level?
3. What are your professional nursing and educational credentials?
4. How do you define civility within your practice?
5. How have your past civility or incivility experiences influenced your actions and choices for promoting civility?
6. What professional values or principles influenced your civility solutions?
7. Share some examples of strategies which improved civility in your practice.
8. What other insights about your civility promotion actions or decisions would you like to share?

Confirming Content Validity

Within the qualitative paradigm, the validity of the results requires the researcher to follow research methods which support the true applicability, consistency and neutrality of the findings (Lincoln & Guba, 1985, p. 290). The content validity of this study was met through my steps to practice reflexivity with journaling, member checking, an iterative process of analysis, and careful steps of analysis. During the study, I was in communication with my committee chair and member to confirm and receive feedback about my progress. Adhering to an audit trail was another important research activity that contributed to content validity through careful documentation of all researcher activities and data collection events.

Sufficiency of the Instrument

The subquestions on the interview instrument have alignment to the phenomenon of interest and theoretical foundations of the study. The first three questions of the interview guide were constructed to gain demographic information related to the participants' faculty teaching experience and educational preparation. Questions four to eight were designed as open-ended questions to elicit responses regarding the civility promotion actions and decisions made by participants.

Duration of the Collection

Data collection was initiated after IRB approval. Upon receiving IRB approval on June 4, 2019, I began my initial contacts with universities to seek the process of gaining permission to distribute volunteer opportunities to nursing directors or faculty. The delays in gaining permissions, and the change requests made by my own IRB, delayed securing participants until July 2019. Over 300 individual emails were sent to faculty at CCNE universities in Florida, Georgia, North Carolina, South Carolina, and Virginia. When I received responses from volunteers, I followed up with an email asking the volunteer to provide dates and times which fit into their own schedules. I conducted the individual interviews during the month of July in 2019. The interview times ranged from as little as 15 minutes to 37 minutes. I transcribed and analyzed each interview within 24 hours of collection to provide participants with adequate communication and turnaround time for member checking. The independent analysis of each interview was also important to review for evidence of saturation of the results. Saturation was found, throughout all item

responses, between participants 14 and 15. The last interview was conducted on July 23, 2019.

Procedures for Data Collection

In qualitative descriptive approaches, researchers collect data from many sources including participants by interviews, focus groups, or observations of participants, and documents or materials related to the phenomenon (Colorafi & Evans, 2016). In this study, data was collected from conducting semistructured interviews with qualified participants.

Prior to the interviews, the participants were sent an email with information regarding the appointment link, including a consent form, and additional instructions about scheduling and conducting the interviews. Participants were asked to communicate back by email, to provide a consent acknowledgement, and to include three possible times and dates of availability within two weeks of the communication. Following receipt of the participants' consent and interview availability email responses, I sent an email back with the date, time and pin number needed to join me on Zoom for the interview.

Primary data collection was completed through audio recording the interviews using web conference platform called Zoom. The meeting capabilities of Zoom operate from a cloud-based web conferencing platform with multiple capabilities for video, audio, and screen sharing (Zoom Video Communications, 2019). In this study, only audio recording was used for the online interviews. I was able to set up each Zoom conference to allow participation by audio communication either online or through a phone connection. I conducted the meetings from my home office for privacy. When each

participant joined their assigned Zoom meeting, I initiated the audio recording option. At the conclusion of each interview, I downloaded the recording of the interview onto my computer in the form of an MP4 audio file. I also used an iPad voice recorder to record the audio as a backup for any technical issues with Zoom recording. After listening to and transcribing the interviews from the Zoom MP4 file, I deleted the audio file from the iPad.

A change in my original plan was in the transcription after the first two interviews. Due to the necessity of quicker turnaround times for my transcriptions, prior to the next interview, I decided to use the NVivo transcription services. NVivo transcription electronically translated the MP4 file within 15 minutes and allowed for easy download back to my computer (QSR International Pty Ltd., n.d.). After receiving the NVivo transcription, I played the entire recording and made any corrections to words or phrases that may not have been correctly translated. This process of reviewing the recording was beneficial for comparing any notes I had made during the interview and facilitating my analysis of each transcript. I sent a thank you email to the participant with an attached copy of the transcript and my preliminary analysis of the transcript for member checking.

Although other data sources such as policies and program documents can be considered for additional data in qualitative descriptive designs (Colorafi & Evans, 2015), my study was based on the data collected from the interviews. Researcher notes made during the interview process may be used as data for qualitative studies (Korstjens & Moser, 2018). During the interview, I kept a note pad available for possible follow-up

questions or needed clarification. Since I was able to ask follow-up in the interviews. I did not use these notes for analysis.

Data Analysis Plan

My data analysis process was an iterative process which kept me immersed in the data as suggested by Guba and Lincoln (1985). In this study, the data analysis process began after transcribing each interview. Following transcription, I began an initial coding phase using an in vivo coding approach to identify specific words and phrases to represent the meaning of the phenomena (Saldana, 2016). Following the first approach of coding, I would review the transcript and in vivo codes to move towards developing a second level of recoding by assigning meaning through a descriptive coding approach (Saldana, 2016, p. 292). Through this process, I organized the first and second level codes to show relationships as a measure to improve the trustworthiness of the study (Elo's, Kaariainen, Kanste, Polkki, Ultrafine, & Kyngas, 2014).

When embarking on my data analysis process, I consistently reviewed my codes and notes to keep within proximity of the data (Saldana, 2016). I also followed recommendations by Saldana (2016) to move through an inductive process of thematic analysis comparing theoretical concepts while coding and categorizing. I followed a systematic approach by developing a system of codes, categories, and themes elicited from the data. As the coding analysis progressed, I considered diagramming the codes, categories and themes found from the data (Patton, 2015). I provided examples of my diagrams in Chapter 4. To provide confirmability of results, I kept an audit trail,

researcher bracketing, and comparing any negative or discrepant cases across all data sets of participants.

The task of coding and analyzing qualitative research data can also be achieved with the aid of qualitative data analysis software (LeBlanc, 2017), which I achieved using NVivo™ software. My original plan was to use NVivo™ qualitative data analysis software for the options of storing, organizing, managing, and keeping a computerized audit trail to improve and maintain quality and transparency of the analysis process (Silver & Lewin, 2014). Uploading the transcripts to NVivo was very easy; however, the process of labeling and sorting nodes, for codes and categories, became challenging. I developed some basic charts using Microsoft work, and continued my analysis and code organization. An example of how I used the table, in organizing my codes and categories is provided in Chapter 4.

Issues of Trustworthiness

As with all qualitative studies, this study was designed to include specific activities to demonstrate trustworthiness of the results. Key differences between the verification of results between quantitative and qualitative are the presentation and verification of methodology in qualitative research (Toma, 2016). To achieve trustworthiness of my own research, I provided clear explanations of all the steps of the research, including how problems were resolved or avoided. Conducting and explaining my activities was another method of improving trustworthiness. I also provided explanation of steps taken to disclosure concerns of potential biases before, during, and after data collection (Patton, 2015). I utilized a methodological design plan which

incorporated the use of NVivo software with other traditional methods which was a measure included to demonstrate rigor (Maher, Hadfield, Hutchings, & Eyto, 2018). My ultimate approach for ensuring trustworthiness will be to include and describe meticulous steps of the data collection and analysis as recommended by Korstjens and Moser (2018).

Qualitative research requires prolonged engagement with the data to elicit thick descriptions and details of specific activities which may lead to researchers' improving overall trustworthiness including credibility, transferability, dependability, and confirmability (Korstjens & Moser, 2018). Member checking was an additional process I included to improve the credibility of results by allowing the participants opportunities to review the transcripts or the analyzed data (Birt, Scott, Cavers, Campbell, & Walter, 2016). In my study, I initiated contact with participants following each transcribing and analyzing the transcripts, so the participant could validate and provide further insights from the interview. Additional researcher actions to ensure transferability included securing participants from varied nursing programs and locations. A limitation to the transferability of this study may include how nursing programs from different states may have different board of nursing regulations guiding civility practices. As a final approach to improve dependability and confirmability of this qualitative study, I carefully detailed my steps and activities to produce an audit trail and also used an electronic journal (Korstjens & Moser, 2018).

Ethical Procedures

All researchers are expected to provide clear explanations of the purpose of the study and the potential that questions of which stimulate unpleasant memories (Patton,

2015). Multiple steps were taken to ensure this study followed ethical guidelines. Upon acceptance of this proposal by the committee chair, committee member, and the university research reviewer (URR), application was made to the Walden IRB. As part of the application process I provide a copy of the consent form which provides the risks prior to the interview (Patton, 2015). All participants received a copy of the consent form, prior to the interview. No interviews were conducted without receiving emailed consent from the participants. In the IRB-approved consent form, I provided the participants with options in a nonthreatening voice, so they would not feel coerced and would voluntarily participate. Participants were free to withdrawal their participation, at any time, by contacting me by email or by telephone. No participants withdrew from the study. If a participant had withdrawn from the study, all communication and data would have been destroyed and extracted from the data analysis. In consideration that the participants work for universities, I provided any necessary information to the seek institutional permissions for employee participation with voluntary consent. All participants were informed of how to contact the Walden University research advocate for any concerns they have about the research or interview process, including withdrawing from the study. I did not recruit or interview any participants from my current place or previous institutions of employment to adhere to the ethical standards of this study.

A follow-up email was sent to the participants, with a copy of the transcribed interview and my preliminary analysis of their responses. A copy of the follow-up email for member checking is provided in Appendix D. All names of participants and their places of employment were kept confidential in the study, as stated on the consent form.

Steps were taken to secure all research data. I plan to store all study materials and data for up to five years following the study. I deleted all electronic copies from my secure laptop after copying the files to flash drives or by printing copies. All audio recording jpeg files were copied to flash drives. All flash drives and paper copies will be stored in a locked file cabinet.

Summary of Chapter 3

The purpose of this qualitative descriptive study was to explore civility promotion actions and choices of baccalaureate nurse educators and to understand how institutional and program policies influence or support baccalaureate faculty in their decisions for civility promotion. Participants for this study were nurse educators from CCNE-accredited BSN programs. A qualitative descriptive design was used for this study with open-ended research questions asked in semistructured, individual interviews. Using a qualitative design provided a framework of inquiry which supported pragmatic and philosophical approaches and straightforward explanations and examples. Plans to ensure trustworthiness included member checking (Birt et al., 2016; Holloway & Galvin, 2017), researcher reflexivity activities (Holloway & Gavin, 2017; Patton, 2015), and clear explanations of research activities (Holloway & Galvin, 2017; Korstjens & Moser, 2018). Participation in the individual interviews was voluntary with consent forms provided prior to interviews. In Chapter four, the results of this study will be presented.

Chapter 4: Results

Introduction

The purpose of this qualitative descriptive study was to explore civility promotion choices and actions of prelicensure, baccalaureate nurse faculty. The responses of each participant provided rich details and yielded results to answer the research question. I offered each participant an opportunity to participate in member checking by emailing copies of the interview transcript and my preliminary analysis of their responses. In this chapter, I discuss details of the interview setting, participant demographics, data collection procedures, the data analysis method, as well as other steps taken to ensure trustworthiness. Additionally, I provide examples of codes, categories, and thematic results.

The Setting

I used Zoom, an online meeting platform, to conduct interviews with participants from varied locations across the southeastern United States. Zoom is a web conferencing application that supports conducting synchronous meetings with additional features of scheduling and recording the interviews. My decision to use an online platform was based on my desire to provide a setting that offered flexibility with a familiar technology in order to successfully recruit participants (Rimando et al., 2015). I used the Zoom web conference application features for recording meetings and scheduling participant appointments. Most of the participants communicated to me that they were familiar with the Zoom online meeting platform. The interview scheduling process began upon receiving participation acceptance emails from participants. Once I had received the

times from participants, I set up a Zoom appointment. The Zoom platform generated an invitation with the time and host information, which I was able to cut and paste into an email for scheduling. I also attached the consent form to the appointment email. Participants had the option of connecting to my Zoom account using a weblink or telephone number, which included using conference ID.

Demographics

The first three items on the interview guide were designed to collect demographic information regarding teaching experience and background of the participants. The 15 participants included one male and 14 female participants. Although all participants were teaching full-time in a baccalaureate, prelicensure nursing program, they had varied academic roles and years of experience. Except for two participants, the majority had between three to 13 years of baccalaureate teaching experience. Among the 15 participants, four participants had doctorates, 10 had a Master of Science in nursing (MSN) degree, and one was pursuing an MSN degree. Five of the MSN participants were enrolled in a doctoral nursing program. All participants had diverse clinical backgrounds, including emergency nursing, critical care, medical-surgical, mental health, and women's health. One participant was exclusively teaching in a clinical role with the remaining 14 describing their responsibilities as a combination of classroom, clinical, simulation, and skills lab. Many participants described having additional responsibilities, including serving on committees and maintaining scholarship responsibilities. Overall, the participants brought diverse experiences through their years of teaching, backgrounds, and education levels.

Data Collection

My collected data through individual, synchronous interviews with 15 participants. In setting up each Zoom interview, I turned off the video option and recorded only the audio content of the meeting. I also used an iPad voice recorder application as a backup recording in case I had any computer issues during the interviews. I followed an interview guide with eight questions to conduct semi-structured interviews. The interview guide included initial instructions about the interview process, which I read allowed to each participant before beginning the interview. The phrasing of each of the eight items allowed for clarification or follow-up question with the participants. The first three items were designed to collect demographic information about the participant. The remaining five interview items were open ended questions designed to elicit information about the central research question of choices and actions for civility promotion. I conducted interviews on weekdays between the dates of July 9 to July 24, 2019. The interview times ranged from 14 minutes to 36 minutes in length.

On the scheduled dates and times, participants connected to my Zoom platform by accessing a specified weblink with session identification codes or by phone using the same Zoom identification code. I logged into my Zoom account about 20 minutes before the scheduled appointment times in order to accept the participant into the session. On two occasions, I received a notification from the Zoom platform that an attendee was waiting, so I logged in and accepted the participant to begin the meeting. Once the participants and I established our connections, I activated the Zoom recording and simultaneously initiated my iPad recording device. I had not originally planned to use an

iPad during the interviews. However, I decided to use the iPad as a backup to my computer in case I had any computer issues during the interviews. All participants were informed of this second recording process prior to initiating the recording. Upon ending the interview and online session, the Zoom platform generated an MP4 recording, which downloaded in a Zoom file on my computer. The MP4 recordings were accessible for playback on my computer for transcribing the interviews. After verifying the quality of each MP4 recording, I completed the transcription and deleted the corresponding iPad recordings.

Data Storage

My data storage process involved securing and managing research materials, email communications, and data analysis products as printed and computer file copies. During the data collection and analysis processes, I secured all computer research files with password protection on a personal laptop. I printed all email communications related to my study from my university email account and deleted the communications from my email account. Paper copies of the emails, which included participant consent, were secured in a locked filing cabinet. All Microsoft Word files, including my typed transcripts, journal notes, researcher notes, and data analysis, were also printed, as well as copied to a flash drive. All paper copies and flash drives will remain in a locked filing cabinet located in my home for up to five years.

Data Analysis

My data analysis occurred in two stages. In the first stage, each transcript was the unit of analysis. All 15 participants were included in data analysis, with no discrepant

cases. Following each interview, I transcribed the recording and moved forward to coding and data analysis. To stay close to the data and search for saturation throughout the collection process, I transcribed each interview after ending the conversation. During the first two interviews, I followed suggestions by Castleberry and Nolan (2018) to manually transcribe the interviews to stay close to the data. Due to an increased frequency in my interview schedule, I elected to use the electronic translation feature by NVivo for the remaining 13 interviews. Using NVivo translation was a change from my original plan to transcribe without any transcription services. Using the NVivo transcription feature, I was able to upload the audio file upon the completion of the interview and receive an electronically translated transcript. As I reviewed each NVivo transcript, I replayed the audio recording of the corresponding interview to verify accuracy and correctly identify speakers. Taking this approach allowed me to stay close to the data and continue the iterative process.

After I transcribed each interview, I analyzed and compared the transcript for codes, categories, and themes in order to achieve saturation. Saturation was evident after analyzing the final two participants. When I completed the analysis of each transcript, I sent copies to the participant for member checking. Member checking was first described by Lincoln and Guba (1986) as a process to allow participants to review interpretations of their interaction for accuracy, which may enhance the quality of the analysis. I received nine emails from participants who agreed with my initial analysis. Other participants did not provide responses to the member checking invitation. I kept reflective notes in a journal throughout the entire data analysis process in to reduce any researcher bias.

Inductive Process of Phase One

I chose to follow an inductive analysis process using perceptions and words of the participants to guide meaning for codes, categories, and themes (Castleberry & Nolan, 2018). I used an in vivo coding process as my initial coding strategy. As noted by Saldana (2016), in vivo coding is a process of taking exact words or phrases of the participants to elicit meaning. During this process, I copied and pasted the participants' answers to each interview item from each transcript into a chart and organized the codes. Upon completing the initial in vivo coding for each transcript, I replayed the audio recording to review for intonation or other audible cues, to further elicit any meaning and recode. Next, I used an iterative process to review the vivo codes and developed categories described by the codes. Following the development of categories, I followed a process of analyzing the categories to find patterns until themes emerged.

I emailed a copy of the full transcript with the data analysis results to each participant to allow participants to compare their responses to interview questions to my interpretative codes, categories, and themes. The responses from the participants were in agreement with the analysis and did not require any changes to coding. As I progressed through each transcript, I updated the list of codes, categories, and themes to achieve data saturation.

Use of Word Clouding

I followed the recommendations of DePaolo and Wilkinson (2014) for creating a "word cloud" to visually display possible word relationships based on word frequency. Among several free word cloud programs recommended by DePaolo and Wilkinson

(2014), I chose to use Tag Crowd. The Tag Crowd is an online word cloud program with options to set the frequency of words used, display parameters of numbers of words, and eliminate certain common or extraneous words. The Tag crowd website (www.tagcrowd.com) was easily accessible on the internet and user-friendly.

After compiling all participant transcript responses on to one document of 1,254 words, I cut and pasted the text into the word cloud platform. The word *think* had the highest frequency, used 246 times among participants. The word with the second highest frequency was *students*, used 188 times. The word cloud includes the top 30 most frequently used words among participants (see Figure 1). My intent in using the word cloud was to create a visual display of concepts or attributes, but not as a replacement to a thorough data analysis (DePaolo & Wilkinson, 2014). I found the attributes represented by these words helpful for situating civility promotion within the learning process, as well as enhancing my understanding of the relationships between students and faculty.



Figure 1. Tag Crowd word cloud created with all 15 participant responses.

Inductive Process of Phase Two

The second phase of my data analysis commenced after member checking. During this phase, I analyzed and combined responses from all participants by interview item. As I reviewed the combined codes from all participants, I moved forward to begin my second phase of descriptive coding. During this phase, I generated grids to organize the first and second level codes, categories, and preliminary themes. An example of the grid organization for a representation of responses from interview subquestion four is provided in Appendix E.

During the second phase of analysis, I merged responses to specific interview items from the individual transcripts for further analysis. I used a qualitative data software product called NVivo to organize the code list and transcripts. Using NVivo, I was able to upload all the transcripts and set up nodes, which represented categories or themes. By having another opportunity to review each transcript, I found instances in which I needed to make code revisions and create new nodes. NVivo allowed me to link the in vivo phrases and codes to the node. Through this iterative process, I found opportunities for re-coding and categorization.

Organization of Codes and Categories

Code development evolved between the first and second phases of analysis. The first phase of coding began by coding individual transcripts. As coding progressed from one participant to the next, coding lists were generated. Categories emerged as a continuation of descriptive analysis. In phase two, all the participant responses, organized by question number, were incorporated on a grid for further coding.

Relationships of codes and categories. After creating the grids, I compiled lists of codes and categories. A representation of the patterns and relationships is provided in Figure 2.

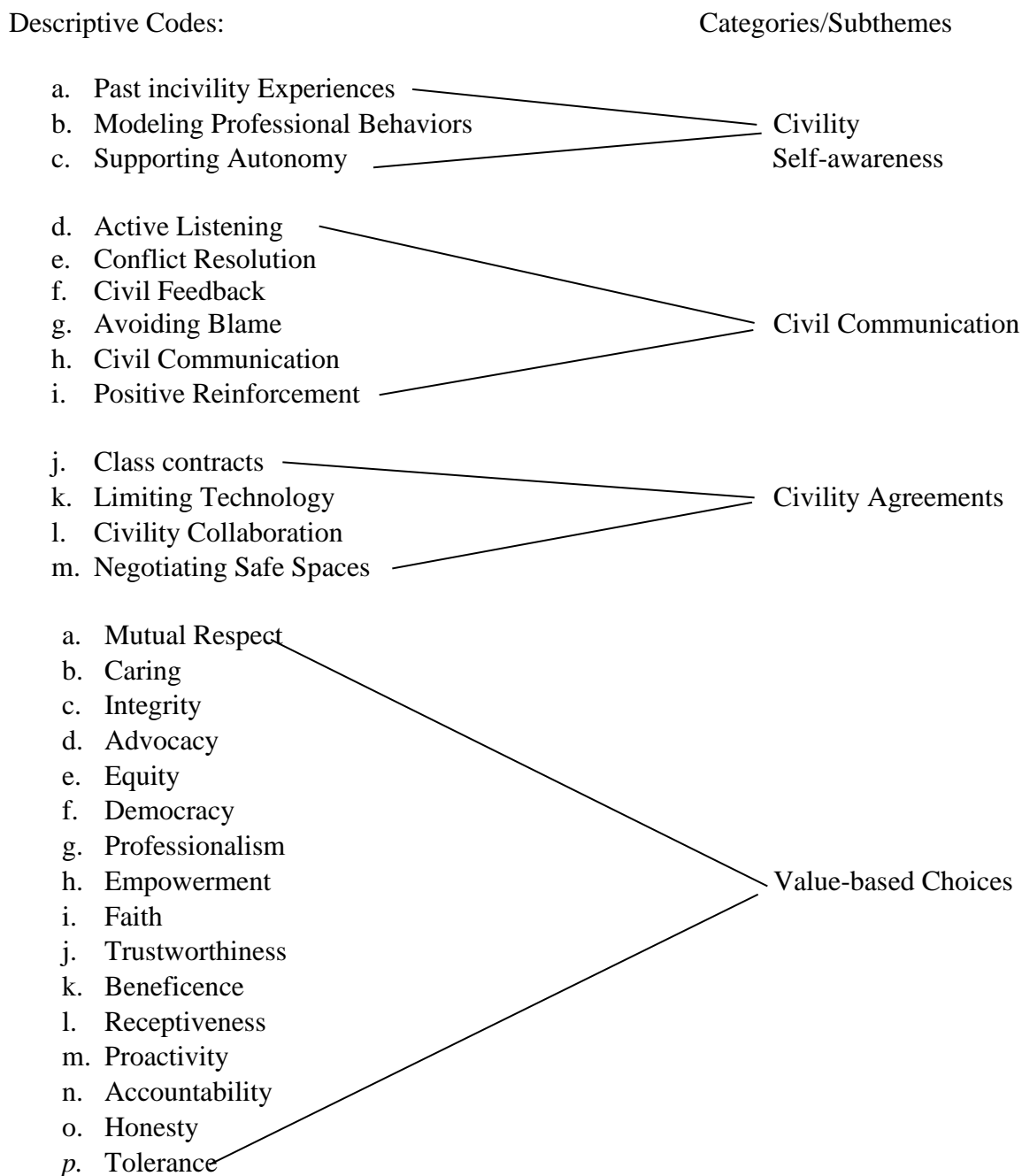


Figure 2. Final list of descriptive codes and categories.

Thematic Analysis Process

I reviewed the codes and categories, searching for patterns and relationships that would eventually emerge into significant themes (Castleberry & Nolan, 2018). Beginning with the transcript analysis, I kept a list of possible themes, which I continuously reviewed and revised. This iterative process resulted in four themes which are further described the next section. Each theme emerged from categories.

Results

Fifteen participants were interviewed and asked five questions aligned to the research question. Four themes emerged from the data analysis of the participant responses. During the data analysis process, I compared my findings to the concepts and assumptions of the theory of bioethical symphonology to consider interpretive patterns. This iterative interpretation of the data yielded four main categories. In this section, I include examples of participant responses, codes, and categories to illustrate thematic development.

Research Question

R: What are the civility promotion choices and actions of prelicensure, baccalaureate nurse faculty?

The research question was constructed to support a qualitative descriptive research method and to explore specific actions and decisions for civility promotion. I used an interview script with eight interview items for all interviews. The first three interview items were designed to collect demographic information and the remaining five items were designed to explore the participants' perceptions of their civility promotion

experiences. The responses to the following five interview items were used for data analysis. The following items were asked of all participants:

4. How do you define civility within your practice?
5. How have your past civility or incivility experiences influenced your actions and choices for promoting civility among students and faculty?
6. What professional values or principles influenced your civility solutions?
7. Share some examples of strategies which improved civility in your practice.
8. What other insights would you like to share about your decisions and actions for promoting civility?

Categorization results

The inductive process of coding and recoding was repeated for the collective participant responses for interview questions four to eight. Throughout this analysis, I reviewed each transcript after coding and categorizing to reassess my interpretation of the original statements. This ongoing process was necessary to confirm my interpretation of the participants' experiences (Chowdhury, 2015). During this iterative process, I also recoded and organized earlier category considerations, which included the four categories of value-based actions, value-based choices, civility awareness, and civility agreements.

Themes Generated

I identified four themes through an inductive analysis process which included descriptive coding and categorization. Each theme is a representation of civility decisions and actions shared by participants in their academic practices. The resulting four themes, that emerged from the inductive process, are (a) guiding civil professionalism, (b) championing civil communication, (c) negotiating civil partnerships, and (d) empowering civility awareness.

Participant Response Examples

The rich data collected from all participant responses are aligned with the themes. The original statements from participants guided much of the first level, in vivo coding. The following participant responses provide context for the thematic results.

Examples of guiding civil professionalism. Examples are as follows:

- “I always think about wanting to be treated or treating people the way I would want to be treated” (Participant A).
- “I treat people with respect, giving them time to respond, and taking suggestions into consideration” (Participant B).
- “I think it boils down to respect for me, just being respectful of their thoughts, their politics, and where they come from” (Participant D).
- “Civility in the nursing profession is, I think, just kind of getting along with each other. I mean it's professional. It's collegial” (Participant L).

- “By treating others how I want to be treated, it in turn helps those folks approach me in a way that is how I want to be treated. It's kind of cyclical like, that you know” (Participant N).

Examples of Championing Civil Communication. Examples are as follows:

- “I think talking to them about how to communicate in general and then, beyond that, handling what happens when somebody does not have civility in their practice, is rude, or disrespectful” (Participant A).
- “But for me, I just define it as being respectful and kind, in communications, particularly with conflict resolution. That’s where I see civility playing its role” (Participant G).
- “So, I think to be civil, or to have civility where I work right now, requires mutual respect, trust and open communication, as well as valuing one another as human beings” (Participant C).
- “If I am not willing to listen to my students’ arguments about a question that I had on my exam, not able to see their perspective, and just enforcing my authority, that does not teach civility” (Participant O).
- “I really feel it is important to have good conflict resolution skills. I have often talked to nursing students about it” (Participant A).

Examples of Negotiating Partnerships. Examples are as follows:

- “I treat people with respect, giving them time to respond, and taking suggestions into consideration” (Participant B).

- “I think setting a classroom tone that is both open, but there's a mutual understanding, that we must respect each other” (Participant J).
- “So, we started doing classroom contracts where this year we asked the students what rules of the classroom and group norms do you want to have?” (Participant D).
- “We have them make up their rules. And it's amazing what they will come up with... every rule you would have done and then some. Yeah, and they do, and so it empowers the students” (Participant F).
- “I constantly, in every lecture, in every conversation, and every interactions I have with my students, make sure they understand that it's not about me and them. it's about us. We are a team” (Participant O).

Examples of Civility Awareness. Examples are as follows:

- “I have always been able to remember what it was like to be a novice, because I talk to students a lot about how expert nurses or other professionals, often are so ‘expert’ that they really have trouble thinking back to when they were new. I think those experiences have helped shaped the way I approach it with students” (Participant A).
- “So, I think truly my teaching goal was to teach unlike I was taught in nursing school, which was thirty years ago. It was very intimidating” (Participant B).
- “But I think that role modeling was one way that I could show them how to validate somebody else” (Participant D).

- “I do think about it, and make sure try to instill it in my students, because I came through with the ‘eat your young’ mentality” (Participant F).
- “Well you have to live by example. And, I think that's important. When I walk into the classroom, I need to be the same type of person, as when they meet me in the store or vice versa” (Participant M).

Discrepant Cases

While all fifteen participants fully participated in the interview, not all participants participated in member checking. Ten participants responded back that they had reviewed the initial thematic analysis and agreed with my preliminary interpretation. The remaining five participants were sent an email reminder asking if they had additional feedback. Two participants responded that they would get back to me but did not. The lack of member checking responses was consistent with findings from Candela’s (2019) who reported that participants may not be willing to follow through with additional member checking feedback. Only two participants offered clarification to their transcripts, yet were in agreement with my analysis, and did not request any changes or edits.

Evidence of Trustworthiness

Multiple steps were planned and executed to achieve the trustworthiness of this study. First, the proposal of this study was submitted to the Walden University IRB, and the approval designation of IRB #06-06-19-0067963 was assigned. My role as the researcher required that I take steps, throughout the sampling and data collection process, to conduct audit trails and practice reflexivity. Validity and trustworthiness of qualitative

research require the researcher to explain the process of how the data was collected and analyzed (Cope, 2014). In meeting conditions of trustworthiness which were originally proposed by Lincoln and Guba (1985), I will further describe my efforts to explain how the conditions of credibility, transferability, dependability, and confirmability were met.

Credibility

The process I used to improve credibility was the use of member checking. Member checking allowed each participant to review the transcript and my analysis of the interview and provide input. Member checking enhances credibility by allowing participants to verify and validate the interpretation of the researcher (Cope, 2014). The member checking process was clearly explained to all participants in the recruiting email, the consent form, and in each interview. I transcribed the MP4 recording files using an electronic transcription process purchased from NVivo. After receiving the computer-generated transcripts, I played the audio again to confirm the electronic transcription had correctly captured the exact words of both myself and the participant. Following the transcription of each individual interview, I thematically analyzed each transcript. All participants were sent copies of the transcript and analysis by email. With the exception of two participants, who noted minor changes in the transcript, all participants who responded back were satisfied with the analysis.

Transferability

The quality process of transferability was achieved through the sampling process. I was able to recruit participants from different nursing programs across five southeastern states. In addition, the types of programs vary, between public and private universities

and sizes of nursing program. I used the CCNE directory to identify the universities and obtain the nursing program websites. Then, emails were sent to any faculty who had email addresses available to the public on the website. My selection of participants from nursing programs found in the CCNE directory also improved the transferability of my study because all CCNE accredited programs must adhere to the same quality standards to meet accreditation criteria.

Dependability

To achieve the dependability of my research results, I carefully organized my research activities. Dependability of my study was achieved in several ways. An important step towards achieving dependability was creating an audit trail which provided chronological records and evidence of my sampling and data collection evidence. The audit trail was useful during the first phase of sampling when I was attempting to contact university IRB committees for guidance on distributing volunteer invitations. I have previously provided steps in the sampling and data collection, which were recorded through my audit trail records. I had originally intended on using NVivo memo software for creating memo and audit trails. However, I found keeping a written journal and a computer spreadsheet were a better approach. Dependability was also strengthened by my choice of sampling nurse faculty and determining sample size by analyzing transcripts after each interview, rather than analyzing transcripts all together (Elo et al., 2014). I adopted an approach for evaluating saturation by developing an ongoing grid of categories and themes which were continuously reviewed and revised before moving on to interview the next participant (Fusch & Ness, 2015).

Confirmability

My efforts to provide confirmability incorporated similar steps used in achieving dependability. In describing the data, I was able to provide examples of detailed descriptions by incorporating statements directly from participants. An organizational process, or audit trail, was created to keep sequential records of my data collection and analysis. I have provided very clear, detailed descriptions of how I collected and analyzed my data, including the member checking procedures used with all fifteen participants. I kept a journal during the process and included copies of communication with my IRB and chair, regarding my initial struggles with gaining participants. During each interview, I kept a note pad, to write my impressions during the interview and then made a journal entry to practice reflexivity during the collection process.

Summary of Chapter 4

The results of my data analysis were four main themes to answer the research question. The first theme, *guiding civil professionalism*, was a culmination of ethical and professional values which supported faculty decisions for promoting civility. *Championing civil communication* was a theme which emerged to explain actions which promoted civil communication strategies to promote civility. The third theme, *negotiating civil partnerships*, was a representation of both the self-awareness to personal civility and autonomy which nurse faculty used for navigating civility. The final theme, *empowering civility awareness*, was directed towards each participants' awareness of previous personal experiences and obligations to modeling civility. All four themes are aligned with participant examples which explained their decisions and actions in civility

promotion. Many of the civility promotion examples, shared by the participants, correlated to findings in the literature. In chapter five, I will provide further details of the interpretation of the results, including the implications for nursing education and recommendations, and limitations of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Uncivil nursing student behaviors in the classroom or clinical setting are disruptive to the learning process, contribute to dissatisfaction among faculty and students, and put patients at risk for nursing errors (Clark, 2017b). As students transition to the workplace, experiences with uncivil behaviors from faculty put new nurses at risk for greater stress and contribute to nurses leaving the profession (Laschinger, 2014). As the negative effects of incivility increase across healthcare workplaces and academic learning environments, nursing faculty are placed at a higher expectation to prepare nursing students with civility knowledge and skills for promoting a culture of civility (ANA, 2015; Clark, 2017b; Joint Commission, 2015).

The purpose of this study was to explore the civility promotion actions and decisions of nurse faculty who are in teaching prelicensure, baccalaureate programs. I used a qualitative, descriptive approach to learn how nursing faculty described their actions and decisions for promoting civility. The theory of bioethical symphonology was used as an interpretive lens for this study. My interest in civility promotion originated from my own experiences with mitigating incivility in the academic and practice setting and promoting civility as a nurse educator. Both the ANA (2015b) and NLN (2018) recommended the need for nursing educators to take steps to educate and prepare students for experiencing incivility and to promote civility during the educational process. Additionally, the Joint Commission (2015) recommended that nurse educators

include strategies in the classroom for improving civility among nursing students as an attempt to build civility behaviors during their transition to practice.

The findings of this study extend the knowledge of civility promotion practices. Four themes emerged from the data analysis. In this chapter, I discuss the interpretative meanings of the thematic results and correlate my interpretation of the results with findings from the literature. In addition, I provide possible limitations to my study and recommendations for future research. I discuss the implications for social change and theoretical applications of the results.

Interpretation of Findings

In this study, 15 nursing faculty were interviewed and responded to explain their actions and decisions for promoting civility in education and the workplace. The participant responses were analyzed to answer to the central research question: *What are the civility promotion actions and decisions of prelicensure, baccalaureate nurse faculty?* In interpreting the results and identifying themes, I incorporated multiple steps of reviewing, coding, and categorizing the data, in addition to confirming the findings with the literature and the concepts from the theory of bioethical symphonology. I present my interpretations, with respect to each theme, in the following section.

Guiding Civil Professionalism

Professional and ethical values support the actions of nurses in all areas of nursing (ANA, 2015a). All participants agreed with the importance of civility values and shared experiential examples of how values supported their civility promotion decisions and actions. When asked how they defined civility, participants unanimously agreed that the

civility was synonymous with the word *respect*. These findings were consistent with an earlier definition proposed by Clark (2017a), who suggested that civility actions incorporate mutual respect between individuals. In this study, respect was the predominant professional value that participants identified in guiding civility promotion.

Although none of the participants specifically referenced or mentioned using the ANA (2015b) *Code of Ethics for Nurses* for their civility promotion decisions, their responses closely aligned to many key principles. For example, provision 1.1 of the ANA (2015b) *Code of Ethics for Nurses* requires all nurses to “respect the inherent dignity, worth, unique attributes, and human rights of all individuals” (p. 1). Russell (2014) recommended the application of this ethical framework to enhance civility education throughout nursing program curricula. All respondents referred to the specific values included in provision 1.1, with examples of civility promotion actions to influence the professional development of the students. For example, one participant suggested, “...not only do we need to treat our patients, with that respect, but we need to teach our students to treat each other that way.” This statement supports recommendations for the application of provision 1.1 to guide faculty and student relationships in nursing education (Tinnon et al., 2018). Authement (2015) also found evidence in her study that demonstrated using the *Code of Ethics for Nurses* (ANA, 2015a) for civility education improved civility among students and faculty. In addition to respect, participants listed other professional and ethical values that they perceived to be top civility attributes. Recognition of the importance of incorporating critical ethical and professional values into courses and program outcomes was also supported by Clark’s research (2017a;

2017b). Finally, the results of this study align with recommendations by Lachman (2014), who proposed the application of the ANA *Code of Ethics* (2015 a or b?) throughout all areas of nursing practice to reduce future bullying or uncivil behaviors.

The thematic results of this study align to central concepts of the theory of bioethical symphonology. Professional ethics are necessary actions used to fulfill the agreement between nurses and patients as they move forward in trusting relationships (Husted et al., 2015). The incorporation of these concepts into civility promotion are essential examples of how nurse faculty ground their actions and decisions to support the professional development of nursing students. Additional findings from the study, which are also integral to concepts of this theory, are the values of integrity and reciprocity. Both of these values also align with the concept of fidelity, which is demonstrated when nurses move towards their professional goals and expectations (Husted et al. 2015). Finally, when nurse educators or nurses are beneficent towards their patients or students, they are demonstrating a precondition of an agreement with those individual (Husted et al., 2015).

Championing Civil Communication

Communication is an essential skill for teachers, students, and nurses. Participants shared many varied civility promotion strategies that confirmed existing knowledge and proposals for civility promotion (Choudhary, 2018; Clark, 2017b; Clark et al., 2014; Nikstaitis & Coletta-Simko, 2014; Shanta & Eliason, 2014; Woodworth, 2014). Many participants provided examples of clearly communicating their expectations regarding civility on the first day of class, which was consistent with proposals by Clark

(2017a) and Shanta and Eliason (2015). The findings of coaching and practicing conflict resolution techniques were confirmed by Choudhary (2018) as a critical communication practice for conflicts. As suggested by Participant A of this study, "...sometimes students aren't ready yet to tackle this on their own." Providing information about interventions and opportunities for practicing conflict resolution were shown to improve uncivil behaviors among nurses in the workplace (Nikstaitis & Coletta-Simko, 2014). Active listening was a strategy described as necessary by many participants in this study, which confirmed suggestions by Woodworth (2014) about the importance of authentic listening by between faculty and students. Additionally, the findings of this study align to results by Sauer and associates (2014), who demonstrated improved civility communication with the use of simulation with students to improve civility communication. In all these varied strategies, students and faculty had opportunities to practice communication skills for improving civility (Clark, 2017b).

The theme of championing civil communication reflected concepts and principles of the bioethical symphonology theory. Autonomy is a key concept within dynamic partnerships between nurse faculty and students to achieve civility (Burger et al., 2014). While several participants mentioned program initiatives for civility promotion, everyone presented examples of their own autonomy in taking civility actions and making decisions. The varied types of communication strategies described by participants all demonstrate how faculty have freedom in selecting the appropriate civility promotion activity for the learning environment. As students participate and gain experience in civil conversation, they are empowered to become more autonomous in civility

promotion (Shanta & Eliason, 2014). Additionally, the varied types of actions and decisions described by the participants were aligned to the context of the situation, awareness, and knowledge within the ethical decision-making framework (Husted et al., 2015).

Negotiating Civil Partnerships

Promoting civility in nursing education requires respectful interactions between faculty and students to reach mutually agreed-upon goals (Clark, 2017b). Having clear civility expectations to create a safe learning space was a finding supported by the literature (Clark, 2017b). Several participants described program-wide efforts to provide specific civility expectations for faculty and students, measures which were consistent with findings from previous research (Clark, 2017a; Meirdierks-Bowllan, 2014). Additional, faculty actions of collaborating with students to develop civility rules during the first week of class or developing class contracts align with existing research (DeMarco et al., 2017). Allowing students to have input empowers students to be accountable for civility (Shanta & Eliason, 2014). Role modeling civility was another faculty action that aligned with previous suggestions by Shanta and Eliason (2014). A final concern shared by several participants was the need to negotiate clear rules about technology and social media use, which was also supported by recommendations from the literature (De Gagne et al., 2017).

All nursing programs have admission requirements and behavior policies that students must follow before and throughout enrollment in their programs. Agreements are the essence of symphonology and are essential to moving forward in cooperation in

interactions between all individuals (Husted et al., 2015). Additional alignment of negotiating civility practice between faculty and students to the theory of bioethical symphonology recognizes civility as process of mutual agreement. Negotiating, or agreeing, also relies on students recognizing their own autonomy and responsibility to meet professional obligations.

Empowering Civility Awareness

The final theme of this study is an explanation for how civility promotion actions and decisions arise from the empowerment of civility awareness. This theme aligned to examples of how past incivility or civility experiences influenced decisions and activities to promote civility. Empowerment is a prominent concept of civility models by Clark (2017a) and Shanta and Eliason (2014) and nursing theories to support ethical decision making (Husted et al., 2014). Allowing students to participate in civility decisions empowers students with greater awareness and knowledge. An example shared by participants, which was consistent with the literature, was empowering students with incivility and civility awareness through the use of simulation to learn how to recognize and manage uncivil behaviors (Clark et al., 2014; Sanner-Steir, 2017; Sauer et al., 2018). Role-modeling was another strategy in the findings of the study, supported by the literature, used to empower students with awareness of implications of uncivil and civil profession behaviors to learning and patient care (Palumbo, 2018).

The concept of awareness, from the theory of bioethical symphonology, was also aligned to the thematic findings. By using research-based learning strategies such as simulation faculty provided opportunities to practice communication techniques to

promote civility (Clark et al., 2014; Sanner-Steir, 2017; Sauer et al., 2018). The theoretical context of awareness also aligns to the engagement and requirements for individuals to gain greater autonomy to be engaged to fulfill a specific purpose (Husted et al., 2015). The context of situation and knowledge were introduced by faculty through civility promotion actions to motivate and support greater student autonomy toward achieving a civility agreement.

Limitations of the Study

The trustworthiness of qualitative research findings is dependent upon careful actions and considerations of the researcher during each phase of the study (Lincoln & Guba, 2008; Patton, 2015). My decision to use of an online web-conferencing platform to conduct synchronous interviews may have limited participation due to lack personal interaction and technology insecurities. Additionally, the decision not to use video during the interview may have prevented the collection of visual cues which would add to the interpretation of the responses (Farooq & de Villiers, 2017).

Recommendations

The findings of this study are supported by the literature and were evidence of civility promotion actions and decisions of nurse faculty teaching for prelicensure, baccalaureate programs. Further studies are needed to explore how nurse faculty teaching at other nursing program levels take action and choose to encourage civility for students. Further studies are recommended to measure how civility promotion skills and knowledge benefit students as the students transition into practice and over time. Further research is also recommended to measure which actions and decisions have greater

success in sustaining civility in nursing programs. A final consideration for future studies would be to correlate how civility promotion actions or decisions effect retention and satisfaction among students and faculty in nursing programs of all levels.

Implications

Positive Social Change

The findings of this study provide substantial evidence on how civility promotion actions and decisions have the potential to advance social change by improving the way nurses are educated and prepared with skills to improve healthcare outcomes. Civility promotion actions guide students in developing skills for self-regulation of civil agreements, communication, and awareness needed to advance positive changes within learning and work environments. Guiding students towards self-regulation requires a knowledge of civility, as an ethical component of nursing practice, both as a student and after transitioning to practice as a new graduate nurse (Clark, 2017a; NLN, 2017). As new nurses bring forward their skills and knowledge for promoting civility, there may be a reduction in workplace incivility, which could improve patient safety (Laschinger, 2014). Overall improvement in civility in the healthcare workplace, with new nurses empowered with civility skills, has the potential to effect social change by improving overall patient outcomes, nurse retention, and promoting positive workplace environments (Joint Commission, 2015). The implications of the findings of this study are aligned to previous suggestions indicating civility as an ethical and professional nursing value (Authement, 2014). Raising awareness to civility and gaining knowledge of civility solutions also have the potential to effect social change by improving learning

environments and relationships among faculty and students (Clark, 2017b). Participants of this study provided examples of how civility promotion actions are preparing students with civility communication skills and knowledge to meet recommendations by professional nursing organizations (ANA, 2015a; NLN, 2017) and regulatory agencies (Joint Commission, 2015) for preparing new nurse graduates for improving civility in the workplace.

Theoretical Application

The theory of bioethical symphonology, which included critical ethical concepts, was applied to interpret findings of the study. In the application of this theory to civility promotion, the process of symphonology involves specific agreements to be made and supported by ethical decisions and actions (Husted et al., 2015). In this study, students and faculty had implicit agreements to become autonomous in civility actions and decisions after gaining knowledge and awareness of civility situations. Autonomy is a crucial concept of this theory, which was demonstrated by faculty in their choices, and by their actions to empower students towards greater civility promotion knowledge and skills. This theory also recognizes the important concepts of freedom, objectivity, beneficence, and fidelity, all of which lead an individual to make decisions (Husted et al., 2015). The appropriateness of the use of this theory in nursing education is apparent by the implicit ethical values supporting civility promotion as a means to support students in the development of their professional identity. By gaining awareness to situations of incivility in nursing education and practice, nurse faculty are guided in their decisions to promote civility through role modeling civil communication and behaviors.

Conclusion

Nursing educators and students are bound to ethical expectations to be caring, compassionate, and respectful in all professional interactions (ANA, 2015b). Additionally, the principal responsibility of nurse educators is to promote, demonstrate, and integrate professional principles throughout the nursing program (Goodolf, 2018). In the findings of this study, nurse faculty described strong ethical components which were aligned to their civility promotion actions and decisions. Civility promotion strategies included varied types of communication and collaboration between faculty and students. Faculty awareness to situations of incivility, and their autonomy in taking action were also related to choices in how they promoted civility. The results of this study revealed four themes which were aligned to prior research and added to the existing knowledge of civility promotion actions and decisions used by prelicensure, baccalaureate nurse faculty. The findings of this study are relevant for nurse educators seeking opportunities to improve civility in nursing education, prepare new graduates with civility knowledge and skills, and improve the quality of civility in the healthcare workplace.

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[01/resources/Interviewguidelines.pdf](http://home.utah.edu/~u0326119/Comm4170-01/resources/Interviewguidelines.pdf)

Appendix A: Interview Guide

Interview Script

Researcher: Hello _____, I appreciate you agreeing to this interview.

The purpose of my study is to explore civility promotion practices used by baccalaureate nursing faculty in CCNE accredited pre-licensure programs. You have received my previous email regarding consent and consented to this interview. As a reminder, I am will be recording our conversation using the Zoom platform recording function and additionally using a computer audio voice recorder. At the end of the interview, I will test and review the interview to be sure there were not any technical difficulties. In the event we do get disconnected, you should be able to call back or log on with to our Zoom meeting room using the identification information included in the email. At the end of this interview, I will transcribe our conversation, verbatim, so I can use the written transcript for data analysis. I will email you a copy of the transcript, for you to review. You are welcome to provide additional insight or clarify any part of the previous transcribed conversation. Prior to beginning this interview, it is important that you are in a safe, quiet place and will have at least 45 to 60 minutes answer the questions. If you are not able to do to meet the time and safety conditions at this time, we could reschedule. Are you able to continue under these stipulations?

Participant response:

Researcher: Do you have any questions prior to beginning the interview?

Participant response:

(Allow for Researcher follow-up if needed)

Researcher: Okay, if you have no (other questions), may we begin?

Researcher: Question 1, What are your responsibilities as a full-time faculty member of a pre-licensure BSN program?

Participant response:

Researcher: Question 2, How long have you been teaching at this level?

Participant response:

Researcher: Question 3, What are your professional nursing and educational credentials?

Participant response:

Researcher, Question 4, How do you define civility within your practice?

Participant response:

Researcher: (Allow for follow-up or clarification) Thank you for answer.

Researcher: Question 5, How have your past civility or incivility experiences influenced your actions and choices for promoting civility among students and faculty?

Participant response:

Researcher: (Allow for follow-up or clarification) Thank you for answer.

Researcher. Questions 6, What professional values or principles influenced your civility solutions?

Participant Response:

Researcher: (Allow for follow-up or clarification) Thank you for your answer.

Researcher, Question 7, Share some examples of strategies which improved civility in your practice.

Participant response:

Researcher: (Allow for follow-up or clarification) Thank you for answer.

Researcher, Question 8, What other insights would you like to share about your decisions and actions for promoting civility?

Participant response:

Researcher: (Allow for follow-up or clarification) Thank you for answer.

Researcher: I have no more questions. Do you have any questions for me?

Participant response:

Interviewer: I want to thank you again for your participation. You have my contact information and may reach out to me if you have any other thoughts or insights that you would like to share. I will follow up with you, by email, in the coming week to provide you with a transcript of this interview and will be mailing you a gift card for your participation today. Enjoy the rest of your day! Goodbye!

Appendix B: Email to Directors of CCNE BSN Programs

Dear (*Program Director*),

The purpose of this email is to reach out for assistance in finding qualified participants to volunteer for my dissertation study in partial fulfillment of my PhD in Nursing, with concentration in education. The phenomena of interest for my study is civility promotion decisions and actions of pre-licensure, baccalaureate nurse faculty. My purpose for this study is to learn how baccalaureate nursing faculty choose and develop strategies to promote civility in their practice. I am seeking volunteers who are full-time, pre-licensure, baccalaureate nurse educators, who have lived experiences of civility promotion solutions in their academic practice. I plan to conduct my individual interviews using an online web-conferencing platform allows for online and telephone audio meetings. The participants could expect the interview to last between 45 to 60 minutes. Any interested volunteers will be asked to complete an Informed Consent statement which be provided by email.

Any interested volunteers can respond to my email XXXXX or call me at by cell phone XXX-XXX-XXXX. I appreciate your time and assistance in this request.

Kind Regards,

Brooke Russo, RN, MSN

Appendix C: Example of Study Volunteer Invitation Email to Faculty

Hello _____ Participant Name _____,

You are receiving this research volunteer invitation email because you a nursing faculty, possibly teaching prelicensure, baccalaureate nursing students and having experience with promoting civility within your academic practice. My name is Brooke Russo. I am a PhD nursing student seeking volunteers for my dissertation study. The purpose of this study, *Civility Promotion Actions of Nurse Faculty Teaching in Prelicensure, Baccalaureate Programs (Walden University IRB #06-06-19-0067963)* is to explore how prelicensure, baccalaureate nursing faculty approach and take action with civility promotion in didactic and clinical teaching. Criteria for volunteers would require experience in civility promotion and teaching prelicensure, BSN students in a full-time capacity.

I am in need of volunteers who would be willing to participate in 20 to 30-minute, individual web conference interviews using Zoom. Zoom allows for connecting by telephone or computer and audio recording of the interview. The interviews will be scheduled at a time conducive to the volunteers' schedule. Consent forms will be emailed to participants prior to participation, with a request for emailed consent. As a further measure of trustworthiness of the data analysis, volunteers will be asked to participate in member checking which allows the volunteer to review the researcher analysis of their interview transcripts. Member checking will be voluntary and will occur by email. Steps will be taken throughout participation with volunteers to ensure confidentiality of their identity and the identity of the organization.

Thank you for your time and consideration! If you are interested in volunteering in this study, you can contact me by email, XXXXX , or by cell phone, XXX-XXX-XXXX.

With appreciation,

Brooke S. Russo, MSN, RN

Appendix D: Member Checking Email Examples

Dear Participant,

I greatly appreciate your participation in my study. I am returning a copy of the transcribed interview that occurred on _____. I would appreciate your assistance in reviewing the transcript for accuracy. You may provide any edits or corrections that you feel are necessary. I also invite you to provide any other insights to this topic which this transcript or the interview experience evoked after our conversation. A final request would be to ask if you are willing to share any civility promotion documents, such as program policies or handbooks, as additional data to analyze in conjunction with your transcript. Your name, the name of your institution, and the name of the nursing program would not be revealed in the study. In parting, I want to extend my thanks to you for your time in volunteering for my study and your contribution to the knowledge of civility promotion practices.

Sincere regards,

Brooke S. Russo, MSN, RN

Appendix E: Example of Coding and Categorization Organization Grids

ID	In Vivo Codes from Interview Item #4	Descriptive Coding	Categories
A	“... treating our colleagues and our patients with respect”.	Mutual Respect	Value-based choices
	. we are not always going to agree...”	Practicing Tolerance -----	
	“way you want to be treated”	Conflict Resolution	----- Civil communication
	“...using ‘I’ statements		
B	“treating people with respect.”	Mutual respect	Value-based choices
	“Believing”	-----	----- Civility
	“Giving ... time to respond”		Communication
	“Taking suggestions”	Active Listening	
C	“Mutual Respect”	Mutual Respect	Value-based choices
	“Valuing”		
	“Trust”		
D	“Treat other people the way you would like to be treated “	Mutual Respect	Value-based choices
	“treat them better than you would like to be treated”	Integrity -----	----- Civil Communication
	“giving constructive criticism”	Civil Feedback	
E	“work with all sorts of different people with different backgrounds “	Mutual Respect	
	“treating everyone as I would like to be treated. “	Valuing Diversity	Value-based choices
	“golden rule “		
	“very politely try to address it” not to let things just slide		