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FACULTY-TO-FACULTY INCIVILITY AS PERCEIVED BY NURSING FACULTY

by

Melinda Kay Lofton Sills

A Dissertation
Submitted to the Graduate School
and the Department of Systems Leadership and Health Outcomes
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

Approved:

Dr. Kathleen Masters, Committee Chair
Professor, Collaborative Nursing Practice

Dr. Janie Butts, Committee Member
Professor, Systems Leadership and Health Outcomes

Dr. Bonnie Harbaugh, Committee Member
Professor, Systems Leadership and Health Outcomes

Dr. Melanie Gilmore, Committee Member
Associate Professor, Advanced Practice

Dr. Richard Mohn, Committee Member
Associate Professor, Educational Studies and Research

Dr. Karen S. Coats
Dean of the Graduate School

December 2016
ABSTRACT

FACULTY-TO-FACULTY INCIVILITY AS PERCEIVED BY NURSING FACULTY

by Melinda Kay Lofton Sills

December 2016

The purpose of this research was to determine the perceived presence of workplace incivility among nursing faculty in associate, baccalaureate, and graduate nursing programs and whether there was a significant difference between workplace incivility behaviors, occurrence of incivility, extent of incivility, and engagement of incivility among the three groups. A convenience sample of faculty from nursing programs accredited by Accreditation Commission for Education in Nursing and Commission of Collegiate Nursing Education in Alabama, Arkansas, Florida, Louisiana, and Tennessee completed the Incivility in Nursing Education-Revised (INE-R) survey. The final sample included 169 nursing faculty.

Based on the results of the study faculty in associate, baccalaureate, and graduate nursing programs recognize faculty-to-faculty incivility with 80% reporting incivility as a problem in their program. Statistical analysis revealed there was not a significant difference between workplace incivility behaviors, occurrence of incivility, extent of incivility, and engagement of incivility among the three groups. The most highly rated faculty incivility behaviors included making condescending or rude remarks, exerting superiority, abusing position, or rank, making discriminating comments, making rude gestures or nonverbal behaviors, and sending inappropriate or rude emails. The highest rated behavior occurring
in the prior 12 months included using a computer, phone, or another media
device in faculty meetings, committee meetings, other work activities for
unrelated purposes.
ACKNOWLEDGMENTS

I would like to express the deepest appreciation to my committee chair, Dr. Kathleen Masters, who has been an invaluable mentor. Without her practical advice, supportive guidance, persistent help, and enduring encouragement this dissertation would not have been possible.

I would also like to thank my committee members Dr. Janie Butts and Dr. Bonnie Harbaugh for their commitment to supporting nursing research and sharing their expertise throughout the doctoral program. Thank you to Dr. Melanie Gilmore and Dr. Richard Mohn for the advice and feedback, your perspectives and guidance helped to strengthen my research.
DEDICATION

I dedicate my dissertation work to my family. My husband, Ben, has been a constant source of support and encouragement during the challenges of graduate school and life. I am truly thankful for having you in my life. This work is also dedicated to my children, Bentley, Layton, Lofton, and Baylor. I am stronger and more fulfilled because of each of you. I pray I have been an example by showing you with hard work and dedication you can achieve anything. A special dedication to my parents, Douglas and Iva Pearl Lofton, without their support and love throughout my life I would not be the person I am.
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CHAPTER I – INTRODUCTION

Introduction

Incivility is an intense topic of concern to society with growing concerns of incidents of incivility in the workplace. Research is prevalent regarding incivility in the workplace among other professions and in the academic environment between students, between faculty and students, and between faculty and administration but literature fails to adequately document incivility in the workplace among nursing faculty members.

Andersson and Pearson (1999) defined incivility as “low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect” (p. 457). Incivility as defined by Clark and Springer (2007a) is “rude or disruptive behavior that may result in psychological or physiological distress for the people involved and, if left unaddressed, may progress into threatening situations” (p. 8). As the definitions suggest incivility can occur in many forms including behavioral, verbal or written and therefore can devastate individuals and the profession of nursing. Workplace incivility is evasive and unexplained, which often causes disregard of occurrences.

Nursing education is perceived to be a cultivating workplace to educate and socialize into the nursing profession yet personal accounts of incivility between faculty to students, students to faculty, faculty to faculty, and administration to faculty are prevalent in nursing education (Clark, 2008a; Luparell, 2007; Pearson & Porath, 2005). Healthcare and preparation through nursing education connect with nursing education providing a foundation for
knowledge and behaviors needed to promote a healthy society. Nursing students observe nursing faculty members and the relationship faculty have in the workplace. Incivility among nursing faculty and the recognition by nursing students can thus lead to a spiraling impact on the education of future nurses and the health of society (Andersson & Pearson, 1999).

Incivility is detrimental to developing and sustaining meaningful relationships in society, healthcare, nursing practice, academia, and nursing education (Clark, 2008a). Research is limited in literature related to the topic of incivility between nursing faculty. Researching nursing faculty workplace incivility among peers establishes the occurrence of the problem and perceptions of behaviors of workplace incivility in nursing education. Due to the focus of individual behaviors in workplace incivility, Bandura’s social learning theory is the most appropriate theoretical framework for the examination of this phenomenon. Bandura (1977) theorized social learning occurs from watching others and through personal experience. Learning is a result of internalization of circumstances and the social circumstances of reinforcement. Positive reinforcement or lack of negative reinforcement of behaviors supports the continuing or escalation of behaviors.

Incivility in society is a growing problem that has captured media and society attention. Acts of violence on academic campuses have grown in the past two decades among disgruntled students and faculty. Due to the increase in media attention incivility in academia has received increased attention among faculty. Twale and DeLuca (2008) presented research documenting a rise in
faculty incivility in the workplace with origins into the earliest establishments of higher education in the United States. In the academic environment acts of incivility are often overlooked or viewed as rights with the academy. Identification of workplace incivility behaviors among faculty coworkers vary according to the workplace norms established. Faculty incivility behaviors according to Clark (2008a) include behaviors such as general taunts or disrespect, harassing comments, vulgarity, inappropriate communications, and threats of physical harm.

Nursing literature is abundant related to behaviors noted as incivility between nurses in nursing practice, from administration, and faculty to students or students toward faculty. The American Nurses Association Code of Ethics for Nurses with Interpretive Statements (2015) provided a guide of professionalism in preserving integrity for the profession. The code states:

1.5 Relationships with colleagues and others - Respect for persons extends to all individuals with whom the nurse interacts. Nurses maintain professional, respectful, and caring relationships with colleagues and are committed to fair treatment, transparency, integrity-preserving compromise, and the best resolution of conflicts. Nurses function in many roles and settings, including direct care provider, care coordinator, administrator, educator, policy maker, researcher, and consultant. An ethical environment is created by nurses along with civility, kindness, and dignity and respect for everyone in the healthcare environment.

Professional, ethical behavior in the form of civility includes a certain duty to act
to prevent harm. Ethical unacceptable behaviors reflect disrespect of the effect
personal action have on others. Behaviors considered morally unacceptable
include mistreatment of others in the form of intimidation or bullying, irritation,
manipulation, or threats including violence.

Nursing faculty make a choice to enter the profession of nursing education
to educate future nurses and practice nursing in the setting of an academic
environment. Incivility in nursing education can be a covert long-standing
occurrence that is ignored yet creates a critical problem interfering with teaching
and learning, increases stress, and ultimately damages the profession of nursing
(Clark, 2008a; Clark, Farnsworth & Landrum, 2009; DalPezzo & Jett, 2010;

Nursing education is foundational in preparing nurses to care for society.
Due to the impending nursing shortage (AACN, 2014a) and expansion of the
nursing faculty shortage (AACN, 2015a), examining the concept of workplace
incivility in nursing education facilitates future research in identifying, addressing,
and countering the concept. Recognition and management of workplace incivility
will maintain and increase the excellence of nursing education, safety to society,
and quality of physiological and psychological health of nursing faculty (Clark,
2008b).

Problem Statement

Workplace incivility within nursing education represents a significant
problem. Incivility among nursing faculty toward peers disrupts the work
environment that can lead to physical, social, and mental impacts and ultimately
departure of nursing faculty (Porath & Pearson, 2012). Incivility from nursing faculty can thus lead to a spiraling impact on the education of future nurses and the health of society (AACN, 2014a; Anderson & Pearson, 1999). Thus, research is needed to examine the recognition and occurrence of faculty-to-faculty incivility among faculty in nursing.

Nursing education must nurture a civil environment. Faculty members should feel secure and safe in a health environment without fear of intimidation, harassment, discrimination, or self-expression (Twale & DeLuca, 2008). Identifying the occurrence and behaviors of incivility can lead to conversations of prevention strategies because promoting civility in nursing faculty plays an essential function to promote civility in nursing education and nursing practice (Clark & Springer, 2007a).

Purpose

The purpose of this study is to determine the perceived presence of workplace incivility among nursing faculty in associate, baccalaureate, and graduate nursing programs.

Theoretical Framework

The concept of civility provides clarity in recognizing and defining the opposing concept of incivility. Clark and Carnosso (2008) define civility as “an authentic respect for others that requires time, presence, willingness to engage in genuine discourse and intention to seek common ground” (p.12). Incivility as defined by Clark and Springer (2007a) is “rude or disruptive behavior that may result in psychological or physiological distress for the people involved and, if left
unaddressed, may progress into threatening situations” (p.8). Anderson and Pearson (1999) provided conceptualization to incivility in the workplace as “low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect” (p. 457).

Bandura’s (1977) social learning theory will provide the theoretical framework for this research. Bandura’s social learning theory will be used to present incivility as a concept that is observed and learned as a behavior by individuals. Social learning theory supports understanding faculty incivility. Faculty-to-faculty incivility is a personal perception by a faculty member. Perceptions develop from experiences. Bandura’s social learning theory constructs four learning processes. People learn through observing behaviors, attitudes, and outcomes. Social learning theory explains behavior through conditions of attention, retention, reproduction and motivation. Observation of behaviors regarded appropriate or inappropriate are retained and reproduced. As faculty observe and experience faculty-to-faculty incivility these behaviors and actions, if perceived as acceptable, can motivate the continuation of acts of incivility.

Social learning theory by Bandura (1977) was developed to explain the process of human's thinking and characteristics which determine human behavior. Social learning theory proposes humans learn by observing other humans’ behavior and the outcome of those behaviors. People learn socially by observation, imitation, and modeling behaviors and as well as the outcomes of
the behaviors along with attitudes and experiences. Human behavior, environment, and perception determine human behavior.

Social learning theory contains six concepts: expectations, observational learning, behavioral capability, self-efficacy, reciprocal determination, and reinforcement. According to Bandura (1977), expectations are the beliefs concerning the outcome of personal actions. Observational learning is learning by observation and is achieved by developing and practicing the behavior. Behavioral capability, the third concept, is having the knowledge and skill needed to effect behavior. Self-efficacy is the ability to produce anticipated actions. The fifth concept, reciprocal determination, is a change in behavior from personal and environmental interactions. The final concept, reinforcement, supports reactions to a behavior can increase or decrease the recurrence of behaviors. As a person experiences behaviors the value of the outcome of the behaviors will influence the continued expression of the behavior.

Social learning theory is contingent on four observational learning methods: attention to displayed/observed actions, retention of displayed/observed behaviors, reproduction of displayed/observed actions and behaviors, and motivation and reinforcement both internally and externally to perform displayed/observed actions and behaviors (Bandura, 1977).

Bandura (1977) described the social learning theory concept of human behavior being dependent on observing behaviors and outcome of behaviors of others. Observation is subjected to behavioral, cognitive, and environmental factors. Behavioral factors contain skills, practice, effectiveness to cope,
experience expectation, and positive and negative motivation. Cognitive factors include an individual's attitudes, expectations, and knowledge. Environmental factors include the learning environment and social environment accepted behavioral norms.

Incivility including aggressive behavior can be explained using social learning theory (Bandura, 1973). Nursing faculty-to-faculty incivility can be explained using Bandura’s social learning theory. Behavior is influenced by the academic environment and personal faculty aspects. Communication skills, group problem solving capability, and personal conflicts and interests are considered behavioral factors. Observation of other faculty can lead to learned or modeled incivility behaviors. Faculty recognition of the concepts of civility and incivility, expectations of behavioral norms in relationships with colleagues, and negative and positive attitudes regarding incivility create the component of cognitive factors. Social learning theory environmental factors include the workplace culture and the academic environment.

Research Questions

The following research questions will be explored:

1. What behaviors do nursing faculty perceive as workplace incivility?
2. What is the occurrence of incivility behaviors in a prior 12-month period?
3. What extent do faculty perceive incivility as a problem in their nursing program?
4. Do faculty perceive engagement in incivility occurring by students or faculty?

5. How do faculty rate the level of civility within a nursing program?

6. What are the differences in workplace incivility behaviors, occurrence of incivility, extent of incivility, and engagement of incivility as perceived by nursing faculty in associate, baccalaureate, and graduate nursing programs?

Definition of Terms

Associate nursing program - a 2-year program designed to prepare a nurse generalist. Upon completion of the degree, typically within a community college setting, the graduate can seek licensure as a registered nurse (Associate Degree in Nursing, nd).

Baccalaureate nursing program - a program in general education courses and nursing education courses designed to prepare a nurse generalist. Upon completion of the degree, typically within a college or university setting, the graduate can seek licensure as a registered nurse (Amos, nd).

Faculty-to-faculty incivility - behavior(s) between two nursing faculty that can be vague, rude, or disrespectful as perceived by a faculty member (Clark, 2008a).

Graduate nursing program - a program to prepare a registered nurse in developing new skills, research, and practice innovations (AACN, nd) through a masters degree or doctoral degree. Upon completion of certain designated
advanced practice programs, the graduate may seek licensure as an advanced practice registered nurse.

Incivility - rude or disruptive behavior that may result in psychological or physiological distress (Clark, 2007).

Workplace incivility - violation of workplace norms with actions in disregard for others in the workplace (Andersson & Pearson, 1999).

Assumptions

First it will be assumed faculty-to-faculty incivility occurs in the workplace environment of nursing education among all program types. A second assumption is faculty recognize and perceive workplace incivility as a problem according to prior research (Clark 2008a, 2008b, 2010; Clark & Springer, 2007a, 2007b, 2010; and Luparell, 2004, 2007). Another assumption is the theoretical framework along with a valid, reliable research instrument will enhance the research discussions and recommendations. A final assumption is faculty members will report accurate and correct data.

Limitations

A limitation of the study was the use of sampling of faculty members to represent all types of faculty present in nursing education. Another limitation was the culture of the nursing program and timing of the research survey. Schedules, time constraints, and interest of faculty can limit the results. Survey truthfulness is also a limitation. Participant answers are limited to understanding the research survey, the understanding and experience with workplace incivility and the participant’s willingness to self-report. Self-reporting can limit the participant’s
recall of perceptions of faculty-to-faculty incivility and willingness to report. The research instrument distribution to participants electronically via email creates a limitation of technology. Frequency of responding to emails, technology skills with electronic surveys, and concern for email virus and workplace blocks to electronic surveys could limit or confound the findings.

Scope and Delimitations

The study was conducted among a convenience sample of faculty in Alabama, Arkansas, Florida, Louisiana, and Tennessee. Potential subjects were nursing faculty from university and college settings to represent associate, baccalaureate, and graduate degree nursing programs. The findings will expand knowledge related to the presence and perceptions of faculty-to-faculty incivility in order to improve workplace civility.

Significance of the Study

The significance of the study includes promoting knowledge generation, facilitating policy development related to workplace incivility in nursing education, and promoting a culture of civility in nursing education. An organizational culture which becomes entrenched with behaviors of incivility can have direct influence on nursing faculty as well as students entrusted to be developed in an academic environment (Clark & Springer, 2007a; Twale & DeLuca, 2008). The literature is prevalent in documenting incivility present in nursing education as related to faculty to student, student to faculty, and administration to faculty but research is limited to studies by Clark (2008a) as related to perceptions of nursing faculty-to-faculty incivility. Research is needed to establish the occurrence of workplace
incivility between nursing faculty and behaviors of workplace incivility as perceived by nursing faculty. Incivility can lead to increasing forms of aggression. Recognizing incivility at the level of beginning perceptions can prevent an incivility spiral to aggression (Anderson & Pearson, 1999).

The research will help address the lack of nursing research related to workplace incivility in nursing education among faculty. The findings will be useful in expanding knowledge and theoretical understanding of workplace incivility in the form of faculty-to-faculty incivility. The results will provide a foundation for further research in faculty-to-faculty incivility and facilitate the development of policy to prevent, halt and recover incidents of faculty-to-faculty incivility.

Data obtained will be useful in increasing the recognition of faculty-to-faculty incivility and changing the workplace environment. Policy development can begin after the recognition of workplace incivility between nursing faculty.

A culture of civility is needed in nursing education and must begin with nursing faculty. Civility will promote job satisfaction as faculty recognize the positive environment and will role model the behaviors in nursing practice. The findings of this study will provide leaders with information useful to initiate environments that promote civility. Civility matters in the workplace, as mutual respect, is required to communicate effectively, build unity, and creates highly effective teams (Clark & Springer, 2007a). Nursing education provides the foundation in the profession of nursing for role models. Bandura’s (1977) social learning theorizes role models should demonstrate appropriate behaviors in the
environment and therefore can be replicated or modeled. Observation of appropriate faculty member behaviors by nursing students and coworkers promote the culture of the profession and the workplace.

Summary

With a growing observance of incivility in society and subsequently in the academic environment, it is important to research the concept of workplace incivility among nursing faculty members and the behaviors considered to define the concept. Faculty-to-faculty incivility must be identified to address the impact of shortages of nursing faculty. Nursing education is in a critical need for nurse educators and the nursing professorate cannot allow faculty-to-faculty incivility in nursing education. Individual faculty must accept personal accountability and responsibility in identifying behaviors associated with incivility. Incivility should not be tolerated by nursing faculty. Nursing faculty should model civility behaviors to create a healthy academic environment. Previous research has not focused solely on faculty-to-faculty workplace incivility or on the differences in behavioral perceptions between associate, baccalaureate and graduate nursing programs.
CHAPTER II – REVIEW OF LITERATURE

Review of Literature

The purpose of this quantitative study is to examine perceptions of nursing faculty members experience regarding faculty-to-faculty incivility. The review of literature provides background research supporting the study on workplace incivility among nursing faculty members. The INE and INE-R instrument developed by Clark and Bandura’s Social Learning Theory are also reviewed.

Literature on workplace incivility was reviewed, synthesized, and summarized. Concepts include antecedents that contribute to workplace incivility, incivility behaviors, and consequences of workplace incivility. In addition to reviewing workplace incivility literature, a literature review was also conducted specifically related to faculty-to-faculty incivility.

An electronic literature review was conducted for literature between the years 1999 and 2015 utilizing educational databases such as Cumulative Index to Nursing and Allied Health Literature (CINAHL), Academic Search Premier, Google Scholar, ProQuest, SAGE Reference Online, and eBooks. Keywords and combination of keywords were used to search the topic of incivility including workplace incivility and faculty-to-faculty incivility.

Incivility in nursing education is a critical problem that inhibits teaching and learning. Incivility increases stress and damages the profession of nursing. Workplace incivility is covert and many occurrences are ignored. The perception of nursing education is a cultivating environment to encourage and educate new
individuals in the profession of nursing. Personal accounts of incivility are prevalent in nursing education (DalPezzo & Jett, 2010; Clark, Farnsworth & Landrum, 2009; Clark, 2008a; Luparell, 2007; Pearson & Porath, 2005; Rau-Foster, 2004). Incivility is detrimental to developing and sustaining meaningful relationships in nursing education (Clark, 2008a).

The issue of incivility impacts nursing education as incivility encounters disrupt the learning environment (Feldman, 2001; Luparell, 2011). Short and long term consequences of uncivil behaviors exist. Faculty reported development of physical, emotional, and mental deficits from experiences of incivility. Weight gain, decrease health, depression, low self-esteem, decrease job satisfaction, and exit from nursing education which ultimately leads to faculty shortages which affects the profession of nursing and nursing education. Incivility, if left unaddressed, can progress to temporary or permanent injury or illness (Clark, 2008a; Luparell, 2004).

Nursing and nursing faculty shortages require actions to correct the problem of incivility in nursing education. Incivility behaviors cannot be allowed in nursing education with the crucial need for nurses and nurse educators. Personal accountability is needed by nursing faculty to recognize incivility and working to build a civil environment. The academic environment should be rewarding and inviting to nursing faculty. If nursing education does not tolerate incivility, civility behaviors will be modeled (DalPezzo & Jett, 2010; Clark,
Prior to the introduction of the concept of workplace incivility, research had focused on negative workplace conduct including aggression, bullying, nonconformity, and abuse by supervisors. Workplace incivility is a more difficult concept to distinguish as it has a low intensity and ambiguity to harm. According to Pearson and Porath (2013), 98% of employees report experiencing workplace incivility. The impacts of workplace incivility impact employees personally and the corporate environment financially. Employees report an increase in worry, hiding while at work, withdrawal, and retaliation when experiencing workplace incivility. According to Pearson and Porath (2009) employers have estimated a minimal loss of $14,000 per employee from decrease productivity by employees. Employees researched reported 48% decreased work effort intentionally, 47 purposefully decreased time at work, 38% decrease in work quality was noted, incidents caused 80% of time lost from work for worrying, 63% avoided the offender and avoided work, performance declined in 66%, 78% organizational commitment declined, 12% quit because of incivility, and 25% admitted to customer abuse because of the frustration (Pearson & Porath, 2009).

Ground breaking research by Anderson and Pearson (1999) on workplace incivility documented coworker interactions leading to spiraling incivility. Review of literature reflects only 56 research articles that have been published since the introduction of the concept. Research reveals workplace incivility appears to be
a universal phenomenon as research has been conducted in various countries, cultures, trades, and professional backgrounds. The validity and generalizability of incivility is enhanced with research.

Incidents of incivility build perceptions and reactions regardless of the employment setting. Bank tellers were researched by Sliter, Sliter, & Jex (2012) and Sliter, Jex, Wolford, & McInerney (2010) and financial corporations (Lim & Teo, 2009). Magley, along with others was involved in multiple research studies on incivility including attorneys (Cortina & Magley, 2009), public servants in law enforcement, military, and city government (Cortina, Magley, Williams, & Langhout, 2001), employees at universities (Cortina & Magley, 2009; Sakurai & Jex, 2012), and at grocery stores (Walsh, Magley, Reeves, Davies-Schrils, Marmet & Gallus, 2012). Miner-Rubino & Cortina (2004) and Cortina, Lonsway, Magley, Freeman, Collinsworth, Hunter, & Fitzgerald, (2002) conducted research on employees of the federal court system. Healthcare workers were represented by numerous articles (Spence Laschinger, Leiter, Day, Gilin-Oore, & Mackinnon, 2012; Trudel & Reio, 2011; Leiter, Laschinger, Day, & Oore, 2011; Leiter, Price, & Spence Laschinger, 2010; Oore, Leblanc, Day, Leiter, Spence Laschinger, Price, & Latimer, 2010; Spence Laschinger, Leiter, Day, & Gilin, 2009), along with pharmaceutical employees (Blau, 2007). Employees were represented in research through engineering firms (Adams & Webster, 2013), production (Wu, Zhang, Chiu & He, 2013), and real estate (Miner, Settles, Pratt-Hyatt, & Brady,
2012). Customer service (Scott, Restubog, & Zagenczyk, 2013; Diefendorff & Croyle, 2008) and retail (Kern & Grandey, 2009) complete the literature review.

A review of literature related to the use of Bandura’s social learning theory was limited in application to academic relationships, nursing education, or nursing coworkers. Robinson, Wand, and Kiewitz (2014) applied Bandura to coworkers with deviant behaviors and the negative impact behaviors have on coworkers attitudes, affect, and actions. Three routes of impact include direct, vicarious, and ambient. As a direct impact, recipients of incivility or deviant behaviors may reciprocate by abandoning a helpful attitude or engage in aggression. In a vicarious or indirect impact, the witness to incivility may react in a positive or negative outcome. The coworker observation of the behavior may result in learning from the impact of the behaviors and change being noted to more positive behaviors by the observant or the behavior may be infectious and the observant assume the negative behavior. Ambient impact gives coworkers more opportunity to observe behaviors and as incivility behaviors are observed and negative consequences are not applied or positive reinforcement is noted, the coworker may copy the behavior.

Antecedents to Incivility

Individual characteristics are important to understand employees experiencing workplace incivility. Age influenced workplace incivility in research by Reio and Ghosh (2009) and Lim and Lee (2011). Gender can impact perceptions of incivility (Montgomery, Kane, & Vance, 2004; Reio & Ghosh,
According to Lim and Lee (2011), men experience more workplace incivility more frequently whereas research by Cortina, Kabat-Farr, Leskinen, Huerta, and Magley (2013) and Cortina, Magley, Williams, & Langhout. (2001) on healthcare workers discovered women experience more workplace incivility. Research on nurses revealed generation X experienced incivility at higher levels than baby boomer nurses (Leiter, Price, & Spence Laschinger, 2010). Incivility can be evaluated according to race (Montgomery, Kane, & Vance, 2004). Racial minority supported incivility in military, city, and law enforcement employees as race affected susceptibility to incivility in the workplace and also resulted in intent to leave job (Cortina, Kabat-Farr, Leskinen, Huerta, & Magley, 2013). Research by Milam, Spitzmueller, and Penney (2009) discovered employees displaying difficulty in agreeing and high in anxiety were subject to incivility. Students were subjected to incivility based on weight in research by Sliter, Sliter, Withrow, and Jex (2012). Students reported being overweight resulted in more occurrences of incivility, with obesity serving as the highest occurrences. Men reported being underweight caused more incidents of incivility.

Employee behavior has been researched as an antecedent to workplace incivility. Role conflict and unclear roles relating to incivility were researched by Taylor and Kluemper (2012). According to Walsh, Magley, Reeves, Davies-Schrils, Marmet, & Gallus (2012), supervisor and coworker incivility were negatively related to civility as a workplace norm.
Antecedents to faculty to faculty incivility have also been identified. Clark & Springer (2007a) identified the leading reasons of faculty incivility as highly stressful environment, absence of a professional environment including faculty credibility and responsiveness, faculty actions of superiority, and an attitude of entitlement by students.

According to Clark (2008c), contributing factors as identified by faculty include high work demands, faculty turnover, stress from managing work and family, and incivility from faculty, students, and administration. Other factors included faculty attitudes of superiority over students with position, power, and expectations. Again in 2010, Clark and Springer, documented stressors to faculty incivility as work demands, personal demands, student issues, low salary, and experiences of faculty-to-faculty incivility.

Nursing Faculty Incivility

Literature related to nursing faculty-to-faculty incivility is limited and twelve articles were reviewed: Burger, Kramlich, Malitas, Page-Cutrara, & Whitfield-Harris (2014); Clark (2008a, 2008b); Clark, Farnsworth, and Landrum (2009); Clark, Olender, Kenski, and Cardoni. (2013), Clark (2013); Clark and Springer (2007a, 2007b, 2010); Heinrich (2006, 2007); Peters (2014). Several articles were written from a single research project but present the results both qualitatively and quantitatively in separate publications. Clark (2008a) and Clark (2008b) presented results on the same research with Clark (2008a) presenting qualitative research and Clark (2008b) presenting quantitative research. Clark,

The majority of research articles on faculty-to-faculty incivility present qualitative article results (Burger, Kramlich, Malitas, Page-Cutrara, and Whitfield-Harris, 2014; Clark, 2008a, 2013; Clark and Springer, 2007a, 2010; Heinrich, 2006, 2007; Peters, 2014). Clark, Farnsworth, and Landrum (2009) study used mixed methods while the final 3 articles were quantitative (Clark, 2008b; Clark, Olender, Kenski, and Cardoni, 2013; Clark, and Springer, 2007b). Research instruments used to conduct faculty-to-faculty incivility research includes only 2 instruments developed by Cynthia Clark, the INE survey and the Faculty-to-Faculty Incivility (F-FI) survey. The INE was used in research by Clark (2008a; 2008b) and Clark and Springer (2007a; 2007b) whereas the F-FI was used by Clark, Olender, Kenski and Cardoni (2013) and Clark (2013).

Faculty Behaviors that Represent Nursing Faculty Incivility

Faculty-to-faculty incivility can be intentional or nonintentional. Clark (2013) used the F-FI survey qualitative component to identify uncivil faculty-to-faculty behaviors. Faculty identified eight themes (berating, insulting, and
allowing; setting up, undermining, and sabotaging; power playing, derailing, and disgracing; excluding, gossiping, and degrading; refusing, not doing, and justifying; blaming and accusing; taking credit of the work of others; and distracting and disrupting during meetings). The quantitative results of the research (Clark, Olender, Kenski, and Cardoni, 2013) reports 22 behaviors considered always or usually uncivil by more than 80% of participants included setting you or a coworker up to fail; making rude remarks or put-downs toward you or others; making threatening comments or personal attacks; abusing a position of authority; withholding information necessary to perform job duties; making racial, ethnic, sexual, gender, or religious slurs; gossiping or starting rumors; encouraging others to turn against you or a coworker; making physical threats against another faculty member; making rude nonverbal behaviors; taking credit for another faculty member’s work or contributions; calling you or others names; consistently demonstrating an “entitled” or “narcissistic” attitude; sending inappropriate e-mails to you or other faculty; consistently interrupting you or other faculty; breaching a confidence; refusing to listen or openly communicate about work-related issues; circumventing normal grievance processes; using the “silent treatment” against you or another faculty member; forwarding private e-mails to someone else without your knowledge or permission; intentionally excluding others from activities; using vulgarity or profanity in meetings). The most frequently occurring behaviors were then evaluated on experience as often or sometimes and 12 of the behaviors were experienced more than 50% of the time
in a 12 month period (resisting change or unwilling to negotiate; consistently failing to perform his or her share of the workload; distracting others by using media during meetings; refusing to listen or openly communicate about work-related issues; making rude remarks or put-downs toward others; engaging in secretive meetings behind closed doors; gossiping or starting rumors; intentionally excluding you or other faculty; consistently interrupting you or other faculty; abusing position or authority; making unreasonable demands; challenging other faculty member’s knowledge level or credibility).

Clark and Springer (2010) identified uncivil faculty behaviors as perceived by nursing leaders. The uncivil behaviors were divided in two categories: overt rude and disruptive behaviors. Overt behaviors included hazing, bullying, and overt acts of intimidation; as well as, put-downs; setting others up to fail; exerting superiority and rank over others; and not performing one’s share of the workload. Other uncivil behaviors included avoidant, isolative, and exclusionary behaviors; refusing to listen or openly communicate; gossiping and passive-aggressive behavior; rude nonverbal behaviors and gestures; resistance to change, unyielding, unwilling to negotiate; and engaging in clandestine meetings behind closed doors.

Clark (2008a, 2008b) presents uncivil behaviors by nursing students and nursing faculty. The top behaviors of faculty incivility identified by faculty and students include making condescending remarks or put-downs, making rude
gestures or displaying rude behaviors, exerting rank or superiority over others, being unavailable outside of class, and being distant and cold toward others.

Heinrich (2006, 2007) identified ten themes from 261 participants as joy-stealing games by faculty as incivility (the set-up game, the devalue and distort game, the misrepresent and lie game, the shame game, the betrayal game, the broken boundaries game, the splitting game, the mandate game, the blame game, and the exclusion game). These actions were reported by faculty to deprive them of enthusiasm, clarity, feeling useful, wanting to be productive, and to connect in the academic environment.

Novice nursing faculty were interviewed by Peters (2014) about experiences of faculty-to-faculty incivility. Five themes emerged that included sensing rejection from colleagues, employing behaviors to cope with uncivil colleagues, sensing others wanted novice faculty to fail, sensing possessiveness of territory from senior faculty, and struggling with decision to remain in faculty position. The seven subthemes that emerged from novice faculty included feelings of self-doubt related to ability, feelings of fear or intimidation related to future interactions with instigator, feeling belittled as though being treated like a child, perceiving a lack of mentorship, sensing a power struggle within the department of nursing, sensing that senior faculty feel threatened by novice faculty, feeling disbelief at the lack of professionalism. The morale and future of nursing education suffers when emotional feelings of novice faculty members are impacted.
Clark, Farnsworth, & Landrum (2009) using the INE listed 20 incivility behaviors by faculty. Using exploratory factor analysis, three factors were revealed. Factor 1 includes uncivil behaviors (making rude gestures or behaviors toward others; making condescending remarks or put downs; exerting superiority or rank over others; being distant and cold toward others; punishing the entire class for one student's misbehavior; threatening to fail student for not complying to faculty's demands; refusing or reluctant to answer questions; being unavailable outside of class; being inflexible, rigid, and authoritarian; subjective grading; making statements about being disinterested in the subject matter). Factor 2 includes management issues (leaving scheduled activities early; arriving late for scheduled activities; being unprepared for scheduled activities; canceling scheduled activities without warning). Factor 3 identified flexibility issues (refusing to allow make-up exams, extension, or grade changes; ineffective teaching style/methods; deviating from the course syllabus, changing assignments or test dates).

Factors that Contribute to Nursing Faculty Incivility

Factors that contribute to nursing faculty to faculty incivility are numerous and have been reported by students and faculty. Clark & Springer (2010) identified heavy workloads and multiple work demands as contributing to faculty incivility as well as remaining clinical competent, completing promotion requirements, problem students, salary limitations, decrease administration support, faculty-to-faculty incivility and poor coping with stress.
In research completed by Clark & Springer (2007b), the top five causes of nursing education faculty incivility include student entitlement, high stress work environment, lack of respect, low faculty credibility, and faculty superiority. Faculty also identified stress and taking a position of superiority over students as factors leading to faculty-to-faculty incivility (Clark, 2008b).

**Negative Outcomes of Nursing Faculty Incivility**

Faculty and students suffer from faculty incivility. Perceptions of incivility are numerous and range from mild to severe and can have short or long-term effects (Luparell, 2007). Negative outcomes for faculty include physical and emotional damage including decrease self-esteem, decrease job satisfaction, and productivity leading to job turnover (Clark, 2008a; Luparell, 2004; Pearson, Andersson, & Porath, 2000). Students that are recipient or witness faculty incivility feel traumatized, angry, and often powerless and helpless (Altmiller, 2012; Blau & Anderson, 2005; Clark, 2008b).

Using a mixed methods approach to study incivility in nursing education, Clark and Springer (2007a, 2007b), surveyed a convenience sample of 32 nursing faculty at a public university in the northwestern United States using the quantitative component of the INE and 15 nursing faculty completed the qualitative component. In the quantitative component 25 nursing faculty were older than 46 years of age and the remaining faculty were 26-45 years of age. Thirty-one of the participants were female thus only one male participant. Fourteen faculty had been teaching for fewer than 5 years, 6 faculty for 5 to 10
years, 4 faculty for 11 to 15 years, 3 faculty for 16 to 20 years, 2 faculty for 21 to 25 years, and 3 faculty for more than 25 years. This INE survey listed 17 faculty behaviors using a Likert scale to indicate the degree (always, usually, sometimes, or never) to which certain faculty behaviors were perceived as uncivil. The faculty behaviors most often reported as uncivil were belittling or taunting students; being inflexible, being rigid, or punishing the class for one student's behavior; being unavailable outside class; refusing or being reluctant to answer questions; being unprepared for class; making statements about being disinterested in the subject matter; ignoring disruptive student behaviors; not speaking clearly or being understandable; and cancelling class without warning. The INE also listed 11 faculty behaviors that may be considered uncivil and asked participants to indicate if those behaviors had personally occurred or to someone they knew. Faculty members' challenges to other faculty's knowledge or credibility were most frequently reported as occurring to participants or someone they knew.

The qualitative component of the INE included three research questions: How do nursing students and nurse faculty contribute to incivility in nursing education?, What are some of the causes of incivility in nursing education?, and What remedies might be effective in preventing or reducing incivility in nursing education? Fifteen faculty completed the qualitative part on the INE. Interpretative qualitative methods using narrative analysis were used to evaluate responses. Six themes evolved related to uncivil faculty behaviors (making
condescending remarks; using poor teaching style or method; using poor communication skills; acting superior and arrogant; criticizing students in front of peers; and threatening to fail students). High-stress environment, lack of professional, respectful environment, and lack of faculty credibility and responsiveness were the top responses for possible causes for incivility in nursing education (Clark & Springer, 2007b).

The majority (61.5%) of faculty and students surveyed using the INE perceived uncivil behavior as a moderate problem in nursing education. The teaching-learning environment is disrupted because of the negative effect incivility has on the academic environment. Faculty must engage in continuous and conscious conversations about incivility and develop strategies to improve civility in the academe setting.

A descriptive, mixed-method design of the INE, Clark (2008a, 2008b) used a convenience sample of 194 nursing faculty in attendance at two national conferences. Faculty ages ranged from 21 to 72 years of age. Faculty experience in teaching ranged from 1 to 38 years. The INE survey contained 20 faculty behaviors considered incivility and allowed participants to use a Likert scale to indicate behaviors as always, sometimes, rarely, and never and the frequency of experience in these behaviors over the prior 12-month period. The qualitative component measured the perception of faculty incivility and the extent faculty perceives engagement in incivility in nursing education. The faculty behaviors most frequently reported as uncivil by faculty include: making
condescending remarks or put-downs; making rude gestures or behaviors; 
exerting rank or superiority over others; being unavailable outside of class; being 
distant and cold toward others; punishing the entire class for one student’s 
behavior; and threatening to fail for noncompliance. The frequency most 
reported as occurring uncivil nursing faculty behaviors within the prior 12-month 
period include: ineffective teaching style or methods; arriving late for scheduled 
activities; deviating from the syllabus, changing assignments, changing due 
dates; and being inflexible, rigid, authoritarian. The qualitative component on the 
INE was completed by 125 nursing faculty in this research setting. Five 
questions were asked to participants with two questions pertaining to contributing 
factors to faculty incivility and uncivil behaviors exhibited by faculty. Factors 
contributing to faculty incivility identified were stress and attitude of superiority. 
Faculty identified four themes to faculty stress: burnout from demanding 
workloads; high faculty turnover and lack of qualified educators; role stress 
related to family, school, and work demands; and exposure to student, faculty, 
and administrator incivility. Faculty identified three major themes related to 
faculty superiority including: exerting position and power over students; setting 
unrealistic student expectations; and assuming a “know it all” attitude. 

Uncivil faculty behaviors in nursing education identified five behaviors: 
intimidating and bullying students; using inept teaching skills and poor classroom 
management techniques; making demeaning, belittling comments or gestures
toward students; labeling and gossiping about students; and showing favoritism, inconsistency, and bias toward students (Clark, 2008a).

Clark and Springer (2010) investigated workplace incivility as perceived by nurse leaders in academic settings using exploratory descriptive qualitative research with 126 deans, directors, and chairpersons from associate and baccalaureate programs from 128 programs in one state. Four themes emerged from the self-administered questionnaires as perceived faculty stressors. Multiple work demands were the predominate theme discovered followed by difficult students, financial factors, and faculty-to-faculty incivility. Subthemes within the stressor of multiple work demands included substantial and unequal workloads, clinical competence, promotion issues, lack of faculty and administrative support, faculty demographics, and personal stress and coping abilities.

Leaders also described uncivil faculty behaviors between two categories: uncivil faculty behavior toward faculty and administrators or uncivil faculty behavior toward students. Subgroups of uncivil faculty behaviors toward faculty and administrators included overt rude and disruptive behaviors and avoidant, isolative, and exclusionary behaviors. Overt rude and disruptive behaviors were reported as hazing, bullying, and overt acts of intimidation, unwelcome and unsupportive put-downs, setting others up to fail, exerting superiority and rank over others, abuse of power, and not performing one's share of the workload. Avoidant, isolative, and exclusionary behaviors were described as disregarding
or excluding others, inability to communicate, rumors and inconsistent behaviors, rude nonverbal communication, unwilling to change, inflexible, reluctant to negotiate, and engaging in secret meetings.

Burger, Kramlich, Malitas, Page-Cutrara, and Whitfield-Harris (2014) used the bioethical research method of symphonology to capture thoughts of experienced nurse educators on the concept of workplace incivility. Autonomy, freedom, objectivity, beneficence, and fidelity were used to review and reflect on ethical issues faced between nursing faculty. This research facilitates ethical decision making and agreements during difficult interactions in nursing education which leads to quality nursing education environments.

Autonomy application in the workplace allows faculty to recognize their uniqueness and the responsibility to be independent. Faculty interference or coercion inhibits autonomy. Faculty should recognize the rights of others and should not replace personal rights. Freedom enables faculty to function independently with actions in circumstances with awareness of the situations. Freedom in the academic environment allows faculty to know there will be no harm to others within the workplace. Faculty must be realistic to understand objectivity. Objectivity and equality in the academic workplace should be expected by faculty (Burger, Kramlich, Malitas, Page-Cutrara, & Whitfield-Harris 2014).

Beneficence is a faculty approach to achieving good and causing no harm. Faculty agreements in the workplace are based on the benefits of beneficence
with coworkers, students, and administration. Beneficence ensures that a faculty member will not benefit at the expense of another faculty member. Fidelity is established in nursing education among faculty with coworkers, students and the academic environment with the commitment of each faculty member to accept their professional role (Burger, Kramlich, Malitas, Page-Cutrara, & Whitfield-Harris 2014).

Clark, Farnsworth, and Landrum (2009) submitted the background and description of the development of the INE survey. They define incivility in nursing education "as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations" (p. 7). The INE was pilot tested in 2004 and re-tested in 2006. The purpose of the INE survey is to understand nursing faculty perceptions of incivility, the behaviors perceived as incivility, and the frequency of incivility behaviors. Clark developed the survey after personal experience, interviewing faculty and completing a review of literature. Instruments including Defining Classroom Incivility, Student Classroom Incivility Measure, and Student Classroom Incivility Measure-Faculty were used to create the data measured. In evaluating the instrument, the concept of incivility in academics is evaluated using perception of uncivil behaviors for students and faculty, measuring the quantity of occurrence, evaluating perceptions of recipients and oppressors of incivility, contributing factors, and suggestions for countering incivility in nursing education. The INE survey achieves the ability to
measure incivility in nursing education and provide valuable knowledge of uncivil faculty-to-faculty behaviors.

A national study of 588 faculty representing nursing faculty from 40 of the United States reported 68% of participants rated faculty-to-faculty incivility as a moderate to severe problem (Clark, 2013; Clark, Olender, Kenski, & Cardoni, 2013). According to Clark (2013), the effects of faculty-to-faculty incivility can be “devastating, debilitating, and enduring” (p.98) to individuals and organizations. Effects of incivility can include decrease self-confidence, job turnover, decreased job attendance, estrangement, decrease in work quality, and increased sickness and health.

In 2011 the Faculty-to-Faculty Incivility Survey (F-FI Survey) link was emailed to all faculty in the United States. Five hundred eighty-eight faculty responses were received from 40 states in the United States. The purpose of the survey was to measure faculty perceptions of faculty-to-faculty incivility, the perceived frequency of the uncivil encounters and suggestions for addressing the problem of faculty-to-faculty incivility. The first section of the survey contained demographic content followed by a quantitative component and a qualitative component. According to Clark (2013) the qualitative questions include: How does nursing faculty describe uncivil faculty-to-faculty encounters? and What are the most effective ways to address faculty-to-faculty incivility? Three hundred twenty-seven (55.6%) faculty members completed the first question and 357 (60.7%) faculty members responded to the second question. Eight themes
emerged in describing faculty-to-faculty encounters. The most frequently described encounters were berating, insulting, and allowing both verbal and nonverbal remarks and gestures (158 responses). The second theme was intentionally setting others up to fail, undermining, and sabotaging colleagues (87 responses). Other themes include power playing, derailing, and disgracing (73 responses); excluding, gossiping, degrading (72 responses); refusing, not doing, and justifying (26 responses); blaming and accusing (23 responses); taking credit the work of others (16 responses); and distracting and disrupting in meetings (11 responses).

Faculty responses to the second question of effective ways to address faculty-to-faculty incivility emerged into six themes with direct face to face communication being reported 165 times. Other suggestions included installing and sustaining effective, competent leadership (114 responses); measuring incivility and implementing policies and protocols (81 responses); educating faculty, and raising awareness (61 responses); transforming the organizational culture (29 responses); and building and fostering faculty relationships and collaborations (21 responses) (Clark, 2013).

The quantitative component of the 2011 research is presented by Clark, Olender, Kenski, and Cardoni (2013). Of the 588 participants 95% were women, 88% were Caucasian, and 6% African-American. Age ranges were 27-78 years of age with the majority over 40 years old. Median times in nursing education were ten years with a range of under one year to 40 years. Fifty-one percent
were in academic positions with the remainder in clinical or non-tenure tracts. Teaching responsibility included 62% in associate or baccalaureate nursing education, and 55% in master’s or doctoral level nursing education.

The degree faculty perceived faculty-to-faculty incivility included 37.5% moderate, 30% serious, 26% mild, and 4% no problem. The next question allowed faculty to consider uncivil behaviors as always, sometimes, rarely, or never. Twenty-two behaviors were considered always or sometimes uncivil 80% of the time. The same behaviors were then evaluated in the frequency of occurrence in the prior 12 months. Five behaviors were identified by 60% as occurring often or sometimes including: resisted change or were unwilling to negotiate, consistently failed to perform his or her share of the workload, distracted others by using media during meetings, refused to listen or openly communicate on work-related issues, and made rude remarks or put-downs toward you or others. Seven behaviors were perceived as often or sometimes by 50% of participants including: engaged in secretive meetings behind closed doors, gossiped or started rumors about you or other people, intentionally excluded or left others out of activities, consistently interrupted you or other faculty, abused his or her position or authority, made unreasonable demands, and challenged another faculty member’s knowledge or credibility. The third question addressed factors leading to faculty-to-faculty incivility with the top 6 factors contributing to faculty-to-faculty incivility included stress, workload demands, role ambiguity and expectations and unequal power, volatile and
stressful organizational conditions, faculty superiority, and managing different roles. The final question addressed reasons faculty avoids addressing faculty-to-faculty incivility. Participants rated fear of retaliation as the top reason followed by absence of administration support, inadequate policies to address faculty incivility, time and effort demands, low peer evaluations in incivility reported, and inadequate knowledge and skills.

Faculty-to-faculty uncivil behaviors as noted by Clark, Olendar, Kenski, & Cardoni, (2013) include abuse of position or authority, regular interruptions, initiating or spreading gossip or rumors, rude remarks or insults toward others, refusing to listen or communicate openly regarding work issues, using media devices during meetings as a source of distraction, failure to maintain workload, and resistance to change or refusal to negotiate.

Heinrich (2006, 2007) researched qualitative data regarding faculty-to-faculty incivility among 261 nursing faculty attending the National League for Nursing’s 2005 Summit. Participants were asked to write one to two sentences describing experiences with faculty-to-faculty incivility. Participants shared 245 stories as victims, 14 as observers of incivility, 1 as the oppressor, and 1 as a friend. 144 of the stories were between faculty and 101 were administration to faculty incivility. Emotions were identified by faculty that experienced incivility from coworkers as ten “joy-stealing games”. Heinrich describes the emerged themes as the set-up game, the devalue and distort game, the misrepresent and lie game, the shame game, the betrayal game, the broken boundaries game, the
splitting game, the mandate game, the blame game, and the exclusion game. Ultimately, joy stealing lead to faculty feeling deprived of enthusiasm, clarity, productivity, value, and desire for relationships.

Peters (2014) researched faculty-to-faculty incivility using the qualitative approach of Heideggerian hermeneutical phenomenology. Eight novice, less than five years of experience, nursing faculty from the mid-Atlantic region participated in interviews. Participants were asked to describe a time they were recipient of incivility behaviors by another faculty member and how the experience affected them and their commitment to remain in nursing education.

Five themes emerged: sensing rejection from colleagues, employing behaviors to cope with uncivil colleagues, sensing others wanted new faculty to fail, sensing possessiveness of territory from senior faculty, and struggling with decision to remain in academia. Additional subthemes emerged with some themes including: feeling self-doubt related to ability, feeling of fear or intimidation related to future interactions with instigator, feeling belittled as though being treated like a child, perceiving a lack of mentorship, sensing a power struggle within the department of nursing, sensing that senior faculty feel threatened by novice faculty, and feeling disbelief at the lack of professionalism. This research on novice nursing faculty supports nurses new to nursing education need to be socialize to the roles as educators.
Consequences of Incivility

Incivility is an expensive and prevalent behavior that has significant affective, behavioral, and cognitive consequences. Consequences of incivility can have long term effects on individuals including changes in work and life. A decrease in well-being is considered an affective outcome (Cortina, Magley, Williams, & Langhout, 2001; Felblinger, 2008; Lim, Cortina, & Magley, 2008; Lim & Cortina, 2005; Spence-Laschinger, Wong, Cummings, & Grau, 2014) along with a decreased positive outlook (Bunk & Magley, 2013; Caza & Cortina, 2007). According to Giumetti, Halfield, Scisco, Schroeder, Muth, & Kowalski (2013), participants reported a change in influence and decrease energy.

Depression (Lim & Lee, 2011; Miner-Rubino & Reed, 2010) and anger, anxiety, and unhappiness (Porath & Pearson, 2012) are considered emotional outcomes. Additionally, stress including emotional stress (Adams & Webster, 2013; Bunk & Magley, 2013; Miner-Rubino & Reed, 2010; Kern & Grandey, 2009; Lim & Cortina, 2005; Cortina, Magley, Williams, & Langhout, 2001) is linked to emotional consequences. Other literature presents negative emotions (Sakurai & Jex, 2012; Kim & Shapiro, 2008), emotional effort (Adams & Webster, 2013; Sliter, Jex, Wolford, & McInnerney, 2010), and emotional fatigue (Kern & Grandey, 2009; Sliter, Jex, Wolford, & McInnerney, 2010; Spence-Laschinger, Wong, Cummings, & Grau, 2014; Totterdell, Hershcovis, & Niven, 2012) for subjects as consequences of incivility.
Incivility made changes in work environment behaviors through increase absenteeism (Sliter, Sliter, Withrow, & Jex, 2012), increase negative behaviors (Taylor & Kluemper, 2012; Porath & Erez, 2007), decreased creativity (Porath & Erez, 2007), decrease performance (Chen, Ferris, Kwan, Yan, Zhou, & Hong, 2013; Porath & Erez, 2007; Sliter, Sliter, & Jex, 2012), decrease engagement (Chen, Ferris, Kwan, Yan, Zhou, & Hong, 2013), decrease career importance (Lim & Teo, 2009), and withdrawal from the work environment (Lim & Cortina, 2005; Martin & Hine, 2005; Cortina, Magley, Williams, & Langhout, 2001). These behaviors lead to organizational departures (Wilson & Holmvall, 2013; Porath & Pearson, 2012; Griffin, 2010; Miner-Rubino & Reed, 2010; Cortina & Magley, 2009).

Incivility leads to attitude changes in individuals in work and life environments. According to Miner-Rubio & Reed (2010) and Lim and Cortina (2005) motivation, commitment, and satisfaction with life is decreased in individuals experiencing incivility. Outcomes include lower levels of trust (Cameron & Webster, 2011), decrease marriage happiness (Ferguson, 2012), and conflicts between family and work (Ferguson, 2012, Lim & Lee, 2011).

Bunk and Magley (2013) discovered decrease satisfaction with peers and superiors. Employees decreased job motivation (Sakurai & Jex, 2012), decreased job commitment (Wilson & Holmvall, 2013; Milner-Rubino & Reed, 2010; Lim, Cortina, & Magley, 2008; Lim & Cortina, 2005; Cortina, Magley, Williams, & Langhout, 2001) and decreased organization (Lim & Teo, 2009).
Workplace incivility can lead to a harmful work environment (Hutton, 2006). Incivility can spiral into ineffective work (Penney & Spector, 2005), unhealthy work attitude (Lim & Teo, 2009), countering incivility behaviors (Bunk & Magley, 2013), and revenge (Kim & Shapiro, 2008).

Incivility in nursing education is common between faculty and students. Literature is limited in faculty-to-faculty incivility research but a review of literature reveals incivility can lead to an unstable learning environment, deteriorating work behaviors and ultimately violence (Gallo, 2012; Hutton, 2006; Marchiondo, Marchiondo, & Lasiter, 2010).

Unanticipated outcomes may also occur. Consequences of incivility include job dissatisfaction, increased stress levels, physical and psychological illness, quitting nursing school, and impacts to the quality of patient care (Clark, Olender, Cardoni, & Kenski, 2011; Longo & Sherman, 2007; Luparell, 2007; Pearson & Porath, 2005; Rau-Foster, 2004).

Perception plays a major role in the assessment of incivility. Behavior perceived to be incivility by one individual may be perceived as tolerable behavior by others. Many factors influence the perception of incivility including the intent of the behavior, the context in which the behavior occurs, and the attitudes and beliefs held by the recipient of the behavior (Clark, 2008a; Kolanko, Clark, Heinrich, Olive, Serembus, & Sifford, 2006; Longo & Sherman, 2007; Luparell, 2007; Pearson & Porath, 2005; Rau-Foster, 2004).
The effects of incivility by nursing faculty impact faculty and students witnessing incivility. According to Luparell (2004, 2007) and Pearson and Porath (2013) the results of experiencing faculty-to-faculty incivility decreases self-esteem, confidence in competence in work, job satisfaction, and productivity. Personal emotional and physical consequences and increase turnover were also identified. Clark (2008a) also identified lower self-esteem and relationship disturbance as results of incivility among faculty members.

Heinrich (2006) conducted the only research strictly from a faculty member’s perception. Using qualitative research nursing faculty members identified ten behaviors as “joy stealing.” The behaviors included setting colleagues up for embarrassment or failure, displaying tormenting behaviors that turn assets into deficits and liabilities, misrepresenting, and being deceitful or lying. Other behaviors were shaming other faculty, betraying colleagues, intruding in personal space or boundaries, and dividing faculty according to status. Additional behaviors were putting faculty in win or lose situations, blaming colleagues, and silencing faculty by exclusion.

Incivility in Nursing Education Revised (INE-R) Survey

The INE-R describes student and faculty perceptions of incivility in nursing education. The INE-R can be completed by faculty and students or administered to only one group according to concentration of the study (Clark, Barbosa-Leiker, Gill, & Nguyen, 2015). In 2014 Clark published the mixed-methods INE-R survey which evolved from the original INE Instrument that was last revised in 2010.
The INE-R is a Likert-type survey constructed from Clark’s Continuum of Incivility developed in 2009 (Clark, Ahten, & Stokowski, 2011) and revised in 2013 and 2014. The Continuum of Incivility displays uncivil behaviors as distracting, annoying, or irritating behaviors that are considered lower level of incivility or disruptive behaviors to progressing toward aggressive, threatening, or violent behaviors considered higher level of incivility or threatening behaviors. Behaviors perceived as uncivil along the progression from lower level incivility to higher level incivility could include non-verbal (eye-rolling), sarcasm, bullying, racial/ethnic slurs, intimidation, mobbing, physical violence, and ultimately ending with a tragedy.

New to the INE-R in section II is the perception of organizational incivility in nursing education and strategies to improve civility in nursing education. Using the Continuum of Incivility, Clark, Barbosa-Leiker, Gill, and Nguyen (2015) reorganized the list of uncivil behaviors of faculty and students as matched pairs. Twenty participants participated in a pilot test of the INE-R. After pilot testing on the INE-R, minor modifications were made from participant feedback as results supported content validity, readability, logical flow, and simplicity of administration and completion. Interval scales were used and results noted response categories covered the continuum of responses.

The INE-R contains three sections including demographics in section I, quantitative student and faculty behaviors in section II and qualitative open-ended questions in section III. Section I of the survey collects demographic data
of participants and can be modified to meet research interests. Section II of the INE-R combined the prior INE 16 uncivil and 13 threatening student behaviors along with the 20 uncivil and 13 threatening faculty behaviors into a list of 24 student behaviors (expressing disinterest, boredom, or apathy about course content or subject matter; making rude gestures or nonverbal behaviors toward others; sleeping or not paying attention in class; refusing or reluctant to answer direct questions, using a computer, mobile telephone, or other media device in a class, meeting, or activity for unrelated purposes; arriving late for class or other scheduled activities; leaving class or other scheduled activities early; being unprepared for class or other scheduled activities; skipping class or other scheduled activities; being distant and cold toward others; creating tension by dominating class discussion; holding side conversations that distract you or others; cheating on examinations or quizzes; making condescending or rude remarks toward others; demanding make-up examinations, extensions, or other special favors; ignoring, failing to address, or encouraging disruptive behaviors by classmates; demanding a passing grade when a passing grade has not been earned; being unresponsive to e-mails or other communications; sending inappropriate or rude e-mails to others; making discriminating comments directed toward others; using profanity directed toward others; threats of physical harm against others; property damage; making threatening statements about weapons) and 24 faculty behaviors (expressing disinterest, boredom, or apathy about course content or subject matter; making rude gestures or nonverbal
behaviors toward others; ineffective or inefficient teaching method; refusing or reluctant to answer direct questions; using a computer, mobile telephone, or another media device in faculty meetings, committee meetings, or other work activities for unrelated purposes; arriving late for class or other scheduled activities; leaving class or other scheduled activities early; being unprepared for class or other scheduled activities; canceling class or other scheduled activities without warning; being distant and cold toward others; punishing the entire class for one student’s misbehavior; allowing side conversations by students that disrupt class; unfair grading; making condescending or rude remarks toward others; refusing to discuss make-up examinations, extensions, or grade changes; ignoring, failing to address, or encouraging disruptive student behaviors; exerting superiority, abusing position, or rank over others; being unavailable outside of class; sending inappropriate or rude e-mails to others; making discriminating comments directed toward others; using profanity directed toward others; threats of physical harm against others; property damage; making threatening statements about weapons). Participants rate each behavior on the perception of the level of incivility (1-not uncivil; 2-somewhat uncivil; 3-moderately uncivil; 4-highly uncivil) and the occurrence of the behavior in the prior 12-month period (1-never; 2-rarely; 3-sometimes; 4-often). Section II also includes assessment of the extent the participant considers incivility is a problem in their nursing program (no problem at all; mild problem; moderate problem; serious problem) and based on their experience of perceptions, do they think students or faculty are more
likely to engage in uncivil behavior in their program (faculty members are much more likely; faculty members are a little more likely; about equal; students are a little more likely; students are much more likely). Additionally, participants are asked to rate the level of civility in their nursing program on a 0-100 scale with 0 reflecting absence of civility and 100 being completely civil. The final item, a new item added to the INE-R, in section II is a list of ten items considered strategies to improve the level of civility in nursing education and participants are allowed to pick the top three strategies.

The qualitative Section III was revised to contain four open-ended questions and allow for narrative response entries. Participants are asked to describe an example of an uncivil encounter from experience or witnessed in nursing education in the past 12 months, the primary reason or cause for incivility in nursing education, the most significant consequence of incivility in nursing education, and the most effective way to promote academic civility.

The researchers received institutional review board approval to conduct psychometric testing of the INE-R with faculty and students at 20 randomly selected nursing programs across the United States. Each quadrant of the United States was represented by five nursing programs. Email communication with deans and directors was made by the principal investigator (Cynthia Clark). The deans and directors were provided with the link to the INE-R to send to faculty and students. The survey was anonymously accessed via Qualtrics research technology and results were reported as aggregate data.
Psychometric analysis included pilot testing of each item to evaluate for kurtosis to look at the peak of the distribution around the mean. Skewness was evaluated to determine the symmetry or asymmetry of the distribution. Exploratory factor analysis with robust maximum likelihood estimation was utilized to analyze the factor structure of the INE-R. Student and faculty were examined separately using one and two-factor models. Oblique rotation was used to gain simplicity in the interpretation on >1 factors due to hypothesized correlation among factors. Model fit was assessed using the comparative fit index (CFI) $\geq 0.90$, root mean square error of approximation (RMSEA) $<0.08$, and standardized root mean square residual (SRMA) $<0.08$. The total scale and individual factors was estimated with Cronbach's alpha. Factor loadings and factor correlation significance was evaluated by $P$ values (two-tailed) of $<0.05$.

Statistics was analyzed on student participants (n=310) and faculty participants (n=182). Fit indices for one and two-factor models for faculty and student behaviors were completed. Statistical results revealed the two-factor model provided better fit for the data as the one-factor model only fit data by faculty participants on faculty behaviors. In this study the two-factor model did not fit the study criterion for behaviors by faculty from faculty participants as the CFI = 0.894 and the RMSEA = 0.101. After factor analysis and review of factor loading the factors were categorized as lower level incivility and higher level incivility. Lower level incivility contains 15 items and higher level incivility consists of nine items. Student and faculty behaviors had the same factor loading.
among student and faculty participants except for two items. Student participants rated the student behavior of being unresponsive to email or other communication as higher level incivility whereas faculty rated this behavior as lower level incivility. Faculty participants rated the faculty behavior unfair grading as lower level incivility yet students noted this behavior to be higher level incivility. Seven items cross loaded on both factors. Faculty behaviors cross-loaded by student participants include making rude gestures or nonverbal behaviors toward others and punishing the entire class for one student's misbehavior. Faculty participant cross-loading for faculty behavior was making condescending or rude remarks toward others. The student behavior, making rude gestures or nonverbal behaviors toward others, cross-loaded among faculty and student participants. Student behaviors cross-loaded among faculty included the two behaviors being distant and cold toward others and demanding a passing grade when a passing grade has not been earned. Student participants also cross-loaded ignoring, failing to address, or encouraging disruptive behaviors by classmates as a student behavior. Cronbach’s alpha (≥0.94) reveals lower level incivility and higher level incivility factors are reliable for faculty and student participants. Individual Cronbach’s alpha score for faculty behaviors was ≥0.98 and student behaviors ≥0.96 (Clark, Barbosa-Leiker, Gill, & Nguyen, 2015).

Self-report surveys like the INE-R have to account for the risk of common method bias (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Another limitation
of the INE-R is being a newly revised instrument and additional research with the survey is needed to examine concurrent and predictive validity.

Summary

Nursing faculty-to-faculty incivility is a concept that has gained recognition in the healthcare society. Although the literature has begun to display nursing faculty-to-faculty incivility, gaps exist describing nursing faculty-to-faculty incivility quantitatively, and among faculty in different levels of nursing education. Incivility typically occurs when a person is stressed, discontented, and hurried. Incivility causes decrease self-esteem, increase stress, disrupted relationships, pollutes work environments, and ultimately may result in violence (Forni, 2008)

The reason to research incivility is to promote awareness through recognition, education, prevention, and interventions for incivility. Behavioral and organizational change is needed in nursing education for faculty-to-faculty incivility and all components of awareness are needed and must be addressed. Education is the foundation of the nursing profession and faculty must display civility to peers as incivility affects the profession of nursing. As faculty-to-faculty incivility occurs and faculty leave the classroom, the profession suffers and ultimately the public will suffer also. Incivility is costly and prevalent workplace behavior resulting in harmful affective, cognitive, and behavioral outcomes for those experiencing or witnessing incivility in the workplace. It is important to continue to research workplace incivility including faculty-to-faculty incivility
among nursing faculty to further understand faculty-to-faculty incivility and promote recognition, education, prevention, and interventions.
CHAPTER III – METHODOLOGY

Methodology

This chapter describes the research design, the setting for the study, the sample researched, instrumentation, procedures for data collection, data analysis methods, and protection of human subjects.

The purpose of this study was to describe faculty-to-faculty incivility between nursing faculty in nursing education. This study examined faculty-to-faculty incivility recognition, behaviors, and differences among faculty in associate, baccalaureate, and graduate programs in nursing faculty. The population of this study was full and part-time faculty members teaching in colleges and universities in associate, baccalaureate, and graduate nursing programs in accredited nursing programs in Alabama, Arkansas, Florida, Louisiana, and Tennessee.

Protection of Human Subjects

In order to protect participants, approval (Appendix A) was obtained from The University of Southern Mississippi Institutional Review Board (IRB) to conduct research prior to data collection. Permission was obtained to use Dr. Clark’s 2014 INE-R (Appendix B). The research proposal was reviewed to ensure research involving human subjects followed federal regulations. Participants were informed to bring questions or concerns about rights as research subjects to the chair of the Institutional Review Board at The University of Southern Mississippi. Consent to participate in the study was assumed when
participants completed the survey. Full disclosure of the purpose of the study was stated in a letter via email to deans/directors/chairs (Appendix E) and faculty (Appendix F) in the sample population. The letter assured participation was voluntary with all information obtained anonymously. The letter also informed participants of confidentiality in reporting, disclosing data, and the opportunity to be removed from the research prior to submitting the survey. Completion of the instrument assumed consent to participate.

Population and Sample

The population targeted with the INE-R (Appendix C) survey was full and part-time faculty members teaching in colleges and universities in associate, baccalaureate, and graduate nursing programs in accredited nursing programs in Alabama, Arkansas, Florida, Louisiana, and Tennessee.

Participation was voluntary and the survey was administered independently from the researcher. Participants were anonymous as no personal or institutional affiliations were collected.

The instrument was designed to be administered in an academic setting. The developer defined nursing academic environment as “any location associated with the provision or delivery of nursing education, whether on or off campus including the ‘live’ or virtual classroom or clinical setting.” The questionnaire design of the instrument allowed for self-administration. The faculty needed experience in nursing education to adequately have knowledge of the concept of faculty-to-faculty incivility to complete the survey. Section I and II
of the INE-R was completed online via Qualtrics data software. Participants had 2 weeks to complete the electronic survey. After the survey was emailed to participants, a reminder was emailed at one week.

Sampling

One of the fundamental aspects of planning research is the selecting the population through sampling (Burns & Grove, 2001). For this research nonprobability sampling was used through convenience sampling of available faculty willing to complete the survey on faculty-to-faculty incivility. The available faculty were contacted after approval was obtained from the nursing dean/director/chair granted approval to invite faculty to complete the survey. Only faculty in associate, baccalaureate, or graduate nursing education were invited. Demographic data was collected to determine representation of the sample to the population. The advantage of a convenience sample included accessibility to explore the concept of faculty-to-faculty incivility.

Procedure

An email describing the study and request to participate was sent to deans/directors/chairpersons associated with accredited nursing programs offering associate, baccalaureate, and graduate nursing education in Alabama, Arkansas, Florida, Louisiana, and Tennessee. Dean/directors/chairs responding in willingness to participate and allow faculty participation were again contacted via email to forward the faculty letter with survey link to faculty. Several dean/director/chair responded faculty could be requested to participant in the
survey and to retrieve faculty email from the nursing program website. These nursing faculty were emailed the faculty participation letter directly to their nursing program email.

Demographic data (Appendix D) was collected from the first section of the instrument. Statistical analysis was completed on data from Section II.

Participant Information

Participants were informed of the approximate time commitment required for completing the survey. Participants were also made aware they could discontinue participation in the survey at any point prior to submitting the survey. No incentives were provided. Participants received the survey via email invitation with a link to complete the survey. A 1-week follow-up reminder email was sent to dean/director/chairperson/faculty participants during the data collection period.

Research Design

A non-experimental quantitative study design was used to examine faculty-to-faculty incivility. A convenience sample of available full and part-time faculty members teaching in colleges and universities in associate, baccalaureate, and graduate nursing programs in accredited nursing programs in Alabama, Arkansas, Florida, Louisiana, and Tennessee was the population of the study.

A non-experimental quantitative study design was used to gain more information on the characteristics of incivility behaviors as perceived in faculty-to-faculty incivility within nursing faculty. In non-experimental research design the
researcher does not plan to control, manipulate, or alter research subjects. Conclusions are made from the research using interpretation, observation, or interactions (Burns & Grove, 2001).

The design of the instrument included components relating to incivility requiring present understanding/perspective and recall of past incidents. The concept of incivility as measured through items on the INE-R could be viewed as short-term or long-term recall. Faculty had to have an understanding and experience with incivility to measure if the item was considered an uncivil behavior. Measuring the occurrence of the behavior over a 12-month period required long-term recall.

The conceptual basis for the INE-R survey was faculty-to-faculty incivility. Clark, Farnsworth, and Landrum (2009) defined incivility in nursing education “as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations” (p. 7). An extensive review of literature on civility and incivility both in and out of educational environments was used to develop the concept of academic incivility. Literature revealed acts of incivility can lead to violence so a key concern in developing the phenomenon of incivility in nursing education was to be able to measure uncivil behaviors and create actions to prevent or intervene before violence occurs in nursing education.
Instrumentation

Workplace incivility is a prevalent issue in nursing. Interest in the occurrence of incivility in nursing education led to a review of literature and discovery of the INE-R tool developed by Dr. Cynthia Clark. The INE survey was originally developed in 2004 to measure incivility in nursing education. Initial testing in 2004 through a pilot study along with re-testing and a qualitative study in 2006 led to revisions of the original survey in 2007, 2009, and 2010. The INE-R evolved in 2014 from the original INE survey.

According to Clark, Farnsworth, and Landrum (2009) the purpose of the INE survey was to measure the existence of incivility in nursing education as perceived by faculty. The INE-R was used in the study on faculty-to-faculty incivility among nursing faculty members. The instrument was self-administered using the internet and Qualtrics based data collection system.

The INE-R is a quantitative and qualitative instrument developed as a self-administered survey for nursing faculty and nursing students. It is unique as it evaluates uncivil faculty and student behaviors in nursing education as perceived by faculty and students (Clark, Farnsworth, & Landrum, 2009). The survey was modified to focus quantitatively on nursing faculty incident and perceptions of workplace incivility. The survey was divided into two sections. The first section focused on demographic data collection. Quantitative data collection continued into the second section to gather data from a list of 24 faculty behaviors. The first category for participants were items using a 4-point Likert scale assessing
the perception of the level of incivility (1-not uncivil; 2-somewhat uncivil; 3-moderately uncivil; 4-highly uncivil) and the occurrence of the behavior over a 12-month period (1-never; 2-rarely; 3-sometimes; 4-often). The next assessment allowed participants to report the extent incivility was considered a problem in their nursing program (no problem at all; mild problem; moderate problem; serious problem). Faculty were asked their perception or experience if they felt students or faculty were more likely to engage in uncivil behavior in their program (faculty members are much more likely; faculty members are a little more likely; about equal; students are a little more likely; students are much more likely).

Participants rated their perception of the level of civility in their nursing program on a scale of 0-100, rating 0 as absence of civility to 100 reflecting complete civility. The final item in Section II, participants selected the top three strategies from a list of 10 items to improve the level of civility in nursing education.

Item Development

The survey was created from qualitative research with faculty and students, personal experience and a literature review because no one instrument was available to survey faculty and students together regarding incivility. Instruments available regarding incivility in higher education included Defining Classroom Incivility, Student Classroom Incivility Measure, and Student Classroom Incivility Measure-Faculty which were used by permission to help create the data measured in section two of the survey. Reliability is not reported for the Defining Classroom Incivility instrument. The INE survey aimed to
describe uncivil, disruptive, and threatening behaviors along with the frequency of occurrence as perceived by faculty and students. The qualitative component of the survey aimed to explain precursors to uncivil behavior and gain suggestions to intervene and prevent the behaviors (Clark, Farnsworth, & Landrum, 2009).

The measurement framework for the INE survey was a norm-referenced framework. According to Jacobsen (2004), norm-referenced framework is the majority used in nursing. In designing the norm-referenced survey, incivility in nursing was the conceptual basis. Clarification of the purpose of the survey was to measure incivility in nursing education as perceived by nursing faculty and were assessed. The items were created after a review of literature, personal experience, and qualitative interviews. Definitions of incivility in nursing education and nursing academic environment for participants were included at the beginning of the survey. Specific instructions were given at the beginning of the survey. Demographic items were selected from nominal level options. Participants had the option to use a 4-point Likert scale to select items describing perception of the level of incivility, occurrence of the behavior in the prior 12-month period, extent of incivility in their program, and the engagement of faculty or students in uncivil behaviors. Participants used a 0-100 rating scale to identify the level of civility in their nursing program. Finally, participants selected three strategies out of a list of ten items as strategies to improve civility in nursing education.
The INE was a relatively new measurement tool developed as a survey in 2004. The purpose of the study was clearly stated and supported by a review of literature. Although the measurement framework was not stated, a user can easily identify the use of norm-referenced framework for the survey. Incivility and academic environment was identified for participants in the header of the survey to clearly define the conceptual basis for the survey. The survey was documented specifically for nursing education faculty and students with a collection measure of self-administration. INE has been successfully used with multiple convenience samples. Content items were relevant for current concepts in nursing education and rationale for use was supported with review of literature, personal experience, qualitative interviews, and content review by experts prior to pilot testing. Administration instructions and reports for analyzing results were documented and the survey was easily administered and analyzed with the assistance of a statistician. Reliability and validity was supported by the survey developer and documentation of Cronbach’s alpha inter-rater item coefficients was appropriate for a newly developed measurement tool.

The ability to measure incivility in nursing education was achieved with the INE-R survey. The results of the survey have provided valuable knowledge of uncivil behavior in nursing education by nursing faculty and students as perceived by nursing faculty and nursing students. The INE-R was unique in its ability to assess incivility of both faculty and students in the same survey. This information was important to the future of nursing education. This survey was
limited to being usable in nursing education with faculty and students unless modified to assess incivility in all areas of education. From the documentation of the developer along with review of the tool it was a survey that reflected strong support to be a very efficient tool to use for future research studies of incivility in nursing education.

Reliability of Instrument

Reliability of a survey determines if the survey consistently measures what it is intended to measure. The variance in the items reflects true differences. Reliability was enhanced through clear administration instructions, the readability of the items, and use of reversals. Although random error cannot be completely removed the researcher attempted to decrease random error by giving clear administration instructions and using standardized statistical analysis. Internal consistency supported the reliability of the survey and was used to evaluate the consistency of items across the survey. An alpha coefficient of 0.70 was preferred for a new tool (Streiner & Norman, 2003). The INE-R individual Cronbach’s alpha score for faculty behaviors was $\geq 0.98$ and student behaviors $\geq 0.96$.

Item responses were measured according to level of measurement. Section I contained demographic data at nominal and interval levels of measurement. Section II consisted of ordinal level measurement in rating scales.

Construct validity was tested with factor analysis and the identification of clusters on factors. Consultation with a statistician was needed to determine
extraction, rotation, number of factors to retain, and sample size (Costello & Osborne, 2005).

The INE-R was considered a newer tool due to the limited amount of data collection with this instrument. Reports from the author of the instrument provided evidence for strong support of validity and reliability for the INE-R survey. After creating the survey from prior instruments, research, and a review of literature, the INE-R was evaluated by nursing and non-nursing faculty, students, and a statistician to establish content validity. The evaluation supported the phenomenon of incivility and several revisions were made to the INE to develop the final INE-R. Clark’s 2006 qualitative research in academic incivility also provided revisions to the INE (Clark, Farnsworth, & Landrum, 2009). The INE-R was subsequently developed from the evolvement of the INE and need for understanding of the concept of nursing education incivility.

Pilot testing in 2004 of the INE provided preliminary validity and reliability. A convenience sample of nursing faculty and students were used for pilot testing. The findings supported literature about incivility in education. The quantitative section of the INE provided data pertaining to faculty and student perceptions of incivility and the differences in perception between faculty and students. The qualitative section was evaluated using interpretive narrative analysis and provided four categories of incivility. Additional testing of the INE with another convenience sample was conducted in 2006 Cronbach’s alpha inter-item coefficients were calculated on survey items. Good inter-item reliability was
achieved for student behaviors ranging from 0.808 to 0.889 and very good inter-item reliability on faculty behaviors ranged 0.918 to 0.955 (Clark, Farnsworth, & Landrum, 2009).

Descriptive statistics were used by the researcher to analyze the data collected in 2006. The results for the 194 faculty completing the survey were ages from 21 to 73 with an average age of 50 and standard deviation of 8.08. Female faculty represented 97.9% of participant and only 2.1% males. Racial components of the faculty included 88.5% Caucasian with remaining percentage not classified. Experience of faculty averaged 11.1 years with a standard deviation of 8.5. The program of employment included single and multiple program teaching responsibility with 28 teaching in practical program, 89 in associate programs, 77 in bachelor’s programs, 15 in master’s programs, and 23 in doctoral programs. Student demographics included data from 306 students aged 19 to 58 with an average age of 31.8 and standard deviation of 9.15. Gender representation of the participants included 86.6% females and 13.4% males. Participant race was only reported as 88.5% of Caucasian students. Program enrollment types reported by students include 5.0% practical programs, 48% associate programs, 44.5% bachelor’s programs, and 2.5% in master’s programs (Clark, Farnsworth, & Landrum, 2009).

Exploratory factor analysis was completed on student and faculty data reporting on behaviors that could demonstrate incivility. Exploratory factor analysis was used to assess construct validity (Waltz, Strickland, and Lenz,
Factors are the result of breaking down the variance of individual items into variance shared by items. The goal was to have the greatest amount of variance with the fewest number of items. The researcher used varimax rotation, eigenvalues > 1.0, and factor loadings > .50 to assess faculty and student behaviors. Student and faculty rated 20 faculty behaviors and the results of the exploratory factor analysis accounting for 64.6% of the variance were three factors. The factors included Factor 1 focusing on uncivil behaviors, Factor 2 dealing with classroom management, and Factor 3 addressing flexibility issues. Sixteen student behaviors were rated by students and faculty with three factors accounting for 56.0% of the variance. Factor 1 addressed distracting or disrespectful classroom behaviors, Factor 2 addressed disrespect and disregard for others, and Factor 3 dealt with disinterest in class (Clark, Farnsworth, & Landrum, 2009).

The INE reflected validity through exploratory factor analysis where eighteen of twenty faculty behavior items loaded onto three factors and all sixteen student behaviors loaded to three factors.

After the factor analysis with resulting three factors identified for faculty incivility behaviors and student incivility behaviors, Cronbach’s alpha inter-item reliability coefficients were conducted. Adequate reliability for a new instrument is suggested to be at or above 0.70. The result of inter item-reliability coefficients for faculty behavior factors were Factor 1 (0.94), Factor 2 (0.84), and Factor 3 (0.70). Reliability was supported for all factors identified for faculty behaviors.
Student incivility behavior factor inter-item reliability coefficients were Factor 1 (0.88), Factor 2 (0.74), and Factor 3 (0.68). Factor 1 and 2 revealed adequate reliability whereas Factor 3 was low and could be due to only two items loaded to Factor 3. According to Jacobson (2004) alpha is a strong indicator of internal consistency because it addresses content sampling and sampling of situational factors (Clark, Farnsworth, & Landrum, 2009).

Jacobson (2004) uses additional criteria for instrument analysis. Sensitivity was present in the items of the INE using a 4-point Likert scale to determine if participants always, usually, sometimes, or never considered a behavior uncivil, and often, sometimes, rarely, or never experienced or seen the occurrence in the twelve months prior to taking survey. Comprehensibility was met with the survey as the reading level was appropriate to nursing faculty and nursing students. Concepts described were readable and comprehendible to participants. Objectivity could be influenced by the participants and judgment of behaviors in the INE. The results of the survey documented primarily female participants. Judgment of behaviors was a personal evaluation and therefore could be different for individual participants. Feasibility was minimal for the INE as minimal cost for obtaining the survey and minimal time and skill needed to prepare and take survey. The survey was self-administered so participants could have the flexibility of completing the survey at a convenient time.

INE-R combined prior research on the INE to develop a list of 24 student and 24 faculty behaviors considered uncivil. Participants rated each behavior on
the level of incivility and the occurrence of the behavior the prior 12-month period. Participants also assessed the perception of incivility in their nursing program, rated the level of incivility in their program, and selected the top three strategies from a list of ten strategies to improve civility in nursing education. The factors of lower level incivility and higher level incivility resulted from the factor analysis and review of factor loadings. Fifteen items loaded on the lower level incivility and nine factors loaded as higher level incivility. Cronbach’s alpha (≥0.94) revealed lower level incivility and higher level incivility factors are reliable for faculty and student participants. Individual Cronbach’s alpha score for faculty behaviors were ≥0.98 and student behaviors ≥0.96.

Validity of Instrument

Validity is important for a survey to ensure the tool measures the concept intended. Borsboom, Mellenbergh, & van Heerden (2004) supported validity measures an existing characteristic and the distinction in the characteristic produces variations in outcomes of the measurement procedure. The measured characteristic plays a part in the value of the outcome of the measurement. Validity must be addressed but cannot be completely solved. Validity should be supported through conceptual theory.

Evidence for validity was evaluated through the use of content validity. The items in the survey represented the concept of faculty-to-faculty incivility. Content validity was supported by the clear definition of faculty-to-faculty incivility
and items supported by literature to measure the concept (Streiner & Norman, 2003).

Validity is a property of an inference not of a research design. Threats to validity are reasons that an inference could be wrong and researchers must anticipate and take measures to avoid threats to validity. Four threats to validity include statistical conclusion validity, internal validity, construct validity, and external validity (Polit & Beck, 2008).

The statistical conclusion validity could have been impacted in this study from self-reports by participants of the amount of faculty-to-faculty incivility. Internal validity was controlled by addressing temporal ambiguity, selection, history, maturation, mortality/attrition, testing and instrumentation. Temporal ambiguity was controlled as the participants had to have witnessed or been recipient of faculty-to-faculty incivility to effectively answer the INE-R survey. Selection was from random convenience sample of nursing faculty at schools of nursing in colleges and universities in Alabama, Arkansas, Florida, Louisiana, and Tennessee and limited the impact of selection on internal validity. History of the participants was a threat to the internal validity of this study. The researcher had no control or knowledge of the history of the adults. Maturation impacted this study as various ages of maturation participated. Mortality/attrition and testing and instrumentation was not impacted the internal validity of this study as data was only collected once.
External validity is the ability to infer results of research to similar situations with variations. The design of the study impacts the external validity. The representation of the research and ability to imply to multiple studies enhances external validity. Replication is enhanced in external validity if the study is multi-site, heterogeneous, or systematically reviewed. Natural research studies also enhance external validity because false conditions can impact study results (Burns & Grove, 2001; Polit & Beck, 2008). External validity was enhanced to be able to generalize results to the population of nursing faculty members. The researcher was cautious in taking measures to balance threats to internal and external validity. Threats to external validity result when inferences are drawn that are incorrect to other populations. Threats to external validity are classified by types as the interaction of the treatment with selection, setting, and history. The characteristics of the participants and setting limit generalization of results to an entire population. The timing of the completion of research results limits generalization of results to the past or future conditions (Buckwalter, Maas, & Wakefield, 1998; Creswell, 2009).

According to Costello and Osborne (2005) factor analysis facilitates the best results that can be generalized to a larger population. Optimal results from factor analysis are achieved through using a large sample and therefore achieve the goal of supporting data to generalize to the population. Approximately 7-9 participants per item are minimal sample size with use of exploratory factor analysis (Streiner & Norman, 2003).
Factor analysis assesses construct validity when items identifying a concept need to be researched to determine factors. Factor analysis is a set of statistical procedures performed to determine the number of constructs needed to account for a pattern of correlations among items in a set. Factor analysis discovers factors that are assumed to account for the structure of correlations among items. The factor analysis statistical procedures offer information about the number of common factors underlying a set of items. Factor extraction narrows items in the data to a smaller number of factors thus extracting interrelated clusters. After factor extraction criteria are achieved factor rotation is completed on data to make data more interpretable. Factor extractions also provide information to aid in interpreting the nature of factors and to make decisions about retention or deletion of items. The nature of common factors is explained by providing estimates of the strength and direction of influence each common factors exert upon each of the measures being examined. The estimates of influence are usually referred to as factor loadings. When the researcher has no clear expectations about the underlying structure of correlations exploratory factor analysis should be completed (Fabrigar & Wegener, 2012; Polit & Beck, 2008; Waltz, Strickland, & Lenz, 2005).

Data Analysis

The research questions included:

1. What behaviors do nursing faculty perceive as workplace incivility?
2. What was the occurrence of incivility behaviors in a prior 12 month
period?

3. What extent do faculty perceive incivility as a problem in their nursing program?

4. Do faculty perceive engagement in incivility occurring by students or faculty?

5. How do faculty rate the level of civility within a nursing program?

6. What are the differences in workplace incivility behaviors, occurrence of incivility, extent of incivility, and engagement of incivility as perceived by nursing faculty in associate, baccalaureate and graduate nursing programs?

Research questions were answered through demographic, descriptive statistics, analysis of variance (ANOVA) and chi-square analysis. ANOVA tested for differences between means and was used to determine significant statistical differences between groups. Within group variation of individual scores and between group variations of sample means were compared in ANOVA. The outcome of the statistics was presented as the F statistic which reflected if the groups were significantly different. According to Coladarci, Cobb, Minium, and Clarke (2008) the assumptions of ANOVA included independence of observation, normal distribution of the population, and interval-level data. Chi-square analyzes if groups have significant difference. The test is aimed to test how likely a distribution is due to chance. A chi-square measures how well the observed
distribution fits with the expected distribution if variables are independent and is of described as "goodness of fit".

Summary

Chapter III described evidence regarding obtaining IRB approval and safeguarding participant anonymity and confidentiality. The population for the research was identified. In addition, the data collection process and research measurement survey were explained.
CHAPTER IV – DATA ANALYSIS AND FINDINGS

Data Analysis

This chapter presents the data and analysis of research questions. The purpose of this study was to describe the perceived presence of workplace incivility among nursing faculty in associate, baccalaureate, and graduate nursing programs. A convenience sample was used of nursing faculty in nursing programs representing Alabama, Arkansas, Florida, Louisiana, and Tennessee. The difference between faculty in associate, baccalaureate, and graduate nursing programs related to workplace incivility behaviors, occurrence of incivility, extent of incivility, and engagement of incivility as perceived by nursing faculty were also examined. Data associated with research questions were analyzed using descriptive, ANOVA and chi-square statistics. Analysis of demographic data associated with participants was also completed.

Description of Sample

The population for this study was nursing faculty from 199 accredited nursing programs through ACEN or CCNE and offering associate, baccalaureate, or graduate nursing programs. The sample included 64 of 199 nursing programs from the targeted programs, representing a 32% response rate agreeing to participate. The number of faculty respondents was 169. The sample included faculty representing associate (n=46, 27%), baccalaureate (n=88; 52%), and graduate (n=35; 21%) nursing programs.
Demographic Data

Participants completed a demographic section and Cindy Clark’s INE-R survey (Clark, Barbosa-Leiker, Gill, & Nguyen, 2015). The demographic data regarding the sample are summarized by demographic variables with percentages including age, gender, employment status, race, primary teaching responsibility, nursing education experience, education delivery method, and highest level of academic preparation.

Table 1 and 2 present the findings associated with faculty age and gender. The tables reflect most faculty were between 60-64 years of age ($n=37, 22\%$) and female ($n=162; 96\%$).

Table 1

<table>
<thead>
<tr>
<th>Age</th>
<th>$n$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-24</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25-29</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>30-34</td>
<td>10</td>
<td>5.9</td>
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<tr>
<td>35-39</td>
<td>9</td>
<td>5.3</td>
</tr>
<tr>
<td>40-44</td>
<td>18</td>
<td>10.7</td>
</tr>
<tr>
<td>45-49</td>
<td>19</td>
<td>11.2</td>
</tr>
<tr>
<td>50-54</td>
<td>28</td>
<td>16.6</td>
</tr>
<tr>
<td>55-59</td>
<td>31</td>
<td>18.3</td>
</tr>
<tr>
<td>60-64</td>
<td>37</td>
<td>21.9</td>
</tr>
<tr>
<td>65-69</td>
<td>12</td>
<td>7.1</td>
</tr>
<tr>
<td>70+</td>
<td>4</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Gender</th>
<th>$n$</th>
<th>%</th>
</tr>
</thead>
</table>


Tables 3 through 6 present findings associated with employment status, race, primary teaching responsibility, and nursing education experience.

Typically, participants were employed full-time ($n=160; 95\%$) and of the white race ($n=148; 88\%$). The majority of respondents taught primarily in a baccalaureate nursing programs ($n=88; 52\%$) with the majority academic experience had 6-10 years experience ($n=37; 22\%$).

**Table 3**

*Race*

<table>
<thead>
<tr>
<th>Race</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>148</td>
<td>87.6</td>
</tr>
<tr>
<td>Black or African American</td>
<td>13</td>
<td>7.7</td>
</tr>
<tr>
<td>Asian</td>
<td>3</td>
<td>1.8</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>3.0</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>100</td>
</tr>
</tbody>
</table>

**Table 4**

*Employment Status*

<table>
<thead>
<tr>
<th>Employment</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>160</td>
<td>95</td>
</tr>
<tr>
<td>Part-time</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 5

*Years of Academic Experience*

<table>
<thead>
<tr>
<th>Years Experience</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>27</td>
<td>16</td>
</tr>
<tr>
<td>6-10</td>
<td>37</td>
<td>21.9</td>
</tr>
<tr>
<td>11-15</td>
<td>29</td>
<td>17.2</td>
</tr>
<tr>
<td>16-20</td>
<td>25</td>
<td>14.8</td>
</tr>
<tr>
<td>21-25</td>
<td>16</td>
<td>9.5</td>
</tr>
<tr>
<td>26-30</td>
<td>14</td>
<td>8.3</td>
</tr>
<tr>
<td>31+</td>
<td>21</td>
<td>12.4</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6

*Primary Teaching Responsibility*

<table>
<thead>
<tr>
<th>Teaching Responsibility</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Program</td>
<td>46</td>
<td>27.2</td>
</tr>
<tr>
<td>Baccalaureate Program</td>
<td>88</td>
<td>52.1</td>
</tr>
<tr>
<td>Graduate Program</td>
<td>35</td>
<td>20.7</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>100</td>
</tr>
</tbody>
</table>

Tables 7 and 8 report demographic data including education delivery method and academic preparation of faculty. The majority of respondents taught in live classroom settings \(n=93; 55\%) and had achieved doctoral academic preparation \(n=91; 54\%).

Table 7

*Primary Education Delivery Method*

<table>
<thead>
<tr>
<th>Education Delivery</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Classroom</td>
<td>93</td>
<td>55.0</td>
</tr>
<tr>
<td>Virtual Classroom</td>
<td>33</td>
<td>19.5</td>
</tr>
<tr>
<td>Clinical Setting</td>
<td>20</td>
<td>11.8</td>
</tr>
<tr>
<td>Administration</td>
<td>23</td>
<td>13.6</td>
</tr>
<tr>
<td>Total</td>
<td>169</td>
<td>100</td>
</tr>
</tbody>
</table>
The top 3 strategies as suggested by faculty to improve the level of civility within nursing education included role-model professionalism and civility (21%), establish codes of conduct that define acceptable and unacceptable behaviors (16%), and integrate civility and collegiality into performance evaluations (12%). Faculty teaching in associate and graduate programs suggested the same top 3 strategies and in the same order as the overall strategies. Baccalaureate faculty selected the same top 2 strategies as other programs but chose take personal responsibility and stand accountable for actions (12%) over integrating civility and collegiality into performance evaluations (10%) as the third highest strategy.

Seven additional suggestions for strategies to improve the level of civility were added by faculty. One faculty member noted faculty-to-faculty incivility is being role-modeled to students and novice faculty and faculty not engaging in faculty-to-faculty incivility are ones who lose. Another faculty member expressed that society not just education needs to overcome the habits of incivility to bridge the knowing-doing gap. Empowering faculty to not tolerate/remove students not displaying civility in classroom and clinical were suggestions from two faculty. Suggestions relating to improving faculty incivility included using administration to
address uncivil faculty. Faculty-to-faculty civility suggestions from two additional faculty included creating an environment of fun, healthy workplace with equality and job security.

To establish faculty-to-faculty incivility, the participants completed the INE-R survey related to perception of faculty incivility behaviors, occurrence of faculty incivility behaviors, extent of incivility problem within department/program, engagement of subjects in incivility in the academic environment, and level of incivility in program. Each question's response categories were assigned a numerical value. The sample was evaluated by scores as a whole and by comparison across program types to answer each research question. The findings of this component of the survey are presented according to each research question.

Research Questions

What behaviors do nursing faculty perceive as workplace incivility?

According to Clark, Barbosa-Leiker, Gill and Nguyen (2015) research, faculty reported incivility behaviors being viewed as two factors, higher level incivility or lower level incivility. Faculty behaviors were analyzed and loaded higher level incivility behaviors as making condescending or rude remarks toward others, exerting superiority, abusing position, or rank over others, sending inappropriate or rude emails to others, making discriminating comments directed toward others, using profanity directed toward others, threats of physical harm against others, property damage, and making threatening statements about
weapons. Lower level incivility behaviors were expressing disinterest, boredom, or apathy about course content or subject matter, making rude gestures or nonverbal behaviors toward others, ineffective or inefficient teaching method, refusing or reluctant to answer direct questions, using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes, arriving late for class or other scheduled activities, leaving class or other scheduled activities early, being unprepared for class of other scheduled activities, canceling class or other activities without warning, being distant and cold toward others, punishing the entire class for one student’s misbehavior, allowing side conversations by students that disrupt class, unfair grading, refusing to discuss make-up exams, extensions, or grade changes, ignoring, failing to address, or encouraging disruptive student behaviors, and being unavailable outside of class.

Faculty participating in this study (N=169) used a Likert scale (1=Not Uncivil, 2=Somewhat Uncivil, 3=Moderately Uncivil or 4=Highly Uncivil) to rate 24 faculty incivility behaviors. As a group scores were evaluated using item mean. As noted in Table 9 the highest rated faculty incivility behaviors included making condescending or rude remarks toward others (M=3.30, SD=1.027), exerting superiority, abusing position, or rank over others (M=3.29, SD=1.082), making discriminating comments directed toward others (M=3.28, SD=1.190), making rude gestures or nonverbal behaviors toward others (M=3.19, SD=.963), sending inappropriate or rude emails to others (M=3.16, SD=1.187), threats of physical
harm against others (M=3.15, SD=1.33), using profanity directed toward others (M=3.14, SD=1.20), property damage (M=3.13, SD=1.34), making threatening statements about weapons (M=3.12, SD=1.35), being distant and cold toward others (M=3.09, SD=1.02), and unfair grading (M=3.00, SD=1.20).

Table 9

*Workplace Incivility Behaviors*

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Mean</th>
<th>n</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expressing disinterest, boredom, or apathy about course content or subject matter</td>
<td>2.27</td>
<td>169</td>
<td>.987</td>
</tr>
<tr>
<td>Making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.)</td>
<td>3.19</td>
<td>169</td>
<td>.963</td>
</tr>
<tr>
<td>Ineffective or inefficient teaching method (deviating from course syllabus, changing assignment or test dates)</td>
<td>2.27</td>
<td>169</td>
<td>.985</td>
</tr>
<tr>
<td>Refusing or reluctant to answer direct questions</td>
<td>2.75</td>
<td>169</td>
<td>1.086</td>
</tr>
<tr>
<td>Using a computer, phone, or another media device in</td>
<td>2.76</td>
<td>169</td>
<td>.991</td>
</tr>
<tr>
<td>Facult meetings, committee meetings, other work activities for unrelated purposes</td>
<td>2.72</td>
<td>169</td>
<td>1.059</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Arriving late for class or other scheduled activities</td>
<td>2.37</td>
<td>169</td>
<td>1.056</td>
</tr>
<tr>
<td>Leaving class or other scheduled activities early</td>
<td>2.67</td>
<td>169</td>
<td>1.122</td>
</tr>
<tr>
<td>Being unprepared for class or other scheduled activities</td>
<td>2.62</td>
<td>169</td>
<td>1.205</td>
</tr>
<tr>
<td>Canceling class or other scheduled activities without warning</td>
<td>3.09</td>
<td>169</td>
<td>1.025</td>
</tr>
<tr>
<td>Being distant and cold toward others (unapproachable, rejecting student's opinions)</td>
<td>2.99</td>
<td>169</td>
<td>1.165</td>
</tr>
<tr>
<td>Punishing the entire class for one student’s misbehavior</td>
<td>2.86</td>
<td>169</td>
<td>1.040</td>
</tr>
<tr>
<td>Allowing side conversations by students that disrupt class</td>
<td>3.00</td>
<td>169</td>
<td>1.200</td>
</tr>
<tr>
<td>Unfair grading</td>
<td>3.00</td>
<td>169</td>
<td>1.200</td>
</tr>
<tr>
<td>Behavior</td>
<td>Score</td>
<td>Standard Deviation</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td>Making condescending or rude remarks toward others</td>
<td>3.30</td>
<td>1.027</td>
<td></td>
</tr>
<tr>
<td>Refusing to discuss make-up exams, extensions, or grade changes</td>
<td>2.64</td>
<td>1.121</td>
<td></td>
</tr>
<tr>
<td>Ignoring, failing to address, or encouraging disruptive student behaviors</td>
<td>2.96</td>
<td>1.157</td>
<td></td>
</tr>
<tr>
<td>Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)</td>
<td>3.29</td>
<td>1.082</td>
<td></td>
</tr>
<tr>
<td>Being unavailable outside of class (not returning calls or emails, not maintaining office hours)</td>
<td>2.80</td>
<td>1.076</td>
<td></td>
</tr>
<tr>
<td>Sending inappropriate or rude emails to others</td>
<td>3.16</td>
<td>1.187</td>
<td></td>
</tr>
<tr>
<td>Making discriminating comments (racial, ethnic, gender, etc.) directed toward others</td>
<td>3.28</td>
<td>1.190</td>
<td></td>
</tr>
</tbody>
</table>
What was the occurrence of incivility behaviors in a prior 12 month period?

Faculty used a 4-point Likert scale (1=Never, 2=Rarely, 3=Sometimes, 4=Often) to report the occurrence of the same 24 faculty incivility behaviors over the past 12 months. Table 10 displays the results of the occurrence of faculty workplace incivility behaviors. The highest rate behaviors were using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes (M=3.15, SD=.964).

Table 10

**Workplace Incivility Occurrence**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Mean</th>
<th>n</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expressing disinterest, boredom, or apathy about</td>
<td>2.37</td>
<td>169</td>
<td>.898</td>
</tr>
<tr>
<td>Course Content or Subject Matter</td>
<td>Score</td>
<td>N</td>
<td>p</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Making rude gestures or nonverbal behaviors toward others (eye rolling, finger pointing, etc.)</td>
<td>2.44</td>
<td>169</td>
<td>.858</td>
</tr>
<tr>
<td>Ineffective or inefficient teaching method (deviating from course syllabus, changing assignment or test dates)</td>
<td>2.31</td>
<td>169</td>
<td>.839</td>
</tr>
<tr>
<td>Refusing or reluctant to answer direct questions</td>
<td>2.18</td>
<td>169</td>
<td>.857</td>
</tr>
<tr>
<td>Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes</td>
<td>3.15</td>
<td>169</td>
<td>.964</td>
</tr>
<tr>
<td>Arriving late for class or other scheduled activities</td>
<td>2.47</td>
<td>169</td>
<td>.900</td>
</tr>
<tr>
<td>Behavior</td>
<td>Score</td>
<td>n</td>
<td>Correlation</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-------</td>
<td>----</td>
<td>-------------</td>
</tr>
<tr>
<td>Leaving class or other scheduled activities early</td>
<td>2.31</td>
<td>169</td>
<td>.894</td>
</tr>
<tr>
<td>Being unprepared for class or other scheduled activities</td>
<td>2.12</td>
<td>169</td>
<td>.865</td>
</tr>
<tr>
<td>Canceling class or other scheduled activities without warning</td>
<td>1.60</td>
<td>169</td>
<td>.750</td>
</tr>
<tr>
<td>Being distant and cold toward others (unapproachable, rejecting student's opinions)</td>
<td>2.30</td>
<td>169</td>
<td>.872</td>
</tr>
<tr>
<td>Punishing the entire class for one student's misbehavior</td>
<td>1.76</td>
<td>169</td>
<td>.863</td>
</tr>
<tr>
<td>Allowing side conversations by students that disrupt class</td>
<td>2.26</td>
<td>169</td>
<td>.882</td>
</tr>
<tr>
<td>Unfair grading</td>
<td>1.81</td>
<td>169</td>
<td>.831</td>
</tr>
<tr>
<td>Making condescending or rude remarks toward others</td>
<td>2.31</td>
<td>169</td>
<td>.976</td>
</tr>
<tr>
<td>Refusing to discuss make-up exams,</td>
<td>1.80</td>
<td>169</td>
<td>.776</td>
</tr>
<tr>
<td>Behavior</td>
<td>Mean</td>
<td>SD</td>
<td>p-values</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
<td>-----</td>
<td>----------</td>
</tr>
<tr>
<td>extensions, or grade changes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ignoring, failing to address, or encouraging disruptive student behaviors</td>
<td>1.91</td>
<td>169</td>
<td>.851</td>
</tr>
<tr>
<td>Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)</td>
<td>1.99</td>
<td>169</td>
<td>.970</td>
</tr>
<tr>
<td>Being unavailable outside of class (not returning calls or emails, not maintaining office hours)</td>
<td>2.09</td>
<td>169</td>
<td>.851</td>
</tr>
<tr>
<td>Sending inappropriate or rude emails to others</td>
<td>1.64</td>
<td>169</td>
<td>.791</td>
</tr>
<tr>
<td>Making discriminating comments (racial, ethnic, gender, etc.) directed toward others</td>
<td>1.51</td>
<td>169</td>
<td>.757</td>
</tr>
<tr>
<td>Using profanity (swearing,</td>
<td>1.59</td>
<td>169</td>
<td>.797</td>
</tr>
</tbody>
</table>
What extent do faculty perceive incivility as a problem in their nursing program?

The extent of incivility in individual departments or programs (Table 11) was evaluated by a 4-point Likert scale (1=No problem at all, 2=Mild problem, 3=Moderate problem, 4=Serious Problem). On the survey, the sample (N=169) had a mean score of 2.14 (SD=0.81). The majority (n=91) rated the extent of incivility as a mild problem (54%) in their department/program. Faculty also viewed incivility as a moderate problem (n=33, 20%) or serious problem (n=12, 7%) whereas only 20% viewed their program as having no problem at all (n=33).

Table 11

<table>
<thead>
<tr>
<th>Extent of Incivility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incivility Problem</td>
</tr>
<tr>
<td>Overall</td>
</tr>
<tr>
<td>Associate</td>
</tr>
<tr>
<td>Baccalaureate</td>
</tr>
<tr>
<td>Graduate</td>
</tr>
</tbody>
</table>
Do faculty perceive engagement in incivility occurring by students or faculty?

Only 14% of faculty perceived that faculty engages in incivility much more (n=12, 7%) or little more (n=12, 7%) than students. The 5-point Likert (1=faculty members are much more likely, 2=faculty members are a little more likely, 3=about equal, 4=students are a little more likely, 5=students are much more likely) revealed a mean score 3.69 and standard deviation 1.210. The majority of faculty perceive students being much more likely (n=57, 34%) to engage in incivility. Faculty perception of engagement in incivility was stronger to suggest student engagement as 56% reported students are a little more likely (n=39, 23%) or much more likely (n=57, 34%) to engage in incivility (Table 12).

Table 12

<table>
<thead>
<tr>
<th>Engagement</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>169</td>
<td>3.69</td>
<td>1.210</td>
</tr>
<tr>
<td>Associate</td>
<td>46</td>
<td>3.80</td>
<td>1.147</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>88</td>
<td>3.67</td>
<td>1.210</td>
</tr>
<tr>
<td>Graduate</td>
<td>35</td>
<td>3.60</td>
<td>1.311</td>
</tr>
</tbody>
</table>

How do faculty rate the level of civility within a nursing program?

On a 0-100 scale, faculty measured the level of civility in their program (Table 13). The number zero was labeled to mean absence of civility and 100 was labeled completely civil. Participants (N=169) ratings ranged from 4 to 100 with a mean 63.37. Program differences between means were minimal as associate degree faculty (n=46) rate civility with a mean 64.52, baccalaureate
faculty \((n=88)\) mean was 63.03, and graduate level faculty \((n=35)\) rated civility in the program as 62.71.

Table 13

\textit{Civility Level}

<table>
<thead>
<tr>
<th>Civility</th>
<th>(n)</th>
<th>(M)</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>169</td>
<td>63.37</td>
<td>28.98</td>
</tr>
<tr>
<td>Associate</td>
<td>46</td>
<td>64.52</td>
<td>27.66</td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>88</td>
<td>63.03</td>
<td>28.46</td>
</tr>
<tr>
<td>Graduate</td>
<td>35</td>
<td>62.71</td>
<td>32.59</td>
</tr>
</tbody>
</table>

What are the differences in workplace incivility behaviors, occurrence of incivility, extent of incivility, and engagement of incivility as perceived by nursing faculty in associate, baccalaureate, and graduate nursing programs?

Statistical analysis was done using an ANOVA to evaluate the differences between nursing faculty in associate, baccalaureate, and graduate nursing programs related to workplace incivility behaviors, occurrence of incivility behaviors in the prior 12-month period, and perception of extent of incivility within programs. Chi-square statistical analysis was calculated to determine the relationship between engagement of incivility and nursing faculty in associate, baccalaureate, and graduate programs.

Table 14 indicates there was no significant difference in workplace incivility behaviors between faculty in associate, baccalaureate, or graduate programs, \(F\ (2, 166) = 1.41, p=0.246\). Behaviors as reported by Clark, Barbosa-Leiker, Gill and Nguyen (2015) as being lower level incivility were also evaluated with no significant difference noted \(F\ (2, 166) = 1.70, p=.186\). Higher level
Occurrence of incivility behaviors also did not reflect a significant difference $F(2, 166) = .83$, $p = .438$.

Table 14

*Workplace Incivility Behaviors*

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Incivility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>2.220</td>
<td>2</td>
<td>1.110</td>
<td>1.413</td>
<td>.246</td>
</tr>
<tr>
<td>Within Groups</td>
<td>130.374</td>
<td>166</td>
<td>.785</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>132.594</td>
<td>169</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Level Incivility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>2.325</td>
<td>2</td>
<td>1.163</td>
<td>1.698</td>
<td>.186</td>
</tr>
<tr>
<td>Within Groups</td>
<td>113.673</td>
<td>166</td>
<td>.685</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>115.999</td>
<td>169</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Level Incivility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>2.147</td>
<td>2</td>
<td>1.074</td>
<td>.829</td>
<td>.438</td>
</tr>
<tr>
<td>Within Groups</td>
<td>214.998</td>
<td>166</td>
<td>1.295</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>217.146</td>
<td>169</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Occurrence of incivility behaviors are displayed in Table 15. As noted in the table there was no significant difference between program types when analyzing occurrence of behaviors, $F(2, 166) = .03$, $p = .973$. Lower level incivility occurrence between associate, baccalaureate, and graduate nursing faculty did not reveal a significant difference, $F(2, 166) = .004$, $p = .996$. Occurrence of higher level incivility also did not reflect significance, $F(2, 166) = .17$, $p = .846$.

Table 15

*Occurrence Incivility*
Using an ANOVA, the extent of incivility scores were compared between faculty teaching in associate, baccalaureate, and graduate nursing programs.

Table 16 summarizes the results of this analysis and reveals there were no significant differences in faculty scores related to extent of incivility within programs $F(2, 166) = .11, p = .894$.

Table 16

*Extent of Incivility*

<table>
<thead>
<tr>
<th>Occurrence Incivility</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>.014</td>
<td>2</td>
<td>.007</td>
<td>.028</td>
<td>.973</td>
</tr>
<tr>
<td>Within Groups</td>
<td>43.036</td>
<td>166</td>
<td>.259</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>43.050</td>
<td>168</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Level Incivility</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>.003</td>
<td>2</td>
<td>.001</td>
<td>.004</td>
<td>.996</td>
</tr>
<tr>
<td>Within Groups</td>
<td>54.955</td>
<td>166</td>
<td>.331</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>54.958</td>
<td>168</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Level Incivility</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Squares</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>.080</td>
<td>2</td>
<td>.040</td>
<td>.168</td>
<td>.848</td>
</tr>
<tr>
<td>Within Groups</td>
<td>39.401</td>
<td>166</td>
<td>.237</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39.480</td>
<td>168</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A chi-square test of independence was used to test for statistical significance of the relationship between engagement in incivility and faculty from associate, baccalaureate, and graduate nursing programs. As noted in Table 17 the relationship was not statistically significant at the .05 level ($\chi^2=7.298$, df = 8). Thus, engagement and program type are independent of each other.

Table 17

*Engagement in Incivility*

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>df</th>
<th>Asymptotic Significance (2-sided)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>7.298</td>
<td>8</td>
<td>.505</td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>7.710</td>
<td>8</td>
<td>.462</td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>.598</td>
<td>1</td>
<td>.439</td>
</tr>
<tr>
<td>N of Valid Cases</td>
<td>169</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*4 cells (26.7%) have expected count less than 5. The minimum expected count is 2.49.*

Summary

This chapter described the faculty sample and analysis of data on the INE-R survey for 169 nurse faculty in associate, baccalaureate, and graduate nursing programs in Alabama, Arkansas, Florida, Louisiana, and Tennessee.

The majority of respondents were 60-64 years of age, female, white, employed full time and doctoral prepared. Faculty reported academic experience between 6-10 years, primarily in baccalaureate education and in live classroom settings. The INE-R was used with permission. Six research questions guided the study and statistical analyses were conducted.
Descriptive statistics were used to answer research question one through five. The analyses performed revealed faculty perceptions of workplace incivility and occurrence of incivility over the prior 12 months. Overall, faculty revealed incivility as a problem as faculty rated eleven of the twenty-four faculty behaviors with a mean of 3.00 or higher. Occurrence of incivility behaviors revealed using a computer, phone, or another media device in faculty meetings, committee meetings, or other work activities for unrelated purposes as the highest rated behavior. The majority (80%) of faculty reviewed incivility as a problem in their program. Engagement in incivility was primarily rated as a student engagement problem. Faculty rating of level of civility overall mean revealed more toward perceptions of civility in their programs.

ANOVA and chi-square analyses were conducted for the final research question to examine the differences in workplace incivility behaviors, occurrence of incivility, extent of incivility, and engagement of incivility as perceived by nursing faculty in associate, baccalaureate, and graduation nursing programs. The conclusion indicted there was not statistical significant difference between groups perception of workplace incivility behaviors, occurrence of incivility, extent of incivility, or engagement of incivility by nursing faculty in associate, baccalaureate, or graduation nursing programs.

Chapter V contains discussion of conclusions, implications and recommendations for future research.
CHAPTER V – FINDINGS, CONCLUSIONS, IMPLICATIONS, LIMITATIONS, AND RECOMMENDATIONS

Introduction

This chapter will present major findings, conclusions, implications, and limitations. Recommendations for future research that may provide further insight related to faculty-to-faculty incivility based on the findings of this research will also be presented. Review and discussion of the results of this study will be based on the following research questions:

1. What behaviors do nursing faculty perceive as workplace incivility?
2. What is the occurrence of incivility behaviors in a prior 12-month period?
3. What extent do faculty perceive incivility as a problem in their nursing program?
4. Do faculty perceive engagement in incivility occurring by students or faculty?
5. How do faculty rate the level of civility within a nursing program?
6. What are the differences in workplace incivility behaviors, occurrence of incivility, extent of incivility, and engagement of incivility as perceived by nursing faculty in associate, baccalaureate, and graduate nursing programs?

Summary of the Study

The purpose of this study was to determine the perceived presence of faculty-to-faculty incivility among nursing faculty in associate, baccalaureate, and
graduate nursing programs. The study included a convenience sample of 169 nursing faculty in associate, baccalaureate, and graduate nursing programs in Alabama, Arkansas, Florida, Louisiana, and Tennessee. Using the INE-R survey, the study researched the perceptions of workplace incivility behaviors, the occurrence of incivility behaviors, the extent and engagement of incivility within programs, level of civility within programs, and the differences among program type.

The goal of this research was to expand knowledge into the perceptions of workplace incivility between nursing faculty in associate, baccalaureate, and graduate nursing programs. The research questions were answered by electronic survey from 169 nursing faculty working in associate, baccalaureate, and graduate programs in Alabama, Arkansas, Florida, Louisiana, and Tennessee. Demographic data and data from the INE-R survey were collected and analyzed. Data analysis revealed the sample identified with the perception of incivility behaviors but the occurrence of the behaviors were not noted to have occurred at a high frequency over the prior 12 month period. Overall the perception of incivility behaviors, occurrence of incivility behaviors, extent of incivility within programs and incivility engagement practices were not statistically significant between associate, baccalaureate, and graduate programs.

Data analysis revealed the majority of participants from the sample to be primarily white (87.6), female (96%) faculty age 60-64 (21.9%) employed full-time (95%). Faculty were mainly doctoral prepared (53.8%), teaching in live classrooms (55%) at baccalaureate programs (52.1%) with 6-10 years nursing
education experience (21.9%). According to the National Council of State Boards of Nursing (2013) most faculty (72%) are teaching fulltime and 50+ years of age. In this sample 66.3% of faculty were 50 years or older and 95% of the participants taught fulltime.

Discussion

Research Question One

The first research question analyzed input from nursing faculty regarding perceptions of behaviors identified as workplace incivility. Faculty behaviors within the INE-R were rated on a 4-point Likert scale as not uncivil (1), somewhat uncivil (2), moderately uncivil (3), and highly uncivil (4). Prior research by Clark, Barbosa-Leiker, Gill, and Nguyen (2015) evaluated the 24 behaviors in a factor analysis and 8 behaviors loaded on the factor of higher level incivility. In this study, all 8 of the higher level incivility behaviors as noted by Clark, Barbosa-Leiker, Gill, and Nguyen (2015) were in the top rated 9 behaviors with all having a M of 3.12. Behaviors included making condescending or rude remarks toward others (M=3.30, SD=1.027), exerting superiority, abusing position, or rank over others (M=3.29, SD=1.082), making discriminating comments directed toward others (M=3.28, SD=1.190), making rude gestures or nonverbal behaviors toward others (M=3.19, SD=.963), sending inappropriate or rude emails to others (M=3.16, SD=1.187), threats of physical harm against others (M=3.15, SD=1.336), using profanity directed toward others (M=3.14, SD=1.202), property damage (M=3.13, SD=1.343), making threatening statements about weapons...
(M=3.12, SD=1.355), being distant and cold toward others (M=3.09, SD=1.025), and unfair grading (M=3.00, SD=1.200).

This research reinforces the concept of faculty-to-faculty incivility behaviors as prior research by Clark (2008a, 2008b) noted four of the same behaviors as the most frequently occurring (making condescending remarks or put-downs, making rude gestures or displaying rude behaviors, exerting rank or superiority over others, and being distant and cold toward others).

Incivility is a concept that is hard to measure because of the ambiguous nature of the concept. It has been documented as occurring in nursing education but also is recognized that many occurrences are ignored (DalPezzo & Jett, 2010; Clark, Farnsworth & Landrum, 2009; Clark, 2008a; Luparell, 2007; Pearson & Porath, 2005; Rau-Foster, 2004). Recognition of incivility behaviors between nursing faculty is important because after knowledge generation the process of facilitation of policy development can occur. Policy development will facilitate prevention of faculty-to-faculty incivility, halt the occurrences of incivility, and assist with the recovery process for individuals and programs subject to workplace incivility.

Research Question Two

The second research question focused on the occurrence of the same 24 incivility behaviors. Occurrence behaviors were rated along a 4-point Likert scale as never (1), rarely (2), sometimes (3) and often (4). The most frequently occurring behavior over the prior 12 months as noted by results was using a computer, phone, or another device in faculty meetings, committee meetings,
other work activities for unrelated purposes with a mean score of 3.15. This behavior verifies faculty are aware of other faculty behaviors and recognize inattentiveness and distraction of faculty attention during times faculty should be focused on their job. Occurrence of incivility was rated between never to rarely on 12 of the 24 behaviors including making threatening statements about weapons (M=1.06, SD=.373), property damage (M=1.09, SD=.406), threats of physical harm against others (M=1.13, SD=.470), making discriminating comments directed at others (M=1.51, SD=.757), using profanity directed at others (M=1.59, SD=.797), canceling class or other scheduled activities without warning (M=1.60, SD=.750), sending inappropriate or rude emails to others (M=1.64, SD=.791), punishing the entire class for one student’s misbehavior (M=1.76, SD=.863), refusing to discuss make-up exams, extensions, or grade changes (M=1.80, SD=.776), unfair grading (M=1.81, SD=.831), ignoring, failing to address, or encouraging disruptive student behaviors (M=1.91, SD=.851), exerting superiority, abusing position, or rank over other (M=1.99, SD=.970).

These results could reflect that programs are not displaying the incivility behaviors and are functioning in a civil, healthy environment. Another interpretation could be faculty are not recognizing acts of incivility. Faculty must recognize the occurrences of incivility and given feedback to understand why it occurred, what it caused, and how it can be fixed within their program. Open communication is required to build a civil relationship. Due to the timeline of the survey a potential 8 week summer break had recently occurred and could have impacted faculty perceptions. Faculty scores may have been higher if this survey
was replicated in the spring semester as stressors and resulting incivility behaviors may increase with ending an academic year.

*Research Question Three*

Research question three analyzed the perception faculty had of incivility as a problem within their program. Extent was measured using a 4-point Likert scale of no problem (1), mild problem (2), moderate problem (3), and serious (4). Overall the mean for all faculty was 2.14 with a standard deviation .811. Each program result was similar to the overall score as associate program and baccalaureate faculty rated a M=2.13 with SD=.749 and SD=.855 respectively. Graduate program faculty score M=2.20, SD=.797. The majority of faculty (54%) rated the extent of incivility within their program as mild, whereas 20% rated the problem as mild, and finally 7% serious. The results of this study support prior research noting faculty-to-faculty incivility as a mild to serious problem in nursing education (Clark, 2007; Clark, 2008a; Clark, 2013; Clark, Olender, Kenski, & Cardoni, 2013)

As incivility is recognized and identified, research can identify the antecedents to incivility within a program. Clark and Stringer (2007a, 2007b) identified stressors leading to incivility as work demands, personal demands, student issues, low salary, and experiences of faculty-to-faculty incivility.

*Research Question Four*

The fourth research question evaluated the perception of engagement in incivility. The perception was evaluated as engagement in incivility behaviors among faculty or students. The 5-point Likert rated engagement of incivility as
faculty members are much more likely (1), faculty members are a little more likely (2), about equal (3), students are a little more likely (4) and students are much more likely (5). Overall faculty score M=3.69, SD=1.120 reflecting faculty perception of incivility engagement is equal to more student engagement with 34% rating students to be much more likely to engage in incivility. Only 14% of participants rated incivility as a faculty problem with faculty as more likely to engage in incivility over students.

As a society the episodes of anger and violence is growing and more evident in media coverage. The increase in society acceptance and support of incivility is troubling as faculty consider student’s, that will soon be nurses and considered healthcare professionals, observation of society and faculty member behaviors could consider these behaviors as normal (Clark and Springer, 2007b).

Research Question Five

Research question five addressed the level of civility perception within program by faculty. The level of civility was on a scale from 0-100 with 0 reflecting absence of civility and 100 reflecting completely civil. The overall mean was 63.37 with a SD 28.98. Scores ranged from 4 to 100. Faculty in different program types scored closely to the overall mean with associate faculty scoring M=64.52, baccalaureate M=63.03, and graduate M=62.71 reflecting faculty perceptions that civility is more predominant than incivility in programs. Although it is reassuring to see some faculty perceive complete civility within their program, the level of incivility in programs rated at a level of 4 is alarming at the severity of the level of civility.
Research Question Six

The final research question analyzed the differences of faculty by program type in perceptions of workplace incivility behaviors, occurrence of incivility, extent of incivility, and engagement of incivility. The result of ANOVA analysis of workplace incivility behaviors were not significant related to program types $F(2, 166) = 1.41, p = 0.246$. The occurrences of incivility behaviors $F(2, 166) = 0.03, p = 0.973$ were not significant related to program types nor was extent of incivility $F(2, 166) = 0.11, p = 0.894$ related to program type. A chi-square test of independence was performed to examine the relation between engagement of incivility and program types. The relationship between variables was not significant $X^2 = 7.298$, $df = 8$.

As defined by Clark and Springer (2007a) incivility is "rude or disruptive behaviors that may result in psychological or physiological distress for the people involved and, if left unaddressed, may progress into threatening situations" (p. 8). In direct contrast to incivility is civility which according to Clark and Carnosso (2008) is "an authentic respect for others that requires time, presence, willingness to engage in genuine discourse and intention to seek common ground" (p. 12). Evaluation of the concept of incivility in the form of faculty-to-faculty incivility in this research is achieved through the use of the Bandura's (1977) social learning theory. Social learning theory explains human behavior through recognition of how people think and characteristics determining uncivil, learned behaviors. The social norm that is the base for faculty evaluating incivility is the concept civility. Using the acceptable behaviors of civility, incivility is an
observed and learned behavior as noted by Bandura (1977). Prior research by Clark, Barbosa-Leiker, Gill, and Nguyen (2015) conducted a factor analysis on the 24 incivility behaviors in the INE-R. The behaviors loaded on two factors, high level and low level incivility. Faculty in this research reported behaviors of incivility on over one-third of the 24 behaviors as high level civility (making condescending or rude remarks toward others, exerting superiority, abusing position, or rank over others, making discriminating comments directed toward others, making rude gestures or nonverbal behaviors toward others, sending inappropriate or rude emails to others, threats of physical harm against others, using profanity directed toward others, property damage, making threatening statements about weapons).

Theoretical Framework

Perception is a personal understanding of a concept and develops from experience (Bandura, 1977). Faculty learn through observation of coworker behaviors, attitudes, and outcomes. All incivility behaviors on the INE-R were noted to be observed over the prior 12 months by participants. Behaviors were rated on a Likert Scale (1=Never, 2=Rarely, 3=Sometimes, 4=Often). Half of the behaviors were observed showing lower level of occurrence (making threatening statements about weapons (M=1.06), property damage (M=1.09), threats of physical harm against others (M=1.13), making discriminating comments directed at others (M=1.51), using profanity directed at others (M=1.59), canceling class or other scheduled activities without warning (M=1.60), sending inappropriate or rude emails to others (M=1.64), punishing the entire class for one student’s
misbehavior (M=1.76), refusing to discuss make-up exams, extensions, or grade changes (M=1.80), unfair grading (M=1.81), ignoring, failing to address, or encouraging disruptive student behaviors (M=1.91), exerting superiority, abusing position, or rank over other (M=1.99) to the highest level of occurrence using a computer, phone, or another device in faculty meetings, committee meetings, other work activities for unrelated purposed (M=3.15)).

Attitudes of faculty are also measured through the perceptions of engagement in incivility. Faculty rated faculty engagement in incivility as 14%. Although 14% is a lower rate, faculty engagement over student engagement in incivility still warrants that faculty incivility occurs. Faculty incivility portrayed to other faculty and students in nursing education allow the behaviors to be modeled, learned and reciprocated which continues the culture of incivility.

Outcomes of incivility behaviors are noted to impact the perception of civility in the program. Civility within programs was noted to range from 4-100. This reflects there are programs with significant levels of incivility to programs that faculty perceived to be completely civil. The environments within the nursing programs were reflective of faculty perceptions of incivility behaviors of other faculty.

Findings related to research question 1 and question 2 confirmed faculty-to-faculty incivility existed in associate, baccalaureate, and graduate nursing programs. Faculty perception of faculty-to-faculty incivility is a dynamic concept. Faculty reported uncivil behaviors on a Likert scale (1=Not Uncivil, 2=Somewhat Uncivil, 3=Moderately Uncivil or 4=Highly Uncivil). Recognition and occurrence
of incivility behaviors by faculty in associate, baccalaureate, and graduate programs were similar and therefore behaviors deemed as incivility must be curtailed to prevent the continuation of incivility. Acts of incivility cannot be accepted as appropriate, retained, or reproduced.

Social learning theory is represented by six concepts. The first concept expectations for personal actions are demonstrated in the rating of behaviors as perceived as incivility. These behaviors as personal actions in faculty-to-faculty incivility were rated as perceptions of incivility. The highest rated incivility behaviors were noted to be making condescending or rude remarks toward others (M=3.30). Using descending means, faculty incivility behaviors with means 3.00 or greater were exerting superiority, abusing position, or rank over others (M=3.29), making discriminating comments directed toward others (M=3.28), making rude gestures or nonverbal behaviors toward others (M=3.19), sending inappropriate or rude emails to others (M=3.16), threats of physical harm against others (M=3.15), using profanity directed toward others (M=3.14), property damage (M=3.13), making threatening statements about weapons (M=3.12), being distant and cold toward others (M=3.09), and unfair grading (M=3.00).

Second, observational learning was displayed in this research through the ratings of occurrence of incivility behaviors by faculty. The behaviors were practiced in the academic environment in order for faculty to recall the occurrence of the behaviors in the prior 12 months. The highest rated behavioral occurrence was using a computer, phone, or another media device in faculty
meetings, committee meetings, other work activities for unrelated purposes (M=3.15).

The third concept, behavioral capability, is displayed as faculty recognize the concept of incivility and identify uncivil behaviors, the recognition of the culture of civility or incivility is perceived. According to question 5, overall the rating of civility on a scale of 0-100 was a mean of 63.37. Self-efficacy is the next concept of social learning theory. Incivility behaviors produce an uncivil environment. Cultural norms of behavior are anticipated to produce civility. As behaviors of incivility are incorporated into a program, as noted by all incivility behaviors being rated as having occurred in the prior 12 months, a culture of incivility is developed. Reciprocal determination occurs as a concept in social learning theory. Faculty recognized incivility behaviors and incivility culture and suggested effective ways to change an incivility culture within a nursing education environment. The final concept in social learning theory is reinforcement. Incivility is not a desired culture of nursing faculty. Faculty recognized the problem of faculty-to-faculty incivility and suggested ways to correct the problem (role-model professionalism and civility (21%), establish codes of conduct that define acceptable and unacceptable behaviors (16%), and integrate civility and collegiality into performance evaluations (12%)) along with several personal suggestions (role-model civility to students and faculty, society overcome habits of incivility, empowering faculty to not tolerate incivility, administration support, and creating a healthy, fun workplace). Faculty
suggestions for decreasing incivility support the desire of faculty to change from a culture of incivility to civility.

According to Bandura (1977), social learning theory is dependent on observing behaviors and outcome of behaviors subjected to behavioral, cognitive, and environmental factors. Behavior is influenced by the nursing education environment and personal perceptions. Behavioral factors related to faculty-to-faculty incivility include recognition of incivility in faculty communication skills, working with others in problem solving, and personal conflicts. As incivility behaviors are displayed and recognized by faculty, behaviors can be modeled or learned.

Cognitive factors include faculty ability to recognize civility and incivility, academic environment behavioral norms, and attitudes toward incivility. The environmental factors include the norms as established in the academic environment. Civility should be the established norm within a program. As noted in these research results, there was no significant difference in the perceptions of workplace incivility behaviors (F (2, 166) =1.41, p=0.246), occurrence of incivility behaviors (F (2, 166) =.03, p=.973), extent of incivility (F (2, 166) =.11, p=.894), or engagement of incivility ($\chi^2=7.298, df = 8$) between faculty in associate, baccalaureate, or graduate programs.

These results confirmed faculty in all programs are recognizing faculty-to-faculty incivility and at the same rates of occurrence. This will facilitate recognition and implications for preventing, halting, and recovering from the
effects of workplace incivility. Regardless of the type of program faculty are teaching in their perceptions are very similar.

Limitations

The findings of this study are limited to understanding faculty-to-faculty incivility in nursing education. I have addressed only the issue of incivility among faculty, not students in nursing education as is possible with the original version of the INE-R. The survey was a self-report instrument. Perceptions are unique to individuals and what one faculty perceives as incivility may not be recognized as incivility among other faculty. Incivility has been noted to by faculty to be tolerated, ignored, and allowed to occur (Clark, 2013).

The first limitation considers the low response rate of faculty (N=169) from participating programs in this study sample. This could be attributed to the timing of the request of participation at the beginning of an academic year when faculty had just returned from break.

A second limitation could be the indirect access to faculty. Dean/directors/chairs were sent an email request to allow faculty to participate in the study after IRB approval. The majority of dean/director/chairs approving faculty to participate agreed to forward survey to faculty, only 4 requested faculty be invited through retrieving faculty email from website. The faculty letter with survey link was emailed to deans/directors/chairs with request to forward to faculty and individual faculty were emailed the faculty letter at the 4 other programs,
Other limitations include recall of occurrence of behaviors over a 12-month period and incomplete survey responses from 12 faculty. The incomplete surveys were deleted and may be attributed to the online survey source. The convenience sampling prohibits generalization as schools were selected from programs in Alabama, Arkansas, Florida, Louisiana, and Tennessee listed as accredited programs on the ACEN and CCNE website.

Implications

Implications for recognizing faculty-to-faculty incivility for faculty and academic administration include creating a healthy nursing education environment for educating competent, caring nurses and ultimately enhancing healthcare. This is achieved through quality nursing education programs with a healthy work environment. Nursing faculty must exemplify civility and role model faculty-to-faculty civil behaviors to student within programs (Burger, Kramlich, Malitas, Page-Cutrara, and Whitfield-Harris, 2014).

According to the AACN (2015a) a faculty shortage has begun and will worsen as the age of nursing faculty continues to climb. In this research 31.4% of faculty participants were 60 years of age or older reflecting ages at or near retirement. As programs face faculty shortage and faculty new to academe are employed, nursing education has no room to tolerate faculty-to-faculty incivility. According to AACN (2014b), the faculty vacancy rate was 6.9% nationally with 89.6% of the vacancies requiring a doctoral prepared faculty. According to Peters (2014), faculty to faculty incivility could cause nurse educators to leave nursing education and further affect the nursing faculty shortage.
A healthy work environment promotes excellence in nursing education as it enhances recruitment and retention of nursing faculty (Brady, 2010). An important element in a healthy academic workplace is a collegial environment. This environment is dependent on administrative support and relationships with administration, coworkers, and students. Relationship building is important along with support for faculty orientation and mentoring by nursing administration. Open communication, engaging dialogues with fear of uncivil behaviors, and encouragement of relationship building by nursing leadership and administration enhance civility in the academic workplace. NLN (2005) defines a healthy work environment for nursing faculty as an environment that enables faculty to provide quality nursing education.

As noted by Peters (2014), incivility does not have a place in nursing education as it defeats the morale of nursing faculty. Tolerance of incivility cannot be accepted in nursing education. Faculty must be willing to have the courage to communicate incivility to coworkers regardless of the challenge and potential outcome of the interactions (Clark, 2013). Nursing leadership, both formal and informal, must be effective and competent to identify the problem of faculty-to-faculty incivility and display truthful, ethical and positive role models (Clark, 2013; Clark & Springer, 2007a).

All nursing faculty must be competent to self-evaluate incivility behavior. Incivility behaviors should be evaluated in interactions with coworkers, administration, and students. Faculty must be aware of observed conduct and communication styles. As faculty recognize these behaviors and make
modifications to have positive healthy relationship, the outcomes will be a culture of civility where all involved appreciate working and learning (Clark & Springer, 2007b; Clark, Olender, Kenski, & Cardoni, 2013).

Recommendations

Several recommendations for future study are reinforced by this research. Future research should continue to investigate workplace incivility such as faculty-to-faculty incivility. Expansion and replication of this study within programs and within regions is suggested.

Another recommendation for future projects is to look at incivility with different components of the demographic data. Perceptions of incivility according to age is important as younger faculty perceptions of incivility can change the environment of nursing education as these faculty are the future of nursing education and must be retained to halt the national faculty shortage problem. Analysis of older faculty could identify if incivility has become ignored or accepted within nursing education. According to AACN (2015b) males make up 5.4% of nursing faculty and minorities fill 12.3% of fulltime nursing faculty positions. Although these individuals make up a small percent of nursing faculty their input into understanding incivility between nursing faculty cannot be overlooked.

As this concept is further developed and published, faculty will begin recognizing workplace incivility and how to cope. By identifying faculty incivility behaviors, nursing education could be enhanced. Research into the organizational culture promoting incivility versus civility would enhance research currently available. Workplace behavioral norms recognized as civility should be
compared to perception of behaviors of incivility. As behavioral norms representing civility are established within a culture a code of conduct can be documented with ongoing revision.

An added recommendation is to replicate the study at different points within an academic year. Perceptions of faculty may change as an academic year progresses and as antecedents to faculty-to-faculty incivility change throughout the year.

Incivility behaviors and occurrence has been established through research and now ways to support knowledge development with management of incivility and prevention strategies is essential. According to the findings of the research program types are not different in their perceptions, but studies exploring how to counter faculty-to-faculty incivility in all nursing education programs are needed.

Recognition of faculty-to-faculty incivility and development of policies with clear definitions of incivility behaviors, expectations of civility, and consequences for incivility behaviors is suggested by Clark and Springer (2007b). The results of policy development by administration, faculty, and also students in the educational environment will improve the academic environment and relationships.

Summary

This study provided validation of perceptions of faculty-to-faculty incivility behaviors, occurrence of behaviors, extent and engagement of incivility, levels of perceptions of civility within programs, and strategies for addressing incivility. Research supports the concept of faculty-to-faculty incivility as a significant
concept that impacts nursing faculty across program types. The research enhanced prior research with the INE-R to further understand faculty perceptual differences among program types.

Faculty-to-faculty workplace incivility can harm relationships in society, healthcare, nursing practice, academe, and nursing education. This study has important implications to nursing faculty, administration, healthcare and nursing education. With the growing presence of incivility in society, the results of this study may be used to create environments promoting civility in the workplace for faculty. In addition, faculty civility will be observed by students and ultimately civility will occur in nursing education, healthcare, and society.

Faculty-to-faculty incivility cannot continue to be ignored or accepted. As faculty expand their knowledge of faculty-to-faculty incivility and get more experience with recognizing the concept, tolerance will be decreased, ignoring the problem and culprits will be minimized, and the ambiguity and evasive nature will be stopped.

A healthy workplace between colleagues will retain employees. Within the workplace, coworkers and teamwork with collaboration must be valued. The ultimate goal is to have a civil workplace that promotes a healthy environment.
INSTITUTIONAL REVIEW BOARD
118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 20, 111), Department of Health and Human Services (45 CFR Part 48), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months. Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 16081801
PROJECT TITLE: Faculty-to-Faculty Involvility as Perceived by Nursing Faculty
PROJECT TYPE: New Project
RESEARCHER(S): Melinda Kay Lofton Sills
COLLEGE/DIVISION: College of Nursing
DEPARTMENT: Systems Leadership and Health Outcomes
FUNDING AGENCY/SPONSOR: NA
IRB COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 09/18/2016 to 09/17/2017

Lawrence A. Hosman, Ph.D.
Institutional Review Board
APPENDIX B  Survey Permission Letter

By: ____________________________

Melinda Kay Leflon Sills
Office of Technology Transfer

Date: 6/10/10

By: ____________________________

Melinda Kay Leflon Sills
2962 Jackson Liberty Drive, SW
Bogue Chitto, MS 38929

Notice of change of address shall be treated as any other notice.

12. Applicability. The License shall be governed by Idaho law. All construction, performance or interpretation of this License shall comply with and conform to all applicable state, federal and local laws, regulations, rules and orders.

13. Defaults. Any failure of either party to perform in accordance with the terms of this Agreement shall constitute a breach of the Agreement. In the event of a material breach by Licensee, Licensor may, upon written notice to Licensee, declare that License Agreement terminated and may seek such other and further relief as may be provided by law, including, but not limited to, a temporary or permanent injunction against Licensee’s continued use of the Licensed Work, actual and/or statutory damages, costs of suit, and reasonable attorney fees incurred by Licensor as a result of the breach, plus interest on all amounts from the date of the breach until paid in full, at the highest rate permitted by law.

14. Complete Agreement. This License supersedes any and all prior written or oral Licenses and there are no representations, conditions or agreements between the parties except as set forth herein. No prior or contemporaneous modification, addition, deletion, or other amendment hereto shall have any force or effect whatsoever unless embodied herein in writing. No subsequent modification, renewal, addition, deletion or other amendment hereto shall have any force or effect unless embodied in a written contract executed and approved by both parties.

In witness whereof, the parties hereto have executed this License as the day and year first above written.

Licensee:

By: ____________________________

Melinda Kay Leflon Sills
Office of Technology Transfer

Date: 6/10/10

Licensor:

By: ____________________________

Office of Technology Transfer

Date: 6/11/10
APPENDIX C  INE-R Survey

Incivility in Nursing Education-Revised (INE-R) Survey (Clark © 2014)

Incivility: A range of rude or disruptive behaviors as well as failing to take action when action is warranted or required. These behaviors and actions may result in psychological or physiological distress for the people involved—and if left unaddressed, may progress into unsafe or threatening situations. (Clark, 2009, 2013, 2015).

The nursing academic environment is defined as any location associated with the provision or delivery of nursing education, whether on or off campus including the “live” or virtual classroom or clinical setting, or any setting where teaching and learning occurs (Clark, 2004, 2013).

Demographics*

*Can create demographic items to ‘fit’ each specific institution and study parameters

Listed are some student behaviors you may have experienced or seen in the nursing academic environment. Please fill in the bubble regarding the level of incivility and how often each behavior occurred over the past 12 months:

<table>
<thead>
<tr>
<th>How do you rate the level of incivility for each behavior below?</th>
<th>How often has each behavior occurred over the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not unctual</td>
<td>Somewhat unctual</td>
</tr>
</tbody>
</table>

<p>| Expressing dissatisfaction, boredom, or apathy about course content or subject matter | | | | | | | |
| Making rude or non-verbal behaviors toward others (eye rolling, finger pointing, etc.) | | | | | | | |
| Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.) | | | | | | | |
| Rubbing or reluctant to answer direct questions | | | | | | | |
| Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes | | | | | | | |
| Arriving late for class or other scheduled activities | | | | | | | |
| Leaving class or other scheduled activities early | | | | | | | |
| Being unprepared for class or other scheduled activities | | | | | | | |
| Skipping class or other scheduled activities | | | | | | | |
| Being distant and cold toward others (unapproachable, reacting negatively to other student’s opinions) | | | | | | | |
| Creating tension by dominating class discussion | | | | | | | |
| Holding side conversations that distract you or others | | | | | | | |
| Cheating on exams or quizzes | | | | | | | |
| Makingibelitish or rude remarks toward others | | | | | | | |</p>
<table>
<thead>
<tr>
<th>Behavior</th>
<th>Not uncivil</th>
<th>Somewhat uncivil</th>
<th>Moderately uncivil</th>
<th>Highly uncivil</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
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<tr>
<td>Demanding make-up exams, extensions, or other special favors</td>
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<td>Ignoring, failing to address, or encouraging disruptive behaviors</td>
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<td>by classmates</td>
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<td>Demanding a passing grade when a passing grade has not been earned</td>
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<td>Being unresponsive to e-mails or other communications</td>
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<tr>
<td>Sending inappropriate or rude e-mails to others</td>
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<td>Making discriminating comments (racial, ethnic, gender, etc.) directed</td>
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<td>Using profanity (swearing, cursing) directed toward others</td>
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<tr>
<td>Threats of physical harm against others (implied or actual)</td>
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<tr>
<td>Property damages</td>
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<tr>
<td>Making threatening statements about weapons</td>
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</table>

Listed are some FACULTY behaviors you may have experienced or seen in the nursing academic environment. Please fill in the bubble regarding the level of uncivilty and how often each behavior occurred over the past 12 months.
<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being distant and cold toward others (unapproachable, rejecting student’s opinions)</td>
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<td>Punishing the entire class for one student’s misbehavior</td>
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<td>Allowing side conversations by students that disrupt class</td>
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<td>Unfair grading</td>
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<tr>
<td>Making condescending or rude remarks toward others</td>
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<tr>
<td>Refusing to discuss make-up exams, extensions, or grade changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ignoring, failing to address, or encouraging disruptive student behavior</td>
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<td>Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail student)</td>
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<tr>
<td>Being unavailable outside of class (not returning calls or emails, not maintaining office hours)</td>
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</tr>
<tr>
<td>Sending inappropriate or rude e-mails to others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making discriminating comments (racial, ethnic, gender, etc.) directed toward others</td>
<td></td>
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<tr>
<td>Using profanity (swearing, cursing) directed toward others</td>
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<tr>
<td>Threats of physical harm against others (implied or actual)</td>
<td></td>
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<td>Property damages</td>
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<tr>
<td>Making threatening statements about weapons</td>
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</tr>
</tbody>
</table>

To what extent do you think incivility is a problem in your department/program?

- No problem at all
- Mild problem
- Moderate problem
- Serious problem

Based on your experiences or perceptions, do you think that students or faculty are more likely to engage in uncivil behavior in your department/program?

- Faculty members are much more likely
- Faculty members are a little more likely
- About equal
- Students are a little more likely
- Students are much more likely
Overall, how do you rate the level of CIVILITY in your nursing program on a scale of 0-100? (0 is absence of civility, 100 is completely civil)

What top 3 strategies do you suggest for improving the level of CIVILITY in nursing education?

Use empirical tools (surveys, etc.) to measure incivility/civility and address areas of strength/growth
Establish codes of conduct that define acceptable and unacceptable behaviors
Role-model professionalism and civility
Raise awareness, provide civility education
Integrate civility and collegiality into performance evaluations
Provide training for effective communication and conflict negotiation
Develop and implement comprehensive policies and procedures to address incivility
Reward civility and professionalism
Implement strategies for stress reduction and self-care
Take personal responsibility and stand accountable for actions
Other: Please specify ________

Please describe an example of an uncivil encounter you have experienced or witnessed in nursing education within the past 12 months.

In your opinion, what is the primary reason or cause for incivility in nursing education?

In your opinion, the most significant consequence of incivility in nursing education is ______

The most effective way to promote academic civility is to _______
## APPENDIX D  Demographics

### Demographics

#### Age:

- 20-24 years old
- 25-29 years old
- 30-34 years old
- 35-39 years old
- 40-44 years old
- 45-49 years old
- 50-54 years old
- 55-59 years old
- 60-64 years old
- 65-69 years old
- 70 years old or older

#### Gender:

- Female
- Male

#### Employment status:

- Full-time
- Part-time

#### Race:

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- Other

#### Primary teaching responsibility (mark only one response):

- Associate program
- Baccalaureate program
- Graduate program
Years nursing education experience:
1-5 years
6-10 years
11-15 years
16-20 years
21-25 years
26-30 years
31+ years

Primary education delivery method:
Live classroom
Virtual classroom
Clinical setting
Administration

Highest Level of Academic Preparation:
Baccalaureate degree
Master's degree
Doctoral degree
Dear Dean/Director/Chairperson,

Hello, my name is Melinda Sills and I am a doctoral candidate in the College of Nursing at The University of Southern Mississippi pursuing a Doctorate of Philosophy in Nursing with a focus on Systems Leadership and Health Outcomes. I am requesting that you and your faculty participate in a study titled “Faculty-to-Faculty Incivility as Perceived by Nursing Faculty.” The research will examine faculty-to-faculty incivility recognition, behaviors, and differences among faculty in associate, baccalaureate and graduate programs in nursing faculty.

The Incivility in Nursing Education-Revised (INE-R) instrument quantitative component along with demographic data will be used to research uncivil faculty behaviors in nursing education as perceived by faculty via Qualtrics survey software. The findings could be beneficial as results of this research could promote knowledge generation, facilitate policy development related to workplace incivility in nursing education, and promote a culture of civility in nursing education.

This study is surveying part-time and full-time nursing faculty in clinical and non-clinical emphasis in associate, baccalaureate, and graduate nursing programs. Your school was selected as a random sample of willing nursing programs to participate in a confidential, online survey pertaining to incivility in nursing education between nursing faculty.

There are no incentives or compensation for participation. There are no risks from participation. Strict confidentiality will be maintained. The data collected will be reported as aggregate data to ensure neither you nor your nursing program or faculty are identified.

If you agree to participate in this study and will allow your faculty to participate, I ask for your assistance in forwarding the faculty letter and email link to the survey to your entire nursing faculty. The anticipated time period for data collection will be two weeks as I understand the value of nursing faculty time and program responsibilities. I greatly appreciate and thank you in advance for your help with my research.

If you have any questions please contact Melinda Sills at 601.748.2677 or melinda.sills@usm.edu. Dr. Kathleen Masters is my faculty chair at The University of Southern Mississippi and she may be reached at 601.266.5899 or kathleen.masters@usm.edu. If you would like any follow-up information or
results from this survey, you may contact me via my email address as noted above. I look forward to receiving the responses to the survey.

This research has been reviewed and approved by The University of Southern Mississippi Institutional Review Board (IRB) Human Subjects Protection Review Committee to warrant research involving human subjects follow federal regulations. Any questions/concerns about your rights as a participant in this research should be directed to The University of Southern Mississippi Institutional Review Board Chair at 601.266.6820 or 118 College Drive #5147, Hattiesburg, MS 39406.

Sincerely,

Melinda Kay Lofton Sills
Doctoral Student
The University of Southern Mississippi
College of Nursing
118 College Drive #5095
Hattiesburg, MS 39406
Dear Nursing Faculty Member,

Hello, my name is Melinda Sills and I am a doctoral candidate in the College of Nursing at The University of Southern Mississippi pursuing a Doctorate of Philosophy in nursing with a focus on Systems Leadership and Health Outcomes. I am requesting your participation in a study titled “Faculty-to-Faculty Incivility as Perceived by Nursing Faculty.” This study is surveying part-time and full-time nursing faculty in clinical and non-clinical emphasis in associate, baccalaureate, and graduate nursing programs. Your school was selected as a random sample of willing nursing programs to participate in a confidential, online survey pertaining to incivility in nursing education between nursing faculty.

Your participation in this survey is voluntary and you may withdraw from the study at any point prior to submitting the survey. You must be 18 years of age to participate and by participating you are verifying that you are 18 years old or older. The survey (link below) should take approximately 10 minutes to complete via a Qualtrics online survey. Completion of the survey will signify your consent to participate. The anticipated time period for data collection will be two weeks as I understand the value of nursing faculty time and program responsibilities.

There are no incentives or compensation for participation. There are no risks to you with your participation. Strict confidentiality will be maintained. The data collected will be reported as aggregate data to ensure neither you nor your nursing program are identified. The findings could be beneficial as results of this research could promote knowledge generation, facilitate policy development related to workplace incivility in nursing education, and promote a culture of civility in nursing education. I greatly appreciate and thank you in advance for your help with my research.

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Institutional Review Board Chair at 601.266.6820 or 118 College Drive #5147, Hattiesburg, MS 39406.

Sincerely,

Melinda Kay Lofton Sills
Doctoral Student
The University of Southern Mississippi
College of Nursing
118 College Drive #5095
Hattiesburg, MS 39406

Survey Link
https://usmuw.co1.qualtrics.com/SE/?SID=SV_5yVa3KTx8ns9Tet
REFERENCES

   http://www.aacn.nche.edu/media-relations/fact-sheets

AACN (2014b). Special Survey on Vacant Faculty Positions Retrieved from
   http://www.aacn.nche.edu/research-data

AACN (2015a). *Nursing faculty shortage fact sheet*. Retrieved from
   http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-faculty-shortage

   http://www.aacn.nche.edu/media-relations/fact-sheets/enhancing-diversity

AACN (nd). *Your guide to graduate nursing programs*. Retrieved from
   http://www.aacn.nche.edu/publications/brochures/GradStudentsBrochure.pdf

Adams, G. A. & Webster, J. R. (2013). Emotional regulation as a mediator
   between interpersonal mistreatment and distress. *European Journal of
   Work and Organizational Psychology, 22*, 697-710.

Altmiller, G. (2012). Student perceptions of incivility in nursing education:
   Implications for educators. *Nursing Educations Perspectives, 33*(1), 15-20.

   Statements*. Retrieved from


Clark, C. M. (2010). Five-part series: Fostering civility in nursing education and
practice.

*Reflections on Nursing Leadership, 36*(1), Sigma Theta Tau International.

The Sweet Spot of Civility: My Story

www.reflectionsonnursingleadership.org/Pages/Vol36_1_Clark.aspx

Why Civility Matters

www.reflectionsonnursingleadership.org/Pages/Vol36_1_Clark2_civility.aspx

What Faculty Can Do To Foster Civility

www.reflectionsonnursingleadership.org/Pages/Vol36_1_Clark3.aspx

What Students Can Do To Foster Civility

www.reflectionsonnursingleadership.org/Pages/Vol36_1_Clark4_Cardoni.aspx

From Incivility to Civility: Transforming the Culture

www.reflectionsonnursingleadership.org/Pages/vol36_3_Clark5.aspx


facing nurse educators. *Nursing Education Perspectives, 27*(1), 34-43.


