Academic Nurse Administrators' Perceptions of Student Incivility

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Dedication

This work is dedicated to my family; you are everything to me. I also dedicate this to the many nurses who have helped me grow to become the nurse and nurse educator I am today. I have been blessed by many professionals who helped me understand what professionalism and civility means to me.

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I also give thanks to my parents; my dad, Dr. John J. DeGooyer, and my mom Bonnie. I wish you could be here to celebrate this success with me but I know that you are watching over me, smiling and fiercely proud. You are greatly loved and missed.

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ABSTRACT

Academic incivility is a significant issue in nursing education (Clark, 2008a; Clark, Farnsworth & Landrum, 2005; Clark & Springer, 2010). This is happening at a time of a critical, increasing nursing and nurse faculty shortage. Numerous studies have queried faculty and students regarding their perceptions of incivility; however, few have studied academic nurse leaders (Clark & Springer, 2010; TJC, 2008). According to Luparell, there are nursing faculty leaving the role due to student incivility (2011). There are other damaging outcomes of incivility as well including significant physical and emotional consequences, and the need to quit teaching (Luparell, 2008).

This qualitative study explored academic nurse administrators' perceptions of incivility when working with faculty in managing uncivil student behaviors and creating a culture of civility. Transformational Leadership provided the basis for this study. Eight academic nurse leaders from the Midwest were interviewed by the researcher to gather their perceptions of incivility, strategies to manage the issue, associated negative outcomes, along with essential leadership attributes supporting civility. Based on these findings, recommendations for managing student incivility and future research offer strategies to address this critical issue.

Keywords: Student incivility, bullying, faculty shortage, Transformational Leadership, leadership

CHAPTER ONE: INTRODUCTION

Academic incivility is characterized by behaviors that are disruptive, that are substantial or repeated, and that interfere with teaching and learning (Clark & Springer, 2010). According to Luparell (2011), incivility can be a considerable issue in academia. Even though it can be a small number of students who prove to be challenging, these students require a disproportionate amount of faculty time and energy. Luparell (2011) asserted, "In the face of a dire nursing faculty shortage, some faculty opt out of teaching altogether as a result of uncivil encounters with students" (p. 93). Incivility in nursing education has additional, serious ramifications. Instructors who have experienced uncivil behavior from students report significant physical and emotional consequences such as loss of time, sleep, and confidence, and even a need to quit teaching (Luparell, 2008). There are different levels at which incivility in education occurs. Some of these include, faculty-to student, faculty-to-faculty, and student-to student. For the purpose of this study, student to faculty incivility will be the focus.

Academic incivility is increasing in higher education (Clark, 2008a; Clark, Farnsworth & Landrum, 2005; Clark & Springer, 2010). A study conducted by Clark and Springer (2007) reported more than 70% of respondents, including both faculty and students, viewed academic incivility as a moderate or serious issue. Uncivil behaviors must be addressed to prevent more aggressive behaviors and even violent acts, and to retain and recruit qualified nursing faculty (Robertson, 2012; Luparell, 2007). Incivility is not only disruptive to students and faculty in nursing programs, but may also, ultimately, impact patient safety by diminishing collaborative care, increasing stress in the work environment, increasing staff turnover, and rising medical errors (Clark & Springer, 2010; TJC, 2008). Numerous studies have been conducted in nursing education on student and faculty perceptions of uncivil behavior; however, few have queried

academic nurse administrators regarding this issue (Clark & Springer, 2010; TJC, 2008). In like manner, researchers Caza and Cortina (2007), identified gaps in literature on incivility, noting that little research has focused on incivility outside of the work environment including educational organizations.

Boice (1996) noted that little is known regarding incivility in higher education and suggested a number of reasons contributing to this. Boice conveyed that one reason for this was faculty may not want to admit that they have challenges controlling classroom behavior. Additionally, faculty receives little education on dealing with matters of incivility and administrators may be reluctant to address these issues fearing it may harm the image of the institution (Boice, 1996). In like manner, Keashly and Neuman extend that while researchers have conducted studies on bullying in the workplace, they have done little in regards to bullying in higher education or their own institutions (2010).

Following a study in 2009, researchers Nordstrom, Bartels, and Bucy concluded that some students see themselves more as consumers rather than students, thus carrying the notion that because they are a customer, they are always right. Consequently, students with this attitude may feel entitled to behave however they choose since they are paying for their education (Nordstrom et al., 2009). Moreover, Delucchi (2000) noted academic administrators must protect faculty from students who are angry from having to work hard to earn a good grade.

The term "bullying" is also noted in the literature as well in regards to student incivility. Holdcroft (2014), offered examples of bullying to include student attempts at manipulating grades by humiliating or attacking the instructor (para. 3). Holdcroft (2014) further reported that issues of student incivility or bullying were driving faculty from teaching; particularly when the faculty did not perceive they were supported by administrators (para. 7).

Background

Hunt and Marini (2012) reported that research on the effects of incivility on student learning and clinical faculty satisfaction is limited in a field where nurses are seen as "moral agents" (p. 366). Incivility may be exhibited through words, silence, and/or behaviors in one's interactions such as disapproving groans, sarcastic remarks, acting bored, and refusing to answer questions (Clark, 2008a).

In one study by Clark and Springer (2010), strategies to address incivility in nursing education were identified. These strategies included creating opportunities for open dialogue and student engagement. These approaches may be enhanced by organizational support, creation of open forums, coaching and mentoring, along with rewarding and encouraging civility. Clark and Springer also reported nurse leaders perceived their responsibility was to create and foster civil cultures through education, open dialogue, modeling professionalism, and holding individuals accountable for their behaviors (2010).

Equally important may be the fact that incivility in education can lead to ongoing uncivil behaviors taking place in the work environment. These types of behaviors are in direct conflict with the American Nurses Association (ANA) Code of Ethics for nursing behaviors. This code requires nurses to treat colleagues, students, and patients with dignity and respect. Any type of harassment, threatening acts, or disrespect will not be tolerated (ANA, 2015; Clark & Springer, 2010; Luparell, 2008).

Problem Statement

According to Rosetter (2014), there is a tremendous need to attain and retain qualified nursing faculty. Enrollment in nursing programs is not keeping up with the projected need for nurses, and one of the reasons contributing to this is nursing faculty shortages (Rosetter, 2014).

Many strategies to address the nursing faculty shortage have been reported and include

partnerships between nursing schools and organizations to fund additional faculty, foster

interprofessional collaboration, and creating healthy work environments (Rosetter, 2014).

In like manner, Schaeffer (2013) reported incivility in education can lead to workplace

bullying. This has been shown to be a contributing factor to nurses leaving the profession which

in turn negatively impacts the national nursing shortage (Schaeffer, 2013). Luparell (2011), also

reported that victims of nurse bullying are more likely to not only quit their current job, but also

to leave the profession of nursing altogether, prompting regulatory and accrediting agencies to

take action. The Joint Commission (2008) and The American Association of Critical Care

Nurses (2005) have now developed standards for healthy work environments.

Additionally, Clark (2009) reported the impact of student incivility in nursing education

as being a significant problem as many faculty have not been prepared to deal with the issue.

This causes some to consider leaving education due to the negative impact incivility has on both

their personal and professional lives (Clark, 2009). Moreover, DalPezzo and Jett (2010) reported

that nursing faculty are vulnerable to varied levels of harm and as the nursing profession

experiences a significant shortage of educators, it is vital that administrators and faculty work

collectively to address issues of incivility. An increased focus on the growing problem of

incivility in higher education may be an effective strategy to increase the number of nurse

educators.

Numerous studies have been conducted with students and faculty regarding their

perceptions of uncivil behaviors. These studies have included not only perceived uncivil

behaviors, but also strategies to address the problem of incivility (Clark, 2008a). Previous

studies have identified the importance of a civil learning environment. To date, there have been

very few studies which address academic nurse administrators' perceptions in managing student incivility and implementing strategies to improve the issue (Clark & Springer, 2010). To assure faculty have support of their academic nurse administrators, it was important to assess academic nurse administrators regarding their perceptions of incivility and potential strategies to address the issue.

Purpose of the Study

The purpose of this phenomenologic, qualitative study was to explore academic nurse administrators' perceptions of incivility when working with faculty in managing uncivil student behaviors and creating a culture of civility. The population for this study was academic nurse administrators in nursing programs in the Midwest.

Research Question

Central question

What are nursing program academic administrators' lived experiences and perceptions in relation to academic incivility in their Midwest nursing programs?

Sub questions

1. What are the experiences of academic administrators of Midwest nursing programs in managing student incivility?

2. What strategies have been implemented by academic administrators of Midwest nursing programs to manage student incivility?

3. What are the experiences of academic administrators of Midwest nursing programs in creating a culture of civility?

Operational Definitions of Key Terms

Academic Incivility. Academic incivility is characterized by behavior that is disruptive, that is substantial or repeated, and that interferes with teaching and learning (Clark & Springer, 2010).

Academic Nurse Administrator. Academic nurse administrators are in a position that oversees a registered nursing program and manages faculty and students day-to-day functions and issues. These positions may include Program Chairs, Directors, or Deans, among other associated titles.

Bullying. Bullying is a form of interpersonal aggression and hostility in the workplace (LaVan & Martin, 2008).

Civility. Civility is having respect for others during disagreement or controversy, and a willingness to engage in genuine discourse with a desire to seek common ground (Clark & Carnosso, 2008).

Nursing Program. Nursing programs include education curriculums that prepare students for eligibility to take the National Council Licensure Examination for Registered Nurses, and ultimately a career in nursing.

Midwest. According to the U.S. Bureau of Labor Statistics (2016), the Midwest includes the ten states of Iowa, Minnesota, Wisconsin, Illinois, Indiana, Ohio, Michigan, Nebraska, North Dakota, and South Dakota. This study included eight participants from the Midwest.

Perceptions. Merriam Webster (2015) defined *perception* as how one understands or thinks about something. According to Clark and Carnosso (2008), perceptions vary as individuals put meaning to interactions based on their own experiences and beliefs.

Assumptions

For the purpose of this study, the researcher assumed that participants would answer truthfully. Because survey results will be kept confidential, participants and educational

facilities will not be negatively affected through the study. The researcher assumed valuable information would be collected from the sample and that academic administrators are passionate about fostering a positive learning environment. An additional assumption was academic administrators strive to recruit and retain qualified nursing faculty.

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Limitations/Delimitations

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 Limitations

This study was limited to academic nurse administrators who volunteered or agreed to participate, which excluded information from those who chose not to participate. Another limitation is that academic nurse administrators from only one region were surveyed limiting the generalizability of the results. An additional limitation is that the memory of an event of incivility may change over time.

Delimitations

The majority of previous research on incivility in nursing education has focused on student and faculty perceptions. This study will focus on incivility perceptions of academic nurse administrators; therefore, a delimitation of this study is perceptions and effects of incivility on students. This study was confined to one Midwest region based on voluntary participation with the interview.

<div align="center">

Significance

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It is important to retain faculty and for them to feel supported by college administration (Clark & Springer, 2010). This study explored perceptions of incivility of college nursing administrators and perceptions of strategies to improve these behaviors. The results of this study add to the body of knowledge regarding perceptions of incivility and strategies to improve the problem. This study is significant because previous research has focused on perceptions of

students and faculty (Clark & Springer, 2010). This study focused on academic nurse administrators. The study of academic nurse administrators' perceptions of incivility, as it relates to their role in addressing incivility is important as this focus could potentially open the doors of communication between faculty and academic nurse administrators to manage behaviors of incivility.

Theoretical Framework

In reviewing theoretical frameworks to guide this study, the qualities and characteristics of transformational leaders stood out as a strong foundation. The concept of leadership has been studied for decades, and Transformational Leadership continues to evolve since its origination in the late 1970s.

Burns

The origins of Transformational Leadership began with Burns (1978) stating Transformational Leadership "occurs when leaders and followers raise one another to higher levels of motivation and morality" (p. 20). Burns theorized leadership as either transactional, where there is an exchange of one thing for another, or transformational, where leaders inspire others to grow and work toward outcomes benefiting the greater good. This theory was initially associated with politics and national leaders (Bass & Riggio, 2010).

Burns's theory evolved over time with input from Bass. Bass unfolded and enhanced Burns's theory as follows.

Bass

Bass expanded on Burns's original work by furthering the psychological factors of the leadership theory. According to Bass (1999), transformational leaders are inspirational, making others see what is important. They inspire others to see beyond their own needs and look for the

good of all. Bass reported that Transformational Leadership is advantageous in increasing an institution's commitment, satisfaction, and effectiveness. Yammarino and Dubinsky (1994) reported that transformational leaders are able to increase attributes in others such as confidence, moving others to grow and succeed. These leaders develop the ability in others to go from the role of a follower to the role of a leader.

These leadership attributes could empower faculty and others to effectively manage incidents of incivility. Additionally, a transformational leader could inspire others to change a culture to one of civility.

Characteristics of transformational leaders

Four distinct characteristics or attributes are held by transformational leaders. (Bass, 1985, 1997) offered these characteristics in detail.

Charismatic. Charismatic leaders earn trust and gain respect from others by emitting a strong sense of mission. They serve as role models and elude self-confidence. Charismatic leaders are trusted and persistent. They are viewed as having extraordinary capabilities (Bass 1985, 1997). This attribute is essential in addressing the challenge of incivility. Faculty would indeed need to have trust in their leader with a strong faith in their capabilities when dealing with an incident of incivility.

Inspirational. Inspirational leaders energize and foster enthusiasm in others through providing meaning and challenge to their work. Inspirational leaders also exhibit optimism (Bass, 1985, 1997). As incidents of incivility are very emotional and challenging to faculty, optimism in regards to finding a solution to the problem is vital.

Intellectual stimulation. Intellectual stimulation nurtures creativity and fresh perspectives. Leaders who are intellectually stimulating look at issues in new ways and question

what others assume, fostering creativity (Bass, 1990, 1997). This attribute is particularly

important in developing creative strategies to manage incivility.

      Individualized attention. Giving individual attention is just that: paying attention to

individuals while recognizing their worth (Yammarino & Dubinsky, 1994). Individualized time

with followers is encouraged with two-way communication. Delegation is also a component of

individualized attention (Bass, 1990, 1997). These attributes provided a solid foundation for the

leadership framework for this study.

      The relationship between Transformational Leadership and staff psychological well-

being was explored in two studies by Kelloway, Turner, Barling, and Loughin (2012). Several

conclusions were drawn from these studies. First was the support of the positive relationship

between Transformational Leadership and workers' emotional well-being. Second, these two

studies went on to show how these effects came about, in particular, the effect on trust, and then,

psychological well-being. Next, high-quality leadership was compared to poor leadership

concurrently, allowing the researchers to compare the two styles and outcomes of each. Finally,

confounding variables were eliminated (Kelloway et al., 2012). Findings from this study support

the positive relationship between transformational leaders and employees trust and well-being

providing evidence of a strong base for this proposed study.

Transformational Leadership in Education

      Benefits of Transformational Leadership have also been studied in the classroom. In a

2009 study conducted by Bolkan and Goodboy, 165 students were queried regarding instructors'

leadership along with their own learning and classroom behaviors. The purpose of the study was

to assess the relationship between Transformation Leadership, and student outcomes of

motivation, satisfaction, participation, and learning. Results suggested the characteristics of

Transformational Leadership charisma, intellectual stimulation, and individualized consideration were moderately to strongly associated with all student outcome variables (Bolkan & Goodboy, 2009).

In like manner, Transformational Leadership behaviors were shown to be positively related to employees innovative work behaviors (Abbas, Iqbal, Waheed, & Riaz 2012). The researchers suggest that Transformational Leadership is ideal in education and can lead followers to new values and behaviors (Abbas et al., 2012). Additionally, Bamford-Wade, and Moss (2010), conducted a study of Transformational Leadership and shared governance. Findings conveyed Transformational Leadership questioned existing processes and fostered creativity and innovation to promote culture change. Furthermore, Shiva and Suar (2012) found Transformational Leadership builds organizational culture and has significant effects on non-governmental organizations. Lastly, Shieh, Mills, and Waltz (2001), studied academic leadership style in relation to nursing faculty job satisfaction. The researchers reported transformational leaders focused on improving faculty confidence, raising their needs on Maslow's hierarchy. Academic nurse administrators with Transformational Leadership traits produced a higher level of satisfaction in the nursing faculty (Shieh et al., 2001).

In summary, Transformational Leadership style has been shown to have benefit in a variety of organizations and also to employees. Leaders have many challenges to balance; challenges which can change on a daily basis. In light of the growing shortage of nurses and nurse educators, attributes of Transformational Leadership are urgently needed. Managing the concept of incivility in nursing and nursing education will require Transformational Leadership to resolve this debilitating problem.

Conceptual Framework

The concept of incivility and its effects on students and faculty were the groundwork for the understanding of the research regarding uncivil behaviors and strategies to address these behaviors for this study. Research conducted by Luparell (2008), Clark and Springer (2010), and Hunt and Marini (2012) have focused on perceptions of faculty and students. The majority of studies have been conducted by Clark.

Clark (2013) developed a conceptual model for fostering civility in nursing education *The Dance of Incivility – Fostering Civility,* displayed in figure 1.

Conceptual Model for Fostering Civility in Nursing Education
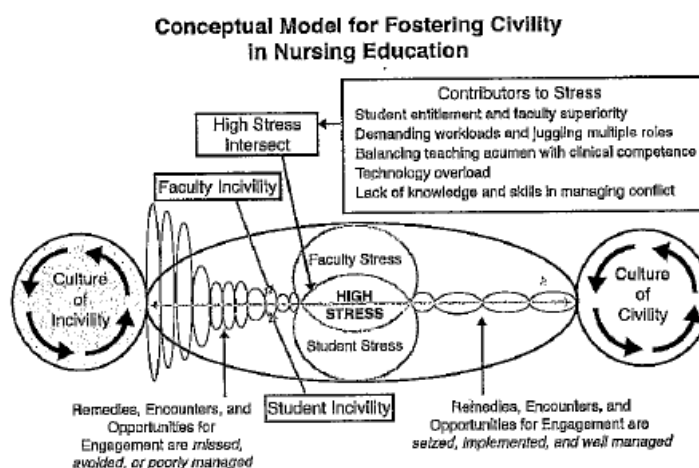
Figure 1. displays the conceptual model of the Dance of Incivility from *Creating & Sustaining Civility in Nursing Education* (p. 37) by Cynthia Clark, 2013, Indianapolis: Sigma Theta Tau International. Copyright 2013 Sigma Theta Tau. Reprinted with permission.

The center of this model shows the reciprocal nature of student and faculty interactions and the high levels of stress experienced by both where they intersect. Numerous factors contributing to this stress are identified as demanding workloads, juggling multiple tasks, attitudes of faculty superiority and student entitlement, and lack of knowledge and skills to

manage conflict. When stress levels are high, encounters become more intense increasing the

likelihood of incivility occurring. Also identified in this model are periods when remedies or

opportunities to resolve conflicts are missed. These missed opportunities, which occur when an

incident of incivility is ignored or not handled well, can contribute to a culture of incivility.   On

the other hand, when encounters are managed well, students and faculty can work together to

resolve the issue (Clark, 2008b, 2013).

Proposed Conceptual Model

In review of the attributes of transformational leaders and the concept of incivility, the

following conceptual model was proposed for the purpose of this study as illustrated in figure 2.

To the left is the concept of incivility. The center of the model shows the leadership attributes of

transformational leaders leading to a civil environment on the right of the model. This study

queried academic nurse leaders regarding attributes they believed are best in managing student

incivility and creating a civil learning environment to show the connection of their perception

with the attributes of a transformational leader. Further development of this model is detailed in

chapter five.

Figure 2.
Transformational Leadership Fostering a Culture of Civility, adapted from Clark (2013)
developed a conceptual model for fostering civility in nursing education.

Incivility

Transformational Leadership
Commitment:
Charismatic
Individual Attention
Inspirational
Intellectual Stimulation

Culture of Civility

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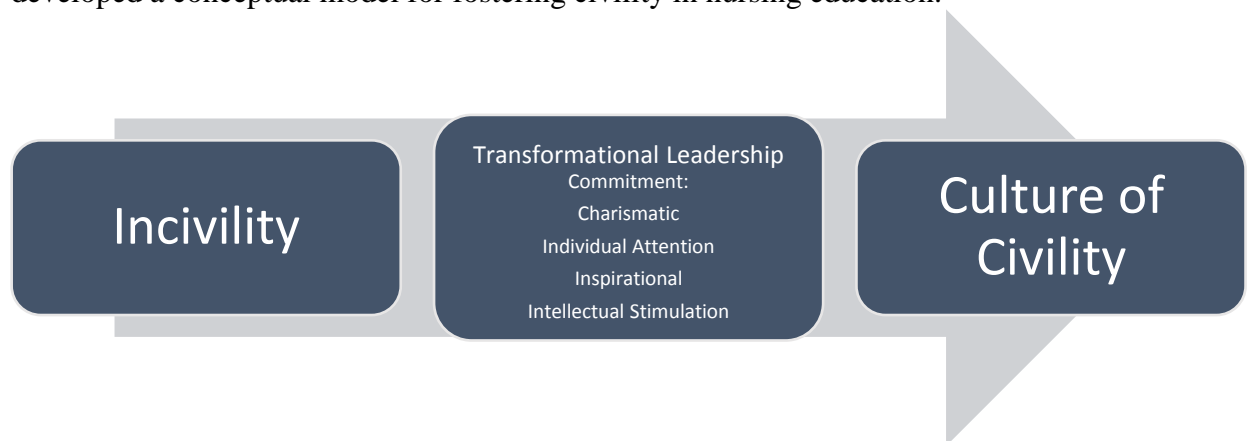
Summary

Incivility is described as rude or disruptive behavior, which in education can interfere with the process of teaching and learning (Clark & Springer, 2010). This concept has come into focus over recent years with increased threats and student violence in classrooms across the nation, even shootings on campuses such as the 2002 murder of three nursing professors by a student at the University of Arizona (Clark, 2008b). Research in nursing education has primarily focused on uncivil behaviors and strategies to improve the uncivil behaviors. Few studies have queried academic nurse administrators' perceptions of incivility and their role in implementing policies, guidelines, and strategies to prevent and improve uncivil behaviors.

This study queried academic nurse administrators to ascertain their individual practices of implementing and monitoring strategies that improve incivility in higher education. The theoretical framework for the study was Transformational Leadership. The review of literature provided an historic perspective of the concept, particularly in regard to the impact on the nursing faculty and negative consequences of unmanaged incivility, and a detailed review of previous research and recommendations. The literature review concluded with an exploration of a leadership focus in addressing the issue of incivility in nursing education.

CHAPTER TWO: REVIEW OF LITERATURE

This review of literature began with the overarching concept of civility. While there are

certainly concerns regarding faculty-to-student and faculty-to-faculty incivility, for the purpose

of this study the majority of the literature review and focus was on student-to-faculty incivility.

The review of literature provided an assessment of the concept of civility, leadership roles, and

the significant negative outcomes associated with incivility in nursing education. These

outcomes were reviewed, along with perceptions held by faculty and students regarding

behaviors considered to be uncivil. Additionally, ethical and legal ramifications along with

recommendations and standards from national organizations were explored. Finally, this review

of literature provides a rationale for the identified gap in research, including the need to query

academic nurse administrators' perceptions of incivility and their role in addressing the issue.

The literature review was accomplished by using the College of Saint Mary's library of

electronic databases: Academic Search Premier, CINAHL Plus with Full Text, EBSCOhost,

PubMed, ERIC, ProQuest, PsycARTICLES, Electronic Journal Service, ProQuest Nursing and

Allied Health Source. The main themes focused on included workplace bullying, civility,

incivility, leadership roles, Transformational Leadership, professional development, leadership,

perceptions, and organizational culture.

Civility

Understanding the merits of civility is important in studying the issue of incivility. Clark

and Carnosso (2008), in a concept analysis, identified three attributes of civility: honoring

others' differences and being respectful, looking for common ground and listening to one

another, and understanding the value of participating in social discourse. In addition,

antecedents of civility were detailed as civil environments that promote "respectful

communication," two parties having varied viewpoints and exchanging information, being willing to take part in communication in a respectful manner with sensitive information, and two parties needing to be respectful in negotiating. These attributes contributed to the following operational definition.

"Civility is characterized by an authentic respect for others when expressing disagreement, disparity, or controversy. It involves time, presence, a willingness to engage in genuine discourse, and a sincere intention to seek common ground" (Clark & Carnosso, 2008, p. 13).

The value of civility was studied by McGonagle, Kath, Walsh, and Morrow (2014), conveying that civility benefits people in the work environment and fosters employee well-being and a safe, positive climate. When people are treated respectfully, it gives them a sense of power and makes them feel valued (Porath, Gerbasi & Schorch, 2015). Furthermore, Hendrix (2007) proposed that civility is more than having manners and being polite; it also involves working appropriately with others and some level of self-sacrifice when looking at the needs of the greater good. Hendrix also reported little research in the area of classroom incivility in higher education (2007). Transformational Leadership formed the base for this study of academic administrator's perceptions of incivility and is described in the following section.

There is opportunity to study administrative support of nursing faculty and implement strategies to address incivility. As noted in Clark's conceptual model (2013), there are opportunities to remedy or resolve conflicts, and academic leaders may play a key role in developing and/or supporting these strategies.

Leadership Role

Leaders in healthcare organizations are faced with many challenges and have multiple demands to balance. Academic leaders, as well, have many significant responsibilities. These responsibilities change over time and are influenced by a variety of factors, such as social changes, the economy, and community needs (Boyd, 1999).

The influence of leadership was studied by Nielsen in 2013. Nielsen sought to examine relationship styles and the occurrence of bullying in workgroups. The researcher conducted a cross-sectional study sampling 594 of 817 employees of two Norwegian shipping companies. Findings revealed an increase in bullying associated with laissez-faire style of leadership, while transformational and authentic leadership was associated with decreased experiences with bullying (Nielsen, 2013).

Responsibilities and Competing Paradigms

Academic leaders are influenced by the pressures of managing a soundly performing academic system. Boyd (1999) identified three competing imperatives for administrators: accountability, productivity, and community. Juggling these essentials may result in competing paradigms in academic management. There are increasing demands in managing budgets and improving performance, and there are stringent measures of results with consequences related to outcomes (Boyd, 1999; Wolverton, Wolverton & Gmelch, 1999). Additionally, there is an increased acknowledgement that better results happen only when the internal and external communities of schools work together to promote success, thus, a balance must be maintained between concern for people, and concern for performance (Boyd, 1999). There are additional administrator responsibilities.

Role Modeling

Clark (2014) states "Professional role modeling lays the foundation for civility and respect" (p. 18). Leaders are often seen as role models to their followers. Educational administrators, model desired attitudes and behaviors to empower others (Stratton, 2000). Sims and Brinkman (2002) noted that leaders act as role models by what they pay attention to. When leaders are consistent in what they focus on, measure, and control, they send clear signals to employees about their values. On the other hand, if leaders are inconsistent in their actions, the mixed signals confuse the employees. Role modeling reinforces the values leaders hold in creating an organizational culture (Sims & Brinkman, 2002). This is a significant factor in creating a civil culture with zero tolerance to incivility. Sims and Brinkman (2002) also suggest the most important aspect of an ethical climate is the example and "moral tone" that is led by the example of top leaders (p. 327). Contributing factors to an organization's ethical climate are shaped by a leader's behaviors including, their reaction to crises, what they focus their attentions on, how they manage staff and reward behavior, and their own overall behaviors (Sims & Brinkman, 2002).

Brown and Trevino (2014), in a study of roles models, found that having an ethical or moral role model throughout the leader's career was positively related to follower's-rated ethical leadership. Bray (2012) conveyed academic administrators have a challenging position and are models of professional behaviors and overall tone. In like manner, Wheeler (2002), reported the roles of institutional leaders noting academic administrators must display and model integrity in their work and hold others equally accountable to their behaviors. In addition to role modeling, academic administrators must be skilled in conflict management.

Conflict Management

In a 2008 study by Morrison, 94 nurses were queried for the purpose of determining a relationship between emotional intelligence (EI) and conflict management styles of nurses. Results of this study showed a positive correlation between high levels of EI and collaboration. There is a significant and growing nursing shortage coupled with a significant number of dissatisfied nurses. As Morrison (2008) stated, "Nursing is an emotionally charged profession" (p. 981). Nurses leaving the profession could ultimately impact the quality of healthcare to the consumer.

Yang (2014) studied the effects Transformational Leadership on conflict resolution, job satisfaction, and change commitment in 341 Taiwanese customer service workers. Results of this study suggested leadership that nurtures change commitment and provides inspiration and motivation, in an ordered fashion, fosters conflict resolution (Yang, 2014). These studies shared the importance and impact of leadership style on managing conflict, job satisfaction, and staff retention.

Professionalism

In a student project to define professionalism, Stratton (2000) and peers in an education administration class conducted interviews with school principals. During this study, students identified the need for educational administrators to assist students to learn self-respect while respecting others, work with parents who have strong opinions, collaborate with outside agencies, and support faculty. Students also identified the need for academic leaders to be culturally competent and to continue their professional development (Stratton, 2000). The author also identified attributes of administrators including; maturity, integrity, and the ability to lead by example (Stratton, 2000).

Change and Organizational Culture

Stratton (2000), studied school principals and identified the need for academic leaders to be change agents and to "view meaningful change as good" (p. 4). The author also shared the need for administrators in education to understand the structure and culture of an organization and to have the ability to blend self-interest with the interest of the institution (Stratton, 2000). Oore et al. (2010) shared the importance of relationships and social connections in the workplace. Incivility places significant strain on these relationships and magnifies other job-related stressors. Moreover, victims of incivility may view the organization as being responsible for uncivil incidents by allowing the offender to be on the job and allowing the behaviors to occur (Rodwell, Demir, & Steane, 2013). Therefore, it is critical to have strong leadership support in managing incivility.

In review of transformational leaders' role in creating and sustaining an ethical climate, Sagnak (2010), explored leadership styles and ethical climates. Subjects included 764 teachers in 50 elementary schools. Results of this study indicated that Transformational Leadership had a significantly positive effect on ethical climate (Sagnak, 2010).

Organizational climate has a significant impact on faculty and students. Leaders with Transformational Leadership characteristics may have an impact on developing, implementing, and managing incivility in organizations.

Academic leaders' perception of needed change. In 2010, Clark and Springer conducted a study of academic nurse leaders regarding their perceptions of civility. While previous studies focused on faculty and student perceptions, this was the first study to query academic leaders concerning the issue of their role in managing the problem. Results of this study revealed that 85.6% of the subjects believed they had a role in creating a civil culture of

respect, 48.9% responded that they should provide education to address the issue, 52% saw the need for administrators and faculty to be role models, 25 % believed holding people accountable for actions was necessary, and 10% felt mentoring and a reward for civility was needed (Clark & Springer, 2010). Additional findings in this study showed that only 21% identified the value of implementing policies regarding civility, and only 1% identified the benefit of integrating civility into the curriculum (Clark & Springer, 2010).

Oore et al. (2010) shared the importance of relationships and social connections in the workplace. Incivility places significant strain on these relationships and magnifies other job related stressors. These studies showed an opportunity to examine academic administrators' current perceptions of incivility, along with strategies to manage it.

Interventional study. Clark (2011) conducted an interventional study in a nursing program experiencing significant incidents of incivility. This program was cited by their state board of nursing for these uncivil incidents after receiving numerous complaints not only from students and faculty, but from community partners as well. The director of the program was required to develop a plan to change the behaviors, and if such changes were not evident within six months, the program would be closed by the board. The program director consulted Dr. Clark, who was considered an authority on incivility, to conduct an intervention. The Incivility in Nursing Education (INE) tool (Clark, Farnsworth, & Landrum, 2009), was used as pretest and posttest. This tool assessed the varieties and frequency of incivility for both students and faculty. The intervention consisted of workshops for both students and faculty. Following the intervention and posttest findings, Clark worked with faculty to develop a plan to improve the culture of the organization which included updating the mission, developing policies and resources, and devising a system for reporting incivility. Just prior to the final meeting, the

program director resigned due to stress and health issues. In comparing the pretest and posttest

data, Clark reported the perceived incivility decreased from 82.0% to 74.6%. While some

faculty were engaged in the process, the researcher found that others were not (Clark, 2011).

Clark concluded that creating organizational change and transforming a culture takes time, even

years. Being committed and patient is essential and requires resilient leadership (Clark, 2011).

In summary, Transformational Leadership attributes in academic administrators can

provide a strong foundation in creating significant change in very challenging situations, and

especially in situations of incivility. For example, a charismatic, inspirational leader, who

provides individual attention and intellectual stimulation, may have increased success in winning

over all faculty to make necessary changes in behavior, potentially saving a nursing program.

Perceptions

Merriam Webster (2015) defined *perception* as how one understands or thinks about

something. According to Clark and Carnosso (2008), perceptions vary as individuals put

meaning to interactions based on their own experiences and beliefs. Perceptions of incivility in

education have been studied from the viewpoints of students, faculty, and administration. In a

concept analysis of perception, McDonald (2011) offered that "Perception is an individual's

view making it a powerful driving force for action" (p. 8). Overall, perception is one's own view

of experiences.

Perceptions of Incivility

Clark and Springer (2007) studied perceptions of incivility from the perspective of both

faculty and students, noting the increasing level of student incivility. The authors offered the

example of the 2002 shooting of three nursing professors in Arizona who were killed by a

disgruntled nursing student. Generational differences regarding perceptions of incivility among

nurses were studied by Leiter, Price, and Laschinger (2010). Results of this study showed Generation X nurses were more likely to report incivility, among other negative work experiences, than nurses considered to be Baby Boomers. Additionally, academic entitlement and its association to student incivility were studied by Kopp and Finney (2013). Findings from the researchers supported a link between the two concepts. This link could have significant implications for faculty and college administrators. Academic entitlement can lead to consequences that affect not only students' education, but also their careers as these students display various traits such as focusing on tasks rather than overall concepts, avoiding work, and putting forth little effort (Kopp & Finney, 2013). Understanding the perceptions of faculty and students will help in developing effective strategies to improve incivility.

Faculty perceptions of student incivility. In a study by Alberts, Hazen, and Theobold (2010), faculty reported experiencing uncivil behaviors as having a significant effect on both parties. These behaviors ranged from displays of disrespect by arriving late, use of cell phones in class, and inattentiveness, to hostility. Clark (2008a) studied 194 faculty members' perceptions of student incivility. Behaviors identified by faculty in this study include the following:

- skipping class, arriving late or leaving early
- inattentiveness or sleeping during class, talking, groaning, acting bored, refusing to participate or answer questions, or making derogatory remarks
- use of personal devices, such as phones or computers for non-class reasons
- academic issues of being unprepared, cheating and/or making demands such as changing grades, extending deadlines, or make-up tests

In summary, there are ongoing and growing issues of student incivility. Faculty perceptions and effects are one aspect. The next section will address student perceptions.

Student perceptions of faculty incivility. In Clark's (2008a) study, the following uncivil behaviors displayed by faculty were identified:

- disrespectful behaviors, gestures, or comments;

- being unavailable, unfriendly, or showing superiority;

- not being flexible;

- being late or cancelling class at the last minute;

- not fostering open dialogue or refusing to answer questions;

- issues around grading considered to be unfair, along with refusing extensions or make-ups, or changing assignments.

Faculty have to look at their own behaviors of incivility to improve the learning and work environment. Likewise, students view their peers' behaviors as follows.

Student perceptions of peers' incivility. Student incivility is not only recognized as rude and disruptive to faculty, but it can be upsetting to fellow students as well. In a study by Bjorklund and Rehling (2010), the researchers studied over 3,600 college students, focusing on their perceptions of incivility and the behaviors they identified as being uncivil. The most uncivil behaviors identified by students in this study were talking when asked not to, coming to class drunk or high, talking loudly, and letting their phones ring. While students viewed these as the worst behaviors, they also identified them as the least frequently occurring. More common behaviors viewed as disruptive included texting, preparing to leave before class was over, eating, drinking, and exhibiting displays of tiredness such as yawning (Bjorklund & Rehling, 2010). Students saw these behaviors as distracting to their learning environment.

Additional disruptive peer behaviors were identified in a study by Altmiller (2012). These behaviors included arriving late, talking in class, and being inattentive as identified in the previous studies; however, students also saw competition, cheating, and intimidation as uncivil behaviors displayed by classmates. In this study, students acknowledged that they participated in side conversations, but felt it was acceptable when the teacher was not holding their attention (Altmiller, 2012).

Several conclusions can be drawn from these studies. First, there are issues of incivility occurring on all levels. Second, leadership must be engaged in the improvement process, and third, all parties need to be part of the improvement plan.

<div align="center">**Associated Negative Outcomes of Incivility**</div>

Incivility has been found to have significant ill effects. Experiences of negative encounters or bullying have been explored on an individual level and also from an organizational standpoint (Luparell, 2008, 2011; Hogh, Hoel, & Carneiro, 2011).

Faculty Effects

Effects of incivility in nursing education can be devastating to faculty. This is especially concerning in regard to the growing shortage of nursing faculty in a time of increased need for registered nurses. Significant negative outcomes associated with student incivility have been reported by faculty, including disrupted sleep, self-doubt, financial costs associated with attorney fees, travel, and even adding home alarm systems. One of the most devastating outcomes is faculty leaving the profession (Clark & Springer, 2007; Luparell, 2008). In addition to these outcomes, Luparell (2007) further detailed the effects on faculty. These included significant costs in terms of time, the education process, and post-traumatic stress.

An additional concern is the increasing need for nursing faculty which has been well documented by Rosseter (2014) reporting data for the American Association for the Colleges of Nursing (AACN). This data includes the projection that between 200 and 300 doctorally prepared nursing faculty will be eligible for retirement each year between 2012 and 2018 in a climate of nurse faculty shortages that is already limiting student enrollment (Rosetter, 2014). Negative outcomes to faculty are significant. Accordingly, there are negative outcomes affecting others as identified below.

Workplace Effects

According to the U.S. Bureau of Labor Statistics (2014), there is a projected 19% increase in the need for registered nurses between 2012 and 2022, which is higher than for any other occupation in the United States. Shortages of nursing faculty are a growing concern and limiting student enrollment. These shortages are occurring as the need for registered nurses is growing. According to Rosseter (2014), nursing schools turned away over 79,000 qualified applicants in nursing programs in 2012 due to several issues, including inadequate numbers of faculty, clinical sites, and preceptors; limited classroom space; and limited finances.

In addition to the implications incivility can have for individual faculty, it is a problem on a more comprehensive scale. Incivility can inhibit learning and in the nursing profession, knowledge is vital to patient care outcomes. Uncivil behaviors in education may carry over to the workplace. Nursing is a demanding job and it is important to support one's peers to decrease stress in the work environment (Luparell, 2008, 2011). Hogh, Hoel, and Carneiro (2011) studied the effects of bullying on employee turnover in healthcare. The researchers looked at employees' intent to leave, and the actual turnover among those who had experienced incivility or bullying. Their study confirmed the relationship between incivility and turnover. It also

showed a higher risk of turnover when there was an increased incidence of incivility. Additional

reasons for leaving were identified in the study as well. These include: poor leadership, health,

and working conditions. Bullying resulting in turnover carries significant costs to both the

employee and the organization (Hogh, Hoel, & Carneiro, 2011; Rodwell, Demir, & Steane,

2013). Turnover is one aspect of negative outcomes; programs as a whole can suffer

consequences of incivility as well.

Equally important are the effects on students and program outcomes. While this review

of literature and proposed study primarily focused on student to faculty incivility, as Clark

(2008b) reported in the Dance of Incivility concept model, civility is a reciprocal process. If

students experience uncivil behaviors from faculty, incivility may become a vicious cycle.

Students may be reluctant to report uncivil incidents and leave the program. Both faculty and

students could benefit from education and guidelines addressing incivility in education.

Improving communications between faculty and students would likely foster learning and

program outcomes (Marchiondo, Marchiondo, & Lasiter, 2010).

In sum, these finding suggest immediate attention should be paid to the problem of

incivility in nursing education. This focus requires administrator engagement in an intentional

process to enhance a healthy workplace and foster professional development in faculty and

students.

Ethical and Legal Considerations

Moreover, there are moral, ethical, and legal aspects associated with incivility. In

addition to the negative outcomes for faculty and organizations, Matt (2012) reviewed these

ethical and legal concerns, including the ethical principles of nonmaleficence (do no harm),

beneficence (prevent or remove harm), and justice, noting that these principles are violated by

those engaging in uncivil behaviors. Additionally, the virtues of moral character are relevant to incivility. Compassion, integrity, and conscience are lacking in nurses who exhibit behaviors of incivility (Matt, 2012). Not only are there ethical problems associated with incivility, but there are also legal consequences for offenders and employers who do not address these issues.

Consequences

According to Matt (2012), both the employer and the offenders who fail to appropriately address incivility or bullying are at risk of legal consequences. While there were no laws in the U.S. specifically addressing bullying, legislation was underway to foster healthy work environments. Some states have developed programs so employers have a duty to provide a healthy and safe environment; once an employer knows of a hazard, which could encompass bullying, the employer must remove the hazard to provide a safe workplace. Any violation could result in fines of up to $70,000 for each incident and even temporary closure of a workplace (Matt, 2012). In addition to the employer facing consequences, the offender may too, and harassment may be subject to criminal penalties. Even those who spread false rumors about a colleague may be subject to a defamation claim including slander and libel (Matt, 2012).

Employers need to be educated regarding their role in fostering a healthy and civil work environment, then work at educating employees and implementing proper written policies and guidelines (Matt, 2012; Bittner & O'Connor, 2012). Lastly, employers must engage in zero tolerance as bullying is a significant problem with tremendous consequences to victims. Staff who participate in uncivil or bullying behaviors need to understand that these behaviors will have substantial consequences, including termination (Matt, 2012).

In summary, administrators must be proactive regarding issues of incivility. Strong leadership attributes and skills are imperative in successfully preventing and/or managing incivility in education.

Recommendations from National Organizations

Governing and accrediting organizations have studied the issue of incivility, recognizing the negative impact it has on staff and patients. Publications regarding incivility offer insight and guidance.

American Nurses Association (ANA)

The ANA is the agency that sets the non-negotiable standards for the practice of nursing. Some of the standards directly address incivility in the practice. The Provisions of the Code of Ethics for Nurses (ANA, 2015) Provision 1.5 stated the importance of respect in the nursing profession:

> 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, direct care provider, care coordinator, administrator, educator, policy maker, researcher, and consultant. (p. 4)

The ANA further mandated nurses to provide a culture of civility in all professional relationships. Additionally the ANA addressed collaboration under provision 2.3 stating the complex needs of healthcare requires mutual respect, shared decision making, and open communication to meet the needs of patients (ANA, 2015). Civil, respectful treatment of others represents the foundation of the profession (Luparell, 2008). This Code of Ethics recognized the

need of nurse leaders to implement, monitor, and enforce guidelines and polices to eliminate incivility (Lachman, 2014).

Accordingly, while the ANA sets standards of conduct nurses must follow, many organizations are accredited by agencies such as The Joint Commission (TJC).

The Joint Commission (TJC)

TJC (2008) issued a Sentinel Event Alert, "Behaviors that Undermine a Culture of Safety", addressing the accountability organizations hold in developing guidelines and standards to eradicate uncivil behaviors and potentially jeopardize patient safety (p. 1). Zero tolerance is the expectation.

In other words, organizations must develop policies and guidelines that address incivility and hostile environments. Failure to meet TJC standards can result in loss of accreditation. Ultimately, this can result in significant loss of funding from payer sources.

The American Association of Critical Care Nurses (AACN)

The AACN is another agency that sets standards for practicing nurses. The AACN published a set of standards to implement zero tolerance of incivility. These six standards included effective decision making, skilled communication, meaningful recognition, true collaboration, authentic leadership, and appropriate staffing (AACN, 2005; Lachman, 2014).

In summary, governing agencies have paid attention to the issue of incivility by setting standards of zero tolerance. That said, organizations still struggle with developing effective policies, implementing useful strategies, and managing the ongoing matter of incivility in nursing and nursing education.

Guidelines and Protocols

Addressing incivility can be very challenging. While upholding a "zero tolerance" policy seems like the appropriate solution, it may be challenging to accomplish. Academic policies that detail clear expectations for students need to include behaviors that will not be acceptable, along with the consequences the student will face if he or she participates in the uncivil behaviors. Additionally, faculty education and preparation must be put in place and be part of ongoing professional development (Supplee, Lachman, Seibert, & Anselmi, 2008). Legal issues are important to review and follow as well.

From a legal standpoint, student rights need to be upheld and faculty must handle situations appropriately. Two areas to consider include whether the student's constitutional rights were encroached upon, or whether any state or federal regulations were violated throughout the course of any disciplinary action. There are many regulations faculty and administrators must abide by; however, overall, "any university educating future professionals has an obligation to teach students how to transition into the professional role. Giving constructive feedback to students falls within the role of the faculty" (Supplee et al., 2008, p. 71). The researchers also reported the need for faculty development that focuses on managing incidents of incivility to empower educators to handle these behaviors in various situations such as in the face-to-face classroom, online, and in the clinical setting (Supplee et al., 2008). Legal concerns are important to keep in mind. Institutions need to develop effective strategies to tackle uncivil behaviors.

Academic policies addressing incivility should be developed collaboratively by administration, faculty, and the institution's legal department. Once complete, this information should be very visible to all educators and students. Accordingly, Supplee et al. (2008) stated "it

is vital that academic administrators recognize incivility as a problem and discuss it openly with

faculty and staff" (p. 68).

By the same token, programs outside the discipline of nursing have similar needs.

Incivility or bullying is not isolated to one type of program, nor is the need for education in

controlling it. In a study by Power-Elliott and Harris (2012), guidance counsellors identified

various ways of addressing bullying. The researchers concluded that institutions needed clear

policies, training, and organizational factors to respond to bullying incidents (Power-Elliott &

Harris, 2012). While organizational factors are central to managing incivility, additional

strategies to complement guidelines are vital as well.

Additional Strategies

Various strategies to foster a civil environment and address incivility have been studied.

Jenkins, Kerber, and Woith (2013) conducted an interventional study in which 10 nursing

students participated in a journal club. The focus of the club was civility in nursing. The

researchers reported positive outcomes of the intervention as participants changed their attitudes

and behaviors by refusing to engage in uncivil behaviors and worked with peers to prevent

incivility (2013). Creative strategies involving students are necessary to successfully manage

incivility.

The need for education regarding incivility in first year students can be achieved in a

variety of ways starting with orientation and continuing through course work and varied

activities (Connelly, 2009). Initiating early education regarding civility to students engrains the

values, mission, and expectations of an academic institution. This is particularly important for

first time college students realizing a college climate is quite different from what they have

experienced in high school (Connelly, 2009). Institutional policies are another way Connelly

(2009) believes civility should be addressed. Policies addressing codes of conduct, academic integrity, and community and individual rights must be explicitly clear and detailed in student and faculty handbooks.

These findings suggest the collaboration of everyone involved in the education program or work environment to develop creative and effective strategies in fostering a civil environment. This collaborative effort could create a healthy culture that fosters positive outcomes.

Professional Development

While previous studies offer different beliefs regarding managing student incivility, most clearly conclude the need for faculty development. One study of 374 program administrators queried participants regarding their perceptions of entry-level educators' minimum competencies. A variety of teaching skills were identified in this study; however, only 46 participants (12%), recommended skills that address civility in education (Poindexter, 2013). Further studies regarding faculties' professional development follow.

Need for Faulty Preparation

Luparell conducted a study in 2003 regarding the effects of student incivility on nursing faculty. The researcher interviewed 21 nursing faculty regarding what they perceived as "critical incidents" of incivility by students and the ensuing effects of these incidents. Occurrences of incivility directed at faculty were triggered by student performance, such as poor test grades, constructive criticism of performance, grading criteria, and general faculty behavior like taking attendance. The uncivil student behaviors ranged from disrespectful comments to threats to well-being. One of the major themes coming from this study was faculty's surprise by the student response (Luparell, 2003). Conclusions from this study revealed the need for faculty preparation to prevent and follow up on incidents of incivility, student admission criteria, and

policies addressing incivility. Accordingly, faculty needs to prepare ahead of time how they may handle such incidents of student incivility (Luparell, 2003). In addition to nursing faculty being prepared, others in education require support as well.

In the same fashion, Alberts, Hazen, and Theobold (2010), studied college geography teachers regarding patterns of classroom incivility. The researchers queried 397 faculty at U.S. colleges and universities. Data analysis was mostly quantitative, and also included qualitative questions. Findings revealed most faculty had experienced student incivility of some type and had handled these incidents in a variety of ways. The researchers concluded that there is a significant need to train and prepare faculty in managing student incivility and this training should focus on increasing teachers' confidence in using identified strategies (Alberts, Hazen, & Theobold, 2010). Therefore, the high incidence of incivility warrants further inquiry and action.

Likewise, Yoon and Bauman (2014) summarized that few programs offer professional development on bullying and when they do, the focus is typically on overall information regarding the topic. Intentional training that is process oriented on actual management of uncivil behaviors is needed. This education would help faculty understand susceptibilities along with strategies to use when incidents occur (Yoon & Bauman, 2014).

These findings revealed a need to identify the current perceptions of academic nurse administrators, along with how civility is being addressed in nursing education today. Assessing current practice and what has been successful and challenging was beneficial in addressing the challenging issue of incivility in nursing education.

Summary

For purposes of this study, the researcher explored literature regarding the concept of incivility, strategies to address the problem, and the needed presence of academic leaders in

preventing and managing the issue. This literature review supported the need for this study; to explore the perceptions of the academic nurse administrator's role in civility. Transformational Leadership supported the notion of administrators' key role in managing civility in education and creating a civic culture. Supporting literature revealed the responsibilities leaders have as role models along with facilitating professional development. There is a gap in the research concerning what roles college administrators should have in managing incivility and what current practices are.

CHAPTER THREE: METHODOLOGY

Introduction

This chapter will detail the processes, procedures, and related tasks of exploring the academic nurse administrators' perceptions regarding incivility in nursing education and their role in managing the issue starting with the design of the study, followed by a description of the sample. Additionally, this chapter will offer a description of the setting in which the study will be conducted.

Research Design

The proposed research was a qualitative study utilizing an exploratory, phenomenologic approach. As there is rich literature regarding perceptions of incivility from the perspective of students and faculty, it is important to query academic nurse administrators to ascertain their experiences in managing incivility in nursing education. According to Creswell (2013), qualitative research takes place in a natural setting, is reflective, and focuses on the perspectives of participants. A phenomenologic approach is appropriate when the researcher seeks to gain common experiences of several individuals (Creswell, 2013). In like manner, Burns and Grove (2005) assert phenomenological research is a method of attaining lived experiences of the subjects.

After Institutional Review Board (IRB) approval was attained (Appendix C), the researcher conducted interviews with academic nurse administrators in their workplace. These interviews were audio recorded on two digital recorders with notes taken. The researcher then sent the transcribed interview to the participant to assess for accuracy. Additionally, when transcripts were sent to participants, the researcher requested a reflection asking for any additional thoughts or input since the actual interview to triangulate the data and ascertain

additional qualitative data. Creswell (2014) conveyed that eight strategies to support the accuracy of qualitative data. Three of these strategies were used for this study including; triangulation of data, use of member checking, and the use of rich thick description to convey findings. An additional strategy to validate data is "adequate engagement in data collection" (Merriam & Tisdell, 2016, p. 246). This strategy involves including sufficient participants to achieve data saturation; the researcher begins to hear the same things repeatedly from participants (Merriam & Tisdell, 2016).

Study Participants

For the purpose of this study, participants must have held the position of overseeing the registered nursing program at their college with nursing faculty reporting directly to them. The job title of the subjects varied between institutions and included, Dean of Nursing, Associate Dean of Nursing, or Program Chair of Nursing among others. According to Creswell (2014), qualitative studies involve purposely choosing individuals to participate in the study, as this approach helps the researcher to best understand the research problem or question. Given the fact that the purpose of this study was to ascertain lived experiences and perceptions, the participants must have held their position for a minimum of three years. Participants who teach in other programs, such as Certified Nursing Assistant or Licensed Practical Nursing programs were excluded.

Sampling Procedure and Size

Purposive sampling was employed to identify the participants for this study. The sample for this study was recruited from the population of academic nurse administrators of registered nursing programs in the Midwest. The overall population was identified by the respective state boards of nursing listings of approved Registered Nurse programs. Academic nurse

administrators' contact information was obtained from each college website, and subjects were recruited via email. Purposive sampling was appropriate to this study as it is vital that participants' experience the topic or phenomenon being researched (Creswell, 2013, p. 155).

In regard to sample size in qualitative research, it is important to query "a few" sites. It is extremely important to gather detail about each subject or site, as the intent of qualitative research is to unearth the specifics; a sample size of three to 10 is common (Creswell, 2013, p. 157). A sample size of six to 10 was the goal employed for this study, resulting in eight participants. Additionally, saturation was used to gather data until no new themes or insights were revealed (Merriam & Tisdell (2016).

Demographics

The demographic questions (see Appendix B) provided preliminary information regarding each participant and described basic background data including job title, years of experience as faculty, and years of experience as an academic nurse administrator. This form was completed by the participant and collected by the researcher prior to beginning the interview. Table 1 displays to demographic data of participants in this study below.

Table 1.

Demographic Data of Participants

Participant Data	
Age	range 41 – 64 (average 56.5)
Gender	All were female
Titles held by participants:	Dean Assoc. Dean Chair Professor Assoc. Professor Program Leader Program Director
Years as nursing faculty	range 10 – 39 (average 26.75)
Years as academic nurse administrator	range 4 – 29 (average 8.75)
Highest degree	Four participants held a PhD Three held an EdD One held a MSN

Setting for Data Collection

A "natural setting" is typically used in qualitative research, gathering data where the participants experience the phenomenon of study where the researcher and subject interact face to face (Creswell, 2014, p. 185). This study was conducted at a comfortable place chosen by the participant that ensured privacy for conversation.

Data Gathering Procedures

To answer the research questions of this phenomenological study, interviews were conducted and analyzed to share academic nurse administrators' perceptions and experiences of incivility in nursing education. This section details the data collection procedures that were used for this study including methods for participant recruitment and data collection tools.

Sampling

After IRB approval was obtained (Appendix C) an email was sent to the potential

participant requesting his or her participation in this study (Appendix D) and a response by

email. One additional email was sent two weeks after the first which included the same content

as the initial e-mail. This follow-up email was sent to encourage participation. Once a potential

participant had contacted the researcher expressing interest in participation in this study, the

researcher corresponded with the participant either by email or phone to answer any questions

and arrange a time and place for the data collection to take place. An informed consent was

obtained at the meeting, followed by a one-hour face-to-face interview.

Data Collection Tools

When meeting with study participants, the informed consent document (see Appendix E)

was signed, and each participant was given the *Rights of Research Participants* form (see

Appendix F). The researcher asked each participant to fill out the demographic form (Appendix

B) which took approximately two minutes. Once informed consent was obtained, a semi-

structured face-to-face interview taking approximately 45 to 60 minutes to complete was

conducted and directed by a semi-structured interview guide (see Appendix G) and audio taped

on two digital recorders, with notes taken by the researcher.

Interviews

According to Doody and Noonan (2013), semi-structured interviews employ

predetermined questions with a guide that is used with all subjects in the study. Typically,

interview questions are open-ended, offering the best opportunity to seek clarification. With this

format, the interviewer can be flexible in the wording and order of questioning depending on the

course of the interview. With semi-structured interviewing, additional questions can be asked to

expand and clarify content as well as explore issues that arise during the interview that were not initially considered by the researcher (Doody & Noonan, 2013). This format guided the research study (see Appendix F).

   Interview protocol. At the beginning of the interview, the researcher gave the participant the informed consent papers (see Appendix E), allowing him or her time to read through the document and time to ask questions. Once the process of reading and discussing the informed consent was complete, the researcher had the participant sign the document to indicate his or her consent to participate in the study and be audio recorded. The researcher then provided the participant a copy of the informed consent. Once the informed consent process was completed, the researcher began the interview.

Type of Data

   For this phenomenologic, qualitative study, data for all research questions included information obtained from interviews.

Analysis Procedures

   Interviews were transcribed verbatim by a professional. These transcripts were then emailed to the individual participants to assure accuracy of the transcribed data, and necessary corrections and updates were completed. Each participant emailed the researcher her approval of the accuracy of the transcript. The researcher then reviewed the transcriptions to identify essential themes (Creswell, 2013).

   Triangulation. Triangulation involves utilizing multiple data sources to provide additional insight and assist in confirmation of interview data (Creswell, 2013). This study analyzed interviews, field notes, and reflective statements to confirm the data.

Member check. Member checking allows participants the opportunity to review preliminary data analysis findings and ensure these findings are representative of participants' experiences (Creswell, 2013). This researcher provided all participants an opportunity to review final transcripts and edit changes as necessary.

Rich, thick description. Rich, thick descriptions from participants' stories was provided when discussing findings to detail connections and relationships among categories and subcategories (Creswell, 2013).

Adequate engagement in data collection. Adequate engagement in data collection is when the researcher has collected sufficient data to the point when he or she begins to hear the same things repeatedly (Merriam & Tisdell, 2016). The researcher hoped that, with these measures in place, the data analysis more accurately represented participants' experiences.

Coding and Interpreting the Data

Once the interviews were transcribed and approved by the participants, and participants' reflections had been obtained, the transcripts were reviewed by the researcher several times with note taking to gain a sense of the data in its entirety. The transcriptions were then be uploaded into *NVivo 11* a program developed by QSR international and accessed through the College of Saint Mary. This program allowed for organization and storage of data.

This study analyzed data from the interviews shared by the academic nurse leaders implemented by their institutions to address incivility. Analysis was completed utilizing the steps identified by Creswell (2013) of data analysis in phenomenologic studies. These steps included, creating and organizing files, and reading the transcribed interviews to develop initial codes, describing experiences and the phenomenon, developing statements of significance and categorizing these statement into meaningful groups or themes. Once the data analysis was

complete, the researcher described in text the what, how, and essence of the phenomenon.

Finally, the researcher presented the significance in figures, tables, or discussion (Creswell,

2013). This process guided the data analysis for this study.

Data Quality Measures

In qualitative studies, it is the researcher's responsibility to assess the accuracy of the

findings (Creswell, 2014). For this study, the researcher conducted all interviews using the

interview guide (Appendix F). Additionally, the use of member checking was employed to

validate the accuracy of the transcribed interviews. Rich, thick description from participants'

interviews is shared in reporting the findings of this study. Lastly, adequate engagement in data

collection was employed. This strategy assures data saturation has occurred (Merriam & Tisdell,

2016). It was the researcher's intent that these measures accurately represented the participants'

experiences.

Ethics/Confidentiality

Several ethical considerations are addressed in this chapter to make certain that both the

participants and the data obtained have been protected throughout data collection and analysis.

Specific strategies regarding IRB approval, informed consent for participants, and confidentiality

procedures during data collection and analysis are described (Creswell, 2013).

IRB approval. Following a full IRB review, approval was obtained from the

researcher's educational institution (Appendix C). Participants were then recruited as outlined

earlier in this chapter.

Informed consent. For academic nurse administrators expressing interest in

participating, informed consent (see Appendix E) was obtained from each participant prior to

data collection. The researcher answered all participant questions, and informed consent was

obtained prior to beginning the semi-structured interview. Each study participant was given *The Rights of Research Participants* form (see Appendix F) from the researcher's educational institution. It was verbally emphasized to each participant that he or she could stop participation in the study at any time with assurance no negative ramifications would occur (Creswell, 2013).

Confidentiality procedures. To ensure confidentiality and protection of participants and data collected, all transcripts and related documents have been placed in a locked drawer that only the researcher has access to at all times. After interviews were completed, participants were given a pseudonym which was placed on the transcription and collected documents with removal of all identifying participant and institutional information. These forms will be kept for a period of three years after study completion, at which time all forms will be destroyed. Semi-structured interviews were recorded on two devices with each participant. These recordings were kept in a locked drawer that only the researcher had access to at all times. The recorded interviews were not shared with any other individual, including other participants. After transcription, recorded interviews were deleted and pseudonyms assigned ensuring all participants confidentiality. All printed transcripts will be stored in a locked drawer that only the researcher has access to for a period of three years after study completion. After this time, printed transcriptions will be destroyed. Transcripts will also be saved on the researcher's computer in a password-protected file that only the researcher will have access. Three years after study completion, all transcript files will be deleted.

Summary

This chapter described the research design choice and rationale for this study. A qualitative, phenomenologic methodology served to address the research questions and purpose of this study. Additionally, sampling procedures, data collection methods, and analysis

techniques used in this study will be detailed. The role of the researcher is explained throughout the planned methodology, along with quality measures to ensure data is represented as accurately as possible. Finally, ethical considerations are described, as safeguarding participants and data is essential (Creswell, 2013). Chapter four discusses research findings and perceptions of academic nurse administrators and their role in managing incivility in nursing education as well as the procedures for the analysis of data. Chapter five offers a discussion of findings, conclusion and recommendations for future research.

CHAPTER FOUR: RESULTS

The purpose of this phenomenologic, qualitative study was to explore academic nurse administrators' perceptions of incivility when working with faculty in managing uncivil student behaviors and creating a culture of civility. The population for this study was academic nurse administrators in nursing programs in the Midwest. The researcher interviewed eight academic nurse leaders of registered nursing programs from three Midwestern states. Interviews were transcribed by a professional and sent back to each participant to review for accuracy, edits, and the opportunity to provide reflective comments. Data was analyzed using NVivo 11 to determine predominant themes (Creswell, 2013). Through the process of interviewing eight academic nurse leaders, the researcher gathered significant information with which to speak to and report on the research questions guiding this study. The Central question and sub questions for the study follow:

Central question

What are nursing program academic administrators' lived experiences and perceptions in relation to academic incivility in their Midwest nursing programs?

Sub questions

1. What are the experiences of academic administrators of Midwest nursing programs in managing student incivility?

2. What strategies have been implemented by academic administrators of Midwest nursing programs to manage student incivility?

3. What are the experiences of academic administrators of Midwest nursing programs in creating a culture of civility?

Throughout the interviews, all eight of the academic nurse leaders addressed the issue of managing student incivility along with their strategies to manage the problem.

Themes that emerged from the interviews included:

1. Behaviors of incivility including definition of the concept

    a. classroom behaviors

    b. unprofessional communications

    c. social media and electronics

    d. lack of engagement

    e. threats of violence

2. Negative effects of Incivility

    a. faculty effects

    b. effects on learning environment

    c. effects on the profession of nursing.

3. Strategies to manage Incivility

    a. policies and documents

    b. communications

    c. faculty development

    d. unsuccessful strategies

    e. zero tolerance

4. Leadership attributes helpful in managing incivility

To answer the central question and sub question 1, *What are the experiences of academic administrators of Midwest nursing programs in managing student incivility?* Figure 3 depicts

the behaviors of incivility that participants identified as those they have experienced and managed.

Behaviors of incivility

Figure 3: *Behaviors of incivility*
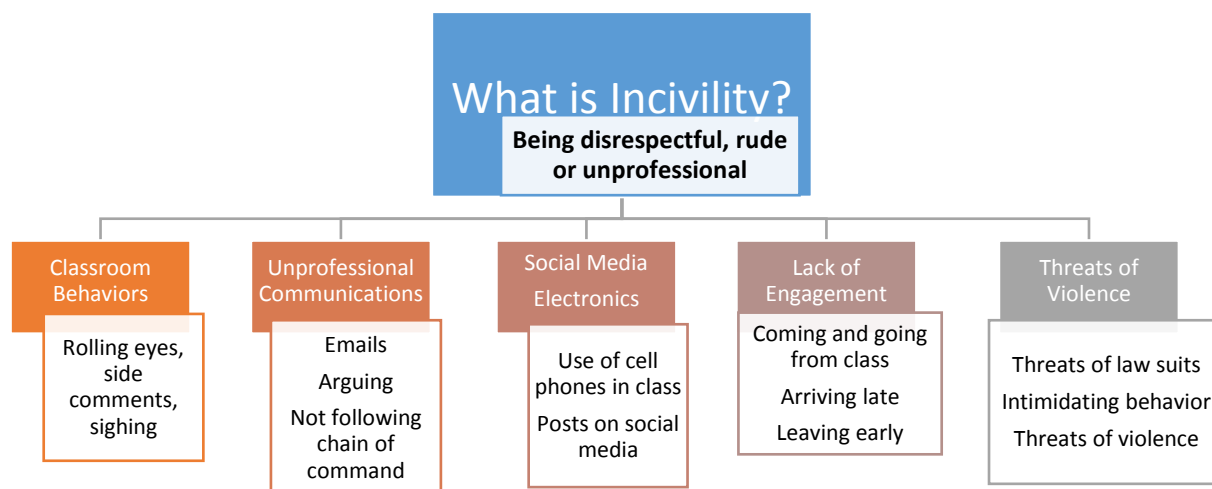
Five categories illustrate the participants' experiences with uncivil student behaviors. These categories represent the varied levels of uncivil incidents ranging from minor behaviors such as eye rolling, to unprofessional communications through emails, arguing in inappropriate settings, and use of electronics for personal or social reasons in class, to damaging posts to social media. Significant concerns were reported by participants regarding students' lack of engagement and how this undermines a culture of learning. While threats of violence are the most severe behaviors or incidents, strategies to manage these threats are more clearly addressed in institution policies and guidelines as compared to the classroom behaviors of sighing, eye rolling, and unprofessional communications.

Study participants offered detailed experiences with managing behaviors of student incivility along with the negative effects associated with these behaviors. All eight participants

believed that overall, incivility consists of disrespectful, rude, and/or unprofessional behavior. Comments offered insight into their experiences.

Participant B said, "The kinds of experiences that I've been observing or have been informed about have mostly been either classroom behaviors or electronic. In the classroom, some faculty are very concerned about lack of attention as a mark of disrespect." Lack of participation or student engagement was found to be an important aspect of classroom incivility. Participant A offered,

> Civility in the classroom is students that actively participate, who are respectful, who do their assigned readings, they are active participants in the classroom. It is uncivil when they get up to take bathroom breaks…cellphones go off when we have a no cellphone in the classroom policy.

Participant A expanded on the problem adding, "So if students aren't going to take that active role, it's going to impact everybody's learning, and we all learn more when students are actively involved."

Additional observations of behaviors of incivility focused on the argumentative nature of students. Participant C illustrated the problem offering the following,

> I would have never talked to my nursing faculty this way! We just didn't do this... our current students having been brought up to be more challenging, to be more assertive, but I think they have to figure out the right way to do that. What students may see in a questioning nature but the faculty see it as an argumentative nature.

Participant D furthered the notion saying, "Where it lacks professionalism is in the approach. So it's tone of voice, contact with the eyes, words, disrespect, not following instructions given without a kind explanation as why."

Negative effects

To further answer the central question and sub question 1, *What are the experiences of academic administrators of Midwest nursing programs in managing student incivility?* And to answer sub question 3, *What are the experiences of academic administrators of Midwest nursing programs in creating a culture of civility?* Study participants shared their experiences of the negative outcomes associated with managing student incivility displayed in figure 4.

Figure 4: *Effects of Incivility in Nursing Education*

Faculty Effects

Time consumption
B, E, F

"Distracts from other things"
B

Adds to what needs to be taught
E, F

"Causes faculty to second guess themselves"
H

"Faculty loses enthusiasm for teaching"
C

Faculty questions if they should be teaching
D, F, G

"Faculty leave the profession"
H

Effects on Learning Environment

"Relationship damage"
B

"Ripple effects"
B

Raises stress of faculty and students
D, E, F

Impairs the learning environment
A, F, G

"I've seen it affect the entire class"
G

"Sets up animosities between faculty and students"
F

Effects on Profession of Nursing

Impacts the profession of nursing
B, F, G, H

"We worry it will carry into the patient area"
D

" When you think about students going into the clinical area...you want all patients treated with respect"
A

Lose comaraderie and collegial relationships
F

History of "we eat our young" is out there and gets reinforced
B, G

Significant negative outcomes result from unmanaged incivility in nursing education. Participant's offered strategies to manage these situations as follows.

Strategies and Implementation

To answer sub question 2, *What strategies have been implemented by academic administrators of Midwest nursing programs to manage student incivility?* All participants expressed the value of good communication, having policies in place regarding civil professional behavior, and the importance of faculty development. Figure 5 details specific strategies offered in these three categories.

Figure 5: *Strategies to manage incivility*

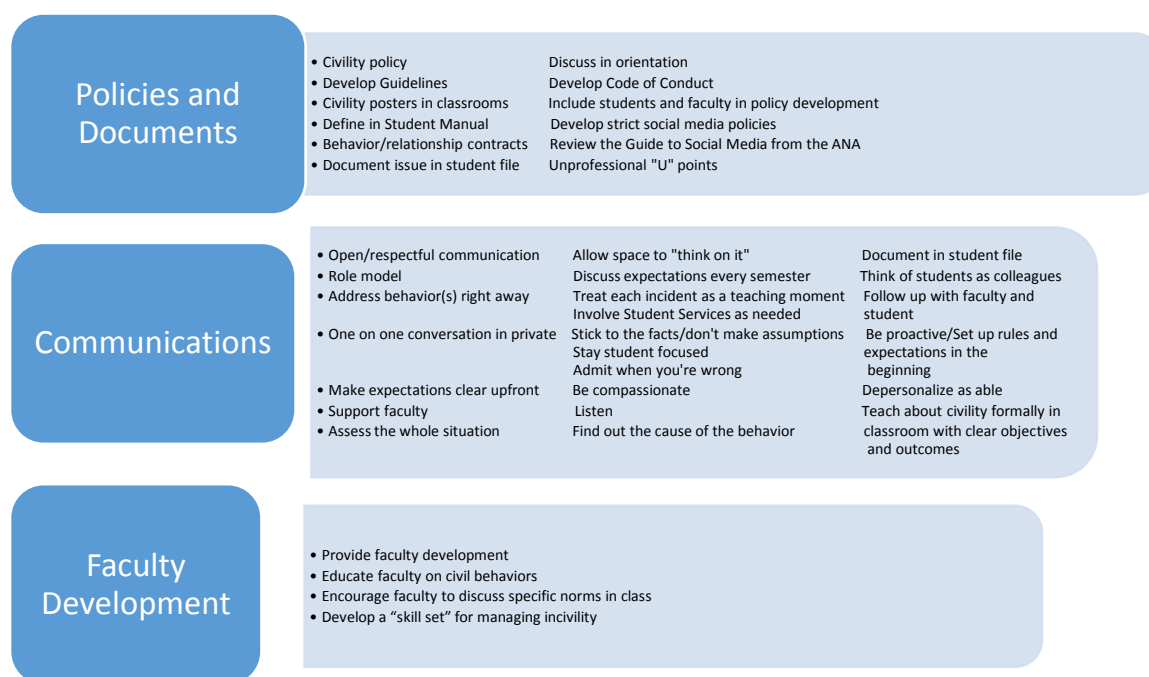| Policies and Documents	• Civility policy • Develop Guidelines • Civility posters in classrooms • Define in Student Manual • Behavior/relationship contracts • Document issue in student file	Discuss in orientation Develop Code of Conduct Include students and faculty in policy development Develop strict social media policies Review the Guide to Social Media from the ANA Unprofessional "U" points	
Communications	• Open/respectful communication • Role model • Address behavior(s) right away • One on one conversation in private • Make expectations clear upfront • Support faculty • Assess the whole situation	Allow space to "think on it" Discuss expectations every semester Treat each incident as a teaching moment Involve Student Services as needed Stick to the facts/don't make assumptions Stay student focused Admit when you're wrong Be compassionate Listen Find out the cause of the behavior	Document in student file Think of students as colleagues Follow up with faculty and student Be proactive/Set up rules and expectations in the beginning Depersonalize as able Teach about civility formally in classroom with clear objectives and outcomes
Faculty Development	• Provide faculty development • Educate faculty on civil behaviors • Encourage faculty to discuss specific norms in class • Develop a "skill set" for managing incivility		

Participant A offered insight into the importance of communication and policies saying "What does work is…talks with them about their behavior and that their behavior is being portrayed as uncivil and going back to the policy manual or reminding students what professional behavior is and what's expected." B furthered the importance of communication and professional relationships reporting on issues of students who display uncivil behaviors while

wanting to argue about a grade saying "I don't really do that but what I am interested in is making sure you understand the content" and focusing on what the student needs to know. Inappropriate email communications were identified as uncivil as well. Participant B explained a meaningful example of managing this behavior by typically meeting with the student who wrote the offending email and having them read it out loud. Then saying,

> Talk to me about if the shoe were on the other foot, how does this feel to you? I know you're really trying to say something that you are passionate about: however, the receiver is so turned off they can't hear what you are trying to say because of your style… let's talk about how you might do this differently.

Additional perceptions included the need to be an active listener as part of communication and assessing the whole situation before acting on a report of incivility.

The importance of role modeling professional communication and behaviors was an emerging theme from participants' responses sub question 2, *What strategies have been implemented by academic administrators of Midwest nursing programs to manage student incivility?* And sub question 3, *What are the experiences of academic administrators of Midwest nursing programs in creating a culture of civility?* Participant C articulated this by saying "There is this whole modeling approach with incivility that I think we need to work on." "We are teaching those by, hopefully role modeling some of it." D furthered the notion adding "We always have to watch ourselves to be sure we are professional" noting the challenge of balancing different opinions with being respectful.

Participants reported the importance of making expectations clear upfront. Participant C explained "They have to know what you expect…faculty are a lot alike, but there are also a lot of differences." "What I might tolerate in the class, somebody else might not and you can't assume

students will know that." Participant E went on to say "We try to prevent it… I do a half hour of what I call professionalism and we talk about behavior in class; among each other, and how to address a faculty member."

Unsuccessful strategies. Participants also identified strategies they found to be unsuccessful. Most of the participants continued to report strategies they believed were successful in managing incivility when asked about unsuccessful strategies. One participant described embedding content regarding expected classroom behaviors that were put in all syllabi and reviewed at the start of each semester in every class the students took. "By the time they heard them three or four times it lost its meaning, it was just another thing to check off." She went on to say it would have more meaning to stand up and talk about expectations and make eye contact with students rather than to refer to a page of the syllabus.

Additional experience with unsuccessful strategies was reported by participant B offering an autocratic leadership style or "power over" as this created "a recipe for high conflict", and making decisions based on one side of the story. Participant B acknowledged "Having made the mistake more than once, of making a decision having only heard one side of the story, it virtually never works and you end up with egg on your face."

Participant F reported that "anytime we haven't had a policy in place" as an unsuccessful strategy when issues arise stating "if I have a policy that cover it, I just pull up the policy because I don't have to argue about it. And lastly, Participant G shared "just sitting back and letting them talk without facilitating didn't work."

Zero tolerance. Literature including recommendations from national organizations and accrediting agencies set a standard of "zero tolerance" when managing incivility (AACN, 2005, Matt, 2012 & TJC, 2008); however, "zero tolerance" can mean different things to different

leaders. While all participants agreed that certain types of incivility such as threats of violence warrant absolute zero tolerance, all shared challenges in defining the concept and practicing a "zero tolerance" philosophy. Participant C succinctly explained the problem saying "I think there are different levels of incivility; a continuum… the challenge is how we define those levels." Thus, challenges in maintaining a "zero tolerance" policy warrant exploration. Table 2 shows participant's perceptions of the concept.

Table 2.
Administrators' perceptions of zero tolerance

Participant	Some literature talks about the need for "zero tolerance" of uncivil behaviors. What does this mean to you?
A	"To me that means when you experience it, you need to pull that student aside privately….pull in the profession and the importance and tie it to their education."
B	"I actually don't believe it and I guess I go back to that humans are evolving things and I think zero tolerance means zero learning."
C	"I think there are different levels of incivility…if something was very, very blatant then yeah, zero tolerance might mean dismissal from the college." "I think there are cultural differences…that maybe lead to a need for more education."
D	"It would mean we don't let it go; we talk about it; we don't let it go."
E	"I can't go with the zero tolerance because it'll never be all gone and we have to use them as learning experiences." So zero tolerance means to address it "right away with consequences and then move on."
F	"That means that it never happens; we never allow it and I'm not sure that's realistic because sometimes students don't know how else to be heard."
G	"Zero tolerance means that if something happens, that we address it right away; we stop the behavior and find out exactly what's going on."
H	"It's understanding what it is and being responsive and holding people, including ourselves accountable for professional behaviors."

Challenges of maintaining zero tolerance. Participants offered valuable perceptions on the challenges of maintaining a "zero tolerance" policy. Key factors contributing to this challenge are the varying degrees of incivility, and also, the different expectations faculty has of student behaviors. Participant G acknowledged this saying "It's hard to consistently, operationalize, and everybody's personalities are different." E furthered the notion "I think people have different expectations." "Certainly some of the younger faculty are more tolerant to some of that than my generation but we try to find the balance there."

Leadership

To answer research sub question 2, *What strategies have been implemented by academic administrators of Midwest nursing programs to manage student incivility?* And sub question 3, *What are the experiences of academic administrators of Midwest nursing programs in creating a culture of civility?* Table 3 illustrates participants' powerful perceptions of leadership attributes that are best in addressing these concepts.

Table 3.
Leadership attributes helpful in managing incivility

_____

Participant	Effective attributes of a leader
A	"Communication skills, collaboration, teamwork, encouraging academic freedom and creativity, keeping students at the center"
B	"Active listening, patience, willingness to admit you are wrong, in addition to being reliable, honest, and responsive"
C	"Being direct, transparent, empathetic, good communication, supporting faculty"
D	"The ability to look for fairness in everything, see the big picture, be participative, fair, kind, and maintain standards, assess for needed change"
E	"Handling things right away, be involved and in charge, support creativity, be supportive"
F	"The ability to be calm, a good listener, a good investigator, role model"
G	"Good listener, facilitator, conflict manager, look at both sides, open to new ideas"
H	"Be warm, responsive, authentic, model civil behaviors, clear dialogue, direct, able to make a decision"

_____

Participants shared significant perceptions regarding leadership attributes tied to managing the challenges of incivility. The importance of good communication was shared by all participants. Participant E expanded "I think one is to be in charge so they know who to come to… they know who to come to and I'll take care of it; they can come to me and there will be results." Participant B describe the importance of good communication "I think active listening is the most important, and patience." Participant A furthered the notion adding

I think taking a nurturing role to students and educating them and tying it back to the

profession of nursing, so when I am dealing with students tied to incivility, I think my

best tool is my communication and how I communicate to students to help them.

Additionally, Participant D described the importance of role modeling and gathering all

facets of the situation summarizing "We have to make sure that we are role modeling civil

behavior… whatever you do, don't react." D went on to say "I think it would be an ability to just

look for fairness in everything; to see the big picture."

Summary

The findings in chapter four represent a thorough collection of the themes of data

ascertained during comprehensive interviews of eight academic nurse leaders from three

Midwestern states. It was exclusively the perceptions of the participant's that produced the

themes. The research offered valuable insight into the problem of incivility in nursing education.

The themes that emerged in the research were addressed by multiple participants representing

eight registered nursing programs meeting the research study's need for data saturation, adding

credibility to the findings. Significant themes emerged from this study including:

1. Behaviors of incivility including definition of the concepts

   a. classroom behaviors

   b. unprofessional communications

   c. social media and electronics

   d. lack of engagement

   e. threats of violence

2. Negative Effects of Incivility

   a. Faculty effects

       b. Effects on learning environment

       c. Effects on profession of nursing

3. Strategies to Manage Incivility including zero tolerance

4. Leadership attributes helpful in managing incivility

Each study participant reviewed and concurred with their individual transcript for accuracy. All participants were asked to offer a reflection following review of their transcript. Each participant agreed with the data obtained, offering confirmation of the comprehensive discussion of the topic during the interview and pertinence of the research topic. Following careful review and consideration of the data, a detailed discussion of the findings and the researcher's recommendations for future research regarding incivility in nursing education are included in chapter five of this study.

CHAPTER FIVE: DISCUSSION AND SUMMARY

Research Questions and Interpretation

The purpose of this phenomenologic, qualitative study was to explore academic nurse administrators' perceptions of incivility when working with faculty in managing uncivil student behaviors and creating a culture of civility. As the majority of previous studies focused on faculty and student perceptions of incivility, the researcher explored the perceptions of eight academic nurse leaders from the Midwest to gain valuable insight into their experiences and strategies in managing this challenging issue. Analysis focused on definitions of incivility and the associated outcomes, strategies to manage the problem, and the leadership attributes they believed to be the most helpful in these situations. Interviewing these leaders proved to be powerful and humbling to the researcher as each one shared detailed accounts of their experiences with incivility, along with their successes and challenges. It is the researcher's belief that each of the research questions was thoroughly addressed by the participant's open, comprehensive answers to the interview questions (Appendix G). Transcripts were transcribed, analyzed and coded for emerging themes. Significant information from academic nurse leaders in relation to the research questions was considered. This information formed the basis for discussion in chapter five.

Discussion of the findings

Central question: *What are nursing program academic administrators' lived experiences and perceptions in relation to academic incivility in their Midwest nursing programs?* was broken down into three sub questions.

Sub question one: What are the experiences of academic administrators of Midwest nursing programs in managing student incivility?

Academic nurse leaders' responses to sub question one yielded two themes. The first theme that emerged included behaviors of student incivility with five sub themes. This encompassed the overall definition of incivility as being disrespectful, rude or unprofessional, followed by five sub themes. These sub themes identified by participants included:

- classroom behaviors; rolling eyes, side comments, sighing

- unprofessional communications; emails, arguing, not following a chain of command

- social media and electronics; posts on social media, use of cell phones in class

- lack of engagement; coming and going from class, arriving late, leaving early

- threats of violence; threats of law suits, intimidating behaviors, threats of violence

Clark and Springer (2010) reported academic incivility as being characterized by behaviors that are disruptive, that are substantial or repeated, and that at interfere with teaching and learning. Clark (2008a) studied faculty perceptions of student incivility. Behaviors identified in this study included arriving late or leaving early, inattentiveness, groaning, making derogatory comments, use of cell phones or computers for non-class reasons, along with academic issues of being unprepared, cheating, or making demands such as changing grades or extended deadlines (Clark (2008a). In like manner, Holdcroft offered examples of bullying to include student attempts at manipulating grades by humiliating or attacking the instructor (para 2.) Moreover, DalPezzo and Jett (2010) reported that nursing faculty are vulnerable to varied levels of harm.

The second theme related to question one are the negative outcomes resulting from student incivility. Three sub themes evolved from this including negative effects on faculty,

effects on the learning environment and also effects on the profession of nursing. Participants

shared considerable experiences with negative outcomes resulting from student incivility. These

outcomes can be devastating to faculty and range from issues related to time consumption and

added work to faculty leaving the profession. Incivility also damages the learning environment

by increasing stress and damage to relationships. Ultimately, there is concern of how this

impacts the profession of nursing. Participants in this study confirmed the long history of nurses

"eating their young" and this notion is reinforced if incidents of incivility are not stopped. This

can carry over into patient care units and as Participant A shared, "you want all patients treated

with respect."

     Uncivil behaviors need to be addressed to prevent more aggressive or even violent

behaviors, and to retain and recruit qualified nursing faculty (Robertson, 2012; Luparell, 2007).

Incivility is not only disruptive to those involved in nursing education, but may ultimately impact

patient safety by weakening collaborative care, increasing stress in the work environment,

increasing staff turnover, and rising medical errors (Clark & Springer, 2010; TJC, 2008).

According to Matt (2012), in addition to the effects on faculty and organizations, there are moral,

ethical, and legal considerations associated with incivility. This includes the principles of

nonmaleficence, beneficence and justice, and those engaging in uncivil behaviors or acts are

violating these ethical principles (Matt, 2012). Students perceive uncivil behaviors of their peers

as well. In a study by Bjorklund and Rehling (2010), the most uncivil behaviors identified by

students in this study were talking when asked not to, coming to class drunk or high, talking

loudly, and letting their phones ring. While students viewed these as the most egregious

behaviors, they also identified them as the least frequently occurring. More common behaviors

viewed as disruptive included texting, preparing to leave before class was over, eating, drinking, and exhibiting displays of tiredness such as yawning (Bjorklund & Rehling, 2010).

Transformational leaders inspire others to grow and work toward outcomes benefiting the greater good (Bass & Riggio, 2010), and are inspirational, making others see what is important (Bass, 1999). Abbas et al. (2012) conveyed that that Transformation Leadership is ideal in education and can lead followers to new values and behaviors. According to Bass (1985, 1997), transformational leaders earn trust and gain respect of others. They are charismatic and emit a strong sense of mission. Additionally transformational leaders foster enthusiasm in others through providing meaning to their work (Bass, 1985, 1997). Lastly, Kelloway et al. (2012) found a positive relationship between transformational leaders and employees trust and well-being. These traits are vital when dealing with behaviors of incivility and associated negative outcomes.

Findings from this question add crucial data from academic nurse administrators in relation to the significance of the problem of incivility in nursing education. This data had been minimally studied previously and offers insight into this challenging concept.

Sub question two: What strategies have been implemented by academic administrators of Midwest nursing programs to manage student incivility?

Responses to question two yielded one overarching theme of strategies and implementation with extensive data that was categorized into three sub themes. These categories included policies and documents, communication, and faculty development.

In regards to policies and documents, there were differences in the types of policies and how they were communicated to both faculty and students. Some policies detail expected professional behaviors; however, those behaviors are in relation to academic issues such as

plagiarism or cheating. Participant E explained "they do have a code of conduct regarding integrity; how to do your assignments and exams…. how to treat each other? I don't think so." While participant B said "We do…it defines respectful behavior and it defines professional norms, professional expectations…students have an honor code." Others share the policy, or code of conduct, with students and faculty as part of orientation. Participant C admitted,

> This whole classroom behavior thing that we spent, probably a whole eight-hour day one spring as a faculty as a whole, coming up with these behaviors that we were going to expect of students. They looked good on paper, but once we implemented it, it was just another thing to check off on the first day of class…I think that it didn't look as sincere.

> Power-Elliott and Harris (2012) acknowledged that institutions must have clear policies, training, and organizational factors to respond to incidents of bullying. Supplee, Lachman, Seibert, and Anselmi (2008) expressed academic policies that detail clear expectations for students must include behaviors considered to be uncivil along with consequences the student will face if he or she participates in such behaviors. Additionally, faculty education and preparation must be implemented and part of ongoing professional development (Supplee et al., 2008).

The second sub theme, communications, was the most discussed strategy by all participants. Having open and respectful communications was valued by all participants. Making expectations clear upfront, remaining student focused, avoid making assumptions and supporting faculty were valued as effective strategies. Participant D explained,

> We try to be, of course, proactive and identify civility and incivility as a concern amongst the healthcare professions upfront. Warn students; we say that we're all going to work on

professional behavior. We'll treat you as a professional and we want you to treat us as a professional and if we're concerned we'll let you know because we want you to grow.

Clark and Springer (2010) identified the need for open dialogue which may include open forums, coaching and mentoring, along with rewarding and encouraging civility. Clark and Carnosso (2008) conveyed the importance of being respectful, looking for common ground and listening to one another while understanding the value of participating in social discourse. Additionally, antecedents to civility were detailed by Clark and Carnosso (2008) including environments that promote "respectful communication". Additionally, there is a need for faculty development that focuses on managing incidents of incivility to empower educators to manage these behaviors in various situations such as face-to-face in the classroom, in clinical areas, and online (Supplee et al., 2008)

Transformational leaders provide individualized attention. This time of individualized attention with followers is encouraged with two-way communication (Bass, 1990, 1997).

Faculty development was the third sub theme emerging from strategies to manage student incivility. Participant D noted the importance of supporting faculty as incivility "raises the stress level of faculty and other students…faculty are more anxious because they don't know what they're going to encounter the net time they go into that area with the student in the classroom." This can be challenging as Participant B explained "faculty always view this as something the students need to fix."

Faculty need to prepare ahead of time in relation to how they may handle incidents of student incivility (Luparell, 2003), and receives little education on dealing with these incidents (Boice, 1996). Alberts, Hazen, and Theobold studied 397 faculty at U.S. colleges. This study concluded a need to train and prepare faulty in managing student incivility with a focus on

increasing teachers' confidence in implementing strategies (2010). Lastly, Clark (2009) expanded on the impact of student incivility as a significant problem as many faculty are not prepared to handle the issue causing some to consider leaving education as a result of the negative impact incivility has on both their personal and professional lives.

Transformational Leaders focus on improving faculty confidence. This raises their needs on Maslow's hierarchy. Academic nurse administrators with Transformational Leadership traits produced a higher level of satisfaction in nursing faculty (Shieh et al., 2001)

Zero tolerance is noted as an essential strategy in managing incivility (Matt, 2012; TJC, 2008; AACN, 2005). There was an identified gap in previous literature regarding academic nurse administrators' perceptions of what zero tolerance means. Participants shared rich perceptions regarding this concept. Overall this studied showed that zero tolerance means dealing with incidents of incivility right away and not letting it go. Additional insights revealed the importance of finding out what is going on and using the incident as a teaching moment. Important challenges were shared regarding the challenges of having a zero tolerance policy. These factors encompass the varying degrees of incivility, and also the different expectations of students that faculty have.

Transformational leaders are inspirational and provide intellectual stimulation. These characteristics offer optimism and nurture creativity and fresh perspectives when looking at new ways of doing things (Bass, 1985, 1990, 1997). These attributes are particularly important in developing and executing strategies that support zero tolerance of incivility in nursing education.

Sub question three: What are the experiences of academic administrators of Midwest nursing programs in creating a culture of civility?

To answer sub question three, participants offered their perceptions of leadership attributes most effective in managing incivility and creating a civil culture. Role modeling civil behaviors, open communication, assessing the whole situation, being responsive and supportive were identified as key attributes. Clark (2014) reported "Professional role modeling lays the foundation for civility and respect" (p, 18). Leaders are often seen as role models to their followers. Educational administrators model desired attitudes and behaviors to empower others (Stratton, 2000). Sims and Brinkman (2002) noted that leaders act as role models by what they pay attention to. When leaders are consistent in what they focus on, measure, and control, they send clear signals to employees about their values. On the other hand, if leaders are inconsistent in their actions, the mixed signals confuse the employees. Role modeling reinforces the values leaders hold in creating an organizational culture (Sims & Brinkman, 2002).

Transformational leaders earn trust, gain respect of others, and serve as role models. They are trusted and persistent, and viewed as having extraordinary capabilities (Bass, 1985, 1997). These attributes foster leadership attributes identified by the participants in this study. Participant H expressed the meaning of this concept saying "I hope that I have some Transformational Leadership qualities where I can guide the group in a good, positive direction."

Conceptual Model

Figure 6.
DeGooyer Model for Transformational Leadership Fostering a Culture of Civility
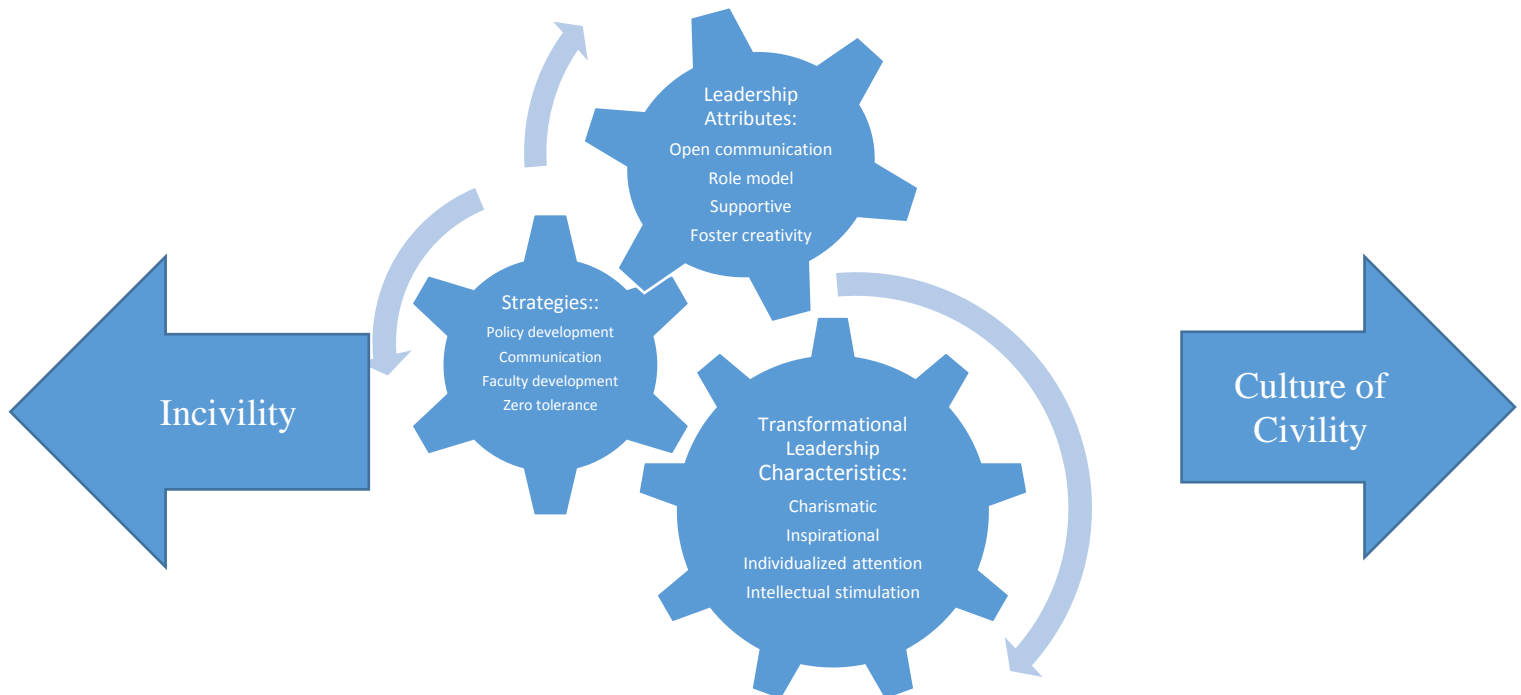
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The left arrow illustrates a culture of incivility. The center of the model details the attributes of Transformational Leadership that lead to a positive change. These characteristics include being charismatic; they serve as role models and elude self-confidence. Charismatic leaders are trusted and persistent and are viewed as having extraordinary capabilities. Inspiration energizes and fosters enthusiasm in others by providing meaning and challenge to their work. Inspirational leaders also exhibit optimism. Individualized attention nurtures creativity and fresh perspectives. Leaders who are intellectually stimulating look at issues in new ways and question what others assume; this nurtures creativity and fresh perspectives. Leaders who are intellectually stimulating look at issues in new ways (Bass, 1985, 1990, 1997).

Transformational leaders hold the necessary attributes identified by participants in this study. They serve as role models, are effective communicators, and are supportive of followers by fostering creative ways of making positive changes. Strategies identified by study participants can be effectively implemented with the support of a transformational leader. This would support collaborative policy development using open communication that intentionally details professional behavior expectations and consequences that will ensue if these behaviors are not upheld. This would explicitly detail the meaning and management of a zero tolerance policy leading to the right arrow of this conceptual model; a culture of civility.

Significance and Recommendations for Education

This study revealed significant implications for education. The conceptual model illustrated in figure 6, *The DeGooyer Model for Transformational Leadership Fostering a Culture of Civility* reveals the strategies that should be included in educating students regarding incivility. This conceptual model also illustrates the components including leadership attributes and strategies to incorporate into professional development programs for not only faculty, but academic leaders as well. There is opportunity to put strategies in place that foster professional relationships within education at every level. Improving communication will contribute to student outcomes and faculty retention and recruitment. Implementing standards that include policies detailing expectations is vital. Not only are such polices needed, but making them clear and transparent is necessary. Communicating these expectations and policies in a meaningful and authentic way is also essential to avoid misunderstandings and situations where uncivil behaviors grow and result in non-productive or even destructive conditions that damage relationships and the learning environment.

Opportunities are rich to foster professional development of nursing faculty in specific, meaningful ways to address student incivility. Preventing and managing student incivility is very hard. It is much easier, in the moment, to let minor behaviors slip by as faculty are often unprepared to deal with these behaviors and view such incidents of incivility as something the student needs to fix. Clark (2009) conveyed the impact of student incivility in nursing education as being a significant problem noting many faculty have not been prepared to deal with the issue. Additionally, there are opportunities to educate and develop Transformational Leadership attributes in academic nurse leaders. These attributes inspire and lead others to create needed change and offer needed attention and support that creates trust. Faculty and students require strong leadership that sets the foundation of a culture of civility.

Limitations of this Study

Limitations of this study included use of a purposive sampling of academic nurse administrators who volunteered or agreed to participate in this study. This excludes information from those choosing not to participate. Another limitation is that academic nurse administrators from only one region of the U.S. were surveyed limiting the generalizability of the results. An additional limitation is that the memory of an event of incivility may change over time.

Future Research

There are many opportunities for future research regarding the topic of incivility in nursing education. As shown in the conceptual model in figure 6, *The DeGooyer Model for Transformational Leadership Fostering a Culture of Civility,* additional research could include interventional studies regarding specific ways to foster role modeling and communications of all constituents. Additionally, strategies to develop Transformational Leadership in academic nurse leaders are needed to set the moral tone of educational organizations. Further work surrounding

student engagement is also needed. Additionally, studies regarding the variations in expectations

of faculty to improve consistency are essential as there are several generations of both faculty

and students which creates frustration at all levels.

Summary

Incivility in nursing and nursing education is a significant problem. Educators have a

responsibility to set the stage for civil, professional, and productive relationships. All

participants in this study affirmed the issue of incivility in nursing and nursing education along

with the need for ongoing work regarding managing incivility at all levels. Results from this

study challenge nurse educators to address this issue to instill and nurture professionalism and

civility in students, and ultimately improve patient safety and outcomes. There are many

conflicting roles held by academic nurse administrators including managing the budget, day to

day issues, student enrollment, upholding accreditation and program standards among others.

These leaders offered important strategies that are challenging to put in place and manage. The

need for professional development is significant. Managing incivility and creating a civil culture

will require intentional focus with collaboration of all constituents to improve the problem.

Working together with faculty and students to identify consistent expectations and will be one

crucial piece to improving the nursing and nurse faculty shortage.

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Appendix A

From: **Dustin Sullivan** <dustin@stti.org>
Date: Tue, Sep 8, 2015 at 1:24 PM
Subject: RE: permission to use figure in text
To: "Degooyer, Jane L" <JDegooyer@mercydesmoines.org>
Cc: "jane.degooyer@gmail.com" <jane.degooyer@gmail.com>

Hi Jane.

Thanks for your email. You are more than welcome to use Figure 3.1 from Dr. Clark's book *Creating & Sustaining Civility in Nursing Education*. I don't see the need for any permission forms given the nature of your use of the figure, but let me know if you'd feel more comfortable with something more "official." If you're fine with it, feel free to keep this email for reference. If you are using APA or another similar style for formatting, those guidelines should be suitable for proper attribution.

Good luck with your dissertation, and let me know if you have any questions.

Best regards,

Dustin

Dustin R. Sullivan

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Appendix B

Demographic Information Form

Thank you for participating in this study. Prior to starting our interview I am requesting that you please complete this demographic information form to the best of your ability. This will take approximately five to ten minutes to complete:

<u>Nursing Faculty Participant Information</u>   **ID#_____**

What is your current age?   _____

What is your gender?   _____

What is your job title?   _____

How many years have you been a nursing faculty member?   _____

Years in this positions?   _____

What is the highest degree you have obtained?   _____

What is your leadership style?   _____

Previous leadership positions?   _____

_____

Appendix C

☑ APPROVED

COPY

Original Date: August 2006
Reviewed Date: October 2008   Number 3.3
Revised Date: Mar 2010, November 2013, Jan. 2015

Request and Approval of Major Project/Thesis or Dissertation Proposal

1. Students whose programs require a major project/thesis or dissertation as partial fulfillment for a graduate degree must file a proposal request and obtain approval by the program director, or designee, prior to the start of the activity.
2. A copy of the proposal must be attached to this form.
3. The Program Director approves eligibility to submit the request after the majority of the coursework is completed for the degree.
4. Upon receipt of the request, the Office for Academic Affairs appoints a doctoral committee with experiential and educational expertise to evaluate the proposal. A minimum of three members is required.
5. The Doctoral Committee can approve, deny, or require modifications to the proposal.
6. The student is informed in writing of the results by the advisor.

Name of Student requesting approval: __Jane DeGooyer__ Student ID number: __000-11-0808__

Date of Proposal: __May 2, 2016_____ Expected Date of Graduation: _____

Degree Sought: __HPE_____

Title of Major Project/Thesis or Dissertation: __Academic Nurse Administrator's Perceptions of Incivility__

Institutional Review Board Category: Full Review ✓__ Exempt_____ Expedited _____

The proposal by the above named graduate student is approved to start the Major Project/Thesis or Dissertation having obtained committee approval.

_____   ___5-2-16___
Committee Chair   Date

_____   ___5/2/16___
Committee Member   Date

_____   ___5-2-16___
Committee Member   Date

_____   _____
EdD Program Director   Date

_____   ___5-5-16___
Associate Dean for Graduate Programs   Date

_____

For Office Use Only
Original in Student File
Copy sent to Student
Copy to Registrar

Appendix D

Participant Recruitment Email

Date

IRB#

DearXXXXXX

I am a doctoral student at College of Saint Mary in Omaha, NE pursuing my EdD with an emphasis in Healthcare Professions. Additionally, I am a nursing faculty member at a private college of health sciences in Des Moines, IA. I am reaching out to you requesting your participation in my research study. The purpose of this study is to understand academic nurse administrators' perceptions of managing faculty reports of student incivility in education, along with strategies to manage the issue. Numerous studies have queried faculty and student perceptions of incivility; however, very few have studied academic nurse administrators. I believe that this information could be beneficial in effectively managing the issue and fostering a civil learning environment.

This study is a phenomenological, qualitative study. I wish to interview academic nurse administrators in nursing programs who have held their position for at least three years. If you are willing to participate, I would like to schedule an interview with you which would last approximately 45-60 minutes in length and will be at a location of your choice. The questions will focus on your experiences of incivility in nursing education. After our meeting, you will be asked to review a transcript of the interview to assure accurateness. After reviewing the transcript, you will be asked to complete a reflection of the interview to offer additional thoughts or information since participating in the interview. The information from this study may be published in journals and presented at professional meetings.

Participation in this study is completely voluntary. If you decide to participate, an informed consent will be provided and your identity and your institution's identity will be kept confidential. This study does not cost anything to participate in other than your time to complete the interview and later review the transcript of this interview. You may withdraw from the study at any time. If you decide not to respond or participate, your decision will not impact your relationship with the College of Saint Mary or any other entity. If you are willing to participate in this study, please contact me via the email address or telephone numbers provided below. If you have any questions, please contact me as well. If I have not heard from you within two weeks of receiving this email invitation, I may contact you again by email or by phone to determine your willingness to participate. Thank you for considering participating in this research study.

Sincerely,

Jane DeGooyer, EdD(c), MSN, RN-BC
jdegooyer08@csm.edu
(c) 515-360-0152

Appendix E

COLLEGE OF SAINT MARY

ADULT CONSENT FORM

IRB#:   **Approval Date:**   **Expiration Date:**

Title of this Research Study.
ACADEMIC NURSE ADMINISTRATOR'S PERCEPTIONS OF INCIVILITY

Invitation.
You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to take part. If you have any questions, please ask.

Why are you being asked to be in this research study?
You are asked to be in this study because you are an academic nurse administrator over a registered nursing program.

What is the reason for doing this research study?
The purpose of this study is to understand academic nurse administrators' perceptions of incivility in education, along with strategies to manage the issue. Numerous studies have queried faculty and student perceptions of incivility; however, very few have studied academic nurse administrators. I believe that this information could be beneficial in effectively managing the issue and fostering a civil learning environment.

What will be done during this research study?
You will participate in a semi-structured interview with the researcher at a place of your choosing. This interview will last approximately 45-60 minutes.
You will be asked questions related to your experiences in managing faculty reports of student incivility. You will also be asked to complete a demographic information form.

Participant Initials _____

ADULT Consent Form - PAGE TWO

What are the possible risks of being in this research study?
There are no known risks to you being in this research study.

What are the possible benefits to you?
You are not expected to get any direct benefit from being in this research study.

What are the possible benefits to other people?
By participating in this study you will assist in generating knowledge related to student incivility that could be beneficial in effectively managing the issue and fostering a civil learning environment.

What are the alternatives to being in this research study?
Instead of being in this research study you can choose not to participate.

What will being in this research study cost you?
There is no cost to you to be in this research study.

Will you be paid for being in this research study?
You will not be paid or compensated for being in this research study.

What should you do if you have a problem during this research study?
Your welfare is the major concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact the person at the end of the consent form.

How will information about you be protected?
Reasonable steps will be taken to protect your privacy and the confidentiality of the study data. Names of individuals and institutions will not be placed on any forms used within the study and all information will be kept in a locked file cabinet within the researcher's office.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person or agency required by law. The information from this study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

Participant Initials _____

ADULT Consent Form - PAGE THREE

What are your rights as a research participant?
You have rights as a research participant. These rights have been explained in this consent form and in *The Rights of Research Participants* that you have been given. If you have any questions concerning your rights, talk to the investigator or call the Institutional Review Board (IRB), telephone (402)-399-2400.

What will happen if you decide not to be in this research study or decide to stop participating once you start?
You can decide not to be in this research study, or you can stop being in this research study ("withdraw") at any time before, during, or after the research begins. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator, or with the College of Saint Mary.

You will not lose any benefits to which you are entitled.

If the researcher gets any new information during this research study that may affect whether you would want to continue being in the study, you will be informed promptly.

Documentation of informed consent.
You are freely making a decision whether to be in this research study. Signing this form means that (1) you have read and understood the consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in this research study.

If you have any questions during the study, you should talk to one of the investigators listed below. You will be given a copy of the consent form to keep.

If you are 19 years of age or older and agree with the above, please sign below.

Signature of Participant: _____   Date: Time:

Participant Initials _____

ADULT Consent Form - PAGE FOUR

My signature certifies that all the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.

Signature of Investigator: _____   Date:

Authorized Study Personnel. Identify all personnel authorized to document consent as listed in the IRB Application. Use the following subheadings: Principal Investigator, Secondary Investigator(s), and Participating Personnel. Include day phone numbers for all listed individuals.

Principal Investigator: Jane DeGooyer, EdD (C), RN-BC, MSN, Phone: 515-360-0152

Secondary Investigator: Kathleen Zajic, EdD, MSN, RN Phone: 402-399-2638

Participant Initials _____

Appendix F

THE RIGHTS OF RESEARCH PARTICIPANTS*

AS A RESEARCH PARTICIPANT AT COLLEGE OF SAINT MARY
YOU HAVE THE RIGHT:

1. TO BE TOLD EVERYTHING YOU NEED TO KNOW ABOUT THE RESEARCH BEFORE YOU ARE ASKED TO DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH STUDY. The research will be explained to you in a way that assures you understand enough to decide whether or not to take part.

2. TO FREELY DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH.

3. TO DECIDE NOT TO BE IN THE RESEARCH, OR TO STOP PARTICIPATING IN THE RESEARCH AT ANY TIME. This will not affect your relationship with the investigator or College of Saint Mary.

4. TO ASK QUESTIONS ABOUT THE RESEARCH AT ANY TIME. The investigator will answer your questions honestly and completely.

5. TO KNOW THAT YOUR SAFETY AND WELFARE WILL ALWAYS COME FIRST. The investigator will display the highest possible degree of skill and care throughout this research. Any risks or discomforts will be minimized as much as possible.

6. TO PRIVACY AND CONFIDENTIALITY. The investigator will treat information about you carefully and will respect your privacy.

7. TO KEEP ALL THE LEGAL RIGHTS THAT YOU HAVE NOW. You are not giving up any of your legal rights by taking part in this research study.

8. TO BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES.

THE INSTITUTIONAL REVIEW BOARD IS RESPONSIBLE FOR ASSURING THAT YOUR RIGHTS AND WELFARE ARE PROTECTED. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT THE INSTITUTIONAL REVIEW BOARD CHAIR AT (402) 399-2400. *ADAPTED FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, IRB WITH PERMISSION.

Appendix G

Semi-Structured Interview Guide

1. What does Incivility mean to you?

       Probes: Have you had to deal with student behaviors as an administrator?

              What behaviors do you view as uncivil?

              What have you found has worked well in your position to manage these incidents?

              What has not worked well?

2. What do you think the effects of incivility in nursing education are?
       Probes: How does this impact faculty and students?

              How does this impact the profession of nursing?

3. Suppose a faculty member comes to you reporting a student displayed rude/disruptive behaviors towards them in class; tell me what you would do.

4. When a faculty member comes to you with reports of student incivility, what do you find helpful in managing these incidents?

Probes: Do you have institutional policies or guidelines to support you?

              Does your institution address the concept of incivility through professional development of faculty?

              Are there certain leadership attributes you believe are best in these situations?

              Do you have colleagues who support you?

              Do you discuss the topic of a civil learning environment and expectations with students? If so, how?
              What do you think would be most helpful?

5. What do you see as your role in managing incivility?

6. What do you believe are the most effective attributes of a leader?

7. What are three adjectives that faculty would use to describe you?

8. Some literature talks about the need for "zero tolerance" of uncivil behaviors. What does this mean to you?

Probes: What strategies would support this?

   What are the challenges you see in managing a "zero tolerance" philosophy?

9. Is there anything else I should know, or that you would like to share with me?

10. Is there anything you would like to ask me?

Appendix H

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Jane DeGooyer** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 05/22/2014.

Certification Number: 1472520.