Nursing Faculty's Perception of Managing Nursing Faculty to Faculty Incivility

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I would also like to dedicate this dissertation and the research to nurses everywhere. We chose a profession that is held in high esteem. We make sacrifices for those we don't know. It is time for us to take a stand for ourselves against incivility. We can be better, we need to be better, we will be better.

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Abstract

Nursing faculty incivility is not a new phenomenon. It has been seen in nursing education for quite some time. Understanding nursing faculty experiences with their colleague's incivility will help create a workplace environment that is less hostile and promotes the psychological well-being of faculty. The purpose of this qualitative phenomenological study was to explore the roles, experiences, and perceptions of nursing faculty within a nursing program in regard to faculty-to-faculty incivility. More specifically, the study examined the nursing faculty's perception of what constitutes uncivil behavior, the roles that both faculty and nurse leaders have in managing this behavior, and the current practices used to address incivility.

Eight nursing faculty from various nursing programs within the Midwest participated. Participants were interviewed regarding their lived experiences of nursing faculty-to-faculty incivility. Data received from these interviews was analyzed for common themes. Participants were clear that incivility is a current issue in nursing education. Women dominate the profession of nurse education, and with this comes a struggle to acquire power over others. Incivility has led to participants resigning their positions, changing their teaching assignments, or contemplating leaving nursing education. Participants were not consistent in recognizing uncivil behaviors. Because of the inconsistencies, it is impossible to manage incivility. Participants identified education on incivility as a strategy that will assist with the lack of knowledge. Codes of conduct and incivility policies should also be put in place to help manage incivility. Lastly, accountability is critical; both faculty and leaders must hold nursing faculty accountable for their uncivil behaviors. This study exhibits significant implications for nursing education, nursing faculty, and nursing education administration by identifying educational needs, identifying strategies that have been successful in addressing

incivility, and emphasizing the need to make uncivil faculty members accountable for their actions.

Nursing Faculty's Perception of Managing Nursing Faculty-to-Faculty Incivility

CHAPTER I: INTRODUCTION

Nursing faculty-to-faculty incivility is an ongoing issue within academia. The effects of incivility on nurse educators can be intense and affect many aspects of their lives. Research has shown that the presence of incivility between nursing faculty has many adverse effects in the workplace. Incivility can affect faculty members' workplace performance and engagement. Incivility can affect their personal lives and their physical wellbeing. Despite the vast amount of research on the subject of nursing faculty incivility over the last several decades, it is still an issue.

Research has offered different strategies to manage incivility. There are many different possibilities for decreasing the incidence of nursing faculty-to-faculty incivility. If not managed well, incivility can have detrimental effects on the faculty, nursing program, and students. Incivility within the academic environment is an issue that leaders and faculty must figure out how to manage. There is a gap in the research regarding faculty's perception of nursing incivility, how to manage incivility, and who should manage the issue. Literature has stated that both nursing faculty and nurse leaders have responsibility for reducing faculty-to-faculty incivility.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the roles, experiences, and perceptions of nursing faculty within a nursing program in regard to faculty-to-faculty incivility. More specifically, the study examined nursing faculty's perception of what constitutes uncivil behavior, the roles that both faculty and nurse leaders have in managing this behavior, and the current practices used to manage incivility.

Background and Rationale

Incivility has been defined as an act of deliberately being impolite, rude, or disruptive; behaviors like these may result in psychological or physiological distress and, if left unaddressed, may escalate (Clark, 2008a, 2008b; Clark, 2013; Griffin & Clark, 2014; Peters, 2014). Incivility is a complex phenomenon within nursing education manifested in uncivil interactions (Frisbee, Griffin, Luparell, 2019). The research is vast within the area of nursing incivility. Incivility in nursing has been a topic of conversation for many years. Despite the attention placed on nursing faculty incivility, it continues. Research can make a positive impact if the findings are implemented into workplace policies and practices.

Incivility has been recognized within academia as an issue that frequently happens in nursing education. Wagner et al. (2019) found incivility at some level throughout multiple disciplines in academia with the highest concentration within nursing education. According to the literature, faculty-to-faculty incivility within nursing education is challenging and needs to be researched thoroughly and addressed swiftly and effectively (Clark, Barbosa-Leiker, Gill, & Nguyen, 2015). One of the challenges is that incivility, despite the research and strategies that have been identified, continues. Continued incivility in the workplace may pose an unintended outcome of decreasing the number of nurses willing to become educators. Incivility may lead to decreased retention of nurse educators if leaders do not adequately deal with it (Green, 2018). Literature has reported that organizations with nursing faculty incivility will have issues with recruiting nurse educators (Sanner-Stiehr & Ward-Smith, 2017; Beckmann, Cannella, and Wantland, 2013).

Nursing faculty are seen as leaders in higher education where they serve as role-models and mentors to each other and students, setting standards for professional conduct and civil academic culture; faculty incivility can be seen as contributing to an unsupportive and hostile environment (Clark, Olender, Kenski, & Cardoni, 2013; Sanner-Stiehr & Ward-Smith, 2017). Incivility in nursing academia can have the same adverse effect when developing an educational environment; students' growth and development are hindered by the stress experienced by faculty who are receiving uncivil communication and experiencing uncivil behaviors (DeMarco & Mazzawi, 2018).

Nurses are becoming more aware of incivility and the consequences of having uncivil behavior tolerated in the workplace. Despite numerous completed studies on the subject, incivility in nursing education persists. Leadership's lack of involvement is evident when the leader does not take the appropriate and ethical steps to address and investigate incivility complaints and accusations (Aul, 2017; King & Piotrowski, 2015). Uncivil behaviors that leadership ignores may result in a complicated culture to change (Condon, 2015). According to Clark and Springer (2010), academic leaders play a critical role in preventing and addressing academic incivility. Clark and Springer (2010) found that 86% of leaders felt responsible for preventing or dealing with incivility. Based on this finding, faculty incivility should be addressed and corrected by faculty in collaboration with their leaders (Casale, 2017).

Research has provided leaders and nursing faculty with many different options for addressing incivility. Faculty and leaders employed in health sciences education have a vested interest in developing strategies to support faculty collegiality in response to faculty-to-faculty incivility (Wright & Hill, 2015). With the extensive research regarding nursing faculty-to-faculty incivility, which includes strategies for decreasing the

occurrence thereof, incivility continues to be an issue. Nursing faculty and nurse leaders play a vital role in reducing nursing faculty-to-faculty incivility. The literature review found that current research has not addressed nursing faculty's perception of the roles faculty and academic leaders have in managing nursing faculty incivility.

Research Questions

Central research question. What are nursing faculty's perceptions of faculty-to-faculty incivility?

Sub question one. What behaviors constitute faculty-to-faculty incivility?

Sub question two. What strategies are used to manage nursing faculty-to-faculty incivility?

Assumptions

There were assumptions associated with this research study. It was assumed that nursing faculty-to-faculty incivility occurs within the work environment, and it is perceived to be an issue by faculty. Another assumption was that the nursing faculty gave an accurate and truthful account of their experiences with incivility.

Delimitations

Delimitation within this study was the inclusion criteria. Nursing faculty needed to be either full-time or part-time educators within a nursing program that prepares students for licensure such as Bachelors of Science in Nursing (BSN), Associates Degree in Nursing (ADN), and Practical Nurse (PN) programs. The participants needed to have participated in or been victims of nursing faculty-to-faculty incivility within the last three years.

Definition of Terms

The following terms are operational definitions that were used in this research study. The definitions provided clarity to the terms used within this study.

Nursing faculty. Faculty was defined as nursing faculty who teach within a nursing program that prepares students for licensure.

Incivility. Incivility was defined as an act of deliberately being impolite, rude, or disruptive to others (Clark, 2008a, 2008b; Clark, 2013; Peters, 2014; Griffin & Clark, 2014). Examples of uncivil behaviors include covert uncivil behavior with the intent to harm; such behavior is considered a violation of workplace rules demonstrating mutual respect (Pearson, Andersson, & Porath, 2000).

Laissez Faire. A non-authoritarian leadership style. Laissez-faire leaders try to give subordinates the least possible guidance and try to achieve control through less obvious means. They believe that people excel when they are left alone to respond to their responsibilities and obligations in their own ways (Web Finance Inc., 2020).

Nursing leaders. Leaders who oversee pre-licensure nursing programs are those who have the formal title of Dean and Assistant Dean or the equivalent. Nursing faculty report directly to this position.

Transactional leadership. Style of leadership based on the setting of clear objectives and goals for the followers, and the use of either punishments or rewards to encourage compliance with these goals (Web Finance Inc., 2020).

Transformational leadership. Leadership style in which the leader identifies the needed change, creates a vision to guide the change through inspiration, and executes the change with the commitment of the group members (Web Finance Inc., 2020)**.**

Significance of the Study

This study added new information about nursing faculty-to-faculty incivility. Nursing faculty-to-faculty incivility is an ongoing issue that negatively affects nursing faculty despite extensive research on the topic. Nursing faculty incivility is often covert, and many times occurrences are ignored.

Nursing faculty and nurse leaders play a vital role in nursing faculty-to-faculty incivility. Identifying uncivil behaviors is one component of managing incivility. Nursing faculty need to be able to recognize uncivil behaviors in order to address them as they arise. Research has provided nurse leaders and nursing faculty with many different options for addressing incivility. There is a gap in the literature regarding the faculty's perception of their role and their leaders' roles in managing incivility. Throughout the research, it remains unclear which strategies are being used and which of those work for managing nursing faculty-to-faculty incivility.

CHAPTER II: LITERATURE REVIEW

The purpose of this qualitative phenomenological study was to explore the roles, experiences, and perceptions of nursing faculty within a nursing program in regard to faculty-to-faculty incivility. This review provides background research regarding nursing faculty-to-faculty incivility. Concepts within this review include a focus on nursing faculty incivility, leadership roles, and strategies to manage incivility.

Historical Context

The phrase 'Nurses eat their young' started to circulate in the 1980s (Meissner, 1986). This phrase can elicit strong reactions and emotions from nurses within the profession (Samson-Mojares, Chin, Colvin, & Umadhay, 2019). One of the first articles within the literature was by Roberts (1983), who described nurses as oppressed with a lack of power and autonomy. Lack of power and autonomy emerged as frustration that soon became attacks against one another (Condon, 2015). In other words, in nursing, there has been a noticed negative behavior that occurs between peers. A vast amount of research has been completed regarding lateral violence, bullying, and incivility within the workplace (Clark, 2008a, 2008b; Condon, 2015).

Nursing embodies disciplines of science and art, both of which have a strong influence within society (Samson-Mojares et al., 2019). The phenomenon of uncivil behaviors in the workplace has been studied thoroughly within many disciplines, including healthcare and academia (Wright & Hill, 2015). A review of the literature indicated that many different behaviors are considered uncivil. Some of those behaviors include being disruptive, eye-rolling, exclusion, rudeness, lack of support, resisting change, and challenging other colleagues' knowledge (Clark, 2013; Clark et al., 2013; Samson-Mojares et al. 2019). Elements of civility include respect for others, appreciating

their differences, listening, and working toward a common ground (Clark & Carnosso, 2008). Unfortunately, some people will be uncivil while others will become victims (Palumbo, 2018). Impressions of civil and uncivil behaviors are determined by the receiver's perception and knowledge; this includes the actual intent and context of the behavior (DeMarco, Fawcett, & Mazzawi, 2018). Perception and knowledge regarding incivility is crucial to understanding and managing the behavior.

Theoretical Context

Full Range Leadership Model (FRLM) is a leadership model that encompasses transformational, transactional, and laissez-faire elements of leadership. Transformational elements include building trust, acting with principle and integrity, inspiring others, innovation, and developing others (MacKie, 2014). Transformational leadership helps full-range leaders motivate and set an example for their teams. Transactional leadership elements include reward and corrective elements, and management by exception. Transactional leadership helps the leader reinforce and modify behavior as needed. Laissez-faire leadership was included in the FRLM because there are times when leaders need to step back and do nothing because they are allowing their teams to manage their issues. FRLM allows the leader to adapt the different leadership styles according to each unique situation (Marquis & Huston, 2021).

FRLM has been researched when looking at the perception of leadership styles in organizations. FRLM is one of the best conceived and most validated leadership models (Barnett, 2019; Kanste, Kääriäinen, & Kyngäs, 2009). Full-range leadership models suggest that leaders must have skills in transformational leadership, transactional leadership, and laissez-faire leadership (Marquis & Huston, 2021). Transformational leadership encouraged employees to go beyond the standard expectations by motivating

and addressing needs (Barnett, 2019; Kanste et al., 2009). Transactional leaders use praises and rewards to motivate followers to achieve goals (Barnett, 2019; Kanste et al., 2009). Laissez-faire is the absence of leadership, avoidance of issues, and failure to clarify expectations or address conflict (Barnett, 2019; Kanste et al., 2009). Although this may be true, laissez-faire leadership was long considered the best option for handling an uncivil situation. In these cases, the leader trusts their employees to handle the situation on their own.

The leaders who exhibit authentic attributes have a high degree of credibility with their followers (Kanste et al., 2009). Marquis and Huston (2021) identified authentic leaders as real to themselves and their values, with integrity influencing their actions. The followers emulate the leader's behavior, assume the values the leader portrays, and commit to achieving the leader's vision (Kanste et al., 2009). Leaders and their behavior influence nursing faculty. Kanste et al. (2009) found that transformational leadership promoted willingness and extra effort in nurses. Nurses were highly satisfied with their transformational leader. Full-range leaders evolve and adapt their leadership style based on which leadership styles are needed for a given situation (Marquis & Huston, 2021).

FRLM was a beneficial model for nurse leaders when dealing with nursing incivility within the academic setting. Incivility varied in severity of the situation. FRLM gave the leaders the ability to adapt their approach to the incivility issues depending on the issue and the faculty members involved. FRLM gave leaders the autonomy to decide the best course of action needed to manage incivility.

Incivility

Incivility has been defined as an act of being deliberately impolite, rude, or disruptive. At times, these behaviors result in psychological or physiological distress and,

if left unaddressed, escalate. (Clark, 2008a, 2008b; Clark, 2017; Griffin & Clark, 2014; Peters, 2014). Anderson and Pearson (1999) reported incivility includes covert uncivil behavior with the intent to harm. Uncivil behavior is generally a violation of workplace rules for mutual respect. Also, incivility is damaging provocation to someone's character, offensive toward a person's inherent ego, and the effects can be devastating, debilitating, and permanent (Andersson & Pearson, 1999).

Incivility has been used interchangeably with other terms, with bullying being one of those terms. Peters and King (2017) defined bullying as an act of aggression toward another colleague that has become repetitive. Some believe that uncivil behavior in the form of bullying is established to attain power, control, and influence over others (Peters, 2014; Peters & King, 2017). The repetitive nature of bullying makes it more difficult to stop the cycle of uncivil behavior. The behaviors that are considered bullying are similar to uncivil behaviors such as ignoring or excluding the target, spreading gossip, humiliating others, making accusations, threats, and persistent criticism. It has been found that an imbalance of power and a leader's lack of managing incivility were often the reasons bullying continued (Peters & King, 2017).

Randle, Stevenson, & Grayling (2007) identified a bully as "highly manipulative, usually with good social skills that enable him or her to build a supportive clique" and "the bully's performance may be so skilled that his or her actions are rarely challenged or even perceived as bullying"(p.g.50). In addition, Randle et al. (2007) said, "The workplace bully is more sophisticated and is better understood as a calculated problem-solver who uses bullying tactics to ensure activities occur in the way they want" (pg. 52).

Uncivil behaviors. Physical abuse was found to be uncommon, whereas verbal abuse was the more common component of incivility, though just as painful to experience

(Condon, 2015). Uncivil actions pertaining to communication include failure to communicate openly, sarcastic comments, interrupting others, gossiping about colleagues, putting down fellow faculty members, spreading lies, improper use of cell phones or other devices during meetings or classes, and engaging in covert meetings behind closed doors (Clark 2013; Clark & Springer, 2010; Griffin & Clark, 2014; Clark & Wagner, 2019; Samson-Mojares et al. 2019). Overt or covert behaviors such as intimidation, criticizing someone in front of others, fault-finding, blocking information, isolating, or freezing someone out of group activities are all acts of incivility (Longo, Cassidy, & Sherman, 2016; Walrafen, Brewer, & Mulvenon, 2012).

Incivility between faculty includes giving colleagues or subordinates the silent treatment, micro-management, constant criticism, making others feel ridiculed, patronizing behavior, feeling alienated, belittling others' work, and taking credit for others' work (Longo et al., 2016; Samson-Mojares et al., 2019; Wright & Hill, 2015). Ultimately, there are a vast number of different behaviors that have been identified as uncivil. Incivility can be overt and openly displayed; other times, faculty described being 'ambushed' or blind-sided' by passive-aggressive uncivil behaviors (Clark et al., 2020).

Incivility in nursing. In nursing, the retention of well-qualified, highly trained nurses committed to the profession is the goal of many organizations (Green, 2018). However, with the presence of incivility, the ability to achieve this goal may be jeopardized. Green (2018) stated that there should be zero tolerance for these acts. In the past, incivility was frequently accepted as a regular part of nursing, even though it was very unpleasant (Sanner-Stiehr & Ward-Smith, 2017). Nurses doubted their knowledge and skills and felt unsuccessful in their positions because of the incivility they had endured from their colleagues. Often, nurses did not advocate for themselves; they hid

their feelings of being victims of incivility, which caused them to become easy targets (Samson-Mojares et al., 2019).

Nurses copied their colleagues' and leaders' behaviors, which created the cycle of incivility (Samson-Mojares et al., 2019). Walrafen et al. (2012) found that as high as 77% of participants witnessed a colleague be a victim of incivility within nursing. Tolerance of incivility has created an undesirable representation of the nursing culture, with destructive effects that extend beyond an individual, unit, department, or organization (Griffin & Clark, 2014; Sanner-Stiehr & Ward-Smith, 2017).

Nursing is a profession that is held in high regard. Incivility is not a trait that is often associated with nursing by the general public. In contrast, nurses know that incivility is all too common within the profession. Incivility has had many different effects on nurses.

Reasons for incivility in education. Faculty should engage in collegial disagreement and academic debate; this is part of being in an intellectual community. These behaviors must be managed well in order for them to contribute to a scholarly learning environment (McElveen, Leslie, & Malotky, 2006). If handled poorly or ignored, faculty discord, such as personality conflicts, extreme self-interest, a high need for control or power, professional jealousy, envy, spite, or revenge, can lead to faculty incivility (Clark, 2008b; Clark et al., 2013; Cleary, Walter, Halcomb, & Lopez, 2016; McElveen et al., 2006). Incivility will continue if the cause is not addressed. Reasons for incivility included stress, insecurity, or disregard for others (Clark, 2008b; Clark, 2013). Rank and power are often the motivation for uncivil behavior among administrators and faculty or between faculty members themselves (Wright & Hill, 2015).

Incivility occurs in academic work environments because of the competition for scarce resources, unwritten rules of gaining tenure, and pursuit of professional advancement (Clark, 2013; Clark et al., 2013; Cleary et al., 2016; Wright & Hill, 2015). Stressors for nursing faculty, which lead to incivility, include having multiple work demands, the need to adopt new technologies, challenging students, low salary, and financial pressures (Bartlett & Bartlett, 2016; Clark, 2013; Clark et al., 2013; Clark & Springer, 2010). Changes in technology are another reason for uncivil behavior. These changes have created an increasing demand for immediate responses, informal communication, a decrease in face-to-face interactions, and a noticeable shift in acceptable behaviors regarding personal and technology correspondence (Bartlett & Bartlett, 2016). Other reasons for uncivil behaviors include unclear, amplified, competing, or demanding work expectations, volatile work settings, increased demand for research, preferences for particular assignments, and grant productivity (Clark, 2013; Clark et al., 2013; Cleary et al., 2016). Overall, research suggests there are many different reasons for nursing faculty-to-faculty incivility.

According to Peters and King (2017), a completed study found that four themes emerged when investigating academic nurse leaders' experiences while attempting to maintain a civil academic work environment in nursing schools. These themes included imbalance of power, ingrained culture, lack of preparation and support, and instigator avoidance. First, regarding the imbalance of power, the study determined that tenured faculty or faculty with longevity were often identified as instigators of incivility within the nursing department. Second is ingrained culture, which notes that incivility was an expectation within the nursing department. The third theme of this study was lack of preparation, noting that educators felt a lack of preparation within their graduate program

to handle incivility issues. Participants discussed the difficulty of serving as the academic nurse leader in a program where uncivil behavior was acceptable, and mentioned that they felt blindsided by faculty on multiple occasions due to lack of confidential information. Participants stated that they were hired to help resolve the incivility within their department. The last theme was instigator avoidance, stating that if instigators were approached, they would often retire or secure a new position elsewhere. An administrator noted that dismissing uncivil faculty had happened, saying, ‘‘[I am] ashamed that I did not do anything sooner; that is what I regret the most” (p. 40). Academic leaders lack understanding of the ingrained culture of incivility within nursing, the power, and the skills it takes to create a positive change in the nursing culture. Leaders have to stop allowing incivility within academia so uncivil faculty do not serve as role models for future nurses who may mimic these behaviors in their careers.

Consequences of incivility in education. Incivility affects more than just the targets of this behavior. For example, the behaviors influence the offenders, peers, stakeholders, and the organization in which the offenders are employed (Griffin & Clark, 2014). Research completed by Walrafen et al. (2012) identified that offenders often get caught up in the moment or feel as though their actions are justified, not thinking about the victim. The impact of incivility can be immediate and may have a permanent impact on the victim’s life. Personal resilience is affected by incivility within the work environment, making victims more vulnerable to their peers' uncivil behaviors (Walrafen et al., 2012). Without resilience, nursing faculty may have a difficult time maintaining self-esteem and a positive attitude. Incivility has a wide variety of consequences, which include apathy, disrespect, sarcasm, and distrust by both the victim and the uncivil nursing faculty member (Clark, 2013; Clark, 2017; Clark & Springer, 2007a; Green,

2018; Peters, 2014). Continuous uncivil acts experienced by the affected person may render them confused, frustrated, and feeling helpless and hopeless (Green, 2018).

Faculty incivility leads to low morale, low motivation, diminished quality of work, absenteeism, retaliation, low job satisfaction, faculty alienation due to humiliation, turnover, burnout, and resignation (Clark, 2013; Clark et al., 2013; Clark, 2017; Clark & Springer, 2007a, 2007b; Green, 2018; Peters, 2014; Wright & Hill, 2013). Effects of workplace incivility include physical and mental health problems, such as gastrointestinal health issues, depression, and anxiety (Wright & Hill, 2013). Often, people failed to report incivility in the workplace; they left without revealing the real reason for their resignation (Clark & Ritter, 2018). People who have to retell their incivility experiences often have strong emotions due to the severity of the interactions (Walrafen et al., 2012). The consequences of uncivil behavior can be devastating.

Incivility Throughout Higher Education Institutions

Incivility can be between faculty-student, student-student, student-faculty, and faculty-faculty, including administrators (Clark, 2008a, 2008b; Clark et al., 2015; Clark & Springer 2007b; Heinrich, 2006; Shanta & Eliason, 2014). Studies have revealed that incivility is prevalent at all levels and within all higher education disciplines (Henning et al., 2017). Other studies have shown that 40% to 50% of faculty may experience academic incivility by fellow faculty members or leaders; incivility has been a cause of attrition of faculty (Clark et al., 2013; Clark, 2017; Clark & Springer, 2007a, 2007b; Green, 2018; Peters, 2014; Wright & Hill, 2013).

A systematic review of the literature regarding incivility in higher education found that most of the research has been completed within the United States (Henning et al., 2017). Wagner et al. (2019) found that there was incivility at some level throughout

multiple disciplines in higher education with the highest concentration found within nursing departments. In addition, Clark et al. (2012) discovered that incivility in nursing programs is not only a national issue, but an international issue as well, with incivility studied in China. Given these points, incivility is present in academia, with the most substantial presence found in nursing.

Nursing programs. Incivility is a prevalent problem in nursing programs that can ultimately harm student outcomes and educational processes (Aul, 2017; Wright & Hill, 2015). Incivility among nurse educators in academia has been reported as a moderate to severe problem (Aul, 2017; Clark et al., 2013; Clark and Springer, 2007a, 2007b). Peters (2014) explored novice nursing faculty members' experiences and identified that senior faculty were territorial within their department. Senior faculty had an overarching sense of power that was consistent, which made relationships uncivil. There is a critical need to address faculty incivility, and an assessment needs to be completed to identify ways to prevent this phenomenon (Clark, 2013; Clark, 2017). Incivility within higher education institutions threatens the well-being of the college community members (Clark & Springer, 2010).

Incivility in nursing education leads to various outcomes for both faculty and students (Wagner et al., 2019). Gallo (2012) reported that incivility in nursing education leads to a poor learning environment, undesirable workplace behaviors, and violence. Poor learning environments for students affects their satisfaction with the college community. Another poor outcome for students is the effect incivility has on academic performance, ultimately affecting their ability to complete their education.

Nursing faculty are seen as leaders in higher education due to serving as role-models, setting standards for professional conduct. Faculty incivility can be seen as

contributing to an unsupportive and hostile environment for students, faculty, and leaders (Clark et al., 2013; Sanner-Stiehr & Ward-Smith, 2017). Clark et al. (2013) reported that schools of nursing charged with the development and mentoring of healthcare professionals should be a model of civil academic culture. Incivility in nursing academia can have the same adverse effect when developing an educational environment. DeMarco et al. (2018) noted that students' growth and development are hindered by faculty who are experiencing stress due to uncivil communication and uncivil behaviors.

Victims of faculty incivility question their academic and educational abilities despite their personal and academic successes (Green, 2018). Academic incivility is challenging within higher education generally, and within nursing education specifically. Nursing faculty incivility needs to be researched thoroughly and addressed swiftly and effectively (Clark et al., 2015). Incivility is a complex phenomenon within nursing education that manifests in uncivil interactions (Frisbee, Griffin, Luparell, 2019). Sanner-Stiehr and Ward-Smith (2017) found that incivility undermined nursing programs' success due to a lack of collaboration and dysfunctional communication. As described, incivility within nursing programs needs to be addressed, and nursing faculty need to set an example for the nursing students.

Nursing students. Incivility was reported as a frequent occurrence during the transition from student to nurse (Shanta & Eliason, 2014). Concerns were voiced due to the increasing tolerance of incivility within the nursing culture. Because of this, nursing students learn to accept incivility as a regular aspect of nursing (Aul, 2017; Clark & Springer, 2007b). Incivility learned in nursing school can lead to uncivil behaviors in professional nursing practice (Aul, 2017; Clark & Springer, 2007b). Nurse educators must ensure that the academic environment does not send the message that incivility is

tolerated within nursing (Sanner-Stiehr & Ward-Smith, 2017). Research by Randle (2003) showed that nurses and students have assumed that they need power within their professional role as nurses and tend to exert it over others; however, negative feelings are typically the result.

Education provides the opportunity to develop and practice communication skills, specifically regarding incivility within the professional nursing work environment (Sanner-Stiehr & Ward-Smith, 2017). Sanner-Stiehr and Ward-Smith (2017) found that nurse educators should integrate incivility education into clinical post conferences, especially when incivility has been experienced or observed during their clinical experience. Observed or experienced incivility provides a learning opportunity and immediately reinforces the importance of having communication strategies (Sanner-Stiehr & Ward-Smith, 2017). Nursing is known for being a caring profession, but has demonstrated a cycle of violence that has carried into the professional practice of many nurses (Shanta & Eliason, 2014; Aul, 2017). The cycle of violence is in the form of incivility between nurses within the profession. Incivility needs to be stopped to avoid continuing the cycle. Incivility is a significant concern in nursing academia, as it can affect students who are entering the profession. Students need to be prepared to handle any incivility they may encounter.

Nursing faculty to nursing student. Learning barriers are created when students endure incivility within their nursing programs (Clark and Springer, 2007b). Nursing has developed a culture of acceptance of incivility that impacts teaching and learning over time, and it needs to be addressed within the college community (Wagner et al., 2019). Wagner et al. (2019) found that faculty who exhibited uncivil behaviors directed these behaviors toward students. An attitude of superiority is one factor which causes faculty

incivility. Many nurse educators thrive on feeling superior to their students (Clark, 2008b; Clark and Springer, 2007b).

Nursing faculty incivility promotes a lack of professional, respectful behavior demonstrated by themselves and their students (Aul, 2017). Lasiter, Marchiondo, and Marchiondo (2012) found areas in which students experienced incivility from faculty. These areas included incivility in others' presence, talking about one student to others, faculty comments that made students feel stupid, and comments making the student feel discredited. A study completed by Wagner et al. (2019) showed that faculty behaviors were seen as uncivil toward students, including ineffective teaching, allowing side conversations, and unfair grading. Also, Clark (2008b) reported that students described faculty incivility themes, including faculty belittling students, mistreating students, and pressuring students to conform to unreasonable demands. Wright and Hill (2015) reported that if students experienced faculty incivility or witnessed incivility among faculty, the negative consequences included decreased ability to learn and apply what they had learned within their courses.

The academic setting strongly influences student behavior and communication (Sanner-Stiehr & Ward-Smith, 2017). Faculty can set their expectations by role modeling professional behaviors and communication style, showing students acceptable behavior (Sanner-Stiehr & Ward-Smith, 2017; Shanta & Eliason, 2014). Faculty have roles of authority in the hierarchical academic structure; this comes with responsibility for their behavior. Incivilities from faculty create a double-standard for behavior and appear hypocritical to students who are held to codes of conduct (Sanner-Stiehr & Ward-Smith, 2017).

Wagner et al. (2019) completed a study regarding faculty and student perceptions of incivility. Within this study, both the faculty and the students showed that the two primary factors that contributed to student incivility were stress and an attitude of student entitlement. Additional findings revealed that both groups identified an attitude of superiority that contributed to faculty incivility. Within this study, most faculty and students perceived incivility as a moderate to severe nursing education problem. Both groups identified the need for effective communication and working together to create a culture of civility. This study demonstrates that students and faculty have many of the same perceptions regarding incivility toward students by faculty.

Nursing student to nursing faculty. Clark, Nguyen, and Barbosa-Leiker (2014) found that demanding academic workloads, as well as balancing work, school, family, and self-care all create stress for nursing students. The stressors of becoming a nurse further manifest as uncivil behaviors during school (Aul, 2017). Nursing programs are typically rigorous, and nursing students are pressured to succeed in high-stakes testing (Aul, 2017). After graduation, students then have the pressure of passing the National Council Licensure Examination (NCLEX) to become a licensed registered nurse (Aul, 2017).

Common uncivil student behaviors include tardiness, sleeping during class, use of devices not for class, sarcastic comments, bullying peers, challenging professors' competence and credibility, and academic dishonesty (Clark & Springer, 2007a, 2007b; Wagner et al., 2019). Luparell (2007) found that student incivility toward faculty creates physical and emotional reactions, decreased self-esteem, decreased retention, and poorly affects the educators and the education process. Each of these uncivil behaviors should be addressed while the student is within the nursing program.

Students begin to adapt uncivil actions into their nursing practice during their education program (Randle, 2003). Sanner-Stiehr & Ward-Smith (2017) revealed uncivil behaviors reflect poorly on the individuals who behave in an unprofessional manner, reflect poorly on nursing programs they attended, and the nursing profession as a whole. If incivility is not addressed during nursing school, these behaviors continue and escalate in professional practice (Sanner-Stiehr & Ward-Smith, 2017).

These studies indicate that student incivility continues in their professional practice. There are also indications that faculty should address these issues as they come up. Students face stress within their nursing programs that lead them to act out. The studies showed that if students exhibit uncivil behavior, they carry it over to their nursing practice.

Nursing faculty to faculty. A literature review by Sanner-Stiehr & Ward-Smith (2017) found that faculty incivility patterns were very similar to those found in the clinical areas between nurses. Wright and Hill (2015) reported that if faculty-to-faculty incivility was allowed to persist, quality faculty resigned and sought employment elsewhere. Furthermore, departments had difficulty recruiting new faculty due to a reputation of having an uncivil work environment. Difficulties in recruiting and retaining nursing faculty were due to incivility, and likely contributed to the nurse faculty shortage (Sanner-Stiehr & Ward-Smith, 2017; Beckmann, Cannella, and Wantland, 2013).

Faculty and leaders employed in health sciences education have a vested interest in developing strategies to support faculty collegiality in response to existing faculty-to-faculty incivility (Wright & Hill, 2015). Clark et al. (2013) reported that studies have shown that many times those who experience uncivil behavior by fellow faculty members or leaders will not attempt to resolve these issues due to fear of retaliation. Clark (2020)

noted that many people worry about retaliation, becoming a target themselves, or being labeled a complainer, troublemaker, or whistleblower. It was also noted that faculty lack support and institutional policy or procedures for addressing the problems (Clark et al., 2013).

Incivility is becoming an enculturated part of nursing, making it likely that faculty learn these behaviors during their education or clinical practice (Sanner-Stiehr & Ward-Smith, 2017). Faculty who have continued these behaviors throughout their careers will likely practice them within their nursing faculty positions. These uncivil behaviors are directed toward other nursing faculty and students. These behaviors need to be recognized as uncivil. Uncivil behaviors need to be addressed and managed. Faculty who have not corrected these uncivil behaviors are likely to pass them on to their students who will enter the nursing profession with the same set of unprofessional behaviors and maladjusted coping mechanisms, completing the dysfunctional cycle of incivility (Sanner-Stiehr & Ward-Smith, 2017).

A study completed by Gazza (2009) found that new nursing faculty had a wide range of descriptions for the relationships that they have had within the workplace, ranging from positive and supportive to the majority of experiences being harmful and detrimental. It was also discovered that a range of participants experienced conflict between new and senior faculty. Heinrich (2006) described the lack of collegiality between faculty members as “joy-stealing” and believes that this type of behavior between faculty members is motivated by insecurity, jealousy, or insensitivity that results in the phenomenon of faculty “eating their young.” Clark et al. (2013) noted that faculty-to-faculty incivility was the primary reason for resignations from nurse educator positions. A vast amount of literature and studies have been completed regarding nursing

faculty-to-faculty incivility. However, there is a gap within the literature regarding nursing faculty's perception of strategies that manage nursing incivility.

Nursing faculty to leadership. There is limited research related to incivility from faculty to leaders in nursing. LaSala, Wilson, and Sprunk (2016) identified uncivil behaviors from faculty to leaders as false accusations/allegations, deliberate sabotage, passive-aggressive behaviors, lack of support from others, and negative impact on professional careers. The research called for nursing leaders to role-model civility, develop policies and expectations for behavior, and manage incivility as it arises (LaSala et al., 2016). Leaders need to lead by modeling expected behaviors.

Leadership to nursing faculty. Faculty have experienced uncivil behaviors from leadership such as being ignored, not being encouraged or supported to apply for advancement in their careers, and not being professionally mentored by their leaders (Walrafen et al., 2012). A study completed by Beckmann et al. (2013) found leaders and senior faculty were more likely to be uncivil due to the association in the rank of the faculty member. Faculty members of higher rank are noted to have a higher tendency to exhibit uncivil behaviors. If leaders are identified as uncivil, the environment is not perceived as supportive and appropriate. Therefore, their leadership ability, or lack thereof, should be investigated and corrected (Beckmann et al., 2013). Clark and Springer (2010) studied leaders' perspectives regarding incivility and reported stressors, such as juggling multiple roles and meeting demands, contribute to uncivil behavior. Environments that contain incivility have serious ramifications related to the nursing faculty shortage (Beckmann et al., 2013).

Strategies to Address Incivility

The goal is to address incivility swiftly, directly, and fairly to support a healthy academic work environment (Clark, 2008b; Clark & Ritter, 2018; Peters, 2014; Walrafen et al., 2012). Accepting the status quo is unacceptable and can cause irreparable harm to organizational well-being if incivility is not addressed (Anthony, 2020). Employers need to provide training, education, and open forums for discussion and conversation to bring incivility to the forefront (Clark, 2008b; Peters, 2014; Walrafen et al., 2012). Education is a key component to ensure that nursing faculty understand what constitutes incivility. Additional strategies to combat incivility include development programs on academic incivility for faculty, mentoring programs, and collegiality components of tenure and promotion requirements for faculty (Wright & Hill, 2015; Beckmann et al., 2013). Leaders should attend conferences or classes on how to manage incivility in the workplace to feel confident in dealing with incivility among their faculty (Condon, 2015; Longo et al., 2016; Aul, 2017). Studies show that, in addition, leaders need to role model positive behavior, be mentors for their employees, educate on stress reduction, and have a resource for counseling to help manage incivility (Peters, 2014). Thupayagale, Dithole, Baratedi, and Raditloko (2020) completed a study with three themes: leadership's role in incivility, lack of policy implementation, and inadequate leadership skills and role modeling. Ultimately, leaders also need to know how incivility operates, and how promotion of civil behaviors is important (Peters & King, 2017; Wright & Hill, 2015).

Comprehensive policies and procedures need to be established and disseminated. Walrafen et al., 2012). A strategy that addresses faculty incivility is to implement specific policies and step-by-step procedures that define incivility. Implementing comprehensive, confidential, and legally defensible workplace civility policies is critical to fostering and

sustaining academic work environments (Clark & Ritter, 2018). This includes a clear plan on an incremental disciplinary approach, including confidential, secure reporting for victims (Clark & Ritter, 2018; Peters, 2014; Walrafen et al., 2012; Wright & Hill, 2015; Clark, 2008b). Zero-tolerance policies for incivility are needed to reinforce the idea that any report of incivility will be taken seriously and investigated (Condon, 2015; Longo et al., 2016). A zero-tolerance policy eases the pain of those who have endured incivility to the point where they are comfortable reporting the occurrence (Condon, 2015).

In addition to policies, faculty and leadership should have codes of conduct that emphasize respectful communication and provide definitions of uncivil behaviors (Sanner-Stiehr & Ward-Smith, 2017). The review completed by Sanner-Stiehr and Ward-Smith (2017) noted that faculty codes of conduct and disciplinary procedures should be implemented to encourage civility. Faculty within academia want a sense of community and collegiality. This helps them commit to their career, students, the profession, and colleagues (Garbee & Killacky, 2008). Expectations of acceptable professional behavior among faculty in all departments should be reiterated each year just before school starts (Condon, 2015).

Efforts need to be taken to improve civility in nursing education; this includes the faculty's relationships (Shanta & Eliason, 2014). Collegiality among faculty is an essential component of professional behavior and should be expected (Shanta & Eliason, 2014; Sanner-Stiehr & Ward-Smith, 2017). The American Nurses Association (ANA) Code of Ethics provision 1.5 demands respect for professional colleagues, which supports the need for collegiality among nursing faculty. Peters and King (2017) suggested that having a supportive, collegial work environment, improving faculty salaries, and streamlining the transition into nursing education will lead to nursing faculty's success.

Overall, this should be an expectation of employment (Shanta & Eliason, 2014). Nurses at all levels within higher education and the nursing profession must demand civility in all professional interactions (Shanta & Eliason, 2014).

Clark (2013) suggested face-to-face communication between faculty should be used to address incivility by arranging a meeting between faculty involved in a neutral location with a mediator. This includes planning and rehearsing talking points related to establishing common goals and interests with a trusted colleague in advance. Sometimes nurses do not speak up because they do not want to "get involved" even when the problems are serious; they worry about retaliation or do not know what to say (Clark, 2020). Open and clear communication is a way to express the value and respect faculty has for the students and vice versa. Faculty must model effective communication in a caring and clear manner regarding the importance of civility, and request that others commit to civil interactions.

Mindfulness-based meditation is an approach that has been used by nurse educators that have experienced workplace incivility to aid in effective coping. Mindfulness allows nurses to learn how to implement self-care, reduce stress, and have peace and calmness within their life. It is empowering for faculty when they realize that they control whether or not they accept a peer's incivility and negative behavior. Understanding the value and importance of oneself helps faculty that experience incivility to maintain their mental and physical health despite the uncivil work environment (Green, 2018).

Accountability. Leadership's lack of involvement is evident when the leader behaves unethical by not taking appropriate steps to address and investigate complaints and accusations of incivility (Aul, 2017; King & Piotrowski, 2015). A leader fails when

they do nothing to ensure that policies are enforced to prevent the occurrence of incivility (King & Piotrowski, 2015). According to Clark and Springer (2010), academic leaders play a critical role in preventing and addressing academic incivility.

Clark and Springer (2010) found that 86% of leaders felt as though they were responsible for preventing and dealing with incivility. A way to decrease incivility in nursing is for leaders to address incivility directly. If incivility occurs, steps by the leader should be taken immediately to stop it (Condon, 2015). Uncivil behaviors that leadership ignores result in a complicated culture to change (Condon, 2015). Academic nurse leaders must become knowledgeable and comfortable in implementing policies and following the procedures for faculty incivility (Peters & King, 2017).

Leaders need to be conscientious, ensuring that they treat all faculty equally and fairly, and vigilantly watch for manipulative and counterproductive behaviors by uncivil faculty (Condon, 2015). Uncivil faculty must be identified, and appropriate disciplinary action needs to be taken (Clark & Ritter, 2018; Sanner-Stiehr & Ward-Smith, 2017). Leaders must immediately investigate any behavior perceived by others as uncivil (Condon, 2015; Sanner-Stiehr & Ward-Smith, 2017). Leaders must be receptive to faculty incivility reports, and they have a duty to investigate and appropriately address them (Sanner-Stiehr & Ward-Smith, 2017).

At times, leaders are not approachable or, worse, uncivil; faculty must have a specific office or person to which they can report faculty incivility with the assurance that it will be addressed without fear of retaliation. If reports reach this level, an objective outside a third party should be retained for investigation purposes. When situations reach this level, it is a signal that a department-wide problem is occurring and needs to be further investigated and addressed (Sanner-Stiehr & Ward-Smith, 2017).

Faculty incivility can be addressed and corrected by faculty in collaboration with their leaders (Casale, 2017). There is a clear gap in the literature related to strategies that faculty can implement to manage incivility.

Summary

Nurses need to create civil environments and use best practice to prevent incivility as strategies to benefit the workplace environment, nursing practice, and patient care (Ziefle, 2018). One way to influence the nursing profession and promote civility in practice is to teach appropriate and professional behavior to students and new nurses (Ziefle, 2018). Nursing faculty need to serve as role models by exhibiting civil behaviors within the challenging environments of nursing practice and higher education (Ziefle, 2018).

The professional nurse's role presents enough challenges for newly licensed nurses without having to learn to navigate toxic, uncivil environments with nurse colleagues (Sanner-Stiehr & Ward-Smith, 2017). Students may learn this behavior while in their nursing program and during a nursing career (Sanner-Stiehr & Ward-Smith, 2017). Upon entering the workforce, new nurses will be exposed to incivility and may not have the knowledge or training to respond effectively (Sanner-Stiehr & Ward-Smith, 2017). Nursing faculty have the responsibility and opportunity to break the cycle of incivility by including information about incivility within the curricula and designed teaching strategies, correcting inappropriate behaviors, maintaining expectations and codes of conduct policies regarding appropriate behaviors, and ensuring that their behaviors meet those same standards in order to create academic environments of respect and professionalism (Aul, 2017; Sanner-Stiehr & Ward-Smith, 2017).

Studies showed that incivility leads to decreased retention of nurse educators if not adequately dealt with by leaders (Green, 2018). As faculty leave due to poor incivility management, the long-lasting effect may result in nursing shortages and ultimately impact care received by people within the United States (Beckmann et al., 2013; Sanner-Stiehr & Ward-Smith, 2017). McPherson and Buxton (2019) stated that research has proven the existence of incivility within healthcare professionals and the devastating impact it can have upon individuals and organizations. A gap exists between recognizing incivility and utilizing strategies that work to manage incivility.

All campus community members deserve an academic work environment where they are valued, treated with dignity and respect, and encouraged to engage in lively debate, spirited discussion, and meaningful discourse free from discrimination, harassment, and intimidation. Healthy workplaces can generate higher satisfaction, engagement, and morale (Clark & Ritter, 2018).

CHAPTER III: METHODS AND PROCEDURES

This chapter presents the methods and procedures that were used in this study. The sample size, data collection and analysis procedures, interview tool, and checklists will be discussed.

Research Design

This qualitative research study utilized a phenomenological design. Creswell and Poth (2018) described phenomenological research as a narrative study that reports one or more individuals' lived experiences. Utilizing the qualitative design allowed the researcher to explore the phenomenon of nursing faculty's lived experiences with nursing faculty-to-faculty incivility and how it was managed. The researcher gathered data from nursing faculty who were victims of nursing faculty-to-faculty incivility and developed a composite description of the essence of the experience for all individuals.

Semi-structured interviews were conducted to study the nursing faculty's perception of what constitutes uncivil behavior, the roles both faculty and nurse leaders have in managing this behavior, and the current practices used to manage incivility. Creswell and Poth (2018) described collecting information for a phenomenological study primarily as an in-depth interview. Online interviews allowed the researcher to take field notes during the interview. This study was conducted with faculty from colleges with nursing programs that prepared nursing students for licensure.

Population and Sample

A purposeful sample was used to recruit nursing faculty from nursing programs in the Midwest. The sample included nursing faculty who were victims of nursing faculty-to-faculty incivility within the last three years and had first-hand knowledge of the faculty incivility within a nursing program. Creswell & Poth (2018) indicated that three

to ten participants should be included in a phenomenological design. The study ceased once data saturation was reached.

Demographics

The inclusion criteria for this study were nursing faculty 19 years old or older. Nursing faculty included those who taught within a nursing program full-time or part-time, preparing students for licensure (Practical Nurse (PN), Associates Degree in Nursing (ADN), and Bachelor's Degree in Nursing (BSN)). Participants were victims of nursing faculty-to-faculty incivility within the last three years. Exclusion criteria included any incivility pertaining to anyone other than nursing faculty to nursing faculty. Faculty with no experience with nursing faculty-to-faculty incivility were not included within the study.

For this study, eight nursing faculty members were interviewed. Each participant completed a demographics (Appendix A) form before the start of the interview. Eighty-seven and a half participants were currently teaching in a BSN pre-licensure nursing program. All participants were females between the ages of 26-65. All participants are employed as full-time nurse educators and had personally experienced incivility within the last three years. The participants attained degrees of either MSN or EdD. Participants varied in their current rank, which ranged from Instructor to Associate Professor. Overall, participants had 1-15 years of teaching experience.

Description of Setting

The setting was higher education organizations that include pre-licensure nursing programs. Degrees offered were: Practical Nurse (PN) and Bachelor's Degree in Nursing (BSN).

Instrumentation

The researcher developed an interview protocol (Appendix B). The interview protocol was utilized during semi-structured interviews. The PI followed a prepared script to ensure all participants were given the same information and asked the same questions. Interview questions were asked to each participant to address the research questions.

During the interview, participants completed two checklists (Appendix C and D). The first checklist contained uncivil behaviors. Participants were asked to identify behaviors they consider uncivil. On the second checklist, participants were asked to complete and identify strategies that assisted in managing incivility.

Procedure

Data collection began upon receiving Institutional Review Boards (IRB) approval from all colleges. Approval was received on July 23, 2020, from the researcher's college IRB. The researcher sought approval from program Deans and Directors of selected colleges. Approval from IRB was then received from three additional colleges. After receiving approval, an Invitation to Participate Invitation Letter was sent. If faculty were interested and self-determined they met inclusion criteria, they were asked to reply via email.

Procedure for conducting the interview via video conferencing. The interviews took place via Zoom. The Zoom application used was the PI's personal account. The PI emailed the participant the link to access the virtual room where the interview was conducted. The PI protected the participant's privacy by establishing a personal meeting ID and password. The PI enabled the waiting room feature to ensure that the PI and the participant were the only people within the meeting. The PI emailed

the participant the consent form, demographic questions, and the two checklists (Appendix C and D) prior to the interview to be completed. In addition, a $10 gift card was emailed to the participant prior to the start of the Zoom interview as a token of appreciation of their time.

The PI recommended that the participant use a personal email to protect their privacy. The participant signed the consent form via Adobe Sign and emailed the demographic questions and the two checklists to the PI prior to beginning the interview. This information was stored on the encrypted USB flash drive. An interview protocol (Appendix B) guided the semi-structured interviews. The interview protocol with notes was stored in a locked bag in a locked drawer. Research data were viewed on a password-protected computer.

Analytical Procedures

Demographic data were analyzed and reported as aggregate data only. The interviews were audio recorded and the recordings were submitted to the transcriptionist. Interviews were transcribed verbatim by a transcriptionist. Only pseudonyms were used during the interviews, and therefore, in the transcribed transcripts. Pseudonyms were used for all participants to protect their privacy. The pseudonyms used were “participant” and a number. Upon the return of the transcripts, the researcher compared the transcripts to the audio recordings for validation. Data analysis continued using the spiral process to interpret the data. This process assisted in formulating themes from the interview data. The researcher followed Tesch’s eight steps of coding data process. The themes and data were interpreted to find the meaning. Field notes were utilized when analyzing the data. The researcher took notes on comments, ideas, and concepts during the analysis to ensure thorough comprehension of the data was completed. Keywords and phrases were

identified and coded, and then reduced by the researcher to help establish themes. The coding reflected the nursing faculty's perceptions without bias in order to describe the phenomenon of incivility and strategies to manage it. The researcher considered statements, patterns, and emerging themes during the data analysis. The researcher also noted the participants' body language, gestures, and other non-verbal communication.

Data Quality Measures

The researcher took several measures to ensure the quality of this study. Multiple validity procedures were used to establish accurate and creditable results. Creswell and Creswell (2018) stated that qualitative validity means that the researcher checks the findings for accuracy through different procedures. The researcher verified that the transcripts matched verbatim to the interviews. This process prevented mistakes; corrections were made if needed. The researcher performed member checking with the participants once the themes and supporting quotes were teased out of the interview information. Four of the participants responded to member checking, no changes were requested.

The researcher developed checklists derived from the current research for the participants to utilize. These checklists were related to uncivil behavior and strategies to manage incivility. The checklists provided triangulation for and validation of the study. The researcher utilized the dissertation chair as an auditor to review this study in its entirety. The auditor did not take part in the study as a researcher or participant. The auditor verified the themes of the study were complete and correct.

The researcher presented the information even if it was negative. Creswell and Creswell (2018) reported that life is composed of different perspectives and discussing contrary aspects add to the study's credibility. Rich and thick descriptions of the results

were used. Lastly, the researcher reflected on the bias that was brought into the study. It is natural for qualitative researchers to have their own biases or experiences of the phenomenon study. The researcher needed to acknowledge any of their own bias throughout the study. Therefore, the researcher took every step possible to establish a creditable and quality-driven study.

Ethical Considerations

All precautions were put into place to protect the participants. Prior to starting data collection, IRB approval was obtained. The first risk was the potential risk for emotional distress related to stress and anxiety from discussing sensitive information. To eliminate this risk, the researcher conducted the interviews via Zoom. The country was in a pandemic of Covid-19, so conducting interviews via Zoom was done as a safety measure for the researcher and participants. The researcher was prepared to give participants resources if they felt the need to talk to someone. These resources included contacting their private healthcare provider, the Employee Assistance Program at their workplaces, 911, or the National Alliance on Mental Health helpline where they could speak with someone immediately.

The second risk was the potential for breaches of confidentiality. Multiple steps were taken to minimize the risk. For example, all obtained information was kept confidential by not discussing findings related to the actual participants' names. Instead, each participant was assigned a pseudonym that was used. All information, audio-recorded and written, remained locked when not in use, including during travel. Google Drive with two-factor authentication was used to store all information. The participants' names were not associated with the transcripts. The researcher took steps to lessen the

risk of confidentiality breaches by not sharing the password. Data will be retained for a period of five years and properly destroyed after this timeframe.

Summary

This chapter explained the phenomenological design for the qualitative study. Participants were identified through purposeful selection. Participants self-determined if they met the inclusion criteria. Purposeful sampling was used to recruit nursing faculty from the Midwest. An interview protocol (Appendix B) was used to guide semi-structured interviews, which were used to assist in answering the research questions. Demographic information was collected, analyzed, and reported as aggregate data for this study. Tesch's eight steps of coding were utilized to analyze the data where themes and subthemes emerged.

CHAPTER IV: RESULTS

Introduction

The purpose of this qualitative phenomenological study was to explore the roles, experiences, and perceptions of nursing faculty within a nursing program in regard to faculty-to-faculty incivility. Through this research process, eight participants were interviewed. Each participant had personally endured incivility from a nursing faculty member. Transcripts were reviewed and coded, and themes and sub-themes emerged, which helped answer the research questions. In this discussion, themes and sub-themes will be discussed along with the significant findings. Table 4.1 shows the themes and sub-themes that answer the research questions.

Table 4.1

Research Questions with Themes and Sub-Themes

Central Research Question with Theme and Sub-Themes: What are nursing faculty's perceptions of faculty-to-faculty incivility?		
Theme:	Presence of Incivility	
Sub-Theme:	Power	Consequences of Incivility
Sub-Question One with Theme: What behaviors constitute faculty-to-faculty incivility?		
Theme:	Recognition of Uncivil Behavior	
Sub-Question Two with Theme and Sub-Theme		
Theme:	Responsibility of Addressing Incivility	
Sub-Themes:	Strategies	Accountability

Central Research Question

The central research question for this study was, *"What are nursing faculty's perceptions of faculty-to-faculty incivility?"* Two main themes were identified when it comes to perceptions of nursing faculty incivility. The main theme emerged as the presence of incivility with the sub-theme of power. The second sub-theme was the consequences of nursing faculty incivility.

Presence of incivility. The perception of all eight participants was that nursing faculty incivility is currently a problem. Participants all experienced incivility, and the frequency ranged from daily to once per semester (see Table 4.2). Participant two stated, "Yes, 110%" when asked if incivility was a current issue between nursing faculty. Participant three supported this by saying, "Oh gosh, to put that even to words, meaning about at least once if not even twice a week [I] would witness or [will] have incivility occur to myself." This participant perceived that incivility is happening at a higher rate than is reported and addressed.

Table 4.2

Frequency of Incivility	N	%
Daily	1	12.5%
Monthly	5	62.5%
Once per Semester	2	25%

Each participant was asked to identify the uncivil behaviors that they had experienced. Uncivil behaviors were identified, such as gossiping, talking behind backs, exclusion, interrupting, intimidation, and manipulation. Four participants (50%) commented on being ignored and excluded. Participant one stated that the top uncivil behaviors they experienced were "criticizing me directly to my boss and then just ignoring me, blatant ignoring me when I asked a question right to their face, just no response, and talking badly about me to other co-workers behind my back." Participant two said that they experienced "the ignoring or freezing out of the conversations."

Participant four discussed how they experienced incivility due to whom they were associated with, which was evident from this statement:

> Exclusion happened during my first year—didn't feel welcomed um because I was working with a specific individual who was targeted with incivility the most um because of my association with her I was excluded um there was obvious

> cliques among the nursing faculty. Then sarcastic comments um, [in] meetings, emails, in the hallway, all of those things.

Participants clearly indicated that they experienced incivility, which made them feel that they did not belong.

The participants' lived experiences of uncivil behaviors varied from being elusive to obvious. Participants revealed that they have had people be rude right to them, then talk behind their back and exclude them. Participant three said "Eye-rolling, oh no, you would think that us as nurses we would have really good poker faces, but some don't. Eye-rolling and then gossiping behind people's backs." Participant seven went on to describe uncivil behavior that they endured as:

> I thought the big ones that … I have experienced would be like exclusion, eye-rolling was a huge one, rude comments, and put downs um like people would go to each other's offices after meetings and kind of like talk about what things went [on], how things went.

During the interviews, participant eight discussed how they had a new assignment given to them because the faculty member who had that assignment did not want to complete that work any longer. They talked about being excited to look at a new way to perform that assignment and how they were met with uncivil behavior. Participant eight said, "… resistant or prevent change is one for sure, um, definitely interrupting, manipulation, I would say those are the ones that are the most obvious and blatant ones I can think of that have been directed towards me." Through this participant's lived experience, change was found to be an instigator for faculty to display uncivil behavior. Interrupting someone shows a lack of respect for those who are talking. Participants said

that this is a typical uncivil behavior. Participant five validated these experiences with their statement:

> … I have experienced with incivility is um rude comments in class, um with my co-teacher and um manipulation uh the other was interrupting, like as I was talking, interrupting to then correct me or expand on what I was trying to say.

In this study, participants discussed where they experienced uncivil behaviors. Knowing where incivility is experienced can help with knowing how to move forward in managing incivility. Participants explained where they experienced incivility and where they observed incivility. Incivility occurred everywhere, in the classroom, offices, halls, and meetings. Uncivil behaviors also occurred via communication through email and text messages. Participant one detailed incivility that they endured via email:

> [Incivility affected] every aspect of my life, it felt like I just didn't feel like myself because I was constantly worried and I told my dean, my leader this—I would be grading whatever online and I would hear my email ding and it was like panic every time because I was afraid it was going to be an email from her and so I would go look, it would be something really snide and condescending—very backhanded and it was just like I lived in this constant state of fear all the time that she was going to, I would have to interact with her and I didn't have to interact with her it wasn't that big of deal, you cannot not interact with your coworker. When there is only two of you, you have to interact with them.

Participant seven discussed how incivility seems to come easy, especially with the world of social media. This participant wondered if people feel as though they are free to speak their minds without tact and respect, which was evident by this statement: "Old

habits die hard ... attacking you see it on social media. You know that is very much a part of our culture … we … make [our] opinions known and we have a lot of free speech." This statement is an interesting take on incivility. In the world we live in, people are free to say what they want on social media and hide behind the screen. With incivility, faculty act as though they have the right to behave as they want without repercussions. This shows that incivility can happen in-person or through electronic sources in a variety of environments.

Participants experienced a wide variety of uncivil behavior from their peers. The uncivil behaviors that were experienced the most by the participants were having colleagues talk behind their backs, being excluded, eye-rolling, being interrupted, feeling intimidated, and being manipulated. These were the behaviors experienced by two or more of the participants.

Power. The participants perceived that the uncivil behaviors that they experienced were due to other nursing faculty seeking power. Multiple participants commented that there was an issue with the exertion of power in relation to incivility. Each of these were for different reasons. Power and women were discussed as the participants perceived women as lacking power in many areas within their lives. Participant one said, "I think women, in general, don't have a lot of power in just society… one way they have power over other people is to have to be mean, to other, fellow women, um same with nurses." In addition, participant four stated, "Um, women working with women, um, [incivility] is a natural thing." Participant eight echoed their thoughts when discussing women and power through this statement: "When you have all women, I think that is one spoke of the problem." Participants perceived that the lack of power among women transcends into

nursing as it is a profession made up of mostly women. Participant one spoke about nurses feeling a lack of power:

> Nursing in general when you talk about the healthcare system, nurses don't have a ton of power … so again it is another way to have some power over another person when maybe you feel like you are in a powerless situation … it is a way to, to have a little power in your life when you feel that you don't have any.

Participant six related their experience of incivility to power by saying, "Some of it is a power thing … nurses, in general, tend to be very aggressive." Nurses follow orders from physicians and administrators, which participants perceived as contributing to the feeling of powerlessness. Participants noted that the power struggle that contributes to incivility continues within nursing education. Nurse educators mirror the trend of having predominantly women in academia.

Within nursing education, the participants of this study described incivility d as a common occurrence. Participants perceived that nursing faculty-to-faculty incivility is also connected to how experienced nurse educators treat new faculty. Intimidation was another behavior that surfaced from the interviews. Participants saw intimidation as a form of power. Intimidation was a behavior that participant six experienced: "Intimidation, um intimidation is a big one, especially when you are a newbie." The meaning behind this phrase is that nurses with experience are uncivil to new nurses. Participant seven experienced this phenomenon within nursing school, saying, "I feel that when I went to [nursing] school … it was very much like every person is out for their own and [with] that kind of that eat your young mentality." New nurse educators are vulnerable to nursing faculty incivility for many reasons, such as changing nursing roles

and becoming a nursing educator, changing programs, or being hired from another school. Participant four made a statement related educator entering a new program:

> … people coming into the program um, new people who don't know exactly what they are doing and are drowning and the perception of the other people is … that they are either bad at their job or um shouldn't have the job at all um, [there is] a lot of gossip.

Participant six noted, "When you have a lot of new people, new people that are joining, they don't tolerate … lack of knowledge well." This participant went on to explain how they were spoken to as a new educator within a committee. "They literally flat out said, 'We don't have time and … we don't want you in this committee if we have to explain things to you.'" These statements made the participant unwilling to participate in the committee or voice their opinion during meetings.

Change can be a catalyst that makes experienced nurse educators exhibit power over new educators, leading to uncivil behaviors. New faculty within a nursing program is a change; some new faculty members have different ideas. When discussing why incivility happened in their situation, participant eight stated, "Different lengths of time that people have been teaching so, some who have been teaching for 20+ years and some are like me, brand new, and some people like to, [say] this is the way we have always done it."

Participants perceived that the level of education within the faculty member group was a catalyst for uncivil behavior. Within nursing education, educators may hold different degrees. These degrees may vary from a Bachelor's of Science in Nursing (BSN) to a terminal degree, frequently an Educational Doctorate (EdD) or Doctorate of Philosophy (Ph.D.). Participants perceived that faculty with terminal degrees were more

likely to be uncivil to those who had attained a lower-level degree. Participant two spoke to this by saying, "I think there can be um … an expectation that or an um maybe stereotype is better if you don't have uh a terminal degree behind your name that you don't know much." Participant six also discussed education level by saying:

> Some of those that have been faculty forever, you know you tend not to leave once you get your tenure or your professorship or whatever and so then you wait till they retire or die, you take their spot and now you get to rule the roost.

Participants were clear that power was the main reason why incivility is still happening between nursing faculty. Participants perceived that there is a lack of power among women in general. This perception carries over to nursing and nursing education. The participants felt that a lack of power is one of the significant causes of incivility between nursing faculty. The participants' perception was that nursing faculty sought out power against their colleagues. The uncivil behavior was presumed to give the offenders a feeling of power over their colleagues, which they feel they need or deserve.

Consequences of incivility. The second theme emerged as participants spoke about their reactions to uncivil behaviors they had experienced. The perceived consequences that the participants had were a result of having been subject to uncivil behavior. Incivility affected the participants differently.

Most of the participants indicated that they made position changes due to nursing faculty incivility. Seven out of the eight (87.5%) participants indicated that incivility led them to consider or make a position change. Two (25%) participants quit their position and went to a different nursing school to teach, one (12.5%) participant changed their teaching assignment, and four (50%) questioned whether they should be in education and contemplated leaving their nurse educator positions altogether. Participant eight said, "It

is making me question why I even got into teaching sometimes." Participant seven discussed why they quit their position after ten years due to unmanaged incivility in this statement:

> Where I worked before, I had been there for ten years and um was probably one of the um more seasoned faculty um and had um quite a workload as well as um … [I] was able to adapt and teach anything, um, and then I kind of made the switch just because of a lot of issues we have been having with um faculty incivility as well as just management issues.

Participant one left their position because incivility was an issue. They went on to discuss how a colleague's incivility had led to the resignation of two faculty members. "I was told that she did it to another faculty member before me, so the person that was there before me only lasted a year um, and she quit, and I made it two years, and then I quit." Participant five encountered so much incivility they requested a change in their teaching assignment. "I took a new position at my college, and they pulled me out of the course I was co-teaching in and was teaching another course um that this faculty member had previously taught."

This study found that incivility does not always lead to significant changes within a nurse educators' position. Participants indicated that they have stayed within their positions and self-managed the uncivil behaviors directed at them. Due to the incivility within participant four's job, they said, "Um, I almost quit my job my first year." They said that the person that was exhibiting the uncivil behavior ended up leaving their position. With the uncivil faculty member gone, the incivility they had been subjected to by their colleague was eliminated.

The emotional and mental effects of incivility on nursing faculty are another component of the consequences of incivility. The participants had powerful words to describe how nursing faculty incivility made them feel. The participants were very passionate while describing their feelings. Descriptions participants gave included being hurtful, and feeling not good enough, of no value, insignificant, not knowledgeable enough, belittled, and small. All participants experienced emotional and mental effects due to their experiences with incivility.

The emotional and mental effects of incivility were very personal and had lasting effects. Participant six discussed that after joining a committee as a new educator, the committee members indicated that they did not want this individual on the committee if the committee needed to explain things. This participant disclosed how this uncivil interaction made them feel:

> It made me feel belittled, it made me feel like I was not really a part of the team and yet they wanted me to be on a committee and I am like why should I be on a committee when I don't understand what the committee does? But I didn't feel like I could ask um, I mean, I felt very small.

These comments affected the participant's self-esteem and willingness to participate in future meetings and committees.

The uncivil behavior is not always so blatant and was sometimes described as passive-aggressive. Participant three discussed how colleagues behaved within a committee meeting by stating, "Others you know not paying attention on their phones, on their laptops doing other things … makes me feel like why am I here … I just feel insignificant when people are distracted." The experience left this participant feeling like they were not worth the time of their colleagues. In another incident, participant seven

said that after an uncivil interaction of eye-rolling after asking a question, “I went back to my office and cried.” This participant felt that this interaction was very blatant and aggressive.

Incivility was a reason that nursing faculty changed their positions. Results showed that nursing faculty are willing to resign from their nurse educator positions due to nursing faculty-to-faculty incivility. Incivility led participants to question whether nursing education was the right profession for them. Incivility affected both the mental and emotional state of the victims. Results showed that all participants had experienced emotional and/or mental effects due to their incivility experiences. The feelings described by the participants were very powerful.

Sub-Question One

When exploring incivility within the nursing faculty, another question to be answered was: “What behaviors constitute faculty-to-faculty incivility?” The aspect of identifying behaviors is crucial to understanding nursing faculty incivility. Understanding nursing faculty-to-faculty incivility hinges on which behaviors nursing faculty perceive as uncivil. Through the analysis of the data, it became clear that perception of what constitutes incivility varies between the participants. Understanding the uncivil behaviors nursing faculty experience is critical to addressing incivility in the workplace.

Recognition of uncivil behaviors. When looking at what behaviors were considered uncivil, there were some surprising revelations made by participants. There was confusion and variation among the participants when it came to which behaviors are considered uncivil. Each participant was given a checklist of uncivil behaviors that were found in the literature (Appendix C). Participants selected from that list which behaviors they believed were uncivil. From that data, only one participant selected all of the

behaviors as being perceived as uncivil. Two other participants selected all behaviors except one. The remaining five varied on their selections of uncivil behavior. It became clear that the perception of what constitutes uncivil behavior differs between participants. Table 4.3 shows the behaviors that all participants agreed were uncivil. With the selections being different, it makes it challenging to recognize behaviors as being uncivil. The variation is something to consider when it comes to managing incivility.

Table 4.3

Behaviors Identified as Uncivil by 100% of Participants

Behaviors Identified as Uncivil by 100% of Participants	
• Make rude comments, putdowns, or name-calling • Manipulation • Interrupting Others • Gossiping about colleagues • Spreading lies	• Covert meetings behind closed doors • Intimidation • Eye-rolling • Lack of Support • Criticize someone in front of others

Nursing faculty that were interviewed did not recognize several behaviors as uncivil. Table 4.4 shows which behaviors were not identified by all participants. The lack of acknowledgment became clear as participants selected behaviors that they considered uncivil (Appendix C). Among the top behaviors that were not recognized by three or more participants were the use of personal technology during meetings, resisting change, fault-finding, abuse of a position, and personal attacks. Other behaviors that were not recognized by two participants were being inattentive in meetings, micromanaging, disruptive behavior, physical abuse, failure to communicate, challenge peer's knowledge, and taking credit for others' work. These results demonstrated that uncivil behavior to one person might not be considered uncivil to another. These differences make managing incivility challenging.

Table 4.4

Uncivil Behaviors Not Recognized by All Participants

Uncivil Behaviors Not Recognized by All Participants	
• Being deliberately impolite • Disruptive behavior • Sarcastic comments • Putting down colleagues • Verbal abuse • Isolation or freezing someone out of group activities • Silent treatment • Exclusion • Set someone up to fail • Unfair distribution of workload • Fail to perform their share of the workload • Failure to communicate openly	• Physical abuse • Being inattentive or causing distractions during a meeting • Fault Finding • Take credit for others work • Micromanagement • Challenge peer's knowledge • Treated unfairly or disrespectfully • Abuse of position • Make personal attacks using phone, email, or social media • Use of personal technology that disrupts or interrupts interactions • Resistant to or prevent change in the workplace

Recognition of uncivil behaviors is an important aspect of managing incivility. When uncivil behaviors were not readily identified by faculty during these uncivil experiences, the behaviors went on without being managed. Participant three described the following: "I think we would even see [incivility] more, but I think we are just so busy we do not recognize it as much as it maybe is actually occurring." It is the perception of this participant that faculty are not recognizing incivility as frequently as it occurs.

Many faculty members who experience incivility do not say anything or may not even recognize the behavior as uncivil. Participant five shared a great example of a time when this happened by stating:

> One time I was doing a lecture, and when we first started co-teaching this individual, other faculty member, would sit in class too because we wanted to know what the other was teaching… every time I would say or be in the middle of

> a sentence she would interrupt and like have to add her two cents in or um she would correct me if she didn't think it was right um and then I to be honest, I didn't think much about it … until after class I had students come up to me and were like, that was really rude like she constantly interrupted you the entire lecture and I was like oh, yeah.

In this situation, the participant did not recognize incivility; it took another person, unfortunately, a student, to tell the faculty that the behavior was uncivil. Nursing faculty do not always consider bad behavior from faculty as being uncivil. In this case, this participant made an excuse – "that was how they were" – and so no action was taken to manage that behavior.

To gain a better understanding, participants discussed whether or not they perceived that uncivil faculty realized the nature of their behavior. The comments were mixed; 50% of the participants reported feeling uncivil faculty do not always realize that they are uncivil. Participant seven gave her perception on whether uncivil faculty recognize their behavior as being uncivil:

> I don't honestly know that they do. I think they have done it for so long that they have become desensitized to not only like other people's feelings but as to um like whether or not they do it or not. I think they have lost a lot of that sensitivity, that humanity in some regards.

Recognizing uncivil behaviors is an essential step in managing incivility between nursing faculty. Uncivil behaviors are not recognized, which makes managing incivility difficult.

Sub-Question Two

Through the interview process, it was important to explore, *"What strategies were used to manage nursing faculty-to-faculty incivility?"* Research has shown many different strategies that can be used to manage incivility. This study was looking for strategies that have been used and have worked. One theme emerged from data analysis, which was the responsibility of addressing incivility. The theme of responsibility of addressing incivility resulted in a closer look at the role nursing faculty and their leaders played in managing nursing faculty's incivility. A sub-theme of the responsibility of addressing incivility was strategies. Participants shared their experiences with strategies they have used to combat incivility and strategies that have not worked. Accountability was the second sub-theme of responsibility of addressing incivility, and it emerged as a critical aspect of this study.

Responsibility of addressing incivility. Faculty play a pivotal role in the reduction and elimination of nursing faculty incivility. Faculty frequently are the ones to endure the uncivil behavior or see it happening to other faculty. Participants had many thoughts regarding their roles and responsibilities as faculty in managing incivility, recognizing that it needs to be taken seriously. Overall, faculty identified that if they were unable to resolve incivility, the leader to whom faculty reported could assist in managing it (see Table 4.5).

Table 4.5

Whom do the Participants Report to?	N	%
Assistant Dean	5	62.5%
Program Director	3	37.5%

Participants revealed that faculty need to attempt to resolve the incivility between them and their colleagues; this includes being honest, listening, and using open and direct

communication. They also reported that nursing faculty need to stand up, speak up, not add to it, and stop it. Participants added that it is crucial that faculty respect each other, advocate for one another to decrease incivility, and demonstrate how to be positive role models. Self-reflection was shared as a strategy to help decrease incivility. If faculty can reflect on their behaviors, it may bring more awareness to those behaviors' intent and perception. Participant one explained the faculty's role in managing incivility through this statement:

> Well, I think number one, we as faculty in general have to take it seriously um, I don't think that we take it seriously, I think it is just like something that is oh, whatever, she is just having a bad day, you know we make excuses and so, number one we have to take it seriously and number two we have to be better educated as individuals about how, what does it mean to be respectful in the work environment and how do we promote positivity um, not only in our own like being, like we give off positive vibes as a person but how do we support one another um within the workplace and I am not saying like we take other people's work from them to support them, I mean just emotional support, mental support.

The participant spoke of being positive and supporting each other in the workplace.

Faculty are likely the first to know when incivility is happening. Participant eight said, "I think we have a personal responsibility if it is happening to us to stand up and speak if we can find the words and the inner strength to do that … we have the responsibility to step up." Participant two stated, "First of all, treat everyone respectfully, I mean, just common sense they are all, treating people with respect um, valuing um they might know something you don't." Respect was something that participants felt was lacking when there was incivility. Overall, participants wanted to be respected for who

they are and the job that they are doing. Nursing faculty want to be considered a valued member of the nursing program. Participant seven spoke about giving grace and not being reactive. This was demonstrated through this statement:

> I think just mentally re-training yourself to not be so reactive um, and giving more grace and you know, I think finding value in people and finding value in your teammates … value people is probably the one thing I don't see very often anymore and it's is probably I think something that we need to see a lot more of.

Two participants referred to being positive role models for students. Nursing faculty are responsible for role modeling the appropriate behavior for students, other colleagues, and peers. "We are trying to show the students that we are the positive role models of a nurse, and so I think we need to maintain that 100% when we are with each other," explained participant three. Participant six added, "You know you cannot be a role model to students if students see you treating other instructors negatively." Participants indicated that if students see uncivil behavior, this allows them to perceive that behavior as acceptable.

The participants identified that there was a lack of leadership when handling complaints of nursing faculty incivility. Participant five described what happened when they notified the leadership of incivility they were facing:

> I went to my program director … [after] I made I through about a year of teaching—co-teaching [with incivility] … comments started coming in on the evals about how mean this faculty member was to me … my program director asked me and I explained what was happening and what was going on um, she said that she would take care of it and talk with her um that is pretty much all I got and then it kept continuing to happen every semester and it got to the point

> one semester I actually walked in … basically asked to be removed from the classroom because I couldn't take it anymore.

Many of the same topics came out when discussing what roles and responsibilities leaders have in managing incivility. Participants discussed the need for leaders to help prevent incivility; however, if the behaviors are happening, the uncivil faculty member and their behaviors need to be addressed. In addressing incivility, participants discussed that leaders need to get the facts about what is going on by asking questions and making remediation plans when necessary.

Participants identified leaders as having significant responsibilities to address incivility. Participants discussed how sometimes leaders made excuses or blatantly did not address incivility issues. Participant five shared an example of leaders not addressing incivility through this statement:

> I got pulled to the academic dean's office and got asked if I ever witnessed any [incivility] … our academic dean had no idea what I had experienced and I was told that he was very well aware of it."

This participant spoke how the faculty that was uncivil to them, after changing their teaching assignment, then directed the incivility to the students. Students then went to the academic dean to report the uncivil behavior. Participant six discussed the leader's role and responsibility by stating, "They may have to acknowledge that there is an issue, especially if more than one person is telling them that that person is an issue." Not only do leaders need to acknowledge that incivility is happening, but they need to be open to hearing both sides of the issue. Participant two emphasized this issue with this statement: "I think it is important for the leaders to uh try to you know to get the facts and, on both sides … get the facts and uh and then appropriately uh assign remediation."

Participants indicated having a clear plan in place for managing incivility is essential. Participant one said, “They have to set up an environment where all faculty know that it is not going to be tolerated. We are not going to tolerate incivility between faculty members.” When faculty cannot manage incivility on their own, it is up to the leaders to step in to help resolve and manage the issues. Participant five explained how the leader’s role is not always easy, but necessary:

> I think the leaders have to step in and they have to have those really tough conversations and be okay with having those tough conversations and um, documenting those and making sure that there is follow-through and maybe being more present.

Overall, participants agreed that both faculty and leaders have responsibility in managing incivility. This was demonstrated by their comments regarding faculty and leaders having to take incivility seriously.

Strategies. Participants were given a checklist of different strategies delineated from the literature review to determine which strategies they have experienced in managing incivility (Appendix D). Each participant completed the checklist. The checklists showed that there was a great variety of different strategies used to prevent uncivil behaviors (Table 4.6).

Table 4.6

Strategies Participants Have Experienced

It became clear through the interviews that not all strategies participants experienced worked. Some of the participants indicated that they had seen very few, if any, strategies that were used work. Participant one shared their perception of strategies that they have seen. “Um, definitely not anything that I thought was effective that wasn’t on the list because nothing was used that was effective.” Participant four summed up what others stated: “There were a lot of things on [strategies checklist] that I wished were used.”

Participants were asked to identify the strategies that worked in managing incivility. Five participants (63%) discussed communication and listening as an essential strategy to manage uncivil behaviors among faculty. Participant two commented that “face to face communication I think that is important … I think truly listening is huge when we stop talking, we can hear what people are saying.” Communication is a way for nursing faculty to discuss their perceptions of the behavior they are experiencing.

Participant eight said, “There is use of respectful language and then respectful communication. I do think it needs to be direct, kind of a no bones about it, this is what I am seeing, this is what I am hearing.” Participants agreed that direct communication helped bypass discussions behind people’s backs and closed-door discussion. Participant seven stated, “I really thought respectful communication was probably one of the biggest ones when I um addressed that faculty member head on.” Overall, participants were clear in stating that direct, respectful communication is a strategy that has worked to manage incivility.

Code of conduct and incivility policies were brought up during interviews by half of the participants. They suggested that these are other strategies in managing incivility. Participant four suggested that having a zero-tolerance policy would assist in decreasing incivility. They said, “Having a zero, um tolerance policy for it and um implementing you know disciplinary action for people that participate in it and follow up with them.” Nursing faculty need to know that uncivil behavior is not accepted and will not be tolerated. Participant five stated, “I think codes of conduct that define incivility and acceptable and unacceptable behavior, I think would have been like huge um and then, of course, increase awareness of incivility.” Participants agreed that having a policy in place leaves no room for negotiation on what is acceptable and what is not. Policies give faculty clear boundaries and set expectations.

Self-care was a topic that was spoken about by four (50%) participants. When managing incivility from a peer that intensifies the level of stress, self-care becomes essential. Participant three stated, “Self-care, I think as nurses we are very guilty of you know give, give, give and we forget about ourselves and that is something that I really encouraged, um with the other faculty that had issues.” Participant one stated, “So

encouraging self-care would be number, probably the first thing I would pick." Participants indicated that self-care might reduce the amount of uncivil behavior a faculty member exhibits. Taking time for self-care can reduce stress and help improve dispositions in faculty members.

Role modeling positive behaviors was recognized as another strategy by participants. Two participants acknowledged that leaders must be positive role models. Participant one stated that leaders "have to role model appropriate behaviors, that is the very first thing they have to do." Another aspect this participant spoke about was the presence of leadership. Participant one stated that "they have to be the ones that are out there talking with faculty regularly, interacting, showing those positive behaviors." This participant indicated that presence might lead to observing uncivil behaviors and potentially stopping it.

Over 62% of participants noted that education and/or professional development is a strategy that would help manage incivility. Participants agreed that awareness of incivility and what behaviors are considered uncivil would be beneficial when managing incivility. Participants three stated, "I think education along, I mean that would be just kind of awareness, again I think many of us are unaware of what incivility entails." Participant six agreed by stating, "I think we need to be as diligent in being aware whether we are doing it as well as if someone else, pointing out that someone else is doing it." Participant seven discussed the importance of education. "I think a lot of education … training ourselves too because I was the same way, I am not the perfect faculty member, um I have probably have had issues with incivility." Participant five stated, "I also think we need um faculty development on incivility and what that really

looks like, it didn't dawn on me until I was reading some of it and so I think we need more education about it."

Participant three explained their thoughts on the leader's responsibility toward professional development and role modeling:

> I think it is also important that a leader to continue to do some type of professional development in regards to you know civility as well as team work and how you know we are again; we are the positive role models for our students as well as the nursing profession.

Participant one made a similar statement regarding incivility: "Educating people about what is and um providing resources … when it does occur there is a plan on how to address it, hopefully, it being education, counseling, and remediation." Leaders need to have a plan on how to handle incivility. When it comes to addressing nursing faculty incivility, participants discussed how important it is for leaders to address the issues.

Overall, many strategies are available to help manage incivility. It takes both faculty and leaders to step in and help manage and stop incivility. There are many strategies available; the participants noted that a place to start is to define incivility and educate faculty on the behaviors. To assist leaders, codes of conduct and incivility policies should be in place to ensure success.

Accountability. To manage incivility, it is essential to hold the faculty member exhibiting uncivil behavior accountable for their actions. Participants expressed that leaders and faculty are responsible for holding each other accountable for their behavior, but that is not happening. Strategies will not work if faculty is not held accountable for their behavior. Participants noted that faculty and leaders often stated that "this is how they are" or made excuses that allowed perceived uncivil faculty behaviors to continue.

Incivility has been described as part of the culture in some programs. Participant seven discussed the culture of incivility. “I think it is very much part of our culture, just you know a mentality of negativity and uh attacking.”

Overall, the participants felt there was a lack of leadership when addressing incivility. Participant four stated, “I would say lack of leadership um from the program directors um, lack of accountability um people who have worked there a long time can get away with things that um shouldn’t happen sort of thing.”

Participants noted that often faculty have a difficult time speaking out about incivility. In order to hold faculty accountable, incivility needs to be discussed. Incivility can be a difficult topic to address, which was made evident by this statement from participant one:

> Faculty cannot be afraid to tell that that it is happening um, and I can say it did take me a really super long time to tell anybody. We have to be open enough that we can feel that we can go to our leader and tell them that it is happening and not feel ashamed about it, or that it is our fault.

Opening up and discussing incivility can be challenging to admit. Victims of incivility may be hurt or even embarrassed to talk about what they are enduring.

Participants agreed that to hold nursing faculty accountable, incivility needs to be taken seriously. Participant one stated, “We as faculty in general have to take it seriously, I think it is just like something that is oh, whatever, she is just having a bad day, you know we make excuses.” Making excuses for uncivil behavior has to stop in order to manage incivility. Excusing the behavior allows it to continue and makes it more difficult to stop in the future. Participant five disclosed how nursing faculty often made excuses for the behavior:

> We kind of have the tendency to think like, oh, well, they must be having a bad day, and we kind of like pooh-pooh it and go on, and so it just gives that person the okay to keep doing it.

Another issue is that faculty often see incivility happening to others and do not say anything. Not only those that are being uncivil have to be held accountable; this includes those that see it happening. Participant one went on to talk about a peer that was also being treated uncivil, stating, “There was one other faculty member that knew it was happening, and her response was ‘that is just the way she is.’” The faculty member accepted that uncivil behavior was routine and not an issue. Participant five admitted, “I have seen it happen to other people, other faculty uh just in meetings or um being excluded from events that type of stuff.” Incivility is not easy to address no matter whom it happens to. Incivility needs to be addressed in order to eliminate the behavior.

Holding uncivil nursing faculty accountable for their actions is something that participants agreed is critical when managing incivility. It is one of the ways that incivility between nursing faculty can be managed to ensure strategies work. Participant six summed it up by stating, “They need to be held accountable.”

Results Summary

In conclusion, data analysis showed that incivility is currently happening within nursing education between faculty. Incivility takes many different forms. The uncivil behaviors can range from subtle to very blatant. The study showed that incivility occurred directly in front of participants' or happened covertly behind closed doors. These actions sometimes happen without consequence to the perpetrator. However, the victims suffer very personal consequences.

Participants perceived that, in general, women lack power in many areas within their lives, which may lead to incivility. This lack of power is also an issue in nursing that carries over to nursing education, especially since the profession is predominately women. Participants discussed how nursing faculty have used their experience within the organization as power over new educators. The participants identified new educators as typical victims of incivility by their colleagues. Along these lines, levels of education were also discussed. Nurse educators with terminal degrees have been known to be uncivil to those without terminal degrees.

Consequences of incivility were apparent as participants discussed their nursing incivility experiences that caused them to consider changing their career positions within nursing education. Some participants stated that they left their positions with institutions due to incivility. Another participant changed their teaching assignment. At the same time, others admitted that they questioned whether nursing education was where they belonged. Victims of uncivil behavior experienced emotional and mental effects as a result. The participants made some powerful statements regarding the effects of incivility. The descriptions given were hurtful, not feeling good enough, feeling of no value, insignificant, not knowledgeable enough, belittled, and small. All of these feelings took a toll on the emotional and mental health of the participants.

The most frequently identified uncivil behaviors by participants included making rude comments, put-downs or name calling, manipulation, interrupting, gossiping, spreading lies, covert meetings, intimidation, eye-rolling, lack of support and criticizing someone. The behaviors that were not identified as uncivil included use of personal technology, resistance to change, failure to perform workload, fault finding, abuse of position, and personal attacks. The concern is that several behaviors were not recognized

as uncivil. One of the participants shared an uncivil behavior that they had endured that they did not even realize was uncivil. Recognizing the behaviors as uncivil is critical in managing incivility.

Participants reported that faculty play a key role in addressing incivility. Participants believed that faculty need to communicate with each other to help eliminate uncivil behavior. They also noted that it does not always work, and that is when the leader needs to take an active role. Participants reported that when either faculty or leaders see incivility happening, they have a responsibility to step in and stop it. It was clear that leaders need to take an active role in addressing incivility, which participants agreed was not happening.

Participants identified many different strategies that would help to address incivility. Some of the most identified strategies were education, role modeling, respectful communication, respectful language, and face-to-face communication. The participants identified strategies used within their experiences, and some of those did not work to stop the incivility they faced. There was discussion of codes of conduct and policies regarding faculty incivility. Not all institutions have these in place. There was some speculation from the participants that codes of conduct and incivility policies would help manage incivility. These would help both faculty and leaders maintain expectations. Self-care was a strategy that was spoken about that, as faculty and victims of incivility, would be beneficial.

Lastly, participants stated that nursing faculty that exhibit uncivil behaviors need to be held accountable for their actions. Participants noted that nursing faculty were not always held accountable by their colleagues or their leaders. Many times, excuses were made for these uncivil behaviors, such as “that is how they are” or “maybe they are

having a bad day.” The perception of participants was that the leaders were allowing the offending faculty to get away with these uncivil behaviors. Participants were clear that leaders need to assist in addressing incivility between nursing faculty.

CHAPTER V: DISCUSSION AND SUMMARY

The purpose of this qualitative phenomenological study was to explore the roles, experiences, and perceptions of nursing faculty within a nursing program in regard to faculty-to-faculty incivility. Nursing faculty incivility is a current issue that nursing education is facing. This study took a more in-depth look at the perception of nursing faculty who have been victims of incivility as to how that incivility affected them and how it was managed.

Research Questions and Interpretation

To gain a deeper understanding of the phenomenon of nursing faculty incivility and its impact, the study's results were examined for each research question. Themes and sub-themes that supported each question are discussed. Further analysis of the results depicting how the findings are correlated with the literature and the theoretical framework are discussed.

Central Research Question

The American Nurses Association (2020) defines incivility as "one or more rude, discourteous, or disrespectful actions that may or may not have a negative intent behind them" (para. 2). When asked if incivility is a current issue in nursing education, participant three stated, "Oh gosh, to put that even to words, meaning about at least once if not even twice a week [I] would witness or [will] have incivility occur to myself." Unfortunately, literature validates this participant's comment by stating that incivility among nurse educators in academia has been reported as a moderate to a severe problem (Aul, 2017; Clark et al., 2013; Clark and Springer, 2007a, 2007b). Randle, Stevenson, & Grayling (2007) identified uncivil behavior as "highly manipulative, usually with good social skills that enable him or her to build a supportive clique" (p.g.50), and the uncivil

faculty's performance may be so skilled that their actions are rarely challenged or even perceived as uncivil. In addition, Randle et al. (2007) indicated that the workplace uncivil faculty member is more sophisticated and is better understood as a calculated problem-solver who uses incivility tactics to ensure activities occur in the way they want. Unfortunately, the research has not necessarily called enough attention to the issue to change the way people are behaving. It is critical that this phenomenon be studied and research applied in order to decrease, if not eliminate, incivility within nursing education.

The central research question of this study *'What are nursing faculty's perceptions of faculty-to-faculty incivility?'* was clearly answered. This research question revealed one main theme, presence of incivility. Presence of incivility leaves no doubt as to whether there is nursing faculty incivility. From the theme of presence of incivility, two sub-themes emerged: power and consequences. In researching the perception of nursing faculty incivility, this study revealed why participants believe there is incivility, and also what happens as a result of incivility.

Presence of Incivility. The main theme of the central research question was '*Presence of Incivility*.' Incivility is common in nursing education. Participants' perception of the presence of incivility was that it is a current issue in nursing education. All participants experienced incivility from their nurse educator colleagues. Participant three stated, "Yes, 110%" when asked if incivility was a current issue between nursing faculty. Clark, Landis, and Barbosa-Leiker (2020) confirmed the prevalence and presence of incivility when a study was completed that showed that 88% of the 1074 faculty and administrative participants reported that incivility was problem.

The uncivil experiences and encounters described in this study were congruent with what is found in the literature. The participants noted they experienced incivility

which included gossip, talking behind backs, exclusion, interrupting, intimidation, and manipulation. Participant two said that they experienced "the ignoring or freezing out of the conversations." Participant one stated that the top uncivil behaviors they experienced were "criticizing me directly to my boss and then just ignoring me, blatant ignoring me when I asked a question right to their face, just no response, and talking badly about me to other co-workers behind my back." Uncivil behaviors reported in the literature were failure to communicate openly, interrupting others, gossiping, improper use of cell phones or other devices during meetings or classes, and engaging in covert meetings behind closed doors (Clark 2013; Clark & Springer, 2010; Griffin & Clark, 2014; Clark & Wagner, 2019; Samson-Mojares et al. 2019). Literature further validated what participants experienced stating overt or covert behaviors such as intimidation, criticizing someone in front of others, isolating, or freezing someone out are all acts of incivility (Longo, Cassidy, & Sherman, 2016; Walrafen, Brewer, & Mulvenon, 2012).

Participant three mentioned additional behaviors she felt were uncivil, saying, "What I experienced … in meetings … faculty essentially not paying attention uh, doing work on their laptop or test messaging … I saw it pretty much every meeting." Participant seven said, "I have experienced … people would go to each other's offices after meetings and kind of like talk about what things went [on], how things went." Clark et al. (2020) validated the participants' experiences in the literature by stating that uncivil behaviors include being inattentive or causing distractions during meetings and engaging in secretive meetings.

In addition, participants spoke about being excluded. Participant seven described uncivil behavior, stating, "I thought the big ones that … I have experienced would be like exclusion." Participant four also felt excluded. "Exclusion happened during my first year,

didn't feel welcomed." Literature by Wunnenberg (2020) corroborated what participants reported, saying that being excluded was one of the most frequently reported negative acts encountered among nurse educators. Nurse educators work in team environments and being left out or excluded goes against what they have potentially experienced in the past. Negative behaviors illuminate the need for a culture of inclusion (Wunnenberg, 2020).

Through the experiences of the participants, it is clear that incivility is a current issue that nursing faculty are facing. All participants shared their experiences with uncivil nursing faculty. The behaviors that they experienced ranged from being excluded and ignored to being criticized. These are all behaviors that are unacceptable in a professional environment, such as an academic program. Nursing faculty members are professionals and should not act in an uncivil manner.

Power. Power was the sub-theme that emerged from the main theme of *'presence of incivility.'* Participants' perceptions of the reasons for incivility were an important aspect of this study. Participant one stated, "I think women, in general, don't have a lot of power in just society, so we, one way they have power over other people is to have to be mean, to other, fellow women, um same with nurses." Nursing is predominately a profession of women. Brusie (2020) reported that women make up 88% of nurses in the United States. Comparatively, the National League for Nursing (2017) reported approximately 93.2% of full-time nurse educators are female. Women have dominated both nursing and nursing education. The perception of lack of power by women has been identified as a reason for incivility. As stated by participant one:

> Nursing in general when you talk about the healthcare system, nurses don't have a ton of power … so again it is another way to have some power over another

> person when maybe you feel like you are in a powerless situation. It is just, it is a way to, to have a little power in your life when you feel that you don't have any.

The lack of power was a consistent theme in the literature. Condon (2015) stated lack of power emerges as frustration that soon becomes incivility toward one another. This was further validated in the literature when it was noted that there is a belief that uncivil behavior is to attain power, control, and influence over others (Peters, 2014; Peters & King, 2017).

Participants noted that new nurse educators are often targets. Some of these participants were victims of incivility as new nurse educators. Participant four stated:

> A lot of new people coming into the program um, new people who don't know exactly what they are doing and are drowning and the perception of the other people is they don't, that they are either bad at their job or um shouldn't have the job at all um, a lot of gossip.

Participant six discussed their experiences with senior faculty, saying, "When you have a lot of new people, new people that are joining, [senior faculty] don't tolerate our lack of knowledge well." Literature supported the findings of this study in that Wright and Hill (2015) found that rank and power are often the motivation for uncivil behavior between faculty members. Senior faculty members often have many more years of experience, which means they often have a higher rank. In addition, a study completed by Gazza (2009) affirmed that the majority of experiences that new nursing faculty have with senior faculty are harmful and detrimental.

Level of education was another aspect of power that participants discussed. The perception of participants was that nursing faculty with terminal degrees feel superior to those with a lower degree. Higher degrees make nurse educators eligible for higher ranks

within nursing education. Participant two described her perception, saying, “I think that…there can be an expectation that … if you don’t have … a terminal degree behind your name that you don’t know much.” A study completed by Beckmann et al. (2013) validated the participant’s statement when it found senior faculty members were more likely to be uncivil due to the association of the rank of the victim faculty member. Educators with higher degrees and rank have several years’ experience with a vast amount of knowledge. Some faculty share that knowledge, and others tout that knowledge to appear better. In some situations, faculty use their knowledge to exert power.

Participants agreed that power is one of the main underlying issues that is a cause of incivility. They discussed how women often have the feeling that they have a lack of power. Since women dominate nursing and nursing education, this lack of power transcends into their careers. Participants perceived that nurse educators often take advantage of new educators and use their degree to gain power over their colleagues.

Consequences of incivility. Participants were open to describing the different ways incivility affected their lives. Incivility has had consequences for each of the participants. This study showed that 87% percent of participants discussed how enduring uncivil behaviors in the workplace has made them look at career changes. Of those participants, 25% have resigned from their jobs due to incivility issues within their organizations. Participant seven reported, “Where I worked before, I had been there for ten years … [and was one of] the more seasoned faculty … then [resigned] because of a lot of issues we have been having with um faculty incivility.” Incivility was either not addressed or not addressed well enough to keep these participants in their positions. Literature substantiates participants’ statements when it reported that if faculty-to-faculty

incivility is allowed to persist, quality faculty will resign and seek employment elsewhere (Wright & Hill, 2015).

One participant changed their teaching assignments to get away from the faculty member that had been uncivil. The participant spoke to leadership and the uncivil behavior did not change. Literature by Green (2018) validated the loss of nurse educators by finding that incivility leads to decreased retention of nurse educators if not adequately dealt with by leaders. Leaders and faculty need to address incivility within the work environment to retain nurse educators. Beckmann et al. (2013) confirmed this belief when they stated turnover may be reduced if leaders support a positive environment. This can be done through mentoring, collegiality, and healthy working relationships.

The loss of nurse educators is why managing incivility is such a critical issue. American Association of Colleges of Nursing (2019) reported that there is a national nurse faculty vacancy rate of 7.2%. This number may seem small; however, they went on to report that nursing schools are turning down qualified applications due to this nursing faculty shortage. Half of the participants questioned whether going into education was the right move for them. Nursing programs will likely suffer from the reputation of having uncivil faculty. This is further validated by the literature which stated that difficulties in recruitment and retention of nursing faculty due to incivility are likely contributing to the nurse faculty shortage (Beckmann, Cannella, and Wantland, 2013; Sanner-Stiehr & Ward-Smith, 2017). This will only enhance the nursing shortage along with the nursing faculty shortage over time. In addition to losing nursing faculty, the personal effects of incivility are concerning.

Participants were very clear when discussing how incivility affected them on a personal level. The descriptions were honest and raw, they consisted of feeling

insignificant, unknowledgeable, belittled, and small. These are the reasons incivility needs to be recognized and managed. Participant one discussed how incivility affected every aspect of their life. It created mental and emotional turmoil, along with physical effects on their health. The literature supported these findings, indicating that incivility is damaging to someone's self-esteem, and the effects can be devastating, debilitating, and permanent (Anderson and Pearson, 1999). Green (2018) affirmed this by stating continuous uncivil acts experienced by the victim may render them frustrated and with feelings of helplessness and hopelessness. Nursing faculty should not have to endure these uncivil behaviors that make them feel so hurt. The participants' feelings are validated by Wright and Hill's (2013) report that effects of workplace incivility include physical and mental health problems.

Consequences of the incivility experienced by the participants included thoughts of changing their careers. Some participants resigned their positions or changed their assignments, while others considered whether to change their positions. Some participants even considered whether being a nurse educator was what they should be doing. Incivility led to hurt feelings that affected them within their professional and personal lives.

The central research question of this study – *'What are nursing faculty's perceptions of faculty-to-faculty incivility?'* – was answered through the participants' experiences. Participants experienced incivility within their nursing faculty positions. It was the perception of the participants that power played a part in why incivility is happening. Participants thought that other nursing faculty were seeking power through their uncivil behaviors. Incivility is difficult manage and has different consequences. One consequence identified was the willingness of the nursing faculty to look at changing

their position. Nursing faculty were willing to resign their positions just to get out of situations of incivility. Others question whether nursing education is the right direction for their career. Through all of the uncivil interactions that participants experienced, it was clear that they were all very personal. In order to keep faculty in education, incivility must be addressed.

Sub-Question One

The first sub-question to this study was '*What behaviors constitute faculty-to-faculty incivility?'* Recognition of uncivil behaviors emerged as the main theme. Through this study, it was found that there are differences between participants' perceptions of what is considered uncivil. These differences make managing nursing faculty incivility much more difficult due to the variations of perceptions.

Recognition of uncivil behaviors. Interestingly, recognition of uncivil behavior was not addressed within the literature that was reviewed. This finding is a new addition to the current research that is available. Participants were asked to select behaviors that they perceived as uncivil on the Uncivil Behavior Checklist (Appendix C). All behaviors on the checklist were retrieved from current literature. There were wide variations on what participants selected as what they perceived as uncivil behaviors. The variety of different selections meant that participants had different perceptions of what was uncivil. Literature verified this by stating impressions of civil and uncivil behaviors are determined by the perception and knowledge of the receiver of the behavior (DeMarco, Fawcett, & Mazzawi, 2018). This was a significant finding in the area of nursing faculty-to-faculty incivility. With nursing faculty having different perceptions of what is uncivil, one cannot manage the behavior. In this study, only one participant considered all

behaviors uncivil. The remaining seven selected different variations. Table 5.1 lists the uncivil behaviors that were not selected by all participants.

Table 5.1

Uncivil Behaviors Not Recognized by All Participants.

Uncivil Behaviors Not Recognized by All Participants	
• Being deliberately impolite • Disruptive behavior • Sarcastic comments • Putting down colleagues • Verbal abuse • Isolation or freezing someone out of group activities • Silent treatment • Exclusion • Set someone up to fail • Unfair distribution of workload • Fail to perform their share of the workload • Failure to communicate openly	• Physical abuse • Being inattentive or causing distractions during a meeting • Fault Finding • Take credit for others work • Micromanagement • Challenge peer's knowledge • Treated unfairly or disrespectfully • Abuse of position • Make personal attacks using phone, email, or social media • Use of personal technology that disrupts or interrupts interactions • Resistant to or prevent change in the workplace

As a result of these variances, uncivil behaviors were not always recognized. Another thought regarding recognizing incivility came from participant three, who stated, "[You could] almost see [incivility] daily if you…sit back and watch each other …I think we are just so busy we don't recognize it as much, [as] it is actually occurring." This statement is proof that not all behavior is recognized when it is occurring. Furthermore, the behavior may be so common that it is ignored and accepted.

Additionally, multiple participants discussed whether they felt as though the uncivil faculty recognized when their own behaviors were uncivil; the answers varied. A study by Clark et al. (2020) validated the participants' comments by stating that uncivil individuals lack self-awareness regarding how their interactions and behaviors may be affecting others. Nursing faculty that exhibits uncivil behaviors lack recognition of the

consequences of those behaviors. Moreover, this lack of recognition of uncivil behaviors allows these behaviors to continue. Recognition of uncivil behaviors is a vital component of managing incivility.

Recognition of uncivil behaviors is a critical aspect of being able to manage incivility. Behaviors that are not recognized as uncivil are allowed to continue. This study was able to show that there is a variance between all of the participants as to what they believe is uncivil. When there is not a consensus in which behaviors are uncivil, it makes it difficult to hold individuals accountable for their behavior. In order to eliminate incivility, it is essential to be able to identify uncivil behaviors. This study was able to introduce these new findings into the research on incivility. Nursing faculty need to be able to recognize uncivil behavior even when it is covert. Recognition is one of the first steps to managing incivility.

Sub-Question Two

The second sub-question for the study was '*What strategies are used to manage nursing faculty to faculty incivility?'* This sub-question revealed one theme, which was the responsibility of addressing incivility. Managing incivility is an essential aspect of this study. Studies have shown that there are many different strategies that are available to manage incivility. However, it has been made clear through this study that incivility is still an issue among nursing faculty. This study revealed who is responsible for addressing incivility. Equally important, knowing strategies that work is essential.

Responsibility of Addressing Incivility. Participants stated that they consider themselves responsible for addressing incivility that has happened to them. Participant three shared their thoughts by stating, "I am always a big firm believer again; we are all adults and if you can handle it yourself [you should try]." Participant six stated, "I think

we need to be as diligent in being aware whether we are doing it as well as if someone else [is] pointing out that someone else is doing it." These participants' perceptions reflect the need for nursing faculty to attempt to address and manage incivility before going to leaders for help. Literature validated this participant's thoughts by stating that faculty incivility should be addressed and corrected by faculty (Casale, 2017). Overall, addressing incivility is not an easy situation for many faculty.

Participant eight spoke to the difficulty of speaking against incivility, saying, "I think we have a personal responsibility if is happing to us to stand up and speak if we can find the words and have the inner strength." Literature by Samson-Mojares et al. (2019) validated this participant's comment on the difficulty of speaking up by stating that nurses will not advocate for themselves; they hide their feelings of being a victim of incivility. Participant one expressed fear in reporting the incivility when they stated, "I can say did it take me a really super long time to tell anybody? Yeah, it did. I was afraid I was going to get in trouble." This participant feared retaliation that they would have to endure if they admitted they were a victim of incivility. Literature by Clark et al. (2013) validated the idea that the participant neglecting to report incivility was due to the fear of retaliation. In the end, this participant did face retaliation and ended up resigning.

Participants were very clear about the lack of leadership in relation to managing incivility. As reported in this study, faculty do not always manage the incivility they are facing. Incivility can be extremely challenging to manage for faculty, and they need support and guidance from their leaders. Participant five described their lived experience of how they had reported uncivil situations with another faculty member to their leader, saying, "She said she would take care of it and talk to her…then it kept continuing to happen every semester." The leader in this situation failed to manage the situation. The

uncivil behavior was allowed to continue without any perceived accountability. This participant went through several semesters enduring incivility that the leaders were aware of but did not address appropriately. Unfortunately, Clark et al. (2020) reported in their study that 85% of nursing faculty participants avoided dealing with workplace incivility due to lack of administrator support. Literature further validated findings from this study by reporting that acts of incivility persist within nursing, partly because individual workplace incivility incidents are not addressed (Clark, 2020).

Participants perceived that both faculty and leaders are responsible for addressing incivility. Participants indicated that faculty need to take steps to address incivility. They also felt as though leaders also need to be accountable for addressing incivility. Leaders need to address issues within the nursing faculty when it pertains to uncivil behaviors.

Strategies. The sub-theme that emerged from this theme was strategies. Participants discussed strategies that faculty and leaders could utilize to help manage incivility. Participants disclosed that many different strategies had been utilized when it came to managing the incivility they experienced. It was clear through the results of this study that not all strategies used worked. Even though this is true, there were strategies that participants perceived as beneficial to reducing incivility.

Face-to-face communication was one of the most reported among participants as a strategy that worked. In this study, 50% of participants agreed that communication between faculty when there was incivility was very crucial. As reported before, faculty have to recognize that incivility is happening and be willing to discuss it with their colleagues. Literature verified this perception by reporting that face-to-face communication between faculty should be used to address incivility (Clark, 2013).

Participants within this study perceived that codes of conduct and incivility policies are another strategy that should be used to decrease incivility within nursing faculty. Participants recognized the importance of having an incivility policy along with codes of conduct. Participant five supported this when they said "codes of conduct that define incivility and acceptable and unacceptable behavior" when asked which strategies were effective in reducing incivility. Literature validated this thought when it stated comprehensive policies need to be established in order to enforce and address incivility swiftly, directly, and fairly to support a healthy academic work environment (Clark, 2008b; Clark & Ritter, 2018; Peters, 2014; Walrafen et al., 2012). Literature further supported this when it was reported that faculty should have codes of conduct, emphasize respectful communication, and provide definitions of uncivil behaviors (Sanner-Stiehr & Ward-Smith, 2017).

An important component of addressing incivility is having policies that faculty and leaders can follow. Participant five noted that it falls to the responsibility of the leaders to "have a … policy for [incivility] and um implement you know disciplinary actions." Sanner-Stiehr and Ward-Smith (2017) substantiated the participants' perceptions when they stated that having faculty codes of conduct and disciplinary procedures should be implemented to encourage civility. Condon (2015) further added that having an incivility policy may ease the pain of those who have endured incivility. The key to having incivility policies and codes of conduct is that they have to be followed. Failure on a leader's part to enforce these will not help with incivility. Thupayagale, Dithole, Baratedi, and Raditloko (2020) validated these thoughts when they looked at leadership's role in incivility. One theme that emerged was lack of policy implementation. The lack of implementation of policies allows incivility to continue

among nurse educators. Anthony (2020) further validated that nurse leaders are responsible for enforcing policies created to address disruptive behaviors. Leaders need to utilize incivility policies and codes of conduct to produce a culture of zero-tolerance of incivility.

Participants made it clear through this study that victims of incivility need to practice self-care. Self-care was a strategy recognized by 50% of the participants as helping to reduce stress that incivility produces. Incivility can take its toll on everyone who is a victim. When discussing consequences earlier in the study, it was evident that incivility affected the participants mentally and emotionally. Self-care was a strategy mentioned by participants as one that worked to help reduce stress and assist faculty in dealing with workplace incivility. Participant three discussed the importance of self-care when they said, "Self-care, I think as nurses we are very guilty of you know give, give, give and we forget about ourselves and that is something that I really encouraged, um with the other faculty that had issues." Self-care is a topic that gets overlooked when it comes to incivility. Since practicing self-care is an important aspect of helping manage stress, it helps with facing uncivil colleagues. There is evidence in the literature that supports this finding in that stress reduction was mentioned as a potential solution to incivility (Peters, 2014). In addition, self-care may decrease the amount of uncivil interactions faculty have if they take time for themselves. Nursing faculty that exhibits uncivil behaviors could benefit from self-care, which may reduce their drive for power over their colleagues.

Positive role modeling was a strategy that participants perceived as assisting in managing incivility. It is the responsibility of both faculty and leaders to be positive role models. Participant three discussed the importance of leaders being role models, saying,

"I think number one comes down to role modeling, you got to role model it first, if you as the leader … [are] acting uncivil your faculty are probably going to think it is okay to do it too." Participant one stated, "We each have the responsibility to make sure that we're doing the right thing and that we're being a positive role model for everyone." Clark (2020) indicated that positive role modeling at all levels of the organization may reduce, and possibly eliminate, incivility. Literature continued to validate participants' thoughts by stating that nurses will copy their colleagues' and leaders' behaviors, which creates the cycle of incivility (Samson-Mojares et al., 2019).

Interestingly, participant six thought about the aspect of students by adding, "You know you cannot be a role model to students if students see you treating other instructors negatively." Nursing students are perceptive of their environment. Incivility is a behavior that students will pick up on. If nursing faculty role model incivility for nursing students, that is the behavior that should be expected. Research validated this study's finding by reporting that nursing students will learn to accept incivility as a regular aspect of nursing (Aul, 2017; Clark & Springer, 2007b).

The last strategy the participants put an emphasis on was the need for education and professional development. Participant one discussed the importance of education through this statement: "Educating people about what [incivility] is." This participant discussed the importance of faculty understanding and knowing what incivility is and knowing which behaviors are considered uncivil. Participant three further supported education as a strategy by stating, "I think education along [with] … awareness, again I think many of us are unaware of what incivility actually entails." These statements support the need for faculty education. Literature substantiates this participant's perceptions of strategies that work by reporting that employers need to provide training

and education to bring incivility to the forefront (Clark, 2008b; Peters, 2014; Walrafen et al., 2012). Literature also said that resources must be dedicated to raising awareness and educating nursing faculty about incivility (Clark, 2020).

Leaders also need professional development on incivility and how to manage it. Leaders may be facing behaviors and situations that they have never had to deal with. Leaders also need to have professional development that will help them manage incivility and educate their employees on incivility. Participant three stated, “I think it is also important that as a leader to continue to do some type of professional development in regards to you know civility.” Leaders need to know what incivility is and what behaviors are considered uncivil. This is a crucial aspect if leaders are going to help manage incivility within the faculty.

Strategies are available for nursing faculty and leaders to help manage incivility. Unfortunately, not all strategies work. Participants within this study did reveal several strategies that they perceived as effective in managing incivility. Communication was a strategy that was determined to be effective. Communication starts with faculty communicating with each other when uncivil behaviors are happening. When communication does not work, codes of conduct and incivility policies should be in place to manage the behavior. Codes of conduct and incivility policies are clear rules regarding what incivility is and what behaviors constitute incivility. With these in place, they guide both the faculty and the leaders on how incivility is managed. As incivility happens, it takes a toll on faculty. The participants of this study perceived that self-care is one strategy that can be utilized to help manage the additional stress. The participants also valued the strategy of positive role modeling. They felt as though faculty and leaders need to be positive role models for each other and for the students of the nursing

program. Participants felt as though education is a critical strategy to help manage incivility. Education and professional development allow nursing faculty to understand incivility and all that it entails.

Accountability. Participants reported that too many times, nursing faculty that exhibited uncivil behaviors were not held accountable. Without accountability, strategies that are utilized to manage incivility will not work. Participants perceived that leaders and faculty are responsible for addressing the issue of incivility. Although leader accountability was discussed in the literature, faculty accountability was not. Within this study, participants perceived that the faculty have the ability to hold their colleagues accountable for their actions. They also felt that those who witness incivility have a responsibility to hold uncivil faculty members accountable for their behavior. This study clearly indicated that strategies do not work if individuals are not held accountable for their actions. Participant six stated, "They [individuals] need to be accountable." Participants had strong feelings that those who exhibited uncivil behaviors should be accountable for those behaviors, and not be able to continue them without repercussions. Allowing incivility to continue without accountability will have detrimental effects on the culture of the nursing programs.

Participants discussed the need for faculty to take accountability for their own actions. Participant two reported "taking accountability for your own behaviors" as an important strategy when managing incivility. This participant suggested that nursing faculty need to be self-aware of their own behaviors and take accountability for them. In order for nursing faculty to be self-aware of their own behaviors, they need to be educated on incivility, what it is and what behaviors are included. If faculty have a clear understanding of incivility, it allows them to be self-aware of their behaviors.

Additionally, participants noted that victims of incivility need to play an active role in managing incivility. Participant two pointed said, “Me. Myself.” when asked who is responsible for initiating strategies to help manage incivility. This comment suggested that faculty need to call attention to other’s behaviors. This was a prevalent topic when participants discussed accountability. Participant three further added that “we are all one team and that [we need] to hold each other accountable.” Participant three commented on how they addressed incivility, saying, “I felt like in my role as faculty you know I had addressed my concern with the individual and once it wasn’t getting better and it was actually getting worse…I followed my chain of command.” This participant attempted to address incivility, but unfortunately in this circumstance it did not change. Participant four discussed how as faculty we should attempt to resolve incivility on our own first, saying, “I think it is a fine line as adult workers we should be able to approach one another, but as a person who has been on the side of receiving uncivil behavior it is hard to approach someone.”

Another group of faculty that participants discussed as having responsibility for addressing incivility are those that witness incivility. Participants agreed that faculty that witness incivility are also accountable for calling attention to the uncivil behavior. Incivility typically does not happen in private, which was validated by the literature when reporting that 77% of faculty witnessed a colleague be a victim of incivility (Walrafen et al., 2012).

Participant one indicated the role of the witness by stating, “They need to … go to the person they know is being bullied, and they need to go to them and offer support…maybe it just needs to be reported…they need [you to be] an advocate.” This statement addressed the importance of supporting the victim of incivility and advocating

for better work environment. Faculty that witnesses incivility need to not only be advocates for the victim, but for the profession as a whole by not accepting uncivil behavior. Participant five stated, “If we see it, being able to like step in and help that other faculty member that might be experiencing it or even …talking to that individual.” Faculty need to be willing to step into these uncomfortable situations and advocate for each other. Faculty need to hold each other accountable for situations of incivility. Without accountability, incivility is perceived as acceptable behavior.

Participants perceived that leaders are another group that are responsible for addressing incivility by holding nursing faculty accountable. Participant five shared how they had notified their program director and she did not address the issues. Failing to address the issue resulted in that participant asking to be removed from the classroom of the specialty that she loved due to continuing incivility. Participant two stated the need for addressing incivility, saying, “I think it is important for the leaders to uh try to you know get the facts and, on both sides, so they are not seeming to be taking one side or the other, but get the facts.” Literature validated that leadership’s lack of involvement is evident when the leader does not take appropriate steps to address and investigate complaints and accusations of incivility (Aul, 2017; King & Piotrowski, 2015). It is vital that leaders take accusations of incivility seriously and investigate both sides. Literature stated that leaders must be receptive to faculty incivility reports, and they have a duty to investigate and appropriately address them (Sanner-Stiehr & Ward-Smith, 2017). Inaction on the leader’s part is significant; it allows uncivil behavior to continue. Uncivil behaviors need to be addressed, otherwise leaders are promoting what they permit. Anthony (2020) indicated in the literature that accepting the status quo is unacceptable and can cause irreparable harm, such as resignation, if incivility is not addressed.

Leaders are vital in assisting nursing faculty to address incivility. Participant three discussed the role of the leader helping faculty hold each other accountable, saying, "Definitely a lot of coaching because in the individual is probably coming to the supervisor because they don't know how to approach it." Leaders should be role models for the nursing faculty. Part of their role in holding faculty accountable is for them to help faculty learn how to deal with incivility. Clark and Springer (2010) indicated that leaders play a critical role in addressing incivility.

Incivility without accountability allows incivility to continue. Participants felt as though accountability by faculty was an important aspect of managing incivility. Faculty should be able to hold each other accountable for their behavior. It is important for those that witness incivility to step in and hold their colleagues accountable. Faculty should be self-aware of their own behavior in order to assist with managing incivility. Leaders have a responsibility within their positions to hold nursing faculty accountable for uncivil behavior. Participants perceived that this not happening. Leaders have to hold the nursing faculty accountable for their actions in order to manage incivility. No strategy used to manage incivility will work if there is no accountability for uncivil behaviors.

Theoretical model. Through this study, it was found that leaders are a key element in addressing incivility. Leadership styles greatly impact how incivility is managed. Full Range Leadership Model (FRLM) refers to a leadership model that encompasses transformational, transactional, and laissez faire elements of leadership. Incivility management starts at the top with the leaders. FRLM has been called one of the best conceived and most validated leadership models (Barnett, 2019; Kanste, Kääriäinen, & Kyngäs, 2009). Leaders are responsible for setting expectations and managing faculty behaviors. Literature indicated that faculty emulated the leader's behavior, assume the

values the leader portrays, and commit to achieving the leader's vision (Kanste et al., 2009). For this reason, it is essential that leaders set a positive example and include their expectations related to incivility.

Participants in this study discussed specific examples of incivility that they had experienced. Within these examples, participants discussed how these were managed. FRLM has three different elements of leadership which can be utilized to manage incivility. Laissez faire is the path that participants described most leaders taking. Participant one discussed the use of laissez-faire leadership through this statement: "I talked directly with my boss…about the situation, but I did not want him to address the situation with the person because I knew that it would only make it worse." In this situation, the participant addressed the uncivil faculty member directly. This component of the FRLM model encourages the leader to step back to allow their team to manage their issues, referring to laissez-faire leadership (Marquis & Huston, 2021). Although in this circumstance, it allowed the faculty member to directly address the issue and, in this instance, laissez-faire leadership was the best option for handling this uncivil situation.

On the other hand, a participant experienced laissez-faire leadership due to the leader's avoidance of the issue. Participant seven expressed that their leader was "very hands off, very uninterested in um taking any action or helping with it…she said you just need to go talk to her, so I did." Leaders have a vested interest in the culture of their nursing faculty and nursing program. Taking a "hands off" approach to incivility will only hurt their reputations and potentially the reputations of their programs as well. Participant five, who experienced incivility and notified their program director, asked for help to manage the uncivil behavior. Afterward, the participant stated, "It kept continuing to happen every semester." Without addressing the incivility, the faculty member

changed teaching assignments. The uncivil faculty member then directed their incivility toward the students in their course. The issue of incivility was not addressed until students took it to the academic dean of the college. Participant four discussed their incivility experience regarding how it was managed by leadership, saying, “I feel like confidentiality was breached…and I think because of seniority there was issues approaching people on the other side, people doing the incivility, I feel like they were not appropriately confronted about the issue.” Not addressing incivility is a failure of leadership. Laissez-faire in this situation was actually a lack of leadership. The issue was not addressed in a manner that led to a resolution. The goal of any leadership style is to effectively resolve issues.

Transformational leaders can build trust, act with principle and integrity, inspire others, be innovative, and develop others (MacKie, 2014). Leaders that take the transformational approach to incivility are trusted leaders that will help nursing faculty manage incivility while making their expectations known. Participant eight was the only participant within this study that discussed how their leader took an active and supportive role in assisting with incivility. Participant eight described their experience with their leader, saying, “She was very aware of the history and had a couple of suggestions that I am going to try…write a thoughtful email and maybe even have a one-on-one meeting with a moderator to help.” In addition, the participant’s colleague addressed their program director and let them know that they were “really struggling.” After the participant’s colleague reached out to their leader, the leader followed up with the participant. Transactional leaders are role models, and they can inspire others to be better by showing them how. Literature showed that transformational leadership encourages employees to go beyond the standard expectations by addressing needs (Barnett, 2019;

Kanste et al., 2009). Leaders that are considered transformational are leaders that motivate their faculty members to have self-awareness and be able to self-monitor when it comes to their behaviors.

Transactional leadership includes reward, corrective elements, and management by exception. Transactional leadership helps the leader reinforce and modify behavior as needed. No participants discussed any situations with their leader that took a transactional approach to incivility. Participant eight discussed how their leader approached the uncivil faculty member, saying, "She [spoke to] who [was uncivil] … I do wish she would [have] a …little bit stronger back bone … and say … this needs to stop." Even though the leader used transformational leadership toward the participant, she was unable to stop the incivility from the uncivil faculty member. In this instance, the leader needed to set boundaries and reinforce them with corrective action.

FRLM contains three different styles that allow the leader the autonomy to adjust their approach depending on the severity of the incivility and the faculty that they are working with. FRLM does not work if it is not utilized properly for the different situations. FRLM as the theoretical model for this study enhances the need for leadership in managing incivility. Participants in this study were very clear that leaders must play a role in nursing faculty incivility if it is going to be addressed to the point of elimination. FRLM is the ideal model for dealing with incivility due to leaders' ability to adjust their approach to the uncivil situations and behaviors exhibited by nursing faculty. No one approach is going to be able to fully manage incivility. FRLM consists of three leadership styles that leaders can utilize in managing incivility: Laissez faire, transformational, and transactional. Each of these leadership styles have qualities that make them ideal for handling a multitude of different incivility challenges.

Limitations of the Study

The first limitation of this study was that the sample consisted of all females. Females represent most nurse educators; however, there are males in nursing education, and they need to be studied to determine their perspective on incivility.

Multiple pre-licensure nursing colleges were represented within the study. These colleges were from a localized geographic area. A recommendation would be to expand the geographic area past the Midwest. Another limitation was that no ADN faculty were included in this study. The study contained faculty that taught within BSN and PN programs. A recommendation would be to repeat this study and attempt to include ADN faculty or repeat for ADN faculty.

Implications/Recommendations for Education

Creating and maintaining a civil work environment that makes nursing faculty feel safe and secure would help promote the recruitment and retention of nurse educators. Within this study, nursing faculty reported leaving their positions and changing their teaching assignments due to uncivil behavior. Other participants questioned whether being a nurse educator was what they should be doing. With the nursing faculty shortage and the expanded need for nurses, the profession cannot afford to lose qualified nurse educators. Retention of nurse educators is a critical issue currently impacting the nursing profession (Wunnenberg, 2020). Incivility between nursing faculty can hinder the retention and recruitment of nurse educators in a nursing program.

Awareness of incivility is a top recommendation for nursing programs, which should be accomplished through education and professional development. This study found that faculty lack knowledge on which behaviors are uncivil. Lack of understanding as to what incivility is and what behaviors are consistent with incivility leads to accepted

uncivil behaviors. Without knowledge of incivility, it can never be recognized and managed appropriately. Incivility needs to be defined, and examples should be given of uncivil behavior. Incivility should not only be addressed as it relates to faculty, but also as it relates to students and leaders. Incivility should be a prominent topic within the nursing program curriculum. Students should be taught the definition of incivility and what constitutes uncivil behavior. Faculty also need to discuss how to deal with this behavior in order to stop it. Education is one way to put an end to incivility.

Codes of conduct and policies that address incivility are crucial for nursing programs to adopt; when put in place, they give faculty and leaders guidelines to manage uncivil behavior. This will ensure that faculty members are aware of what behavior is considered uncivil and will know the disciplinary action to go with it. Codes of conduct and incivility policies will give leaders a policy to follow for corrective action. The critical aspect of having codes of conduct and an incivility policy is that leaders must hold faculty accountable for behavior. Codes of conduct also give faculty guidelines to follow within their work environment. They leave no room to question what constitutes acceptable behavior.

Accountability is another recommendation. With education about incivility and the knowledge needed to recognize uncivil behavior, faculty will be in a position to hold each other accountable. Accountability is one strategy that is going to allow both the leaders and faculty to follow the codes of conduct and incivility policies.

Nursing programs and their leaders need to promote self-care among the faculty. Self-care was addressed by 50% of the participants as being a way to assist in decreasing the toll stress took on them. By promoting self-care, faculty are given permission to take time for themselves. Faculty need to be supported by their employers and their leaders.

Performing self-care gives that faculty member extra time to process what they have been going through. If all faculty perform self-care, there is the potential for the amount of incivility to decrease. It is likely that self-care will not stop incivility all together, however, it will allow faculty members to handle it with resilience.

In summary, faculty need to be aware of what incivility is and what behaviors constitute incivility. Faculty will be able to utilize strategies to decrease incivility only if they understand all components of incivility. If they do not understand incivility, it will never be managed. Educating faculty and leaders is where it needs to start. Nursing programs need to create codes of conduct and incivility policies to help with the management of incivility. These provide guidance for both faculty and leaders as to what is acceptable. Lastly, accountability is what brings it all together. Nursing faculty and leaders need to hold their colleagues accountable when they are exhibiting uncivil behaviors. If the behaviors are allowed to continue, incivility will never be managed and will be an ongoing issue within nursing education.

Future Research

For future research, this study should be replicated to validate this study's findings in a larger geographical area. A similar study should be conducted at colleges that offer an ADN program. Graduate programs may offer some insight into incivility related to non-pre-licensure programs. A study that compares incivility with pre-licensure and non-pre-licensure programs could offer insight into whether there is additional pressure and stress preparing students for licensure.

This study should also be replicated with leaders to see what leaders' perceptions of managing nursing faculty-to-faculty incivility are. Leaders may have a different perception of how incivility is managed. Completion of a study with leaders will assist in

determining if leaders and faculty have different perceptions about incivility and how to manage it.

Future research about incivility needs to include male and minority faculty members. This may enhance the findings and give a different perspective on incivility. Adjunct faculty should also be studied to see if limited contact with the educational environment affects the amount and type of incivility experienced. Studies that explore the perception of these different nursing faculty populations may yield additional information. Another study that may enhance the study of incivility is nursing faculty that witness incivility. This population may help to address why faculty are not addressing incivility as it is happening to their colleagues.

This study utilized FRLM for the theoretical framework. Future studies could look into different leadership theories and styles to compare the flexibility of having three leadership styles versus having one leadership style to manage incivility. Through this study, it was clear that leaders are an important component to managing incivility, it would be beneficial to further investigate to find the best way for leaders to manage incivility.

Summary

This study provided valid perceptions of nursing faculty-to-faculty incivility by faculty members who have been incivility victims. Incivility was determined to be a significant issue within nursing faculty by the participants of this study. Through the interviews, participants were able to give their perceptions as to how incivility should be managed.

Participants of this study were clear that incivility is a current issue that nursing faculty are facing. Participants were able to discuss their experiences that they had as

nursing faculty. These experiences included gossiping, talking behind backs, exclusion, and much more. Participants determined that the main reason for incivility was due to their colleagues' lack of power. Often, new nursing faculty were the victims of incivility. Participants perceived that level of education was a component of the power faculty were seeking. Participants reported that those with higher degrees were uncivil to those with a lower degree. Unfortunately, the consequences of incivility often led to nursing faculty considering changing their position. This study had two participants that left their position, one that changed their teaching assignment, and another four that questioned whether they should be in nursing education. These consequences may increase the nursing faculty shortage if incivility is not managed. There is also a personal aspect of incivility. The participants described feeling small and insignificant.

Recognition of uncivil behaviors was revealed as an issue. This component was not addressed within the literature review. This is a crucial component in addressing nursing faculty incivility. Nursing faculty were unable to recognize uncivil behaviors consistently. All eight participants selected different uncivil behaviors from a list. This is an issue, because if faculty are unable to recognize uncivil behaviors, the behaviors will continue. Additionally, participants agreed that uncivil faculty members do not recognize their behaviors as being uncivil. There is no self-awareness as to what constitutes incivility. Recognition is a critical component in managing uncivil behavior.

Participants discussed the need for faculty to take responsibility when it comes to addressing incivility. The participants reported that the responsibility of addressing incivility often starts with themselves. The victims of incivility need to be willing to stand up to uncivil faculty members and address their behavior. Knowing this is not always possible, participants felt that those faculty who witness incivility have a

responsibility to address it. Faculty need to be advocates, especially when the victims cannot advocate for themselves. Lastly, leaders need have the responsibility of addressing incivility as part of their role. It is up to the leaders to set the tone for the faculty and let them know that incivility will not be tolerated.

Strategies were discussed among the participants. Face-to-face communication was a leading strategy in dealing with incivility. Faculty and leaders need to address incivility through communication. Participants felt as though faculty-to-faculty communication may stop incivility before it gets too far. Participants also discussed the need for codes of conduct and incivility policies for faculty. Having a code of conduct and an incivility policy will give faculty and leadership guidance on how to handle incivility as it arises. Nursing faculty members should be encouraged to practice self-care. Participants found value in having time for themselves and taking care of their needs. Participants also discussed the need for positive role modeling by both faculty and leaders. Positive role modeling sets a tone for all of those within the nursing program, including the students. Lastly, the participants addressed the need for education and professional development centered on incivility. Faculty and leaders that are not knowledgeable about incivility and all that it entails will not be able to manage it.

Strategies are essential, however, without accountability, they are worthless. Accountability came out as an essential aspect of managing incivility. Accountability relates to faculty being responsible for addressing incivility. Leaders obviously need to hold faculty accountable for their actions. As this study discovered, this does not always happen.

The theoretical model of FRLM was ideal for this study. Through this study, participants clearly indicated that leaders are the key element when it comes to managing

incivility. Their leadership style dictates how incivility is handled. FRLM allows the leader to adjust their approach to incivility. FRLM has three different leadership styles, laissez faire, transactional, and transformational. Each style can be utilized to assist in managing incivility. It is the leader's responsibility to use the appropriate leadership style depending on each case.

Nursing faculty incivility is a behavioral issue that is manageable. Through this study, it was found that both leaders and faculty have the responsibility and ability to put an end to incivility. Through education, all nursing faculty will understand what incivility consists of. Incivility policies and codes of conduct need to be put in place so there is a clear understanding of how incivility within a nursing program will be handled. After that, uncivil faculty need to be held accountable by leaders and faculty for their actions. Nursing education does not need to be known for incivility; it should be known for educating new generations of nurses that are going to make a difference in this world.

References

American Association of Colleges of Nursing. (2019, October). *Nursing faculty shortage*. https://www.aacnnursing.org/news-information/fact-sheets/nursing-faculty-shortage

American Nurses Association. (2020). *Violence, incivility, & bullying*. https://www.nursingworld.org/practice-policy/work-environment/violence-incivility-bullying

Andersson, L. M., & Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review*, *24*(3), 452–471. doi: 10.5465/amr.1999.2202131

Aul, K. (2017). Who's uncivil to who? Perceptions of incivility in pre-licensure nursing programs. *Nurse Education in Practice*, *27*, 36–44. https://doi.org/10.1016/j.nepr.2017.08.016

Barnett, D. E. (2019). Full-range leadership as a predictor of extra effort in online higher education: The mediating effect of job satisfaction. *Journal of Leadership Education*, *18*(1), 86–101.

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.

Beckmann, C. A., Cannella, B. L., & Wantland, D. (2013). Faculty perception of bullying in schools of nursing. *Journal of Professional Nursing*, *29*(5), 287–294. https://doi.org/10.1016/j.profnurs.2012.05.012

Brusie, C. (2020, June 16). *Why Nursing is a Great Career Choice for Men*. Nurse.org. https://nurse.org/articles/Male-Nurses-And-The-Profession/

Casale, K. R. (2017). Exploring nurse faculty incivility and resonant leadership. *Nursing Education Perspectives, 38*(4), 177–181. https://doi.org/10.1097/01.NEP.0000000000000171

Clark, C. M. (2020). An upstanding approach to address bullying in nursing. *American Nurse Today, 15*(9), 31–34.

Clark C. M. (2008a). Faculty and student assessment of and experience with incivility in nursing education. *Journal of Nursing Education, 47*(10), 458–465. https://doi.org/10.3928/01484834-20081001-03

Clark, C. M. (2008b). The dance of incivility in nursing education as described by nursing faculty and students. *Advances in Nursing Science, 31*(4), E37–E54. doi: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*(3), 98–102. doi:10.1097/NNE.0b013e31828dc1b2.

Clark, C. M. (2017). *Creating and Sustaining Civility in Nursing Education* (2nd ed.). Indianapolis, IN: Sigma Theta Tau International.

Clark C. M. (2020). The imperative of civility in uncertain times. *Nurse Educator, 45*(4), 173. doi:10.1097/NNE.0000000000000874

Clark, C. M., Barbosa-Leiker, C., Gill, L. M., & Nguyen, D. (2015). Revision and psychometric testing of the incivility in nursing education (INE) survey: Introducing the INE-R. *Journal of Nursing Education, 54*(6), 306–315.

Clark C. M., & Carnosso J. (2008). Civility: A concept analysis. *Journal of Theory Construction & Testing, 12*(1), 11–15.

Clark, C. M., Juan, C. M., Allerton, B. W., Otterness, N. S., Jun W. Y., & Wei, F. (2012). Faculty and student perceptions of academic incivility in the People' Republic of China. *Journal of Cultural Diversity, 19*(3), 85–93.

Clark, C. M., Landis, T. T., & Barbosa-Leiker, C. (2020). National study on faculty and administrators' perceptions of civility and incivility in nursing education. *Nurse Educator*. doi:10.1097/NNE.0000000000000948

Clark, C. M., Nguyen, D.T., & Barbosa-Leiker, C. (2014). Student perceptions of stress, coping, relationships, and academic civility: A longitudinal study. *Nurse Educator, 39*(4), 170–174.

Clark, C. M., Olender, L., Kenski, D., & Cardoni, C. (2013). Exploring and addressing faculty-to-faculty incivility: A national perspective and literature review. *Journal of Nursing Education, 52*(4), 211–218.

Clark, C. M., & Ritter, K. (2018). Policy to foster civility and support a healthy academic work environment. *Journal of Nursing Education, 57*(6), 325–331. https://doi.org/10.3928/01484834-20180522-02

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.

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.

Clark C. M., & Springer P. J. (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education, 49*(6), 319–325. https://doi.org/10.3928/01484834-20100224-01

Clark, K. R., & Wagner, J. B. (2019). Incivility among radiography educators in the United States. *Internet Journal of Allied Health Sciences & Practice, 17*(3), 1–7.

Cleary, M., Walter, G., Halcomb, E., & Lopez, V. (2016). An examination of envy and jealousy in nursing academia. *Nurse Researcher, 23*(6), 14–19.

Condon, B. B. (2015). Incivility as bullying in nursing education. *Nursing Science Quarterly, 28*(1), 21–26. https://doi.org/10.1177/0894318414558617

Creswell, J. W., & Creswell, J. D. (2018). *Research design: qualitative, quantitative, and mixed methods approaches* (5th ed.). Los Angeles: SAGE.

Creswell, J.W. & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Los Angeles, CA: Sage. ISBN-978-1-5063-3020-4.

DeMarco, R. F., Fawcett, J., & Mazzawi, J. (2018). Covert incivility: Challenges as a challenge in the nursing academic workplace. *Journal of Professional Nursing, 34*(4), 253–258. https://doi.org/10.1016/j.profnurs.2017.10.001

Frisbee, K., Griffin, M. Q., & Luparell, S. (2019). Nurse educators: Incivility, job satisfaction, and intent to leave. *Midwest Quarterly, 60*(3), 270–289.

Gallo, V. J. (2012). Incivility in nursing education: A review of the literature. *Teaching & Learning in Nursing, 7*(2), 62–66. https://doi.org/10.1016/j.teln.2011.11.006

Garbee, D. D. & Killacky, J. (2008). Factors influencing intent to stay in academia for nursing faculty in the southern United States of America. *International Journal of Nursing Education Scholarship, 5*, 1-18.

Gazza, E. A. (2009). The experience of being a full-time nursing faculty member in a baccalaureate nursing education program. *Journal of Professional Nursing, 25*(4), 218–226. https://doi.org/10.1016/j.profnurs.2009.01.006

Green, C. (2018). New nursing faculty and incivility: Applying mindfulness-based strategies. *Holistic Nursing Practice, 32*(1), 4–7. https://doi.org/10.1097/HNP.0000000000000246

Griffin, M., & Clark C. M. (2014). Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *Journal of Continuing Education in Nursing, 45*, 535-542.

Heinrich K. T. (2006). Joy stealing: How some nurse educators resist these faculty games. *Reflections on Nursing Leadership, 32*(3).

Henning, M. A., Zhou, C., Adams, P., Moir, F., Hobson, J., Hallett, C., & Webster, C. S. (2017). Workplace harassment among staff in higher education: A systematic review. *Asia Pacific Education Review, 18*(4), 521–539.

Kanste, O., Kääriäinen, M., & Kyngäs, H. (2009). Statistical testing of the full-range leadership theory in nursing. *Scandinavian Journal of Caring Sciences, 23*(4), 775–782.

King, C., & Piotrowski, C. (2015). Bullying of educators by educators: Incivility in higher education. *Contemporary Issues in Education Research, 8*(4), 257–262.

LaSala, K. B., Wilson, V., & Sprunk, E. (2016). Nursing academic administrators' lived experiences with incivility and bullying from faculty. *Nurse Educator, 41*(3), 120–124. https://doi.org/10.1097/NNE.0000000000000234

Lasiter, S., Marchiondo, L., & Marchiondo, K. (2012). Student narratives of faculty incivility. *Nursing Outlook, 60*(3), 121. https://doi.org/10.1016/j.outlook.2011.06.001

Longo, J., Cassidy, L., & Sherman, R. (2016). Charge nurses' experiences with horizontal violence: Implications for leadership development. *Journal of Continuing Education in Nursing, 47*(11), 493–499. https://doi.org/10.3928/00220124-20161017-07

Luparell, S. (2007). The effects of student incivility on nursing faculty. *Journal of Nursing Education, 46*(1), 15–19.

MacKie, D. (2014). The effectiveness of strength-based executive coaching in enhancing full range leadership development: A controlled study. *Consulting Psychology Journal: Practice & Research*, *66*(2), 118–137.

Marquis, B. L., & Huston, C. J. (2021) *Leadership roles and management functions in nursing: Theory and application* (10th ed.). Philadelphia, PA; Wolters Kluwer.

McElveen, N., Leslie, P., & Malotky, D. (2006) Ethical Issues in faculty conflict. *Teaching Ethics: The Journal of the Society for Ethics Across the Curriculum 7*(1), 33-56.

McPherson, P., & Buxton, T. (2019). In their own words: Nurses countering workplace incivility. *Nursing Forum, 54*(3), 455–460. https://doi.org/10.1111/nuf.

Meissner, J. E. (1986). Nurses: Are we eating our young? *Nursing, 16*(3), 51–53.

National League for Nursing. (2017). *Nurse educator demographics*. nln.org. http://www.nln.org/newsroom/nursing-education-statistics/nurse-educator-demographics

Palumbo, R. (2018). Incivility in nursing education: An intervention. *Nurse Education Today, 66*, 143–148. https://doi.org/10.1016/j.nedt.2018.03.024

Pearson, C. M., Andersson, L. M., & Porath, C. L. (2000). Assessing and attacking workplace incivility. *Organizational Dynamics, 29*(2), 123.

Peters, A. B. (2014). Faculty to faculty incivility: Experiences of novice nurse faculty in academia. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, *30*(3), 213–227. https://doi.org/10.1016/j.profnurs.2013.09.007

Peters, A. B., & King, L. (2017). Barriers to civil academic work environments: Experiences of academic faculty leaders. *Nurse Educator, 42*(1), 38–41.

Randle, J. (2003). Bullying in the nursing profession. *Journal of Advanced Nursing, 43*(4), 395–401. https://doi.org/10.1046/j.1365-2648.2003.02728.x

Randle, J., Stevenson, K., & Grayling, I. (2007). Reducing workplace bullying in healthcare organizations. *Nursing Standard, 21*(22), 49–56.

Roberts, S. J. (1983). Oppressed group behavior: implications for nursing. *Advances in Nursing Science*, *5*(4), 21–30.

Samson-Mojares, R. A., Chin, C. R., Colvin, M. K., & Umadhay, T. (2019). Where do you think you are? A grounded theory study of the critical factors triggering the existence and fueling the persistence of incivility in nursing. *Nursing Education Perspectives, 40*(3), 133–138. https://doi.org/10.1097/01.NEP.0000000000000397

Sanner-Stiehr, E., & Ward-Smith, P. (2017). Lateral violence in nursing: Implications and strategies for nurse educators. *Journal of Professional Nursing, 33*(2), 113–118. https://doi.org/10.1016/j.profnurs.2016.08.007

Shanta, L. L., & Eliason, A. R. (2014). Application of an empowerment model to improve civility in nursing education. *Nurse Education in Practice, 14*(1), 82–86. https://doi.org/10.1016/j.nepr.2013.06.009

Stalter, A. M., Phillips, J. M., Ruggiero, J. S., Wiggs, C. M., Brodhead, J., & Swanson, K. (2019). Systems perspective for incivility in academia: An integrative review. *Nursing Education Perspectives, 40*(3), 144–150. https://doi.org/10.1097/01.NEP.0000000000000466

Thupayagale, T. G., Dithole, K. S., Baratedi, W. M., & Raditloko, S. (2020). Nurse educator academic incivility: a qualitative descriptive study. *International Nursing Review, 67*(3), 411–419. doi:10.1111/inr.12610

Wagner, B., Holland, C., Mainous, R., Matcham, W., Li, G. & Luiken, J. (2019). Differences in perceptions of incivility among disciplines in higher education. *Nurse Educator, 44*(5), 265–269. doi:10.1097/NNE.0000000000000611.

Walrafen, N., Brewer, M. K., & Mulvenon, C. (2012). Sadly caught up in the moment: An exploration of horizontal violence. *Nursing Economic$, 30*(1), 6–49.

Web Finance Inc. (2020). Business dictionary. Retrieved from http://www.businessdictionary.com/definition

Wright, M., & Hill, L. H. (2015). Academic incivility among health sciences faculty. *Adult Learning, 26*(1), 14–20.

Wunnenberg, M. (2020). Psychosocial bullying among nurse educators: Exploring coping strategies and intent to leave. *Journal of Nursing Scholarship, 52*(5), 574–582. doi:10.1111/jnu.12581

Ziefle, K. (2018). Incivility in nursing education: Generational differences. *Teaching & Learning in Nursing, 13*(1), 27–30. https://doi.org/10.1016/j.teln.2017.09.004

Appendix A

Incivility Research Study Demographic Information

The following information is being asked to better understand the participants enrolled in the study. This information will be analyzed and reported as aggregate data only.

Pseudonym Name _____

1. To which gender do you most identify?

    a. Female
    b. Male
    c. Non-binary
    d. Prefer Not to Answer

2. What is your age range?

    a. 19-25
    b. 26-35
    c. 36-45
    d. 46-55
    e. 56-65
    f. 66 or older

3. How many years have you been a nurse educator?

    a. 0-5
    b. 6-10
    c. 11-15
    d. 16-20
    e. 21-25
    f. 26-30
    g. 31 and greater

4. What level of education/program of nursing do you teach?

    a. Practical Nurse
    b. Associate Degree in Nursing
    c. Bachelors of Science in Nursing

5. How frequent did you experience incivility?
    a. Once
    b. Daily
    c. Weekly
    d. Monthly
    e. Once per semester
    f. Once per academic year
    g. Other _____

Explain: I would like to send you the preliminary findings of the study. Are you willing to have me contact you to review the findings? This process is used to validate the findings. It is a process known as member checking.

Email _____

Phone # _____

Appendix B
Interview Protocol

Time of Interview:
Date:
Place:
Interviewer:
Interviewee pseudonym:
Position of Interviewee:
File Name for Recording and Transcription:

Introduction:
"Hello! My name is Angela McCown, I'm a doctoral student from the Bryan College of Health Sciences. I'm meeting with you to learn about incivility between nursing faculty and the roles faculty and nurse leaders have in managing this behavior. Thank you for taking the time to talk with me today. The purpose of this interview is to learn about your perception of nursing faculty incivility. There are no right or wrong answers, or desirable or undesirable answers. I would like you to feel comfortable saying what you really think and how you really feel. I will be audio recording our conversation since it will be hard for me to write down everything while simultaneously carrying on with an attentive conversation with you. Everything you say will remain confidential, meaning that only myself will be aware of your answers - the purpose of that is only so we know whom to contact should we have further follow-up questions after this interview."

The participant will receive a $10 gift card at this time:
"Please accept this gift card as a token of my appreciation of your time."

Rights of Research Participants:
The participant will be given a copy of the Rights of Research Participants brochure. The PI will review the brochure with the participant.

Consent:
The participant will be handed an Adult Consent Form. The researcher will allow the participant time to read the consent form. When the participant is finished reading the consent form, the PI will ask if they have any questions. If there are questions the PI will answer them. When there are no questions. The PI and participant will sign the consent form.

Demographics:
The participant will be handed a demographics (Appendix A) sheet to complete. The completed sheet will be reviewed by the PI to verify that the participant meets the inclusion criteria.

Audio recording:
Notify the participant that the audio recorders (2) will be started at this time.

Start of the Interview:

Primary Research Questions:
There are two primary research questions that I am researching.

1. What are nursing faculty's perceptions of ongoing faculty to faculty incivility?

2. What strategies are used to manage nursing faculty to faculty incivility?

In order to answer these questions, I have come up with an interview protocol (Appendix B). Let's get started.

Introductory question:
Tell me about your position at your organization.

Questions:

1. Do you feel that incivility is a current problem among nursing faculty? Why?

    a. Where do you see nursing faculty to faculty incivility happening?

2. Why do you think incivility is still occurring in nursing education?

Checklist – Uncivil Behaviors (Appendix C)
The participant will be handed a checklist to be completed. At the completion of the checklist the PI will review the list.

3. I see that you have selected (a few, several, almost every one, etc.) What additional uncivil behaviors have you experienced? Why would you consider these being uncivil?

4. Were there behaviors on the list that surprised you as being uncivil? Which were the behaviors and why?

5. What are the top 3 behaviors that you have experienced most frequently?

6. Tell me a situation about how and/or when you experienced these behaviors.

7. How did your dean manage the incivility?

8. What are the roles and responsibilities of the nursing faculty in managing faculty to faculty incivility?

9. What are the roles and responsibilities should leaders have in managing nursing faculty to faculty incivility?

10. What are the nursing faculty's responsibilities in collaborating with their direct report leaders to manage incivility?

Checklist – Strategies to Manage Incivility (Appendix D)
The participant will compete the checklist regarding strategies that have been utilized to manage incivility.

11. I see that you have selected (a few, several, almost every one, etc.) What additional strategies have you identified as being effective?

12. What strategies are effective at reducing or removing incivility in your workplace?

    a. Who do you feel is responsible for initiating the strategies identified?

Final question:
Is there any further information that you would like to share with me regarding nursing faculty incivility or the management of that incivility?

Ending the Interview:
I would like to thank you for your time. I appreciate your open and honest answers to my questions. I will be sending this audio recording to a transcriptionist who will sign a confidentiality agreement. I will review the transcripts for themes. Once the themes are developed, I will email them to you to ensure accuracy. I will keep your identity and information confidential at all times. Do you have any other questions for me?
Thank you again.

Audio recorder:
The audio recorders will be stopped at this time and placed in a locked box.

Appendix C
Uncivil Behavior Checklist

Listed below are behaviors that may be considered uncivil. Please indicate which behaviors you consider uncivil.

- ☐ Being deliberately impolite
- ☐ Make rude comments, putdowns, or name calling
- ☐ Fail to perform their share of the workload
- ☐ Disruptive behavior
- ☐ Manipulation
- ☐ Physical abuse
- ☐ Failure to communicate openly
- ☐ Sarcastic comments
- ☐ Interrupting others
- ☐ Gossiping about colleagues
- ☐ Putting down colleagues
- ☐ Spreading lies
- ☐ Use of personal technology that disrupts or interrupts interactions
- ☐ Being inattentive or causing distractions during a meeting
- ☐ Covert meetings behind closed doors
- ☐ Intimidation
- ☐ Fault finding
- ☐ Isolating or freezing someone out of group activities
- ☐ Silent treatment
- ☐ Eye rolling
- ☐ Exclusion
- ☐ Lack of support
- ☐ Resist or prevent change in the work place
- ☐ Challenging a peer's knowledge
- ☐ Micro management
- ☐ Take credit for others work
- ☐ Treated unfairly or disrespectfully
- ☐ Unfair distribution of workload
- ☐ Set someone up to fail
- ☐ Abuse of a position of authority
- ☐ Make personal attacks using phone, email, or social media

Resources: (Condon, 2015, Clark & Springer, 2010; Griffin & Clark, 2014; Samson-Mojares et al. 2019; Clark & Wagner, 2019; Clark 2013a/b, Longo, Cassidy, & Sherman, 2016, Wright & Hill, 2015)

Appendix D
Strategies Checklist

Listed below are strategies that can assist with managing incivility. Please indicate the strategies you have experienced to address incivility in the workplace.

- ☐ Training
- ☐ Education
- ☐ Open forums
- ☐ Role modeling – civility, professionalism and respect
- ☐ Mentoring
- ☐ Education and strategies on stress reduction
- ☐ Counseling
- ☐ Comprehensive policies and procedures
- ☐ Codes of conduct that define incivility and acceptable and unacceptable behavior
- ☐ Increased awareness of incivility
- ☐ Respectful communication
- ☐ Return emails
- ☐ Open to others ideas
- ☐ Apologize when appropriate
- ☐ Disciplinary action
- ☐ Truly listen
- ☐ Come to meetings prepared
- ☐ Use of respectful language (avoid racial, ethic, sexual, gender, religiously based terms)
- ☐ Accountable for behaviors
- ☐ Defined uncivil behavior
- ☐ Programs on academic incivility and bullying
- ☐ Mentoring programs
- ☐ Collegiality as a component of tenure
- ☐ Collegiality a component of promotion
- ☐ Collegiality a component of evaluation
- ☐ Face to face communication
- ☐ Mindfulness-based meditation
- ☐ Encourage self-care
- ☐ Influential leadership/ direct report leader

Resources: (Clark, 2008; Walrafen et al., 2012; Peters, 2014, Peters and King, 2017, Clark & Ritter, 2018, Wright & Hill, 2015, Condon, 2015; Longo et al., 2016, Sanner-Stiehr & Ward-Smith, 2017, Samson-Mojares, 2019, Shanta & Eliason, 2014, Clark, 2013, Green, 2018)