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Academic Incivility in Nursing Education

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Academic Incivility in Nursing Education

by

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Approval Page

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Abstract

A well-documented and growing problem impacting the nursing shortage in the United States is the increasing shortage of qualified nursing faculty. Many factors contribute to the nursing faculty shortage such as retirement, dissatisfaction with the nursing faculty role and low salary compensation (American Association of Colleges of Nursing (AACN), 2005; Allen, 2008; National League of Nursing (NLN), 2010; American Association of Colleges of Nursing (AACN), 2011). Academic incivility has been identified as contributing to nursing faculty role dissatisfaction (Clark & Springer 2010). Academic incivility diminishes the presence of a caring environment, lowers an individual's self-esteem, and negatively impacts the formation of caring relationships (Luparell, 2007). Nursing faculty members who experience significant and ongoing academic incivility indicate they will leave nursing education as a career. (Luparell, 2005). The purpose of this Academic Incivility in Nursing Education (AINE) Project was to promote the utilization of evidence-based strategies to develop a civil educational environment for nursing faculty through active engagement and dialogue among a group of nursing faculty to address academic incivility. This AINE Project purpose was achieved by surveying a group of nursing faculty regarding their perceptions and experiences with academic incivility, and providing two continuing education sessions to address academic incivility, and to promote a civil educational environment. The findings from this AINE Project supported when academic incivility is perceived as mild within an educational environment there is increased work satisfaction and a positive relational engagement between the nursing faculty members.

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and invaluable item. She is a true friend and colleague with whom I have a great deal of respect.

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Chapter I

Introduction

A well-documented and growing problem impacting the nursing shortage in the United States is the increasing shortage of qualified nursing faculty. Many factors contribute to the faculty shortage such as retirement, dissatisfaction with the faculty role, and low salary compensation (AACN, 2005; AACN, 2011; Allen, 2008; NLN, 2010). The faculty experience with academic incivility from students and colleagues is a major factor that contributes to the dissatisfaction with the faculty role (AACN 2005; Allen 2008; Clark & Springer, 2010; Yordy, 2006). Academic nurse leaders need to address underlying factors related to academic incivility in nursing education (AINE) in order to successfully retain and recruit nursing faculty members (Allen, 2008; Clark, 2008a: Clark, 2008b; Luparell, 2007; NLN, 2006; Siela, Twibell, & Keller, 2009).

Nursing workforce data projects that 36% of full time nursing positions will be vacant by 2020 due to the nursing shortage (Allen, 2008). A growing problem impacting the nursing shortage in the United States is the increasing shortage of qualified nursing faculty. According to the National League for Nursing (NLN) 2006, approximately 1,390 full time nursing faculty positions were vacant, and more dramatically the nursing faculty shortage increased to 1,900 full time positions being vacant in 2007 (NLN, 2010). The number of applications to pre-licensure and post-licensure nursing programs is increasing each year, but nursing programs across all regions in the United States deny admission to qualified applicants (AACN, 2011; NLN, 2010). Pre-licensure nursing programs identified nursing faculty shortage, clinical agency availability, and classroom space as barriers to increasing enrollment (NLN, 2010). Post-licensure programs identified the

nursing faculty shortage as the primary reason for not expanding enrollment (NLN, 2010). In order to adequately meet the workforce demand for nurses, the nursing faculty shortage must first be addressed.

The increasing mean age of nursing faculty is contributing to the faculty shortage. Nursing faculty members with a doctoral degree over the age of 50 rose from 50.7% in 1993 to 70.3% in 2001 (Berlin & Sechrist, 2002). By 2004, the percent of doctoral prepared nursing faculty over the age of 50 rose to 77.2% (AACN, 2005). The percentage of nursing faculty with a master of science in nursing has a paralleling trend. Nursing faculty over age 50 with a master's degree as the highest credential increased from 32.6% in 1993 to 53.2% in 2004 (AACN, 2005). Nursing programs with vacant nursing faculty positions indicate the shortage of academically qualified faculty with a master's degree or a doctorate degree as a primary reason for the vacancy (AACN, 2011). Compounding the problem of aging faculty members, an estimated 48% of nursing faculty are over age 55 and are planning to retire in the next five to ten years (NLN, 2010). Retirement from a nursing faculty position accounted for 24% of resignations in 2006 (NLN, 2010). Lack of work fulfillment and satisfaction with the nursing faculty role was identified as the second most influential reason for deciding to retire from a nursing faculty position (Allen, 2008).

Although aging and the projected surge of faculty retirement in the next five years impacts the nursing shortage, these factors are uncontrollable and a natural course of events. Further inquiry into the key variables that influence faculty decisions to leave nursing education will shed additional light on the dimensions of the faculty shortage problem. Nursing faculty members do choose to leave a faculty position for reasons other

than retirement. Job dissatisfaction, workload, and low salary compensation are reported as primary reasons (AACN, 2005; AACN, 2011; Allen, 2008; NLN, 2010). Allen (2008) also describes faculty reports of work related stressors that contribute to feeling overwhelmed burnout and job dissatisfaction in the nursing faculty role. Academic nurse leaders need to explore underlying faculty role dissatisfaction in order to successfully retain and recruit nursing faculty members (Allen, 2008 Clark, 2008a: Clark, 2008b; Luparell, 2007; NLN, 2006; Siela et al., 2009).

The literature identifies faculty salaries as a barrier to recruiting a nursing faculty member, however, salary is not identified as a primary reason for leaving a faculty position. (AACN, 2005; AACN, 2011). Nurses with advanced degrees on average earn significantly higher annual salaries in clinical practice and hospital administration positions than nursing faculty positions with the same degree (Yordy, 2006). The earning potential of a nursing faculty position is not a motivating factor for an individual to choose to enter nursing education or to earn an advanced degree due to the cost and length of time to earn the advanced degree (Allen, 2008).

Dissatisfaction in the nursing faculty role is another contributing factor with the shortage of qualified nursing faculty members (AACN, 2011; Allen, 2008; Yordy, 2006). Factors identified that contribute to the dissatisfaction with the faculty role include heavy workload, pressure to maintain clinical practice, perceived lack of support from the academic institution, and the experience of academic incivility from students and colleagues (AACN 2005; AACN, 2011; Allen 2008; Clark & Springer, 2010; Yordy, 2006). Stress of the nursing faculty role contributes to the decision to leave nursing education and is well documented in the nursing literature.

Problem Statement

Fong (1993) completed a longitudinal study on the impact of work overload and perceived lack of support on faculty burnout with 84 nursing faculty members over a two year period. Lack of support from the nursing faculty member's department chair person was the greatest predictor for nursing faculty burnout (Fong, 1993). Similarly, Mobily (1991) surveyed 102 nursing faculty members to identify factors contributing to nursing faculty role strain. Work overload and interpersonal relationships were identified as significant factors impacting stress levels (Mobily, 1991). Rosser (2004) concluded that a nursing faculty perception of a negative work environment directly contributed to a decision to leave for another faculty position or to leave nursing education. A common theme from these three above studies support that relationships in the work environment directly impact a nursing faculty member's job satisfaction.

The experience of academic incivility fosters the formation of negative relationships and the amount of academic incivility is correlated with a negative work environment (Clark, 2008a; Luparell, 2007). Academic incivility is a contributing problem to dissatisfaction with the nursing faculty role and needs to be addressed as one method to promote the retention of nursing faculty members. Reducing the amount of academic incivility in nursing education can improve a nursing faculty member's satisfaction with the nursing faculty role and promote positive relational engagement between nursing faculty members.

Background Justification for the Project

Incivility in nursing is not a new concept. Krebs (1976) identified a pattern of disrespectful work relationship that was developing in health care. Managing

interpersonal conflict in nursing education has been an increasingly challenging problem. AINE between nursing faculty members diminishes the presence of a caring environment, lowers an individual's self-esteem, and negatively impacts the formation of caring relationships (Luparell, 2007). Clark, Farnsworth, and Landrum (2009) developed a conceptual definition for academic incivility as a set of rude or disruptive behaviors that interferes with the teaching and learning process. Behaviors such as belittling remarks, challenging a nursing faculty member's knowledge and expertise, and a sense of entitlement have been identified as examples of academic incivility (Clark & Springer, 2007). Making threatening comments is also identified as academic incivility but with a lower incidence of occurrence (Clark & Springer, 2007). Academic incivility is a process that has shared responsibilities between those involved (Clark, 2008c). Active engagement and dialogue to address academic incivility should include academic nurse leaders, nursing faculty members and nursing students.

The nursing literature supports that academic incivility has a negative impact on nursing faculty and nursing students. Nursing faculty members who experience significant and ongoing academic incivility indicate they will leave nursing education as a career (Luparell, 2005). In a follow up study, Luparell (2007) concluded experiencing academic incivility resulted in nursing faculty reporting decreased productivity, a decrease in self-esteem and confidence, and impacted the decision to leave a nursing faculty position. Clark and Springer (2007) found that 70% of nursing faculty responding to a survey believed academic incivility to be a significant problem in nursing education. Nursing faculty incivilities towards students has also been identified as problematic and

contributes to student anger and dissatisfaction with the education environment (Clark, 2008a).

A survey completed by the American Association of Colleges of Nursing identified that approximately 68,000 qualified applicants were denied admission to baccalaureate and graduate nursing programs due to nursing faculty shortage, clinical space limitation, and classroom space limitation (AACN, 2011). Faculty shortage was identified as the primary reason for applicants being denied admission in graduate programs, with approximately 11,000 applicants being denied admission (AACN, 2011). Increased enrollment in graduate programs is needed to develop new qualified nursing faculty members to teach in all levels of nursing.

The faculty shortage is a major barrier for increasing the nursing workforce to meet future health care delivery and nursing education needs. Initiatives to recruit faculty members will fail if faculty members do not find their role fulfilling (AACN, 2005). Luparell (2007) found that approximately 30% of a faculty sample surveyed cited leaving a faculty position due to the stress experienced from academic incivility. Incivility is an uncaring behavior, and when modeled by nursing faculty for nursing students, will encourage this uncaring behavior to continue as the student transitions into the professional nurse role (Luparell, 2011). Nursing faculty who role model caring relationships and caring behaviors will facilitate the student's relationship building skills and self-care abilities and decrease incivility within the profession. The review of the literature indicates academic incivility between faculty members is an experience that goes unaddressed and is not spoken about openly. Experiencing academic incivility

contributes to faculty dissatisfaction, and impacts faculty success and retention within the academic environment (Kolanko et al., 2006).

Thus, the development of strategies to promote caring relationships can have a two-fold impact. First, caring relationships can promote civil behaviors between faculty members and improve overall job satisfaction when one works in a caring environment (Duffy, 2009; Duffy, Baldwin, & Mastorovich, 2007). Secondly, nursing faculty who role model caring relationships can improve the nursing student's ability to emulate the same as the student enters into the profession (Luparell, 2011).

Purpose of the Study

The purpose of this Academic Incivility in Nursing Education (AINE) project was to promote the utilization of evidence-based strategies to develop a civil educational environment for nursing faculty through active engagement and dialogue among a group of nursing faculty to address academic incivility. To achieve the AINE Project purpose, a group of nursing faculty members were surveyed to describe the frequency, type, and effect of academic incivility the nursing faculty have observed and experienced using the incivility in nursing education faculty to faculty (INE F-F) survey tool. Following the distribution of the INE F-F survey, two continuing education offerings directed at increasing nursing faculty awareness of and ability to address academic incivility were provided by the project facilitator to the nursing faculty group. Evidence-based strategies from the Quality-Caring model by Joanne Duffy were incorporated into the continuing education offerings to promote the development of a civil educational environment for this group of nursing faculty members.

Project Questions

Three research questions were used to guide AINE Project. The research questions were measured using the INE F-F tool. The research questions were:

1. What types of uncivil behaviors have nursing faculty experienced or observed in the past 12 months?

2. How does experiencing or observing incivility from a nursing faculty member impact nursing faculty's job performance?

3. How does experiencing or observing incivility from a nursing faculty member impact nursing faculty's job satisfaction?

Definitions of Key Terms

The key terms defined for this project are as follows:

1. *Academic Incivility* - a set of rude or disruptive behaviors that interferes with the teaching and learning process (Clark et al., 2009).
2. *Academic Civility* - a set of interpersonal behaviors of respect and courtesy that is defined by a society (Clark & Carnosso, 2008).
3. *Caring* - occurs with actions of being authentically present with another human being where there is an awareness of mutual respect and reciprocal connection (Wade & Kasper, 2006).
4. *Colleagues* - individuals who are considered peers or co-workers where one individual does not have a formal hierarchal relationship with the other individual (Sheridan-Leos, 2008; Woelfie & McCaffrey, 2007).
5. *Community* - a group of individuals who share a common characteristic or specific environmental setting (Duffy, 2009, p 99).

6. *Educational offering* - the act of providing information to increase a participant's knowledge.
7. *Learning Environment* - the place in which teaching and learning occurs. The learning environment may be a physical place or a virtual place. (Galbraith & Jones, 2010).
8. *Nursing Faculty* - individuals who are responsible for developing and delivering a nursing curriculum.
9. *Nursing Student* - individuals who are enrolled in a course that has nursing content as the primary focus.
10. *Relationship* - when an individual engages with another human being for one or more interpersonal experiences. These experiences are complex and nonlinear that will grow over time (Duffy, 2009, p 30.).

Summary

The purpose of this AINE Project was to promote the utilization of evidence-based strategies to develop a civil educational environment for nursing faculty. The phrase "nurses eating their young" is used to refer to how nurses engage in uncivil acts towards each other (Sheridan-Leos, 2008; Woelfie & McCaffrey, 2007). Incivility in health care has been linked to decreased health status of employees, care-giver burnout, decreased patient outcomes, and lost productivity (Laschinger, Finegan, & Wilk, 2009a; Lewis & Malecha, 2011; Hutton & Gates, 2008). AINE potentially role models incivility as a professional value for those transitioning from nursing education into nursing practice to display in professional practice. The negative experience of incivility in nursing education is identified as a significant contributing factor for dissatisfaction with

the nursing faculty role. Promoting models that result in a more civil educational environment and gaining a better understanding to nursing faculty to faculty incivility are needed to address incivility in nursing education and promote civility in the educational environment.

Chapter II

Research Based Evidence

The shortage of qualified nursing faculty at all educational preparation levels has been well established (Allen, 2008; NLN, 2006; Siela et al., 2009). It is essential that the members of the nursing profession continue to recruit and retain new nursing faculty to meet the growing demand for nurses. Factors such as faculty perception of lack of support, workload, compensation, and academic incivility have been identified as contributing to the nursing faculty shortage (Allen, 2008; Luparell, 2007; NLN, 2006; Clark, 2008a; Clark, 2008b; Siela et al., 2009).

Academic incivility is a set of behaviors that include rudeness, bullying, or undermining of an individual that result in physical or mental distress in an individual (Clark & Springer, 2010; Ganske, 2010). Academic incivility is an uncaring act that negatively impacts the development of trusting and caring relationships and promotes a non-supportive work climate (Ganske 2010; Luparell, 2011). Academic incivility, when present in nursing education, negatively impacts the educational process and is counterproductive in the nursing profession, which is known for caring behaviors as an essential value (Clark & Springer, 2010; Ganske, 2010; Preheim, 2008).

Academic incivility in nursing education (AINE) leads to increased faculty turnover, decreased nursing student program satisfaction, and decreased nursing student retention (Clark & Kenaley, 2011). The experience of academic incivility contributes to nursing students integrating incivility as a professional behavior to carry into professional practice (Luparell, 2011). The Joint Commission has identified that incivility in the work place undermines a culture of safety in health care (Clark & Springer, 2010; Felblinger,

2009; Luparell, 2011). Incivility in the healthcare work environment increases patient medication and treatment errors, contributes to ineffective communication among the healthcare team and increases nursing turnover rates (Clark & Springer, 2010; Felblinger, 2009; Luparell, 2011). Addressing the uncaring act of AINE is a priority due to the costs associated with ineffective communication, increased nursing turnover, and patient errors (Felblinger, 2009; Lewis & Malecha, 2011).

To begin the literature review, a variety of databases were selected to complete a comprehensive review of the literature on the concept of incivility. Medical, health, and nursing databases searched included Cumulative Index for Nursing and Allied Health Literature (CINAHL), Consumer Health Complete, Health Source, PubMed, and Medline. Academic Search Premier and Education Resource Information Center (ERIC) databases were also included in the review of literature to gain a perspective of the concept of incivility outside healthcare. The key search terms of caring relationships, caring, faculty behaviors, student behaviors, civility, incivility, nursing education, bullying, workplace environment, and learning environment were applied in the search. Each key search term was entered independently with the years limited to 2005-2011.

Review of Literature

Civility

Civility generally is understood as a set of interpersonal behaviors of respect and courtesy that is defined by a society (Clark & Carnosso, 2008). Osatuke, Moore, Ward, Dyrenforth, and Belton (2009) stated that civil behaviors include personal interest, teamwork, conflict resolution, valuing individuality, and recognizing the contributions of team members. Osatuke et al. (2009) completed a quasi-experimental civility study in a

healthcare organization with divisions across the United States to test the implementation of a civility model. The sample comprised 46 work groups with 2,128 participants. A comparison of pre-intervention civility test scores were compared to post-intervention civility test scores with a univariate analysis of variance (ANOVA). Osatuke et al. (2009) found that the amount of civility present in an organization statistically significantly increased ($p < 0.001$) in the intervention groups and directly impacted the achievement of organizational goals as compared to the comparison groups. A limitation identified by Osatuke et al. (2009) was the participants not being randomly assigned to an intervention or comparison group.

Incivility

Incivility is generally understood as a set of rude and discourteous behaviors which violate mutual respect between individuals (Laschinger, Leiter, Day, & Gilin, 2009b). The act of incivility may be an intentional aggressive act or an unintentional passive act (Callahan, 2011). Incivility occurs within all types of relationships. Incivility can be further described as horizontal incivility and lateral incivility. Horizontal incivility is present when there is a hierarchal relationship between the person being uncivil and the person who is the target of the incivility (Sheridan-Leos, 2008; Woelfie & McCaffrey, 2007). The direction of horizontal incivility can be upward or downward (Marchiondo, Marchiondo, & Lasiter, 2010). Upward incivility is present when an employee is rude or disrespectful towards their manager or administration. Downward horizontal incivility would be present when administration or a manager is rude or disrespectful toward an employee. Horizontal incivility in academia occurs when a student is uncivil towards a

faculty member, when a faculty member is uncivil towards a student, or when the uncivil behavior is between a faculty member and administration (Marchiondo et al., 2010).

Lateral incivility is present in relationships that do not have hierarchy (Sheridan-Leos, 2008; Woelfie & McCaffrey, 2007). The uncivil behavior is occurring between individuals who are considered peers or co-workers where one individual does not have a formal hierarchal relationship with the other individual. Lateral incivility is present in academia when a student is uncivil towards another student or a faculty member is uncivil towards another faculty member of equal rank.

Laschinger et al. (2009b) conducted a cross-sectional quantitative survey study on the impact of a workplace empowerment model to address incivility in the workplace. A sample of 612 participants was recruited from five organizations. A multiple linear regression analysis was done to determine the relationship between the level of empowerment and the level of incivility in a work unit. The researchers found that work environments promoting individual empowerment had decreased perceived levels of incivility. Laschinger et al. (2009b) stated the cross-sectional design was a limitation and suggested a longitudinal study be conducted to determine the impact of empowerment on incivility over time.

Einarsen, Hoel, and Notelaers (2009) hypothesized a negative correlational relationship would exist between an employee's perception of health and well-being and the perceived quality of the work environment. A 22 item questionnaire was distributed to employees at 70 different organizations in Great Britain. A total of 5,288 surveys were returned for an overall response rate of 42.8%. A latent class cluster analysis was performed to identify and differentiate between groups who reported similar types and

frequency of workplace bullying. A total of seven clusters were identified. A Pearson product-moment correlation test was done to assess the relationship between health and well-being, and work related performance outcomes to the amount of bullying. Finally, a mean standardized score (z-scores) was compared for work-related outcomes for the seven latent class clusters. The findings of the study supported the hypothesis with statistically significant and moderately strong correlations between psychosomatic complaints and amount of perceived bullying. The r value was 0.42 at occasional bullying to 0.92 with the perception of severe bullying. As stated, the major limitation was that the study data was based upon self-reported data versus direct observation of relationships from Anglo-American cultures and suggested further studies are conducted with cross-cultural validations studies.

Incivility in Health Care

In order to better understand the phenomenon of nursing incivility, Gudiroz, Burnfield-Geimer, Clark, Schwetschenau, and Jex, (2010) developed a nursing incivility scale tool. These researchers conducted focus groups with nurse managers from a large, urban hospital in the Midwestern United States. A tool with 43 items divided into five sources of incivility was created. The developed incivility tool was then administered to 163 nurses in the hospital setting. The tool was found to be a reliable and valid instrument for measuring the incidence of incivility. Correlation studies were conducted on the survey data. The data analysis supported a negative correlation between satisfaction with pay and the amount of incivility experiences by the nurses ($r = -0.19$ $p < .05$). The researcher concluded that workplace incivility may contribute to the nursing shortage. Two limitations identified by Gudiroz et al. (2010) with the study related to a

possible method bias being introduced with a cross-sectional design approach and the validation study having been conducted in a single hospital. To address these limitations, the researchers recommended repetition of the study in other settings to rule out any organizational cultural bias from this study.

Lewis and Malecha (2011) conducted a non-experimental comparative research study using a survey method to investigate the impact of workplace incivility on direct care nurses' productivity. A total of 659 direct care nurses voluntarily participated. The study data found that 85% of nurses reported experiencing workplace incivility within the previous 12 months and 37% of nurses reported they had instigated an act of workplace incivility. Another consequence of workplace incivility is the cost associated with lost work productivity. According to Lewis and Malecha (2011) the correlation study supported that workplace incivility statistically impacted the direct care nurses' productivity at a cost of $11,581 per nurse in units where workplace incivility was perceived as high. The researchers did not specifically identify limitations of the study but did indicate there is no one tool used consistently in the literature.

Laschinger, Finegan, and Wilk (2009a) investigated the impact of incivility on nurses experiencing burnout and nurse retention using a non-experimental, quantitative research design. Five organizations participated in the survey study. This study is unique as only new graduate nurses with less than two years of professional experience were included with a total 247 new graduate registered nurses in the sample. A multiple linear regression analysis was performed on the variables of empowerment, incivility, burnout, and nurse retention rates. The researcher found significant strong relationships between the amounts of incivility to job satisfaction, work commitment, and turnover intentions.

Laschinger et al. (2009a) stated the cross-sectional design limits the ability for strong claims of a causal relationship and suggested a more longitudinal study be conducted with a larger sample to study the impact over time.

Hutton and Gates (2008) conducted a non-experimental quantitative study with 145 registered nurses and 33 nursing assistants to examine the incivility experienced by direct care staff in healthcare workplaces. The research objectives were to describe the types of incivility experienced, to determine if demographics of employees were related to the incivility experience, to determine if a relationship exists between incivility and staff productivity, and to determine the healthcare cost related to decreased productivity as a result of workplace incivility. The study setting was in a large Midwestern United States metropolitan hospital. A logistic regression analysis and correlation study was conducted on the data to answer the research objectives. The analysis supported four findings: (1) the cost of lost productively due to incivility totaled $264,847 for the sample population; (2) incivility from management and patients had a stronger impact on productivity than the frequency of incivility from other sources; (3) a higher level of incivility was reported from nursing assistants than registered nurses; and (4) no relationship regarding employee demographics and the degree of incivility was found (Hutton & Gates, 2008). The researchers identified the low response rate of 22%, the use of self-reporting measures, and the cross-sectional design as limitations within the study.

Pope and Burnes (2009) conducted a non-experimental quantitative study to examine the incidence and types of negative behaviors experienced or witnessed by healthcare workers in Great Britain. A stratified random sample design was applied to recruit participants to complete a questionnaire at two healthcare facilities. A total of 99

questionnaires were returned with the majority of the respondents being registered nurses. The majority of the respondents (74%) indicated that witnessing and/or experiencing negative workplace behaviors in the form of incivility and bullying had a negative impact on job satisfaction, work commitment, motivation and increased stress levels. The major limitation of the study was the small sample size, but the findings are supported by similar studies.

Academic Incivility

Academic incivility is similar to incivility as a set of rude or discourteous behaviors of an individual that has horizontal and lateral directionality. Academic incivility is further defined as disruptive behaviors that interfere with the teaching and learning process (Clark & Springer, 2010). As with the societal decline in civility, the academic environment has seen an increase in the frequency and degree of uncivil behaviors (Connelly, 2009; Gillroy, 2008). Braden and Smith (2006) state that academic incivility is a daily challenge for faculty to manage and there is the expectation that it will occur within the academic culture. Academic incivility occurs across all education disciplines and in both the face-to-face and online classroom environments (Galibraith & Jones, 2010)

One approach to address academic incivility in the college culture is the development of academic civility codes for faculty and students to follow (Connelly, 2009; Gillroy 2008). The purpose of an academic civility code is to increase individual awareness for personal accountability for civil behaviors and interactions with others (Connelly, 2009; Gillroy 2008). Academic civility codes have to be balanced with a set of expectations without infringing upon First Amendment rights established by the U.S.

Constitution (Gillroy, 2008). While academic civility codes establish an expectation of behaviors, these codes are a passive approach to address academic incivility.

Academic Civility in Nursing Education

The code of ethics for nurses developed by the American Nurses Association (ANA) in 2001 has a professional standard that registered nurses "in all professional relationships, practice with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems" (American Nurses Association (ANA), 2001). Nurse educators have a professional responsibility to follow the ANA code of ethics and instill these values in nursing students. The body of nursing literature supports that academic incivility is regularly experienced by nursing students and nursing faculty members. The practice environment for nurse educators is the classroom. Thus, nurse educators need to promote a culture of civility in the classroom environment to role model the values of the ANA code of ethics.

Luparell (2007) conducted a qualitative study to learn the effects of nursing students' incivility on nursing faculty. A sample of 21 nursing faculty from six states were recruited through attendees at a national nursing education conference and the use of snowballing technique. Data were collected through semi-structured interviews with each participant in person or via telephone conference. Themes were developed from the interview transcripts using in vivo coding method. Luparell (2007) found themes regarding the effect of incivility on faculty included a physical and emotional toll, time and financial costs to manage uncivil behaviors, negative educational experience, and decisions to leave nursing education. The findings of the study are not generalizable to

the larger population of nursing faculty members due to the qualitative research design, but the findings provide insight to guide further research on the impact of incivility in nursing education (Luperall, 2007).

Clark and Carnosso (2008) completed a concept analysis to develop an operational definition for civility in nursing education. A review of the literature was conducted in the nursing, political sciences, education, and sociology disciplines to identify definitions of civility. The researchers applied the Wilson's classic concept analysis procedure to develop an operational definition of civility in nursing education. The researchers suggested further research was needed to clearly define civility and how to measure civility due to the majority of the literature being focused on the concept of incivility versus civility.

Marchiondo et al. (2010) conducted a descriptive cross-sectional survey study with 152 senior nursing students from two Midwestern United States universities. The purpose of the study was to examine the effect of nursing faculty incivility on nursing student program satisfaction. Descriptive statistics with frequency tables were generated regarding sample population demographics, means scores for frequency of incivility experienced, and program satisfaction scores. A multiple linear regression analysis was then completed to determine the effect of faculty incivility on the nursing student's satisfaction with the nursing program. Demographic data of age, grade point average, and optimism score were controlled to limit the impact of possible extraneous variables. The linear regression analysis indicated that 22% of nursing student's program satisfaction is explained by nursing faculty incivility. Marchiondo et al. (2010) identified three limitations within the study: (1) only two universities were included in the study; (2) the

sample population demographics for gender and ethnicity did not match national demographic data for nursing students; (3) students who did not matriculate to their senior year were excluded from the study. Marchiondo et al. (2010) recommended further research be completed using longitudinal or experimental research designs.

Clark and Springer (2010) surveyed 126 academic nurse leaders in a non-experimental exploratory descriptive study. The purpose of the study was to identify stressors for nursing students and nursing faculty that may trigger uncivil behaviors along with the role of academic nurse leaders in addressing incivility. The data were reviewed by the researchers to develop common themes. Clark and Springer (2010) developed a list of the most common uncivil behaviors displayed by nursing students and by nursing faculty along with perceived nursing student and nursing faculty member stressors. Additionally, themes for how the academic nurse leader can promote a culture of academic civility were identified. Clark and Springer (2010) did not directly identify limitations in the study. The study identified the academic nurse leader's perception of what nursing faculty and nursing students would see as an uncivil behavior or stressors that contribute to uncivil behaviors in lieu of directly surveying nursing faculty and nursing students which should be considered.

Prior research conducted by Clark and Springer (2007) was a descriptive, quantitative, and non-experimental study to investigate the problem of incivility in nursing education as perceived by nursing faculty and nursing students. The sample of 32 nursing faculty and 324 nursing students was recruited from a large metropolitan Midwestern United States university. Participants completed a self-administered survey tool. A Cochran-Maentel-Haenszel test from epidemiology was performed. The data

analysis determined that nursing faculty and nursing students perception of incivility in nursing education differed with nursing students perceiving the frequency of incivility as higher than nursing faculty perception of incivility frequency. The vast majority (70%) of the participants stated that academic incivility in nursing education was a moderate to severe problem. The researchers identified the limitation of the study, which included utilizing only one university and a survey tool that did not have an established reliability and validity values.

Clark (2008a) completed a descriptive, mixed method design to survey 194 nursing faculty and 306 nursing students to investigate the problem of incivility in nursing education. The participants were recruited using a convenience sample method from those attending national nursing education conferences. Participants completed a self-administered tool to gather nursing faculty and nursing student's perspective to academic incivility. Descriptive statistics were tabulated on the survey items and displayed in frequency tables. The findings suggest that nursing faculty and nursing students perceive incivility in nursing education as a moderate to serious issue that needs to be addressed. Limitations of the study noted by Clark (2008a) included the use of a convenience sample, a homogeneous population that lacked diversity in gender and ethnicity and using a relatively new instrument to measure incivility.

Clark et al. (2009) completed a study to validate an incivility in nursing education tool. The pilot study to test the incivility in nursing education tool was completed in 2004 with a sample of 356 nursing faculty members and nursing students. Data from the 2004 pilot study guided revisions of the incivility in nursing education tool and the tool was further tested in 2006 with a convenience sample of 504 nursing faculty and nursing

students. The developed tool was found to be statistically reliable and valid with both the qualitative and quantitative items to measure the frequency, type, and severity of incivility experienced by nursing students and nursing faculty.

A collective summary of the studies in the literature review support that incivility has steadily increased in all societal settings including healthcare and academia. Collectively, the studies support the negative impact incivility has on individuals, organizations, and patient outcomes which is a significant concern. When low levels of incivility are perceived by individuals in the work environment or the academic environment, a significant correlation to improved job satisfaction, improved productivity, achievement of established goals, and reduced employee and student attrition is supported. The literature on the nursing faculty experience of uncivil behaviors indicates incivility contributes to a nursing faculty member job performance, job satisfaction, and directly impacts decisions to leave nursing education.

Gaps in Literature

Information gleaned from the literature review revealed that the frequency and severity of the presence of academic incivility is predominantly directed at studying horizontal academic incivility between nursing faculty and nursing students. The literature was also directed towards strategies to address horizontal academic incivility between nursing faculty and nursing students. Lateral academic incivility is an area in the literature with little supporting evidence on the frequency and severity of academic incivility between nursing faculty members. The experience of lateral academic incivility is an area that may go unspoken and unaddressed. Additionally, there is limited research

relative to the impact of faculty to faculty incivility but the amount of research is increasing.

Strengths and Limitations of Literature

Appraisal of the literature occurred with the studiers in the literature review using the Melnyk's hierarchy of evidence model. The Melnyk's model categorizes evidence into seven levels of strength. Expert opinion is identified as the weakest form of evidence with a level seven strength to meta-analysis as the strongest form of evidence with a level one strength (Fineout-Overholt, Melnyk, Stillwell, & Willamson, 2010).

A total of 22 studies were reviewed with the Melnyk's hierarchy of evidence model. Thirteen studies (59%) were identified as single descriptive and qualitative studies. Seven studies (32%) were identified at the next level of strength as systematic review of descriptive and qualitative studies. One study was a cohort study with a large group of individuals followed over time to evaluate the impact of incivility. One study was evaluated with a level three strength as a controlled trial with no randomization.

The strength of literature supports that the experience of incivility impacts an individual's level of perceived stress and work satisfaction, which leads to strained nursing faculty relationships and contributes to work retention rates. One limitation noted with the literature review, is the majority of the literature is at the lower end of the Melnyk's hierarchy of evidence model with a focus on individual descriptive and qualitative studies versus interventional studies. This AINE Project was based upon promoting the utilization of evidence-based strategies to develop a civil educational environment by evaluating the degree of incivility between nursing faculty members and

introducing the Quality-Caring Model as an interventional approach to develop a civil educational environment for nursing faculty.

Theoretical Framework and Conceptual Model

Civility in Nursing Education Model

A conceptual model by Clark (2008b) to promote civility in nursing education was developed in 2008. The civility in nursing education model shows the complexities of how the environment can promote either civil behaviors or uncivil behaviors. According to Clark (2008b), as stress levels of nursing faculty members and nursing student's increase, the risk of uncivil inter-personal encounters increase. When incivility is poorly addressed or ignored an environment with incivility develops in nursing education. An environment of civility is promoted with conflict management and when individuals actively engage in relationships with each other. An individual's sense of empowerment to change their situation was also identified as contributing to whether a civil or uncivil environment develops (Clark & Kenaley, 2011). When civility is present in nursing education, a caring and respectful work and learning environment evolves (Clark & Springer, 2010). Clark (2008b) indicates that caring relationships with positive mutual regard for others must be present for a civil environment to develop. The civility in nursing education model identifies how an environment of incivility or an environment of civility develops in nursing education but does not provide specific strategies to promote caring relationships within the nursing education community. Blending of the incivility in nursing education model with the Quality-Caring model will promote both a civil environment and caring relationships in nursing education.

Quality-Caring Model by Joanne Duffy

Joanne Duffy developed a mid-range theory titled the Quality-Caring model in 2003 and it was revised in 2009 (Duffy, 2009; Duffy & Hoskins, 2003). The Quality-Caring model draws heavily from two previously developed theories by Avedis Donabedian and Jean Watson (Duffy, 2009). The model developed by A. Donabedian proposes that the quality of health care outcomes is dependent upon the structures and processes within the health care provided (Donabedian, 2005). A major element with Watson's Theory of Human Caring is transpersonal caring-healing relationships (Caruso, Cisar, & Pipe, 2008). Duffy blended themes from Donabedian and Watson within the Quality-Caring model. A major premise for the Quality-Caring model is caring relationships positively influence health outcomes for all participants within the community (Duffy 2009; Duffy et al., 2007).

The Quality-Caring model has three main concepts: the community, relationship-centered professional encounters, and self-advancing systems. The community is comprised of human beings within an environment including patients, families, health care providers, and the health care system. The relationship-centered professional encounters occur in a three-way relationship between the health care team, the nurse, and the patient and their family. The foundation of the relationship is developed from eight caring factors: mutual-problem solving, attentive reassurance, human respect, encouraging manner, healing environment, appreciation of unique meanings, affiliation needs, and basic human needs. The application of the eight caring factors will promote the community (participants) feeling "cared for" and to form caring relationships with self, patients, families, and between team members. Caring relationships and an

individual's feeling cared for will result in the final concept of a self-advancing system to develop (Duffy, 2009; Duffy, Brewer, & Weaver, 2011; Duffy & Hoskins, 2003; Duffy et al., 2007). Ten assumptions from the Quality-Caring model to guide nursing practice to develop caring relationships include:

- Humans are multidimensional beings capable of growth and change.
- Humans exist in relationships to themselves, others, communities or groups, nature (or the environment), and the universe.
- Humans evolve over time and in space.
- Humans are inherently worthy.
- Caring is embedded in the daily work of nursing.
- Caring is a tangible concept that can be measured.
- Caring relationships benefit both the caregiver and the one being cared for.
- Caring relationships benefit society.
- Caring is done "in relationship".
- Feeling 'cared for' is a positive emotion (Duffy, 2009, pp197-198).

There are a total of 12 propositions within the Quality-Caring model which include:

- Human caring capacity can be developed.
- Engagement in communities through caring relationships enhances self-caring.
- Caring relationships are composed of discrete factors.
- Caring relationships require intent, specialized knowledge, and time.

- Engagement in communities through caring relationships enhances self-caring.
- Independent caring relationships between patients and nurses influence feeling "cared for".
- Collaborative caring relationships among nurses and members of health care team influence feeling "cared for".
- Feeling "cared for" is an antecedent to self-advancing systems.
- Feeling "cared for" influences the attainment of intermediate and terminal health outcomes.
- Self-advancement is a nonlinear, complex process that emerges over time and in space.
- Self-advancing systems are naturally self-caring and self-healing.
- Relationships characterized as caring contribute to individual, group, and system self-advancement (Duffy, 2009, pp198-199).

The Quality-Caring Conceptual Model will provide the foundation for this AINE Project. Four main concepts will be utilized to promote civility in nursing education. These concepts include: humans are worthy, caring relationships benefit both parties, caring occurs within relationships and feeling cared for is a positive emotion. The civility in nursing education middle range theory for establishing and nurturing collaborative relationships amongst nursing faculty will be a primary focus to promoting civility amongst nursing faculty. The INE F-F survey tool has empirical indicators to measure the impact of academic incivility on nursing faculty. Figure 1 displays the conceptual-theoretical-empirical structure for the AINE Project.

Conceptual Model (Quality-Caring Model) ↓	Community (nursing faculty)	Relationship-Centered Professional Encounters (humans are worthy, caring relationships)	Self-Advancing System (caring benefits both parties, feeling 'cared for' is a positive emotion)
Middle Range Theory (Civility in Nursing) ↓	Faculty Attitudes	Opportunities to engage	Culture of Civility
Empirical Indicators	INE F-F survey	INE F-F survey	INE F-F survey

Legend: INE F-F survey (incivility in nursing education faculty to faculty survey)

Figure 1. The Conceptual-Theoretical-Empirical Structure: Academic Civility

Stetler Model

Transitioning evidence-based practice into a culture for daily use is a systematic process that occurs over structured phases (Schmidt & Brown, 2012). The Stetler model has five phases: preparation, validation, decision making, application, and evaluation (Schmidt & Brown, 2012). The Stetler model will be utilized to guide the project facilitator with the formative and summative evaluation process during the AINE Project preparation and integrating evidence-based strategies from Civility in Nursing Education Model and the Quality-Caring Model into the two continuing education offerings.

Summary

Caring is a learned behavior through relationships with others and experiences with role models (Preheim, 2008; Duffy, 2009). In the nursing education community, nursing faculty members are dominant role models for nursing students (Preheim, 2008).

When students have a caring culture within the learning environment, the professional value of caring is learned and modeled when students enter the profession (Wade & Kasper, 2006). Development of caring faculty-faculty relationships, caring faculty-student relationships, and promotion of self-caring behaviors by faculty and students will facilitate the educational community to become a self-advancing system that will be self-caring and self-healing (Duffy, 2009). The three Quality-Caring model assumptions of caring in relationships, humans are inherently worthy and feeling "cared for" are vital to apply with achieving a caring relationship and a civil environment in nursing education. The incivility in nursing education conceptual model identifies how high stress contributes to uncivil behaviors, but if nursing faculty engages in conflict resolution a respectful educational community is developed and civil behaviors increase (Clark & Springer, 2010). Blending the use of the Quality-Caring model with the Incivility in Nursing Education model provided the foundation for addressing incivility in nursing education for this AINE Project.

Chapter III

Project Description

A review of the recent literature on academic incivility in nursing education supports that the frequency and severity of academic incivility is a growing problem. The presence of significant amounts of academic incivility creates an uncaring work and educational environment for nursing faculty members. Research studies on academic incivility in nursing education (AINE) have identified a large percentage of nursing faculty perceive the frequency and severity of academic incivility as problematic (Clark et al., 2009; Clark & Springer, 2007; Luperall, 2007). The experience of academic incivility has been shown to negatively impact a nursing faculty member's job dissatisfaction, self-esteem, and productivity (Luperall, 2007). After retirement, job dissatisfaction was the second most common reason identified for a nursing faculty member to leave a faculty position (Allen, 2008). Academic nurse leaders should address academic incivility as one method to improve nursing faculty job satisfaction and to promote retention of nursing faculty.

Project Implementation

To begin the AINE Project, a school of nursing was identified in the Piedmont area of North Carolina. The Dean for the identified school of nursing was contacted regarding interest in having a project on academic incivility presented to nursing faculty in September 2011. According to the Dean for the identified program, turnover of faculty is relatively low with only four to five new faculty members employed over the past three years. The Dean anecdotally has perceived an increase in uncivil behaviors directed toward nursing administration and between nursing faculty members over the past 18

months. The Dean shared specific examples of faculty members slamming doors when frustrated, a situation in which a faculty member threw a pen at another faculty member when the faculty member was not immediately available to assist them, and a third situation in which one faculty removed files from another faculty's desk secretly to make a copy as "proof" on a situation. Additionally, the Dean reported that the scores from the employee domain on the annual employee engagement survey decreased for the 2011 year. The annual engagement survey is based upon a national employee survey. The data from this survey are specific to the school and then benchmarked against the larger organization and to national data.

After the preliminary meeting with the Dean of the identified program, the project facilitator attended the December 2011 nursing faculty meeting to determine nursing faculty interest. Nursing faculty members of the identified program asked several questions about academic incivility, the Quality-Caring model, and how the project would be implemented. At the end of the discussion all nursing faculty members present at the nursing faculty meeting expressed interest in participating and learning more about academic incivility and the Quality-Caring model.

The required initial preceptor agreement contract to permit a project implementation in the school of nursing was signed by the Dean and the primary project facilitator in October 2011. The identified nursing program provided classroom space and use of classroom technology to offer the educational offerings on the topic of academic incivility and the Quality-Caring model. The Dean and the Associate Dean agreed to facilitate the sharing of information regarding the project with nursing faculty.

The INE F-F survey was distributed to the identified nursing faculty approximately one month prior to the first educational offering in September 2012. Data from the INE F-F were aggregated and integrated into the first educational offering. The second educational offering was completed approximately one month later in October 2012. The educational offerings were evaluated with the participants completing a continuing education (CE) participant evaluation form. The continuing education offering handouts can be located Appendix A and B.

Participants and Setting

The population for this capstone project consisted of nursing faculty employed in a pre-licensure registered nursing program in the Piedmont area of North Carolina. There are approximately nine pre-licensure registered nursing programs within a 50 mile radius from the selected nursing program. The nursing program employs approximately 17 nursing faculty members and has over 140 nursing students.

There is no tenure process for faculty with only two faculty rank options available. Nursing faculty with a Master of Science in Nursing has a Faculty II rank. Nursing faculty with a Bachelor in Nursing has a Faculty I rank. The majority of current nursing faculty members (N=16) holds the Faculty II rank. One nursing faculty member holds a Faculty I rank, and this faculty member is in the process of completing a Master of Science in Nursing degree. Nursing faculty members at the school have two to twenty-two years of experience in the nursing faculty role (M= 11.76 years; SD= 5.70 years).

This setting was appropriate for this project due to the Dean's perception that academic incivility has recently increased and the employee domain survey data indicating a decrease in job satisfaction. After meeting with the nursing faculty to discuss

the purpose of the AINE Project, there was general consensus of the nursing faculty for interest in participating in the project. The INE F-F survey responses supported the need for the AINE Project with a third (33%) of the nursing faculty self-reporting having a minimal confidence level with addressing academic incivility. An additional 41% of the nursing faculty self-reported a moderate confidence level with addressing academic incivility. Additionally the INE F-F survey responses identified eight uncivil behaviors as frequently occurring. Thus, the AINE Project may increase the confidence level for addressing incivility for a majority of the nursing faculty members and increase the nursing faculty member's awareness with behaviors that are negatively impacting the educational environment.

Design and Procedures

The basis of this AINE Project was to promote the utilization of evidence-based strategies to develop a civil educational environment for nursing faculty through active engagement and dialogue among a group of nursing faculty to address academic incivility. This project had a multi-step process that began with the quantitative collection of data from participants followed by two educational offerings on academic incivility and strategies to promote a culture of civility. The INE-F-F tool described the types and severity of incivility present within the identified faculty group. The educational offerings had the primary goal of increasing the participant's awareness to the impact academic incivility has within their educational environment. The education offerings also provided an opportunity for the participants to define what a civil and uncivil environment is for this faculty group. Finally, the educational offerings offered an opportunity for increasing the participant's ability to apply strategies for promoting civility and addressing

incivility. Specific learner objectives are identified on the Continuing Education CE Participant Evaluation Form and were listed at the beginning of each educational offering Power Point handout (Appendix A & B).

The INE F-F tool was administered at the beginning of the project to identify the frequency, types, and severity of academic incivility perceived by the identified nursing faculty group. The INE F-F tool was distributed electronically via email (Appendix C) and the nursing faculty group completed a survey via SurveyMonkey® web-based application. The INE F-F survey tool has questions that are quantifiable as it relates to frequency and severity of uncivil behaviors and has open ended questions to solicit the participant's opinions about academic incivility.The data from the INE F-F tool was analyzed using SurveyMonkey® software. The data from the INE F-F tool were used to customize the first educational offering to how academic incivility was defined by the nursing faculty group.

The first educational offering was 90 minutes in duration with a catered lunch provided. The first 45 minutes of the educational offering was focused on sharing the current literature on academic incivility in nursing education. The final 45 minutes of the first educational offering shared the data from the INE F-F survey and discussed what academic incivility means to this nursing faculty group. The CE participant evaluation form was distributed in a paper-pencil format with a fill-in-the bubble Scantron form to evaluate the participant's perception of achievement of the learning objectives for the first educational offering. Data from the CE participant evaluation form were used to customize the second educational offering to the needs of the nursing faculty group.

The second educational offering held approximately four weeks following the first educational offering was 90 minutes in duration with a catered lunch provided. The focus of the second educational offering provided a brief overview of the Quality-Caring Model by Joanne Duffy, discussed how the Quality-Caring Model can be applied in nursing education and shared how the Quality-Caring Model promotes self-care, care of others, and a culture of civility. The CE participant evaluation form was distributed in a paper-pencil format with a fill-in-the bubble Scantron form to evaluate the participant's perception of achievement of the learning objectives for the second educational offering. The CE certificate for contact hours was distributed to participants at the conclusion of each educational offering.

Protection of Human Subjects

Protection of participants was managed per the identified nursing school protocol. The project facilitator had completed CITI training prior to the project implementation to promote understanding of legal and ethical responsibilities when conducting research. The project was submitted to the facility's Institutional Review Board for review and approval. An information session was offered at the beginning of the project to discuss the purpose and answer questions from potential participants. The INE F-F survey tool questions were entered in the SurveyMonkey® electronic survey software to permit participants to complete the survey via an internet url link. The url link to access the INE F-F survey was emailed to the nursing faculty of the identified nursing program to complete anonymously. Participation in the INE F-F survey and educational offerings were voluntary with no consequence for deciding not to participate. CE units were provided to each nursing faculty for each educational offering attended so no

consequence occurs if a faculty member does not attend both educational offerings. Electronic informed consent to participate in the project was obtained when a participant completed the INE F-F survey tool. Participant's electronic and written answers cannot be directly linked back to the individual to promote confidentiality of information. Rosters of attendance were recorded for purposes of CE unit record keeping only.

Instruments

Open discussion about personal experience with lateral academic incivility may be difficult for faculty to share. Faculty may be concerned that they as an individual will be identified as engaging in uncivil behaviors or be embarrassed to share personal experiences. The data collection tools selected allowed the participant to anonymously share individual experiences with lateral academic incivility without blaming an individual or group of individuals as the cause.

Two data collection tools were utilized for the project, the Incivility in Nursing Education Faculty to Faculty version (INE F-F) survey tool and the CE Participant Evaluation form. The INE F-F survey tool measured the faculty perception of what lateral academic incivility is and the frequency of occurrence. The INE F-F survey tool also collected demographic data on the faculty participants. The INE F-F survey tool was developed in 2011. The project facilitator received permission from the tool's author to use the survey tool for the project and a licensing agreement was initiated. The INE F-F survey tool has 15 questions that collect data primarily at the ordinal and nominal level of measurement. The INE F-F survey has been used in two studies completed by the tool's author but final psychometric testing is still pending. The INE F-F survey tool was modeled from a previously developed survey the tool's author called the Incivility in

Nursing Education (INE) survey tool. The INE survey tool was originally developed in 2004 and revised in 2006 (Clark et al., 2009). The inter-item reliability coefficients scores for the INE survey tool student questions were found to range from 0.68 to 0.88 (Clark et al., 2009). The inter-item reliability coefficients scores for the INE survey tool faculty questions were found to range from 0.70 to 0.94 (Clark et al., 2009).

Eight questions in the INE F-F survey tool are directed towards demographic data in which the participant selected from predetermined categories for six of the questions. Two demographic questions are open ended to collect ratio level data for years in education and age. Two of the eight demographic questions were not used for the project due to the focus on academic rank and faculty tenure track. The identified nursing program does not use ranking or have a tenure track system for faculty. Two questions, with 16 sub-questions each, measure the participant's perception if a behavior is considered uncivil, and the frequency the participant has experienced or observed the behavior in the past 12 months using a four point Likert scale. Four questions collect data of the participants' perception on causes, severity and how to address lateral academic incivility in which the participants have predetermined categories to select and a generic "other" option if needed. The final question is an open ended question to solicit feedback from the participant regarding effective strategies to promote and address faculty to faculty civility.

The CE Participant Evaluation form is a tool required and developed by the continuing education department to be used for all CE offerings. The CE Participant Evaluation form has six sections. The first four sections apply a five point Likert scale and the last two sections have open-ended questions. Section one is directed toward

measuring the attainment of the CE course objectives, relation to purpose/goals, and appropriateness of teaching strategies. Section two has the participant rate the audiovisuals/handouts. Section three evaluates the expertise of the course presenter. Section four evaluates the environment of the course offering. Section five solicits information from the participants for application of the information from the course offering. Section six solicits feedback from the participant for suggestions and general comments. The CE Participant Evaluation form has had no formal psychometric testing studies conducted. Likert scale based tools are frequently used for a questionnaire and are commonly used to measure social and psychological concepts studies in nursing (Schmidt & Brown, 2012).

Data Collection

Transitioning evidence-based practice into a culture for daily use is a systematic process that occurs over structured phases (Schmidt & Brown, 2012). The Stetler model has five phases: preparation, validation, decision making, application, and evaluation (Schmidt & Brown, 2012). The purpose of formative evaluation is to gather information to guide improvements during the project. The purpose of summative evaluation is to evaluate achievement of objectives within the project. Formative evaluation for this AINE Project occurred during the first four phases of the Stetler model. Summative evaluation for this AINE Project occurred during the application and evaluation phase of the Stetler model.

During the preparation and validation phase, a review of the literature and scope of the problem with academic incivility in nursing education occurred to formulate research questions. A preliminary meeting with the Dean of the nursing program allowed

discussion for appropriateness of the setting and to gain perspective on how the project could benefit the nursing program. A follow up meeting with the Dean and Associate Dean occurred at the start of the project to further incorporate the needs of the nursing program from the nursing administration perspective. The INE F-F survey tool was given to the nursing faculty prior to the educational offerings on academic incivility and the Quality-Caring model as a strategy to promote civility. The data from the INE F-F tool at the beginning provided input from the nursing faculty perspective to identify the degree of academic incivility present and if the nursing faculty perceive there is a specific area of academic incivility to be addressed.

During the decision making phase and the application phase both formative and summative evaluation strategies were conducted. During phase III and phase IV of the Stetler model, a total of two educational offerings occurred with CE units provided. Each CE offering had established learner objectives that the participants completed a formal evaluation form in order to obtain CE units. The evaluation form for the CE units measured attainment of learner objectives for the presentation and had open-ended questions to solicit general feedback. The CE unit evaluation form from both educational offerings measured the attainment of the project purpose.

Data Analysis

The quantitative data collected from the INE F-F survey tool were analyzed by the SurveyMonkey® software. The demographic data were described with percentages for gender and ethnicity and with a mean for age and years as a nursing faculty member. The INE F-F survey questions regarding frequency and severity of uncivil behaviors were described with percentage of faculty selection for each question. The quantitative data

from the CE participant evaluation form were analyzed through an electronic opscan machine. The five point Likert scale had a mean value calculated to evaluate the participants' overall perception for achievement of learning objectives. While a Likert scale is technically considered at the ordinal level of measurement for data, Likert scale data commonly have ratio level tests applied due to a numerical value being assigned (Meyers, Gamst, & Guarino, 2006). The quantitative data from the administration of the INE F-F survey were used to answer the project research question for the types of uncivil behaviors a nursing faculty member has experienced, observed, and displayed towards another.

The qualitative data from the INE F-F survey tool and the CE participant form had data transcribed verbatim into a word file. Line-by-line coding was completed to identify emerging themes and categories after reading and re-reading the text. After data was separated into categories and themes, a peer debriefing was conducted to validate the agreement of assignment of data to a category and theme. Cohen's kappa for simple agreement on a coding to a category was set at 80 percent which is considered an acceptable level for qualitative coding (Myers et al., 2006). The use of Cohen's kappa will limit bias from the primary project facilitator and promote credibility and dependability of the qualitative data. The qualitative data from the INE F-F tool and the CE participant form answered the research question on how lateral incivility has impacted job performance and satisfaction with the nursing faculty role.

Timeline

The following timeline was used for the project:

- September 2011: Dean for identified school of nursing contacted.

- October 2011: Preceptor and facility agreements signed.
- November 2011: Contacted INE F-F tool author to request permission to use the Faculty to Faculty Incivility in Nursing Education survey tool (Appendix D).
- December 2011: Completed CITI training as required by Gardner-Webb University and the identified school of nursing.
- December 2011: Met with nursing faculty at the identified school of nursing to evaluate interest in participating.
- January 2012: Initiated Continuing Education Department faculty approval process.
- February 2012: Began the Institutional Review Board (IRB) process required by the school of nursing.
- March 2012: Developed education offering presentations on academic incivility and the Quality-Caring Model.
- March 2012: Met with Dean and Associate Dean of identified school of nursing to discuss expectations of the school of nursing and purpose of the project.
- May 2012: Conducted information sessions on the purpose of the project to nursing faculty members at the identified school of nursing.
- June 2012: IRB approval received.
- August 2012: Distributed the INE F-F survey tool to the nursing faculty members at the identified school of nursing.

- August 2012: Analyzed data from the INE F-F survey tool and identified themes for the frequency, type and severity of academic incivility present.
- September and October 2012: Presented educational offerings for CE credit on the topic of academic incivility and the Quality Caring Model. Shared findings from the INE F-F survey with the school of nursing.
- October and November 2012: Evaluation data from educational offerings were typed, categorized and analyzed.

Budget

Expenses for this AINE Project were primarily associated with the costs to obtain the CE certificates for educational offerings, SurveyMonkey®, and the catered lunches for each education offering. The application process to offer the CE units was a cost of $55. SurveyMonkey® was sufficient for distributing the INE F-F survey in a web based format and analyzing data obtained. There was no cost for access to SurveyMonkey®. A local catering company provided an estimated cost of $10 per person plus taxes and delivery for each educational offering. The final expense for the catered lunches provided at each educational offering was $497.96. The final expenses for the AINE Project totaled $552.96

Limitations

There was only one deviation from the planned AINE Project design from the original project proposal. In the original proposal, Statistical Package for the Social Sciences (SPSS) was to be used for data analysis of the INE F-F survey data. The project facilitator found that the SurveyMonkey® web based software was sufficient to analyze the INE F-F survey data.

Summary

The purpose of the AINE Project is to promote the utilization of evidence-based strategies from the Quality-Caring model to develop a civil educational environment for nursing faculty through active engagement and dialogue among a group of nursing faculty to address academic incivility. The data collection tools were relevant to the nature of the project and permission for use was granted by the tool's author. The quality program initiative was explained with the use of the educational offerings to increase awareness on academic incivility and strategies to address incivility and to promote civility. The setting selected and participant recruitment were appropriate to the nature of the AINE Project. A data analysis procedure was identified to determine how the findings can support answering the three developed research questions. Protection of participants was addressed to ensure all legal and ethical components of human research were maintained. Finally, the AINE Project implementation followed the original project proposal.

Chapter IV

Results

The purpose of this Academic Incivility in Nursing Education (AINE) Project was to promote the utilization of evidence-based strategies to develop a civil educational environment for nursing faculty through active engagement and dialogue among a group of nursing faculty to address academic incivility. The AINE Project purpose was accomplished through distribution of the INE F-F survey and offering two continuing education classes to the nursing faculty group focused on evidence-based strategies on how to promote a culture of civility. Satisfaction with the nursing faculty role is impacted by many contributing factors such as salary, workload and academic incivility (AACN, 2011; Allen, 2008; NLN, 2010). Academic incivility, when not effectively addressed, impacts a nursing faculty member's decision to leave the faculty role or academic institution for a new faculty position (Clark et al., 2009; Clark & Springer, 2007; Luperall, 2007). Thus, the need for this AINE Project was supported and results can contribute to the growing evidence-based information to address academic incivility.

Sample Characteristics

The population for this capstone project occurred with a pre-licensure registered nursing program in the Piedmont area of North Carolina with 17 nursing faculty members and over 140 nursing students. There is no tenure process for faculty with only two faculty rank options available. Nursing faculty members with a Master of Science in Nursing degree has a Faculty II rank. Nursing faculty members with a Bachelor of Science in Nursing degree has a Faculty I rank.

INE F-F survey participant description

The url link for the incivility in nursing education faculty to faculty (INE F-F) survey tool was sent to all 17 nursing faculty members via their nursing program email address (Appendix B). A total of 13 nursing faculty members completed the INE F-F survey for a 76% response rate. The participants were 92% female (n=12) and 8% male (n=1) with a mean age of 53.6 years and range of 37 years old to 66 years old. Ethnicity was 77% Caucasian (n= 10), 15% African-American (n=2) and 8% Hispanic (n=1). The mean number of years in the nursing faculty role was 11.76 years with a range of 4-22 years. Table 1 displays the demographic data collected from the INE F-F survey responses.

Table 1.

Demographics of Nursing Faculty

N=13	
Gender	
Female	92% (n=12)
Male	8% (n=1)
Ethnicity	
Caucasian	77% (n=10)
African-American	15% (n=2)
Hispanic	8% (n=1)
Mean age (range)	53.6 years (37-66 years)
Mean years as nursing faculty (range)	11.76 years (4-22 years)

Continuing Education Participants

Demographic data were not specifically collected from participants who attended the continuing education offerings, only the name of the participant and number of the participants who attended was tracked. The first continuing educational offering focused on defining academic incivility, shared the data collected from the INE F-F survey, and discussed strategies to promote civility. A total of 15 nursing faculty members participated in the first educational offering which was 88% of the nursing faculty. A second continuing education offering occurred approximately four weeks later with a focus on the Quality-Caring Model as an approach to promote a culture of civility. A total 14 nursing faculty members attended the second education offering which was 82% of the nursing faculty. Eighty percent (n=12) of those nursing faculty who attended the first continuing educational offering returned for the second educational offering. Those faculty members who did not attend both continuing educational offerings stated a conflict with their teaching schedule prohibited attendance. Reason for the nursing faculty member who did not attend either continuing educational offering is unknown.

Major Findings

INE F-F Survey

The INE F-F survey tool has two primary questions with 30 sub-questions each that are directed toward whether an individual considers a behavior uncivil or if the individual has experienced or observed the behavior in the previous 12 months. Twelve behaviors had 90% agreement as always or usually uncivil from the nursing faculty. Table 2 identifies the twelve questions with 90% or greater agreement of uncivil behaviors.

Table 2

Top Behaviors Identified as Uncivil

Behaviors identified as always or usually uncivil	Percentage of nursing faculty identifying
Made rude remarks or put-downs toward you or others	100%
Set you or a co-worker up to fail	100%
Withheld vital information necessary to perform your job duties	100%
Made personal attacks or threatening comments	100%
Made racial, ethnic, sexual, gender, or religious slurs	100%
Made physical threats against another faculty member	100%
Sent inappropriate e-mails to other faculty	92.3%
Encouraged others to turn against you or another co-worker	92.3%
Made rude non-verbal behaviors or gestures toward you or others	91.7%
Used the "silent treatment" against you or co-workers	91.6%
Took credit for another faculty member's work/contributions	91.5%
Forwarded your private e-mails to someone else without your knowledge or permission	90.9%

Nursing faculty members identified eight behaviors as being frequently observed or experienced by at least 25% of the participants completing the INE F-F survey. The two most frequently observed or experienced behaviors were resistance to change or unwilling to negotiate and secretive meetings behind closed doors. The third most experienced/observed behavior identified was being intentionally excluded or left out, which has a related theme to the second most experienced/observed behavior of engaging in secretive meeting. The behavior of intentionally excluding others was also seen as being uncivil by the majority of the nursing faculty work group. Table 3 displays the

behaviors frequently observed or experienced by the nursing faculty in the previous 12 months.

Table 3

Behaviors Experienced or Observed

Behavior Experienced or Observed in previous 12 months	Percentage of faculty who have experienced or observed in previous 12 months	Percentage of Faculty who have identified as always or usually uncivil
Resisted change or were unwilling to negotiate	54.6%	75%
Engaged in secretive meetings behind closed doors	54.5%	61.6%
Intentionally excluded or left others out of activities	36.4%	84.6%
Challenged another faculty member's knowledge or Credibility	33.3%	46.2%
Breeched a confidence (shared personal information about you)	27.3%	69.2%
Consistently failed to perform his or her share of the workload	27.3%	76.9%
Made rude remarks or put-downs toward you or others	25%	91.7%
Gossiped or started rumors about you or other people	25%	84.6%

Academic incivility between faculty members was perceived to be only a mild problem by the majority of the respondents (69%). Two respondents (15%) perceived faculty to faculty incivility as a moderate problem, one respondent (8%) perceived

faculty to faculty incivility as a serious problem and one respondent (8%) did not see incivility as a problem. The impact of faculty to faculty incivility was not perceived as impacting job performance with 38.5% responding as no impact and 38.5% as mild impact. Job satisfaction was also noted as only being mildly impacted by faculty to faculty academic incivility with 61.5% rating the impact as mild and 23.1% as no impact to their job satisfaction. Table 4 reflects the INE F-F data regarding degree of problem, impact on job performance, and impact on job satisfaction incivility has on the respondent.

Table 4

Faculty Perceptions of Severity of Incivility, Impact on Job Performance and Job Satisfaction

	No Problem	Mild Problem	Moderate Problem	Serious Problem	Don't know
Severity of Academic Incivility	7.7%	69.2%	15.4%	7.7%	0%
Impact on Job Performance	38.5%	38.5%	15.4%	0%	7.7%
Impact on Job Satisfaction	23.1%	61.5%	7.7%	0%	7.7%

A significant finding relates to a third (33.3%) of the respondents rated their confidence level with addressing academic incivility as minimal. A majority of the respondents (41.7%) rated their confidence level with addressing academic incivility as moderate. The remaining respondents (25%) rated their confidence level with addressing

academic incivility as high. Table 5 displays confidence level as perceived by the respondents.

Table 5

Confidence Level with Addressing Faculty Incivility

Please indicate the level of confidence you have in addressing faculty incivility	
Answer Options	Response Percent
High level of confidence	25.0%
Moderate level of confidence	41.7%
Minimal level of confidence	33.3%
No confidence at all	0.0%

The INE F-F survey has three questions that allowed the respondent to write an individual response. The first question with a comment section was related to reasons the respondent would avoid dealing with faculty incivility. Two written answers received for the first question with a comment section are "newest person on faculty...would anyone listen?" and "do not like or deal with confrontation well". Respondents to the first question with a comment section also selected from provided options (Table 6). Fifty percent of the respondents indicated they do not avoid addressing academic incivility.

Table 6

Reasons for Avoiding Faculty Incivility

If you avoid dealing with faculty incivility, what keeps you from addressing it? (Check all that apply)	
Answer Options	Response Percent
Lack of knowledge and skills	10.0%
Fear of retaliation	20.0%
It takes too much time and effort	10.0%
Do not have a clear policy to address faculty incivility	20.0%
Addressing it may lead to poor peer evaluations	20.0%
Lack of administrator support	10.0%
Do not avoid	50.0%

The second question with a comment section solicited feedback from the respondents on factors that contribute to faculty to faculty incivility. No written comments were received for this question from respondents. All respondents to the third question with a comment section selected from provided options (Table 7). Stress, organizational conditions, unclear roles, workload, multiple roles and faculty superiority were all identified as major contributing factors to faculty to faculty incivility.

Table 7

Factors that Contribute to Faculty Incivility

In your opinion, which factors contribute to faculty-to-faculty incivility in the academic environment? (Check all that apply)	
Answer Options	Response Percent
Stress	61.5%
Organizational conditions/ volatility/stressful	53.8%
Unclear roles and expectations and imbalance of power	46.2%
Student entitlement	7.7%
Demanding workloads	46.2%
Technology overload/changes	7.7%
Juggling multiple roles	46.2%
Inadequate resources (financial, human, informational, etc)	15.4%
Faculty superiority	46.2%
Balancing teaching acumen with clinical competence	7.7%
Lack of knowledge and skills in managing conflict	30.8%

The third question with a comment section solicited feedback from the respondent on how to promote faculty civility. Ten respondents provided written comments for the third question with a comment section. Two emerging themes were identified for the third question with a comment section: addressing acts of incivility at the time of occurrence and ongoing open communication regarding incivility (Table 8). A third

theme is potentially present as two respondents referenced the need for a policy to address civility expectations. Cohen's kappa for simple agreement on a coding to a theme for the third question with a comment section was 100% agreement.

Table 8

Faculty Suggestions for Promoting Civility

Theme 1 Addressing at time of occurrence	Theme 2 Open Communication	Other Comments
• Deal with it as issues arise • Address it when it is happening if possible. If not possible at the time of occurrence then it should be addressed as soon as possible after the occurrence. • Discuss it with that person • Recognize it, call it out (too often the offenders do not recognize what they are doing)	• Openly address the issue, initially with the entire faculty and address individually as appropriate. • Open communication and administrative support when conflict occurs. • Direct assertive communication sooner rather than later. • Open discussion and communication	• Require in-service, team building efforts • Have a no tolerance policy • Set a standard of civility and back it up by a policy that is enforced

Continuing Education Evaluation Data

The first educational offering titled Academic Incivility in Nursing Education was conducted on September 9, 2012 with 13 of the 15 participants completing an evaluation form. There were four identified learning objectives for the Academic Incivility in Nursing Education offering. The learning objectives for the first educational offering were measured using a five point Likert scale with excellent at a five rating and unsatisfactory at a one rating. Mean Likert values for the first educational learning ranged from 4.75 to 4.92 (Table 9). The full evaluation form for the first educational offering can be located in Appendix E.

Table 9

Academic Incivility in Nursing Education Learning Objective

Objective	Categories	Excellent	Good	Adequate	Poor	Unsatisfactory	Score
The participant will be able to discuss what academic incivility is in nursing education.	Objective achieved	12	1	0	0	0	4.92
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	10	3	0	0	0	4.77
The participant will be able to identify factors that contribute to academic incivility in nursing education.	Objective achieved	12	1	0	0	0	4.92
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	11	1	0	0	0	4.77
The participant will be able to connect his or her individual experiences with academic incivility to the effect it has on them personally.	Objective achieved	12	1	0	0	0	4.92
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	11	2	0	0	0	4.85
The participate will be able to discuss evidence-based strategies to promote a culture of civility in nursing education.	Objective achieved	11	0	1	0	0	4.83
	Relation to purpose/goals	11	0	1	0	0	4.83
	Appropriateness of teaching strategies	10	1	1	0	0	4.75

Two questions on the evaluation form for the first educational offering solicited written comments related to how the participant can apply information from the offering. Ten participants provided written comments. Two themes were identified with the written comments from the first educational offering: personal reflection and personal accountability to not engage in uncivil behaviors (Table 10). Cohen's kappa for simple agreement on a coding to a theme in the first educational offering was 100% agreement.

Table 10

Academic Incivility in Nursing Education Written Comments

Theme 1: Personal Reflection	Theme 2: Personal Accountability	Other comments
• Self-reflection • Personal Understanding • Makes you more aware of the things you do/say	• Work hard not to be a part of incivility • Observe and listen more carefully • I will be much more aware of my actions and how they impact others	• To make a policy and have a procedure in our workplace • Provided me a greater understanding of the topic • I would like to see culture of a school and its impact on this • Bringing your perspective of new faculty stating "how they did it previously" and wanting to inject this rather than integrating it in the current culture

The second educational offering titled the Quality-Caring Model was conducted on October 8, 2012 with 13 of the 14 participants completing an evaluation form. There were four identified learning objectives for the Quality-Caring Model educational offering. The learning objectives for the second educational offering were also measured using a five point Likert scale with excellent at a five rating and unsatisfactory at a one

rating. Mean Likert values for the second educational learning ranged from 4.77 to 5.00 (Table 11). The full evaluation form for the second educational offering can be located in Appendix F.

Table 11

Quality-Caring Model Learning Objectives

Objective	Categories	Excellent	Good	Adequate	Poor	Unsatisfactory	Score
The presentation provides a global overview of the Quality-Caring Model by Joanne Duffy	Objective achieved	13	0	0	0	0	5.00
	Relation to purpose/goals	13	0	0	0	0	5.00
	Appropriateness of teaching strategies	13	0	0	0	0	5.00
The participant will be able to discuss how Quality-Caring Model is applicable in nursing education to promote a culture of civility in nursing education.	Objective achieved	13	0	0	0	0	5.00
	Relation to purpose/goals	13	0	0	0	0	5.00
	Appropriateness of teaching strategies	13	0	0	0	0	5.00
The participant will be able to list strategies from the Quality-Caring Model to address academic incivility in nursing education.	Objective achieved	10	3	0	0	0	4.77
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	11	2	0	0	0	4.85
The participant will have increased individual confidence in the ability to address incivility in nursing education.	Objective achieved	11	2	0	0	0	4.85
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	12	1	0	0	0	4.92

Two questions on the evaluation form for the second educational offering solicited written comments related to how the participant can apply information from the offering. Six participants provided written comments. One theme with the written

comments from the second educational offering was identified as personal reflection. Five of the six written comments were related to this theme (Table 12). Cohen's kappa for simple agreement on a coding to a theme in the second educational offering was 100% agreement.

Table 12

Quality-Caring Model Written Comments

Theme: Personal reflection	Other comment
• Self-reflection upon my actions in civil relationships • Be more aware in the workplace of issues • Respect others. 100/0 principle with colleagues • Personal growth • All of it has made me more aware of me as a teacher and how I need to change some of my behaviors	• I plan to apply knowledge gained from this presentation to my role as nurse educator. Now that I am more cognizant of the Quality-Caring Model, I will be able apply strategies to both teaching and learning

Summary

In this fourth chapter, the descriptive statistics from the INE F-F survey and the continuing education participant evaluation forms were presented. The INE F-F survey was distributed to 17 potential participants with a 76% response rate (n=13). INE F-F survey data indicated that the respondents' perceived faculty to faculty incivility as a mild problem but only 25% of the respondents had a high degree of confidence with addressing incivility with 30% indicating a lack of skills to address incivility as a factor that contributes to incivility. Stress, role demands, workload, and faculty superiority were

other major factors identified as contributing to faculty to faculty incivility. Two qualitative themes emerged from written responses on how to promote civility: actively addressing acts of incivility and open communication regarding incivility. These two themes from the INE F-F survey are addressed by the Quality-Caring model and the Civility in Nursing Education model.

The vast majority (94%) of the potential participants also participated in at least one of the educational offerings and 80% of the potential participants attended both educational offerings. The participants who attended in the educational offerings found the educational offerings as beneficial with achievement of the learning objectives. Personal reflection and personal accountability were two qualitative themes participants identified as how the participants planned to use the information from the educational offerings. Chapter five will discuss how the significance of these findings can be used to promote a culture of civility in nursing education.

Chapter V

Discussion

The purpose of this Academic Incivility in Nursing Education (AINE) Project was to promote the utilization of evidence-based strategies to develop a civil educational environment for nursing faculty. This AINE Project identified and described the experience of academic incivility with a small group of nursing faculty members in a pre-licensure nursing program. Two research questions for the AINE Project explored the impact the experience of academic incivility has on job satisfaction and job performance. One of the AINE research questions also identified what behaviors the group of nursing faculty members perceived as uncivil and the behaviors that were being observed or experienced frequently. The project facilitator offered two educational offerings to the identified nursing faculty group to provide evidence-based strategies and theoretical models to address incivility and promote a culture of civility within the educational environment.

Implication of Findings

The faculty responses from the Incivility in Nursing Education Faculty-Faculty (INE F-F) survey identified 12 behaviors the nursing faculty group had 90% consensus as being considered uncivil. The INE F-F survey faculty responses also identified eight commonly considered uncivil behaviors as being experienced by the nursing faculty group. Only one commonly considered uncivil behavior had both 90% consensus as uncivil by the nursing faculty group and was perceived as regularly occurring within the nursing faculty group. The behavior of making rude remarks or put downs was both considered uncivil and was experienced by the nursing faculty group. Seven of the eight

identified behaviors being observed and experienced also had majority consensus as being uncivil. The frequency of observed and experienced uncivil behaviors is congruent with the nursing faculty group perception as academic incivility being a mild problem within the group and only having a mild impact on job performance and job satisfaction.

The degree and severity of academic incivility experienced by this nursing faculty group was not consistent with the literature which supports approximately 70-85% of nursing faculty have experienced incivility and perceive incivility as a moderate to severe problem (Clark, 2008a; Clark & Springer 2007; Luparell, 2007; Pope & Burnes, 2008) . The nursing faculty for this AINE Project has experienced a low turnover rate for several years. The low turnover rate with nursing faculty is congruent with the perception that academic incivility is not a significant problem within the work environment (Luparell, 2007).

The qualitative faculty responses from the INE F-F survey and the continuing education (CE) evaluation form identified themes around directly addressing acts of academic incivility, having open communication, personal accountability with not engaging in academic incivility, and self-reflection with how to promote a civil culture. The qualitative themes from the AINE Project are also congruent with suggested strategies in the literature to promote a culture of civility (Clark, 2008b, Clark & Spring 2010; Duffy, 2009; Luparell, 2007). While comments were identified on the CE evaluation data regarding the education offerings increasing awareness to academic incivility, the nursing faculty group identified confidence with addressing academic incivility as area for development. The INE F-F survey data revealed 25% of the nursing

faculty group had a high confidence level with addressing academic incivility and 50% did not avoid addressing academic incivility.

Both educational offerings had over 80% attendance from members of the nursing faculty group. Achievement of the learning objectives for both educational offerings was supported by the CE evaluation data. All respondents indicated the educational offerings increased their awareness of strategies to address academic incivility and all respondents indicated their confidence level with addressing academic incivility increased. The high voluntary response rate with the INE F-F survey and the high voluntary attendance with the educational offerings supports this nursing faculty group had an interest in the topic of promoting a culture of civility.

Application to Theoretical/Conceptual Framework

Nursing faculty members have demanding professional workloads and personal family demands which can contribute to overall stress levels and academic incivility (Clark, 2008b; Duffy 2009). Personal satisfaction within the work environment is linked to caring relationships with colleagues (Clark, 2008b; Fong, 1993; Luparell, 2007; Mobily, 1991; Rosser, 2004). The Quality-Caring Model and the Civility in Nursing Education model basic premise to promote a culture of civility is within the presence of caring relationships between individuals (Clark, 2008b; Duffy, 2009). Theoretical knowledge with how to promote caring relationships is integrated into nursing curriculums but the heart of learning how to promote caring relationships is through experiencing caring relationships and caring role modeling by nursing faculty (Duffy, 2009).

The Quality-Caring Model and the Civility in Nursing Education model focus on caring relationships made both models ideal for selection to apply within this AINE Project. Only two uncivil behaviors of 30 potential uncivil behaviors from the INE F-F survey data were identified as being experienced by more than 50% of the faculty. Six additional uncivil behaviors from the INE F-F were identified as being experienced by 25% to 36% of the faculty. The nursing faculty group responses indicate that academic incivility was only a mild problem and academic incivility had only a mild impact on nursing faculty job satisfaction and job performance. The findings from the INE F-F survey are congruent with the Quality-Caring Model and Civility in Nursing Education assumptions that when caring relationships are present, a culture of civility develops.

Limitations

The two primary limitations of this AINE Project were the geographic limitation to one school of nursing and the small sample size of 15 nursing faculty participants. Pilot project are intentionally small in nature and limited to one setting to test feasibility of implementation (Houser, 2012). The INE F-F survey tool, while very specific to the variables of this AINE Project, is a limitation due to the tool not having final psychometric testing for reliability and validity. The INE F-F survey tool was modeled after a similar incivility in nursing education survey tool with inter-item reliability coefficients scores ranging from 0.68 to 0.94 (Clark et al., 2009). This AINE Project was also limited with the duration of time the project facilitator interacted with the nursing faculty work group. The brief duration of time spent with the nursing faculty work group is a limitation to consider as it related to long term ability or commitment of the nursing

faculty work group to integrate the strategies discussed with promoting a culture of civility within their academic environment.

Additional limitations are related to assumptions of the project facilitator. A primary assumption of the project facilitator is related to the underpinning that when caring relationships are present in an environment that civility will be promoted. Another assumption is that work performance and satisfaction will increase with a decrease in incivility. The literature review supports both project facilitator assumptions. The project facilitator solicited input about factors contributing to lateral incivility and an uncivil environment through the administration of the INE F-F survey. The INE F-F tool will identify if lateral incivility is being impacted significantly by other factors such as workload, lack of resources, or student entitlement. The use of a second peer review for qualitative themes promoted credibility and dependability of the qualitative data analysis.

Two incentives were offered to encourage nursing faculty members to attend the educational offerings and complete the INE F-F survey. These incentives were the catered lunches and continuing education units. These incentives provide only minimal monetary value to reduce self-selection to voluntarily participate. The Dean of the selected nursing program confirmed that all nursing faculty have access to continuing education monies ranging from $900 to $1,500 per year depending on years of service.

Implications for Nursing

The literature supports that academic incivility has been increasing and nursing faculty members are regularly managing academic incivility as part of their faculty roles (Braden & Smith, 2006; Connelly, 2009; Gillroy, 2008). While the findings from the AINE Project were not consistent with the larger body of evidence for the presence and

severity of academic incivility, the AINE Project findings did support that a primary implication for nursing education practice is to have ongoing open dialogue about academic incivility. This ongoing dialogue needs to define what academic civility and incivility are for the specific nursing faculty work group, as each work culture has unique characteristics. The dialogue discussing academic incivility cannot be a onetime conversation but a conversation that regularly occurs over time. A nursing program systematic plan of evaluation needs to incorporate a regular review of academic civility within the nursing program and have active steps to address academic incivility.

A second implication for practice is the development of a civility code of conduct. Once a nursing faculty work group defines what a civil culture is, this then allows the nursing faculty work group to develop a civility code of conduct for all to follow. A civility code by itself is a passive approach to address incivility, but the civility code can support and empower an individual nursing faculty member to actively and directly address acts of incivility.

A third implication for practice is increasing individual nursing faculty member's confidence with managing academic incivility. The findings from this AINE Project identified that the nursing faculty work group had a common consensus with what academic incivility is but only 25% of the sample nursing faculty work group self-identified as having high level of confidence with addressing academic incivility. The regular and ongoing structured dialogue about academic incivility should include strategies to address incivility, along with role playing scenarios with how to manage and address acts of academic incivility.

A final implication for practice involves each nursing faculty member taking personal responsibility for actions that create a culture of civility. Each faculty member should review how their individual actions, behaviors or comments impact their colleague's perception of a civil or uncivil culture. An honest self-review provides an individual insight with how each nursing faculty member contributes to a culture of civility and promotes the nursing faculty community as a self-advancing system (Duffy, 2009).

Recommendations

The findings from this AINE Project are consistent with the literature, the Quality-Caring model, and the Civility in Nursing model, that when incivility is perceived as mild within a nursing faculty community that there is increased work satisfaction and positive engagement between nursing faculty members (Clark & Springer, 2010; Duffy, 2009; Fong, 1993; Rosser, 2004). Academic nurse leaders and nursing faculty members have an obligation to regularly review their academic environment for factors that impact nursing faculty role satisfaction and factors that impact the nursing program academic environment. Nursing programs that are experiencing increased nursing faculty turnover or dissatisfaction with the nursing faculty role should consider conducting an evaluation of the nursing faculty work group perception for the prevalence and severity of academic incivility.

The INE F-F survey tool used in this AINE Project is primarily focused on identifying uncivil faculty behaviors, but also includes questions that can identify other academic environment factors that contribute to academic incivility. Environmental factors such as high workload, lack of resources, technology integration, and clinical

practice demands can also contribute to nursing faculty role dissatisfaction. Identifying potential factors that are negatively impacting the academic environment allows the underlying problems to be addressed and evidence-based strategies implemented and hard wired within the academic environment.

This AINE Project had short time duration and was limited to one nursing faculty work group that was known to have a low nursing faculty turnover rate prior to the AINE Project implementation. More information and analysis of the AINE Project nursing faculty work group is needed to determine primary factors contributing to the nursing faculty work group longevity. Replication of the AINE Project within a nursing faculty work group that had a high faculty turnover rate or high nursing faculty role dissatisfaction and with a longer implementation phase is needed to evaluate impact of the Quality-Caring Model with promoting a culture of civility. Future studies comparing nursing faculty role satisfaction in environments where civility is perceived as high and low may assist in determining if the prevalence and severity of incivility is a causal relationship or a correlation factor to nursing faculty role satisfaction.

Conclusion

This AINE evidence-based project purpose was to promote the utilization of evidence-based strategies to develop a civil educational environment for nursing faculty through active engagement and dialogue among a group of nursing faculty to address academic incivility. The AINE Project accomplished the purpose through two primary methods:

1. The distribution of the INE F-F survey to identify and describe the experience of academic incivility among a group of nursing faculty.

2. Offering two continuing education offerings to increase the nursing faculty group's awareness of the concept of academic incivility, and to increase the nursing faculty group's confidence level with addressing academic incivility to promote a civil educational environment.

The INE F-F survey responses identified the two predominate behaviors that the nursing faculty work group identified as uncivil and was frequently occurring within the academic environment with a third related behavior occurring with less prevalence. These behaviors were resistance to change or unwilling to negotiate, engaging in secretive meetings, and intentionally excluding individuals. The nursing faculty group for this AINE Project now has baseline data from which to draw upon to continue to promote a culture of civility. The base-line data will allow the nursing faculty group to develop a code of conduct to address academic incivility that is unique to their academic environment.

The continuing education session evaluation responses indicated the participants had an increased awareness for the concept of academic incivility and the continuing education offerings increased the participants' confidence level with addressing academic incivility. The experience of academic incivility, while at a lower prevalence rate for this nursing faculty group than indicated in the literature, can still negatively impact the academic environment and individual nursing faculty member role satisfaction. Increasing awareness of academic incivility and increasing confidence with addressing academic incivility, even on a small scale, can make a difference. With ongoing dialogue and continued training regarding a culture of civility, nursing faculty members can

improve the academic experience for nursing students and create an academic environment that nurtures the nursing faculty member's satisfaction with the faculty role.

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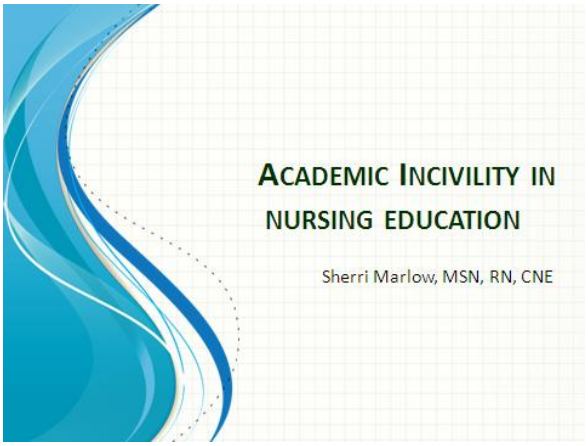
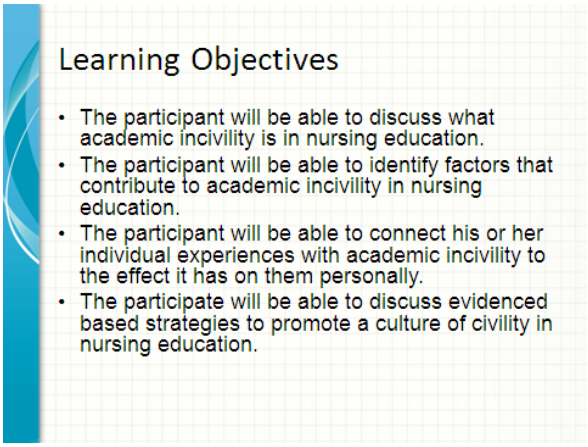
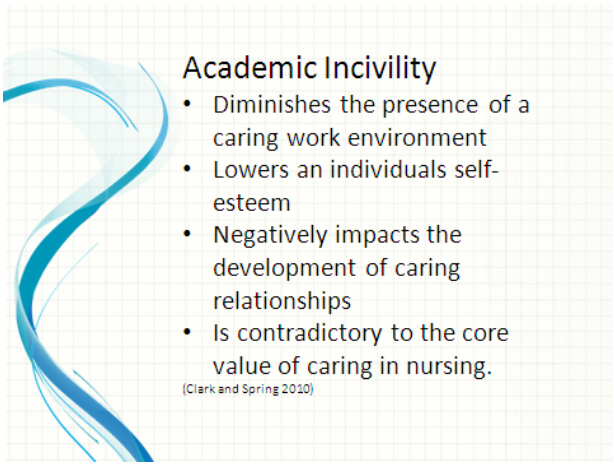
APPENDICES

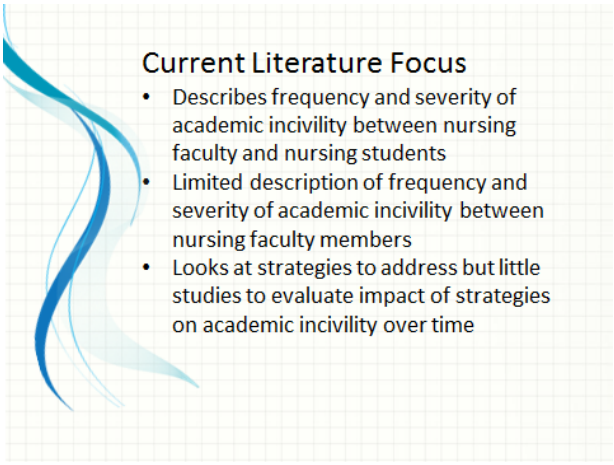
Appendix A

Academic Incivility in Nursing Education CE Handout









Student Incivility

- Behavior that negatively impacts faculty well-being, sense of self-worth and commitment to teaching
- Disruptive behaviors such as using cell phones & texting in class, sleeping in class, arriving late, having side bar conversations
- Challenging faculty members expertise in front of others, lack of respect of other's perspectives and views
- Pressuring faculty to negotiate deadlines and grades
- Spreading rumors or talking poorly about others

(Luparell 2007 and Clark 2008)

Faculty Incivility

- Behavior that damages student confidence, sense of self and psychological and physiological well-being
- Refusal to listen to a student's concern
- Unreasonable expectations or changing expectations
- Use of threatening and demeaning comments
- Arriving late for class or scheduled appointments
- Breeching FERPA or speaking negatively about student to others
- Showing favoritism or displaying differential treatment
- (Clark 2008)

Faculty to Faculty Incivility

- A pattern of behaviors and conflicted faculty relationships that result in causing stress and drain joy from the faculty role
- 10 Joy stealing games commonly seen between nursing faculty
- Over time often results in draining passion and zest for the faculty role and the faculty member quits

(Henrich 2007)

The 10 Joy Stealing Games that Faculty Play

- The Set-Up
- The Devalue and Distort
- The Misrepresent and Lie
- The Shame
- The Betrayal
- The Broken Boundaries
- The Splitting
- The Mandate
- The Blame
- The Exclusions

(Heinrich 2007)

SON Survey Data: Considered Uncivil

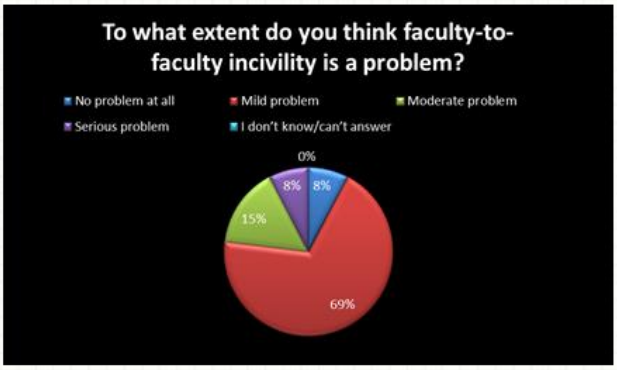
- Made rude remarks or put-downs toward you or others: 100%
- Set you or a co-worker up to fail: 100%
- Withheld vital information necessary to perform your job duties: 100%
- Made personal attacks or threatening comments: 100%
- Made racial, ethnic, sexual, gender, or religious slurs: 100%
- Made physical threats against another faculty member: 100%

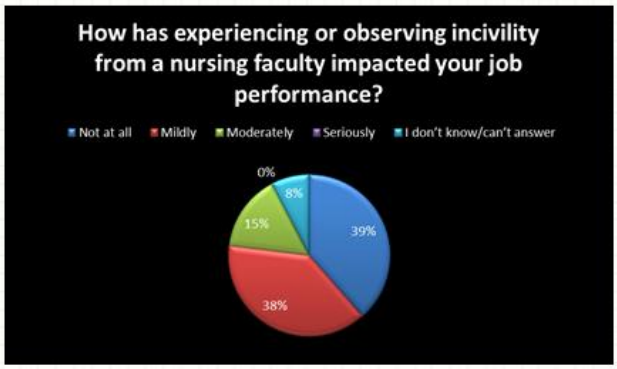
SON Survey Data: Considered Uncivil

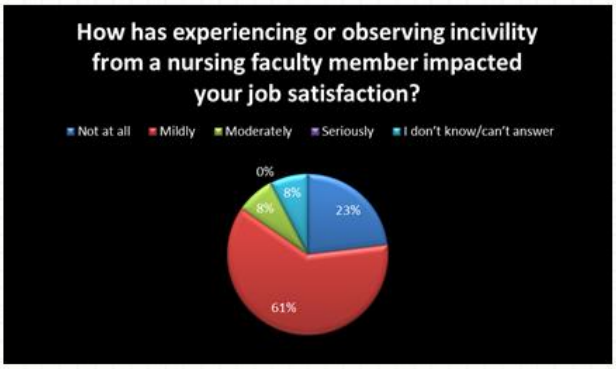
- Sent inappropriate e-mails to other faculty: 92.3%
- Encouraged others to turn against you or another co-worker: 92.3%
- Made rude non-verbal behaviors or gestures toward you or others: 91.7%
- Used the "silent treatment" against you or co-workers: 91.6%
- Took credit for another faculty member's work/contributions: 91.5%
- Forwarded your private e-mails to someone else without your knowledge or permission: 90.9%

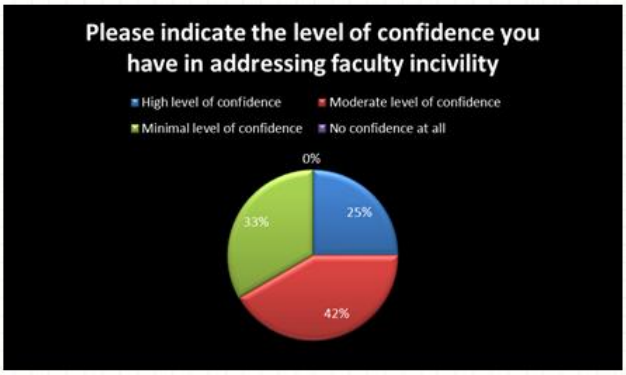
SON Survey Data: Experienced

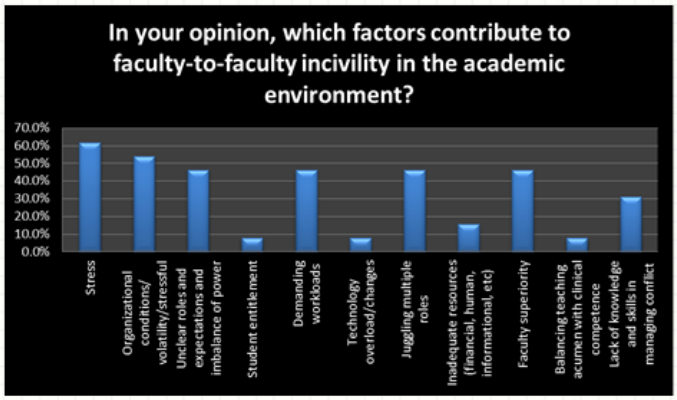
- Resisted change or were unwilling to negotiate: 54.6%
- Engaged in secretive meetings behind closed doors: 54.5%
- Intentionally excluded or left others out of activities: 36.4%
- Challenged another faculty member's knowledge or credibility: 33.3%
- Breeched a confidence (shared personal information about you): 27.3%
- Consistently failed to perform his or her share of the workload: 27.3%
- Made rude remarks or put-downs toward you or others: 25%
- Gossiped or started rumors about you or other people: 25%











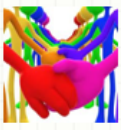
The most effective way to promote or address faculty to faculty civility is to.....

- Deal with it as issues arise and have a no tolerance policy.
- Address it when it is happening if possible. If not possible at the time of occurrence then it should be addressed as soon as possible after the occurrence.
- Openly address the issue, initially with the entire faculty and address individually as appropriate.
- Open discussion and communication
- Open communication and administrative support when conflict occurs.
- Discuss it with that person
- Set a standard of civility and back it up by a policy that is enforced
- Direct assertive communication sooner rather than later.
- Recognize it, call it out (too often the offenders do not recognize what they are doing)

Addressing Academic Incivility

- First- share your stories and what you see as uncivil
- Speak up if you feel miss-treated
- Walk away from gossip
- Ask- Do I know this to be true about this person? Is this good news about this person? Do I need to know this about this person?
- Manage each other up (see yourself as a community of faculty)
- Define what a civil culture is for your faculty community
- Stress reduction and self-care activities
- Assume goodwill versus ill intent

Clark & Springer (2010); Heinrich (2007); Duffy (2009)



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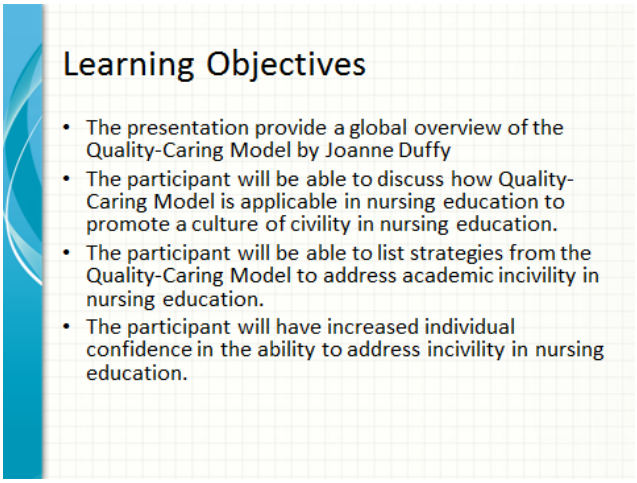
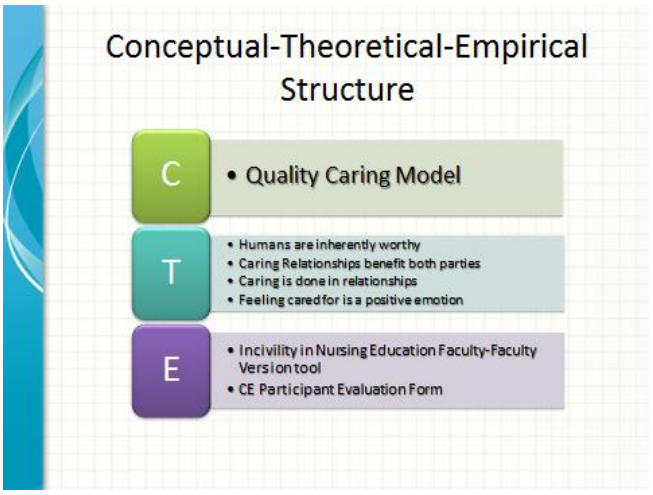
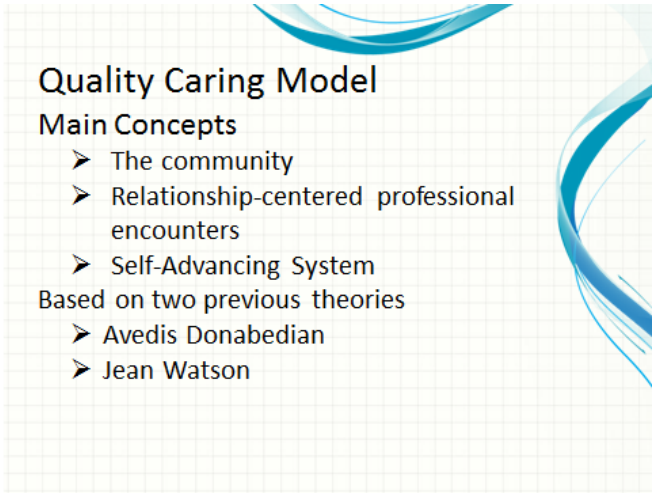
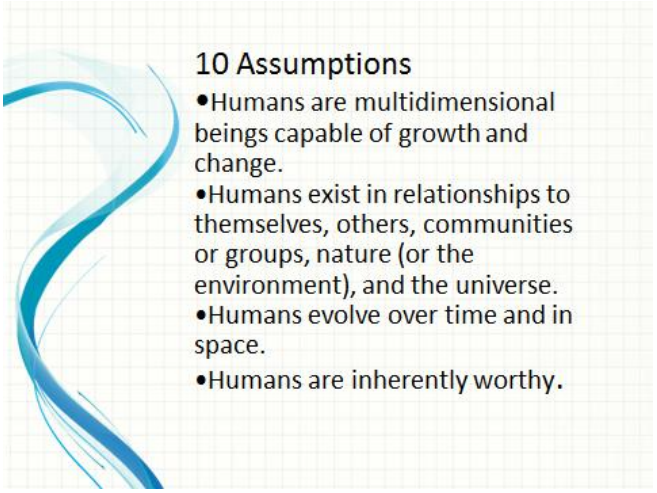
Appendix B

Quality-Caring Model CE Handout









Assumptions cont.

- Caring is embedded in the daily work of nursing.
- Caring is a tangible concept that can be measured.
- Caring relationships benefit both the carer and the one being cared for.
- Caring relationships benefit society.
- Caring is done "in relationship".
- Feeling 'cared for' is a positive emotion

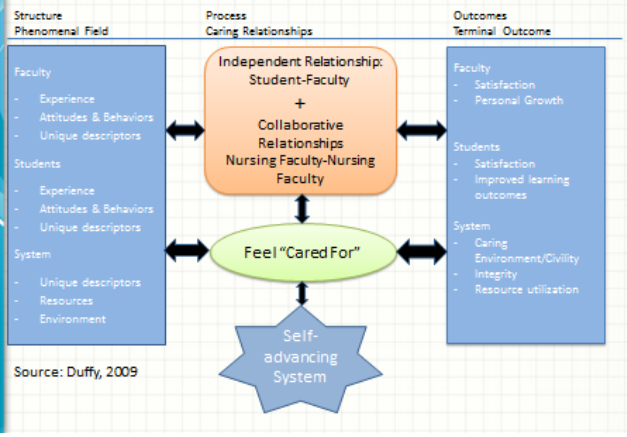
11 Propositions

- Human caring capacity can be developed.
- Caring relationships are composed of discrete factors.
- Caring relationships require intent, specialized knowledge, and time.
- Engagement in communities through caring relationships enhances self-caring.
- Independent caring relationships between patients and nurses influence feeling "cared for".
- Collaborative caring relationships among nurses and members of health care team influence feeling "cared for".

11 Propositions cont.

- Feeling "cared for" is an antecedent to self-advancing systems.
- Feeling "cared for" influences the attainment of intermediate and terminal health outcomes.
- Self-advancement is a nonlinear, complex process that emerges over time and in space.
- Self-advancing systems are naturally self-caring and self-healing.
- Relationships characterized as caring contribute to individual, group, and system self-advancement

Theoretical Framework-Quality Caring Model



Source: Duffy, 2009

Workplace Culture

- http://www.youtube.com/watch?v=UqgqjUAMxoA&feature=endscreen&NR=1
- Culture is the environment that surrounds you at work all of the time.
  - shapes your work enjoyment, your work relationships, and your work processes.
- Culture is made up of the values, beliefs, underlying assumptions, attitudes, and behaviors shared by a group of people.
  - generally unspoken and unwritten

Caring for Workplace Culture

- Culture is learned through interactions
  - Shaped by individuals within the community
  - Negotiated by individuals within the community
  - Difficult to change unless all individuals commit
  - Interpreted differently by individuals
- Culture can be strong or weak

Observe Your Workplace Culture

- **Try to be an impartial observer of your culture in action**
- **Watch for emotions**
- **Look at the objects and things displayed**
- **Watch for things that are not there**
- **Participate in a Culture Walk**

Caring for Self

- The key to humanity's future lies in the productive linkage of mind, body and spirit- John E. Fetzer
- Definition: caring for ourselves is nurturing ourselves as valued whole persons to a place of optimal well-being.
- Each individual must discover and define what "caring for self" means to them.

(NCNA 2012)

Steps to Self-Care

- Permission- give your self and other permission
- Awareness to your need for self-care
- Education to types of self-care (try something new)
- Choice and setting intentions- make the choice to engage and set the intention to do it.
- Questions to ask your self to promote self-care

Caring for Others

- Definition: caring for each other is nurturing and valuing each other as whole beings; supporting the well-being of each other so that we can better care for our patients. It is a nurturing way of relating toward whom one feels a personal sense of commitment and responsibility.
- Questions to ask to promote caring for others

(NCNA, 2012)

Applying the Caring Factors

- Reach out to each other and draw upon each other experiences
- Make yourself available to a colleague
- Make someone feel welcomed
- Recognize someone's unique talent that they bring to the table
- Give 100% to the relationship while expecting nothing in return.
  - http://www.100-0principle.com/

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Appendix C

Email Invitation to Participate

ACADEMIC INCIVILITY IN NURSING EDUCATION

TO: SCHOOL OF NURSING FACULTY MEMBER
FROM: SHERRI MARLOW, MSN, RN, CNE
SUBJECT: ACADEMIC INCIVILITY IN NURSING EDUCATION
DATE: JULY 30, 2012

Good Day Fellow Nurse Educator

You are being invited to participate in an Academic Incivility in Nursing Education due to your role as a nurse educator in a pre-licensure nursing program. The purpose of this Academic Incivility in Nursing Education research project is to describe the frequency, type and effect of collegial academic incivility amongst a sample of nursing faculty members using the incivility in nursing education faculty to faculty (INE F-F) tool developed by Cynthia Clark. Educational offerings directed at increasing faculty awareness of academic will be provided by the project facilitator following the aggregation of faculty perceptions. Incivility is defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations (Clark, 2009).

This survey takes approximately 8-10 minutes to complete depending on the length of your narrative comments and has been approved by the Institutional Review Board.

Here is the url link to access the INE F-F survey to complete anonymously https://www.surveymonkey.com/s/D72Z55N

By taking the survey, you are consenting to participate in the Academic Incivility in Nursing Education research project. There are no foreseeable risks to participating in the Academic Incivility in Nursing Education research project as survey responses cannot be directly linked back to the individual to promote confidentiality of information. However, some questions may bring forward memories of an unpleasant encounter with another person.

You may not receive any direct benefit for completing the survey, although your responses may help shape the development of an Academic Civility program for nurse educators in the future. The alternative to participation is to not participate in the study. Declining to participate in the survey will in no way jeopardize your relationship with employer or with your employment.

Thank you for your interest and participation in this very important research project to examine faculty perceptions of faculty to faculty incivility.

Sherri Marlow, MSN, RN, CNE

Appendix D

INE F-F License Agreement

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This License Agreement (the "License") is made and entered into this **19 day of November 2011**, by and between Boise State University, hereinafter referred to as the "Licensor," and **Sherri Marlow** enrolled as a **Doctor of Nursing Practice student at Gardner-Webb University in North Carolina, 110 South Main Street, Boiling Springs, NC 28017** hereinafter referred to as the "Licensee."

WHEREAS, the Licensor owns certain rights, title and interests in the **Incivility in Nursing Education Survey (Faculty-to-Faculty Version)**, hereafter called the "Licensed Works," and

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Cynthia Clark RN, PhD, ANEF, FAAN	Sherri Marlow, MSN, RN, CNE
Boise State University	5818 Stratford Court
1910 University Drive	Harrisburg, NC 28075
School of Nursing: Norco Building 316	704-576-0790
Boise, ID 83725-1840	sherrimarlow@aol.com

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

Licensor: Cynthia Clark RN, PhD, ANEF, FAAN

By:

Cynthia Clark

Date: November 22, 2011

Licensee: Sherri Marlow, MSN, RN, CNE

By:

Sherri Marlow MSN, RN CNE

Date: 11/21/11

Appendix E

Academic Incivility in Nursing Education Evaluation Form

CE Participant Evaluation Form

Name of Activity: Academic Incivility in Nursing Education

Date(s): 09/10/12 **Location:** School of Nursing

Purpose/Goals: Increase awareness of academic incivility in nursing education and promote strategies for addressing academic incivility

1. Please rate the effectiveness of this continuing education activity.

Objective	Categories	Excellent	Good	Adequate	Poor	Unsatisfactory	Score
The participant will be able to discuss what academic incivility is in nursing education.	Objective achieved	12	1	0	0	0	4.92
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	10	3	0	0	0	4.77
The participant will be able to identify factors that contribute to academic incivility in nursing education.	Objective achieved	12	1	0	0	0	4.92
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	11	1	0	0	0	4.77
The participant will be able to connect his or her individual experiences with academic incivility to the effect it has on them personally.	Objective achieved	12	1	0	0	0	4.92
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	11	2	0	0	0	4.85
The participate will be able to discuss evidence-based strategies to promote a culture of civility in nursing education.	Objective achieved	11	0	1	0	0	4.83
	Relation to purpose/goals	11	0	1	0	0	4.83
	Appropriateness of teaching strategies	10	1	1	0	0	4.75

2. Please rate the audiovisuals/handouts used for this workshop.

Excellent	Good	Adequate	Poor	Unsatisfactory	Score
12	0	0	0	0	5.0

3. Please evaluate the expertise of faculty member(s) individually.

Faculty Member	Excellent	Good	Adequate	Poor	Unsatisfactory	Score
Sherri Marlow	**12**	**0**	**0**	**0**	**0**	**5.0**

	Excellent	Good	Adequate	Poor	Unsatisfactory	Score
4. Please evaluate the physical environment where the workshop was held.	**8**	**2**	**2**	**0**	**0**	**4.5**

5. How do you plan to use this information in your practice setting?

- Self-reflection
- Personal Understanding
- To make a policy and have a procedure in our workplace
- Work hard not to be a part of incivility
- Observe and listen more carefully
- I will be much more aware of my actions and how they impact others

6. General comments and/or suggestions:

- Excellent presentation
- Makes you more aware of the things you do/say
- Interesting. Provided me a greater understanding of the topic. Well done.
- To include bringing this your perspective of new faculty stating “how they did it previously” and wanting to inject this rather than integrating it in the current culture
- Thoroughly enjoyed this class. Did an excellent job.
- I would like to see culture of a school and its impact on this.
- Great!
- Thank you for an excellent presentation.
- Good ideas and insights.
- Excellent and informative. Thank you for sharing this information

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Appendix F

Quality-Caring Model Evaluation Form

CE Participant Evaluation Form

Name of Activity: Quality-Caring Model

Date(s): 10/8/12 **Location:** School of Nursing

Purpose/Goals: The Quality-Caring Model: A strategy to promote a culture of civility in nursing education.

1. Please rate the effectiveness of this continuing education activity.

Objective	Categories	Excellent	Good	Adequate	Poor	Unsatisfactory	Score
The presentation provide a global overview of the Quality-Caring Model by Joanne Duffy	Objective achieved	13	0	0	0	0	5.00
	Relation to purpose/goals	13	0	0	0	0	5.00
	Appropriateness of teaching strategies	13	0	0	0	0	5.00
The participant will be able to discuss how Quality-Caring Model is applicable in nursing education to promote a culture of civility in nursing education.	Objective achieved	13	0	0	0	0	5.00
	Relation to purpose/goals	13	0	0	0	0	5.00
	Appropriateness of teaching strategies	13	0	0	0	0	5.00
The participant will be able to list strategies from the Quality-Caring Model to address academic incivility in nursing education.	Objective achieved	10	3	0	0	0	4.77
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	11	2	0	0	0	4.85
The participant will have increased individual confidence in the ability to address incivility in nursing education.	Objective achieved	11	2	0	0	0	4.85
	Relation to purpose/goals	12	1	0	0	0	4.92
	Appropriateness of teaching strategies	12	1	0	0	0	4.92

2. Please rate the audiovisuals/handouts used for this workshop.

Excellent	Good	Adequate	Poor	Unsatisfactory	Score
11	1	0	0	0	4.92

3. Please evaluate the expertise of faculty member(s) individually.

Faculty Member	Excellent	Good	Adequate	Poor	Unsatisfactory	Score
Sherri Marlow	**12**	**0**	**0**	**0**	**0**	**5.0**

	Excellent	Good	Adequate	Poor	Unsatisfactory	Score
4. Please evaluate the physical environment where the workshop was held.	**8**	**2**	**1**	**0**	**0**	**4.64**

5. How do you plan to use this information in your practice setting?

- Self-reflection upon my actions in civil relationships
- Be more aware in the workplace of issues
- Respect others. 100/0 principle with colleagues
- Personal growth
- I plan to apply knowledge gained from this presentation to my role as nurse educator. Now that I am more cognizant of the Quality-Caring Model, I will be able apply strategies to both teaching and learning
- All of it has made me more aware of me as a teacher and how I need to change some of my behaviors

6. General comments and/or suggestions:

- Excellent – clear presentation that is definitely relevant to nursing education
- Excellent! Thank you
- Yummy food- Thank you
- Thank you! Excellent job!
- Thank you very much!

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