The Relationship Between Nurse Educators' Self-Reflection and Reflection on their Peers in Regard to Incivility.

A dissertation submitted

by

Kelly A. Cole

to

Bryan College of Health Sciences

in partial fulfillment of the requirement

for the degree of

DOCTOR IN EDUCATION

with an emphasis on

Nursing Education

This dissertation has been accepted for the faculty of

Bryan College of Health Science by:

We hereby certify that this dissertation, submitted by your name, conforms to acceptable standards and fully fulfills the dissertation requirements for the degree of Doctor in Education from Bryan College of Health Sciences

Marilyn Moore, EdD
Chair

_____

Marcia Kube, EdD, RN, CNE
Committee member

_____

Lin Hughes, RN, BSN, MS, PhD, CNE
Committee member

_____

Dedication Page

This dissertation is dedicated to my family who have put up with all of my educational endeavors over the years, consistently supported me, never once doubted me, and loved me unconditionally through it all. Quite simply, I am who I am because of all of you.

To my parents, Jerry and Linda Satterfield. Thank you for instilling in me the drive and desire to help others. I have always mused that the daughter of parents who were a Firefighter/Paramedic and a Nurse/Firefighter/Paramedic was genetically destined to care for others. Thank you for that. Mom, a special thanks to you, for showing me that a woman can be so much more than "just a nurse" and take herself in so many directions with such an amazing career! To my mom, her sister my aunt Betty Lou Whalen, and their mother my grandmother Ladonna Westbeld, thank you for laying the history and groundwork that led to me being a third-generation nurse.

To my husband, Jason Cole. My biggest cheerleader, supporter, and encourager. You have always had faith in me, even though it probably seems as if I have been in school in some form or another ever since the moment you met me almost 24 years ago. It seems inadequate to say simply this . . . Thank you, and I love you. Always. Forever.

To my children, Thomas Cole and Garrett Cole. Thank you so much for letting your mom literally go to school at the same time as you for a large part of your lives. If your mom can earn a doctorate, you can do anything you set your mind to. Never give up. Keep dreaming, do big wonderful things, and make the world a better place. Always know this . . . I will love you forever, and my greatest accomplishment is none of my degrees, but the two of you.

Acknowledgements

I would like to express my heartfelt thanks to all of the nursing instructors I have been blessed with. From my CNA course at Community Hospital in Springfield, Ohio; to my LPN at North Central Kansas Area Vocational Technical School, my ADN at North Central Kansas Technical College, and my BSN and MSN at Fort Hays State University, all in Hays, Kansas; to my EdD at Bryan College of Health Sciences in Lincoln, Nebraska. Thank you all for being an important, significant part of my journey.

I would like to thank every friend, co-worker, administrator, and manager I have been honored to navigate through this professional journey with over the past 30 years. I have continued to grow and always learn because of each and every one of you.

My thanks and appreciation to every patient, family member, and student that I have been honored to care for and to teach. So very many people and experiences have been forever imprinted in my heart and mind. I am a better person, nurse, and educator because of all of you.

To my classmates that I have traveled along this EdD trail with over the semesters… Jana, Amanda, Shelly, Kelly, Laura, Kristen, and Jen, even though our time as classmates was short, I am glad that you were a part of my journey at different points. Keep being awesome – you are so close!!!! To my classmates from the beginning, our small but amazing group - Cathy, Angela J, Jessica, Krystal, and Angela M – to get to know you has been a great gift. Thank you so much for the inspiration, collaboration, and long-distance friendships. WE DID IT!!!!!!

To my dissertation committee – when I first received notification of who was on my committee I was beyond intimidated. I quickly learned how lucky I was. Dr. Lin Hughes, it was an honor to have your assistance and expertise to guide me. Dr. Marcia Kube, you guide, teach, and lead with grace and professionalism, and you can walk even the most technically challenged individual through confusing waters so effortlessly – thank you for everything. Dr. June Smith, while not technically a committee member, as my statistician you were also one of my biggest supporters over these last several months. You helped me navigate and understand so very much. I can't thank you all enough.

Dr. Marilyn Moore, my dissertation chair. I could not have been more blessed to have had such an amazing individual to guide, motivate, inspire, challenge, and encourage me. The time I have been able to spend with you throughout this journey has touched my soul. You have graced the educational journeys of so many, and I am one of those lucky individuals. It seems almost inadequate to say, but from the bottom of my heart, thank you so very much.

Abstract

Incivility has a direct impact on nursing education including recruitment and retention as well as job satisfaction. An opportunity exists to explore reflections on the workplace civility behaviors of self and peers, and how those reflections and relationships can improve civility in nursing education. The purpose of this study was to examine the relationship between self-reflection of civility related behaviors and reflection on the perceived behavior of peers, by nurse educators working within pre-licensure RN programs in the Midwest. The instrument utilized for this study was the Clark Workplace Civility Index © (WCI) which was adapted to collect data from a sample of 82 nurse educators practicing in associate degree and bachelor degree pre-licensure nursing programs in the Midwest. Participants were chosen by convenience sampling for this quantitative, correlational study.

The results indicated a positive relationship between how participants reflected on their overall civility and that of their peers, as well as in regard to specific civility behaviors. In addition to many descriptive points, results demonstrated that participants most often scored themselves higher than their peers, that total civility scores for both participants and peers were higher when civility related activities had actively and successfully taken place, and that participants indicated that the tools and processes within the study would be beneficial within their own programs. Study findings indicate that further investigation into self-reflection and reflection on peers in regard to incivility is warranted to build solid efforts at improving civility in nursing education.

Table of Contents

.

LIST OF TABLES

TABLE PAGE

The Relationship Between Nurse Educators' Self-Reflection and Reflection on their Peers in Regard to Incivility.

CHAPTER I: INTRODUCTION

This chapter identifies the purpose, background, and rationale for this study. The research questions, assumptions, delimitations, and definition of terms are also detailed. The chapter closes with discussion on the significance of the study.

Purpose of the Study

The purpose of this study was to examine the relationship between self-reflection of civility related behaviors and reflection on the perceived behavior of peers, by nurse educators working within pre-licensure RN programs in the Midwest.

Background and Rationale

Incivility has a direct negative impact on nursing education. Incivility is perpetuated by the behaviors, attitudes, and actions of students and nurse educators alike. Incivility interferes with learning, living, and working in nursing education (King & Piotrowski, 2015; Sauer, Thompson, & Verzella, 2018; Thompson, 2019). Adverse outcomes associated with incivility could lead to the loss of nurse educators, necessitating efforts to learn as much as possible about incivility, its impacts, and what can be done to mitigate it.

Research Questions

The primary research question for this study was: What is the relationship between nurse educators' self-reflections of their behaviors and their reflections of their peers' behaviors? The secondary research questions included: What are the scores of

nurse educators' self-reflection of their behavior in the workplace? What are the scores of nurse educators' reflections of their peers' behaviors in the workplace? What is the overall reflection of the civility of nursing education as a profession? What activities and interventions directed at civility are recognized as needed and beneficial? What activities and interventions related to civility, which have previously been implemented, are upon reflection considered successful?

Assumptions

There were assumptions associated with this study. The first assumption was that all participants would be nurse educators teaching in either an Associate Degree or Bachelor of Science in Nursing program. It was also assumed that participants would have had experience with both civil behaviors and incivility. Finally, it was assumed that participant responses would be guided with veracity.

Delimitations

Delimitations identified for this study include the inclusion and exclusion criteria. Inclusion criteria include working as a nurse educator in a pre-licensure RN program in the State of Kansas or the State of Oklahoma. Exclusion criteria include working as a nurse educator teaching solely in any other nursing or nursing related program, and any educator teaching solely in a program other than nursing.

Definition of Terms

The following operational definition was used in this research study: Incivility is any behavior, action, or communication (experienced or witnessed) that occurs between

nurse educators and causes distress, discord, disengagement, or causes a person to feel as if they have been harmed, disrespected, or mistreated.

Significance of the Study

Incivility creates a disruptive effect throughout the overall academic setting. (LaSala et al., 2016; Rawlins, 2017; Sauer et al., 2018). Nearly 94% of faculty members surveyed by Clark and Springer (2007a) perceived incivility as a moderate to serious problem in the academic environment. Cortina and Magely (2009) noted that 75% of university employees surveyed had experienced uncivil behavior at least once or twice in the past year. Impacts of incivility in nursing education include increased job stress, psychological distress, burnout, lowered commitment to job and training, limited support, and decreased empowerment, self-esteem, and confidence (Clark, 2013; Clark, 2019; Kaiser, 2017). In exploring the causes, influences, occurrences, and impact of incivility in nursing education, a review of the literature demonstrates a gap in the research related to self-reflection, self-evaluation, and perceptions of incivility in the academic setting.

This study and its outcomes add to the developing body of knowledge surrounding incivility in nursing education. The significant outcomes of the study provide direction and guidance for faculty and administration working toward developing more civil work environments. Future potential research developing from this study will strengthen the understanding of faculty experiences with incivility as well as continuing to assist with efforts within programs. Ultimately, this study connects directly to potential positive

outcomes for nursing faculty, nursing programs, nursing students, and eventually patients.

CHAPTER II: LITERATURE REVIEW

This chapter provides a review of the research related to incivility in nursing education. The review of the literature provided insight into critical themes, including causes, uncivil behaviors, reactions, impacts, and interventions. Key sub-themes are also recognized. There are many areas related to incivility that are yet to be explored, especially regarding reflection, recognition, and best practices. This review of literature provides the basis for this study on incivility in nursing education. The following sections explore the contexts, themes, and sub-themes for this topic.

Historical Context

Incivility is a part of everyday life. It is experienced at work, while shopping, and while learning. Many of us are guilty of uncivil behavior on occasion. Nurses and nurse educators have both experienced and witnessed incivility in many forms. Incivility has a direct negative impact on nursing education. The adverse outcomes associated with incivility too often can lead to the loss of faculty and potential nurses. In a profession that often struggles in so many ways to have adequate numbers, we genuinely need to learn all that we can about incivility, how it impacts everyone it touches, and what we can do.

Incivility is a behavior that may be intentional or unintentional. Intentional incivility may include behaviors such as intimidation and exclusion. Unintentional incivility may include behaviors such as inattention and tardiness. Incivility interferes with how we learn, live, and work in nursing education, affecting both students and faculty (Altmiller, 2012; King & Piotrowski, 2015; Penconek, 2015;

Sauer, Thompson, & Verzella, 2018; Thompson, 2019). Incivility can result from something as simplistic as a misunderstanding or misinterpretation but can also result in intense manifestations with lasting detrimental effects. Intentional incivility is synonymous with bullying and "interpersonal mistreatment" as it is a behavior that actively seeks to cause harm (Clark, 2008; Frisbee, Griffin, & Luparell, n.d.; Jensen, Ahmad, King, & Lee, 2016; Misawa & Roland, 2015; Nicholson & Griffin, 2017; Weber Shandwick & Powell Tate, 2019).

As in any profession or situation, there are varying forms that incivility can take in nursing education. Incivility in nursing education can originate with students, faculty, or administration. Incivility can be top-down (administration v. faculty, faculty v. student), lateral (faculty v. faculty, student v. student), or bottom-up (student v. faculty, faculty v. administration) in direction (Johnson & Rea, 2009; Marchiondo, Marchiondo, & Lasiter, 2010; Thomas, 2018).

Ethical Considerations

Lasala et al. (2016) focused on surveying nursing program administrators regarding the consequences of incivility. All of the administrators shared that they had been the target of faculty versus faculty incivility that violated the Code of Ethics. All of the varied incivility descriptors and examples discussed in this review are inconsistent with the behavior expected of nurses according to the American Nurses Association's (ANA) Code of Ethics (ANA, 2019). The language from the ANA speaks directly to incivility and how nurses should practice and act.

Provision one of the code states, "The nurse practices with compassion and respect for the inherent dignity, worth, and unique attribute of every person" (American Nurses Association, 2019, p. 1). Section 1.5 of this provision addresses our relationships with those individuals and others. It states that while functioning in our many roles, one of which is educator, that we maintain professionalism while extending respect to all that we encounter. The code charges us with fostering an environment and culture that is rich in ethics, civility, and kindness (American Nurses Association, 2019).

Provision five of the code states, "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth (American Nurses Association, 2019, p. 19). Section 5.1 of this provision addresses duties for which we are responsible to ourselves and others regardless of our background stories. This responsibility includes fostering worth, dignity, respect, character, and integrity (American Nurses Association, 2019).

Section 5.3 of this provision addresses the maintenance of our character as nurses and takes into consideration both our personal and professional attributes and values. Expectations include fostering authentic expression, ethical decision-making processes, and open discourse and exchanges while maintaining our character. Educators and students need to be wary of the use of undue influence, coercion, and manipulation (American Nurses Association, 2019).

Provision six of the code states, "The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting

and conditions of employment that are conducive to safe, quality, care" (American Nurses Association, 2019, p. 23). Section 6.1 of this provision addresses the environment and moral virtue. It holds that our virtues are connections to our character and our obligation to do what is right. It states that virtues and integrity are what make us "good nurses" and are directly connected to the outcomes for which nursing strives. The code supports that our virtuous environment includes factors such as caring, communication, dignity, generosity, kindness, moral equality, prudence, respect, and transparency that apply to all of us as nurses and anyone that we encounter. (American Nurses Association, 2019).

Section 6.2 of this provision addresses the environment and our ethical obligations, what we do as moral individuals that is good and bad, right and wrong. It charges us with the responsibility of creating a culture and environment that is rich in excellence and support. This charge includes the development of our work environments to foster sound policies and procedures, clear expectations, ethical practice, and professional growth. Ultimately the environments that we create support the values of our profession and are supportive of everyone within them. (American Nurses Association, 2019).

Section 6.3 of this provision addresses our responsibility within our environment as nurses. It emphasizes that we are responsible for maintaining respect, support, and professionalism. It charges our leadership with assuring that they engage, empower, and treat fairly and justly all within the environment. The code encourages nurses to work as advocates for appropriate workplace actions and positive changes. It emphasizes that our

workplaces should be safe places that support and balance the interests of all involved (American Nurses Association, 2019).

These guidelines are not limited to nurses practicing in the clinical setting. They apply to all nurses, including nurse educators. The ANA's Code of Ethics clearly outlines the many ways in which incivility is unethical behavior for all nurses, including student nurses and nurse educators.

The literature in this review provides examples of how nurse education struggles with uncivil and unethical behaviors and actions in a multitude of ways. However, there is minimal discussion related to how the prevalent incivility compromises the ethical nature of our profession. Education will need to focus on modeling and understanding of ethical and civil behaviors of educators, students, and practicing nurses. Leadership will set the tone of the environment while modeling and change promotes respect and civility (Parse, 2016).

Themes

The following sections will review the themes and subthemes discovered throughout the literature review. In some areas, the discussion pertains to either students or faculty separately. In other areas, the discussion applies to both populations. Many studies included both faculty and students in their samples. While incivility may occur with administration, this was not explored in depth in the literature review and will be addressed in a limited nature.

Causes of incivility.

Causes of incivility can take many forms. External or environmental causes, as

well as internal factors, can lead students or faculty to display uncivil behaviors. Causes of incivility was a frequent aim of research questions in this review. These causes may be unique to students or faculty, or they may be shared and experienced by both.

Student entitlement and consumerism. Entitlement and consumerism are causes of student incivility mentioned frequently in the literature. Entitlement and consumerism drive the belief of the student that no matter the level of effort they put forth, they should receive good grades without the onus of responsibility (Clark, 2008; Swartzwelder, Clements, Holt, & Childs, 2019). Often this is what they are accustomed to, what they expect, or what they believe that they deserve because they have paid for it. Students may also assume the faculty operate on a fee for service basis (Swartzwelder et al., 2019).

Academic entitlement was linked to uncivil student behavior by Kopp and Finney (2013) by the use of an Academic Entitlement Questionnaire; they noted that entitlement is associated with other dysfunctional behaviors such as avoidance and decreased effort. Jiang, Tripp, and Hong (2017) found in their study on the effects of academic entitlement that the most commonly displayed entitlement behavior was students asking for concessions such as grade changes because they have always earned A's before. They also noted that students might deflect responsibility for the earned grade onto the instructor or others. Laverghetta (2018) surveyed undergraduate students and found "robust" correlations (p <.0001) between the scores received from the Academic Entitlement Scale and scores received from the Consumerist Attitude Scale.

Student anti-intellectualism and gender bias. Anti-intellectualism is distrust and aggression directed towards intellectuals. Laverghetta (2018) found strong correlations

between anti-intellectualism scores and scores related to classroom incivility ($p<.0001$), academic entitlement ($p<.0001$), and consumerist attitude scales ($p<.0001$). Gender bias can also elicit incivility from both male and female students. Male nursing students often feel as if they receive more physically demanding assignments and that expectations are higher for them. In contrast, female students feel that faculty treat male students more favorably and communicate better with male students (Altmiller, 2012).

Student control and stress. Issues related to control, or more precisely lack of control, that lead to uncivil student behavior can take several forms. As students struggle in dealing with the loss of control, their outward manifestations of the situation become uncivil. Merely becoming a nursing student is a stressful undertaking that can lead to incivility related to workload, school-life-work demands, and competition for grades and program placement (Clark, 2008). Altmiller (2012) found in their survey of 24 junior and senior nursing students that students often feel as if they have lost control over their world because of all of the stress, citing feelings of helplessness and hopelessness. Additionally, Kopp and Finney (2013) found that students' beliefs that their success comes from sources beyond their control such as luck, fate, the skill of the instructor, or bias correlate to entitlement.

Student reaction to criticism or poor grades. Uncivil behavior resulting from a student receiving criticism or a less-than-desirable grade can take many forms and is often connected back to entitlement (Jiang et al., 2017). A student may request a make-up or an extension not afforded to others, or they may demand a passing grade when their earned score reflects failure. These behaviors are not only seen as uncivil by faculty, but

also by peers (Smith, 2018). Luparell (2004) found that 23 out of 36 reported critical incidents of student incivility: such as verbal disrespect, aggression, hostility, and direct threats: occurred following students receiving criticism.

Faculty control. Faculty incivility related to control can be due to constraints placed on the faculty by others, or by a faculty member's perceived lack of control over their situation. The need for coworkers or supervisors to control others can prompt uncivil behaviors (Wright & Hill, 2015). Faculty who have been in their positions for some time, or who are perhaps tenured, may fear the loss of control for any number of reasons such as job security, income, and comfort level (Davis, 2014; LaSala, Wilson, & Sprunk, 2016).

Faculty stress and the environment. Nursing education is a high-stress environment, and nurse educators are products of their environment. What we experience directly and indirectly on a daily basis affects us on multiple levels. The educational environment in which faculty practice whether it be the lecture hall, skills lab, simulation center, clinical site, or online can itself foster incivility and create a disruptive snowball effect throughout faculty as well as the students and the overall academic unit (LaSala et al., 2016; Marchiondo et al., 2010; Rawlins, 2017; Sauer et al., 2018; Smith, Andrusyszyn, & Laschinger, 2010). Faculty to faculty incivility within the education environment is often a reason given when faculty leave their positions and can lead to difficulty in recruitment (Clark, 2013, 2019; Wright & Hill, 2015).

Nearly 94% of the 32 faculty members surveyed by Clark and Springer (2017a), perceived incivility as a moderate to serious problem in the academic environment.

Workplace incivility can lead to increased job stress and psychological distress (Cortina & Magely, 2009). As with any area within healthcare, faculty often experience overload in work assignments, lack of role and expectation clarity, disorganization, lack of training and mentoring, strained resources, and toxic leadership (Clark, Sattler, & Barbarosa-Leiker, 2018). Previously discussed elements such as student entitlement and uncivil classroom behaviors by students can directly impact the working environment, in turn, lending to incivility (Sauer et al., 2018; Smith, 2018; Swartzwelder et al., 2019).

Faculty arrogance. Just as student entitlement and anti-intellectualism are causes of incivility, so is faculty arrogance. Arrogance in nursing faculty creates barriers and discord. Clark and Springer (2007b) noted arrogance as both an uncivil faculty behavior observed by students, and a cause of incivility experienced by both students and faculty. Arrogance and incivility can present as attitudes of superiority (Clark, 2008) or come from individuals in positions as superiors (Kabat-Farr, Cortina, & Marchiando, 2018).

Unprofessional and uncivil behaviors.

According to Weber Shandwick and Powell Tate (2019), 80% of Americans have reported experiencing uncivil behaviors at some time. Students might not expect a nurse educator to act in an unprofessional manner, and educators hope students learn professionalism quickly. However, incivility manifests itself in a variety of actions in nursing education. Sometimes these behaviors are specific to either students or faculty, but often the themes are common for both. Incivility behaviors can be exchanged and directed faculty to faculty, student to student, or between faculty and students. Uncivil

behaviors can be caused by factors that apply to both faculty and students, including jealousy, competition, demands, and expectations. Faculty also face civility issues related to salary, tenure, promotion, research, advancement, and productivity (Wright & Hill, 2015). In one study, almost 88% of the 152 senior nursing students surveyed reported having experienced uncivil behaviors from faculty (Marchiondo et al., 2010). Another study reported that as many as 93.2% of the 397 geography faculty surveyed reported experiencing uncivil or inappropriate classroom behaviors by students (Alberts, Hazen, & Theobald, 2010).

Poor communication. Both students and faculty alike can be found guilty of incivility in their communications within the academic environment. Clark (2008) utilized the Incivility in Nursing Education survey with 125 nursing faculty and 164 students and noted that both groups agreed that effective communication is needed for civility to occur. Unprofessional faculty behaviors relating to communication include speaking negatively about students when unnecessary, providing students with unclear expectations, and condescension. Inadequate or inappropriate communication skills also include the use of inappropriate comments or gestures, using the "silent treatment," verbal and written threats, failure to answer questions or provide clarification, and gossip (Altmiller, 2012; Clark, 2008; Clark & Springer, 2007b; LaSala et al., 2016; Williams, 2017; Wright & Hill, 2015).

Student behaviors related to uncivil communication include inattention, hostile comments, use of profanity, interruptions, and sidebar discussions (Alberts et al., 2010; Frisbee et al., n.d.; Lashley & de Meneses, 2001; Sauer et al., 2018). Incivility noted in

the literature as familiar to both faculty and students is often associated with inattention, specifically the use of cell phones and computers during classes or meetings, and interrupting others (LaSala et al., 2016; Wright & Hill, 2015). One study noted that students reported that the most encountered peer incivility was when peers would interrupt or speak over each other (Sauer, Hannon, & Beyer, 2017).

Power and equality. The educator-student relationship is a dynamic one, and naturally entails a degree of leadership on the part of faculty and followership on the part of students. There are also expected leadership-followership routines within the educational unit. However, there are instances when power is heavy-handed or over-used, perhaps even roles are reversed, and incivility occurs. This section reviews faculty versus faculty, student versus student, and faculty versus student power and equality struggles.

Faculty versus faculty power and equality. Faculty may experience power issues from fellow faculty. Cortina and Magely (2009) noted that 75 % of the 1711 university employees surveyed had experienced uncivil behavior at least once or twice in the past year. 27 % of Americans have experienced bullying or abusive situations at work, while 21 % have witnessed these situations (Namie, Christensen, & Phillips, 2014).

When exploring faculty versus faculty interactions in the literature, a common theme is incivility directed towards new faculty. This incivility often occurs as administration and seasoned faculty assert their power over the new faculty, fail to collaborate with new faculty, or publicly criticize new faculty (Burger, Kramlich, Malitas, Page-Cutrara, & Whitfield-Harris, 2014; Green, 2018). Peters (2014) noted that

new nursing faculty often feel as if they are being rejected by their colleagues, that colleagues want them to fail, and that colleagues are possessive and territorial. Faculty versus faculty incivility is also evident when faculty unnecessarily challenge the knowledge or credibility of other faculty (Clark & Springer, 2007a).

Student versus student power and equality. In student v. student dynamics, power and inequality often result in incivility when there is competition or intimidation among peers (Altmiller, 2012). Sauer et al. (2017) noted that almost 98% of 87 students surveyed reported competition among peers as an issue. Related behaviors reported by students include dominating the class, racial or gender bias, and threatened or actual violence (Clark, 2008; Sauer et al., 2018).

Faculty versus student power and equality. In the faculty-student dynamic, incivility related to power or inequality can occur from the top-down or bottom-up. Common issues in these areas regarding faculty incivility directed towards students include intimidation, exercising power over students, threatening or targeting students for failure or removal from the program, belittling or devaluing students, showing favoritism, retaliation against students when questioned, and failure to control the classroom (Altmiller, 2012; Clark, 2008; Clark & Springer, 2007b; Mott, 2014). Student incivility directed towards faculty in this area includes challenging faculty knowledge and credibility, late arrival to or early departure from class, pressuring faculty to accept student demands, and unnecessarily low or harsh student evaluation scores and comments (Clark, 2008; Clark & Springer, 2007a, 2007b; Frisbee et al., n.d.).

Faculty and student academic incivility. The literature review emphasizes that academic misconduct equates to incivility. Academic misconduct, or academic incivility, are terms often applied to the actions of students. However, it is not one-sided and can include a variety of occurrences. Faculty can also be guilty of inappropriate academic activity. Student actions regarded as incivility include cheating, skipping class sessions, repeated late arrivals, coming to class unprepared, and disruptive behaviors in class and at clinical (Clark, 2008; Clark & Springer, 2007b). Faculty actions regarded as academic incivility include poor teaching styles or methods, subjective evaluation, poor classroom management, and bullying students (Clark, 2008; Del Prato, 2013). Additionally, many of the themes previously discussed are also often discussed in regard to academic incivility.

Locations where incivility occurs.

The causes and behaviors reviewed can take place in any number of locations or areas. Most often, incivility involving students occurs in the lab or classroom, but the themes that have been previously discussed can also arise at clinical sites and even online. Faculty incivility can occur throughout all of these settings, as well as in trainings, meetings, break rooms, or office areas.

Online learning environments. Online uncivil behaviors can include many of the themes previously discussed but can take different forms based on the platform provided in the online learning environment or via social media (Clark, Ahten, & Werth, 2012). Bartlett and Bartlett (2016) noted that both technology and incivility are increasing in higher education. This increase is also happening in nursing education. De

Gagne, Choi, Ledbetter, Kang, and Clark (2016) reviewed studies related to cyberincivility and found that social media posts made by students that were deemed as uncivil included postings related to alcohol or drug use, negative comments about coworkers, classmates, work, or their program, and photos or information relating to patients. Frequent student uncivil behaviors in the online learning environment include criticism or slurs based on race, religion, sex, ethnicity, or subculture (Clark, Werth, & Ahten, 2012). Clark et al. (2012) also noted that other uncivil online behaviors by students include taking credit for others' work, failing to fulfill group responsibilities, and inappropriate online discussion contributions

Clinical settings. The clinical setting is where it all comes together for students. Theory and skills meet, student minds brighten with new realization and understanding, and students can see evidence-based practice in motion as lives are changed minute by minute. However, clinical in the hospital and other learning environments provide additional settings for incivility towards students to occur, new perpetrators within the clinical facility staff and leadership, and the potential result of learned inappropriate behaviors (Tecza et al., 2018). Nursing students reported clinical incivility experiences including poor communication, criticism, shaming, disrespect, poor role modeling, lack of recognition, harmful behaviors, unnecessary pressure and demands, and humiliation (Ahn & Choi, 2019; Anthony & Yastik, 2011; Clarke, Kane, Rajacich, & Lafreniere, 2012; Martel, 2015; Thomas, 2018). Ruvalcaba, Welch, and Carlisle (2018) conducted a study aimed at examination and description of perceptions of incivility in students for whom English is their second language (ESL). It was noted that

ESL students perceived less exclusion and "total incivility" from staff nurses than non-ESL students (Ruvalcaba et al., 2018).

Reactions to and impacts of incivility.

The occurrences of and reactions to incivility will impact nursing education now and into the future. Studies show that as a direct result of incivility, nursing faculty and students alike experience burnout, poor working or learning conditions, a lowered commitment to job and training, limited support, decreased empowerment, decreased self-esteem, decreased satisfaction, decreased learning, and decreased confidence (Clark, 2019; Kaiser, 2017; Kerber, Woith, Jenkins, & Astroth, 2015; Smith et al., 2010).

Incivility also leads to negative impacts on psychological well-being, recruitment, and retention of both faculty and students (Clark, 2013; Kerber et al., 2015). Frisbee et al. (n.d.) surveyed 530 nurse educators regarding the impact of incivility on job satisfaction and intent to leave their organizations. 55% of the respondents indicated that they would be leaving their programs, the majority of those within five years or less. For many students, distress can carry over into their beginning careers as noted by Kerber et al. (2015) who surveyed 17 new nurses who stated that they had all witnessed incivility as students and new nurses and that as incivility permeates and continues, it can lead to decreased job satisfaction.

Approaches and interventions in dealing with incivility.

Throughout the literature, many strategies and interventions have been suggested as steps to deal with and mitigate incivility. Those most common and frequently mentioned include exercises and focus in mindfulness, reflection, and self-awareness,

empowering over enabling, as well as simulation and scripting exercises (Green, 2018; Marini, 2009). Sauer et al. (2018) conducted a study to determine self-efficacy and anxiety in junior-level nursing students during a pre-post simulation exercise focused on dealing with conflict. Before the simulation, 61.4 % of students stated they were extremely or moderately comfortable dealing with conflict; after the simulation, that percentage increased to almost 73%. Green (2018) offered mindfulness approaches to preparing for and dealing with incivility that focus on communication, attention and focus, breathing, strengths, exercise, and resource utilization. Clark (2019) described the use of cognitive rehearsal, which utilizes facilitation to discuss and rehearse addressing uncivil situations.

The literature emphasized that it is necessary to develop sound policies and procedures for dealing with incivility that can be adhered to and maximize effective communication throughout all aspects of the department, and that leadership is key in this process (Casale, 2017). Burger et al. (2014) describe how the use of symphonology, or framing, can help facilitate decision making and development of observations to strengthen approaches in dealing with incivility. Unfortunately, there is still the element of avoidance as a technique in dealing with incivility. Cortina and Magely (2009) noted that the majority of their respondents from education, legal practice, and federal courts attempted to deal with incivility using avoidance or minimization. Clark (2013) noted that while most of the 588 nursing faculty engaged in a survey agreed upon the importance of direct communication, they also were hesitant to address the issues due to concerns with retaliation and not being able to deal with incivility.

When considering theoretical context of incivility, it is important to note areas of paucity in the literature. While many of the studies discuss implications for practice and suggestions for action in relation to incivility, studies focusing on best practices that have resulted in change are not widely noted. Self-reflection and self-recognition are important concepts that nurse educators stress with students, yet studies relating to these topics and how they correlate with incivility among nurse educators are not readily found.

Theoretical Context

Focus, insight, and action are needed when dealing with incivility in not only nursing education but higher education in general. Two theories will serve as guiding frameworks for this process. Social cognitive theory and objective self-awareness theory will assist in connection and exploration into best practices, self-reflection, and self-recognition when dealing with incivility.

The social cognitive theory suggests that individuals are both active in their environment and influenced by it and that they learn and reproduce behaviors based on observations within that environment. It was initially developed by Albert Bandura as the social learning theory in the 1960s and further developed into the social cognitive theory in the 1980s. Social cognitive theory focuses on individuals as agents in the processes of development, adaptation, and change. Agency means that individuals are intentional, self-regulating, self-examining, and forethinking (Bandura, 2005). To effect positive outcomes concerning incivility, faculty and students alike will need to foster development and use of these attributes and processes within themselves.

This is not to state that change concerning incivility is an individual undertaking. Bandura (2005) emphasized that we do not live and work autonomously and that there are three modes of agency: individual, proxy, and collective. Individual agency involves our use of what we already know, feel, choose, and are motivated by when dealing with a particular situation. The use of proxy agency allows us to seek out the assistance of individuals that have the skills and knowledge needed to deal with a particular situation. Collective agency, which is what will drive efforts directed at incivility, enables us to combine shared skills and expertise to effect change. The use of all three forms of agency will be integral to focused and productive change regarding incivility in nursing education and other areas of higher education.

Initially developed in 1972 by Duval and Wicklund, the objective self-awareness theory has evolved over the years. The theory suggests that at any point in time, individuals can focus on themselves to self-evaluate with the potential outcome of changing their behaviors. Further exploration and testing into the theory over time have shown that when faced with a task that requires improvement on the part of the individual, the individual will take action when progress is positive (Silvia & Duval, 2001).

These theories provide the guidance needed in tackling incivility, an issue that has strong negative potential if not dealt with adequately. Faculty and students alike will need to be observant of occurrences of incivility in the classroom, lab, and clinical settings. Self-regulation and self-evaluation will be critical components as work moves

toward intentional and focused efforts, as well as collaboration and extension to include others in the change process.

Summary

This review of literature has emphasized that incivility in nursing education is a present threat to effective nurse education and outcomes. Incivility occurs in several locations and takes many forms. Incivility, while not always intentional, can come from multiple sources and be directed at a variety of individuals. Impacts and perceptions related to uncivil actions vary. Incivility violates human dignity and impacts the environment in which healthcare providers, educators, and students live, learn, and work (Parse, 2016).

Despite ongoing and dedicated efforts engaged in exploring the occurrence and impact of incivility in nursing education, this literature review demonstrated that there is a gap in the research on self-recognition, self-reflection, and best practices concerning incivility. Further exploration into these areas will help lessen the negative impact of incivility on nursing education, nursing practice, and patient care provision.

CHAPTER III: METHODS AND PROCEDURES

This chapter presents the methods and procedures that were used in this study. In addition, the sample size, data collection procedures, and Workplace Civility Index © will be described as well as statistical tests that were used to analyze the data.

Research Design

This quantitative study utilized a descriptive and correlational design. Quantitative studies help to examine relationships, allow for non-experimental use of surveys and instrument-based questioning, while still allowing for statistical analysis and interpretation (Creswell & Creswell, 2018). As the literature reveals an opportunity to explore self-reflection and self-recognition in regard to incivility, this study design helps to examine the connections and relationships between recognition of self, recognition of peers, and reflection on practices in regard to incivility.

Population and Sample

Participants, chosen by convenience sampling, were made up of nurse educators in the States of Kansas and Oklahoma. At the time of the study these nurse educators were working within pre-licensure RN programs (ADN and BSN). The participants include pre-licensure ADN or BSN nurse educators who disseminate knowledge in the classroom, provide simulation and laboratory education, and guide students in clinical experiences in a health care setting.

According to the State Boards of Nursing for Kansas and Oklahoma there are 59 higher learning institutions in the two states combined, with a potential accessible participant population of over 850 nurse educators. A request was sent to deans,

directors, and chairs of the programs introducing the study and asking for their assistance in dissemination of the Invitation to Participate to their faculty. In total, 20 deans, directors, and chairs forwarded the Invitation to Participate to 261 faculty, resulting in 82 participants (Table 1) completing surveys at a 31% response rate.

Inclusion criteria.

All full time, part time, adjunct, and visiting nurse educators working in pre-licensure RN programs (ADN and BSN) in the State of Kansas and the State of Oklahoma regardless of time as a nurse educator, rank, tenure status, age, sex, race or ethnicity were included. This included clinical instructors, lab instructors, simulation instructors, and lecturers. The criteria also included nurse educators who taught within multiple programs (e.g., nurse educators may teach in both LPN and RN, BSN and MSN, or BSN, and DNP programs). Nurse educators who would be considered members of vulnerable populations (ethnic or racial minorities, non-English speaking individuals, pregnant individuals, LGBTQIA individuals, etc.) but were still actively teaching and who met the inclusion criteria were not excluded.

Exclusion criteria.

Any nurse educator teaching solely in any other nursing or nursing related program such as LPN, CRNA, MSN, DNP was excluded. Any educator teaching solely in a program other than nursing was excluded.

Description of Setting

20 pre-licensure Registered Nursing (RN) programs in Kansas and Oklahoma participated in this study. The study focused specifically on Associate Degree Nursing

(ADN) and Bachelor of Science in Nursing (BSN) programs. These settings were chosen to provide a regional scope to the study.

Demographics

The National League for Nursing (NLN, 2017) notes the age groups for full and part time nurse educators as under 30, 30 to 45, 46 to 60, and 61 and older. It was anticipated that the age range for participants in this study would be mid-20s to mid-60s. Based upon 2018 data from the Integrated Postsecondary Education Data System (IPEDS) (NCES, 2018) for the 59 identified programs it was reasonably expected that participants could be male (52%) or female (42.5%) from any of the following groups: American Indian or Alaska Native – 1.1%, Asian – 6.5%, Black or African American – 3.5%, Hispanic or Latino – 2.6%, Native Hawaiian or Other Pacific Islander – Less than 1%, White – 79.2%, Two or more races – 1.5%, or Race/Ethnicity Unknown – 2.4%. It is noteworthy to report that these data are a very broad representation as IPEDS search terms only allowed for information related to race, ethnicity, and gender for all full-time instructional staff, and that the data are not specific to nursing. These data include all faculty ranks, instructors, lecturers, and educators without faculty status or academic rank.

Participants in the study sample ranged in age from under 30 to over 60. Participants were predominantly female (95.1%), with 3.7% male, and 1.2% other. Length of time practicing in education ranged from less than five years to greater than 20 years. 39% of the participants taught in ADN programs, 58.5% taught in BSN programs, and 2.4% taught in both ADN and BSN programs.

Instrumentation

The instrument that was utilized for this study was the Clark Workplace Civility Index © (WCI) which is an established and validated instrument created by Cynthia Clark, PhD, RN, ANEF, FAAN. The WCI consists of a set of 20 Likert-style questions. Permission to utilize the tool was obtained through email communication with Dr. Clark on March 5, 2020. The WCI, developed to "measure perceptions of workplace civility among individuals and groups within work environments," demonstrates both validity and reliability as evidenced by a Cronbach's alpha of .82 and factor analysis indicates factor loadings greater than .30, and as high as .55, for all index items except one (Clark, Sattler, & Barbosa-Leiker, 2018). The WCI was expanded for use in this study, as described in the procedure section below (Appendix A).

Procedure

Data collection procedures.

Approval to conduct this study and collection of data was obtained from Bryan College of Health Sciences Institutional Review Board (IRB). A letter of inquiry was then emailed to deans, directors, and chairs of the selected nursing programs to introduce the Primary Investigator, to describe the study and its purpose, and to determine if approval was needed through each program's respective IRB. An administrative assistant to the deans, directors, and chairs (if one was identified) was included in the emails as well. Two programs that agreed to participate did require institutional IRB approval which was completed prior to the Invitation to Participate being sent out to the faculty at those programs.

Upon receiving all needed IRB and program approvals, the initial Invitation to Participate was emailed to the deans, directors, and chairs (and administrative assistants if identified) of the selected nursing programs beginning on September 1, 2020. The deans, directors, and chairs were asked to forward the invitation to their nursing faculty as prospective study participants, and to inform the PI as to how many faculty the invitation was sent to. Reminder emails were sent out every third workday in this same manner, until the survey closed on September 15, 2020.

The survey was administered via a personal SurveyMonkey® account which was password protected and for which the PI was the only individual to have access, and which was created exclusively for the purposes of this dissertation study. The WCI questions were input into a SurveyMonkey® survey. Participants were asked to answer the set of 20 questions once in self-reflection of their own workplace actions and attitudes and then again in reflection of the workplace actions and attitudes of their peers within their department. On each section participants were given the scoring instructions and asked to enter their total score for each set of responses. Following the conclusion of the WCI questions, the participants were asked to answer a set of Likert style questions that focused on the participant's thoughts and reactions to the answers and scores they provided by completing each set of questions, as well as questions related to civility in their programs and nursing education. At the conclusion of the survey participants were asked to complete a demographic section which asked for age range, gender, range of years in practice as a nurse educator, and if they teach in an ADN program, BSN program, or both. In total there were 52 questions within one single survey (Appendix

A). All data collected were deidentified, and demographic data were separated from survey data. The only demographic data that was connected to survey responses, with IRB approval, was the connection of survey response scores in relation to participants teaching in either an ADN or BSN program.

Informed consent. The Invitation to Participate, which was forwarded to the participants by the deans, directors, and chairs, advised the prospective participants that entering into the online survey was indication of their consent to participate. Prospective participants were assured that they could withdraw from the study at any time without concern or consequences.

Confidentiality. There were several safeguards and processes in place to help to maintain confidentiality throughout the study. Survey responses were collected anonymously via SurveyMonkey®. SurveyMonkey® utilizes a secure, encrypted connection to collect survey responses. Survey responses were collected anonymously. Any documents created from the collected data were stored within the PI's password protected personal laptop computer that is protected with Norton Device Security and Secure VPN. These items were stored as backup on encrypted USB flash drives.

Risks to participants. There were four potential risks identified with participation in this study. There was a potential for breach of confidentiality. There was a potential for emotional distress related to previous or current experiences with incivility. There was a potential for emotional distress if the participants' self-scoring of their own behaviors was lower than anticipated. There was a potential for minimal loss of time related to completion of the survey questions.

Protection against risk. Specific protections were identified to address the identified potential risks. Regarding a potential breach of confidentiality, the PI established a new SurveyMonkey® account, for which the PI was the only one with access to the account and to the raw data. SurveyMonkey® guidelines state that they do not collect or report IP addresses. Once exported from SurveyMonkey®, all data were stored on an encrypted folder on the PI's personal computer with Norton Device Security and Secure VPN and two encrypted jump-drives. Study data were deidentified and coded prior to sharing the data with the statistician and research team members. Demographic data were deidentified and housed in a separate spreadsheet in the Excel workbook. Survey question response data were coded and housed in a separate spreadsheet in the Excel workbook. The only demographic data that was connected to survey responses, with IRB approval, was the connection of survey response scores in relation to participants teaching in either an ADN or BSN program. Otherwise, the demographic data were analyzed and reported as aggregated data only. Study data shared with the statistician and research team members was mailed via bryanhealthcollege.edu or bryanhealth.org email addresses, which are encrypted email addresses. Participants were allowed to exit the survey process at any time without concern or consequences. Concerning possible emotional distress, participants were given multiple options for resources in the event that they experienced distress in relation to participation.

Benefits. By self-scoring the survey questions, the participants were able to gain reflection and insight into their own behaviors. This insight may extend to understanding in their reflections on their peers' behaviors in comparison to their own.

Risk-benefit analysis. Although the stated and potential risks were minimal, there was the risk for emotional distress. It was expected that the stated and potential benefits would balance the risks, especially with regard to protection and confidentiality, as highlighted by the stated protections against risk and the confidentiality and security measures.

Therapeutic alternatives. There were no therapeutic alternatives for this study. If potential participants did not wish to start the study, they were able to remove themselves from the study before beginning. If once engaged in the study participants chose to not finish, they were able to do so without concern or consequences.

Compensation. There was no planned or implied compensation associated with participation in this study.

Analytical Procedures.

Study data were analyzed using descriptive analysis via SPSS analytic software. Parametric analysis used means and standard deviations, and non-parametric analysis used medians. Percentages were utilized for descriptive analysis of the data. Inferential statistics included the use of Pearson Correlation Coefficient (parametric analysis) and Spearman's Correlation (non-parametric analysis).

Summary

This chapter has summarized the methods and procedures for this study. The research design and its appropriateness to this study were discussed. Sample selection and sites, including demographic data, as well as inclusion and exclusion criteria, have been detailed. The validated tool chosen for this study and permission for its use has

been described. Data collection processes including confidentiality, consent, risks and benefits have been outlined. Further chapters will explore the results of the study, a review of the study, and recommendations for nursing education and future research.

CHAPTER IV: RESULTS

Introduction

The purpose of this study was to explore reflections on workplace civility behaviors among nurse educators. The primary focus was the relationship between nurse educators' self-reflection of civility related behaviors and reflection on their perceptions of the civility related behaviors of their peers in their workplaces as measured by the Workplace Civility Index © (WCI).

The WCI is made up of 20 questions completed on a 5-point Likert scale. Individual questions asked participants to provide scores based on their perception of the occurrence of the civility behavior in each question. Responses received scores of five for "Always," four for "Usually," three for "Sometimes," two for "Rarely," and one for "Never." Participants completed the WCI twice, first as they explored on their own civility, and then again as they reflected on the civility of their peers. After completion of the individual questions, an overall civility score for Self and Peer was calculated by summing the scores of the participant responses. The WCI further translates these total civility scores as 90 to 100 equaling "Very Civil," 80 to 89 equaling "Civil," 70 to 79 equaling "Moderately Civil," 60 to 69 equaling "Minimally Civil," 50 to 59 equaling "Uncivil," and less than 50 equaling "Very Uncivil."

The study also examined participant responses to Likert-style questions focused on thoughts and reactions to answers and scores provided to the WCI, as well as questions related to civility in the participants' programs and in nursing education. Demographic questions were limited and focused on age, gender, number of years as a

nurse educator, and whether participants taught in an ADN or BSN program.

Convenience sampling was used to focus initially on fifty-six Associate Degree and Baccalaureate nursing programs in Kansas and Oklahoma. Twenty of the initial programs' Deans, Directors, and Chairs agreed to disseminate the survey invitation to eligible participants. Participants were deemed eligible if they were a nurse educator working in a pre-licensure ADN or BSN program in either state.

This chapter will include a review of the data obtained through use of SPSS ® 14.0 statistical software. Demographic information will be reviewed, followed by descriptive information on each participant's Self and Peer scores. Further discussion will review correlational, statistical, and descriptive outcomes obtained while exploring the study's primary and secondary research questions. In this chapter results related to self-civility will be labeled "Self" and results related to peer civility will be labeled "Peer."

Demographics

Participant characteristics, as noted in the table below, describe age, gender, the length of time participants have practiced as nurse educators, and whether participants practiced in ADN programs, BSN programs, or both. It was noted that participants were predominantly female and 30 years of age or older. Length of time in practice was fairly evenly spread, with the exception of participants practicing in education for greater than 20 years. Participants were from ADN (n = 32) and BSN (n = 48) programs, with two participants indicating they taught in both program types.

Table 1 Sample Demographics

		Frequency	Percentage
Age	Under 30	4	4.9
	30 – 45	26	31.7
	46 – 60	35	42.7
	Over 60	17	20.7
Gender	Female	78	95.1
	Male	3	3.7
	Non-Binary (Without specific gender identity)	0	0
	Other	1	1.2
Time in Practice as Nurse Educator	< 5 years	22	26.8
	5 - 10 years	25	30.5
	11 – 20 years	23	28
	> 20 years	12	14.6
Program Type in Practice as Nurse Educator	ADN	32	39
	BSN	48	58.5
	Both ADN and BSN	2	2.4

*Totals may not add up to 100% due to rounding.

Descriptive Analysis

Scoring of participant and peer behaviors.

Participants' responses to individual WCI questions for Self and Peer are detailed in Table 2 and Graph 1. This allowed for exploration of two of the study's secondary research questions "What are the scores of nurse educators' self-reflection of their behavior in the workplace?" and "What are the scores of nurse educators' reflections of their peers' behaviors in the workplace?" The mean Self score and Peer score is provided for each WCI question, demonstrating that on each question, participants consistently scored themselves higher than their peers when reflecting on workplace civility behaviors. The mean total for Self was 82.59 and the mean total for Peer was 73.5,

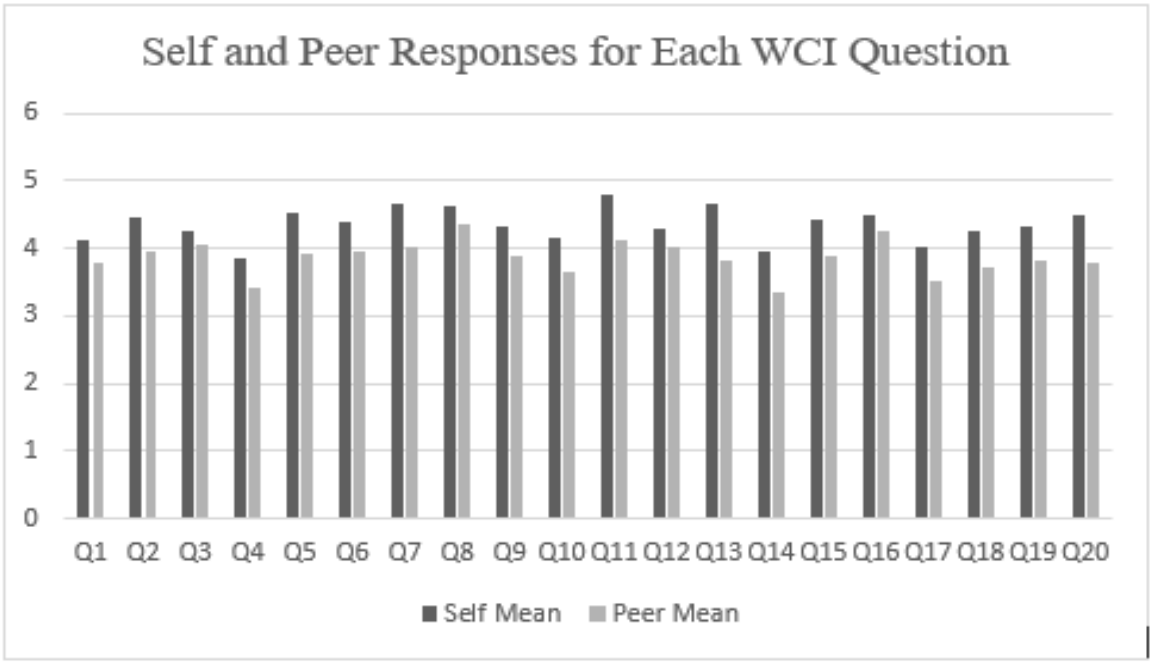
demonstrating that participants overall scored themselves higher than their peers when reflecting on workplace civility behaviors.

Table 2 Self and Peer Responses for Each WCI Question

Individual WCI Questions*		Self		Peer
How often do I / the Nurse Educators I work with:	Mean	SD	Mean	SD
Assume goodwill and think the best of others?	4.11	0.567	3.79	0.561
Include and welcome new and current colleagues?	4.45	0.651	3.95	0.735
Communicate respectfully (by e-mail, telephone, face-to-face) and really listen?	4.26	0.517	4.05	0.586
Avoid gossip and spreading rumors?	3.85	0.611	3.43	0.738
Keep confidences and respect others' privacy?	4.52	0.571	3.91	0.706
Encourage, support, and mentor others?	4.40	0.645	3.95	0.845
Avoid abusing my position or authority?	4.66	0.613	4.01	0.853
Use respectful language (no racial, ethnic, sexual, age, or religiously biased terms)?	4.61	0.539	4.35	0.596
Attend meetings, arrive on time, participate, volunteer, and do my share?	4.32	0.626	3.89	0.629
Avoid distracting others (misusing media, side conversations) during meetings?	4.17	0.584	3.66	0.789
Avoid taking credit for another individual's or team's contributions?	4.78	0.685	4.13	0.699
Acknowledge others and praise their work/ contributions?	4.30	0.661	4.01	0.839
Take personal responsibility and stand accountable for my actions?	4.65	0.530	3.83	0.783
Speak directly to the person with whom I have an issue?	3.94	0.635	3.34	0.805
Share pertinent or important information with others?	4.44	0.569	3.90	0.696
Uphold the vision, mission, and values of my organization?	4.50	0.550	4.27	0.545
Seek and encourage constructive feedback from others?	4.01	0.745	3.52	0.805
Demonstrate approachability, flexibility, and openness to other points of view?	4.27	0.568	3.72	0.790
Bring my 'A' Game and a strong work ethic to my workplace?	4.34	0.593	3.82	0.756
Apologize and mean it when the situation calls for it?	4.50	0.550	3.79	0.813
Total Score	82.59	5.911	73.55	9.636

* As noted on Clark Workplace Civility Index © which is copyrighted material and should not be distributed or reproduced in any form without expressed written permission from Dr. Cynthia Clark.

Graph 1



Distribution of total civility scores.

As noted earlier, individual scores were summed for totals that translated to Self and Peer total civility scores. In looking at the distribution of those total civility scores it was noted that 97.8% of participants scored themselves as moderately civil, civil, or very civil, and that 74.3% of participants scored their peers in the same manner. Conversely it can also be noted that while only 2.4% of participants scored themselves as minimally civil and none scored themselves as uncivil or very uncivil, 25.3% of participants ranked their peers as minimally civil, uncivil, or very uncivil.

Table 3 Distribution of Self and Peer Total Civility Scores

Total Civility Score **	Self Frequency	Self Percentage*	Peer Frequency	Peer Percentage*
Very Civil	11	13.4	4	4.9
Civil	49	60.0	18	21.9
Moderately Civil	20	24.4	39	47.5
Minimally Civil	2	2.4	13	15.7
Uncivil	0	0	7	8.4
Very Uncivil	0	0	1	1.2

*Totals may not add up to 100% due to rounding
** As noted on Workplace Civility Index ©

Correlations

Pearson Correlation Coefficient was utilized to determine the relationship between participants' total civility scores for Self and Peer in reflection of civility related behaviors in the workplace as indicated by completion of the WCI survey questions. This correlation explored the primary research question for this study, "What is the relationship between nurse educators' self-reflections of their behaviors and their reflections of their peers' behaviors?" A significant positive correlation was found (r = .381, $p < .0001$), indicating that as participants scored their own civility behaviors higher, the civility behavior scores that they applied to their peers were also rated higher.

Spearman Correlation Coefficient was utilized for correlation of Self and Peer responses to individual WCI survey questions. This question-by-question analysis revealed eleven significant positive correlations. It was noted that as participants scored themselves higher, they in turn scored their peers higher on questions one, two, three, six, eight, twelve, fourteen, fifteen, sixteen, seventeen, and eighteen. There was no

correlation noted on questions four, five, seven, nine, ten, eleven, thirteen, nineteen, or twenty.

Table 4 Correlation of Self and Peer Scoring to Each WCI Question

Individual WCI Questions* How often do I / the Nurse Educators I work with:	Spearman's Correlation Coefficient	p Value
1) Assume goodwill and think the best of others?	.361***	.001
2) Include and welcome new and current colleagues?	.389***	< .0001
3) Communicate respectfully (by e-mail, telephone, face-to-face) and really listen?	.317***	.004
4) Avoid gossip and spreading rumors?	.214	.053
5) Keep confidences and respect others' privacy?	.185	.097
6) Encourage, support, and mentor others?	.298***	.006
7) Avoid abusing my position or authority?	.192	.084
8) Use respectful language (no racial, ethnic, sexual, age, or religiously biased terms)?	.381***	< .0001
9) Attend meetings, arrive on time, participate, volunteer, and do my share?	-.107	.339
10) Avoid distracting others (misusing media, side conversations) during meetings?	.032	.773
11) Avoid taking credit for another individual's or team's contributions?	-.077	.491
12) Acknowledge others and praise their work/contributions?	.230**	.038
13) Take personal responsibility and stand accountable for my actions?	.133	.234
14) Speak directly to the person with whom I have an issue?	.223**	.044
15) Share pertinent or important information with others?	.253**	.022
16) Uphold the vision, mission, and values of my organization?	.434***	< .0001
17) Seek and encourage constructive feedback from others?	.260**	.018
18) Demonstrate approachability, flexibility, and openness to other points of view?	.257**	.020
19) Bring my 'A' Game and a strong work ethic to my workplace?	-.005	.966
20) Apologize and mean it when the situation calls for it?	.172	.122
* As noted on Clark Workplace Civility Index © which is copyrighted material and should not be distributed or		

reproduced in any form without expressed written permission from Dr. Cynthia Clark. ** Correlation is significant at the 0.05 level (2-tailed) *** Correlation is significant at the 0.01 level (2-tailed)		

Likert-style scale question analysis

Following completion of the WCI question sets, participants were presented with a set of Likert-style scale questions focusing on civility behaviors and activities in the participants' workplaces, as well as the civility of nursing education as a profession overall. These questions, which assisted in answering the remaining secondary research questions, are detailed in the frequency table and descriptions below.

Table 5 Frequency Table for Additional Likert-Style Questions Responses

Likert-style Scale Question	Agree	Somewhat Agree	Neutral/ Unsure	Somewhat Disagree	Disagree
The civility score reflected by my scoring my own civility behaviors is accurate and reflective of my civility in my workplace.	72%	19.5%	3.7%	1.2%	2.4%
The civility score reflected by my scoring of my peers' civility behaviors is accurate and reflective of the overall civility in my workplace.	64.6%	30.5%	4.9%	0%	0%
Reflection on the survey scoring will encourage me to place additional focus on my own civility behaviors in the workplace.	64.6%	31.7%	3.7%	0%	0%
Use of the Workplace Civility Index and reflection on scoring would be beneficial for my entire department.	63.4%	25.6%	7.3%	1.2%	2.4%

Civility related activities or interventions have actively and successfully taken place in my program.	22%	31.7%	29.3%	6.1%	11%
Overall, nursing education is a civil profession.	22%	43.9%	14.6%	12.2%	7.3%

*Totals may not add up to 100% due to rounding.

Secondary research questions "What activities and interventions related to civility, which have previously been implemented, are upon reflection considered successful?" and "What activities and interventions directed at civility are recognized as needed and beneficial" explored the perception of civility related interventions that had taken place in the participants' programs. 53.7% of participants agreed, to some degree, that civility related activities and interventions had actively and successfully taken place in their programs, while 46.4% were neutral or disagreed to some degree. The survey questions did not probe for specific activities or interventions.

When exploring the secondary research question "What is the overall reflection of the civility of nursing education as a profession," it was noted that 65.9% of participants agreed to some degree that overall nursing education is a civil profession, while 14.6% were unsure or neutral and 19.5% disagreed to some degree.

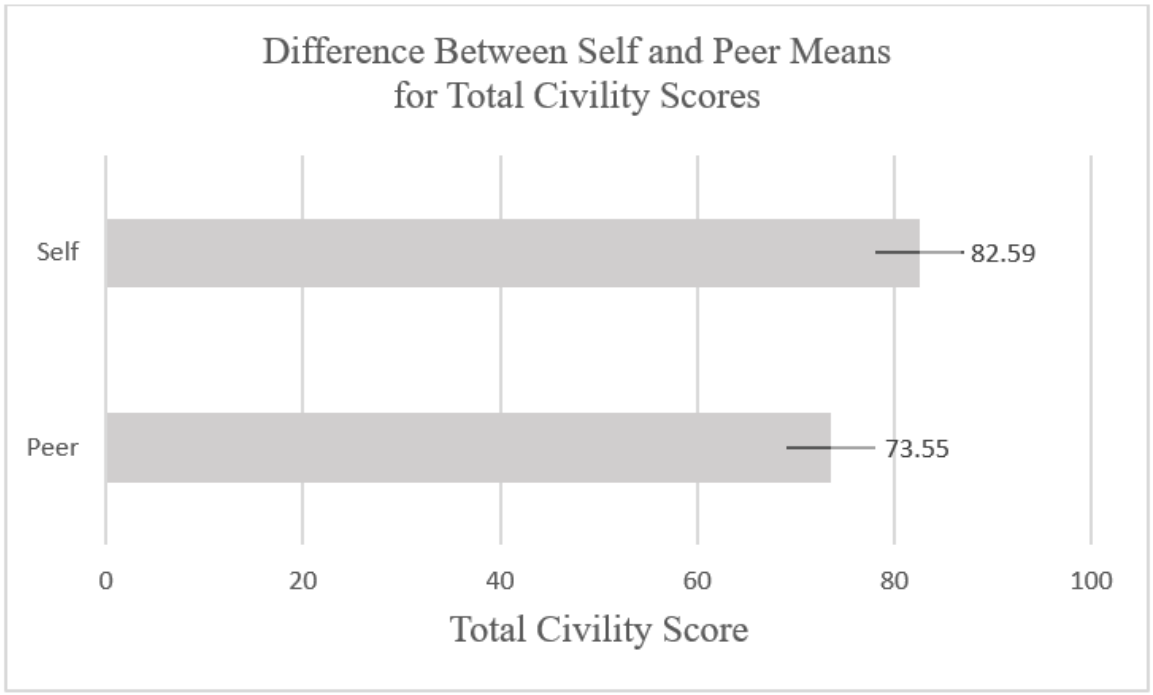
The additional Likert-style questions also assisted in gauging the participant's perceptions of the WCI tool as utilized in this study. 92.7% of participants agreed to some degree that their total civility score was accurately reflective of their own workplace civility. 95.1% of participants agreed to some degree that the total civility score they applied to their peers was accurately reflective of their peers' workplace civility. 96.3% of participants agreed that reflection on the survey scoring would

encourage them to focus on their civility behaviors in the workplace. 89% of participants agreed that use of the Workplace Civility Index and reflection on scoring would be beneficial for their departments.

Independent and Paired Samples T-Testing

Paired samples T-testing was completed to explore the paired differences between the Self and Peer total civility scores. Analysis showed that the overall difference in average scores indicates that participant self scores were almost 9 points (on a 100-point scale) higher than peer scores throughout. The mean for Self scores was 82.59 and the mean for Peer scores was 73.55 (p <.0001).

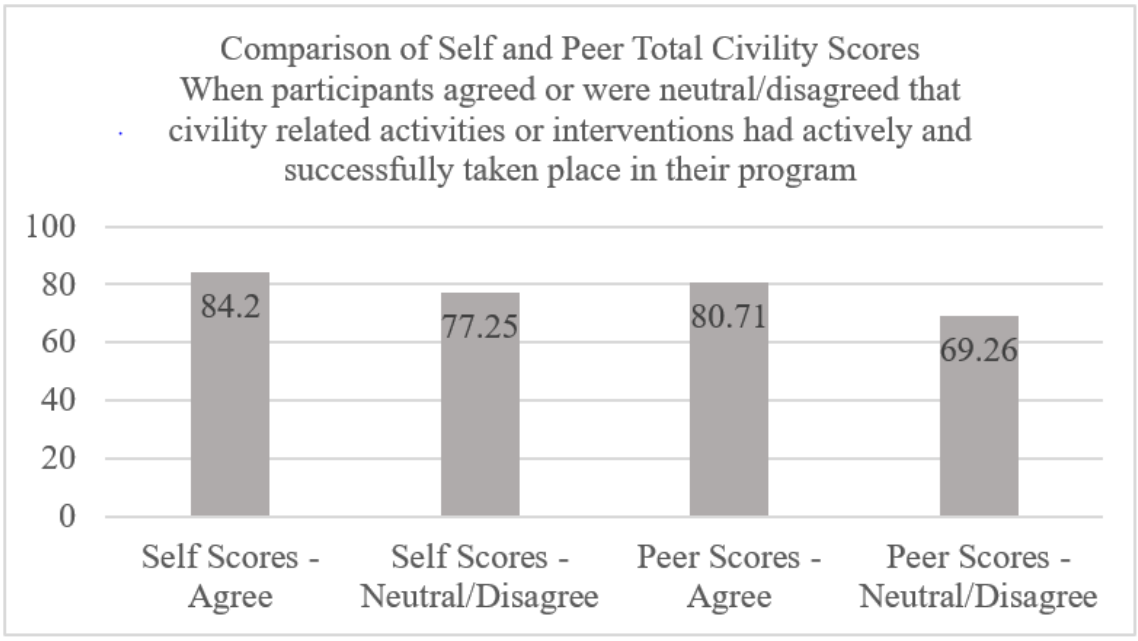
Graph 2



Independent samples T testing was run to compare civility score totals for self and peers in relation to whether or not civility related activities or interventions had taken

place in the programs. This analysis found significant differences in both self scores and peer scores. Self scores were higher ($t = 2.7$, $p < .05$) and Peer scores were higher ($t = 4.0$, $p < .0001$) when civility related activities and interventions had taken place actively and successfully (Graph 3).

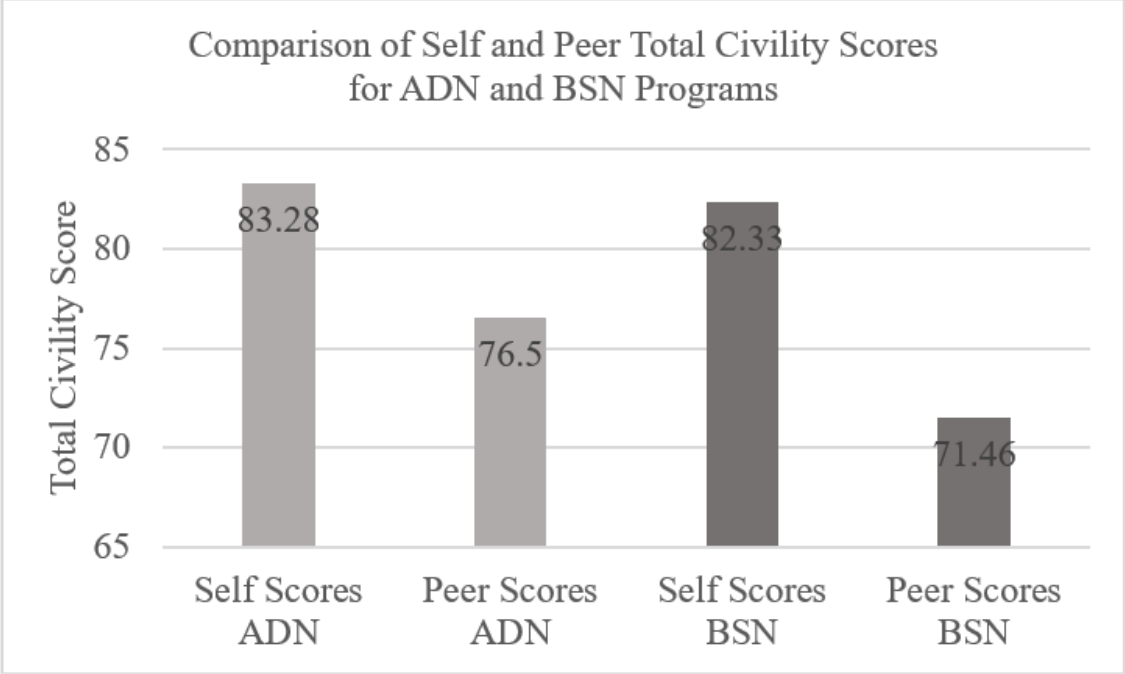
Graph 3



An additional independent samples *t*-test was run to compare Self and Peer civility score totals for the participants between ADN and BSN programs. Analysis of ADN ($n = 32$) program participants found no significant difference between Self and Peer total civility scores. However, the difference between Self and Peer total civility scores at the BSN program level was significantly different ($t = 2.3$, $p < .05$) indicating that faculty in BSN programs rated their overall civility behavior significantly higher than they did for their peers. The graph below (Graph 4) demonstrates the comparison of the self and peer total civility score means for ADN and BSN programs. (Two study

participants indicating they taught in both types of programs were not included in the comparison).

Graph 4



Summary

Chapter four has reviewed the statistical analyses completed for this quantitative study. SPSS ® 14.0 statistical software was utilized for the various analyses. Pearson correlation revealed that as participants scored their own civility behaviors higher, they also in turn scored their peers higher. Paired *t*-testing revealed that average total self scores were almost 9 points higher than average total peer scores. Descriptive analysis showed that while participants more often applied overall scores to themselves as moderately civil, civil, or very civil, they more often applied overall scores of minimally civil, uncivil, or very uncivil to their peers. Independent *t*-testing compared self scores

and peer scores between ADN and BSN programs noting a significant difference between the self and peer scores for BSN program participants.

Descriptive and non-parametric analysis of total civility scores was utilized to answer two of the secondary questions related to responses to each individual WCI question. Descriptive analysis of individual WCI questions noted that while participants scored themselves as either always, usually, or sometimes demonstrating civil behaviors, they more often scored their peers as rarely or never demonstrating those same behaviors. Non-parametric analysis of individual WCI questions demonstrated significant positive correlations on eleven of the twenty questions, with no correlation noted on the other questions.

Descriptive analysis of additional Likert-style questions yielded additional information aiding in answering the study's secondary research questions. The majority of participants agreed to some degree that their total civility score was accurately reflective of their own workplace civility; that the total civility score they applied to their peers was accurately reflective of their peers' workplace civility; that reflection on the survey scoring would encourage them to focus on their civility behaviors in their workplace; and that use of the WCI and reflection on scoring would be beneficial for their departments. While almost 54% of participants agreed to some degree that civility related activities and interventions had actively and successfully taken place in their programs, just over 46% of participants were neutral or disagreed to some degree. Finally, nearly 66% of participants agreed to some degree, while just over 34% were neutral or disagreed to some degree, that overall nursing education is a civil profession.

Chapter 5 will serve as a review and summary of this study. It will review the purpose of the study, connections to current literature and theoretical contexts, as well as discussion on the interpretation of results shared in this chapter. Chapter 5 will discuss implications of this study on nursing education and possibilities for future research.

CHAPTER V: DISCUSSION AND SUMMARY

The purpose of this study was to examine the relationship between self-reflection of civility related behaviors and reflection on the perceived behavior of peers by nurse educators working within pre-licensure RN programs in the Midwest. The study utilized participant reported civility scores and individual question scores for self and peers as measured by the Workplace Civility Index © (WCI). Additional Likert-style questions provided framework for exploring the projects' secondary research questions and for making connections to the WCI data.

This study was developed as a result of noting an opportunity for research connecting self-reflection and self-recognition with workplace incivility. Current research in workplace incivility focuses on causes of incivility, type of incivility and related behaviors, locations where incivility takes place, reactions to and impacts of incivility, and approaches and interventions in dealing with incivility. There was a noted gap in the literature regarding research into self and peer reflections on civility behaviors and how they are related. As noted by the social cognitive theory and objective self-awareness theory, we as individuals are both active in our environment and influenced by it, we learn and reproduce behaviors based on what we observe, and we are able to focus on ourselves to self-evaluate and change. For these very reasons, reflections on self and peers will be important in efforts directed at improving civility in nursing education and beyond (Bandura, 2005; Silvia & Duval, 2001).

Eighty-two (82) nurse educators working in pre-licensure ADN and BSN programs in Kansas and Oklahoma completed the study survey. Nurse educators were

invited to participate regardless of time as a nurse educator, rank, tenure status, age, sex, race, or ethnicity. Nurse educators who participated taught in the classroom, lab, clinical, or simulation settings. Nurse educators who participated must have been actively teaching in some capacity in either an ADN or BSN program; nurse educators who taught exclusively in any other nursing program (LPN, CRNA, MSN, DNP, etc.) were excluded. The study was conducted via SurveyMonkey®. Demographics included age range, gender, length of time in practice as a nurse educator, and if working in an ADN program, BSN program, or both.

Research Questions and Interpretation

This study focused on exploring one primary research question, "What is the relationship between nurse educators' self-reflections of their behaviors and their reflection of their peers' behaviors?" The study was further expanded with five secondary research questions. These included: (a) What are the scores of nurse educators' self-reflection of their behavior in the workplace? (b) What are the scores of nurse educators' reflections of their peers' behaviors in the workplace? (c) What activities and interventions related to civility, which have previously been implemented, are upon reflection considered successful? (d) What activities and interventions directed at civility are recognized as needed and beneficial? and (e) What is the overall reflection of the civility of nursing education as a profession?

Primary research question.

The primary research question was, "What is the relationship between nurse educators' self-reflections of their behaviors and their reflection of their peers'

behaviors?" Pearson's correlational analysis of participants' total scores for self in relation to civility behaviors and the total scores that participants applied to their peers in relation to civility behaviors revealed a significantly positive relationship ($r = .381$, $p < .0001$). Paired *t*-testing indicated a significant difference between participant and peer total scores (*t*-value 8.911, $p < .0001$) with participants' total scores on average being almost 9 points higher than peer total scores. Descriptive analysis of the total scores for self and peers noted that while almost 98% of participants scored themselves as moderately to very civil, less than 75% of participants scored their peers in the same manner. Further, it was also noted that while less than 3% of participants scored themselves as minimally civil and no participant scored themselves as uncivil or very uncivil, just over 25% of participants ranked their peers as minimally civil, uncivil, or very uncivil. In summary, the relationship between nurse educator's self-reflections and reflections on their peers in regard to civility related behaviors is this: while participants consistently scored their own civility behaviors higher than those of their peers, as they scored their own civility behaviors higher, they also scored the civility behavior of their peers higher.

The connection between the self and peer total civility scores was further explored in relation to the two programs represented within the study sample. Independent *t*-testing compared self and peer total civility scores between participants from ADN programs and BSN programs. While there was no significant difference noted in the self and peer total civility scores at the ADN program level, the difference at the BSN

program level was significant (p <0.5). BSN program participants rated their overall civility behavior significantly higher than they did for their peers.

Secondary research questions.

Two of the secondary research questions, "What are the scores of nurse educators' self-reflection of their behavior in the workplace" and "What are the scores of nurse educators' reflections of their peers' behaviors in the workplace," were answered based upon the participants' responses to each WCI question, and associated data were analyzed with descriptive and non-parametric analysis. Descriptive analysis demonstrated that participants more often scored their peers as rarely or never demonstrating the same behaviors that they scored themselves as always, usually, or sometimes demonstrating. Non-parametric analysis with Spearman's rho correlation coefficient demonstrated positive correlations on eleven of the twenty questions, with significance at both the 0.01 and 0.05 level (2-tailed). The eleven positive correlations occurred when participants rated themselves and peers in regard to how often they and their peers: (a) assume goodwill and think the best of others; (b) include and welcome new and current colleagues; (c) communicate respectfully (by e-mail, telephone, face-to-face) and really listen; (d) encourage, support, and mentor others; (e) use respectful language (no racial, ethnic, sexual, age, or religiously biased terms); (f) acknowledge others and praise their work/contributions; (g) speak directly to the person with whom they have an issue; (h) share pertinent or important information with others; (i) uphold the vision, mission, and values of their organization; (j) seek and encourage constructive

feedback from others; and (k) demonstrate approachability, flexibility, and openness to other points of view (Clark, 2017).

A set of six Likert-style questions was included in the study survey to allow for exploration of the remaining three secondary research questions, "What activities and interventions related to civility, which have previously been implemented, are upon reflection considered successful?" "What activities and interventions directed at civility are recognized as needed and beneficial?" and "What is the overall reflection of the civility of nursing education as a profession?" These questions focused on civility behaviors and activities in the participants' workplaces, the perception of civility related interventions that had taken place in the participants' programs, the participant's perceptions of the WCI tool as utilized in the study, as well as the overall civility of nursing education as a profession. The data obtained from the Likert-style questions were primarily explored from a descriptive standpoint.

The study found that 53.7% of participants agreed, to some degree, that civility related activities and interventions had actively and successfully taken place in their programs, while 46.4% were neutral or disagreed to some degree. The significant majority of participants agreed to some degree: (a) that their total civility score was accurately reflective of their own workplace civility (92.7%); (b) that the total civility score they applied to their peers was accurately reflective of their peers' workplace civility (95.1%); (c) that reflection on the survey scoring would encourage them to focus on their civility behaviors in the workplace (96.3%); and (d) that use of the Workplace Civility Index and reflection on scoring would be beneficial for their departments (89%).

Rating the overall civility of nursing education as a profession demonstrated nearly 66% of participants agreeing to some degree, and just over 34% as neutral or disagreeing to some degree, that overall nursing education is a civil profession.

Independent *t*-testing explored the connection between total civility scores for participants and peers and whether or not civility related activities and interventions had actively and successfully taken place. Total civility scores for participants were significantly higher ($p < .05$) when civility related activities and interventions had actively and successfully taken place. Total civility scores for peers were also significantly higher ($p < .0001$) when civility related activities and interventions had actively and successfully taken place.

Interpretation.

One of the recurring themes noted in the review and analysis of the data was that participants more often scored or rated themselves better, or higher, than they did their peers. This finding is consistent with the Better Than Average Effect (BTAE). BTAE is a psychosocial phenomenon in which individuals tend to evaluate, rank, rate, or score themselves better than they do their peers when in a comparison setting or situation (Brown, 2012; Foster, Clarke, & Packard, 2018; Zell, Strickhouser, Sedikides, & Alicke, 2019). BTAE highlights the directional or self-evaluation bias that occurs when an individual compares information about themselves with that of their peers, often doing so illogically or subjectively (Foster, Clarke, & Packard, 2018; Zell et al., 2019). It is often noted that the BTAE is stronger in relation to the measurement or rating of more important features and characteristics (Brown, 2012; Zell et al., 2019). It can be assumed

that individuals consider civility and its associated behaviors to be important personal attributes. The BTAE provides a logical explanation for the higher self scores as compared to peer scores throughout this study, both in regard to overall civility scores and individual questions related to specific civility behaviors

While the study results helped to explore gaps noted in the literature, the study and its results also relate to information gathered during the review of the literature. The questions on the WCI explored the perceptions of civility-related behaviors occurring. This allowed for self-reflection and peer reflection on themes found in the literature such as communication, ethics, professional behaviors, inclusion, respect.

Clark (2013) noted that respondents in their qualitative survey emphasized the importance of direct communication in dealing with faculty-to-faculty incivility. In this study, communication was a distinct aspect of six of the twenty questions. Participants were asked how often they and their peers communicate respectfully and really listen, avoid gossip and spreading rumors, keep confidences and respect privacy, use respectful language, speak directly to the person with whom they have an issue, and share pertinent or important information. Results indicate that significant positive correlations were noted in Self and Peer responses to four of these six questions.

Clark and Springer (2007) noted that the lack of a professional, respectful environment was identified by qualitative study participants as a possible cause of incivility in nursing education. When a department works actively to promote a respectful civil work environment, the faculty reflection on that environment is positive.

In this study it was noted that Self and Peer total civility scores were significantly higher when efforts towards a civil environment had taken place.

Smith, Andrusyszyn, and Laschinger (2010) noted in their study that the majority of the 117 nurses that participated had experienced some degree of uncivil behavior. Frisbee, Griffin, and Luparell (n.d.) noted that the most common incivility behaviors that occurred in the academic environment were paying little interest to others, showing little interest in others' opinions, interrupting others, and speaking over others. Peters (2014) found common themes and subthemes in interviewing faculty such as rejection, possessiveness, intimidation, and belittlement. In this study, participants more often scored their peers as never or rarely demonstrating the same civility behaviors they scored themselves as demonstrating, and a significant difference was noted in Self and Peer total civility scores. This accentuates the occurrence (or perception of occurrence) of incivility as discussed in the literature.

Theoretical or guiding frameworks serve to both aid in the development of a study and its interpretation and application (Gray, 2017). As anticipated, the guiding theories chosen during the development of this study, social cognitive theory and objective self-awareness theory, have proven supportive for the study, its interpretation, and its implications for nursing education. As noted by Bandura's social cognitive theory, individuals are active in and influenced by their environment (Bandura, 2005). This was reflected in the outcomes of this study by the relationships and differences noted between self and peer scores. Duval and Wicklund's objective self-awareness theory proposes that through focus and self-evaluation individuals can take positive action to change their

own behaviors (Silvia & Duval, 2001). The study's survey allowed participants to reflect on their own civility behaviors within their work environment. The study further allowed them to reflect on scores that they applied to their peers in the same environment, to reflect that the appraisals they had made were accurate, and to recognize that further work in a similar manner within their work environments would be beneficial.

Overall, while descriptive analysis and paired *t*-testing highlights the differences and inequalities in how participants scored themselves versus how they scored their peers and the overall civility of nursing education, correlational relationships provide a positive focus. Specifically, the answer to the primary research question of "What is the relationship between nurse educators' self-reflections of their behaviors and their reflection of their peers' behaviors?" provided evidence of a valuable relationship, in that as participants scored their own overall civility behaviors higher, they also scored their peers' overall civility behaviors higher. Additionally, this same relationship was noted on 11 of the 20 individual questions utilized to determine the overall scores. These positive correlations highlight the possibility for positive outcomes, progress, and growth moving forward.

It is noted that overall, participants felt that their own civility and the civility of their peers was adequately represented in this study, and that use of the processes within the study would be beneficial within their departments. Civility scores of self and peers were higher when civility related activities had taken place, highlighting the importance of efforts within departments of nursing to engage in these activities.

Limitations of the Study

One limitation of the study that was noted during analysis of the data was omission of a survey question. In the process of publication of the study survey within SurveyMonkey, an inadvertent error led to the omission of a seventh Likert-style question, "Civility related activities or interventions are needed in my program." While it is noted that potential data from this question would have added to the depth and breadth of the analysis provided by the secondary questions, it is also recognized that this question provides the opportunity for further research opportunities.

In reflection, it is noted that the timing of the study and its processes may have prevented a greater number of participants. It is possible that additional deans, directors, and chairs would have responded, leading to additional participants, if the processes of introducing the project and requesting assistance had occurred at a time other than during the summer months. It is also quite possible that the current situation of living and working during a pandemic limited the responses from both deans, directors, and chairs as well as participants. Demographically the study was limited as the population was self-selected, limited to only two states, and predominantly female.

Past or current personal experiences with issues regarding incivility may have led to those receiving the invitation to participate to disregard the invitation. Safeguards were in place to prevent any identification of individuals and their responses. However, personal experiences and concerns with potential negative impacts in their own workplaces may have prevented participation from some individuals.

Implications and Recommendations

This study explored self-reflection and reflection on peers in regard to incivility in nursing education. The study outcomes and potential future research to add to the developing body of knowledge surrounding incivility in nursing education and strengthen the understanding of faculty experiences with incivility as well as continuing to assist with civility efforts within programs. The significant outcomes of the study provide direction and guidance for faculty and administration working to develop more civil work environments, ultimately connecting directly to potential positive outcomes for nursing faculty, nursing programs, nursing students, and eventually patients.

Based on the data that were explored and the relationships and outcomes noted, there are many opportunities for improving civility in nursing education. It is recommended that nursing education leaders utilize the Clark Workplace Civility Index as a tool within their department to allow for similar self and peer reflection to occur as was the case in this study. By comparing the self and peer scores within the department, leadership can work with faculty and staff to devise program specific plans to narrow gaps and improve civility and working relationships.

Improvement of civility perceptions within a program will need to be a team centered approach from the very beginning. From survey planning to data collection, to review and analysis, to planning action afterwards, faculty, staff, and leadership will be able to enact positive change together. Each member of the team will need to recognize that each faculty member's civility perceptions and experiences, while unique, contribute to the overall civility of the department. The study results noted that total civility scores

for participants were significantly higher when civility related activities and interventions had actively and successfully taken place, indicating that department based, department developed efforts can positively impact civility.

The guiding frameworks for this study will also be of benefit to nursing programs working to improve civility, or working to effect any positive change. Improvement processes will need to begin with self-reflection and self-evaluation. Inclusion of parallel evaluation of peers will allow for examination of the possible relationships within the program faculty's reflections, such as was the case with this study. Moving forward with the knowledge gained from reflection and evaluation, combining shared experiences and skills and seeking the assistance of experts will help strengthen civility focused efforts.

A significant gap was noted in the civility scores of self and peers within BSN programs. Narrowing the gaps between how we see ourselves and how we see our peers and our program will increase the overall civility and professionalism in nursing education. Positive outcomes, progress, and growth will occur with focused efforts on reflection of self-civility and actions to encourage self-improvement in relation to civility continuing to lead to increases in how individuals also view the civility of their peers.

Future Research

Replication of this study and its processes can be easily expanded to include a wider scope and sample size. Future continued research in a similar manner will provide a broader national and global focus on civility and encourage continued efforts to work towards improving civility in nursing education. Future continued research should also be expanded to determine specific activities that have occurred in relation to civility, their

perceived impact and effectiveness, and what nurse educators perceive as needing to occur.

Additional opportunities for future research also include exploration of the possible causes and influences of the differences between perceived civility of faculty in associate degree and bachelor degree programs. Furthermore, disaggregation and expansion of the demographics of the study could provide additional insight. The differences in perceived civility when participants are nurse educators are members of specific racial and ethnic groups or the LGBTQIA community may highlight additional areas for growth and improvement.

Summary

The purpose of this quantitative, correlational study was to examine the relationship between self-reflection of civility related behaviors and reflection on the perceived behavior of peers, by nurse educators working within pre-licensure RN programs in the Midwest. A web-based survey was developed with the Clark Workplace Civility Index © as the main study instrument and additional Likert style questions also included. Statistical analysis found several key points. First, a common theme was noted that throughout the scoring of individual questions and overall ratings, participants scored themselves higher than peers. This can be partially explained by the better than average effect, but also demonstrates that efforts towards improving the overall civility within the workplace is needed. Next it is noted that both self and peer civility scoring is higher when a program has made the effort to provide successful activities aimed at improving civility in the workplace, and additionally that most participants felt that the tools and

processes of this study would be beneficial to their department. Further, it is noted that while overall most participants view nursing education as a civil profession, there is still a large group of nurse educators that do not feel our profession is civil. Finally, and possibly most important, it is noted that there is a significant positive correlation between self and peers in regard to how we view civility within nursing education. As we score ourselves higher, we in turn tend to score our peers higher as well.

Use of the methods within this study at both a larger scale, as well as within individual nursing education programs, will allow for continued exploration and efforts aimed at improving civility in nursing education. Further exploration will also allow for inclusion of data that were otherwise impacted by the limitations of this study. Continued and additional research into civility within our programs will allow for team-based collaborative efforts at improving civility in nursing education.

References

Ahn, Y. H., & Choi, J. (2019). Incivility experiences in clinical practicum education among nursing students. *Nurse Education Today, 73*, 48-53. http://dx.doi.org/10.1016/j.nedt. 2018.11.015

Alberts, H. C., Hazen, H. D., & Theobald, R. B. (2010). Classroom incivilities: The challenge of interactions between college students and instructors in the US. *Journal of Geography in Higher Education, 34*, 439-462. http://dx.doi.org/10.1080/03098260903502679

Altmiller, G. (2012). Student perceptions of incivility in nursing education: Implications for educators. *Nursing Education Perspectives, 33*(1), 15-20. http://dx.doi.org/10.5480/1536-5026-33.1.15

American Nurses Association. (2019). *Code of ethics for nurses with interpretive statements*. Retrieved from https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/coe-view-only/

Anthony, M., & Yastik, J. (2011). Nursing students' experiences with incivility in clinical education. *Journal of Nursing Education, 50*, 140-144. http://dx.doi.org/10.3928/01484834-20110131-04

Bandura, A. (2005). The evolution of social cognitive theory. In K. G. Smith & M. A. Hitt (Eds.), *Great minds in management* (pp. 9-35). Retrieved from http://www.uky.edu /~eushe2/BanduraPubs/Bandura2005.pdf

Bartlett, M. E., & Bartlett, J. E. (2016). Case study on the impact of technology on incivility in higher education. *Journal of Educators Online*, *13*(2), 1-18. http://dx.doi.org/10.9743/ JEO.2016.2.7

Brown, J. D. (2012). Understanding the better than average effect: Motives (still) matter. *Personality and Social Psychology Bulletin, 38*(2), 209-219. http://dx.doi.org/10.1177/0146167211432763

Burger, K. G., Kramlich, D., Malitas, M., Page-Cutrara, K., & Whitfield-Harris, L. (2014). Application of the symphonological approach to faculty-to-faculty incivility in nursing education. *Journal of Nursing Education*, *53*, 563-568. http://dx.doi.org/10.3928/01484834-20140922-02

Casale, K. (2017). Exploring nurse faculty incivility and resonant leadership. *Nursing Education Perspectives, 38*, 177-181. http://dx.doi.org/10.1097/01.NEP.0000000000000171

Clark, C. (2008). The dance of incivility in nursing education as described by nursing faculty and students. *Advances in Nursing Science*, *31*, E37-E54. http://dx.doi.org/10.1097/01. ANS.0000341419.96338.a3

Clark, C. M. (2013). National study on faculty-to-faculty incivility: Strategies to foster collegiality and civility. *Nurse Educator, 38,* 98-102. http://dx.doi.org/10.1097/ NNE.0b013e31828dc1b2

Clark, C.M. (2017). *Creating and sustaining civility in nursing education, 2nd ed.* Indianapolis, IN: Sigma Theta Tau International Publishing

Clark, C. M. (2019). Combining cognitive rehearsal, simulation, and evidence-based scripting to address incivility. *Nurse Educator, 44*, 64-68. http://dx.doi.org/10.1097/NNE. 0000000000000563

Clark, C. M., & Springer, P. J. (2007a). Incivility in nursing education: A descriptive study of definitions and prevalence. *Journal of Nursing Education, 46*(1), 7-14. http://dx.doi.org/ 10.3928/01484834-20070101-03

Clark, C. M., & Springer, P. J. (2007b). Thoughts on incivility: Student and faculty perceptions of uncivil behavior in nursing education. *Nursing Education Perspectives, 28*(2), 93-97. Retrieved from https://www.researchgate.net/publication/6344217_Thoughts_on_ incivility_Student_and_faculty_perceptions_of_uncivil_behavior_in_nursing_edu cation

Clark, C. M., Ahten, S., & Werth, L. (2012). Cyber-Bullying and incivility in an online learning environment, part 2: Promoting student success in the virtual classroom. *Nurse Educator, 2012*, 192-197. http://dx.doi.org/10.1097/NNE.0b013e318262eb2b

Clark, C. M., Sattler, V. P., & Barbarosa-Leiker, C. (2018). Development and psychometric testing of the workplace civility index: A reliable tool for measuring civility in the workplace. *The Journal of Continuing Education in Nursing, 49,* 400-406. http://dx.doi.org/10.3928/00220124-20180813-05

Clark, C. M., Werth, L., & Ahten, S. (2012). Cyber-bullying and incivility in the online learning environment, part 1: Addressing faculty and student perceptions. *Nurse Educator, 37,* 150-156. http://dx.doi.org/10.1097/NNE.0b013e31825a87e5

Clarke, C. M., Kane, D. J., Rajacich, D. L., & Lafreniere, K. D. (2012). Bullying in undergraduate clinical nursing education. *Journal of Nursing Education, 51,* 269-276. http://dx.doi.org/10.3928/01484834-20120409-01

Cortina, L. M., & Magely, V. J. (2009). Patterns and profiles of response to incivility in the workplace. *Journal of Occupational Health Psychology, 14,* 372-288. http://dx.doi.org/ 10.1037/a0014934

Creswell, J.W., & Creswell, J. D. (2018). *Research design: qualitative, quantitative, and mixed methods approaches* (Fifth edition). Los Angeles, CA: SAGE Publishing

Davis, N. P. (2014). *Nursing faculty descriptions of horizontal violence in academe* (Doctoral dissertation). Available from ProQuest.

De Gagne, J. C., Choi, M., Ledbetter, L., Kang, H. S., & Clark, C. M. (2016). An integrative review of cybercivility in health professions education. *Nurse Educator, 41,* 239-245. http://dx.doi.org/10.1097/NNE.0000000000000264

Del Prato, D. (2013). Students' voices: The lived experience of faculty incivility as a barrier to professional formation in associate degree nursing education. *Nurse Education Today, 33,* 286-290. http://dx.doi.org/10.1016/j.nedt.2012.05.030

Foster, C. A., Clarke, J. A., & Packard Jr., G. A. (2018). Can I see the real me? Leadership ability and the better-than-average effect. *Military Psychology, 30,* 390-397. http://dx.doi.org/10.1080/08995605.2018.1478545

Frisbee, K., Griffin, M. Q., & Luparell, S. (n.d.). Nurse educators: Incivility, job satisfaction, and intent to leave. *The Midwest Quarterly*, *21*.

Gray, J. R. (2017). Frameworks. In *Burns and Grove's the practice of nursing research: Appraisal, synthesis, and generation of evidence*. St. Louis, MO: Elsevier.

Green, C. (2018). New nursing faculty and incivility: Applying mindfulness-based strategies. *Holistic Nursing Practice*, *32*, 4-7. http://dx.doi.org/10.1097/HNP.0000000000000246

Jensen, J. M., Ahmad, A. S., King, E. B., & Lee, J. (2016). A cross-cultural investigation of the effects of incivility on occupational aspirations. *Journal of College Student Development*, *57*, 233-247. http://dx.doi.org/10.1353/csd.2016.0038

Jiang, L., Tripp, T. M., & Hong, P. Y. (2017). College instruction is not so stress free after all: A qualitative and quantitative study of academic entitlement, uncivil behaviors, and instructor strain and burnout. *Stress and Health*, *33*, 578-589. http://dx.doi.org/10.1002/smi.2742

Johnson, S. L., & Rea, R. E. (2009). Workplace bullying: Concerns for nurse leaders. *JONA: The Journal of Nursing Administration*, *39*(2), 84-90. http://dx.doi.org/10.1097/ NNA. 0b013e318195a5fc

Kabat-Farr, D., Cortina, L. M., & Marchiando, L. A. (2018). The emotional aftermath of incivility: Anger, guilt, and the role of organizational commitment. *International Journal of Stress Management*, *25*, 109-128. http://dx.doi.org/10.1037/str0000045

Kaiser, J. A. (2017). The relationship between leadership style and nurse-to-nurse incivility: Turning the lens inward. *Journal of Nursing Management, 25*, 110-118. http://dx.doi.org/ 10.1111/jonm.12447

Kerber, C., Woith, W. M., Jenkins, S. H., & Astroth, K. S. (2015). Perceptions of new nurses concerning incivility in the workplace. *The Journal of Continuing Education in Nursing, 46*, 522-527. http://dx.doi.org/10.3928/00220124-20151020-05

King, C., & Piotrowski, C. (2015). Bullying of educators by educators: Incivility in higher education. *Contemporary Issues in Education Research*, *8*, 257-262.

Kopp, J. P., & Finney, S. J. (2013). Linking academic entitlement and student incivility using latent means modeling. *Journal of Experimental Education, 81*, 322-336. http://dx.doi. org/10.1080/00220973.2012.727887

LaSala, K., Wilson, V., & Sprunk, E. (2016). Nursing academic administrators' lived experiences with incivility and bullying from faculty: Consequences and outcomes demanding action. *Nurse Educator, 41*, 120-124. http://dx.doi.org/10.1097/NNE. 0000000000000234

Lashley, F. R., & de Meneses, M. (2001). Student civility in nursing programs: A national survey. *Journal of Professional Nursing, 17*, 81-86. http://dx.doi.org/10.1053/jpnu. 2001.22271

Laverghetta, A. (2018). The relationship between student anti- intellectualism, academic entitlement, student consumerism, and classroom incivility in a sample of college students. *College Student Journal*, *52*, 278-282.

Luparell, S. (2004). Faculty encounters with uncivil nursing students: An overview. *Journal of Professional Nursing, 20*, 59-67. http://dx.doi.org/10.1016/j.profnurs.2003.12.007

Marchiondo, K., Marchiondo, L. A., & Lasiter, S. (2010). Faculty incivility: Effects on program satisfaction of BSN students. *Journal of Nursing Education, 49*, 608-614. http://dx.doi.org/10.3928/01484834-20100524-05

Marini, Z. (2009). The thin line between civility and incivility: Fostering reflection and self-awareness to create a civil learning community. *Collected Essays on Learning and Teaching, 2*, 61-67. Retrieved from http://www.stlhe.ca

Martel, M. E. (2015). *Bachelor's degree nursing students' lived experiences of nursing staff's incivility: A phenomenological study* (Doctoral dissertation). Available from ProQuest.

Misawa, M., & Rowland, M. L. (2015). Academic bullying and incivility in adult, higher, continuing, and professional education. *Adult Learning, 26*(1), 3-5. http://dx.doi.org /10.1177/1045159514558415

Mott, J. (2014). Undergraduate nursing student experiences with faculty bullies. *Nurse Educator, 39*, 143-148. http://dx.doi.org/10.1097/NNE.0000000000000038

Namie, G., Christensen, D., & Phillips, D. (2014). *U.S. workplace bullying survey*. Retrieved from https://www.workplacebullying.org/wbiresearch/wbi-2014-us-survey/

National Center for Education Statistics (NCES). (2018). *Integrated postsecondary education data system (IPEDS).* Retrieved from https://nces.ed.gov/ipeds/

National League for Nursing. (2017). *Age of full-time nurse educators by rank, 2017.* Retrieved from http://www.nln.org/docs/default-source/default-document-library/age-of-full-time-nurse-educators-by-rank-2017.pdf?sfvrsn=0

Nicholson, T., & Griffin, B. (2017). Thank goodness it's Friday: Weekly pattern of workplace incivility. *Anxiety, Stress & Coping*, *30*(1), 1-14. http://dx.doi.org/10.1080 / 10615806.2016.1192150

Parse, R. R. (2016). Human dignity: Respect and incivility. *Nursing Science Quarterly, 29,* 261. http://dx.doi.org/10.1177/0894318416660480

Penconek, T. (2015). A qualitative study into academic incivility among nursing students. *Alberta RN, 71*(1), 28-29. Retrieved from https://ezproxy.bryanlgh.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=mdc&AN=26314190&site=eds-live&scope=site&custid=s92346347&group=main

Peters, A. B. (2014). Faculty to faculty incivility: Experiences of novice nurse faculty in academia. *Journal of Professional Nursing, 30*, 213-227. http://dx.doi.org/10.1016/ j.profnurs.2013.09.007

Rawlins, L. (2017). Faculty and student incivility in undergraduate nursing education: An integrative review. *Journal of Nursing Education, 56,* 709-716. http://dx.doi.org/10.3928/01484834-20171120-02

Ruvalcaba, J. G., Welch, S., & Carlisle, J. (2018). ESL versus non-esl nursing students' perceptions of incivility in the clinical setting. *Journal of Nursing Education, 57,* 720-726. http://dx.doi.org/10.3928/01484834-20181119-04

Sauer, P. A., Hannon, A. E., & Beyer, K. B. (2017). Peer incivility among prelicensure nursing students: A call to action for nursing faculty. *Nurse Educator, 42*, 281-285. http://dx.doi.org/10.1097/NNE.0000000000000375

Sauer, P. A., Thompson, C. E., & Verzella, M. M. (2018). Empowering nursing students to address incivility. *Clinical Simulation in Nursing, 21*, 40-45. http://dx.doi.org/10.1016/ j.ecns.2018.06.004

Silvia, P. J., & Duval, T. S. (2001). Objective self-awareness theory: Recent progress and enduring problems. *Personality and Social Psychology Review, 5*(3), 230-241. http://dx.doi.org/10.1207/S15327957PSPR0503_4

Smith, D. L. (2018). *Exploring incivility among nursing and health science students: A descriptive study* (Doctoral dissertation). Available from ProQuest.

Smith, L. M., Andrusyszyn, M. A., & Laschinger, H. K. (2010). Effects of workplace incivility and empowerment on newly-graduated nurses' organizational commitment. *Journal of Nursing Management, 18*, 1004-1015. http://dx.doi.org/10.1111/j.1365-2834.2010.01165.x

Swartzwelder, K., Clements, P., Holt, K., & Childs, G. (2019). Confronting incivility in the online classroom. *Journal of Christian Nursing, 36*, 104-111. http://dx.doi.org/10.1097/ CNJ.0000000000000591

Tecza, B. M., Boots, B. K., Mains, B. C., Dryer, L. D., Oertle, D. L., Pontius, C. J., ... Teasley, S. (2018). Incivility toward nursing students in clinical rotations: Measuring the incidence and testing interventions. *JONA: The Journal of Nursing Administration, 48*, 585-590. http://dx.doi.org/10.1097/NNA.0000000000000684

Thomas, C. A. (2018). Stifled learning: Nursing students' experience of incivility in clinical education. *Journal of Christian Nursing*, *35*, 106-111. http://dx.doi.org/10.1097/CNJ.0000000000000477

Thompson, R. (2019). What if you're the bully? Self-awareness and honest feedback can help you make a change. *American Nurse Today*, *14*(1), 22-25.

Weber Shandwick and Powell Tate. (2019). *Civility in America 2019: Solutions for tomorrow*. Retrieved from https://www. webershandwick.com/wp-content/uploads/2019/06/CivilityInAmerica2019 SolutionsforTomorrow.pdf

Williams, T. E. (2017). *Minorities in nursing: The experience of incivility in nursing education* (Doctoral dissertation). Available from ProQuest.

Wright, M., & Hill, L. H. (2015). Academic incivility among health sciences faculty. *Adult Learning*, *26*(1), 14-20. http://dx.doi.org/10.1177/1045159514558410

Zell, E., Strickhouser, J. E., Sedikides, C., & Alicke, M. D. (2019). The better-than-average effect in comparative self-evaluation: A comprehensive review and meta-analysis. *Psychological Bulletin, 146*(2), 118-149. http://dx.doi.org/ 10.1037/bul10000218

Appendix A

Dissertation Survey Tool Questions

The study survey was created based on the Clark Workplace Civility Index ©, which is copyrighted material and should not be distributed or reproduced in any form without expressed written permission from Dr. Cynthia Clark. As described in the study, after completion of the Clark Workplace Civility Index © questions and scoring, participants then answered the additional ten Likert-Style and demographic questions noted below.

1) The civility score reflected by my scoring my own civility behaviors is accurate and reflective of my civility in my workplace.
( ) Disagree – 1 ( ) Somewhat Disagree – 2 ( ) Neutral/Unsure – 3
( ) Somewhat Agree – 4 ( ) Agree – 5

2) The civility score reflected by my scoring of my peers' civility behaviors is accurate and reflective of the overall civility in my workplace.
( ) Disagree – 1 ( ) Somewhat Disagree – 2 ( ) Neutral/Unsure – 3
( ) Somewhat Agree – 4 ( ) Agree - 5

3) Reflection on the survey scoring will encourage me to place additional focus on my own civility behaviors in the workplace.
( ) Disagree – 1 ( ) Somewhat Disagree – 2 ( ) Neutral/Unsure – 3
( ) Somewhat Agree – 4 ( ) Agree - 5

4) Use of the Workplace Civility Index and reflection on scoring would be beneficial for my entire department.
( ) Disagree – 1 ( ) Somewhat Disagree – 2 ( ) Neutral/Unsure – 3
( ) Somewhat Agree – 4 ( ) Agree – 5

5) Civility related activities or interventions have actively and successfully taken place in my program.
( ) Disagree – 1 ( ) Somewhat Disagree – 2 ( ) Neutral/Unsure – 3
( ) Somewhat Agree – 4 ( ) Agree – 5

6) Overall, nursing education is a civil profession.
( ) Disagree – 1 ( ) Somewhat Disagree – 2 ( ) Neutral/Unsure – 3
( ) Somewhat Agree – 4 ( ) Agree – 5

7) What is your age range?
( ) Under 30
( ) 30 to 45
( ) 46 to 60
( ) Over 60

8) What is your gender?
( ) Female
( ) Male
( ) Non-Binary
( ) Other

9) How long have you been in practice as a nurse educator?
( ) Less than 5 years
( ) 5 to 10 years
( ) 11 to 20 years
( ) More than 20 years

10) Which pre-licensure program are you currently teaching in?
( ) Associate Degree (ADN)
( ) Bachelor Degree (BSN)
( ) Both