Bradley University

Department of Nursing

Incivility in Nursing Students: Increasing Awareness and Improving Student
Communication

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Incivility in Nursing Students: Increasing Awareness and Improving Student

Communication

Sabrina V. Pope

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Dedication

The DNP scholarly project is dedicated to my mother, Glenda Faye Pope and my beautiful children. Mama you departed us twenty-two years ago, and I feel that I have made you proud by reaching this milestone in my educational journey. You always encouraged me and my siblings to be our best. Remembering you daily forced me to work harder to obtain my dream of having a doctoral degree. You were my backbone. I miss you, and I hope that I have made you proud. Chyna and Madison know that this degree is for you, as everything I do in life is for the both of you. You are my entire reason for achieving goals and living.

Acknowledgement

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Abstract

Incivility in nursing practice has become a concern in recent years. Incivility in nursing education presents challenges individuals involved, patient safety, and the organization. Nursing student incivility has been associated with decreased learning, deterioration of the learning environment, and reduced nursing student retention rates. Project aim was to increase knowledge regarding nursing student incivility and improve positive communication among nursing students enrolled in first level courses in an Associate Degree in Nursing (ADN) program. The purpose of this project was to implement an incivility training session to increase the awareness of student incivility, provide strategies to combat incivility, and improve communication for first level Associate Degree Nursing (ADN) students. The project implemented with first level Associate Degree Nursing (ADN) students addressed civil behaviors applicable to the practice of nursing. The ADN students participated in an incivility informational session, and completed a pre-and post-survey, Incivility in Nursing Education Revised-INE-R. Nursing students attended an incivility informational session which focused on the definition of incivility and civility, strategies to combat incivility, and effective communication techniques to encourage civility. A follow-up survey was conducted thirty days after the informational session. Twenty-five students (N-25) participated in the project. Results indicated that incivility exists in nursing education, and specifically in this ADN program. The project results demonstrate the need for further education and research addressing incivility among nursing students.

Keywords: academia, civility, incivility, nursing students, recognizing, and interventions

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Incivility in Nursing Students: Increasing Awareness and Improving Student Communication

Chapter I: Introduction

Nursing education faces increasing incidence of incivility and bullying among nursing students. The student incivility experience is a significant factor reported by students enrolled in nursing programs. Nursing students who experience bullying behaviors feel angry citing decreased concentration, and diminished capability of accomplishing desired outcomes (Elsayed et al., 2015). Nursing students are held to the same standards of professionalism as licensed nurses (Clark et al., 2015). Nursing students are expected to behave in a civil manner. Uncivil behaviors negatively impact nursing performance, impact workplace atmosphere, and negatively influence patient health outcomes (Evans, 2017). Similarly, incivility among nursing students can lower individual self-esteem, hinder student relationships, create a toxic student environment, and ultimately, interfere with patient safety (Zhu et al., 2019). Literature support, that academic incivility may place a negative impact on nursing students. The focus of this Doctor of Nursing Practice (DNP) Scholarly Project is to increase the awareness and provide strategies for incivility among nursing students in an Associate Degree in Nursing Program. The project will provide approaches to prevent uncivil behaviors, promote effective communication, and combat incivility in the classroom or clinical setting.

Background and Significance

Incivility is not unheard of in nursing education; however, further discussion is warranted to increase awareness and ultimately decrease incidence. Nursing educators are witnessing frequent encounters of student-to-student incivility in the classroom, clinical setting, and even the online environment (Zhu et al., 2019). Muliira, and colleagues (2017) found that nursing faculty noted that students can demonstrate belittling behaviors such as: yelling at peers, taunting peers, and

being physically aggressive. Incivility is one challenge that nursing educators face and can affect

the learning processes in the classroom, clinical, and online education offerings. Nursing

educators significantly influence the beginning of a nurse's career, and they are expected to be

role models of civility toward each other, the students, and the interprofessional team (Epstein &

Turner, 2015). Consistent with literature findings, a North Carolina community college

experienced severely negative student outcomes because of incivility among nursing students. In

one situation, the student was belittled, with rude gestures made toward the student in the

classroom, leading the student to attempt suicide. In another situation, the student was belittled

and called names in the classroom, in clinical and on social media, and the student reported to

faculty that they wanted to leave the program and were on the verge of committing suicide. There

is a necessity for colleges to increase student awareness, education, and support in regards to

incivility. Research identifies nursing students as a vulnerable population. Literature evidence

supports limited academic interventions in place to prevent or stop student incivility (Clark, et al.,

2015). The American Nurses Association published a positional statement on incivility, bullying,

and workplace violence (American Nurses Association [ANA], 2015). The statement

defined incivility and suggested ways to improve or combat incivility. Nursing students often

experience incivility, viewing it as an unavoidable phenomenon (Ahn & Choi, 2019). There is a

need for increasing student incivility awareness and education. Incivility is not an acceptable

phenomenon but rather improper behavior that can lead to ineffective communication with peers

and ultimately severe student outcomes. Ineffective communication presents a barrier to the

quality of caring and caring must be supported and valued by nursing students and professionals

in order to flourish (Adams, 2015).

Incivility may be further characterized as *bullying, lateral violence, horizontal violence, and uncivil behavior*. In the academic setting, incivility is thought of as any action impeding the development of a pleasant learning environment and can be initiated by the nursing student or nursing faculty (Muliira et al., 2017). Incivility in nursing education could jeopardize student safety, and negatively affect student outcomes (Clark et al., 2015; Clark, 2017; Palumbo, 2018). Muliira et al. (2017) noted that 35% of nursing students in the United States experience incivility. Many nursing students have stated that they had experienced peer-to-peer incivility in the clinical or classroom setting. Examination of the literature indicates that nursing students are vulnerable to incivility. Nurse educators are qualified and well-positioned to play a leading role in the eradication of incivility (Palumbo, 2018). Additionally, incivility in the classroom can be correlated to decreased retention rates, feelings of decreased safety and well-being of the students (ANA, 2015; Muliira et al., 2017; Natarajan et al., 2017). In nursing education, student incivility can affect the quality of learning, disrupts the environment, and leads to psychological and physical stress (Muliira et al., 2017).

Needs Assessment

Incivility in nursing education presents challenges to involved individuals, organization, and ultimately impact patient safety (Clark, 2019; Muliira et al., 2017; Palumbo, 2018). Research suggests that nursing students are most vulnerable and most likely to experience uncivil behaviors (Sidhu & Park, 2018). Nursing students may be afraid to report incivility because of possible retaliation from the aggressor. According to Sidhu and Park (2018), nursing students experience bullying from the first year of their nursing education programs through the completion of the program.

Bullying in nursing is pervasive and the vast majority of students will either witness or experience bullying while engaged in clinical practice (Courtney-Pratt et al., 2017). The classroom or clinical setting should be an environment that promotes a culture of civility. However, the literature asserts that students continue to experience academic incivility (Clark, 2017). Incivility in nursing education must be addressed to prevent the transition of incivility into practice (Seibel & Fehr, 2018).

Incivility is an unfortunate factor in nursing education, and it appears that incivility is a growing issue that negatively impacts the newest and most instrumental members of the profession. North Carolina community college student outcomes have been negatively impacted by incivility among nursing students directly related to thoughts of leaving the program and suicide. If nursing students are not educated on incivility, the student may be at risk for long-lasting complications impacting their nursing career (Clark, 2017; Muliira et al., 2017; Palumbo, 2018). Recognizing the impact of incivility in nursing practice requires an evidence-based foundation to build insight into the issue (Muliira et al., 2017). The DNP Scholarly Project will use current evidence-based nursing and other professional practice guidelines to educate nursing students about incivility, increase student perceptions of incivility, provide students with expectations of civil behaviors, and provide strategies to recognize and combat incivility.

While incivility is an issue among nursing students in multiple programs, the target population for this educational intervention involves nursing students enrolled in an Associate Degree Nursing (ADN) program of a community college in a rural southeastern town in North Carolina. The evidence-based educational pathway applies explicitly to the first level ADN students during the spring semester of the 2020-2021 academic year and will include approximately 40 students.

Problem Statement

Incivility in nursing practice includes an action that appears to be hostile, intimidating, or offensive, and may ultimately negatively impact the nursing learning, practice environments, and patient safety (ANA, 2015: Palumbo, 2018; Smith et al., 2017). Studies have revealed that incivility in an academic setting can result in fatigue, which can further result in loss of self-control, making students more likely to treat team members negatively (Clark, 2017; Palumbo, 2018). Incivility is a challenging issue in nursing practice affecting emotional resources in the workplace (Smith et al., 2017). Any action of incivility has the potential to emotionally deplete the nurse, nursing student, and ultimately impact patient safety. Nursing students need to be able to recognize instances of incivility and develop ways to tackle offensive, hostile, or intimidating behaviors (Smith et al., 2017).

Project Aim and Purpose

The DNP Scholarly Project aims to increase knowledge regarding nursing student incivility and improve positive communication among nursing students enrolled in first level courses in an ADN program. The outcome of the project is to increase awareness of incivility among nursing students, teach effective communication techniques and provide strategies to decrease uncivil behaviors ultimately improving patient safety. The purpose of the project is to implement an incivility training session to increase the awareness and provide strategies for student incivility. An incivility awareness survey will be administered. Results, pre, and post-30 days after training session will be reviewed.

Clinical Question/PICOT

The DNP Scholarly Project identifies the population, the intervention, and compares and format the outcomes to develop the project clinical question (Moran, Burson, & Conrad, 2017).

Will the implementation of an incivility training session increase the awareness and provide strategies for nursing student incivility while enrolled in the ADN Program? The population (P) of interest is first level student nurses in the ADN Program at a rural southeastern community college. The intervention (I) is the implementation of an incivility training session. The comparison (C) will be the student perception of incivility. The writer will administer a survey or questionnaire before and after the training session. The desired outcome of the project is to have a 50% increase in positive results of the student's perception after completing the perception survey or questionnaire of incivility. The timing (T) involves administering the pre-survey or questionnaire before the training session, and post-survey or questionnaire conducted 30 days after the incivility training session.

Congruence with Organizational Strategic Plan

The mission of the community college is to provide accessible and affordable education, workforce training, and lifelong enrichment. The mission is accomplished through outreach, innovative and effective teaching, student support, and community partnership. Utilization of the workforce training allows students to transition into practice effectively. Smith et al. (2017) reported that it is the responsibility of every nurse to ensure that all disruptive behavior is presented to the relevant authorities without the fear of being criticized by colleagues. It is crucial to ensure that nursing students are equipped with the knowledge to cope with incivility, manage stress, and develop conflict resolution skills (Black & Chitty, 2014). The project intends to increase awareness related to nursing student incivility witnessed within the organization. The goal of the incivility training session is to decrease uncivil behavior, through improved student awareness, and enhanced communication strategies. The project leader's values, and mission are consistent with the organization in which the project will be conducted. The project leader's

mission is consistent with that of the college, which is to provide accessible education for all students, provide support, and promote life-long learning in an atmosphere that is conducive to the acquisition of knowledge. Addressing student incivility will positively impact the learning atmosphere. Learning may be facilitated in an environment free of intimidation or threats.

Literature Search Strategy

A search was conducted via databases of Cumulative Index to Nursing and Allied Health (CINAHL), PubMed, OVIID, MEDLINE, and ProQuest. Search terms included *incivility, bullying, nursing education, academic, clinical, learning environment, civility, behaviors, horizontal, mobbing, and lateral violence.* The original search yielded 541 articles. The search was then limited to *incivility, civility, bullying, academic, clinical, and behaviors.* Resources were further limited to a time period of 2010 to present, including full-text, peer-reviewed, and scholarly articles. The time period of 2010 to present yield several articles that suggested incivility in academic and acute settings supporting the scholarly project. The search yielded 367 articles. The search provided articles that focused more on workplace incivility instead of incivility in the academic setting. The search was narrowed more specifically and yielded 222 articles. Utilizing inclusion criteria ultimately 35 articles were deemed appropriate for this quality improvement project. Some articles entitled lateral, horizontal, or bullying in the non-nursing workplace were not relevant to this project.

Synthesis of Literature

There are several terms used to describe or express the phenomenon of incivility to include *bullying, inappropriate behavior, disruptive behavior, uncivil behavior, and lateral or horizontal violence.* The phenomenon is also known *as horizontal violence, bullying, and*

incivilities, lateral violence which describe behaviors intended to demean, undermine, or belittle a targeted individual working in the profession (Sanner-Stiehr & Ward-Smith, 2017), The literature review provided evidence that incivility exists in the educational setting, with a need for increased awareness and understanding of incivility. Also, the literature suggested the need to evaluate the student's perception of incivility in the classroom and clinical setting. While the nursing profession has high levels of incivility, it is unclear how this originated, but the thought is that nurses learn uncivil behaviors in nursing school (Aul, 2017; Sauer, Hannon, & Beyer, 2017). Uncivil behavior has been identified in nursing school and continues into practice; however, a link between nursing school and uncivil behaviors has not been connected. The literature review supported the need for education on incivility and the use of effective communication techniques among nursing students. The literature also addressed strategies to raise awareness of incivility, and the effects of incivility. Additionally, the literature recommended increasing awareness of incivility in preparation for effective nursing practice by increasing school awareness.

Problematic

Incivility in nursing has been noted as an ongoing and problematic issue, to the extent that the ANA developed a position statement addressing the issue, calling all nurses to provide an ethical environment with civil behaviors, and kindness, showing dignity and respect to the interprofessional team (Thompson, 2018). According to provision 1.5 of the American Nurses Association Code of Ethics, nurses must maintain compassionate and caring relationships with colleagues as well as a commitment to the fair treatment of individuals, integrity-preserving compromise, and resolution to the conflict (Fredrick, 2014). Nursing Educators must change incivility in nursing education setting, as nursing students must maintain the same standards of care while in nursing school.

According to Sauer et al. (2017) and Edmonson and Allard (2013), it is particularly concerning that many students report high levels of stress linked to habits of incivility, suggesting they lack adequate coping skills to handle the challenges presented in nursing school. Edmonson and Allard (2013), Edwards et al. (2015), and Thomas (2018) discussed prevention by the implementation of a zero-tolerance policy for incivility. Strategies are recommended to improve or decrease incivility incidences in the academic setting. The strategies include identifying the students' perception of incivility, providing techniques of how to recognize incivility, providing strategies to combat incivility, and offering methods of effective communication. Reducing incivility in nursing education may increase nurse retention, student retention, and foster a healthier student learning environment.

Researchers agree that incivility occurs during nursing education and that many nursing students appear to experience incivility exposure during the first year of nursing school (Clark, 2017; Thomas, 2018; Sauer et al., 2017; Sidhu & Park, 2018). Incivility awareness and education may prepare nursing students to deal with incivility and may positively impact student's future as they prepare to transition into the nursing work environment. Many nursing students who experience incivility report their personal experience with the behavior as a rite to passage as a new nurse (Aul, 2017; Fredrick, 2014). Breaking the cycle of incivility could prevent nursing students from becoming victims, and in return, foster a healthy work environment ultimately improving patient safety.

Incivility Impact

Aul (2017), Ibrahim and Oalawa (2016), and Anthony et al. (2014) agree that the majority of nursing students experience incivility. Researchers used a survey tool to demonstrate the impact of incivility. Aul (2017), conducted a cross-sectional study using the validation survey,

Incivility in Nursing Education (INE) Survey. The survey selected measured both faculty and

nursing students' perceptions of incivility. The sample included 159 nursing students from

diploma, ADN, and Bachelor of Science in nursing (BSN) programs. Incivility was reported as

moderate to severe. Seventy-three percent of BSN students, 48.9% of ADN students, 30.4 % of

diploma students, and 71% of faculty experienced incivility in their nursing programs. Results

indicated that incivility exists among nursing students. Literature further suggested that incivility

exists both at the university level, and community college level. Ibrahim and Qalawa (2016)

conducted a study using a descriptive comparative tool surveying 186 nursing students with a

Structured Questionnaire at a university. The questionnaire contained 29 questions regarding

student perceptions of incivility and uncivil behaviors. Results showed that 60.2% reported

irresponsible behaviors, 55.9% behaved inappropriately, 47.8% have aggressive behaviors, and

55.4% uncivil behaviors. Ibrahim and Qalawa (2016), recommended that the college implement

an uncivil policy and training for incivility awareness, noting that students are the cornerstone of

the development of the nursing profession.

Anthony et al. (2014), used a validation 20 item tool, Uncivil Behaviors in Clinical

Nursing Education (UBCN), to measure incivility in nursing education. The instrument (5-point

Likert scale ranging from 0-4) measured the student's perception of uncivil behaviors. One

hundred eighteen students at this private midwestern school of nursing consented to taking the

survey. Only 106 returned the survey, and the results indicated that nursing students experience

incivility while enrolled in a nursing program. Anthony et al. (2014), suggested that students

experience incivility in the classroom setting and clinical setting. Researchers note that there is a

lack of communication among students, and the issue of incivility is a topic of discussion among

nursing students. The results indicated that this tool could be used to assist educators and nurse

managers in understanding the unique relationship between staff nurses and student nurses and may assist in the development of interventions to improve relationships and quality of care (Anthony et al., 2014). If staff and student nurse relationships are improved, incivility may decrease among nursing students.

Education

Leadership plays a vital role in increasing incivility awareness. Moore et al., (2013) promotes the use of active leadership to support a healthy environment for nursing students. A healthy work environment for students is created by providing support, encouragement, and intervention during conflict management. Additionally, Egues, and Leinung (2014), thought that the nurse educators may demonstrate a commitment to antibullying and a focus on guiding and promoting the advocacy of educational leadership, professional opportunities, and skills growth by providing innovative curriculum strategies. The literature suggested that mentoring cultivates nurse leaders (Fredrick, 2014). The nursing profession benefits from a culture of mentoring, which in turn aids nursing students gain an understanding of incivility. The literature search demonstrated the need for education and strategies to address the occurrence of nursing student incivility. Edmondson and Allard (2013) and Thompson (2018), asserts that reducing incivility in nursing education will increase nurse retention, student retention, and foster a healthier learning environment. Researchers recommend that nursing faculty, staff, and students receive training about bullying behaviors and how to deal with bullying, and that students should know when to report incivility or bullying experiences (Edmondson and Allard, 2013;Fredrick, 2014;Moore et. Al., 2013:Thmpson, 2018). Leadership plays a vital role in increasing incivility awareness. Condon (2015) states that incivility is identified student to student, adding that it is imperative to

recognize incivility, apply strategies, and supply interventions to maintain a healthy learning environment.

Education Strategy

Elsayed et al. (2015), Major et al. (2013), and Seibel and Fehr, (2018) believe that incivility education is a conversation nursing faculty must have to decrease or eradicate incivility identified in nursing education. Major et al. (2013) assessed a framework for managers to conduct crucial conversations to address conflict management in the workplace. Elsayed et al., 2015 conducted a study using a descriptive comparative correlation design. The sample was comprised of student nurses (N=132) in their final year of education. The students completed the Bullying Nursing Education Questionnaire (BNEQ). The questionnaire determined the relationship between nursing students and bullying. More than one-third of students were exposed to a moderate degree of bullying (38.8%). Study results demonstrated that bullying behavior was significant, and students are at high risk of experiencing negative behaviors because of inexperience and age. Seibel and Fehr, (2018) used a Cognitive Rehearsal Training (CRT) didactic presentation, with role-playing, and semi-structured questions in groups and individual format. Participants were third-year nursing students in a nursing program. Results indicated that 51% of the participants witnessed a peer being bullied and, also experienced professors bullying students. This data supports the need for further education on incivility specific to nursing students. The CRT explored the student's perception of incivility/bullying and whether students were aware of how to recognize bullying behaviors. Elsayed et al. (2015), Major et al. (2013), and Seibel & Fehr (2018) results serve as a benchmark for organizations to evaluate trends of incivility among their students.

Black and Chitty (2014), Egues and Leinung (2014), and Smith et al., 2017 all agree that education plays a crucial role with increasing incivility awareness. Egues and Leinung (2014) surveyed 230 nursing students. Nursing students participated in workshops on incivility, and a survey after the workshops revealed a 10-33% increase in self-reported identification of various forms of the bullying phenomenon. Egues and Leinung (2014), suggested that antibullying awareness could be integrated into nursing programs of study. Preparing nursing students for incivility and improving their nursing careers. Researchers suggest that preventing the first exposure to incivility is imperative to successful nursing education (Black & Chitty, 2014; Egues, & Leinung, 2014; and Smith et al., 2017).

Incivility Effects

Incivility in nursing practice does not only affect the organizational culture and workplace morale but also impacts patient safety outcomes. According to Egues and Leinung (2014), incivility can impact the nursing student's commitment to providing effective patient care. If there is incivility among nursing students or working nurses, the patient can be disadvantaged due to patient safety risks or adverse events. Smith et al. (2017) revealed that hostility and disruptive behavior among nurses results in adverse effects on patients' safety outcomes. Black and Chitty (2014) suggest that nursing students be taught how to use critical thinking, resolve arguments, foster opinions, and civilly validate views. Nursing students, nurses, patients, and healthcare organizations can all benefit from the prominence of civility.

Limitations

The literature review illustrated need for incivility prevention through education: however, there were limitations. Limitations include a small number of nursing students at the schools of nursing and suggested the use of other cohorts such as first, second, third- and fourth-year

students, and larger groups of nursing students for the study (Anthony et al., 2014; Aul, 2017; Edmondson & Allard, 2013; Seibrel & Fehr, 2018). Increased faculty knowledge regarding bullying intervention techniques is indicated. Some researchers shared concern about the limited target population and that students who participated already had dissatisfaction with their enrolled program. Despite the limitations, the literature review supports the need to educate nursing students recognizing incivility as an issue in the nursing academic setting (Anthony et al., 2014; Aul, 2017; Edmondson & Allard, 2013; Seibrel & Fehr, 2018).

Literature supports the observation that incivility in nursing education is an important concept affecting patient care, nurse retention, and cause an unhealthy work environment. Research supports the need for increasing student awareness of incivility to ultimately decrease incidence (Anthony et al., 2014; Aul, 2017; Edmondson & Allard, 2013; Ibrahim & Oalawa, 2016; Seibrel & Fehr, 2018). Prevention strategies enforced by nurse educators may diminish the prevention of nursing student incivility. Civility is a behavior that is practiced by nursing role models (Anthony et al., 2014).

Conceptual or Theoretical Framework

Caring is essential to the foundation and profession of nursing (Adams, 2016). Nursing is a helping profession, and building relationships involves nurturing and caring behaviors. Students with uncivil behaviors inhibit caring and cause psychological harm to peers and contribute to an unhealthy work environment (Moran et al., 2017). There is a relationship between factors associated with incivility, nursing theory, and transformational leadership. Incivility is manifested through communication and can be a barrier to relationship development among nursing students (Edmonson & Allard, 2013).

Jean Watson's nursing Theory of Caring was used for this DNP Scholarly Project. Watson believes that caring is curing. The two complement each other in the practice of nursing. The essence of Watson's theory is caring for promoting healing, preserving dignity, and respecting the wholeness and interconnectedness of humanity (Norman et al., 2016). According to Adams (2016), when human beings are connected in the care process: a nurse's understanding embraces the humanity of others to preserve the dignity of self and others. Watson's theory has a theoretical approach that provides a framework for practice. Theory and research are combined to create a symbiotic relationship for producing best practices for nursing (Moran et al., 2017). The theory uses a contextual basis for the problem identified and helps the nurse to determine the appropriate theory to apply. Jean Watson's Theory of Caring provides a foundation for this writer's incivility teaching.

There are 10 Caritas Processes included in the theory, (1) practicing of loving-kindness, (2) being authentically present, (3) cultivating spiritual practices, (4) developing/sustaining helping-trusting-authentic caring relationships, (5) supporting the expression of positive and negative feelings, (6) creative use of self, (7) genuine teaching/learning experiences within the context of a caring relationship, (8) creating healing environments, (9) respectfully/reverentially assisting with basic human needs (10) being opened to miracles (Clerico et al., 2013). Watson has a focus of subjective, holistic approach of experiences between people, in engaging caring relationships. For this project, the writer will use four of the 10 Caritas Processes the first, fourth, fifth, sixth, and seventh.

Watson's theory is a reminder for nursing students to make a connection, however brief, as necessary for recognizing the humanistic nature of nursing. Incivility negatively affects relationships between nursing students, faculty, and patients. Watson's theory focuses on

developing a relationship between nursing and caring. There is a review of literature regarding incivility, which focuses on employing a caring theoretical framework. The nursing profession is centered around loving and caring values, and the existence of incivility is not suitable for the profession. Incivility causes strains on relationships, which negatively affect the core of the nursing profession (Clerico et al., 2013). Nursing students have the responsibility to foster caring relationships and working together, while employing Watson's Caritas will preserve the atmosphere of a safe, healthy work environment (Clerico et al., 2013). The purpose of the (DNP) Scholarly Project is to increase incivility awareness among nursing students, provide a set of strategies to prevent uncivil behaviors, improve communication, and combat incivility, which will foster relationships in the classroom and clinical setting.

Chapter II: Methodology

Project Design/Plan

Appropriate planning and timing are necessary for the development and implementation of an incivility teaching session. Planning began during the 2019 spring semester continuing into summer 2019 and fall 2019 semester. Implementation of the project occurred during the spring semester. The proposed planning and implementation phases of the project were identified, and a timeline was created. Nursing students are often not aware that they are exhibiting incivility behaviors until it is brought to their attention. Students were asked if they knew the definition of incivility and the response was alarming. The project education pathway, a civility training session, to increase awareness student to student was initiated. The process included a pre-survey and post- survey. The training session included a PowerPoint presentation with hands-on activity. Each session lasted no longer than one hour over an eight-week period. Milestones of the planning and implementation events were identified, and a timeline was developed using the

Gantt Chart. The Doctoral of Nursing Practice Scholarly Project team form and Mentor Form was completed. Additionally, a letter of approval from the Vice President of Academic Affairs at the participating facility supporting implementation of this Scholarly Project (Appendix A).

Population, Sample and Setting

The target population for the intervention involved nursing students enrolled in an ADN of a community college in a rural southeastern town of North Carolina. The strategies are specifically applied to the first level ADN program students during spring semester of 2019-2020 academic year and included 30 students. The project team consisted of the first level ADN faculty, clinical faculty, the Department Chair of Nursing and Division Chair of Health Programs. The project leader and a full-time faculty member provides class and clinical instruction during the fall semester, spring and summer semester of the 2019-2020 academic school year.

The project consisted of five individuals, including the project leader as the team leader, and a project chairperson assigned by Bradley University. The other team members included the Department Chair of Nursing, Division Chair of Health Programs at the participating community college, and an Associate Degree Nursing Instructor on senior level. The nursing education department is comprised of seasoned faculty.

Tools and/or Instrument

A Likert scale pre-and post-survey tool was used for this project. The project leader received written permission (Appendix B) from Dr. Cynthia Clark to use the Incivility in Nursing Education (Revised) (INE-R) survey (Appendix C) to evaluate the participates perception of incivility, and a licensing agreement was initiated. The tool is a mixed method design with quantitative and qualitative items. The tool allows the project lead to modify the demographics to fit the project. The tool can be used to measure perceived levels of faculty and student incivility,

used to measure ways to promote civility and stimulate dialogue for prevention and intervention

strategies for addressing incivility in nursing education (Clark et al., 2015). The INE-R survey

initially developed in 2004 as the INE, "which has been shown to be extremely valid and reliable"

(Clark et al., 2015). The survey tool was used as an assessment tool to measure perceived levels

of student incivility. The participants completed the pre-survey before beginning the training

session and the post-survey thirty days after the training session.

Data Analysis

The project leader will be responsible for all data collection. Participant confidentiality

will be strictly maintained, and no personally identifiable private information will be collected

from the participants. The project leader will receive information via the Incivility in Nursing

Education Revised INE-R Survey. The project leader will analyze the data once the participants

have collected the surveys. Participant's email addresses will be accessed via the Learning

Management System (LMS). The participants will receive an anonymous survey link for pre-and

post-surveys with no participate identity. The demographics on the survey include generational

age, gender, and highest level of education. Demographic information will help the project leader

determine the prevalence of incivility among the participant, and also assist with understanding

how to direct strategies towards creating a healthy learning environment for nursing students. The

LMS and survey results can only be accessed through the project leader's user identification and

password. The link will take the participant to Survey Monkey. The project leader will export the

data results to a protected Excel spreadsheet, that only the project leader has access. The Excel

spreadsheet will remain on the project leader's password projected computer.

Institutional Review Board/Ethical Issues

The DNP Scholarly Project was reviewed and approved by the University's Committee on the Use of Human Subjects in Research (CUHSR) (Appendix D). The project leader completed the Collaborative Institutional Initiative (CITI) training before the project implementation to promote understanding of ethical and legal responsibilities when conducting research. Additionally, a letter of approval to implement the project was obtained by the participating facility from the Vice President of Academic Affairs (Appendix A). Participant privacy was maintained, and no personally identifiable criteria was collected. Data was collected solely by the project leader, with minimal risk to participants of the project.

Ethical Issues

The author invited the participants to participate in the scholarly project via letter explaining the intent of the scholarly project (Appendix E). Before committing to the project, the participants were informed of the project's aim and purpose, how it would be carried out, and the benefits to be gained. Because the project would be a teaching strategy for participants, informed consent (Appendix F) would be necessary and confidentiality assured. The participants were informed that participation was voluntary and confidential, and they could refuse to participate at any time throughout the project without any fear of their education being impacted. In an effort to preserve privacy and confidentiality, no identifiable information was used on the surveys. This scholarly project does not involve a vulnerable population.

Chapter III: Organizational Assessment and Cost Effectiveness Analysis

Organizational Assessment

The DNP project will take place at a community college in southeastern North Carolina. The Health Program Division has a staff of 22, and 18 of the staff are nursing faculty. The board

of trustees, the administration, faculty, and staff are committed to the principles and practice of equal employment and educational opportunities at the community college. The community college serve 1,500 to 2,000 students each academic year in various programs.

The mission of the community college is to provide accessible and affordable education, workforce training, and lifelong enrichment. The community college is supportive of increasing awareness and improving student communication related to increased incivility situations. The scholarly project is in congruence with the college's strategic plan, as it aligns with both the mission and values of the college. The project intends to increase awareness of nursing student incivility as this aligns with the community college goal to strengthen and expand support services that prompt student success. The project leader's mission is to provide accessible education for all students and lifelong enrichment. By using various effective teaching strategies that help build relationships with local organizations. Partnerships and relationships are improved when student's area aware of incivility. Students transition into organizations equipped with the tools to address this prevalent issue.

SWOT Analysis

A SWOT analysis revealed strengths and weaknesses as well as opportunities and threats for the ADN program. The nursing faculty are committed to the educating nursing students. The ADN program ranks seventh in the state for one of the best institutions to earn an Associate of Nursing Degree and second in the stated for one of the best institutions to achieve a diploma in Licensed Practical Nursing. There is also an LPN-RN accelerated online program. The ADN teaching instruction is concept-based and uses current technology through the utilization of a Simulation Lab and Computerized Testing. The Department Chair of Nursing, the Division Chair of Health Programs, and the nursing faculty are supportive of this Doctoral of Nursing Practice

Scholarly Project, receptive to the implementation of civility training and willing to incorporate future incivility training into the Nursing Student program.

Strengths of the ADN program at the participating community college include access to the target population, and a robust faculty group. Six of the 13 faculty members have a Master of Science in Nursing (MSN) degree, with two currently enrolled in an MSN program, and two of the 13 faculty members have a Doctor of Nursing Practice (DNP) degree, with two members currently enrolled in a DNP programs. Faculty have conveyed eagerness to assist the project lead and to be involved as needed. Faculty embrace the potential to improve or eliminate incivility in nursing school.

Weaknesses of the ADN program at the participating community college include costs of the program, specifically books and supplies. Another challenge that occurs the lack of nursing student trust and the potential to create conflict due to the sensitivity of the subject of incivility. Conflict resolution material (encompasses incivility) embedded into the Associate Degree of Nursing curriculum, support of leadership and the training module on the learning management system (LMS), may compete with allotted class time for the implementation of material. Sharing one large nursing lab between multiple health programs can present as a concern and barrier to nursing education. The ADN program at the participating community college has experienced faculty turnover over the last couple of years, resulting in hiring new faculty who have minimal nursing education experiences/opportunities.

Another opportunity for the community college includes the potential to improve or mitigate incivility during interactions outside of nursing school and providing students with interventions to combat future incivility. Threats include finding and mastering the time appropriately for the educational civility sessions. Additionally, threats of the participating rural

community college setting competing with other schools of nursing for clinical opportunities. Financial constraints on the participating community set forth by limited local and state funding and nursing faculty salaries compared to other local community colleges and universities pose additional threats.

Cost Factors

For this project, there is minimal cost to implement the program. The project leader has access to instructional equipment and supplies necessary for the implementation of the project at the community college. There is no added cost for posting the PowerPoint to the learning management system throughout the project frame. Also, the project lead has access to classroom space with a SMART Board pre-assigned to the Associate Degree Nursing Students first and second level. The participating students incurred no extra expenses by participating and received no monetary compensation. Costs include the purchase of webinars addressing incivility in nursing students to assist in preparing the presentation. The value of the Incivility in Nursing Education-Revised (INE-R) Survey (Clark© 2014) is $250, and the use of the Survey Monkey to administer the survey to participants is $25.00. Additional expenses included printing expenses for the incivility activity paper and sign-in sheets for each session. The approximate overall cost is $300.00 (Appendix G).

Chapter IV: Results

Analysis of Implementation

Overall, the implementation process was successful. The project leader received permission from the CUHSR committee of Bradley University (Appendix D), and the implementation site Vice President of Academic Affairs (Appendix A) to move forward with the scholarly project. There was no cost to the organization, and the use of resources at the college

were approved prior to implementation. The college supported the project as it aligned with the organization's mission statement and strategic plan. There was no observed resistance to the scholarly project by the participants. While 30 students (N-30) were invited to attend the incivility informational session (IIS), only 25 students (N-25) participated in three incivility informational session offered over an eight-week period. Participating students reported that the session: (1) increased their awareness of incivility, (2) provided strategies to combat incivility, and (3) conveyed ways to communicate more effectively. Further, participants recommended that future nursing students would benefit from the incivility informational session. Utilization of the Incivility Informational Session in nursing education was effective with enhancing nursing students' awareness and understanding of incivility and consequences that occur from uncivil behaviors.

Analysis of Project Outcomes Data

The purpose of the scholarly project was to investigate the PICOT question: Will the implementation of an incivility training session increase the awareness of nursing student incivility while enrolled in an ADN Program? The project leader introduced the project to participants by providing an invitational letter to participants (Appendix E). Twenty-five (N=25) participants returned the informed consent (Appendix G) to participate in the project. The project leader provided three different dates to participate in the Incivility Informational Session via a sign-up sheet. The sign-up sheet was placed outside of the project lead mentor's office in the nursing department. A total of 25 students (N=25) participated in the project entirely.

After the three incivility informational sessions were completed data was collected from the pre-and post-surveys via Survey Monkey. The survey tool used was the Clark Incivility in Nursing Education Revised (INE-R) (Appendix C), with written author permission. The INE-R

tool is an evidence-based survey designed to evaluate awareness, generate discussion, and to help gain insight into incivility among nursing students or faculty (Clark, 2017). The survey was administered prior to attending the informational session and 30 days after the informational session to evaluate student perception regarding incivility. A 4-point Likert scale (not uncivil, somewhat uncivil, moderately uncivil, and highly uncivil) and four close-ended questions were listed for students to answer.

The project leader found that the project findings were reflective of previous literature research that identified incivility among nursing students. The literature evidence of incivility in education supported the project's findings with incivility in nursing education, particularly this nursing program. The project resulted in participants identifying incivility as an issue in their nursing program, and the participants perception of recognizing incivility changed after attending the informational session. Incivility Informational Sessions may result in an increased incivility reporting due to heightened student awareness (Clark et al., 2015; Clark 2018; Edwards, 2018; Palumbo, 2018; and Sauer et al, 2017). The Incivility in Nursing Education Revised (INE-R) survey had a total of 15 questions and each participant spent approximately14-minutes to complete the survey. The first section of the pre-and post-survey elicited demographics which included age, gender, and level of education. The pre-survey 22 participants (73.3%) responded in the age range of 18-25 years of age (see Table 1). Responses to the next question regarding gender indicated that there were 24 female respondents (80%) and six male respondents (20%) (see Table 1). The third question asked for the highest level of education. Fifteen respondents (50.0%) did not answer, eleven (36.6%) held an associate degree and four (13.3%) held a bachelor's degree (see Table 1). On the post survey 17 participants (68%) responded in the age range of 18-25 years of age (see Table 2). Responses to the next question regarding gender

indicated that there were 21 female respondents (84%) and four male respondents (16%) (see Table 2). The third question asked for the highest level of education. Thirteen respondents (52%) did not answer, six (24%) held a bachelor's degree, and one held a master's degree (4%) (see Table 2).

Question 4 asked the participant to rate the level of incivility for a list of behaviors in students. The participants used a 4-point Likert scale (not uncivil, somewhat uncivil, moderately uncivil, and highly uncivil) to answer. Several of the responses were highly uncivil, including: making threats/physical harm/threatening someone (50%; 56.7%), property damage (50%), using profanity (53.3%), cheating on exams (66.6%) demanding a passing grade (33.3%), creating tension (33.3%), and rude gestures/condescending /discriminating remarks(40%; 50%; 63.3%) (see Table 3). The responses changed when in comparison to the post-survey. In Table 4, some of the same responses had a higher percentage of highly uncivil than in the pre-survey to include: making threats/physical harm/threatening someone (92%; 96%), property damage (96%), using profanity (92%), cheating on exams (92%) demanding a passing grade (84%), creating tension (80%), and condescending /discriminating remarks (88%;96%) (see Table 4). This project leader found it was remarkable that making rude gestures changed from 40% highly uncivil (pre) to 60% moderately uncivil and 36% highly uncivil (post) (see Table 3 and Table 4). Further, the respondents responded holding a side bar conversation post survey was 76% highly uncivil and 16.6% highly uncivil pre-survey. A comparison of the pre-and post-survey results indicated an increase in the students' ability to identify uncivil behaviors after attending the IIS (see Table 3 and Table 4).

Question 5 of the pre- and post-survey asked the participants to identify how often the uncivil behaviors occurred over the past 12 months in students. A 4-point Likert scale (never,

rarely, sometimes, and often). On the pre-survey participants stated they had never had uncivil behaviors in the last 12 months to include disinterest (56%), creating tension (56.6%), holding conversation (23.3%) cheating (100%), rude gestures/making condescending remarks/discriminating comments (30%; 56.6%; 76.6%;), demanding make-up work (86.6%), profanity (70%), and threats/making threats/property damage (90%; 86.6%;90%) (see Table 5). On the pre-survey participants responded sometimes these behaviors occurred over the last 12 months to include disinterest (33.3%), creating tension (13.3%), rude gestures/making condescending remarks/discriminating comments (16.6%;16.6%; 3.3%), holding conversation (36.6%), demanding make-up work (86.6%), and profanity (16.6%) (see Table 5). Looking at the results, the project leader noticed that 44% (11) responded that they often had sidebar conservations during class, and 64% (16) sometimes made rude gestures in the last twelve months on the post-survey (see Table 6). Even though most of the participants claimed to display civil behaviors, the results showed that the participants can engage in uncivil behaviors. The results provided additional support that students may benefit from the informational session. The presentation enhanced their ability to define incivility and identify clearly what uncivil behaviors are.

Question 6 of the pre-survey asked the participants to rate the level of incivility behaviors noted in faculty. The participants used a 4-point Likert scale (not uncivil, somewhat uncivil, moderately uncivil, and highly uncivil) to answer. Highly uncivil behaviors were reported by respondents as: punishing the entire class (46.6%), allowing sidebar conservations (26.6%), unfair grading (46.6%), rude gestures/condescending/discriminating remarks(46.6%;60%), refusing to do making exams(33.3%), ignoring/addressing disruptive student behaviors (40%), superiority

(53.3%), inappropriate emails (40%), profanity (50%) and threats/making threats/physical harm (50%; 46.6%, 53.3%) (Table 7).

On the post survey the participants answered questions about uncivil behaviors noted in faculty using the same Likert scale. Highly uncivil behaviors were reported by respondents as: punishing the entire class (76.6% as compared to 33.3% pre survey); allowing sidebar conservations (76.6% as compared to 36.6% pre survey), unfair grading (76% as compared to 46.6% pre survey), rude/condescending/discriminating remarks (80%; 88% compared to pre survey 46.6%;60%), refusing to do make exams (56% compared to pre survey 33.3%), ignoring/addressing disruptive student behaviors (76% compared to pre survey 40%), superiority (84% compared to pre survey 53.3%), inappropriate emails (84% compared to pre survey 40%), profanity (88% compared to pre survey 50%), and threats/making threats/physical harm (88%, 88%, 88% compared to pre survey 50%, 46.6%, 53.3%) (see Table 8). The results provided additional support that the participants benefited from the IIS intervention. An increase in the ability to define incivility and clearly identify what uncivil behaviors are may have influenced the results in the post survey.

Question 7 of the pre-survey asked the participants how often the behaviors occurred over the past 12 months in faculty. The responses were elicited using a 4-point Likert scale (never, rarely, sometimes, and often). The behaviors included: expressing disinterest (83.3% never; 3.3% sometimes) punishing the entire class(83.3% never; 3.3% sometimes); allowing sidebar conservations(80% never), unfair grading (90% never); rude gestures/condescending/discriminating remarks (90% never; 93.3% never; 3.3% sometimes), refusing to do make-up exams(80% never; 10% sometimes), ignoring/addressing disruptive student behaviors(83.3% never; 6.6% sometimes; 3.3% often), superiority(96.6% never),

inappropriate emails (96.6% never; 3.3% sometimes), profanity (93.3% never; 3.3% sometimes) and threats/making threats/physical harm (100% never). The majority of the participants indicated that faculty did not have uncivil behaviors that occurred over the last 12 months (see Table 9).

On the post-survey, participants responded that these behaviors never occurred over the past 12 months; expressing disinterest (96% never); punishing the entire class(92% never); allowing sidebar conservations(40% never); however 10 respondents (40%) responded that faculty allowed sidebar conservations often; unfair grading (96% never); rude/ condescending/discriminating remarks (60%; 96%; 100% never), but nine (36%) participants responded rude gestures sometimes; refusing to do make-up exams (95.8% never); ignoring/addressing disruptive student behaviors(92% never), superiority(96.6% never), being unavailable (90% never), inappropriate emails (100% never), profanity(100% never) and threats/making threats/physical harm (100% never) (see Table 10). Moreover, seems that the informational session increased student perception of incivility, and students gained understanding of civil and uncivil behaviors after attending the IIS.

Question 8 asked the participants to what extent they feel incivility is a problem in the department or program. A 4-point Likert scale was used. Participants had the option to answer (no problem at all, mild problem, moderate problem, or serious problem). Participant responses noted incivility to be either no problem or a mild problem. Seventeen (56.6%) participants responded that there is no problem at all, and 11 (36.6%) responded there is a mild problem in the department or program (see Table 11). Participants' responses noted incivility to be either no problem or a mild problem on the post-survey. Six (24%) of the participants responded that incivility is no problem at all; 19 (76%) responded that incivility is a mild problem in their department or program (see Table 112). With 76% of the participants responding that incivility is

a mild problem in the program on the post survey the student's perception changed after attending the IIS. The project leader interpreted the results which indicated students believe that there is an incivility problem. Awareness education is still needed in the academic setting.

Question 9 on the pre-survey asked participants to answer the question based on their experiences or perception to determine who would be more likely to engage in uncivil behaviors, students or faculty. The answer choices included: faculty are much more likely, faculty members are little more likely, about equal, students are little more likely, or students are much more likely. Based on the responses, 53.3% (16) of the participants (N=30) indicated that students are more likely than faculty to engage in uncivil behaviors (see Table 13). On the post survey, the response 64.00% (16) of the participants (N=25) responded that students are more likely than faculty to engage in uncivil behaviors in their program (see Table 14). The project leader believes that the results provides additional evidence that increasing awareness of uncivil is needed.

Question 10 asked the participants to rate the level of incivility in their nursing program using a scale of 0-100. The results of this question were interesting. Thirty students answered question 10 on the pre-survey. The results showed 0-25 (five responses), 26-50 (zero responses), 51-75 (seven responses) and 76-100 (19 responses) (see Table 14; Figure 1). Twenty-five students answered question 10 on the post-survey (see Table 17). The results of the scale on the post survey showed 0-25 (two responses), 26-50 (four responses), 51-75 (two responses), and 76-100 (17 responses). On the post survey scale the participants rated the level of civility the highest at 76-100 on a scale of 0-100 with seventeen responses (see Table15; Figure 2). Even though the participants choose civility at 76-100 on a scale of 0-100 (17 [post] and 19 [pre]), there were no responses 26-50 on the pre-survey (see Table 14). The project leader believes that after the

informational session the participants had a better understanding of how to rate the level of

civility in the nursing program.

Question 11 asked participants to choose the top three suggestions to improve the level of

civility in nursing education. The pre-survey showed participants indicated the top three

suggestions to improve incivility include: (1) establish codes of conduct that define acceptable

and unacceptable behaviors role-model professionalism and civility, (2) raise awareness, provide

civility education, and (3) implement strategies for stress reduction and self-care. The results of

the pre-survey indicated 66.6% suggest establishing codes of conducts that define acceptable and

unacceptable behaviors, role-model professionalism; 63.3% suggest raise awareness, provide

civility education, and 46.6% suggest implementing strategies for stress reduction and self-care

(see Table 17). The post survey results showed that 84% suggested to raise awareness and provide

civility education; 68% suggested developing and implementing comprehensive policies and

procedures to address incivility, and 56% suggested providing training for effective

communication and conflict negotiation. Further, 52% suggested establishing codes of conduct

that define acceptable and unacceptable behaviors, role-model professionalism, and civility (see

Table 18). The top three suggestions from the participants on both surveys include: raise

awareness and provide civility education, develop and implement comprehensive policies and

procedures to address incivility, and provide training for effective communication and conflict

negotiation.

Question 12 allowed the participants to write an individual response. The question asked

the participants to describe an example of an uncivil encounter they experienced or witnessed

over the last 12 months in nursing education. The pre-survey results show that 96.6% (29) of the

participants responded to question number 12 (see Table 19). A percentage of 20.6 (6) responded

unsure, and do not know what incivility is or what uncivil behaviors mean. The post survey results of question 12 indicate that 92% (23) of the participants responded to the question (see Table 20). The top behaviors noted in the last 12 months included: talking/sidebar conversations during the lecture, eye-rolling/rude comments (pre-43%; post-46%), and arriving/leaving class early and sleeping in class on both the pre-and post-survey (see Table 19 and Table 20). Analyzing the results of questions 12 supports the need for increasing the awareness of incivility.

Question 13 elicited comments from the participants on the primary reason or cause of incivility in nursing education. The pre-survey were similar among participants; however, responses that were different include lack of inaction, holding self-accountable, superiority, and student upbringing (see Table 21). Several participants went on to note that inaccurate communication, and differences of personality were causes for incivility (see Table 21). Post survey responses the participants noted included: immaturity, not knowing, unaware, or not understanding incivility, lack of knowledge, and stress (see Table 22). Many of the responses included lack of awareness, and stress. Students did recognize after attending the IIS, there are reasons why incivility occurs in nursing education. During the informational session, the project leader provided examples to participants on why incivility may occur and how to address the issues.

Question 14 was another question that allowed the participant to document an individual response to the most significant consequence of uncivil behaviors in nursing education. The participant's responses were similar in answering the question. Most of the participants' responses included: leaving the program, being dismissed from the program, quitting the program, expulsion from the program, and kicked out of the program. Other participants responded with pushing or

forcing someone else to leave the program, losing the desire to finishing the program, not getting adequate learning or the proper education, and low NCLEX passage rates. The students recognized that incivility has serious consequences that could force individuals to leave the program or risk of being dismissed from the program (see Table 23 and Table 24). The project leader compared the post-survey to the pre-survey, the responses were similar except for the response of suicide, feelings being hurt, and no encouragement from classmates or faculty (see Table 23 and Table 24). The project leader believes that this is another significant reason why increasing awareness of incivility in nursing education is essential.

Question 15 was the last question with a comment section eliciting feedback from the participant about the most effective way to promote civility. The responses of the participants reflected education as a critical factor in promoting civility in nursing education. The responses include: educate on incivility awareness, educate nursing students about incivility, increase awareness, educate, and promote awareness, educate all nursing students, and simply make students aware. Further, participants included: making the class feel united, establishing policies and procedures to address incivility, opening discussions for incivility awareness, and discussing what civility is and how it may affect people (see Table 25). Compared to the pre-survey, the post-survey responses were identical except for some of the participants responded with being a role-model, learn how to manage stress effectively, address incivility and reward good behavior, and provide ways to address and prevent incivility (see Table 26). The results indicate that students are willing to learn or receive education about incivility. The responses imply that the project objectives were met by implementing the IIS. The project leader provided students with strategies to use when addressing incivility, strategies to communicate among faculty and peers effectively, and a bookmark to remind them of civil behavior practices.

Chapter V: Discussion

Findings

The DNP projects included both quantitative and qualitative data collection with a mixed-method approach (Moran et al., 2017). The objectives of the project were to (1) increase awareness of incivility in nursing students, (2) teach effective communication techniques, and (3) provide strategies to decrease uncivil behaviors. The objectives were noticed throughout the project as students participated, and the increased perception of the students was valuable and significant to the project outcome. The one-hour IIS impacted the participants responses on several of the questions (see Tables 3-25). Students provided positive feedback following the informational sessions stating they now have a thorough understanding of what incivility means.

Data collected from the project provided reports to analyze ways to implement activities using the participants' responses. The analysis helps to support and promote future actions, such as making the informational session efficient and effective, and incorporating the data in strategic planning to prompt future awareness of incivility identified in nursing students (Clark, 2017: Moran et al., 2017). The INE-R Survey was completed pre-and-post informational session to evaluate student perceptions regarding incivility. The incivility informational session was developed to assess nursing students' incivility perceptions by utilizing a pre-and post-survey. The implementation of the incivility informational session in this ADN program was utilized for the first time at the college. The data was analyzed for quantitative and qualitative feedback from the student answers. Likert scales assisted in determining whether the perceptions would change directly as a result of the educational intervention.

Project findings from the project indicated that participant's perception did transform regarding incivility after session attendance. Participants stayed behind after the sessions

addressing the project leader, expressing their appreciation that they attended the incivility informational session. Students shared that they found the interactive activities and videos valuable in understanding the presentation. The students discovered that incivility is a current issue. Students were thankful for the discussion on incivility and shared that they were eager to learn about incivility classifications, and how to address the issue; and lastly, gained new knowledge regarding incivility. The student comments conveyed that the sessions were successful with increasing incivility awareness. Overall, the project informational session was successful in meeting project outcomes. Therefore, the conclusion was determined that the session was effective from the project objective perspective. Additionally, the doctoral student can attest that the project's expectations were entirely met, as participants engaged in discussion and questions during the session, and also reported satisfaction through survey responses.

Limitations or Deviations from Project Plan

Reviewing project limitations are necessary for analysis, and identifying opportunities for future improvement (Moran et al., 2017). Scholarly project's limitations found include: the relatively small sample size of 25 nursing students (N=25) of first level associate degree of nursing program. The informational session was limited to voluntary participants of the first level of the Associate Degree Program. Including the second-level students and practical nursing students in the information session, also, including the informational session during orientation for newly admitted nursing students in the future would be help in increasing participation to increase results. Another limitation includes the coronavirus (COVID-19) pandemic, which delayed the participation in the post-INE-R survey. The project leader extended the post-survey from the initial completion date for ten more days to allow participants time to complete the survey. Lastly, 25 participants completed the survey entirely, but two participants skipped two questions, and this could have affected the data analyzed for all 15 questions.

Implications

Project findings imply that the informational session was beneficial to the community college participants. The incivility informational session included: a presentation on civility and incivility, discussion focused on improving the understanding and perception of incivility in nursing education and providing strategies to combat incivility. Incivility can affect students' attitudes, disturb academic performance, and potentially impact their professional role. With increased incivility awareness, students can implement standards of civil behaviors among faculty and peers. Students have a responsibility to uphold professional behaviors in the classroom and clinical setting (Clark, 2019). The Incivility Informational Session could potentially be integrated throughout the ADN nursing program into each course. Evaluation of this project could be completed to include the INE-R after a more extended period from the initial session with the current participants as the findings indicate the need for further education regarding suicide risk among nursing students as a result of uncivil behaviors.

Future Research

The project focused on increasing awareness of incivility among nursing students through the incivility informational session intervention. Further research is needed to better understand the relationship of incivility among students in nursing programs and also faculty participation. There is a need for added research to determine if incivility interventions impact nursing students' behaviors or perceptions? Seeing if the interventions impact behaviors will assist in appropriately educating students and could assist in developing incivility polices to address the inappropriate academic behaviors. The DNP student is confident that by sharing the project findings with the organizational academic leaders, the incivility informational session will be applied within the curriculum, and policies will be developed to address incivility.

Nursing

Incidence of incivility among nursing students has been documented. The time has come to educate and increase awareness in the arena of academia. DNP Leadership can assist with each level of the nursing profession to change incivility in education (ANA, 2015). Incivility education in the academic setting will establish standards for future generations of nurses to embrace the nursing profession and combat incivility. The project leader was integral in role modeling civil behaviors throughout the project. Nurses are the backbone of healthcare, so it is imperative to educate nursing students on civil behaviors during the educational arena. Once the student graduates, he or she will recognize that uncivil behaviors are not appropriate in nursing.

Health Policy

The Incivility Informational Session can be used as a tool for nursing students to assist in healthcare policy change. The information presented allows students to learn and apply the knowledge of nursing, of theory, and understanding the ethical implications of policy decisions leading to creative and effective incivility policy changes (ANA, 2006). Implementing an incivility policy for nursing programs is a policy change needed to help raise awareness of incivility in nursing education. Currently, the students have a Student Conduct Policy that does not address incivility. The educational strategy provides information that could drive changes in the policy to address incivility in the classroom and clinical setting.

Chapter VI: Conclusion

Value of the Project

Incivility is an unfortunate factor in nursing education, and the issue requires building insight into the dynamics of incivility to promote a healthy environment (Clark, 2019; Condon,

2015; Ilbrahim & Qalawas, 2016; Muliira et al., 2017; Natarajan et al., 2017). Incivility in the academic setting has the potential to cause harm to faculty, nursing students, and patients in the healthcare setting. Secondly, it is essential to learn about the effects of incivility in nursing education. Incivility may cause emotional or physical distress to nursing students as this project discovered that students had thoughts of leaving the program, and attempted suicide at the implementation site related to student incivility. Lastly, it is the opinion of the project leader that the scholarly project provided valuable data about perceptions regarding incivility in nursing education, the strategies to combat incivility, and effective communication. The scholarly project demonstrated that the implementation of the incivility informational session provided incivility awareness among nursing students. Nursing students must take ownership of their actions and understand that incivility exists (Clark, 2015; Clark, 2018; Clark, 2019; Edward et al., 2015; Ibrahim & Oalawas, 2016; Muliira et al., 2017). Emphasis must be placed on promoting civil environments and encourage changing and maintaining behaviors that lead to sustaining a healthy environment.

The scholarly project showed that the Incivility Informational Session, along with the Clark Incivility in Nursing Education Revised (INE-R) Survey, is an effective technique to identify incivility within the nursing classroom. The project aimed to increase knowledge regarding incivility in nursing students and improve communication among nursing students. The pre-and post-surveys showed that incivility exists in this nursing program. After the post-surveys, the message from the participant's feedback via the surveys identified that students thought the session was helpful. Participants stated that the project provided them with an understanding of incivility, knowledge of ways to combat incivility, and the resources to spread awareness of incivility among peers.

DNP Essentials

The project leader chose a project with the potential to bring change to a Southeastern community. The DNP Essentials offered a professional tool for the project leader to gain competency as an Advanced Practice Nurse (Moran et al., 2017). There are eight essentials, and each essential impacted the project leader throughout the scholarly project; however, Essential I, Essential II, Essential III, Essential V, and VIII are specific to the project is a requirement to demonstrate accomplishment throughout the course work and the DNP Scholarly Project (Moran et al., 2017). The project required learning new leadership and advance practice skills appropriate for the project. Also, engaging in organizational and policy development related to the DNP Scholarly Project.

DNP Essential I: Scientific underpinnings for practice. Essential I focus on integrating nursing science and the use of science-based theories (AACN, 2006). Essential I was necessary as the project leader used the knowledge of nursing science to implement strategies to enhance and evaluate the awareness of incivility among nursing students. The students were able to participate in a hands-on, incivility real-life situation case study during the informational session. The informational session is considered a new approach to combat incivility in the academic setting.

DNP Essential II: Organizational and systems leadership for quality improvement and system thinking. Essential II is vital to the success of the scholarly project. The essential provides the understanding of accountability of actions, importance of finances, economics, and health policy implementation to improve patient care (AACN, 2006). The Essential was considered when implementing the informational session intervention for quality improvement within the organization. Students learned about the accountability of their actions and the importance of effective communication.

As the students participated in the activities, they learned what a positive attitude means in nursing. Students voiced positive change of perception toward incivility after participating in the informational session.

DNP Essential III: Clinical scholarship and analytical methods for evidence-based practice. Essential III focus on analytic methods to critically appraise existing literature and evidence to determine best practice (AACN, 2006). Essential III impacted the design and evaluation process to improve incivility among nursing students. When implementing the informational session, the project leader applied relevant findings with the teaching materials, with an effort to improve the practice environment. The project leader gathered appropriate and accurate data on incivility among nursing students to generate evidence-based practice. The informational session seemed to make a difference in the perception of incivility in nursing education.

DNP Essential V: Health care policy for advocacy in health care: It is crucial to advocate for the nursing profession and ethical practice (AACN, 2006). Why not start with nursing students? The project leader aligned the project with the organization's strategic plan. The mission focuses on the success of the student. The informational session provided strategies to combat incivility situations, provided advocacy and addressed social justice and equity in healthcare. The project leader's participation in leadership activities such as working on committees to change or update policies to ensure current practice with civility in the nursing education setting remains a goal to achieve.

Additionally, DNP Essential VIII: Advanced Practice Nurse: All Doctor of Nursing Practice graduates are charged to demonstrate advanced practice skills and the base on development and sustain therapeutic relationships, guide, mentor, and support other nurses,

educate and evaluate and evaluate policy issues (AACN, 2006). Essential VIII has excellent value for the scholarly project. The project lead demonstrated clinical judgment, taking responsibility in designing and implementing an evidence-based learning strategy, the Incivility Informational Session. The project lead utilized this Essential by implementing the informational session to educate and guide nursing students with increasing awareness, strategies to combat incivility, and improve communication.

Plan for Dissemination

The project leader has multiple ways to disseminate the results of the scholarly project. First, the project leader will present the incivility intervention outcomes during a 50-minute final oral presentation that will be scheduled virtually through the university. The presentation will include a PowerPoint that discusses the project, outcomes, and project significance. Secondly, the scholarly project will be deposited in the DNP repository for use by students and Advance Practice Nurses. Thirdly, the data will be shared with the college, where the project was conducted with to develop an incivility policy. The project leader plans to offer a PowerPoint presentation at the organization Fall Faculty meeting, where key stakeholders are present. Lastly, future presentations may include a poster or podium presentation at the North Carolina Community College Conference held annually.

Plan for Sustainability

This was the first time an incivility informational session was successfully implemented in the ADN program at the implementation site. Given the previous negative student impact from prior student incivility and near suicide the implementation site has communicated interest in continuing the use of the incivility informational session by integrating throughout the program curriculum across all nursing courses. To encourage sustainability, the project leader, will

collaborate with coordinators of both the ADN and Practical Nursing (PN) programs to conduct continuing incivility informational sessions to the incoming freshmen ADN and incoming PN students during Fall semester at the implementation site. The project leader would disseminate the pre-INE-R survey and incivility informational session during the first four weeks of the semester. The incivility informational session would be integrated through the educational module addressing ethics, professionalism, and health policy. Then, the post-INE-R survey would be administered to the groups thirty days after the informational sessions to address the student's perception and effectiveness of the informational session. The project leader would also collaborate with the faculty to develop a civility policy for each course syllabus. Furthermore, the project leader would work with second level faculty to determine were the incivility informational session best fits in the curriculum. There will be no cost for the implementation site for efforts of sustainability.

Attainment of Personal and Professional Goals

This scholarly project was chosen because of professional and personal experiences alongside the literature review findings, suggesting that incivility appears to be increasing among nursing education. The project leader's personal and professional goals were to increase incivility awareness amid nursing students, provide strategies to combat incivility, and improve nursing student communication. The majority of participants had positive comments about the incivility informational session intervention and stated that they were unaware of the practice of uncivil behaviors. If the participants apply the new knowledge to their daily practice, there will be a positive learning environment, effective communication, and improved patient outcomes. If this happens, the project leader will have accomplished what was set to be achieved. Personally, and academically the project leader feels that the goal of achievement has been met, through project

completion. The project leader recognizes the individual growth, and the ability to use the newly learned skills as a leader to implement new policies and update existing policies.

Conclusion

Fostering civil behaviors early in nursing education strengthens the potential to prepare qualified nursing graduates with improved abilities to work collaboratively with others and manage patient care. Patient care is essential in healthcare, and as professionals, we must be vigilant in our actions as they have consequences. Lack of communication between nursing students may result in ineffective communication and documentation leading to negative patient outcomes. The scholarly project accomplished the purpose through two primary methods: (1) the distribution of the INE-R survey to identify the student's perception of academic incivility among a group of nursing students, and (2) the offering of the informational session (three dates) to increase the nursing student's awareness of incivility, providing strategies to combat incivility, and improving communication techniques. The INE-R participant responses identified uncivil behaviors among nursing students in the academic setting. After, attending the session there was a difference in the perception of exposure to incivility, and improvements in the participants ability to recognize incivility, and communicate effectively to resolve the issue. The experience of incivility in this group of participants may be at a lower prevalence rate than indicated in the literature but as the project site can attest, can still occur and negatively impact the learning environment and individual student performance, ultimately negatively impacting student and patient outcomes. Increasing awareness of incivility even on a small scale can make a difference. With ongoing discussion and continuous training regarding incivility, nursing students can improve the academic experience at the community college and create a conducive learning environment for students.

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Table 1

Demographics- Age, Gender, and Educational Level -Pre

Answer Choice	n	Percentage
Age		
18-25	22	73.3%
25-30	5	16.6%
30-35	2	6.6%
35 or older	1	4%
Gender		
Female	24	80%
Male	6	20%
Other	0	0%
Prefer not to answer	0	0%
Prefer not to answer	0	0%
Educational Level		
Associate degree	11	36.6%
Bachelor's degree	4	13.3%
Master's degree	0	0%
Professional degree	0	0%
Prefer not to answer	15	50%

Note. *This table demonstrates participants (N=30) demographic information age, gender, and educational level on pre-survey.*

Table 2

Demographics- Age, Gender, and Educational Level-Post

Answer Choice	n	Percentage
Age		
18-25	17	68%
25-30	7	28%
30-35	0	
35 or older	1	4%
Gender		
Female	21	84%
Male	4	16%
Other	0	0%
Prefer not to answer	0	0%
Prefer not to answer	0	0%
Educational Level		
Associate degree	5	20%
Bachelor's degree	6	24%
Master's degree	1	4%
Professional degree	0	0%
Prefer not to answer	13	52%

Note. This table demonstrates the participants (N=25) demographic information age, gender, and educational level on the post-survey.

Table 3

Pre- Survey Level of Incivility Behaviors-Student

Questions	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil
Making rude gestures or non-verbal behaviors toward others (eye rolling, finger pointing, etc.)	10.00% 3	33.33% 10	16.67% 5	40.00% 12
Creating tension by dominating class discussion	20.00% 6	16.67% 5	30.00% 9	33.33% 10
Holding side conversations that distract your or others	13.33% 4	43.33% 13	26.67% 8	16.67% 5
Cheating on exams or quizzes	23.33% 7	3.33% 1	6.67% 2	66.67% 20
Making condescending or rude remarks toward others	16.67% 5	16.67% 5	16.67% 5	50.00% 15
Demanding make-up exams, extensions, or other special favors	23.33% 7	13.33% 4	30.00% 9	33.33% 10
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	20.00% 6	16.67% 5	40.00% 12	23.33% 7
Demanding a passing grade	20.00% 6	6.67% 2	40.00% 12	33.33% 10

when a passing grade has not been earned			
Being unresponsive to emails or other communications	23.33% 7	30.00% 9	33.33% 10	13.33% 4
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	26.67% 8	0.00% 0	10.00% 3	63.33% 19
Using profanity (swearing, cussing) directed toward others	26.67% 8	6.67% 2	13.33% 4	53.33% 16
Threats of physical harm against others (implied or actual)	26.67% 8	6.67% 2	10.00% 3	56.67% 17
Property damage	26.67% 8	6.67% 2	16.67% 5	50.00% 15
Making threatening statements about weapons	26.67% 8	6.67% 2	13.33% 4	53.33% 16

Note. The table shows the participants (N=30) responses on the pre-survey to incivility behaviors

for students.

Table 4

Post Survey Level of Incivility Behaviors-Student

Questions	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil
Making rude gestures or non-verbal behaviors toward others (eye rolling, finger pointing, etc.)	0.00% 0	4.00% 1	60.00% 15	36.00% 9
Creating tension by dominating class discussion	0.00% 0	8.00% 2	12.00% 3	80.00% 20
Holding side conversations that distract your or others	0.00% 0	8.00% 2	16.00% 4	76.00% 19
Cheating on exams or quizzes	0.00% 0	4.00% 1	4.00% 1	92.00% 23
Making condescending or rude remarks toward others	0.00% 0	4.00% 1	8.00% 2	88.00% 22
Demanding make-up exams, extensions, or other special favors	0.00% 0	4.00% 1	24.00% 6	72.00% 18
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	0.00% 0	4.00% 1	16.00% 4	80.00% 20

Demanding a passing grade when a passing grade has not been earned	0.00% 0	4.00% 1	12.00% 3	84.00% 21
Being unresponsive to emails or other communications	4.00% 1	12.00% 3	28.00% 7	56.00% 14
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	4.00% 1	0.00% 0	0.00% 0	96.00% 24
Using profanity (swearing, cussing) directed toward others	0.00% 0	8.00% 2	0.00% 0	92.00% 23
Threats of physical harm against others (implied or actual)	4.00% 1	0.00% 0	4.00% 1	92.00% 23
Property damage	4.00% 1	0.00% 0	0.00% 0	96.00% 24
Making threatening statements about weapons	4.00% 1	0.00% 0	0.00% 0	96.00% 24

Note. The table shows the participants (N=25) responses on the post-survey to incivility behaviors for students.

Table 5

Pre-Survey How often behaviors occurred in last 12 months-Student

Questions	Never	Rarely	Sometimes	Often
Expressing disinterest, boredom, or apathy about course content or subject matter	36.67% 11	23.33% 7	33.33% 10	6.67% 2
Making rude gestures or non-verbal behaviors toward others (eye rolling, finger pointing, etc.)	30.00% 9	50.00% 15	16.67% 5	3.33% 1
Creating tension by dominating class discussion	56.67% 17	26.67% 8	13.33% 4	3.33% 1
Holding side conversations that distract your or others	23.33% 7	30.00% 9	36.67% 11	10.00% 3
Cheating on exams or quizzes	83.33% 25	6.67% 2	6.67% 2	3.33% 1
Making condescending or rude remarks toward others	56.67% 17	20.00% 6	16.67% 5	6.67% 2
Demanding make-up exams, extensions, or other special favors	86.67% 26	10.00% 3	3.33% 1	0.00% 0
Demanding a passing grade when a passing	96.67% 29	0.00% 0	3.33% 1	0.00% 0

grade has not been earned			
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	76.67% 23	16.67% 5	3.33% 1	3.33% 1
Using profanity (swearing, cussing) directed toward others	70.00% 21	13.33% 4	16.67% 5	0.00% 0
Threats of physical harm against others (implied or actual)	90.00% 27	10:00% 3	0.00% 0	0.00% 0
Property damage	86.67% 26	10.00% 3	3.33% 1	0.00% 0
Making threatening statements about weapons	90.00% 27	6.67% 2	3.33% 1	0.00% 0

Note. The table shows the participants (N=30) responses on the pre-survey to incivility behaviors

for students in the last 12 months.

Table 6

Post- Survey How Often Behaviors Occurred in Last 12 months-Student

Questions	Never	Rarely	Sometimes	Often
Expressing disinterest, boredom, or apathy about course content or subject matter	56.00% 14	24.00% 6	20.00% 5	0.00% 0
Making rude gestures or non-verbal behaviors toward others (eye rolling, finger pointing, etc.)	16.00% 4	20.00% 5	64.00% 16	0.00% 0
Creating tension by dominating class discussion	64.00% 16	12.00% 3	16.00% 4	8.00% 2
Holding side conversations that distract your or others	8.00% 2	16.00% 4	32.00% 8	44.00% 11
Cheating on exams or quizzes	100.00% 25	0.00% 0	0.00% 0	0.00% 0
Making condescending or rude remarks toward others	79.17% 19	12.50% 3	4.17% 1	4.17% 1
Demanding make-up exams, extensions, or other special favors	96.00% 24	4.00% 1	0.00% 0	0.00% 0
Demanding a passing grade when a passing	92.00% 23	0.00% 0	4.00% 1	4.00% 1

grade has not been earned			
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	92.00% 23	8.00% 2	0.00% 0	0.00% 0
Using profanity (swearing, cussing) directed toward others	80.00% 20	16.00% 4	4.00% 1	0.00% 0
Threats of physical harm against others (implied or actual)	100.00% 25	0.00% 0	0.00% 0	0.00% 0
Property damage	100.00% 25	0.00% 0	0.00% 0	0.00% 0
Making threatening statements about weapons	100.00% 25	0.00% 0	0.00% 0	0.00% 0

Note. The table shows the participants (N=25) responses on the post-survey to incivility

behaviors for students in the last 12 months.

Table 7

Pre-Survey Level of Incivility Behaviors-Faculty

Questions	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil
Punishing the entire class for one student's misbehavior	26.67% 8	10.00% 3	6.67% 2	46.67% 14
Allowing side conversations by students that disrupt class	26.67% 8	23.33% 7	23.33% 7	26.67% 8
Unfair grading	23.33% 7	3.33% 1	26.67% 8	46.67% 14
Making condescending or rude remarks toward others	23.33% 7	3.33% 1	26.67% 8	46.67% 14
Refusing to discuss make-up exams, extensions, or grade changes	30.00% 9	23.33% 7	13.33% 4	33.33% 10
Ignoring, failing to address, or encouraging disruptive student behaviors	23.33% 7	6.67% 2	30.00% 9	40.00% 12
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	23.33% 7	6.67% 2	16.67% 5	53.33% 16
Sending inappropriate or	23.33% 7	13.33% 4	23.33% 7	40.00% 12

rude e-mails to others				
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	26.67% 8	3.33% 1	10.00% 3	60.00% 18
Using profanity (swearing, cussing) directed toward others	26.67% 8	10.00% 3	13.33% 4	50.00% 15
Threats of physical harm against others (implied or actual)	23.33% 7	10.00% 3	16.67% 5	50.00% 15
Property damage	26.67% 8	13.33% 4	13.33% 4	46.67% 14
Making threatening statements about weapons	23.33% 7	10.00% 3	13.33% 4	53.33% 16

Note. The table shows the participants (N=30) responses on the pre-survey to incivility behaviors

in faculty.

Table 8

Post-Survey Level of Incivility Behaviors-Faculty

Questions	Not Uncivil	Somewhat Uncivil	Moderately Uncivil	Highly Uncivil
Making rude gestures or non-verbal behaviors toward others (eye rolling, finger pointing, etc.)	4.00% 1	8.00% 2	60.00% 15	28.00% 7
Punishing the entire class for one student's misbehavior	4.00% 1	4.00% 1	16.00% 4	76.00% 19
Allowing side conversations by students that disrupt class	4.00% 1	4.00% 1	16.00% 4	76.00% 19
Unfair grading	8.00% 2	0.00% 0	16.00% 4	76.00% 19
Making condescending or rude remarks toward others	4.00% 1	0.00% 0	16.00% 4	80.00% 20
Refusing to discuss make-up exams, extensions, or grade changes	4.00% 1	16.00% 4	24.00% 6	56.00% 14
Ignoring, failing to address, or encouraging disruptive student behaviors	4.00% 1	0.00% 0	20.00% 5	76.00% 19
Exerting superiority, abusing position,	4.00% 1	0.00% 0	12.00% 3	84.00% 21

or rank over others (e.g., arbitrarily threatening to fail students)				
Sending inappropriate or rude e-mails to others	4.00% 1	0.00% 0	12.00% 3	84.00% 21	25
Using profanity (swearing, cussing) directed toward others	4.00% 1	0.00% 0	8.00% 2	88.00% 22
Threats of physical harm against others (implied or actual)	4.00% 1	0.00% 0	8.00% 2	88.00% 22
Property damage	4.00% 1	0.00% 0	8.00% 2	88.00% 22
Making threatening statements about weapons	4.00% 1	0.00% 0	8.00% 2	88.00% 22

Note. The table shows the participants (N=25) responses on the post-survey to incivility

behaviors in faculty.

Table 9

Pre-Survey How often has each behavior occurred in the last 12 months? -Faculty

Questions	Never	Rarely	Sometimes	Often
Expressing disinterest, boredom, or apathy about course content or subject matter	83.33% 25	13.33% 4	3.33% 1	0.00% 0
Making rude gestures or non-verbal behaviors toward others (eye rolling, finger pointing, etc.)	90.00% 27	10.00% 3	0.00% 0	0.00% 0
Punishing the entire class for one student's misbehavior	83.33% 25	13.33% 4	3.33% 1	0.00% 0
Allowing side conversations by students that disrupt class	80.00% 24	20.00% 6	0.00% 0	0.00% 0
Unfair grading	90.00% 27	10.00% 3	0.00% 0	0.00% 0
Making condescending or rude remarks toward others	93.33% 28	3.33% 1	0.00% 0	3.33% 1
Refusing to discuss make-up exams, extensions, or grade changes	80.00% 24	10.00% 3	10.00% 3	0.00% 0
Ignoring, failing to address, or encouraging disruptive	83.33% 25	6.67% 2	6.67% 2	3.33% 1

student behaviors				
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	96.67% 29	3.33% 1	0.00% 0	0.00% 0
Being unavailable outside of class (not returning calls or emails, not maintaining office hours	83.33% 25	13.33% 4	3.33% 1	0.00% 0
Sending inappropriate or rude e-mails to others	96.67% 29	0.00% 0	3.33% 1	0.00% 0
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	93.335 28	3.33% 1	3.33% 1	0.00% 0
Using profanity (swearing, cussing) directed toward others	93.33% 28	3.33% 1	3.33% 1	0.00% 0
Threats of physical harm against others (implied or actual)	100.00% 30	0.00% 0	0.00% 0	0.00% 0
Property damage	100.00% 30	0.00% 0	0.00% 0	0.00% 0

Making threatening statements about weapons	100.00% 30	0.00% 0	0.00% 0	0.00% 0

Note. The table shows the participants (N=30) responses on the pre-survey to incivility behaviors

for faculty in the last 12 months.

Table 10

Post-Survey How often has each behavior occurred in the last 12 months? -Faculty

Questions	Never	Rarely	Sometimes	Often
Expressing disinterest, boredom, or apathy about course content or subject matter	96.00% 24	4.00% 1	0.00% 0	0.00% 0
Making rude gestures or non-verbal behaviors toward others (eye rolling, finger pointing, etc.)	60.00% 15	4.00% 1	36.00% 9	0.00% 0
Punishing the entire class for one student's misbehavior	92.00% 23	4.00% 1	4.00% 1	0.00% 0
Allowing side conversations by students that disrupt class	40.00% 10	8.00% 2	12.00% 3	40.00% 10
Unfair grading	96.00% 24	0.00% 0	0.00% 0	4.00% 1
Making condescending or rude remarks toward others	96.00% 24	0.00% 0	4.00% 1	0.00% 0
Refusing to discuss make-up exams, extensions, or grade changes	95.83% 23	0.00% 0	0.00% 0	4.17% 1
Ignoring, failing to address, or encouraging disruptive	92.00% 23	8.00% 2	0.00% 0	0.00% 0

student behaviors				
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	96.00% 24	0.00% 0	0.00% 0	4.00% 1
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	100.00% 25	0.00% 0	0.00% 0	0.00% 0
Using profanity (swearing, cussing) directed toward others	100.00% 25	0.00% 0	0.00% 0	0.00% 0
Threats of physical harm against others (implied or actual)	100.00% 25	0.00% 0	0.00% 0	0.00% 0
Property damage	100.00% 25	0.00% 0	0.00% 0	0.00% 0
Making threatening statements about weapons	100.00% 25	0.00% 0	0.00% 0	0.00% 0

Note. The table shows the participants (N=25) responses on the post-survey to incivility behaviors for faculty in the last 12 months.

Table 11

Pre- Survey- Extent of Incivility of Being a Problem

Answer Choices	n	Total %
No problem at all	17	56.67%
Mild problem	11	36.67%
Moderate problem	1	3.33%
Serious problem	1	3.33%

Note. The table shows the participants (N=30) responses on the pre-survey to the extent of

incivility being a problem in the nursing program.

Table 12

Post Survey- Extent of Incivility of Being a Problem

Answer Choices	n	Total %
No problem at all	6	24.00%
Mild problem	19	76.00%
Moderate problem	0	0.00%
Serious problem	0	0.00%

Note. The table shows the participants (N=25) responses on the post-survey to the extent of

incivility being a problem in the nursing program.

Table 13

Pre-Survey Experiences or Perception of Student or Faculty Uncivil Behaviors

Answer Choices	n	Total %
Faculty members are much more likely	0	0.00%
Faculty members are a little more likely	0	0.00%
About equal	2	6.67%
Students are a little more likely	12	40.00%
Students are much more likely	16	53.33%

Note. The table shows the participants (N=30) responses on the pre-survey determining who would engage in uncivil behaviors.

Table 14

Post-Survey Experiences or Perception of Student or Faculty Uncivil Behaviors

Answer Choices	n	Total %
Faculty members are much more likely	1	4.00%
Faculty members are a little more likely	0	0.00%
About equal	0	0.00%
Students are a little more likely	8	32.00%
Students are much more likely	16	64.00%

Note. The table shows the participants (N=25) responses on the post-survey determining who would engage in uncivil behaviors.

Table 15

Pre-Survey Level of Incivility in the Nursing Program Scale 0-100

Overall, how do you rate the level of INCIVILITY in your nursing program on a scale of 0-100? (0 is absence of civility, 100 is completely civil)	
Participant response	Scale 0-100
1 response	0
0	1
0	2
0	3
0	4
0	5
0	6
0	7
0	8
0	9
2 responses	10
0	11
0	12
0	13
0	14
1 response ADN senior	15
0	16
0	17
0	18
0	19
0	20
0	21
0	22
0	23
0	24
1 response	25
0	26
0	27
0	28
0	29
0	30
0	31
0	32
0	33
0	34
0	35
0	26
0	27
0	28

0	29
0	30
0	31
0	32
0	33
0	34
0	35
0	36
0	37
0	38
0	39
0	40
0	41
0	42
0	43
0	44
0	45
0	46
0	47
0	48
0	49
0	50
2 responses	60
0	61
0	62
0	63
0	64
1 response	65
0	66
0	67
0	68
0	69
2 responses	70
0	71
0	72
0	73
0	74
2 responses	75
0	76
0	77
0	78
0	79
4 responses/1response freshmen ADN	80
0	81
0	82
0	83

0	84
1 response	85
0	86
0	87
0	88
0	89
3 responses	90
0	91
0	92
0	93
0	94
1 response	95
0	96
0	97
3 responses	98
2responses	99
4 responses	100

Note. The table shows the participants (N=30) responses pre-survey rating the level of incivility

in the nursing program.

Table 16

Post-Survey Level of Incivility in the Nursing Program Scale 0-100

Overall, how do you rate the level of INCIVILITY in your nursing program on a scale of 0-100? (0 is absence of civility, 100 is completely civil)	
Participant responses	Scale 0-100
0	0
0	1
1 response	2
0	3
0	4
0	5
0	6
0	7
0	8
0	9
0	10
0	11
0	12
0	13
0	14
0	15
0	16
0	17
0	18
0	19
1 response	20
0	21
0	22
0	23
0	24
0	25
0	26
0	27
0	28
0	29
2 responses	30
0	31
0	32
1 response	33
0	34
0	35
0	36
0	37
0	38

0	39
0	40
0	41
0	42
0	43
0	44
1 response	45
0	46
0	47
0	48
0	49
0	50
0	51
0	52
0	53
0	54
0	55
0	56
0	57
0	58
0	59
0	60
0	61
0	62
0	63
0	64
0	65
0	66
0	67
0	68
0	69
2 responses	70
0	71
0	72
0	73
0	74
0	75
0	75
0	76
0	77
0	78
0	79
6 responses	80
0	81
0	82
0	83

0	84
0	85
0	86
0	87
0	88
0	89
7 responses	90
0	91
0	92
0	93
0	94
1 response	95
0	96
0	97
0	98
1 response at 99.9	99
2 responses	100

Note. The table shows the participants (N=25) responses post-survey rating the level of incivility

in the nursing program

Table 17

Pre-Survey Three Strategies to Improve the Level of Civility in Nursing Education

Strategies	N	Total %
Use empirical tools (surveys, etc.) to measure incivility/civility and address areas of strength/growth	2	6.67%
Establish codes of conduct that define acceptable and unacceptable behaviors Role-model professionalism and civility	20	66.67%
Raise awareness, provide civility education	19	63.33%
Integrate civility and collegiality into performance evaluations	6	20.00%
Provide training for effective communication and conflict negotiation	12	40.00%
Develop and implement comprehensive policies and procedures to address incivility	13	43.33%
Reward civility and professionalism	9	30.00%
Implement strategies for stress reduction and self-care	14	46.67%
Take personal responsibility and stand accountable for actions	10	33.33%
Other: Please specify	0	0.00%

Note. The table shows the participants (N=30) responses pre-survey identifying the top three strategies to improve incivility in nursing education.

Table 18

Post-Survey Three Strategies to Improve the Level of Civility in Nursing Education

Strategies	N	Total %
Use empirical tools (surveys, etc.) to measure incivility/civility and address areas of strength/growth	7	28.00%
Establish codes of conduct that define acceptable and unacceptable behaviors Role-model professionalism and civility	13	52.00%
Raise awareness, provide civility education	21	84.00%
Integrate civility and collegiality into performance evaluations	4	16.00%
Provide training for effective communication and conflict negotiation	14	56.00%
Develop and implement comprehensive policies and procedures to address incivility	17	68.00%
Reward civility and professionalism	5	20.00%
Implement strategies for stress reduction and self-care	6	24.00%
Take personal responsibility and stand accountable for actions	5	20.00%
Other: Please specify	0.00%	0

Note. The table shows the participants (N=25) responses post-survey identifying the top three strategies to improve incivility in nursing education.

Table 19

Pre-Survey Describe an Example of Uncivil Encounter Experienced or Witnessed in Nursing

Education Last 12 months

Please describe an example of an uncivil encounter you have experience or witnessed in nursing education within the past 12 months.
Talking while in teacher lecturing and students talking rudely about the teacher
Sidebar conversations in the classroom during lecture
Students talking about the staff inappropriate
I think I have witnessed incivility, talking during class. I'm not sure if I know what it means.
Sometimes I notice one of my classmates sleeping during lecture, and I also see students roll their eyes when a specific classmate asks numerous questions.
I really do not know what uncivil means or incivility. 2
I took this survey but not sure if I know what incivility is. Thanks
To be honest I am not sure what incivility is but I believe a classmate talking over me in class
One student seems to challenge the instructor during lecture and it in turn makes the rest of the students confused. Luckily, in my case, the instructors then have to correct the student and puts the discussion back on track.
None
Student shouting out answer in class with no regard to others answers students may come up with
Gossiping
Side conversations
None
Watching ▮▮▮ pack ▮▮▮▮▮▮ belongings
I have not had a uncivil experience within the last 12 months
Students requesting about higher grades

A student essentially challenging an instructor about a topic that the instructor clearly had more knowledge about.

Students attacking me on social media about a post and talking to my classmates behind my back.

None

During clinical I was asked a question by a classmate, while answering the question another classmate interjected in a rude manner to provider their own take

None

Another student talking down to a friend about how she's doing in class.

i have not witnessed any incivility in the nursing program at ███████████████ other than a few side conversations, which I do not believe to be a huge uncivil act.

Holding side conversations

I have experienced students arrive late to class which can be disruptive to other students while learning

Students making rude comments about teachers or staff

When asked about how to calculate my grade, my instructor 's answer regarding my grade was somewhat unclear. Instructors at my school decided they were going to take our grades off ███████, apparently to fix them, but then decided they were only going to put the grades at the end of our 8-week course.

Apathetic behavior amongst one of the nursing department managers when asking questions regarding something.

Note. The table shows the participants (N=30) responses pre-survey identifying uncivil encounters experienced or witnessed in the last 12 months.

Table 20

Post-Survey Describe an Example of Uncivil Encounter Experienced or Witnessed in Nursing

Education Last 12 months

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

Talking in class and witnessing other classmates talk rude to Instructor and classmates. I didn't realize this was happening until after Ms. Pope presentation. Thanks

Talking during lecture and arriving to class late. Mrs. Pope educated me and my classmate about this being uncivil behavior.

Talking in class (myself included) and some of my classmates saying discriminating things towards the instructor.

Students arriving to class late, having sidebar conversation, and saying ugly things about the Instructors

Yes, I witness talking in class and being rude to classmates. Me rolling my eyes and arriving to class late. Mrs. Pope opened my eyes about incivility. I had no clue. Glad to learn about Incivility

Yes, talking during lectures and eye-rolling from myself and classmates. Thank you, Mrs. Pope, for letting me know my actions are not appropriate it is uncivil.

Students talking (including myself) during lecture. When Ms. Pope said this during her presentation it blows my mind. Thanks Ms. Pope

Yes, rude comments about other students in the class and about instructors. I am guilty for rolling my eyes. I glad that Mrs. Pope choose my class to educate. I had no clue that this behavior was uncivil.

Rolling my eyes at a classmate or even our faculty. I learned from the presentation that my behavior is not appropriate. Thank you for the presentation and the bookmark to remind me of civil behavior.

Talking to other classmates during lecture. I did not know this was an uncivil act until Ms. Pope brought it to my attention. Also, rolling my eyes at others. I am thankful for the presentation because I now have a better understanding of what incivility is or what it means. Thanks

Sidebar conversations during class and the rude comments about other classmates and instructors.

Sidebar communication in the classroom from my classmates and myself.
I have seen classmates talking about others in the class and some students being rude to the instructor.

N/A

A classmate making rude comments about the instructor and classmates. Mrs. Pope's presentation made me understand what incivility is and I hope that the next class can learn about incivility.

Students have taken over a class discussion and students have side conversations during lecture.

A fellow classmate told me that "I was too smart to study in a group with then."
student arriving late to class

Occasionally someone falls asleep in the classroom

None

other students discussing their opinions of other students

Making fun of peers

Note. The table shows the participants (N=25) responses post-survey identifying uncivil

encounters experienced or witnessed in the last 12 months.

Table 21

Pre-Survey Primary Reason or Cause for Incivility in Nursing Education

In your opinion, what is the primary reason or cause for incivility in nursing education?
Maybe the person does not know what incivility is or what it means
not knowing what incivility is
Students wanting their way .
Personalities are different
I think these actions stem from a lack on inaction in holding ourselves accountable.
I need more information on incivility to answer this question
Education on what incivility is
Not knowing what it is
I think the primary reason for incivility is the amount of stress nursing students are under.
Sometimes, the students have a lot of stress built up without establishing a stress reliever and they take it out on people.
Superiority
Stress
Annoyance
People thinking they know more then they do 2
Rude remarks, falling asleep in class from sleep deprivation
People having different opinions. Students getting annoyed with other students who go on a rant during lecture about irrelevant topics or zany questions.
Sometimes different opinions can cause incivility in discussions
People wanting to get what they want without working towards it, putting in the effort
Students thinking they already know everything and just lack of respect for instructors who have been in the nursing field for years.
Immature people that don't care or think about how they are making others feel.

None

in my opinion, I believe it's stress

Stress.

I believe the primary reason for incivility in nursing education is the how classmates perceive one-another. Oftentimes, a classmate may look down upon another classmate by their grades or how they present themselves in class through asking questions,

I think most side conversations are regarding lecture material.

Lack of understanding

I feel that the primary reason for incivility is that some students do not discipline themselves enough to make it to class on time or to follow the rules set for class

Honestly, the students' upbringing

Personalities clash.

Stress

Note. The table shows the participants (N=30) responses pre-survey identifying reasons or causes for incivility in nursing education.

Table 22

Post-Survey Primary Reason or Cause for Incivility in Nursing Education

In your opinion, what is the primary reason or cause for incivility in nursing education?
Stress of nursing school and not knowing what incivility is. Thanks Ms. Pope
Unawareness of incivility and stress
Not understanding what incivility and the stress of nursing school
Unlearned not knowing what incivility and stress.
Stress and not being aware.
Unaware of the incivility meaning and stress.
Stress I believe is number one and just not knowing what incivility means
Stress and not knowing what incivility mean.
Not know what incivility means and stress.
Not knowing your actions and stress.
Uneducated about incivility and not being aware that your actions are not civil. Also, stress of nursing school.
Simply not knowing what incivility is. Mrs. Pope did provide us with the definition of incivility, and I hope that she provides this information to future nursing students. I like the bookmark as a reminder.
Students do not know what incivility is or understand what it is. Thank you, Ms. Pope, for providing an understanding of incivility.
Students truly do not know what it means and that they are using uncivil acts and nursing school can be overwhelming.
Immaturity and lack of self-control.
Burn out
Different people with different types of personalities often have to interact with each other in the academic setting, and this can lead to uncivil behavior.
Being stressed out constantly

Lack of knowledge
stress, lack of restful sleep, inadequate education on the subject
Not enough to provide accurate communication
students becoming jealous of other students or simply not taking the time to relate to other students
Immaturity

Note. The table shows the participants (N=25) responses post-survey identifying reasons or causes for incivility in nursing education.

Table 23

Pre-Survey Consequences of Incivility in Nursing Education

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

Students do not know what incivility means

you can get kicked out of the program you are in

Getting kicked out of the program

Getting put out of the nursing program

It undermines and destroys the environment in which it roots itself in

Educate students on what incivility means
You could possibly get kicked out of the program

You can miss out on opportunities I believe

The most significant consequence of incivility in nursing education is that the person is talked to with the instructors and faculty as well as taught on the concept.

Not continuing in the program

A lack of professionalism

Suicide

Being known as unprofessional

People's feelings getting hurt. Discouragement to participate in class discussions.

This can cause negative feelings towards someone

The most significant consequence would be losing your nursing license

Higher frustration and stress

Missed education or getting kicked out of the program

The lack of communication between the student and teacher

Being dismissed from the program.

I believe the most significant consequence of incivility in nursing education is students not believing in themselves because of lack of encouragement and classmate support. I believe by encouraging your fellow classmate and showing them your willingness to help may go a long way.

being kicked out

Distraction from school assignments

Prohibiting learning within students

Failing out

Leaving the nursing profession.

Expulsion from the nursing program

Note. The table shows the participants (N=30) responses pre-survey identifying consequences of incivility in nursing education.

Table 24

Post-Survey Consequences of Incivility in Nursing Education

In your opinion, the most significant consequence of incivility in nursing education is
Leaving the nursing program.
Leaving the program or getting kicked out.
Being dismissed or a person even quitting nursing school.
Being out of the program for bad behavior
Leaving your program for your actions
Leaving the program
Leaving your nursing program not by choose.
Quitting nursing school or getting kicked out of nursing school. Ms. Pope shared some interesting scenario's and a good video.
Pushing an individual to quit their nursing program or getting kicked out for being uncivil. Being dismissed from your program or dropping out if it is happening to you.
Being dismissed from your program
Being dismissed from your nursing program
Being kicked out of the nursing program
you are being put out of the program forever and not getting a chance to finish the program
It causes other students not to get the proper education they deserve due to distractions and uncivil behavior.
Expulsion of the nursing program
Low NCLEX pass rates.
Being kicked out
ruining reputation, possible removal from program
A student not able to adequately learn.

someone losing their desire to finish or accomplish their dreams

Not sure

Note. The table shows the participants (N=30) responses pre-survey identifying consequences of

incivility in nursing education.

Table 25

Pre-Survey Effective Ways to Increase Awareness

The most effective way to promote academic civility is to
Educate the student and teach effective communication skills to students
Educate student on what incivility really means
Education on incivility each semester. Especially in the first semester
Teach about incivility
Firmly establish guidelines setting forth a code of conduct in how students should not only act but also how they should not behave.
Education on incivility
Educate! Educate! Educate!
Know what it means
The most effective way to promote academic civility is to allow students an out for their stress and maybe that will decrease the incivility, or the civility could be rewarded somehow.
Adhere to standards
Allow all students to get a chance to ask their question or throw in their answer whenever possible
Spread awareness
Educate, and school handbook.
Stay focused on the task at hand. Reminder to be kind to one another. 2
To teach about ways to have maintain the civility among students and staff. be a role model for others
Addressing incivility and rewarding, or simply praising, civility when it is demonstrated
Develop policies and procedures to address incivility.
To continue to be open to a student question and approach to a situation
Learning how to effectively manage stress

Treat each other with respect.

I believe the most effective way to promote academic civility is to educate students on what incivility is and how it is presented in the academic field. Personally, I had never heard of the problem of incivility. I believe by educating students on incivility, it would be a great way of promoting academic civility.

talk about the importance of being civil to others and how to can improve programs.

Education

Discuss in class what is expected of everyone and for everyone to try and set an example

Reward good behaviors, whether it be verbally or otherwise.

Institute academic policies and procedures and notify students of policies and procedures relevant to them. Provide training on incivility, what it is, and ways on preventing it.

Be aware of the issue

Note. The table shows the participants (N=30) responses pre-survey identifying ways to increase awareness of incivility in nursing education.

Table 26

Post Survey Effective Ways to Increase Awareness

The most effective way to promote academic civility is to
Educate nursing students about incivility. thank you, Ms. pope, for educating me and I hope you get to educate other nursing students.
Increase awareness like Mrs. Pope did for us. I now have a better understanding of what incivility means and I know how to work at being better with my classmates and instructors.
Educate nursing students. Simply making the student aware. Mrs. Pope did a good job educating me and my classmates. She provided us with some good information, and I love the bookmark. Thank you
Educate the nursing students. Mrs. Pope should educate all nursing students.
Educate nursing students about incivility and promote awareness. Thank you, Mrs Pope, for teaching me and my classmates about incivility.
Educate nursing students about incivility.
Educate nursing students about incivility and how to handle situation of incivility. Ms. Pope provided us with valuable information.
Educate nursing students about incivility and the importance of being civil in the classroom and clinical setting. Thank you for educating me.
Educate and increase awareness of incivility
Educate! Educate! Educate! Before Mrs. Pope presentation I really did not know what incivility meant. Now I know and I hope to educate others about incivility. I suggest that Mrs. Pope educate future nursing students about incivility because I am sure that they do not know what it is, and they need to know coming into a new nursing program. Thank you, Mrs. Pope,
Educate individuals on incivility and what to do about it. Thank you for allowing us to help with your project.
Increase awareness. I say have Ms. Pope do more presentations on incivility.
Increase awareness of incivility in nursing education. Educate the student population
Provide education about incivility and offer awards for civil behavior.
Make the class feel like a united family and help us in cooperating together in maybe uncomfortable situations to make us more comfortable around one another

Establish policies and procedures and make them known early in the program so there's no confusion at all.

provide open discussion, i was not aware of incivility until this study and now i know what i need to do to make sure i am always civil to others

educate and provide stress reducing activities/strategies

Promote effective communication.

discuss what incivility is and how it may affect other people

Raise awareness

Note. The table shows the participants (N=25) responses pre-survey identifying ways to increase awareness of incivility in nursing education.

Figure 1

Pre-Survey Civility Scale 0-100
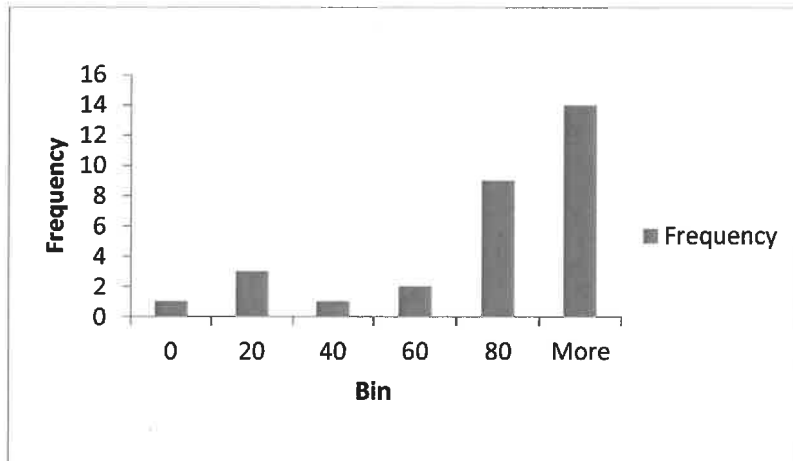
Note. The figure shows the participants responses rating the level of civility 0-100 in the nursing program.

Figure 2

Post-survey Civility Scale 0-100
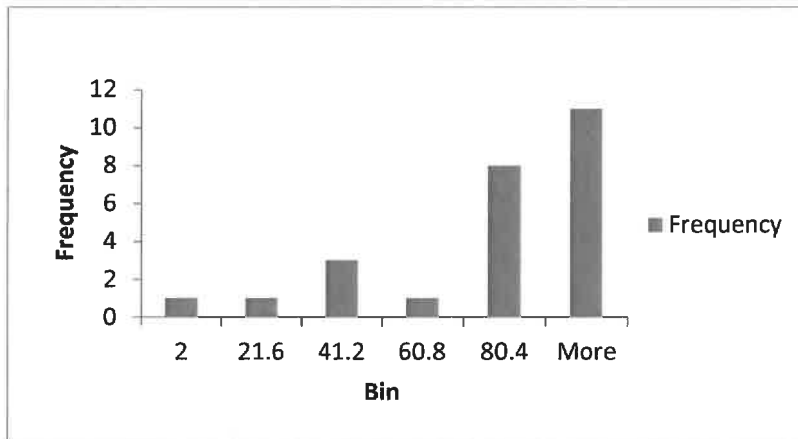
Note. The figure shows the participants responses rating the level of civility 0-100 in the nursing program.

Appendix A

Project Approval Notification

November 19, 2019

Committee on the Use of Human Subjects in Research
Bradley University
1501 W. Bradley Avenue
Peoria, IL 61625

Reference: Approval for Sabrina Pope, RN, MSN to implement Doctor of
Nursing Practice Scholarly Project

Dear Committee Members:

This letter is to notify your committee of Sampson Community College's
approval for Ms. Sabrina Pope, a current doctoral student at Bradley University
to implement her Doctor of Nursing Practice Scholarly Project; Incivility in
Nursing Students: Increasing Awareness and Improving Student
Communication at Sampson Community College.

The purpose of the DNP Scholarly Project is to make students aware of incivility in the academic
environment and improve communication among nursing students. The project will involve first
level students in the Associate Degree Nursing Program. The project includes a pre and-post
survey to assess for the awareness of incivility. A training session will be utilized as well to
educate the students on incivility.

These activities will be beneficial to our students and faculty while providing Ms. Pope access
to professional experiences integral to her degree completion.

Please let us know if you need any additional information. Thank you for your collaborative
efforts with our faculty and the degree opportunities that Bradley University affords our
faculty.

Sincerely,

Wanda Capps
Vice President for Academic Affairs

pc   Dr. Veronica Stevens, Division Chair
Sabrina Pope, RN, MSN

Appendix B

Copyright License Agreement

Copyright License Agreement

COPYRIGHT LICENSE AGREEMENT

This License Agreement (the "License") is made and entered into this 30th day of October, 2019, by and between Boise State University, hereinafter referred to as the "Licensor," and Ms. Sabrina Pope, MSN, RN, hereinafter referred to as the "Licensee."

WHEREAS, the Licensor owns certain rights, title and interests in the Incivility in Nursing Education Revised (INE-R) Survey, hereafter called the "Licensed Works," and

WHEREAS, the Licensor desires to grant a license to the Licensee and Licensee desires to accept the grant of such license pursuant to the terms and provisions of this License Agreement for the purposes of permitting Licensee to use the Licensed Works for non-commercial purposes as outlined herein;

NOW THEREFORE, in consideration of the payment of the License fee and the other mutual promises and benefits contained herein, the parties hereto agree as follows:

1.   Grant of License. The Licensor hereby grants to Licensee, its employees, agents and contractors, a limited, non-transferrable, non-exclusive license under Licensor's copyrights to use the Licensed Works to assess the level of incivility in the following environments: single site, single use at the Sampson Community College, Clinton, NC.

The License granted herein is for one-time implementation of the Licensed Works for non-commercial purposes only. The Licensed Works are more particularly described as quantitative and qualitative items and is used to gather administrator, staff, faculty and students' perceptions of uncivil, disruptive, and threatening behaviors, the frequency of these perceived behaviors and to elicit suggestions for prevention and intervention. Licensee shall not be authorized to create derivative works of the Licensed Works without the written approval of Licensor. The Licensor reserves all other rights and interest in the Licensed Works, including copyright. Each copy of the Licensed Works and every written documentation, description, marketing piece, advertisement, or other representation of or concerning the Licensed Works shall conspicuously bear a notice of the Licensor's copyright in this form "Copyright 2014 Boise State University. All rights reserved". Licensor represents and warrants that it is the rightful owner of all the rights granted herein, has obtained all required licenses, rights and permissions necessary to convey and hereby does convey the License free and clear of any and all claims, encumbrances and liens.

2.   Term. The term of this License shall commence on the date set forth first above and shall terminate on a date eighteen (18) months after commencement.

Appendix B (continued)

Copyright License Agreement

3.   License Fee. In consideration for the granting of the License, the Licensee shall pay to Licensor a one-time License Fee of US $250.00 and provide a file of the de-identified data, per environment, for a total of US $250.00 due and payable to Boise State University upon execution of this License. No other fees, royalties, expenses or amounts shall be incurred by Licensee in exchange for, or as a condition of receiving this License and the rights granted herein. The license rights set forth herein shall not become effective until payment of the License fee has been received and accepted by Licensor. All amounts remitted hereunder shall be paid in U.S. dollars.

4.   License Services. If Licensee chooses technical support, training and implementation services for each educational environment identified above shall be pursuant to a separate services agreement.

5.   Confidentiality/Publication. Information provided by Licensee in the course of using the Licensed Work ("Confidential Information") shall remain confidential and proprietary to Licensee and Licensor shall receive and use the Confidential Information for the sole purpose of assisting Licensee in the implementation of the Licensed Works. Licensor agrees to protect the proprietary nature of the Confidential Information and agrees not to disclose the Confidential Information to any third party or parties without the prior written consent of the Licensee.

6.   Liability. To the extent authorized by law, Licensee shall indemnify, defend, and hold harmless the Licensor, its officers, employees and agents against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees incurred as a result of any act or omission by Licensee, or its employees, agents, subcontractors, or assignees, arising from Licensee's use of the Licensed Works or any act or omission of Licensee under the terms of this License. Licensee shall pay for all costs arising out of its activities under this License including but not limited to all costs of copying and distribution.

Appendix B (continued)

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10.   Consent. Unless otherwise specifically provided, whenever consent or approval of the Licensor or Licensee is required under the terms of this License, such consent or approval shall not be unreasonably withheld or delayed, and shall be deemed to have been given if no response is received within thirty (30) days of the date the request was made. If either party withholds any consent or approval, such party on written request shall deliver to the other party a written statement giving the reasons therefore.

11.   Notice. Any notice required or permitted by this License may be delivered in person or sent by registered or certified mail, return receipt requested to the party at the address as hereinafter provided, and if sent by mail it shall be effective when posted in the U.S. Mail Depository with sufficient postage attached thereto:

LICENSOR   LICENSEE

Boise State University   Ms. Sabrina Pope, MSN, RN
Attn: Office of   Sampson Community College
Technology Transfer   1801 Sunset Avenue
1910 University Drive   PO Box 301
Boise, ID 83725-2095   Clinton, NC 28328

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

Appendix B (continued)

Copyright License Agreement

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

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

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

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

Licensee: Licensor:

By: _____   By: _____
    Ms. Sabrina Pope, MSN, RN   Katy Weiser, Director
                                                       Office of Technology Transfer
Date: Date:

Appendix C

Assessment Tool

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

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

The nursing academic environment is defined as any location associated with the provision or delivery of nursing education, whether on or off campus including the "live" or virtual classroom or clinical setting, or any setting where teaching and learning occurs (Clark, 2006, 2013).

Demographics*
*Can create demographic items to 'fit' each specific institution and study parameters

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

Appendix C (continued)

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

	How do you rate the level of incivility for each behavior below?				How often has each behavior occurred over the past 12 months?			
	Not uncivil	Somewhat uncivil	Moderately uncivil	Highly uncivil	Never	Rarely	Sometimes	Often
Expressing disinterest, boredom, or apathy about course content or subject matter	o	o	o	o	o	o	o	o
Making rude gestures or non-verbal behaviors toward others (eye rolling, finger pointing, etc.)	o	o	o	o	o	o	o	o
Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.)	o	o	o	o	o	o	o	o
Refusing or reluctant to answer direct questions	o	o	o	o	o	o	o	o
Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes	o	o	o	o	o	o	o	o
Arriving late for class or other scheduled activities	o	o	o	o	o	o	o	o
Leaving class or other scheduled activities early	o	o	o	o	o	o	o	o
Being unprepared for class or other scheduled activities	o	o	o	o	o	o	o	o
Skipping class or other scheduled activities	o	o	o	o	o	o	o	o
Being distant and cold toward others (unapproachable, rejecting faculty or other student's opinions)	o	o	o	o	o	o	o	o
Creating tension by dominating class discussion	o	o	o	o	o	o	o	o
Holding side conversations that distract you or others	o	o	o	o	o	o	o	o
Cheating on exams or quizzes	o	o	o	o	o	o	o	o

Appendix C (continued)

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

Demanding make-up exams, extensions, or other special favors	o	o	o	o	o	o	o	o
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	o	o	o	o	o	o	o	o
Demanding a passing grade when a passing grade has not been earned	o	o	o	o	o	o	o	o
Being unresponsive to emails or other communications	o	o	o	o	o	o	o	o
Sending inappropriate or rude e-mails to others	o	o	o	o	o	o	o	o
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	o	o	o	o	o	o	o	o
Using profanity (swearing, cussing) directed toward others	o	o	o	o	o	o	o	o
Threats of physical harm against others (implied or actual)	o	o	o	o	o	o	o	o
Property damage	o	o	o	o	o	o	o	o

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

Appendix C (continued)

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

	How do you rate the level of incivility for each behavior below?				How often has each behavio over the past 12 mon		
	Not uncivil	Somewhat uncivil	Moderately uncivil	Highly uncivil	Never	Rarely	Sometim
Expressing disinterest, boredom, or apathy about course content or subject matter	o	o	o	o	o	o	o
Making rude gestures or non-verbal behaviors toward others (eye rolling, finger pointing, etc.)	o	o	o	o	o	o	o
Ineffective or inefficient teaching method (deviating from course syllabus, changing assignment or test dates)	o	o	o	o	o	o	o
Refusing or reluctant to answer direct questions	o	o	o	o	o	o	o
Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes	o	o	o	o	o	o	o
Arriving late for class or other scheduled activities	o	o	o	o	o	o	o
Leaving class or other scheduled activities early	o	o	o	o	o	o	o
Being unprepared for class or other scheduled activities	o	o	o	o	o	o	o
Canceling class or other scheduled activities without warning	o	o	o	o	o	o	o

Appendix C (continued)

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

Being distant and cold toward others (unapproachable, rejecting student's opinions)	o	o	o	o	o	o	o	o
Punishing the entire class for one student's misbehavior	o	o	o	o	o	o	o	o
Allowing side conversations by students that disrupt class	o	o	o	o	o	o	o	o
Unfair grading	o	o	o	o	o	o	o	o
Making condescending or rude remarks toward others	o	o	o	o	o	o	o	o
Refusing to discuss make-up exams, extensions, or grade changes	o	o	o	o	o	o	o	o
Ignoring, failing to address, or encouraging disruptive student behaviors	o	o	o	o	o	o	o	o
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	o	o	o	o	o	o	o	o
Being unavailable outside of class (not returning calls or emails, not maintaining office hours)	o	o	o	o	o	o	o	o
Sending inappropriate or rude e-mails to others	o	o	o	o	o	o	o	o
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	o	o	o	o	o	o	o	o
Using profanity (swearing, cussing) directed toward others	o	o	o	o	o	o	o	o
Threats of physical harm against others (implied or actual)	o	o	o	o	o	o	o	o
Property damage	o	o	o	o	o	o	o	o

Appendix C (continued)

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

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

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

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

- ○ Faculty members are much more likely
- ○ Faculty members are a little more likely
- ○ About equal
- ○ Students are a little more likely
- ○ Students are much more likely

Overall, how do you rate the level of CIVILITY in your nursing program on a scale of 0-100?

(0 is absence of civility, 100 is completely civil)

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

empirical tools (surveys, etc.) to measure incivility/civility and address areas of strength/growth

Establish codes of conduct that define acceptable and unacceptable behaviors Role-model professionalism and civility

Raise awareness, provide civility education

Integrate civility and collegiality into performance evaluations Provide training for effective communication and conflict negotiation

Develop and implement comprehensive policies and procedures to address incivility Reward civility and professionalism

Implement strategies for stress reduction and self-care

Take personal responsibility and stand accountable for actions
Other: Please specify _____

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

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

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

The most effective way to promote academic civility is to …

Appendix D

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IRB/CUHSR Approval

ⒷBRADLEY
University

DATE:	9 JAN 2020
TO:	Sabrina Pope, Rachel Borton
FROM:	Bradley University Committee on the Use of Human Subjects in Research
STUDY TITLE:	Incivility in nursing students increasing awareness in improving communication
CUHSR #:	100-19
SUBMISSION TYPE:	Initial Review
ACTION:	Approved
APPROVAL DATE:	9 JAN 2020
REVIEW TYPE:	Quality Assurance

Thank you for the opportunity to review the above referenced proposal. The Bradley University Committee on the Use of Human Subject in Research has determined the proposal to be NOT HUMAN SUBJECTS RESEACH thus exempt from IRB review according to federal regulations.

The study has been found to be not human subject research pursuant to 45 CFR 46.102(i), not meeting the federal definition of research (not contributing to generalizable knowledge). Please note that it is unlawful to refer to your study as research.

Your study does meet general ethical requirements for human subject studies as follows:
1. Ethics training of project personal is documented.
2. The project involves no more than minimal risk and does not involve vulnerable population.
3. There is a consent process (included in the invitation to participate) that:
   - Discloses the procedures
   - Discloses that participation is voluntary
   - Allows participants to withdraw
   - Discloses the name and contact information of the investigator
4. Adequate provisions are made for the maintenance of privacy and protection of data.

Please submit a final status report when the study is completed. A form can be found on our website at https://www.bradley.edu/academic/cio/osp/studies/cuhsr/forms/. Please retain study records for three years from the conclusion of your study. Be aware that some professional standards may require the retention of records for longer than three years. If this study is regulated by the HIPAA privacy rule, retain the research records for at least 6 years.

Be aware that any future changes to the protocol must first be approved by the Committee on the Use of Human Subjects in Research (CUHSR) prior to implementation and that substantial changes may result in the need for further review. These changes include the addition of study personnel. Please submit a Request for Minor Modification of a Current Protocol form found at the CUHSR website at https://www.bradley.edu/academic/cio/osp/studies/cuhsr/forms/ should a need for a change arise. A list of the types of modifications can be found on this form.

Appendix D (continue)

IRB/CUHSR Approval

While no untoward effects are anticipated, should they arise, please report any untoward effects to CUHSR immediately.

This email will serve as your written notice that the study is approved unless a more formal letter is needed. You can request a formal letter from the CUHSR secretary in the Office of Sponsored Programs.

Appendix E

Student Participation Invite

Dear Student:

I am a doctoral student at Bradley University pursuing my Doctor of Nursing Practice (DNP) with an emphasis on Leadership. I am reaching out to you requesting your participation in my DNP Scholarly Project. The purpose of this project is to provide increased awareness of incivility, provide strategies to combat incivility, along with strategies to improve communication. Numerous studies have queried student perceptions of incivility; however, very few have studied academic incivility and I believe that this information could be beneficial in effectively managing the issue and fostering a civil learning environment.

An Incivility in Nursing Education Revised (INE-R) Survey will be provided. The survey will be given to you pre, post, and thirty days after the training session is completed on Incivility Awareness. The questions will focus on your perception of incivility in nursing education. Participation in the project is completely voluntary. If you decide to participate, your identity and your institution's identity will be kept confidential. The project does not cost anything to participate in other than your time (1 hour) to complete the survey and attend the training sessions. If you decide to participate, at any time you may withdraw from the project. If you are willing to participate in the project, please contact me via the email address provided below within two weeks of receiving this invitation. Thank you for considering participating in this project.

All the best,

Ms. Sabrina Pope, MSNEd, RN
spope@mail.bradley.edu

Appendix F

Informed Consent to Participate

Informed Consent to Participate in the DNP Scholarly Project

Project Information

Project Title: Incivility in Nursing Students: Increasing Awareness and Improving Student Communication.
Project Leader: Ms. Sabrina V. Pope
Telephone: 910-900-4103
Email: spope@mail.bradley.edu
College: Bradley University
Department: Department of Nursing

You are being asked to take part in this project. Before you decide to participate in this project, it is important that you understand why the project is being done and what it will involve. Please read the following information carefully. Please ask the project leader if there is anything that is not clear, or you need more information.

Purpose of the Project

The purpose of this project is to provide increased awareness of incivility, provide strategies to combat incivility, along with strategies to improve communication.

Study Procedure

You will be asked to complete an Incivility in Nursing Education Revised (INE-R) Survey will be provided. The survey will be given to you pre, post, and thirty days after the training session is completed on Incivility Awareness. The questions will focus on your perception of incivility in nursing education.

Payment for Participation

You will not receive any financial or other compensation for participating in the sessions or surveys. You are not responsible for any costs associated with the project.

Risk

There are no anticipated risks, discomfort, hazards, or inconveniences to participants as foreseen. The investigator will not be collecting identifiable private information and surveys are anonymous and voluntary.

Appendix F (continued)

Benefits

Although you may not directly benefit from taking part in this project, however taking part will assess your awareness of incivility.

Confidentiality

Confidentiality

No identifiable private information will be collected from the participants. A list of email addresses will be obtained from the LMS. Excel spreadsheet will be kept on the investigator's password projected computer. LMS will contain the statement of purpose, demographic questions, and INE-R. The participants will receive the anonymous survey link for pre and post surveys that is unable to track identifying information of respondents via LMS. LMS results can be accessed only through userID and password, which is managed by the investigator. The investigator will export the data results to a protected Excel spreadsheet in which the investigator will have access. The data will be stored for one year and then deleted. The demographics collected are generational age, gender, highest level of education. The demographic information will help the investigator determine prevalence of incivility among the group to understand how to direct strategies towards creating healthy learning environment.

Voluntary Participation/Withdrawal

Your decision to participate in this project is entirely voluntary, and you may withdraw from the project at any time without any penalty or loss of benefits to which you are normally entitled. ed.

Statement of Your Consent

I have read the above description of this project. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions I may have will also be answered by the project leader. I voluntarily agree to take part in this study. I understand I will receive a copy of this consent form.

Print Participate Name_____

Participate Signature_____

Date_____

Appendix G

DNP Scholarly Project Cost Factors

Items	Cost
DNP Project Location	$0
Instructional Equipment	$0
Learning Management System	$0
Participating Students	$0
Webinars	$10.00
Incivility Flyer/Consent Form	$10.00
Incivility Activity/Snacks	$10.00
Incivility in Nursing Education INE-R survey	$250.00
Survey Monkey	$20.00
DNP Total Cost	$300.00