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Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students

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Awareness of Academic Incivility:
Comparison Utilizing Second Year Associate Degree Nursing Students

by

Myra T. Thompson

A thesis submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Master of Science in Nursing Degree

Boiling Springs

2013

Submitted by:

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Abstract

Academic incivility is a growing concern on college campuses ranging from rude behaviors, offensive language, and cheating, to hostile violent behaviors. A quantitative descriptive design was used to compare the awareness of perceptions regarding academic incivility among fourth semester nursing students currently enrolled in a private, Christian, Baptist-related university, and a rural public community college. As evidenced in the literature, uncivil behaviors in the classroom negatively impact the teaching-learning environment. Research is limited regarding academic incivility in the private institution. An identifiable gap in research is found when comparing awareness of academic incivility among students who attend a private institution and those attending a public institution. Clark's (2007) revised Incivility in Nursing Education Survey (INE) was used to survey (N=59) students' perceptions regarding disruptive and threatening student behaviors, faculty behaviors, and staff nurse behaviors in the academic environment and the clinical setting. Frequency statistics were used to determine demographic data. Other categories were analyzed for frequency based on results from a Likert scale. Group statistics were analyzed using a t-test. The results of this research study indicated a significant difference in awareness concerning academic incivility between second year associate degree nursing students attending public community college verses private university nursing schools.

Keywords: civility, incivility, academic incivility, student incivility, faculty incivility, uncivil behavior, bullying, perception, workplace violence

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Most of all, I thank God for His strength and enablement to bring me through this so called “storm in my life.” Never in my life would I have dreamed that I would be required to complete a second master’s degree with a program that required another thesis.

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TABLE OF CONTENTS

CHAPTER I: INTRODUCTION

Problem Statement.....	3
Justification of Research.....	3
Purpose.....	4
Thesis Question or Hypothesis	4
Theoretical/Conceptual Framework.....	4
Definition of Terms.....	6
Summary.....	7

CHAPTER II: LITERATURE REVIEW

Review of Literature	9
Use of Conceptual Model for Fostering Civility in Nursing Education	9
Student Perceptions of Academic Incivility	12
Faculty Perceptions of Academic Incivility.....	16
Combined Faculty and Student Perception of Academic Incivility.....	19
Workplace Incivility	22
Contributing Factors to Incivility in Nursing Academia	24
Summary.....	26

CHAPTER III: METHODOLOGY

Implementation	28
Setting.....	28
Sample.....	28
Design	29

Protection of Human Subjects	29
Instruments.....	30
Data Collection	31
Data Analysis	31
Summary.....	31
CHAPTER IV: RESULTS	
Introduction.....	33
Demographic Description of Groups	33
Major Findings.....	35
Summary.....	46
CHAPTER V: DISCUSSION	
Introduction.....	48
Implication of Findings.....	48
Application to Theoretical/Conceptual Framework.....	51
Limitations	52
Implications for Nursing.....	53
Recommendations.....	54
Conclusion	55
REFERENCES	56
APPENDICES	61

Appendices

Appendix A: CTE Diagram	61
Appendix B: Consent Form	63
Appendix C: Permission to use INE (Incivility in Nursing Education) Tool by Dr. Cynthia Clark.....	65
Appendix D: Permission to use INE (Incivility in Nursing Education) Tool by Dr. Jennifer Beck	68

List of Figures

Figure 1: Clark’s Conceptual Model for Fostering Civility in
Nursing Education6

List of Tables

Table 1: Age Demographics	34
Table 2: Gender Demographics	34
Table 3: Ethnicity Demographics	35
Table 4: Five Student Behaviors Considered Most Disruptive or Threatening.....	36
Table 5: Threatening or Disruptive Student Behaviors Seen or Experienced that were Statistically Significantly Different between the Two Groups.....	37
Table 6: Five Threatening or Disruptive Student Behaviors Most Frequently Seen or Experienced in the Past 12 Months	38
Table 7: Six Faculty Behaviors Considered Most Disruptive or Threatening.....	39
Table 8: Faculty Behaviors Considered Disruptive or Threatening that were Statistically Significantly Different between the Two Groups	39
Table 9: Six Threatening or Disruptive Faculty Behaviors Most Frequently Seen or Experienced in the Past 12 Months.....	40
Table 10: Threatening or Disruptive Faculty Behaviors Seen or Experienced that were Statistically Significantly Different between the Two Groups.....	41
Table 11: Five Nurse Behaviors Considered Most Disruptive or Threatening	43
Table 12: Nurse Behaviors Considered Disruptive or Threatening that were Statistically Significantly Different between the Two Groups	43
Table 13: Five Threatening or Disruptive Nurse Behaviors Most Frequently Seen or Experienced in the Past 12 Months.....	44

Table 14: Threatening or Disruptive Nurse Behaviors Seen or Experienced that were Statistically Significantly Different between the Two Groups	45
Table 15: Extent of Student Perception of Incivility in the Nursing Academic Environment by Percentage	46

Chapter I

Introduction

Academic incivility in nursing education is any speech or action that disrupts the harmony of the teaching-learning environment (Clark, 2008a). A rude or discourteous act may disturb the teaching-learning atmosphere in the classroom, lab, or clinical setting. Incivility is an interactive process where the student and the nursing faculty member share responsibility and interferes with the students' ability to learn and the instructors' ability to teach. To improve the teaching-learning environment, it is important to identify behaviors that students and faculty recognize as uncivil. When faculty and students identify behaviors that negatively impact the teaching-learning process, prevention and intervention strategies can be developed to improve the teaching-learning environment (Clark, 2010).

According to Clark (2010), Boards of Nursing sanctioned nursing programs for uncivil conduct among faculty and students. Nursing programs cited are required to produce evidence of improved student-faculty relationships by showing respectful, positive, and productive academic environments. The Joint Commission (2008) issued an alert regarding the consequences of rude language and hostile behavior among healthcare professionals. The JCAHO warned against verbal outbursts, condescending attitudes, and physical threats that cause a breakdown in teamwork, communication, and collaboration which in turn affect the delivery of safe and effective client care (The Joint Commission, 2008). Nursing students are more likely to engage in bullying activities if subjected to bullying by nurses during clinical experiences (Harris, 2011). Professional behaviors should be modeled by all nurses (Harris, 2011). Clark (2007, 2010), and Clark and

Springer (2010) reported uncivil faculty behaviors in nursing education as making condescending, demeaning or belittling comments, poor teaching style or method, intimidating and bullying students, and labeling or gossiping about students. Broder (2002) reported a nursing student killing three instructors and himself at the University of Arizona because the student was failing his coursework. The student was described as belligerent and potentially dangerous, depressed and capable of violence. Clark and Springer (2010), Clark (2007, 2010) and Bjorklund and Rehling (2010) reported uncivil student behaviors as engaging in side conversations during class, misuse of cell phones and computers during class, excessive tardiness, being unprepared for class and making sarcastic remarks and gestures.

Beck (2009) and Clark (2008b) identified gaps in the literature regarding the impact that gender and diversity have on incivility. Beck (2009) identified the lack of research on incivility with associate degree nursing programs. Bjorklund and Rehling (2010) noted a gap in research in different types of institutions, such as private colleges and community colleges, which would allow for better comparisons of student perceptions of classroom incivility. Swinney, Elder, and Seaton (2010) suggested the need for additional research regarding a decreased level of incivility with private schools due to their strong sense of community.

This research study extended the previous research conducted by Clark (2008) and Beck (2009) on incivility in nursing education by comparing second year associate degree nursing students enrolled at a private university with nursing students enrolled in a public community college, concentrating the research on the students' perceptions regarding academic incivility.

Problem Statement

Advances in technology over the past 10 years have led to an increase in disruptive behavior. Many students bring portable devices to the classroom such as: cellphones, laptop computers, and tablets. When these devices are not used for academic purposes they may lead to academic incivility. This research study surveyed fourth semester associate degree nursing students who are enrolled in either a public community college or a private university associate degree nursing program, to compare the differences regarding awareness of perceptions regarding academic incivility.

Justification of the Research

Clark (2010) reported increased incivility by nursing students related to high stressors such as: deadlines, high stake exams, lack of educational preparation, financial anxieties due to personal and educational needs, and demands created by multiple roles students juggle at college, home, and work. Clark (2010) reported increased incivility by nursing faculty related to pursuing advanced degrees, keeping pace with technology, maintaining clinical competence, insufficient pay, and the impact of the faculty shortage. Uncivil behaviors on college campuses warrant serious attention to prevent behaviors from escalating into more aggressive acts of violence. Like most human behavior, incivility in the student-faculty relationship is a reciprocal process (Clark, 2010). A 2006 survey by the American Association of Critical Care Nurses indicated that 24.1% of the responding nurses reported being verbally abused by a fellow nurse or a nurse manager (Luparell, 2011). Limited studies are identified via EBSCO using search words, associate degree nursing, incivility, and education. Limited studies are available regarding incivility in the private academic setting.

Purpose

The purpose of this research study, Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students, was to compare second year associate degree nursing students who are enrolled at a private university with those who are enrolled in a public community college concentrating on their perceptions regarding academic incivility.

Thesis Question or Hypothesis

Is there a difference of awareness concerning academic incivility between second year associate degree nursing students attending public versus private nursing schools?

Theoretical or Conceptual Framework

Based on empirical research, Clark (2008b) developed the conceptual model for fostering civility in nursing education. The model depicts how stress, attitude, a lack of effective communication, and intentional engagement contribute to faculty or student incivility in nursing education. The model shows how high stress intersects the continuum of incivility. The model lists contributors to stress as:

- Student entitlement and faculty superiority
- Demanding workloads and juggling multiple roles
- Balancing teaching accuracy with clinical competence
- Technology overload
- Lack of knowledge and skills in managing conflict

The left side of the model illustrates the escalating spiral of incivility that occurs when remedies, encounters, and opportunities to resolve conflict are missed, avoided, or poorly managed and the result is incivility. When the stress level increases, the potential

for conflict also rises, which in turn, increases the potential for uncivil behavior. The right side of the model illustrates how seizing, implementing, and managing opportunities to engage and communicate well can lead to a culture of civility. When faculty and students work together to resolve conflict, a civil learning environment is created and a culture of civility is fostered (Clark & Springer, 2010). The conceptual model for fostering civility in nursing education is described as the “dance” of incivility (Clark, 2008b, p. 37). The conceptual model for fostering civility in nursing education was developed by Cynthia Clark (Clark, 2008b). This conceptual framework, Figure 1, was used to guide this research study, *Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students*. A CTE diagram can be found in Appendix A to identify how the concepts were measured.

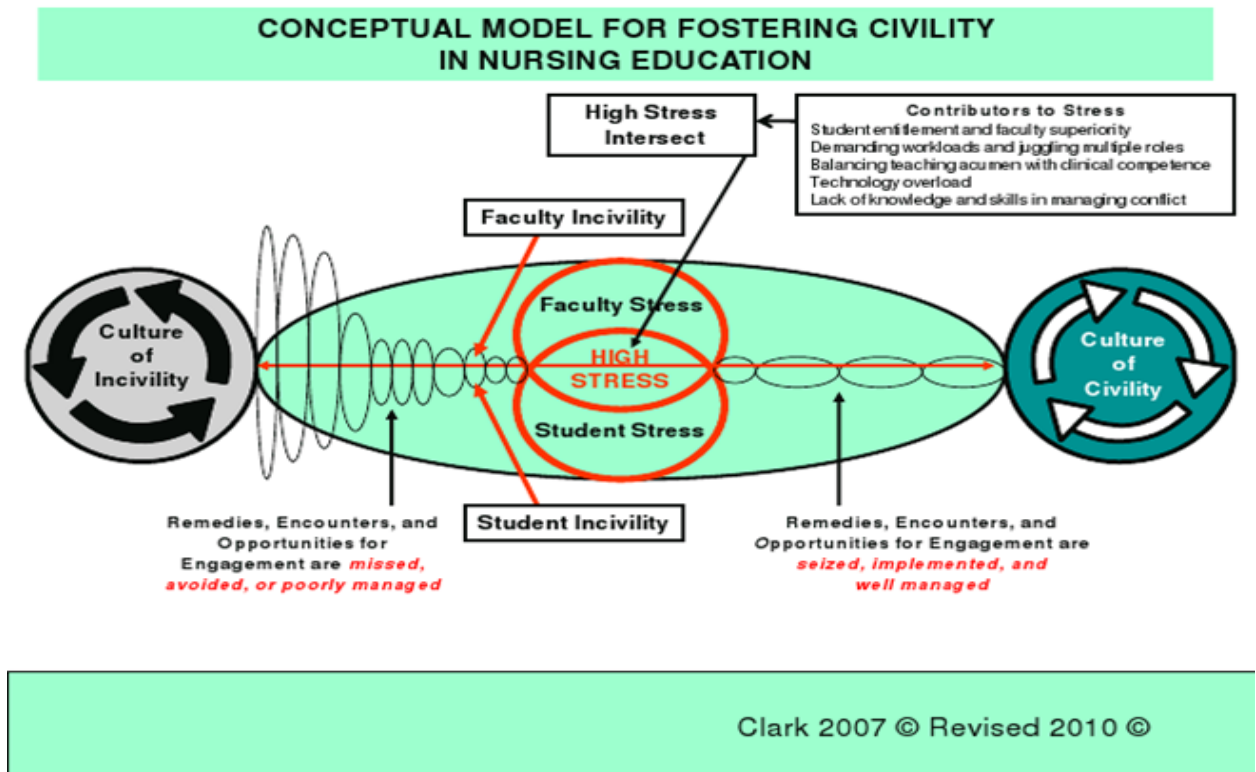


Figure 1. Clark's Conceptual Model for Fostering Civility in Nursing Education (Clark, 2008b, 2010)

Definition of Terms

Academic incivility in nursing education: any speech or action that disrupts the harmony of the teaching-learning environment (Clark, 2008a).

Associate Degree Nursing Student: a student currently enrolled in a two-year Associate Degree Nursing Program approved by the North Carolina Board of Nursing to prepare students to take the National Licensure Exam for Registered Nurses

Bullying: to treat abusively, to affect by means of force or coercion (Merriam-Webster Online Dictionary, 2013).

Civility: the authentic respect for others when expressing disagreement, disparity, or controversy (Clark & Carnosso, 2008, p.13).

Dance of incivility: interactive process where all participants are affected and all are responsible for creating a civil environment (Clark, 2010).

Faculty incivility: behavior that damages student confidence, sense of self, and psychological and physiological wellbeing (Clark, 2010).

Incivility: rude or disruptive behaviors which result in psychological or physiological distress for the people involved and left unaddressed, may progress into threatening situations (Clark, 2010).

Perception: a result of perceiving; observation; a capacity for comprehension; a quick, acute, and intuitive cognition (Merriam-Webster, 2013).

Student incivility: rude and disruptive behavior that, when left unaddressed, may spiral into aggressive or violent behavior (Clark, 2009, p. 194).

Uncivil behavior: showing a lack of manners or consideration for others (Merriam-Webster, 2013).

Workplace violence: expression of physical or verbal force against other people in the workplace (Business Dictionary Online, 2013).

Summary

The purpose of this study, Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students, was to compare the awareness of perceptions regarding academic incivility among fourth semester nursing students currently enrolled in a private university and a community college. This research study specifically addressed nursing students' perceptions of uncivil behaviors displayed by

fellow students, faculty, and staff nurses in the clinical setting. Clark's conceptual model for fostering civility in nursing education provided the framework for this study.

Chapter II

Literature Review

The purpose of this chapter was to review the literature that pertains to academic incivility in nursing education. An on-line database search was utilized to include Cumulative Index to Nursing and Allied Health Literature (CINAHL), Google Scholar, EBSCO, and ProQuest Nursing and Allied Health Source. The following keywords were used: civility, incivility, academic incivility, student incivility, faculty incivility, uncivil behavior, bullying, perception, and workplace violence. The review of the literature was divided into six sections: (1) Use of Conceptual Model for Fostering Civility in Nursing Education, (2) Student Perceptions of Academic Incivility, (3) Faculty perceptions of Academic Incivility, (4) Combined Faculty and Student Perception of Academic Incivility, (5) Workplace incivility, and (6) Contributing factors to incivility in nursing academia. A brief review of research literature was included.

The purpose of this research study, Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students, was to compare the awareness of perceptions regarding academic incivility among fourth semester nursing students currently enrolled in a private university and a community college.

Review of Literature

Use of Conceptual Model for Fostering Civility in Nursing Education

Clark introduced her conceptual model, fostering civility in nursing education, to illustrate findings of this study (Clark, 2008b). The purpose of this study was to examine perceptions of nursing faculty and students that contribute to incivility in nursing education, the types of uncivil behaviors that each group may exhibit, and remedies for

prevention and intervention. The total sample (n=194) nursing faculty and (n=306) nursing students was recruited from two national nursing conferences. Participants were 4.9% practical nursing students, 47.6% associate degree nursing students, 43.8% bachelor degree nursing students, 2.8% master degree nursing students, and 1.0% were enrolled in a doctoral program. The overall sample included 452 (89.7%) women, 45 (8.9%) men, and 86% non-Hispanic white. The study was conducted using the Incivility in Nursing Education (INE) Survey. Students identified three major themes related to stress which were burnout from demanding workloads, competition in high stake academic environment, feeling the need to cheat to compete for grades and scholarships, and placement in the program. Faculty reported three major themes contributing to student stress such as: burnout from demanding workloads, role stress related to family, college, and work demands, and a high stake academic environment. Faculty reported stress as a major contributor for faculty incivility. Major contributors to faculty stress were identified by faculty as: demanding workloads, high faculty turnover and lack of qualified educators, role stress related to family, college and work demands, and exposure to student, faculty and administrator incivility. Themes that were identified by faculty and students regarding uncivil student behavior were: displaying disruptive behaviors during class, and clinical such as misuse of cell phones and engaging in side conversations, making rude or negative remarks, and lack of respect towards others (Clark, 2008). Themes identified by faculty and students regarding uncivil behaviors in nursing education by faculty were: intimidating and bullying students, inept teaching skills and poor classroom management, making demeaning, belittling comments or gestures towards students, gossiping about students, showing favoritism, being rigid,

defensive, and inflexible (Clark, 2008). Both groups reported the importance of effective communication and active engagement to create a culture of civility in nursing education (Clark, 2008). Both groups identified similar remedies to prevent and intervene with incivility such as: policy development, addressing incivility in proactive ways, and providing open forums for discussions. The findings of this study indicated that the relationship between faculty and students was dynamic and is never a one sided experience. Clark compared the experience of incivility to a dance. When students and faculty work together to build respectful relationships and respectful learning environments, trust can be fostered and civility prevails (Clark, 2008b).

Colaizzi's phenomenological method of qualitative research was used to conduct interviews with seven nursing students to describe actual uncivil encounters with nursing faculty (Clark, 2006, 2008a). Two of the participants were in their final semester of nursing school. One participant had left nursing school prior to completion. Four participants had completed nursing school; three were enrolled in BSN programs and one student was enrolled in an MSN program. Participants were four women and three men. One-on-one interviews were conducted with each participant. The three major themes that emerged regarding faculty incivility were: "Behaving in demeaning and belittling ways, treating students unfairly and subjectively, and pressuring students to conform" (Clark, 2008a, p. 284). The three major themes from the student's emotional responses to faculty incivility were: "feeling traumatized, feeling powerless and helpless, feeling angry and upset" (Clark, 2008a, p. 284). Study findings were illustrated in Clark's Conceptual Model for Fostering Civility in Nursing Education (Clark, 2008a).

Student Perceptions of Academic Incivility

A large scale study (n=3,616) was conducted to provide information about student perceptions of incivility in the classroom at a Midwestern public university (Bjorklund & Rehling, 2010). A drawing for free iPods was used as an incentive to participate in this study. Participants were (n=2,225) female, and (n=1,381) male; and (n=3,113) undergraduates and (n=318) graduate students. Students ranged in age from 18 years to 72 years of age, with a mean age of 22.3. All participants completed an online survey using SurveyMonkey®. Students rated the frequency they observed students in their classes engaging in certain behaviors, along with the degree of incivility they would assign to certain behaviors. Five behaviors appeared in the top half of both incivility and frequency ratings receiving a mean rating of 3.25 or higher on a 5-point scale for incivility and a 2.89 or higher on a 5-point scale for frequency. These behaviors were allowing a cell phone to ring, using a Palm Pilot, iPod or computer for non-class work, arriving late or leaving early, and text messaging (Bjorklund & Rehling, 2010, p.17). Identified uncivil classroom behaviors can allow faculty and students to work together to create a positive learning environment and foster civility in education (Clark, 2008b).

Altmiller (2012) conducted an exploratory study, from the perspective of the junior and senior nursing student, using the phenomenon of incivility in nursing education compared to faculty perceptions found in the literature. Participants were four male and twenty female nursing students ranging in ages from 18 years to 45 years of age. The students were recruited from a state university and three private universities located in the Mid-Atlantic States. Data from four focus groups were collected and analyzed to reveal nine themes. The nine themes were identified and compared to faculty

perceptions found in the literature. Examples of themes noted were unprofessional behavior, poor communication techniques, inequality, difficult peer behavior, student's views of faculty's perceptions, and a stressful clinical environment (Altmiller, 2012, p. 16-18.) The findings of this study revealed that nursing students and faculty have similar perceptions regarding uncivil behavior.

Research was conducted to determine classroom behaviors that pharmacy students consider uncivil, the type of professor and classroom setting they prefer, and the changes in these opinions over time. According to Paik and Broedel-Zaugg (2006), 136 students completed the survey in their first year, 129 completed the survey during their third year and 130 completed the survey in their fourth year. In the first and third years, the students indicated that cheating was the most uncivil behavior, followed by cell phone use and making offensive remarks. In the fourth year, students perceived cell phone use or beeper in class to be the most uncivil behavior, followed by offensive remarks and cheating. Perception of several uncivil behaviors changed significantly as students progressed through the program. Fourth year students believed that cheating was less uncivil as compared to their perception as first or third year pharmacy students. Significant differences in preferences of classroom were not found. The results of this study are not generalizable to all pharmacy students. Ohio Northern University Raabe College of Pharmacy lacks a diverse student population. Minority groups are not adequately represented. Paik and Broedel-Zaugg, (2006) concluded that significant changes occur in pharmacy students perceptions over the course of their academic career.

Beck (2009) used a mixed method study to examine incivility in nursing education in the southeastern United States to determine uncivil student behaviors in the

associate degree nursing programs. Clark's (2007) Incivility in Nursing Education Survey was modified to include students, faculty, and nurses in the survey. A total of 20 associate degree nursing programs participated in the study. Beck (2009) reported a total of 863 students responded, but 111 surveys were eliminated because students completed less than 80% of the survey. There was no difference in perception of student disruptive behavior between beginning nursing students and graduating nursing students.

Approximately 64% of participants felt there was a moderate to severe problem with incivility in the nursing academic environment. There was a statistically significant difference between beginning and graduating students' perceptions about where uncivil behaviors occurred most often. Graduating students perceived that uncivil behaviors occurred most often in the clinical area, whereas, beginning students felt uncivil behaviors occurred most often in the classroom. Beck (2009) suggested three implications for practice:

- Clarify and teach the ethics of nursing (p. 92)
- Enhance nursing student socialization into the profession (p. 93)
- Link academic integrity to clinical practice (p. 94)

Beck (2009) suggested that more research is needed to investigate the relationship between incivility in nursing school and incivility in clinical practice.

Qualitative research was conducted in a large Midwestern university nursing school to explore nursing students' experiences with incivility in the clinical setting (Anthony & Yastik, 2011). Eighteen female nursing students and three male nursing students participated in the study. Results indicated that positive experiences outweighed negative experiences in frequency, but negative experiences impacted student self-

confidence and attitude towards nursing as a career. Nursing students voiced difficulty when giving and receiving hands off report to the staff nurse, and the staff nurse demonstrated lack of interest during communication efforts. Inappropriate communication between the staff nurse and the student nurses could lead to gaps in communication resulting in negative client outcomes. Addressing incivility in the workplace should be included in the simulation or simulated clinical experience to assist students with conflict resolution (Anthony & Yastik, 2011).

A descriptive study in two public Midwestern universities was used to determine the relationship between BSN students' experiences with faculty incivility and their satisfaction with their nursing education programs (Marchiondo, Marchiondo, & Lasiter, 2010). A cross-sectional survey titled the Nursing Education Environment survey was completed by 152 senior nursing students. Female participants made up 89.5% of the sample. The students ranged from 20 to 45 years of age (mean= 24 years). The majority of the participants reported their race as white (86.8%). Approximately 88% of the participants reported experiencing at least one encounter of an uncivil nursing faculty behavior. The survey indicated that most students experience either one (40%) or two (43%) uncivil encounters with different faculty members. Participants reported the highest frequency of incivility occurring in the classroom setting (60%), as opposed to the clinical setting (50%). Students' primary coping strategies for faculty incivility were voicing concern with a friend, partner, or spouse (75%), talking to classmates (73%), or the student puts up with the uncivil behavior (65%). Forty-six percent of students avoid the faculty member, while other students just forget about it (39%). Study results

suggested that faculty incivility led to students being dissatisfied with their nursing program; however the actual cause of dissatisfaction cannot be demonstrated.

Faculty Perceptions of Academic Incivility

Research was conducted to investigate accounting faculty perceptions of the definition of incivility and the occurrence of certain student behaviors that are viewed as uncivil (Swinney et al., 2010). Perceptions of accounting faculty were compared with perceptions of cross-disciplinary faculty such as business administrators. A total of 3,011 surveys were sent out in March of 2003 and a second mailing was made in April of 2003, which resulted response rate was 18.3% faculty and 10.4% administrators, for a total of 457 surveys returned. The accounting faculty was more likely to define disruptive student behavior as uncivil, which indicated a lower tolerance for uncivil behaviors than the cross-disciplinary Indiana University faculty. The level of incivility noted by accounting faculty was significantly higher than the cross-disciplinary University of Indiana faculty for the following aggressive student behaviors: sending inappropriate emails to faculty, hostile verbal attacks, and harassing comments, including vulgarity or profanity in and outside the classroom (Swinney et al., 2010, p.8). The irresponsible students' behaviors that both groups of faculty identified were: not taking notes in class, reluctance to answer direct questions, arriving late for class, leaving early from class, being unprepared for class, cutting class, and conversations during class (Swinney et al., 2010. p.8). The researchers concluded that accounting students, like other students, did not meet the basic standards of civil behavior which were expected in the accounting profession.

Exploratory research was conducted to determine a national sample of business faculty's perceptions on positive and negative student behaviors in the higher education

setting (Shepherd, Shepherd, & True, 2008). The subjects (n=305) of the study were members of the National Association of Business Faculty. Sixty-seven percent of the participants were male. Examples of items on the positive student behavior tool were: critical thinking, good performance, enthusiasm for learning, good teamwork, leadership, and creative/innovative solutions. The researchers reported that the major contribution of this research was the development of the research tool which lists behaviors that business faculty perceived to be examples of positive or negative student behaviors.

A descriptive study was conducted to identify the school professional's perceptions regarding students' civil and uncivil behaviors (Wilkins, Caldarella, Crook-Lyon, & Young 2010). The participants were an alumni association sample from the school of education at Brigham Young. A data base was assessed and 1,638 alumni were sent questionnaires by e-mail. The return rate was 15.32%. About 79% of the participants were female and 94% of the participants were white, with a group mean of 38 years of age. In the area of uncivil behaviors, participants were teachers in secondary schools, who indicated 40.3% of students shifted responsibility and blamed others for their actions, 38.7% argued with others, and complained about common school events. Participants noted that about one third of the students made sarcastic remarks to others, expected special favors from teachers, and littered hallways classroom and school grounds. Participants noted that 36.03% of the secondary students called others offensive names and used offensive language on school grounds and 31.15% inappropriately used a cell phone or electronic devices in class. The participants ranked the civil behaviors high. Examples were arrived to class on time 83.28%, dressed and groomed appropriately for school 78.8%, valued civil behavior 67.14% and left public areas neat and clean 60.7%.

The data gathered in this study provided evidence that civil behaviors are occurring in secondary school to a higher degree than uncivil behaviors. The researcher noted that the school environment would improve if the civil behaviors continued more frequently and the uncivil behaviors occurred more infrequently (Wilkins et al., 2010).

An interpretive phenomenological approach was used to study 10 associate degree nursing educators in the southeast regarding their experience with student incivility (Williamson, 2011). Through an interview process, the researcher explored lived experiences of nursing educators who encountered student incivility, along with precursors to incivility prevention and management strategies. The participants used descriptive words to define incivility. Some of these descriptions were: angry confrontations, acting out, uncivilized actions, disrespect, aggression, inappropriate speech, lack of integrity, and rudeness (Williamson, 2011, p.118). Each participant described an experience dealing with disturbing behaviors such as: threats, lying, stalking, inappropriate touching, and intimidation (Williamson, 2011, p.119). Participants described the impact of their experience with student incivility as being guarded and cautious with future student interaction, distracted, and frustrated in the classroom and having avoidance behaviors. One educator modified test questions to avoid confrontations (Williamson, 2011, p. 125). Two educators described the impact of student incivility as leading to feelings of anger, resentment, and job dissatisfaction (Williamson, 2011, p.125). Two of the educators expressed the strong desire to leave nursing education (Williamson, 2011, p.135). The educators provided strategies to prevent and address student incivility. Examples of these strategies were implementing codes of conduct, incivility statements, hiring life coaches to support and counsel nursing

students, providing education for faculty to identify warning signs of incivility, management techniques for students with uncivil behavior, and therapeutic training for addressing aggressive incivility (Williamson, 2011).

Nursing faculty (n=21) from six states were interviewed for this qualitative study to determine effects of student incivility by nursing faculty (Luparell, 2007). The educators described 36 critical incidents of incivility that ranged from less severe to more severe, including threats to personal safety. Nurse educators used words like “attacked, assaulted, wounded, and injured in describing their encounters” (Luparell, 2007, p. 16). Faculty described effects of student incivility related to time expenditure required to deal with student issues. Two faculty members incurred financial expenses which included attorney costs and legal fees to maintain a restraining order, and one educator upgraded a home security system. Three educators left teaching completely, indicating that their negative experiences with academic incivility was a contributing factor. The most common physical effect of student incivility was sleep disruption. Other educators reported emotional reactions such as: loss of confidence in their teaching ability and a decreased self-esteem (Luparell, 2007). In times of nursing faculty shortage, the nature of uncivil encounters with students can adversely affect faculty job satisfaction and shift nurse educators from the classroom back into the clinical setting to avoid the negative effects of academic incivility.

Combined Faculty and Student Perception of Academic Incivility

Clark (2008) investigated incivility in nursing education from both faculty and student perspectives. Clark developed the Incivility in Nursing Education (INE) Survey by modifying items from the Defining Classroom Incivility survey designed by the

Indiana University Center for Survey Research (2000) and the Student Classroom Incivility Measure designed by Hanson (2000). The Incivility in Nursing Education Survey was administered at two national meetings (n=192) to nursing faculty and (n=306) nursing students. Fourteen of the students were enrolled in a practical nursing program, 137 were enrolled in associate degree programs, 126 were enrolled in bachelor's degree programs and eight students were enrolled in master's degree programs. The overall sample consisted of 452 women (89.7%), 45 men (8.9%), and 7 who did not specify their gender. The sample was 86.3% non-Hispanic Caucasian, 4.2% Hispanic, 3.4% Asian/Pacific Islander, 2.8% African American, 2% Native American, and 1.3% no response. The student behaviors to which faculty and students perceived to be uncivil were ranked similar by students and faculty. These behaviors were holding distracting conversations, using the computer unrelated to class, demanding make up exams, demanding extensions or grade changes, and being unprepared for class (Clark, 2008, p.461). Faculty behaviors reported as uncivil by students and faculty were making condescending remarks and put-downs, making rude gestures, exerting rank or superiority over others, being unavailable outside the class, being cold and distant toward others, and punishing the entire class for one person's behavior (Clark, 2008, p. 462). Uncivil faculty behaviors reported by faculty and students in the past 12 months were ineffective teaching styles or methods, arriving late for scheduled activities, deviating from the syllabus, changing assignments, changing due dates, being inflexible, and ignoring disruptive behavior (Clark, 2008, p. 462). Participants considered incivility in nursing education to be a moderate to severe problem. Clark addressed the need for a shared governance model to create a culture of civility in the classroom. Further research

is needed to determine perceptions of incivility related to race, ethnicity, gender, and generation (Clark, 2008).

Rowland and Srisukho (2009) used a web-based survey research design to compare information regarding dental students' and faculty members' perceptions of classroom incivility at a Midwestern dental school. Faculty participants in the study were male (38) 59% and female (26) 41%. Student participants for the study were (77) 62% male and (48) 38% female. Eighteen questions were given to the 127 third and fourth year dental students and 68 full and part-time faculty members. Approximately 55% of the males and 48% of females thought that sleeping in class was uncivil behavior. All but one of the faculty members felt that cell phone use in the classroom was uncivil, whereas 69% of the students agreed. Eighty five percent of the faculty agreed that surfing the web during class was uncivil, while 50% of the students agreed. Faculty members identified the following uncivil behaviors that were not listed on the survey: eating in class, walking in and out of class while class is in session, wearing inappropriate attire or not following dress code, challenging faculty decisions or grades, and signing the attendance chart for someone who is absent (Rowland & Srisukho, 2009, p. 125). Findings suggested that dental educators engaging in open discussions with students regarding incivilities in the classroom can build a respectful teaching-learning environment.

An interpretive qualitative method to research student and faculty perceptions on incivility in nursing education was conducted to identify possible causes of incivility and possible remedies (Clark & Springer, 2007). The study sample consisted of 15 nursing faculty and 168 associate degree and baccalaureate nursing students. Uncivil student behaviors identified by faculty were: disruptions in class, negative remarks, challenging

test scores, dominating class discussion, carrying on side conversations that disrupt other students, verbally discrediting faculty outside of class, turning in assignments late, sending inappropriate e-mails, not keeping scheduled appointments, complaining about constructive feedback, and making threats toward faculty (Clark & Springer, 2007, p. 95). Uncivil faculty behaviors identified by nursing students were making condescending remarks, using poor teaching styles or methods, using poor communication skills, acting superior and arrogant, criticizing students in front of peers, and threatening to fail students (Clark & Springer, 2007, p.96). The four highest causes of incivility in nursing education identified by students and faculty were high-stress environment, lack of professional, respectful environment, lack of faculty credibility, and faculty arrogance (Clark & Springer, 2007, p. 96). Clark and Springer (2007) indicated that uncivil student and faculty behaviors have a negative effect with potential to disrupt the teaching-learning process.

Workplace Incivility

A two group quasi-experiment comparing civility, work attitudes, behavior, and the well-being of a sample of workers was performed (Oore et al., 2010). The purpose of the research study was to investigate whether incivility in the work setting exacerbates the relationship between stressors and strain between hospital workers. The participants (n= 487) were health professionals from care giving units in the emergency room or operating room in Nova Scotia or Ontario. Registered nurses comprised the largest segment of the sample at 52.9%. The sample size after intervention at six months was (n= 371). The intervention program was developed by the United States Veterans Hospital Administration (VHA), where it resulted in significant improvement in civility and

respect of unit members. The program is called Civility, Respect and Engagement at Work (CREW). CREW is a six month intervention period to raise and resolve civility issues and develop action plans. The research shows that work overload and low job control were associated with low mental health and more negative physical health symptoms. On the second analysis after six months of CREW civility training, health care workers on intervention units showed a weaker relationship between workload and mental health compared with comparison units. Findings show that when healthy workplace interventions are put into place, the impact of work stressors may be decreased. Research findings indicated that healthcare providers proactively impact the well-being of stressful work environments using the CREW program (Oore et al., 2010).

A predictive non-experimental design was used to study the impact of structural empowerment, psychological empowerment, and workplace incivility on commitment of newly-graduated nurses in acute care hospitals (Smith, Andrusyszyn, & Laschinger, 2010). The sample (n=117) was predominantly female with an average age of 27.12, with 2.16 years of experience as an RN. The majority of participants worked full-time in critical care areas. Some degree of co-worker incivility was reported by 90.4% of the participants and some degree of supervisor incivility was reported at 77.8%. The levels of incivility were low overall. The new graduates that experienced high levels of incivility, also experienced low levels of organizational commitment and showed evidence of poor working conditions. The new graduates also reported a limited access to support. This finding was significant when the need is so great to retain all new graduates. Implications for nurse administrators should be to adopt codes of conduct regarding issues of incivility to hold perpetrators responsible and to promote better communication. The researchers

cited other examples to improve relationships may be to investigate offering education on conflict management and relationship building. Interventions such as Civility, Respect, and Engagement in the Workplace (CREW) training may promote civil relationships in the workplace (Smith et al., 2010).

Hutton and Gates (2008) investigated workplace incivility experienced by direct health care staff in a large metropolitan hospital in the Midwest. The participants were (N=145) registered nurses and (N=33) nursing assistants. The sample had a mean of nine years of service to the organization. The participants completed two surveys, the Work Limitations Questionnaire (WLQ) and the Incivility in Healthcare Survey (IHS). The regression analysis found a significant relationship between incivility and decreased productivity. When each factor in the regression model was run independently, incivility related to patients and supervisors were found to be statistically significant. The results indicated that the source of incivility had a greater effect on productivity than the frequency of incivility. Workplace incivility cost the hospital an estimated \$1.2 million annually for direct care staff alone (Hutton & Gates, 2008). This research supported that future intervention may needed to address the source of incivility, as well as, the frequency of workplace incivility.

Contributing Factors to Incivility in Nursing Academia

In an exploratory descriptive study, Clark and Springer (2010) surveyed a statewide conference of academic nurse leaders in a large western state from 128 associate and bachelor degree programs, 42 private colleges, 70 community colleges, and 16 state colleges and universities. The academic leaders perceived the most challenging stressors for nursing students were: juggling multiple roles related to work, family

responsibilities and school, financial responsibilities, time management issues, lack of faculty support and incivility, and mental health issues (Clark & Springer, 2010, p. 321). The perceived faculty stressors were: multiple work demands, heavy workload and workload inequality, maintaining clinical competence, advancement issues, and problematic students (Clark & Springer, 2010, p. 322). These findings were consistent with previous research (Clark, 2008), (Clark, 2008b). Clark's conceptual model for fostering civility in nursing education showed that a faculty attitude of superiority and a student attitude of entitlement can lead to a culture of incivility.

An interpretive phenomenological approach was used to study 10 associate degree nursing educators in the southeast regarding their experience with student incivility (Williamson, 2011). This study was previously discussed under the heading of faculty perceptions regarding incivility. The educators in this study also described contributing factors for incivility which they experienced. They included: family responsibilities, financial difficulties, feeling overwhelmed, high emotional investment in the program, and high stress environments which lead to feelings of anxiety and desperation (Williamson, 2011, p. 145). Examples of warning signs that students may show prior to uncivil behavior were: students missing classes, exams or clinical, poor class preparation, incomplete or late assignments, asking inappropriate questions, disrespectful or demanding attitudes, confrontational behavior, not following school policy, a history of uncivil behaviors in the past, and any e-mail sent to a faculty member in all capital letters (Williamson, 2011, p.145). This research study painted a clear picture of lived experiences of disturbing, threatening, and harassing behaviors that 10 nursing faculty in North Carolina experienced.

Summary of Review of Literature

As evidenced in the review of the literature, there are many articles related to observations and experiences in higher education, nursing education, and the work place related to incivility. In the past several years, nurse researchers have identified student and faculty behaviors that constitute incivility, recognized causes of the problem, and identified possible strategies for addressing rude and disruptive classroom behaviors (Clark, 2008b, 2009, 2010; Clark & Springer, 2010; Williamson, 2011; Beck, 2009). It was evident that uncivil behaviors in the classroom negatively impact the teaching-learning environment. Incivility demonstrated by healthcare professionals such as: nursing students, pharmacy students, and dental students was disturbing. Faculty members responsible for educating healthcare professionals must be very specific with students regarding expected behaviors in the classroom, lab, and clinical settings, and establish ground rules for classroom etiquette on the first day of class.

Identified gaps in the literature revealed a lack of research regarding the impact of different genders and diversity on incivility. Future studies need to clarify the role that gender, ethnicity, or race may play in students' experiences of academic incivility. The literature search revealed two current research studies with other healthcare professionals and their impact with academic incivility. Research was lacking in other healthcare fields related to academic incivility. Of the studies reported, 13 studies were from universities and five were from associate degree nursing programs. Gaps in the literature were noted at the associate degree nursing level, licensed practical nursing level, master in nursing level, and doctor in nursing level. Research was limited utilizing participants who are enrolled in a private institution. No research could be found comparing academic

incivility between a public and private institution. An identifiable gap in research was found by comparing awareness of academic incivility among students who attend a private institution and those attending a public institution.

After completion of review of the literature, the researcher purposed to address the gap in the literature by comparing second year associate degree nursing students who are enrolled at a private institution with those who are enrolled in a public community college concentrating on their perceptions regarding academic incivility.

Chapter III

Methodology

The purpose of this research study, Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students, was to compare second year associate degree nursing students who are enrolled at a private institution with those who are enrolled in a public community college concentrating on their perceptions regarding academic incivility.

Implementation

This research study provided a quantitative research design. A descriptive survey was used to identify behaviors that students recognize as disruptive or threatening in the academic setting by nursing students, faculty, and staff nurses. A modified version of the Incivility in Nursing Education (INE) Survey developed by Clark (2007) was used to collect data to include nurses in the clinical setting along with students and faculty (Beck, 2009). Data was collected in the fall semester of 2012.

Setting

The study was conducted in the classroom setting where the participants were enrolled in nursing school. One setting was a rural community college and the other setting was a private, Christian, Baptist-related university setting. Participants were presented questionnaires with consent forms. Completed questionnaires were returned to the investigator in a sealed envelope by a designated student.

Sample

A convenience sampling method was utilized in determining participants for the study. This sampling method involved participants who “happened to be in the right place

at the right time” (Burns & Grove, 2009, p. 353). The study included fourth semester associate degree nursing students enrolled in a nursing program on the campus of a private, Christian, Baptist-related university. The study also included fourth semester associate degree nursing students enrolled in a rural public community college. The sample size was 59. Thirty four nursing students participated from the private university and 25 participated from the public community college.

Design

This study used a non-experimental descriptive exploratory design to investigate awareness of perceptions regarding academic incivility among fourth semester nursing students currently enrolled in a private university and a public community college. The survey design provided an opportunity to collect data from students regarding disruptive behaviors in the academic setting and if students had experienced or seen disruptive behaviors in the past 12 months.

Protection of Human Subjects

Permission to complete this study was obtained from the Institutional Review Board (IRB) of a private university in Western North Carolina. Permission to complete this study was obtained from the Institutional Review Board (IRB) of the community college. Participants agreeing to take part in the study received a copy of the Incivility in Nursing Education Survey and a cover letter with consent form assuring anonymity and voluntary participation (Appendix B). The consent provided information concerning the minimal risks and benefits of the study. The investigator’s and advisor’s contact information were made available to the participant on the consent form. Completion of the questionnaire served as implied consent. Anonymity was ensured by asking the

participants to avoid writing any identifying information on the questionnaires. Data will be maintained in a locked file and access restricted to the researchers only.

Instruments

The Incivility in Nursing Education Survey (INE) was divided into three sections. The first section contained five demographic questions. Section two included 124 items using a Likert scale to determine student, faculty, and nurse disruptive or threatening behaviors. Participants rated their responses using a Likert scale as always, usually, sometimes, or never. Participants then used the same scale to identify if these behaviors have been experienced or seen within the past 12 months. Of the 124 items in section two of the questionnaire, 40 items addressed student behaviors in the academic environment that may be considered disruptive or threatening along with behaviors that the student has seen or experienced in the past 12 months. Of the 124 items in section two of the questionnaire, 45 items addressed faculty behaviors in the academic environment that may be considered disruptive or threatening along with behaviors that the student has seen or experienced in the past 12 months. Of the 124 items in section two of the questionnaire, 36 items addressed nurse behaviors in the academic/clinical environment that may be considered disruptive or threatening along with behaviors that the student has seen or experienced in the past 12 months. Section three consisted of four open-ended questions to collect qualitative data regarding academic incivility (Clark, 2007). Clark's 2007 (INE) Survey was modified to allow the researcher to explore perceptions in the traditional classroom and the clinical area (Beck, 2009, p. 36). Permission to use the Incivility in Nursing Education Survey (Clark © 2005, revised 2007 survey) was granted to be used by Dr. Cynthia Clark and Dr. Jennifer Beck (Appendix C, D).

Data Collection

Permission to complete the research study was obtained from a private University in Western North Carolina's Review Board (IRB) and the Community College Review Board (IRB). The lead nursing faculty member teaching both groups of nursing students was contacted by the researcher to set up an appropriate time to administer the surveys. The surveys were administered to both groups of students in the fall semester of 2012 within one week of each other. The surveys were administered in a classroom setting on each specific campus by the researcher. Brief information about the project and purpose of the study was provided to the participants by the researcher. A cover letter assuring anonymity and implied consent (Appendix B) with the survey instrument was distributed. Return of the surveys functioned as implied consent.

Data Analysis

Data was entered into a personal computer for analysis utilizing the Statistical Package for the Social Sciences (SPSS): An International Business Machines (IBM) Company 20.0. Frequency statistics were used to determine the demographic data. Other categories were analyzed for frequency based on results from the Likert scale. Group statistics were analyzed using a t-test.

Summary

A quantitative descriptive design was used in this research study, Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students, to compare the awareness of perceptions regarding academic incivility among fourth semester nursing students currently enrolled in a private university and a public community college. Clark's (2007) revised Incivility in Nursing Education Survey (INE)

was used to survey students perceptions regarding student behaviors, faculty behaviors, and staff nurse behaviors in the academic environment that may be considered disruptive or threatening. Results were entered into a personal computer using SPSS. Frequency statistics were used for demographics and group statistics were analyzed using t-test.

Chapter IV

Results

This chapter reported the actual data collected and the statistical analyses utilized, placing emphasis on findings by reporting factual data.

Introduction

The purpose of this research study, Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students, was to compare second year associate degree nursing students who are enrolled at a private institution with those who are enrolled in a public community college concentrating on their perceptions regarding academic incivility. The research question was:

Is there a difference of awareness concerning academic incivility between second year associate degree nursing students attending public verses private nursing schools?

Demographic Description of Groups

Of the 59 study participants who completed the Incivility in Nursing Education Survey, 34 attended the private university and 25 attended the public community college. The average age for both groups was similar with the mean age of the private university students being 26.36 (SD = 6.749) and the mean age of the public community college students being 29.87 (SD = 7.771). The ages of the private university students ranged from 19-53 years and the ages of the public community college students ranged from 21-49 years. Table 1 depicted the age demographics by groups. Of those completing the survey, 4 (6.7%) were male and 55 (91.7%) were female. Table 2 depicted gender demographics for both groups. The majority of the participants were Caucasian (83.3%). Table 3 depicted ethnicity demographics for both groups.

Table 1

Age Demographics

Age	M	SD	Range
Private University	26.36	6.749	19-53
Public Community College	29.87	7.771	21-49

Table 2

Gender Demographics

Gender	Males	Females
Private University	2 (5.9%)	32 (94.1%)
Public Community College	2 (8%)	23 (92%)

Table 3

Ethnicity Demographics

Ethnicity	Private University	Public Community College
Black, African American	1 (2.5%)	4 (16%)
Asian	1 (2.5%)	0
Caucasian, white	32 (94.1%)	18 (72%)
Native American	0	2 (8%)
Unreported		1(4%)

Major Findings

An independent sample t test was conducted to evaluate the mean answers for each question identifying disruptive student behaviors. Only one question was found to be significantly different between the two groups. Private university students felt challenging faculty knowledge or credibility was viewed as more disruptive ($M=3.12$, $SD=.88$) than public community college students ($M=2.56$, $SD=1.00$), $t(57)=2.26$, $p=.02$. This behavior was not one of the most disruptive behaviors chosen by the students. The five student behaviors that students considered most disruptive were depicted in Table 4. The table included actual survey questions and measure of central tendency for that item utilizing the Likert scale of 1 to 5 with 5 indicating the most disruptive behavior.

Table 4

Five Student Behaviors Considered Most Disruptive or Threatening

Survey Item	M	SD
Making threats or physical harm against other students	3.54	.971
Making threats of physical harm against faculty	3.54	1.006
Neglecting patients in the clinical area	3.53	.953
Making harassing comments (racial, ethnic, gender) directed at patients	3.51	.989
Charting patient care not completed	3.50	.978

An independent sample t test was conducted to evaluate the mean answers for each question identifying disruptive student behaviors that students have experienced or seen in the past 12 months. There was a statistically significant difference found between the two groups for nine questions. Table 5 depicted the means and standard deviations for each question in which the group responses were statistically significantly different. Only one question was reported as one of the five most disruptive behaviors experienced by the students, question 3, regarding making sarcastic remarks or gestures. Students in the public community college setting reported this behavior more often (M=2.56, SD=.65) than the private university setting (M=2.06, SD=.95). See Table 6 for the means and standard deviations for the five most disruptive behaviors seen or experienced by students.

Table 5

Threatening or Disruptive Student Behaviors Seen or Experienced that were Statistically Significantly Different between the Two Groups*

Survey Item	Private University		Public Community College	
	M	SD	M	SD
Making sarcastic remarks or gestures	2.06	.952	2.56	.651
Refusing to answer direct questions	1.32	.535	1.88	.666
Using a computer during class for purposes not related to the class	2.00	.888	1.444	.583
Using cell phones or pagers during class	2.59	.957	2.00	.645
Demanding make-up exams, extensions, grade changes, or other special favors	1.55	.711	2.28	.891
Challenging faculty knowledge or credibility	1.47	.563	1.96	.735
Making vulgar comments directed at other students	1.24	.496	1.80	.707
Making vulgar comments directed at faculty	1.12	.409	1.56	.583
Making vulgar comments directed at nurses	1.03	.171	1.24	.436

*p<.05

Table 6

Five Threatening or Disruptive Student Behaviors Most Frequently Seen or Experienced in the Past 12 Months

Survey Item	M	SD
Arriving late for class	2.53	.774
Using cell phones or pagers during class	2.34	.883
Making sarcastic remarks or gestures	2.27	.868
Holding conversations that distract you or other students	2.24	.751
Acting bored or apathetic	2.19	.712

An independent sample t test was conducted to evaluate the mean answers for each question identifying disruptive faculty behaviors. Five behaviors were found to be significantly different between the two groups. These five behaviors were not identified as the six most frequently considered faculty behaviors as disruptive or threatening. The six faculty behaviors that students considered most disruptive or threatening are depicted in Table 7. The table included actual survey items and measures of central tendency for each item. See Table 8 for the means and standard deviations for each question in which the group responses were statistically significantly different between the two groups for faculty behaviors considered disruptive or threatening.

Table 7

Six Faculty Behaviors Considered Most Disruptive or Threatening

Survey Item	M	SD
Neglecting patients in the clinical area	3.56	.952
Making harassing comments (racial, ethnic, gender) directed at faculty	3.54	.953
Making harassing comments (racial, ethnic, gender) directed at nurses	3.54	.953
Making harassing comments (racial, ethnic, gender) directed at patients	3.54	.953
Making statements about having access to weapons	3.54	1.006
Charting patient care not completed	3.54	.971

Table 8

Faculty Behaviors Considered Disruptive or Threatening that were Statistically Significantly Different between the Two Groups*

Survey Item	Private University		Public Community College	
	M	SD	M	SD
Being distant and cold toward others	2.94	.919	3.48	1.046
Making condescending remarks or put downs	2.91	1.026	3.60	1.000
Exerting superiority or rank over others	2.91	.996	3.56	.917
Making rude gestures or behaviors toward others	2.94	1.099	3.60	.957
Being unavailable on the patient care unit	2.91	1.083	3.48	1.046

*p<.05

An independent samples t test was conducted to evaluate the mean answers for each question identifying threatening or disruptive faculty behaviors seen or experienced in the past 12 months. Twenty-one behaviors were found to be statistically significantly different between the two groups. Of the 21 significant behaviors, two behaviors were not identified in the six most frequently considered faculty behaviors as disruptive or threatening. These two behaviors were ineffective teaching styles and arriving late for scheduled activities. The six most frequently seen or experienced faculty disruptive or threatening behaviors are depicted in Table 9. The table included actual survey items and measure of central tendency for each item. Table 10 depicted 21 statistically significant differences found between the two groups for faculty behaviors considered disruptive or threatening seen or experienced in the past 12 months.

Table 9

Six Threatening or Disruptive Faculty Behaviors Most Frequently Seen or Experienced in the Past 12 Months

Survey Item	M	SD
Refusing to allow make-up exams, extensions, or grade changes	1.90	1.012
Deviating from the course syllabus changing assignments or test dates	1.90	.803
Ineffective teaching style/methods	1.83	.791
Arriving late for schedule activities	1.73	.582
Being inflexible, rigid, and authoritarian	1.64	.689
Exerting superiority or rank over others	1.64	.810

Table 10

Threatening or Disruptive Faculty Behaviors Seen or Experienced that were Statistically Significantly Different between the Two Groups*

Survey Item	Private University		Public Community College	
	M	SD	M	SD
Not allowing open discussion	1.27	.452	1.67	.637
Refusing to allow make-up exams, extensions, or grade changes	1.50	.788	2.44	1.044
Deviating from the course syllabus, changing assignments or test dates	1.59	.609	2.32	.852
Being inflexible, rigid, and authoritarian	1.38	.652	2.00	.577
Punishing the entire class for one student's misbehavior	1.18	.576	1.56	.651
Making statements about being disinterested in the subject matter	1.15	.359	1.76	.779
Being distant and cold toward others	1.21	.545	1.88	.927
Refusing or reluctant to answer questions	1.15	.436	1.88	.881
Subjective grading	1.29	.579	1.60	.577
Making condescending remarks or put downs	1.32	.684	1.64	.810
Exerting superiority or rank over others	1.38	.652	2.00	.885
Threatening to fail student for not complying to faculty's demands	1.21	.641	1.76	.831
Making rude gestures or behaviors towards others	1.12	.537	1.64	.638
Being unavailable on the patient care unit	1.06	.239	1.36	.490
Taunting or showing disrespect for students	1.12	.327	1.64	.638
Taunting or showing disrespect for faculty	1.03	.171	1.36	.490
Taunting or showing disrespect to nurses	1.03	.171	1.24	.436

Challenging the nurse's knowledge or credibility	1.21	.410	1.52	.653
Making vulgar comments directed at students	1.03	.171	1.20	.408
Making vulgar comments directed at faculty	1.00	.000	1.16	.374
Making vulgar comments directed at patients	1.00	.000	1.12	.332

*p<.05

An independent sample t test was conducted to evaluate the mean answers for each question identifying disruptive and threatening nurse behaviors. Two behaviors were found to be statistically significantly different between the two groups. These two behaviors were not identified as the five most frequently considered nurse behaviors as disruptive or threatening. The five nurse behaviors that students considered most disruptive or threatening were depicted in Table 11. The table included actual survey items and measure of central tendency for each item. Table 12 depicted two statistically significant differences found between the two groups for the two nurse behaviors considered disruptive or threatening.

Table 11

Five Nurse Behaviors Considered Most Disruptive or Threatening

Survey Item	M	SD
Neglecting patients in the clinical area	3.62	.895
Charting patient care not completed	3.62	.895
Making physical harm against faculty	3.59	.956
Making threats of physical harm against students	3.59	.956
Making harassing comments (racial, ethnic, gender) directed at patients	3.55	.958

Table 12

Nurse Behaviors Considered Disruptive or Threatening that were Statistically Significantly Different between the Two Groups*

Survey Item	Private University		Public Community College	
	M	SD	M	SD
Making condescending remarks or put downs	3.00	1.015	3.52	.918
Being unavailable on the patient care unit	3.03	1.058	3.60	.816

*p<.05

An independent sample t test was conducted to evaluate the mean answers for each question identifying threatening or disruptive nurse behaviors seen or experienced in the past 12 months. Eight nurse behaviors were found to be statistically significantly different between the two groups. Of the eight nurse behaviors found to be significantly

different between the two groups, six of these behaviors were not identified as the five most frequently seen or experienced as disruptive or threatening. These six nurse behaviors were: refusing or reluctant to answer questions, subjective grading of students, making rude gestures, challenging other nurse's knowledge or credibility, neglecting patient's in the clinical area, and charting patient care not completed. The five most frequently seen or experienced nurse disruptive or threatening were depicted in Table 13. The table included actual survey items and measure of central tendency for each item. Table 14 depicted eight statistically significant differences found between the two groups for nurse behaviors considered disruptive or threatening seen or experienced in the past 12 months.

Table 13

Five Threatening or Disruptive Nurse Behaviors Most Frequently Seen or Experienced in the Past 12 Months

Survey Item	M	SD
Making statements about being disinterested in working with students	1.83	.723
Being distant and cold towards others	1.75	.604
Refusing to allow students to perform patient care	1.75	.604
Arriving late for work	1.73	.639
Ineffective teaching style/methods	1.69	.676

Table 14

Threatening or Disruptive Nurse Behaviors Seen or Experienced that were Statistically Significantly Different between the Two Groups*

Survey Item	Private University		Public Community College	
	M	SD	M	SD
Arriving late for work	1.59	.657	1.92	.572
Being distant and cold towards others	1.59	.557	1.96	.611
Refusing or reluctant to answer questions	1.41	.557	1.96	.611
Subjective grading of students	1.26	.448	1.68	.748
Making rude gestures or behaviors towards others	1.29	.462	1.60	.645
Challenging other nurse's knowledge or credibility	1.24	.435	1.56	.507
Neglecting patients in the clinical area	1.12	.331	1.44	.583
Charting patient care not completed	1.09	.292	1.40	.577

*p<.05

Results indicated that respondents identified incivility in the nursing academic environment (n= 40) 70.2% as a moderate to serious problem. A total of 15 (46.8%) respondents from the private university indicated that incivility is not a problem or do not know/can't answer the question related to the extent of incivility in their nursing academic environment as compared to 2 (0.8%) respondents from the public community college. Table 15 depicted the extent of student perception of incivility in the nursing academic environment by percentage by groups. A t-test was conducted on the means of both groups for this survey item which revealed no statistical difference between groups.

Table 15

Extent of Student Perception of Incivility in the Nursing Academic Environment by Percentage

Survey Item	Private University	Public Community College
To what extent do you think incivility in the nursing academic environment is a problem?		
No problem at all	8 (25%)	2 (8%)
Moderate problem	14 (43.7%)	15 (60%)
Serious problem	3 (9.4%)	8 (32%)
I don't know/can't answer	7 (21.9%)	0

When asked the survey item, based on your experiences or perceptions, do you think students or faculty were more likely to engage in uncivil behavior in the nursing academic environment n=10 (32.2%) of students from the private university and n=2 (0.8%) of students from the public community college answered don't know. The highest frequency score for this survey item was reported. The private university students identified that students were more likely to engage in uncivil behavior n=11 (35.4%), while the public community college identified that students and faculty were about equal in the likelihood to engage in uncivil behavior n=9 (36%).

Summary

An independent samples *t*-test was conducted to evaluate mean answers to obtain the highest frequency behaviors considered disruptive or threatening by students, faculty, and nurses. Additionally, an independent sample *t*-test was conducted to evaluate the mean answers for each question identifying disruptive student, faculty and nurse

behaviors that students have experienced or seen in the past 12 months. The research question for this study was: Is there a difference of awareness concerning academic incivility between second year associate degree nursing students attending public versus private nursing schools?

Chapter V

Discussion

The following chapter reported the purpose of the study, research design, interpretations of outcomes and relationship to the literature and the theoretical context, as well as implications for education and future research.

Introduction

The purpose of this research study, Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students, was to compare second year associate degree nursing students who are enrolled at a private institution with those who are enrolled in a public community college concentrating on their perceptions regarding academic incivility. This research study provided a quantitative research design using a descriptive survey to identify behaviors that students recognize as disruptive or threatening in the academic setting by nursing students, faculty, and nurses. The research question was:

Is there a difference of awareness concerning academic incivility between second year associate degree nursing students attending public versus private nursing schools?

Implication of Findings

This study revealed that there was a statistically significant difference in survey scores between the nursing students attending a nursing school in a public community college and those attending a private university regarding awareness of academic incivility. Of the 40 student behavior survey items, 10 statistically significant findings between the two groups were one student behavior that was considered or perceived as disruptive or threatening, and nine student behaviors seen or experienced in the past 12

months as threatening or disruptive. Three of these survey items were seen higher in frequency for the private university students, observing the use of computers during class for purposes not related to class, observing use of cell phones or pagers during class, and students felt challenging faculty knowledge or credibility were viewed as more disruptive. Computer use in the private institution may be seen more due to the higher socioeconomic status of this group of students. Very few students attending the public community college bring laptop computers or I pads to the classroom setting which may be related to their lower socioeconomic status. Cellphone usage during class may be lower in the public community college due to classroom policy prohibiting cellphones usage during class.

Of the 45 faculty behavior survey items, 26 statistically significant findings between the two groups were, five faculty behaviors were considered or perceived as disruptive or threatening and 21 faculty behaviors were seen or experienced in the past 12 months as threatening or disruptive. The frequency of all these findings was higher in the public community college setting.

Of the 36 nurse behavior survey items, 10 statistically significant findings between the two groups were, two nurse behaviors were considered or perceived as disruptive or threatening and eight nurse behaviors were seen or experienced in the past 12 months as threatening or disruptive. The frequency of all these finding were higher in the public community college setting.

An identifiable gap in research was found when comparing awareness of academic incivility among students who attend a private institution and those attending a public institution. This research revealed that academic incivility is seen or experienced

more frequently by the associate degree nursing students attending a public community college, as compared to students attending the private university.

Community colleges provide an open door access to nearly half of the minority undergraduate students in the United States and nearly 40% of undergraduates living in poverty (Mullin, 2012). Community college students have a greater number of students with various risk factors as compared with a private institution. Baum and Ma (2011) reported that community colleges have the lowest tuition and fee cost of any sector of higher education at \$2,963 for a full time, full year student in the fall semester of 2011. The National Center for Education Statistics [NCES], (2011) reported that 84% of public community college students are employed and 60% work more than 20 hours a week, while 16% are single parents and 32% of students have dependents. This implies that community college students are juggling multiple roles while attending a community college. According to Clark's conceptual model for fostering civility in nursing education, high student stress levels may spiral into a culture of incivility if opportunities for remedies and engagement are not seized, implemented and well managed (Clark, 2008b).

Clark and Springer (2007) findings indicated that uncivil student and faculty behaviors have a negative effect with potential to disrupt the teaching-learning process. When incivility affects the teaching-learning process an opportunity arises for nursing educators and administrators to intervene. Opportunities for professional development will assist educators in implementing proactive strategies to create a culture of respect to prevent incivility. Educators should partner with student affairs and implement college

wide policies related to academic incivility. Creating a culture of civility requires each faculty member to be accountable for his or her uncivil behavior.

Application to Theoretical/Conceptual Framework

Identifying uncivil classroom behaviors can allow faculty, students, and nurses to work together to create a positive learning environment and foster civility in nursing education. Clark (2008b) indicated that the relationship between faculty and students was dynamic and was never a one sided experience. The findings of this research study indicated that uncivil student, faculty, and nurse behaviors had a negative effect with the potential to disrupt the teaching-learning environment.

One contributor to student stress identified by Clark's INE survey was faculty's attitude of superiority (Clark, 2008b). Clark identified faculty superiority as a contributor to stress in her conceptual model. Clark identified other contributors to stress as demanding workloads, juggling multiple roles, and technology overload (Clark, 2008b). A major contributor to stress for the public community college faculty in this research study was demanding workloads and juggling multiple roles while attending graduate school. 76.9% of the public community college faculty is enrolled in graduate school while teaching full time. 11.7% of the private university faculty is enrolled in graduate school while teaching full time. Clark identified contributors to student stress as juggling multiple roles and exposure to high stakes exams (Clark, 2008b). The stress from juggling multiple roles may be seen more in the student attending the public community college that is more likely to have families and children as compared to the majority of university students that may live on campus. Both groups of students are exposed to high stakes exams or academic environment.

Clark compared the experience of incivility to a dance-“one dancer leads and the other dancer follows- and sometimes the dancers do both” (Clark, 2008b, p. 37). Dancing involves interaction, engagement, and communication along with feelings, emotions, and attitudes that are expressed through dancing (Clark, 2008b). Clark compared the dance metaphor to a culture of civility between the student and the faculty member. Clark also described the dance as “it takes two to tango” because one rarely dances alone (Clark, 2008b, p. 37). When the level of stress increases, the potential for conflict also raises, which in turn increases the potential for uncivil behavior. When students and faculty work together to build a respectful relationship and a respectful learning environment, trust is nurtured and civility is obtained (Clark, 2008b).

Limitations

Limitations of this study were related to the sample. This study was conducted using a convenience sample of fourth semester associate degree nursing students from two different academic institutions at the completion of a classroom lecture. No effort was made to gather data from other types of nursing programs. The small sample size may not allow the information to be generalizable to other academic settings. Greater strength can be applied to the findings when similar data is collected from larger studies.

A lack of gender and ethnic diversity existed in the sample. This finding was noted in the literature review. The total sample was (n=59) 83.3% Caucasian and (n=59) 91.7% female. Gender statistics were similar to the national statistics for registered nurses. Less ethnic diversity was noted in the private university sample than the public community college setting. The role of gender and diversity on incivility in nursing education has been identified as a gap in review of the literature.

Stressors of time and personal issues may have unfairly determined the amount of time and consideration students gave to completing the nine page survey. It is understandable that some students may have provided responses that did not reflect their true opinions in an effort to complete the survey quickly.

Even though the survey procedures assured the students that no one from their nursing school would connect their responses with their name, students may have had concerns and altered their responses for this reason.

Implications for Nursing

This study revealed that nursing students attending a nursing school in a public community college were more aware and had experienced or had seen significantly more incivility in nursing education than those nursing students attending a private university. Faculty members responsible for educating healthcare professionals must be very specific with students about expected behaviors in the classroom, lab, and clinical setting and establish ground rules for classroom etiquette on the first day of class or orientation.

More emphasis needs to be placed on conflict resolution skills throughout the nursing program starting in the first semester. Incorporating role play using conflict with all types of multidisciplinary hospital staff can be practiced during simulation experiences or lab experiences. Addressing incivility in the workplace should be included in the simulation clinical experience to assist students with conflict resolution (Anthony & Yastik, 2011).

Eighty two percent of the public community college students and 51.1% of the private university students felt that incivility in the nursing academic environment is a moderate to severe problem. Nurse educators, especially at the community college level,

need professional development to recognize behaviors associated with incivility and to implement strategies to promote a culture of civility in nursing education in the classroom and the clinical setting.

Recommendations

Further research with a larger sample is recommended to increase generalizability of research findings. A randomized sample would increase generalizability. Random sampling controls unidentified extraneous variables such student fear of being truthful while answering questions regarding sensitive survey items such as academic incivility.

Research is lacking on academic incivility for students attending private academic institutions. Further study extending this research on academic incivility in nursing education comparing nursing students attending public academic institution versus a private academic institution is needed.

The role that gender and ethnicity plays in academic incivility is lacking in the research. Demographic statistics showed 91.7% of the sample was female and 6.7% was male. Statistics showed 83.3% of the total sample was Caucasian. Research questions need to be addressed related to gender and diversity to include the impact that these variables play on incivility in nursing education.

While exploring the literature, the researcher noted several qualitative studies were conducted. Future research could include an interview process as to students and faculty perception of what constitutes incivility.

Research is lacking in other healthcare fields related to academic incivility.

Conclusion

This research study extended the previous research on incivility in nursing education by identifying behaviors that students find as disruptive or threatening by students, faculty, and nurses. A significant difference in awareness concerning academic incivility was identified between second year associate degree nursing students attending a public community college versus those attending private university nursing schools.

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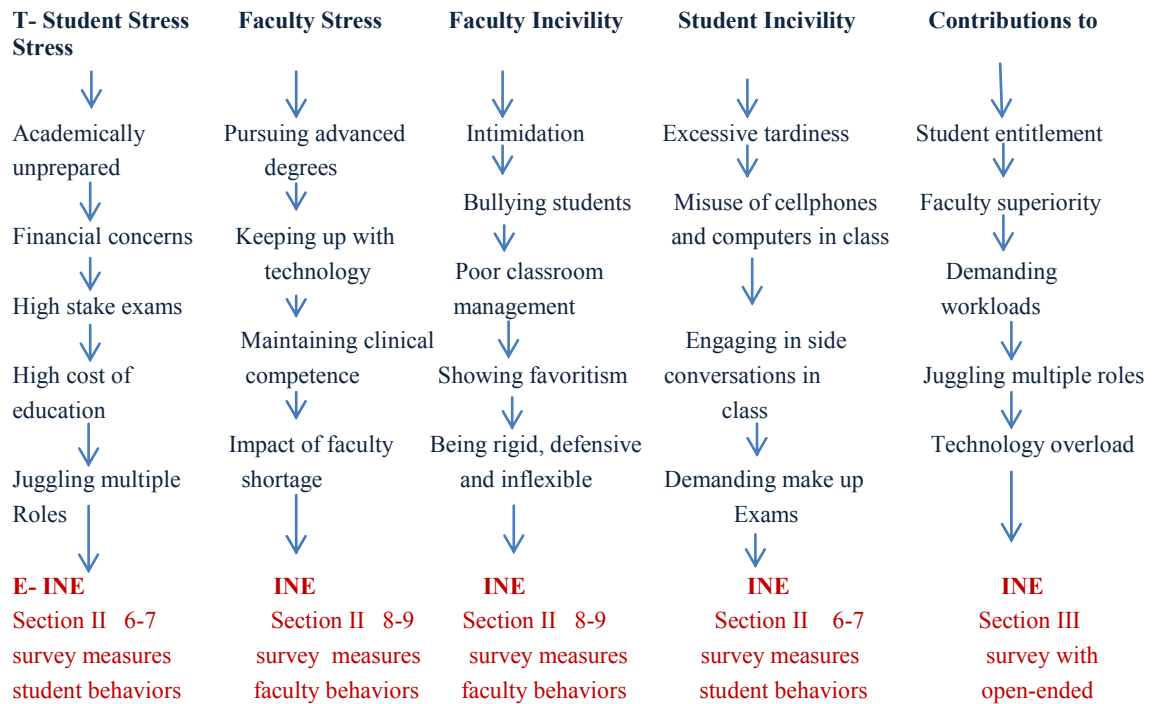
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Appendix A
CTE Diagram

C-T-E Diagram

C- Clark's Conceptual Model for Fostering Civility in Nursing Education



*INE- The Incivility in Nursing Education Survey

Developed by Cynthia Clark in 2007 and modified by Jennifer Beck in 2009

Appendix B
Consent Form

Study Title: Awareness of Academic Incivility: Comparison Utilizing Second Year Associate Degree Nursing Students

Investigator: Myra Thompson MEd, RN

Dear Second Year ADN student,

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully.

The purpose of this study is to examine your perception of academic incivility. Your expected time commitment for this study is 15 to 20 minutes. You will be asked to complete the survey handed out to you. Please circle the most appropriate response to each question using your best judgment.

The risks of this study are minimal. These risks are similar to those you experience when disclosing information to others. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose. There may be risks that are not anticipated. However, every effort will be made to minimize any risks.

There will be no direct benefit to you for your participation in this study. However, we hope the information obtained from this study may increase awareness of academic incivility. There is no monetary compensation to you for your participation in this study.

If you do not want to be in the study, you may choose not to participate and leave your answers blank, or you may decline to return your survey. Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you do decide to take part in this study, your return of the survey will be considered your consent. If you decide to take part in this study, you are still free to withdraw at any time and without giving a reason. You are free to not answer any question or questions if you choose.

Your responses will be anonymous and confidential. Please do not write any identifying information on your questionnaire. Should you have any questions about the research or any related matters, please contact the primary researcher at mahodge@gardner-webb.edu or student researcher Myra Thompson at mthompson5@gardner-webb.edu.

Thank you,
Myra Thompson

Appendix C

Permission to use INE (Incivility in Nursing Education) Tool by Dr. Cynthia Clark

Cindy Clark

Sep 12, 2012 (6 days ago)

Hi Myra--so good to hear from you. I'm excited to know that your study is moving forward. Good to know that you're going to use the revised INE (developed by Dr. Beck). However, it is my original instrument and should be cited/referenced as such. Usually I issue a Licensing Agreement for using the INE--in this case, please use the revised statement below:

INE used with permission from Dr. Cynthia Clark, Professor, Boise State University, School of Nursing, 1910 University Drive, Boise, ID 83725 E-mail: cclark@boisestate.edu

Cynthia (Cindy) Clark RN, PhD, ANEF, FAANProfessor

School of Nursing – Norco Building 316
Boise State University
1910 University Drive
Boise, Idaho 83725-1840
cclark@boisestate.edu
208-426-3589 (office)
208-866-8336 (cell)
Founder of Civility Matters
<http://nursing.boisestate.edu/civilityndy> Clark

On Wed, Sep 12, 2012 at 7:10 PM, Myra Thompson <myra192182@scnc.edu> wrote:

Cindy ,

I contacted you back in February, 2012 about the possibility of using one of your research tools for my thesis on academic incivility. Since February, I have decided to use Jennifer Beck's research tool which is a revision of your INE tool which was developed in 2009. The title of my research project is: Awareness of academic incivility: A comparison utilizing second year Associate Degree nursing students attending a private university and second year Associate Degree nursing students attending a public college Jennifer has given me permission to use her tool. I am asking for your permission to use

Jennifer's tool because her research tool is a revision of your original hard work!
Jennifer's tool has a statement at the end of the tool that states:

INE used with permission from Dr. Cynthia Clark, Associate Professor, Boise State University, Department of Nursing, 1910 University Drive, Boise, ID 83725 E-mail: cclark@boisestate.edu

Thank you for assisting me!

Myra Thompson, RN, BSN, M.Ed.

Please be advised that electronic mail becomes a "public record" when sent or received as part of normal business processes according to North Carolina General Statutes Â§121 2(8) and Â§132 1.

Appendix D

Permission to use INE (Incivility in Nursing Education) Tool by Dr. Jennifer Beck

Beck, Jennifer [Jennifer.Beck@ololcollege.edu]
To: Ms Myra Lynne Thompson
Attachments: Incivility in Nursing Educ~1.doc (331 KB)[Open in Browser] Wednesday,
March 28, 2012 9:41 PM

You replied on 9/12/2012 2:04 AM.

I would be extremely pleased for you to use my revised tool. I don't think Cindy has evaluated the clinical setting. I am attaching the revised tool. Please let me know if you need anything else.

Jennifer