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Differences in Student Perceptions of Student and Faculty Incivility among Nursing Program Types: An Application of Attribution Theory

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DIFFERENCES IN STUDENT PERCEPTIONS OF STUDENT AND FACULTY

INCIVILITY AMONG NURSING PROGRAM TYPES: AN APPLICATION OF

ATTRIBUTION THEORY

A Dissertation

Submitted to the School of Graduate Studies and Research

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Doctor of Philosophy

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Title: Differences in Student Perceptions of Student and Faculty Incivility among
        Nursing Program Types: An Application of Attribution Theory

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Incivility, defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved, has emerged as an increasing problem in the classroom, clinical arena, and distance education setting within nursing programs. Incivility can be perpetrated by both students and faculty within the academic environment.

The study explored differences in students' perceptions of student and faculty incivility across the various nursing program types to determine whether program type (diploma, associate or baccalaureate) impacts the student's perceptions of incivility. An additional purpose of the study included the examination of the relationship between the students' age and their perceptions of student and faculty incivility.

A cross-sectional mixed-method approach was used to explore the phenomenon of incivility. The study used the *Incivility in Nursing Education* (*INE*) survey developed by Clark in 2004. A convenience sample from nursing programs in Pennsylvania was used. The sample included full time pre-licensure students within nursing education programs (diploma, associate, and baccalaureate) in Pennsylvania. Descriptive statistics, Pearson's Product Moment Correlation, and Analysis of Variance were conducted to examine the research variables.

The study revealed statistically significant differences regarding student perceptions of faculty incivility among the nursing program types ($p=.019$). The study also reported a statistically significant relationship between the age of the participant and perceptions of faculty incivility and a small negative correlation ($p=.0.12$, $r=-.17$) suggesting the younger the age of the student the higher the student rated faculty incivility.

These study findings provide a better understanding of student perceptions of student and faculty incivility. This information may be used by students, faculty, and administrators to co-create a culture of civility in nursing education. Findings may be used to develop strategies to prevent, address, and manage incivility in nursing education. These findings also suggest a need for further research in this area.

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This dissertation is dedicated in loving memory of my grandfather Harold M. Skavang. You are my inspiration.

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CHAPTER 1

INTRODUCTION

Incivility, defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved, has emerged as an increasing problem in the classroom, clinical arena, and distance education setting within nursing programs. Incivility can be perpetrated by both students and faculty within the academic environment. Research has shown that students perceive incivility within nursing education as a significant problem. It has been reported that 60.2% of students perceived incivility as a moderate problem, and 8.7% perceived incivility as a serious problem in the nursing education environment (Clark & Springer, 2007a). Marchiondo, Marchiondo and Lasiter (2010) found that 88% of students reported experiencing at least one instance of uncivil behavior within the academic environment, 40% reported experiencing incivility from one faculty member while 43% experienced incivility from two different faculty members.

According to Luparell (2007), uncivil encounters with nursing students have manifested into a troublesome phenomenon in nursing education. Clark (2008d) reported that incivility jeopardizes the welfare of faculty, students, and the campus community. Clark (2008a, 2008d) concluded that incivility often results in physical and psychological distress for both students and faculty. Furthermore, uncivil behaviors can be disruptive and affect the environment so radically that termination of learning occurs (Feldmann, 2001).

The purpose of this study was to explore students' perceptions of student and faculty incivility in the classroom within diploma, associate, and baccalaureate nursing

programs. The 2008 National Sample Survey of Registered Nurses reported that 3.1% of nurses received their education from a diploma program, 56.7% from an associate degree program, and 40.3% from a baccalaureate or higher degree program (National Center for Health Workforce Analysis, 2010). This study examined student perceptions of incivility within nursing education and investigated differences in perceptions among nursing program types. This research was conducted to determine whether the nursing program type had an impact on students' perceptions of incivility within the nursing education classroom. Background, problem statement, significance, theoretical framework, research questions/hypotheses, overview of methodology, definition of terms, delimitations, and assumptions of the study will encompass this chapter.

Background

This section will review the background information regarding the research variables within the current study. The phenomenon of incivility, types of incivility, and the occurrence of incivility within nursing education will be discussed. An overview of the different program types offered within nursing education will also be presented.

Incivility in Nursing Education

Evidence has suggested that incivility on American college campuses has manifested into a serious and growing concern (Clark & Springer, 2007a). Incivility can include unacceptable behaviors ranging from rude, uncivil actions or words to physical aggression (Ehrmann, 2005). Less overt behaviors such as rude comments or misuse of cell phones may be perceived differently as to whether they are uncivil or appropriate behaviors (Clark, 2008a). One person may perceive a behavior as uncivil while another person may perceive the behavior as acceptable. Little disagreement exists that

aggressive behaviors such as harassment, threats of physical harm, and stalking are uncivil (Clark, 2008a). Thomas (2003) reported that the nation's educators are voicing concerns about increases in student incivility, anger, and violence. Faculty are reporting increasingly more problematic student behaviors including verbal abuse, yelling at faculty members, and engaging in physical contact (Thomas, 2003). It has been reported that 52.8% of nursing faculty reported being yelled at by a student in the classroom, 24.8% reported being yelled at by a student in the clinical setting, and 24.8% reported objectionable physical contact from a student (Lashley & deMeneses, 2001).

Nursing Program Types

Students may enroll in various types of programs for the pursuit of pre-licensure nursing education. These different types of undergraduate nursing education programs have been developed to allow multiple entry points into the nursing profession (Billings & Halstead, 2009). The most common designs include the diploma program, the associate degree program, and the baccalaureate program. These programs have differing program goals and curriculum designs ranging from a 2-4 year course of study. The diploma program is geared towards preparing graduates to provide direct patient care in various clinical settings (Billings & Halstead, 2009). The associate degree program curricula consists of general education and nursing core courses and prepares graduates to practice in structured health care settings (Billings & Halstead, 2009). The baccalaureate program curricula, in addition to nursing courses, includes concepts related to management, community health, nursing theory and research, group dynamics, and professional issues. The baccalaureate program includes a strong foundation of liberal arts and science courses in addition to nursing and prepares graduates to deliver care to

individuals, families, groups, and communities in institutional, home, and community settings (Billings & Halstead, 2009). This study explored students' perceptions of student and faculty incivility in the classroom within diploma, associate and baccalaureate nursing programs. While previous research has included participants from a variety of program types, none of the research made comparisons of students among the program types.

Statement of the Problem

Incivility has increased in both frequency and severity within nursing education (Clark, 2008a, 2008d; Clark & Springer 2007a). Incivility whether in the classroom, clinical, or distance education setting needs recognized, identified, and addressed. Incivility restricts learning and the teaching capability of faculty within learning institutions (Feldmann, 2001). Uncivil behaviors can harm the learning environment, weaken students' respect for their learning institution, and have a physical and psychological impact on the students and/or faculty exposed to the uncivil behavior (Bjorkland & Rehling, 2010; Feldmann, 2001; Hirschy & Braxton, 2004). This study specifically addressed student perceptions of student and faculty incivility in the academic environment within nursing education. The phenomenon of incivility required further exploration to understand how incivility is perceived, based on individual interpretation. Due to the fact that some behaviors are perceived as uncivil, further understanding of what student and faculty behaviors are viewed as uncivil by students is imperative. This information will be beneficial to students and nurse educators for the development of effective management strategies for the academic environment.

Purpose

The purpose of the study was to explore students' perceptions of student and faculty incivility in the classroom and to determine if perceptions vary according to nursing program type. This study identified whether students' perceptions of incivility existed in all programs types and how those perceptions varied among diploma, associate and baccalaureate nursing programs. An additional purpose of the study included examining relationship between the age of the student and perceptions of student and faculty incivility. Identification of these differences may provide a clearer description of incivility in nursing education for students and faculty. This information may lead to the development of student, faculty, and administrative strategies to prevent or address incivility. These findings may assist in creating a civil learning atmosphere within nursing programs for both students and faculty.

Significance

The increase in incivility within the nursing education setting can place strain on the academic environment within in the classroom, clinical, and distance education setting (Suplee, Lachman, Siebert & Anselmi, 2008). If not identified early, prevented, or addressed promptly, uncivil behavior can disrupt the learning environment and prove detrimental to the nursing education experience. Incivility left unaddressed may result in an increase in frequency and severity of uncivil behavior in the classroom (Clark, 2008d; Shirey, 2007). Consequences of incivility include potential disruption of the academic environment and termination of the learning experience. Student reactions to incivility may include physical impacts such as loss of sleep, nausea, and headaches as well as emotional impacts such as anger, anxiety, and depression (Clark 2008c). Cortina,

Magley, Williams and Langhout (2001) identified that persistent experiences of incivility over time can be potentially debilitating to the individual. According to Clark (2008d), incivility can disrupt the student-faculty relationship in the education setting. If the student is faced with faculty incivility, the student may feel traumatized, helpless, powerless, or angry (Clark 2006, 2008b, 2008c). Hirshy and Braxton (2004) discussed the impact of incivility on the student's achievement and persistence. Students who frequently observe incivilities become less engaged and spend less energy critically thinking in the learning environment. These reactions may impact academic performance and lead students to withdraw from nursing programs, further impacting the current nursing shortage.

Consequences for faculty when encountering student incivility include time expenditures (dealing with uncivil students), financial costs (legal fees for dismissing a disruptive student), decreased productivity, impact on faculty physical well-being such as loss of sleep, emotional reactions such as decreased self-esteem or loss of confidence in one's teaching abilities, and negative effects on the educational process. Repeated exposure to incivility may lead the faculty member to retreat or withdraw from the teaching environment further influencing the current nurse educator shortage (Luparell, 2007).

Further research is needed to examine whether incivility exists within all program types and investigate potential differences in student perceptions of student and faculty incivility among program types. Exploring these differences in perceptions of incivility may provide information to students, faculty, and administration to create a culture of civility (Clark, 2010a, 2010b, 2010c) in the nursing education environment. Research

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findings regarding student incivility may enhance student awareness of incivility in nursing education. Nursing faculty and students have a responsibility to model civility and encourage respect (Clark, 2010b, 2010c). This study may lead to the development of student driven strategies to foster civility in the classroom. Understanding of these differing perceptions may also allow students to collaborate with faculty and administration in open forums to develop strategies to prevent and address these behaviors and promote an effective learning environment. These findings may also assist faculty in the development of classroom management strategies and the creation of an engaging classroom environment for students that may decrease the performance of uncivil behaviors.

Likewise, faculty incivility may also impact the learning environment. Understanding the students' perceptions of faculty incivility may allow educators to develop strategies to deal with these behaviors and promote an effective learning environment. Exploring these perceptions among nursing program types may uncover similarities or differences in group perceptions that may aid in formulation of faculty development programs by administration to prevent, address, and manage incivility.

Theoretical Framework: Attribution Theory

Attribution theory focuses on how the social perceiver uses information to arrive at causal explanations for the behavior of other people, events, or their own behavior. Due to incivility being based on perception or individual interpretation of behavior, this theoretical framework was selected for the current study. This theory, first introduced by Fritz Heider (1958), was developed in an attempt to understand why an event occurred so that later events could be predicted or controlled. Attribution theory proposes that people

attribute a given behavior either to causes outside the person (situational or external factors) or to some factor within the person performing the behavior (dispositional or internal factors).

Research Questions/Hypotheses

After conducting a thorough background and literature review the following research questions emerged:

1. What student and faculty behaviors are perceived as uncivil in the nursing academic environment by each of the nursing program types (diploma, associate, and baccalaureate)?

2. What student and faculty behaviors are most frequently occurring in the nursing academic environment in each of the nursing program types (diploma, associate, and baccalaureate)?

3. What are the perceived contributing factors to student and faculty incivility in the nursing academic environment by each of the nursing program types (diploma, associate, and baccalaureate)?

4. What is the relationship between the age of the student and the student's perceptions of incivility in the nursing academic environment?

5. What are the differences in the student's perceptions of student and faculty incivility in the nursing academic environment among nursing program types (diploma, associate, and baccalaureate)?

No hypotheses are included for research questions 1 through 3 which are based on descriptive analysis using frequencies (questions 1 and 2) and open ended qualitative

responses (question 3). Based on the identified research questions 4 and 5, the following hypotheses emerged:

- Ho: There is no statistically significant relationship between the age of the student and the student's perceptions of incivility in the nursing academic environment.

- Ha: There is a statistically significant relationship between the age of the student and the student's perceptions of incivility in the nursing academic environment.

- Ho: There are no statistically significant differences in the student's perceptions of student and faculty incivility in the academic environment among nursing program types (baccalaureate, associate, and diploma).

- Ha: There are statistically significant differences in the student's perceptions of student and faculty incivility in the academic environment among the nursing program types (baccalaureate, associate, and diploma).

Overview of Methodology

A cross-sectional mixed-method approach was used to explore the phenomenon of incivility. A mixed-method approach was selected to enhance validity of the study by using multiple, complimentary forms of data (Polit & Beck, 2011). The study used the *Incivility in Nursing Education* (*INE*) survey developed by Clark in 2004. A convenience sample from nursing programs in Pennsylvania was used. The population for this study encompassed full time pre-licensure nursing students in the United States. For the purpose of this study, the sample included full time pre-licensure nursing students within nursing education programs (diploma, associate, and baccalaureate) in Pennsylvania.

Delimitations of the Study

Delimitations of the study included those factors of the research that are controlled by the researcher. The sample of the study was delimited to a convenience sample of nursing students from the state of Pennsylvania. All locations were approximately 50-75 miles from each other. A convenience sample limited the ability to generalize the study findings to the entire population of nursing students. An additional delimitation of the study included that the responses provided no accounts of the background events or situations before or during the occurrence of the perceived uncivil behavior. The study only accounted the student's perception and recall of uncivil student and faculty behaviors and the student's interpretation of the situation. No faculty members were surveyed during this study. Studies including faculty perceptions may be warranted for future research. In regards to the exploration of incivility across the program types, no information was collected regarding the program's incivility policies and codes of conduct which may also serve as a delimitation of the study.

Definition of Terms

This section will include definitions of key terms that are pertinent to the current study. The following definitions include:

Incivility: A general definition of incivility includes: the quality or state of being uncivil (Merrium-Webster, n.d.). The operational definition of incivility for the current research included: rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed may progress into threatening situations as measured by *INE* survey tool (Clark, 2009). This definition was provided in the *INE* survey tool.

Uncivil: Not civilized, lacking in courtesy, not conductive to civic harmony and welfare (Merrium-Webster, n.d.).

Civility: Authentic respect for others requiring time, presence, engagement, and an intention to seek common ground (Clark & Carnosso, 2008).

Perception: A result of perceiving, a mental image (Merrium-Webster, n.d.). This study will explore the student's perceptions or mental image of student and faculty incivility in nursing education as measured by the *INE* survey.

Nursing Program Type: The nursing program type refers to diploma, associate, and baccalaureate nursing programs measured by demographic information.

Academic Environment: Any location associated with the provision or delivery of nursing education, whether on or off campus including the "live" or virtual classroom or clinical setting (Clark, 2006). The current study explored students' perceptions of uncivil student and faculty behaviors in the classroom. This definition was provided in the *INE* survey tool.

Faculty: The teaching and administrative staff and those members of the administration having academic rank in an educational institution (Merrium-Webster, n.d.).

Student: One who attends a school (Merrium-Webster, n.d.). Within the current study, a student is further defined as one who attends a diploma, associate, or baccalaureate school of nursing full time.

Assumptions

The following beliefs regarding nursing students and incivility in nursing education were assumed (1) incivility is clearly defined and measureable (2) incivility is occurring within the nursing education environment and in all program types (3) Attribution Theory will provide a theoretical framework to examine the variables (4) the

INE is a valid and reliable tool for measurement of the research variables (5) the participants will provide accurate and honest responses to the survey based on their experience and without bias and (6) the data will be normally distributed.

Summary

This study explored students' perceptions of uncivil student and faculty behaviors within nursing education and investigated students' perceptions of student and faculty incivility across the different nursing program types (baccalaureate, associate, and diploma) in which students are enrolled. This chapter included the background, problem statement, significance, theoretical framework, research questions and hypotheses, definition of terms, delimitations, and assumptions of the study. The next chapter will include a review of the literature on the concept of incivility including conceptual definition, the theoretical framework of Attribution Theory, student perceptions of student incivility in higher education, student perceptions of student incivility in nursing education, student perceptions of faculty incivility in higher education, student perceptions of faculty incivility in nursing education, a synopsis and example of differing student and faculty perceptions of incivility, and an overview of research using the *Incivility in Nursing Education* (*INE*) Survey measurement tool.

CHAPTER 2

LITERATURE REVIEW

A review of the literature on the concept of incivility and the theoretical

framework were conducted using the CINAHL, ERIC, Academic Complete, Education

Research Complete, Medline, Pub Med, and ProQuest databases from 2000-2012. These

multiple searches included the terms "incivility", "student incivility", "faculty incivility",

"education", "nursing education", "faculty student relationships", and "nursing program

types" and revealed numerous research studies and dissertations for review. The search

terms of "incivility", "problem behaviors", "misconduct", and "Attribution Theory" were

used to examine research related to the theoretical framework. The same databases were

used to explore research on Attribution Theory. A review of the literature on the concept

of incivility included conceptual definition, the theoretical framework of Attribution

Theory, student perceptions of student incivility in higher education, student perceptions

of student incivility in nursing education, student perceptions of faculty incivility in

higher education, student perceptions of faculty incivility in nursing education, a synopsis

and example of differing student and faculty perceptions of incivility, and an overview of

research using the *Incivility in Nursing Education* (*INE*) Survey measurement tool.

Restatement of the Purpose of the Study

The purpose of the study was to explore students' perceptions of student and

faculty incivility in the classroom and determine if perceptions vary according to program

type. This study will identify whether student perceptions of incivility exists in all

programs types and how those perceptions vary among diploma, associate and

baccalaureate nursing programs. This purpose statement guided this literature review

therefore no studies regarding faculty perceptions of incivility will be included. However, a brief synopsis of the differences in student and faculty perceptions will be provided.

Conceptual Definition of Incivility

To clearly understand incivility, it must be conceptually defined. However, many definitions and descriptions of incivility have emerged from the literature search. A general dictionary definition of incivility included: the quality or state of being uncivil (Merrium-Webster, n.d.). Uncivil is defined as being not civilized, lacking in courtesy, and not conducive to civic harmony and welfare (Merrium-Webster, n.d.). In psychology, Caza and Cortina (2007) described incivility as mistreatment such as condescending remarks or impolite gestures. In higher education, Feldmann (2001) defined incivility as an action that interferes with a harmonious and cooperative learning atmosphere. According to Luparell (2005), incivility typically brings to mind acts of rudeness, disrespect, or other breaches of the common rules of courtesy. In nursing education, incivility has been defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed may progress into threatening situations (Clark, 2009).

After completion of a concept analysis by the researcher, the following operational definition of incivility emerged. Incivility is characterized by any voluntary behavior, gesture, act or speech that is perceived as impolite, rude, discourteous or disrespectful. The behavior, gesture, act or speech results in disruption or disharmony of the learning environment and causes a physical or emotional impact to the perpetrator(s), other students, or faculty within the learning environment.

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The Perceptual Process

Since this study is based on student perceptions the perceptual process requires definition. Uncivil behaviors are perceptions, based on individual interpretation or mental image. Therefore many behaviors may or may not be perceived as uncivil. Perception is an individual's sensory experience of the world and involves both the recognition of environmental stimuli and actions in response to the stimuli. The perceptual process consists of three stages: selection, organization, and interpretation (Brignall, 2001). In the selection stage, stimuli are selected through the senses: sight, sound, smell, taste, and touch. The stimuli are mentally arranged to understand or make sense of the stimuli in the organization stage. In the final stage of the perceptual process, the individual (perceiver) attaches meaning to the organized stimuli. The perceiver's interpretation can be influenced by multiple factors including internal factors such as attitudes, motives, interests, experience, and expectations or by external or situational factors such as time and setting. Each nursing program type may have differing experiences and expectations of the student as well as varied educational settings that may influence perceptions. Nursing programs consist of various types of student demographics that may also impact perceptions of incivility. It is not known if nursing program types influence students' perceptions of incivility. Further research will provide information related to these research variables.

Theoretical Framework: Attribution Theory

Attribution Theory has been used to study uncivil and problem behaviors among students in the education setting. This section will provide an overview of Attribution

Theory, its application to student perceptions of uncivil behaviors and program types, and research conducted using this theory.

Overview of Attribution Theory

Attribution Theory focuses on how the social perceiver uses information to arrive at causal explanations for the behavior of other people, events, or their own behavior. This theory, first introduced by Fritz Heider (1958), was developed in an attempt to understand why an event occurred so that later events could be predicted or controlled.

Attribution is a three-stage process: the first stage includes observation of the individual's behavior, secondly the perceiver must determine if the observed behavior is deliberate and intentional, and third the observer attributes the behavior to either internal or external causes (Heider, 1958). Internal or dispositional attributions are those attributed to something within the person observed (i.e. personality). External or situational factors are caused by something outside the person (i.e. their situation). Responsibility for the behaviors is assigned or not assigned depending on the attribution of the cause of the behavior. Several factors can determine attributions including effects on self-esteem (i.e. one's bad behavior is more likely to be attributed to outside causes than one's good behavior), universality of the behavior (everyone behaves in that manner, habit, or conformity), and unusual nature of the particular behavior at a given time (Nursing Theories, 2011).

Harold Kelley (1967) added to Attribution Theory by including the dimensions of consistency, distinctiveness, and consensus to establish validity of individual perceptions. Consistency describes whether the person being observed behaves the same way when faced with a similar event or set of consequences. If the person acts the same in the same

situation then consistency is high, if differently then consistency is low. Distinctiveness defines whether the observed person acts the same way in different types of situations, if so distinctiveness is low. If the person's behavior differs based on the context, distinctiveness is high. Consensus refers to the degree to which other people respond in the same way in the same situation and if so the consensus is high. If others behave differently then consensus is low. When all three are high, the perceiver can conclude that there is an external cause for the behavior. However, when consistency is high, distinctiveness is low, and consensus is low, the perceiver will attribute the cause as internal. McLeod (2010) provided an example of consensus, distinctiveness, and consistency for illustration. For consensus, if everybody in the audience is laughing, consensus is high. If only Tom is laughing, consensus is low. If Tom only laughs at the comedian then distinctiveness is high. If Tom laugh at everything distinctiveness is low. If Tom always laughs at the comedian, then consistency is high. If Tom rarely laughs at the comedian, consistency is low.

Psychologist Bernard Weiner and his colleagues (Weiner et al., 1971) further developed Attribution Theory in the 1970s and 1980's and this version is currently used in education research. Weiner (1986) proposed that an individual makes causal ascriptions or attempts to determine what caused an event or a behavior more often when the outcome is negative. Causal attributions were further categorized by Weiner (1986) into three dimensions: locus of control, stability, and controllability. First, the locus of control refers to internal versus external factors attributing to the behavior or event. Secondly, these attributions can also be categorized by the stability dimension. Stable causes include those that tend to influence outcomes and behaviors consistently over time

(Harvey & Martinko, 2009). When people make a stable attribution, they infer that an event or behavior is due to stable, unchanging factors. However, when people make an unstable attribution, they infer that an event or behavior is due to unstable, temporary factors. Lastly, controllability refers to whether the behavior can be controlled by the individual or others or whether the behavior is uncontrollable.

One issue when an individual is assigning attributions includes fundamental attribution error (Heider, 1958). This error refers to an individual's tendency to overestimate the influence of personal factors and underestimate the influence of situational factors when assessing another's behavior. Therefore, when a person observes behavior they are more likely to assume that an individual's behavior is caused by personality rather than the situation. Another issue is self-serving bias. Self serving bias suggests that individuals will make attributions that give themselves credit for positive outcomes while rejecting responsibility for negative outcomes (Bradley, 1978).

Attribution Theory's Link to Uncivil Behaviors and Nursing Program Types

Incivility as described in the previous section is largely based on individual perception of the behavior as uncivil or disruptive. Attribution Theory focuses on how the social perceiver uses information to arrive at causal explanations for behavior. The focus for a student in the educational setting is perception, whether it is listening to a faculty lecture or visualizing the performance of a task for replication. The individual uses his/her senses to mentally arrange or make sense of stimuli. For example, students in the classroom listen to the faculty lecture in order to understand the content. When behaviors begin to occur in the classroom such as talking or a cell phone ringing, the perceiver begins to determine whether the behavior is deliberant or intentional by the perpetrator. If

the perceiver believes the behavior is disruptive to the learning environment, the behavior may be perceived as uncivil. When an event such as an uncivil behavior occurs in the learning environment, the perceiver then attempts to interpret those behaviors with causal attributions or determine why the behavior might be occurring. For example if a student is talking in the classroom is this behavior attributed to the student's lack of respect for the learning environment (internal) or disengagement of the student from the faculty's lecture (external). As previously discussed, several factors can determine attributions including effects on self-esteem (i.e. one's bad behavior is more likely to be attributed to outside causes than one's good behavior), universality of the behavior (everyone behaves in that manner, habit or conformity), and unusual nature of the particular behavior at a given time (Nursing Theories, 2011). Using the example above, if everyone is talking in class, the cause is likely external. Students may be talking due to disengagement in the classroom, lack of classroom management by the faculty, or it may be perceived acceptable to do so since everyone is talking.

The dimensions defined by Kelley (1967) of consensus, distinctiveness, and consensus can be applied to incivility in nursing education. For example, if everybody is talking in the nursing theory class, consensus is high. If only one student is talking, consensus is low. If a student only talks in the nursing theory class then distinctiveness is high. If that same student talks during every class distinctiveness is low. If the student always talks in his nursing theory class, then consistency is high. If the student rarely talks in his nursing theory class, consistency is low. When all three are high, the perceiver can conclude that there is an external cause for the behavior. Therefore, if an individual student always talks in his/her nursing theory class and only in his/her nursing theory

along with everyone else in the class then it is presumed to have an external cause. For example, ineffective teaching style or lack of classroom management by the faculty may be attributing to this uncivil behavior. However, when consistency is high, distinctiveness is low, and consensus is low, the perceiver will attribute the cause as internal. Therefore, if the same student always talks in every class then the behavior may be due to factors such as disrespect of the individual student.

Weiner's (1986) three dimensions included locus of control, stability, and controllability. Locus of control refers to internal versus external factors attributing to the behavior or event. Internal or dispositional attributions are those attributed to something within the person observed (i.e. personality). Demographic factors such as age may influence the individual's personality based on maturity level. The backgrounds and demographics of students vary among the program types and may influence these perceptions. Student differences within program types will be discussed in the next section. External or situational factors are caused by something outside the person (i.e. their situation). In the nursing education setting external factors may include competition for grades and the stressful nursing curricula.

Program types also vary by environment and situational factors such as curriculum patterns, classroom and clinical sizes, and workloads that may impact student perceptions of incivility. For example, diploma and associate programs commonly are completed within two years while a baccalaureate degree is a four year curriculum plan. This may increase the intensity of the student's workload due to the short time frame leading to stress and uncivil behaviors. These factors are also discussed in the next section.

Attributions can also be categorized by the stability dimension. Stable causes are those that are difficult to change. In nursing education, these factors may include program policies and procedures for dealing with incivility or consistency of faculty. Each nursing program type may have varying expectations and policies for student behavior. These expectations may also influence incivility. For example, if everyone behaves in an uncivil manner due to insufficient policies then students may perceive the behavior as acceptable and conform to the group. Programs may be rigid requiring student conformity which may also manifest in uncivil behavior. Unstable factors include those that are easily changed. Examples may include: lack of preparation, lack of sleep, or poor communication.

Controllability refers to whether the behavior can be controlled by the individual or others or whether the behavior is uncontrollable. Several factors in nursing education can be controlled by the individual including avoiding behaviors such as talking or texting in the classroom. Behavior can also be controlled by others. An example would include when a faculty member exhibits proper classroom management. Others may need to be controlled at the institutional level such as student and faculty workloads. However individuals may also have psychological problems such as depression or anxiety that are beyond their control. Attribution Theory provides a guide for the perceptual process of the student and assigns attributions for student perceptions of uncivil behaviors in nursing education. Using this theory to explore causes for uncivil behaviors among nursing program types may provide information regarding differences among programs that may contribute to incivility.

Attribution Theory in Secondary Education

Three recent studies were found exploring attributions in secondary education regarding academic misconduct or cheating and the misbehavior of students. Murdock, Beauchamp, and Hinton (2008) studied high schools students and teachers to explore cheating attributions. This study used Weiner's Attribution Theory as well as Tangney's theory of moral emotions (Tangney, 1991; Tangney & Dearing, 2002; Tangney, Stuewig & Mashek, 2007) as theoretical frameworks. The study provided support for both personal and contextual factors as attributions responsible for cheating (Murdock et al., 2008). Data from the sample suggested that students attribute teacher practices to reasons for acceptability of cheating and they influence students' actual tendency to cheat. Students also attributed acceptability for cheating based on moral emotions. However, this study provided limited attributions for cheating and did not include classroom structure. Additional research needs to be conducted examining attributes for misconduct behaviors with open ended options for contributing factors to these behaviors.

Cothran, Kulinna, and Garrahy (2009) conducted a descriptive study to explore attributions and consequences of student misbehavior using secondary education students. The study concluded one key difference between the student and faculty groups which included attributions for student misbehavior (Cothran et al., 2009). While students attributed student misbehaviors to internal factors such as attention seeking and external factors such as disengagement in the classroom and boredom, faculty attributed student misbehavior to external factors such as home life of the student. Some faculty also reported not knowing the reasons for students' misbehavior. The majority of the responses from both student and faculty attributed student misbehavior to reason external

to themselves. These responses may be caused by the individual's perspective on the behavior. For example, a student from a dysfunctional family may not see that structure as problematic (Cothran et al., 2009). Similarly teachers may have trouble seeing their curriculum and lesson plans as problematic (Cothran et al., 2009). The teachers and students may have displayed self-biasing in attribution by placing responsibility for problem behaviors on someone other than themselves (Cothran et al., 2009). This study provided additional attributions than the previous study (Murdock et al., 2008). This may be due to the qualitative method and the use of open ended responses rather than a list of attributions. Therefore, further research needs to be conducted examining attributes for misconduct behaviors using qualitative methods to provide a better understanding of the factors that contribute to these behaviors.

Another study also examined causal attributions for difficult classroom behaviors using secondary education students (Lambert & Miller, 2010). Research findings demonstrated five external factors attributed to difficult classroom behaviors. These factors included: adverse family circumstances and hostile role, teacher fairness, pupil vulnerability and teacher support, differentiation of demands and expectations, and culture of misbehavior. Family circumstances and hostile role were described as pupil misbehavior related to their experiences at home including parent attitude, parenting skills, family problems, and parent role modeling. Responses including teacher fairness suggested behaviors were caused by teacher injustice and poor teacher-student relationships. Pupil vulnerability and teacher support were described as pressures asserted by other pupils and academic demands as well as the teacher's ability to help pupils deal with these demands. Responses including differentiation of demands and expectations

were related to the amount of academic work and the standard of work required for teacher reward. A culture of misbehavior was an environment where students felt excitement, power, and peer recognition for misbehavior and the teacher failed to act against these behaviors. This study concluded a degree of stability for the attributions that students made for the causes of difficult behaviors over the 30 month period. This study also provided support for the stability of attributions over time. Lambert and Miller's (2010) findings validated previous research that teacher practices and parental factors contribute to student misbehavior (Murdock et al., 2008; Cothran et al., 2009). However, this study provided 63 options in the questionnaire as opposed to Murdock et al.'s (2008) study which used only four. Additional research needs to be conducted to establish contributing factors to problem behaviors.

Attribution Theory in Higher Education

Attribution theory has also been used to explain uncivil behaviors in the higher education setting. Mellor (2011) completed a mixed method dissertation to examine student incivility but also explored academic entitlement using students (*n*=82) and faculty (*n*=31) from one Southwest university. Participants of the study completed an online survey tool entitled *Perceptions of Student Incivility and Academic Entitlement* (*PSIAE*). The tool listed nine behaviors regarding student disengagement, general disruptive behaviors, and incivilities directed at the instructor. Each level of behavior included eight sub questions. The first of the eight questions measured unacceptability of the behavior. The survey was also designed to measure causal attributions for each behavior including locus: (internal and external), stability 1 and 2 (whether the behavior is regularly occurring), intentionality, and controllability (whether the behavior is

controlled by the individual) for each item. The eighth sub question asked faculty and students their perceived frequency of the behavior occurrence. All subscales displayed acceptable reliability.

Within the study, several of the subscales correlated with each other, with the exception of intentionality (Mellor, 2011). The subscales that displayed significant correlations were acceptability, locus: (internal and external), stability 1 and 2 (whether the behavior is regularly occurring), controllability (whether the behavior is controlled by the individual), and frequency. The lack of relationship between intentionality and other underlying causal properties supports Weiner's (2005) claim that there are three underlying causal properties: locus, stability, and controllability. The data indicated that intentionality is possibly reflected in the controllability rather than a separate underlying causal property (Mellor, 2011). If an individual has the ability to control a certain behavior, than that behavior is assumed to be intentional.

Students gave internal reasons for why academic entitlement behaviors occur including laziness and lack of motivation (Mellor, 2011). External attributions mentioned the teaching associate or faculty member allowing the behaviors to occur. However, when faculty acknowledged the behaviors, students reported the faculty as being rude. Mellor (2011) noted a discrepancy between faculty and students on what constitutes appropriate classroom behavior, but when incivility arose and individuals were reprimanded by faculty, the students' perspective changed from fellow student incivility to faculty incivility. Ignoring the incivilities was interpreted by some students as doing nothing, but addressing the incivilities was considered rude by other students. Therefore, according to Mellor (2011), faculty are in a "no win" situation. Mellor (2011) related

classroom incivilities back to the interpersonal attributional model (Weiner, 2000) explaining further why faculty are in a difficult situation. Faculty could perceive the student's incivility as controllable and therefore intentional. This may lead faculty to become annoyed and respond with retaliation. This scenario was described in the study by the student identifying a conversation between a student and faculty member that turned into a yelling match over an assignment. In that scenario, the student turned in a late paper that was presumed intentional by the faculty member. Although, the student tried to discuss the reason for late submission it ended in a yelling match between the student and faculty member.

This study provided validation for Weiner's theory of attribution by indicating three dimensions of locus, stability, and controllability influence perceived attributions to academic entitlement and uncivil behaviors performance. Additional research needs to be conducted using Attribution Theory to explain causes and differences in student and faculty perceptions of confronting uncivil behaviors in higher education.

Summary

Only one study was found describing causal attributions for academic entitlement and incivility in higher education (Mellor, 2011). This study provided evidence that students attribute academic entitlement and uncivil behaviors to Weiner's (1986) three dimensional model: locus of control, stability, and controllability of the behavior. Research findings noted specific internal factors including lack of motivation of the student and external factors such ignoring of behaviors. These findings also support the perceptual process as discussed earlier. Students observed behaviors of academic entitlement and incivility. The students were then questioned whether the behavior was

acceptable to them and whether it was occurring frequently, and then made an attempt to interpret why the behaviors or causal attributions for the behavior occurred based on Weiner's (1986) three dimensional model.

Gaps in the Literature

The studies in this section are primarily from secondary education with limited research in higher education. No studies were found using Attribution Theory to examine causal ascriptions for faculty incivility. Many of the studies used quantitative lists of attributes to uncivil or problematic behaviors (Lambert & Miller, 2010; Mellor, 2011; Murdock et al., 2008). Open ended responses regarding causal ascriptions of uncivil behavior may yield contributing factors not seen on a quantitative list. Additional research needs to be conducted within nursing education using qualitative responses to better understand contributing factors to uncivil student and faculty behaviors using attribution theory. Using of the dimensions of Attribution Theory to guide causal ascriptions for uncivil behaviors may uncover valuable knowledge regarding how students incivility.

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Nursing Program Types

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When embarking upon nursing education, students may choose from a variety of nursing program types including diploma, associate, and baccalaureate. The major research variable of the current study included nursing program type (diploma, associate, and baccalaureate) which the participant was attending. These program types attract different types of students and have varying demographics. All provide pre-licensure education to students wanting to take the national licensure exam for registered nurses (Billings & Halstead, 2009). No research studies were found exploring incivility among

the program types. This section will discuss variances among nursing program types such as curriculum patterns, student demographics, and environmental characteristics that may influence differences in perceptions of incivility.

Curriculum

Nursing programs have differing program goals and curriculum designs ranging from a 2-4 year course of study. The diploma program is geared towards preparing graduates to provide direct patient care in various clinical settings. The associate degree curricula consists of general education and nursing core courses and prepares graduates to practice in structured health care settings. The baccalaureate program curricula, in addition to nursing courses, includes concepts related to management, community health, nursing theory and research, group dynamics, and professional issues. The baccalaureate program includes a strong foundation of liberal arts and sciences in addition to nursing courses and prepares graduates to deliver care to individuals, families, groups, and communities in institutional, home, and community settings (Billings & Halstead, 2009).

Students

Nursing programs contain students with varied demographic backgrounds. These differences in student demographics may impact student perceptions of incivility. The current study included student demographic variables of age, generational cohort, ethnicity, and gender. These student demographics may also vary among program types and influence perceptions of uncivil behavior. Therefore, these variables will be discussed in this section to depict differences among students according to their program type. The National League for Nursing (NLN) (2010) reported demographics for nursing students in 2008-2009 school year. The demographics of age, ethnicity and sex were

reported. For diploma programs, 35% of the students were age 25 and under, 25% were age 26-30, 26% were age 31-40, and 14% were age 41 and over. Associate degree programs noted 26% of students age 25 and under, 25% were age 26-30, 29% were age 31-40, and 20% were age 41 and over. Baccalaureate programs had 70% of students age 25 and under, 16% were age 26-30, 10% were age 31-40, and 4% were age 41 and over. Baccalaureate programs had the greatest number of younger students under the age 25 (70%) while associate degree programs had the greatest number of older students over the age of 41 (20%).

These multiple age groups place students into differing generational cohorts. These cohorts may have varied perceptions of incivility. Generation Y students (also called the Millennial Generation) include those individuals born since 1980, Generation X students include those individuals born between 1965 and 1979, and the Baby Boomers include individuals born between 1946 and 1964 (Walker et al., 2006). These general cohorts may differ according to their backgrounds and societal factors. According to current trends, the nursing education classroom consists mostly of Generation X and Y students being instructed by a Baby Boomer faculty member. Baby Boomers may also appear in the classroom as individuals pursuing a second career or returning to school after raising a family.

An individual's culture and ethnicity may also prove a contributing factor to uncivil behaviors. The NLN (2010) also reported ethnicity data within nursing program types noting 64.6% of diploma students to be Caucasian, 0.9% were American Indian/Alaskan Native, 10.2% were Hispanic, 6.5% were Asian/Pacific Islander, and 17.8% were African American. Similarly associate programs noted 71.8% were

Caucasian, 1% were American Indian/Alaskan Native, 7.6% were Hispanic, 5.7% were Asian/Pacific Islander, and 13.9% were African American. Likewise, baccalaureate programs were 71.3% Caucasian, 0.8% American Indian/Alaskan Native, 6.5% Hispanic, 7.4% Asian/Pacific Islander, and 13.9% African American. Based upon this data, diploma programs contain the most ethnic diversity in their student population.

Gender may also influence perceptions of uncivil behavior. The NLN (2010) also described gender across the program types. For diploma programs, 86 % were female and 14% male. Associate programs reported 85 % female and 15% male. Baccalaureate programs noted 88 % female and 12% male. All three program types predominantly consisted of female students.

These differing demographics across the program types may also explain sociological factors that may impact incivility and require mention. If the student has a lack of educational experience or background, that individual may have a lack of knowledge of the expectations of the learning environment. Hernandez and Fister (2001) discussed societal influences on behavior. The authors reported several factors that influenced disruptive behaviors by students including: isolation and its consequences, their understanding of expectations, and their reasons for going to college. The authors identified that current college students have been isolated from adults and have learned to create their own rules, regulations, and behavioral expectations. Their increased use of technology has been associated with a lack of social skills. The use of personal computers, Internet chat rooms, and electronic mail has left students incapable of developing appropriate relationships with peers and faculty (Hernandez & Fister, 2001).

One research study was found which examined student influences for entering nursing education among the three nursing program types using students (*N*=495) during their first month of nursing school. Although this study is 9 years old it is the only study found making comparisons among nursing program types. The sample included baccalaureate (*n*=99), associate (*n*=309), and diploma (*n*=87) nursing students (Larsen, McGill & Palmer, 2003). Participants from all three programs identified past experiences with a loved one or self being ill, past health care experience, and having a family member or a friend who is a nurse as the most influential in the decision to become a nurse. When asked what characteristics about nursing influenced their decision, students from all three programs responded care and concern for others, job security, and variety of work settings as most influential. However, baccalaureate and associate degree students were more influenced by the autonomy of the profession than diploma students. The study also found that diploma programs contained the most second degree and second career students. These differences may impact student perceptions of incivility. Due the identified variances among program types, a need for further research across the program types exists to better understand program types and their differences.

Environment

The educational environment may also influence perceptions of incivility. Baccalaureate programs in Pennsylvania tend to have a larger number of students within the classroom and clinical settings (Pennsylvania Department of Health, 2004). Faculty may have a larger group of students to observe in classroom and clinical environment. Clinical faculty to student ratios for nursing programs in Pennsylvania is 1:11 for baccalaureate programs and 1:9 for associate and diploma programs (Pennsylvania

Department of Health, 2004). These larger faculty-student ratios may impact the faculty to student relationship and influence uncivil behaviors in the learning environment. It is unknown whether varied classroom and clinical faculty student ratios among the nursing program types influence uncivil behaviors. Therefore, further research needs to be conducted to expand the knowledge base regarding nursing program types.

A stressful educational environment may provoke both student and faculty incivility. Nursing education programs are stressful and intensive. Programs are also competitive for admission which may lead to stress and anxiety for the student. Clark (2008a) reported student incivility being influenced by the nursing education environment due to factors such as burnout from demanding workloads, competition in a high stakes academic environment, and feeling compelled to cheat to compete for grades, scholarship, and placement in the program. The varied curriculum formats among the program types in nursing education may impact the stress level of the student. For example, diploma programs are typically two years which is a limited amount of time to cover an extensive amount of intense content. Further research needs to be conducted into nursing programs type to examine these factors.

Varied program types may also have differing policies and procedures for dealing with incivility in the educational setting. The multiple curriculum formats and focuses of the nursing program types may lead to policies and procedures variances for incivility or contribute to additional student stressors that may impact incivility. It is not known whether policies and procedures among the program types impact incivility, therefore, research including the nursing program types is necessary for a better understanding of the influences on student perceptions of incivility.

Summary

Information regarding nursing program types indicated differences among the program types that may influence students' perceptions and performance on uncivil behaviors. These differences may include curriculum designs, student demographics, educational environment, and differing policies and procedures for preventing and addressing incivility. The nursing education environment itself may also impact student incivility due to the intense and competitive nature of the program.

Gaps in the Literature

The literature search yielded no studies comparing student perceptions of incivility in nursing education among nursing program types. Many studies regarding incivility have included participants from various program types; however, none of the studies compared the findings using program type as a study variable. Multiple factors among the nursing program types may influence incivility. Further research is needed to determine if perceptions of student and faculty incivility vary among program types to provide a basis of knowledge in this area.

Student Perceptions of Student Incivility

Research has been conducted on student perceptions of student incivility in the academic environment. According to Clark and Springer (2007a), evidence has suggested that incivility on American college campuses has become a serious and growing concern. Faculty reported increasingly more problematic student behaviors including verbal abuse, yelling at faculty members, and engaging in physical contact (Thomas, 2003). Since uncivil behaviors are perceptions based on individual interpretation, many behaviors may

be perceived as uncivil. This section will review student perceptions of student incivility in both higher education and nursing education specifically.

Student Perceptions of Student Incivility in Higher Education

Students' perceptions of student incivility have been examined within higher education, sampling students from the areas of pharmacy, dentistry, psychology, and social work including students from multiple program types and universities. This section will include a review of the quantitative and mixed-method studies which explored student perceptions of incivility in higher education, as well as several dissertation studies on the subject. No research studies were found that examined student perceptions of student incivility in higher education using a solely qualitative method.

Quantitative Studies. Several researchers have explored students' perceptions of student incivility in higher education using quantitative methods and differing types of student populations (Bjorkland & Rehling, 2010; Paik & Broedel-Zaugg, 2006; Nordstrom, Bartels & Bucy, 2009; Rowland & Srisukho, 2009). Paik and Broedel-Zaugg (2006) investigated student perceptions of student incivility and participation in uncivil behaviors using a sample of pharmacy students at one university. Participants were surveyed in their first ($n=136$), third ($n=129$), and fourth year ($n=130$) of study within the pharmacy program. Additionally, the researchers compared participants' responses across the program levels for differences.

The students completed a survey developed by the researchers using elements of the Indiana University's (2000) survey on academic incivility, Berger's *Promoting Civility in Pharmacy Education* (2003), and several additional scholarly articles. The first section allowed the participants to measure a list of 30 behaviors on a Likert scale

(1=strongly disagree to 5= strongly agree) in regards to perceived level of incivility and participation in the behaviors. The second section included 18 items regarding students' preferences for contacting professors, what type of professor they preferred, and other classroom issues. The third item included demographic information. The survey was pretested for face and content validity using five student volunteers; however, no reliability statistics were reported.

Paik and Broedel-Zaugg (2006) reported the behaviors of cheating, cell phone/pager usage, making offensive remarks, prolonged chattering, and missing deadlines as the most uncivil behaviors reported by the students. The researchers suggested behaviors such as using cell phones/pagers are perceived as uncivil due to the in class disruption that it creates. When a student uses a cell phone in class, the attention of the entire class is then focused on that individual. They also speculated that cheating may be perceived as uncivil due to the extremely high potential for punishment it carries if an individual is caught.

The findings identified several differences in participation in behaviors among the program levels and offered suggestions for why these differences occur (Paik-Broedel-Zaugg, 2006). Fourth year students perceived cheating less uncivil than within the first and third year of study ($p<.01$). The researchers suggested this may be due to increased difficulty in the curriculum by the fourth year leading the students to perceive cheating as more acceptable. Additionally, first year students perceived making offensive remarks as more uncivil than the fourth year students ($p=.01$). The authors felt this may be attributed to first year students being new to higher education and not knowing their instructors as well as do fourth year students, who may feel more comfortable in their environment and

more apt to speak out. Fourth year students found behaviors that disrupted the learning environment such as dominating classroom discussions ($p=.04$) and shuffling backpacks ($p=.02$) as more uncivil than did first year students. The researchers suggested this may be due to the increasingly difficult curriculum. Fourth year students may have a greater awareness of the need to actively listen to class discussions and perceive these disruptions as uncivil. By the fourth year, students become more comfortable with the educational environment and perceived behaviors such as eating and drinking as less uncivil than first year students ($p<.01$).

The study also examined student participation in uncivil behaviors within the classroom (Paik & Broedel-Zaugg, 2006). Students from the first, third, and fourth year of study reported similar participation in behaviors. These behaviors included chewing gum, eating/drinking in class, being inattentive, shuffling backpacks and papers, and skipping class. Chewing gum, drinking in class, and eating in class the behaviors most participated in and perceived as the least uncivil by students. Differences in participation in behaviors among the years of study were found. First year students were less likely to participant in prolonged chatter ($p<.01$), making disapproving groans ($p=.03$), being unprepared ($p<.01$), avoiding eye contact ($p<.01$), eating in class ($p<.01$), and drinking in class ($p<.01$). This may indicate students in the third and fourth year participate in these activities due to their increased comfort level with the classroom environment. First and third year students were more likely to participate in challenging the teacher's knowledge ($p=.01$). The researchers speculated this may be due to level of respect developed for the faculty by the fourth year students as the program progressed.

Paik and Broedel-Zaugg (2006) also explored student preferences for the classroom atmosphere and communication with professors. All levels of students indicated they felt they deserved more attention because they were attending a private university. The authors suggested that this may be attributed to a student sense of entitlement and a consumerism approach to education among the participants which may lead to the participation in uncivil behaviors. All participants reported a caring attitude from the faculty was important to them. The researchers noted that without a caring environment the students may have felt faculty were cold and uncaring and deserving of classroom incivilities. Participants from all program levels also preferred accessibility of their faculty through email, office hours, or talking with them after class. However, students in the first year found it more important to email faculty with concerns or seek more individualized attention after class than visit during office hours. This may be due to the sample consisting of students under the age of 22. Paik and Broedel-Zaugg (2006) attributed these findings to first year students being new to the college experience and being used to the high school environment where faculty were available throughout the school day. Student perceptions of faculty unavailability may manifest in frustration and lead to the performance of uncivil behaviors. All students reported not reading the student handbook often. If students are unaware of the policies in place, specifically incivility policies, this may lead to an increase in uncivil behavior performance. An additional difference among the program levels regarding review of the course syllabi was also found. The first and third year students were more likely to read the course syllabus than fourth year students. The authors suggested this may be due to the comfort level of the fourth year student with the educational environment.

The study concluded that students perceive behaviors such as in class distractions, improper use of technology in the classroom, and acts of academic dishonesty as uncivil (Paik and Broedel-Zaugg, 2006). Behaviors perceived as the least uncivil such as chewing gum and eating and drinking in class are the behaviors most participated in by students. This study provided foundational knowledge regarding uncivil behaviors and the performance of these behaviors in higher education. The study also identified similarities and differences in student preferences in the education environment. These differences may be attributed to the increased difficulty in the curriculum and/or the comfort level within the education environment as the student progressed within the program. The findings suggest that the caring approach of faculty and faculty availability are important to the student during his/her educational process. Lack of reading and reviewing handbooks and syllabi by students were also indicated. Therefore, further research needs to be conducted examining students within different educational environments to determine whether the environment impacts the students' perceptions of incivility.

Rowland and Srisukho (2009) conducted a quantitative study examining student and faculty perceptions of student incivility and willingness to engage in uncivil classroom behaviors using a sample of third and fourth year dental students (n=127) and faculty (n=74) from one university. The study used both third and fourth year students but made no comparisons between the program levels as did the previous study (Paik & Broedel-Zaugg, 2006). The students completed a paper/pencil survey asking them to measure 18 behaviors on a Likert scale (1=strongly disagree to 5= strongly agree) describing the perceived level of incivility. However, these categories were collapsed

into disagree, neutral, and agree for data analysis. The students were also asked if they had participated in the behaviors. The tool was developed based on the survey conducted by Paik and Broedel-Zaugg (2006). This study used 18 behaviors from the 30 behaviors in section one of Paik and Broedel-Zaugg's (2006) instrument. No reliability information regarding the tool was reported.

Rowland and Srisukho (2009) reported behaviors perceived as uncivil by students similar to Paik and Broedel-Zaugg's (2006) study. These behaviors included prolonged chattering, making offensive remarks, missing deadlines, and cheating. Findings also similarly reported improper use of technology: 69% of the students reported cell phone use as uncivil and 50% felt surfing the Intranet during class was uncivil. Conversely, the study also found talking out of turn and demanding special treatment as perceived uncivil behaviors by the participants. These behaviors may also be considered in class distractions to other students, potentially hindering the learning experience. The differences may be attributed to only third and fourth year student participation in the study. Although students were asked about their participation in the listed behaviors, the researchers did not report this information for comparison to the previous study.

The authors additionally explored gender and its influence on perceptions of incivility (Rowland and Srisukho, 2009). Of the sample, the majority of the students were male (68%). Differences included more female students considered challenging authority as uncivil as compared to male students ($p=.004$). Males participants felt that having an "I paid for this" or consumerism mentality was not uncivil ($p<.001$) compared to female students who felt neutral regarding the behavior. Consequently, male students may display a more consumerism attitude than female students. Less female participants than

male felt sleeping in class was uncivil (p=.001). These findings indicate that gender influences the students' perceptions of uncivil classroom behaviors.

Rowland and Srisukho (2009) also concluded that students perceive behaviors such as in class distractions, improper use of technology in the classroom, and acts of academic dishonesty as uncivil. Additional behaviors such as talking out of turn and demanding special treatment were found. Differences may be attributed to the study sample only including students from the third and fourth years while the previous study (Paik & Broedel-Zaugg, 2006) also included first year students as Paik and Broedel-Zaugg's (2006) study sought to examine whether student perceptions change as the program progresses. The results also identified differences in student perceptions of student incivility based on gender that may be attributed to student attitudes. Therefore, further research needs to be conducted examining student demographics for differences in perceptions of incivility.

A quantitative study was conducted by Nordstrom, Bartels, and Bucy (2009) that examined predictors of uncivil classroom behavior using a sample of undergraduate psychology students (N=593) at a large Midwestern University. Participants consisted of freshman through senior level students; however, no comparisons across the levels were made. Participants completed three measurement instruments: the 16 item *Consumerism Scale* which focused on the extent to which students view themselves as customers, the 45 item *Incivility Scale* measuring how often they engaged in uncivil behavior (1=never to 7=often) and how appropriate they thought the behavior was (1=very inappropriate to 7=very appropriate), and the 24 item *Narcissism Scale*. Reliability values for the scales ranged from .66 to .88.

The study reported student tendencies to engage in uncivil classroom behaviors were related to positive attitudes towards those behaviors, $r(468)=.59$, strong consumerism beliefs , $r(505)=.35$, high Narcissism scores, $r(468)=.16$, a greater number of hours working, $r(463)=.16$, and fewer hours spent studying, $r(508)=-.21$ (Nordstrom et al., 2009). All the correlations were significant at the .05 level. The findings suggested a moderate relationship among the variables. Therefore, those students who display strong consumerism beliefs, high Narcissism scores, are working heavily, and spend little time studying are more likely to feel that uncivil behaviors in the classroom are acceptable and may be more prone to perform those behaviors.

Nordstrom et al. (2009) also revealed additional student variables impacting uncivil behaviors including part-time versus full time status, graduate school interests, and student attitude. The study reported that students attending college part-time showed a stronger consumer orientation to education than students attending college full-time, $t(528) =2.81$, $p<.01$. Part-time students also showed more pronounced narcissistic tendencies than full-time students, $t(400) =1.06$, $p<.05$. Graduate school-oriented students were less likely to view uncivil behavior as appropriate compared to those students without graduate aspirations, $t(506) =2.18$, $p<.05$. Students' attitudes about the appropriateness of uncivil classroom behaviors significantly predicted whether they reported engaging in those behaviors, $F(1,488) =227.21$, $p<.001$. Therefore, part-time students and students without graduate school aspirations may be more likely to view uncivil behaviors as acceptable and be more prone to engage in those behaviors. This may be attributed to a lack of investment in the educational program or setting.

The authors conducted independent t-tests to determine gender differences between students (Nordstrom et al., 2009). The majority of the sample included female students (66%). The study found males were more likely to hold a consumer orientation to education as compared to females, $t(535) =2.17$, $p<.03$ and were more likely to view uncivil classroom behavior as appropriate as compared to females as identified by the *Incivility Scale*, $t(511) =4.31$, $p<.0001$. Male participants were more likely to report engaging in uncivil behaviors than female students, $t(513) =3.29$, $p<.001$. The study also reported males were more likely to score higher on the *Narcissism Scale* than females, $t(493) =2.26$, $p<.02$. This study identified that males may be more prone to engage in uncivil behaviors and perceive uncivil behaviors identified by the study as appropriate when compared to females. Males displayed higher levels of narcissism or self-pre-occupation and higher levels of consumerism or viewing education as a commodity. These findings support Rowland and Srisukho (2009)'s research findings that male students did not perceive an "I paid for this mentality" as uncivil and males felt that challenging faculty was less uncivil than females. Therefore, this is the second study that suggested that males may be more prone to accept uncivil behaviors in the classroom because of their narcissism and consumerism attitudes.

The research findings identified several factors that influence uncivil behaviors (Nordstrom et al., 2009). These factors included attitudes of the student including consumerism, narcissism, and viewing uncivil behavior as appropriate. The study also reported initial research regarding characteristics of the students such as hours working, hours studying, program status of the student (full versus part-time), and motivation to continue to graduate school as predictors of uncivil behavior in the classroom. The

authors also found gender differences in males and females students similar to prior research (Rowland and Srisukho, 2009). Further research regarding demographic variables of the student is needed to investigate influences on their perceptions and the performance of uncivil behaviors. Additional research is also needed to examine student characteristics and their impact on uncivil behavior performance.

Another study conducted by Bjorkland and Rehling (2010) also explored student perceptions of classroom incivility. This quantitative study consisted of a large sample of 3,616 students undergraduate and graduate students at a Midwestern public university. This was the first study that included graduate students in the sample; however, the study did not compare graduate and undergraduate responses. The participants included students from across the university but did not provide demographic data regarding program types of the participants. An online survey rather than paper/pencil survey was used. The online survey was developed from uncivil behaviors identified from previous research studies. The participants were given a list of 25 behaviors and asked to indicate to what degree they perceived the behavior as uncivil (1=not civil to 5=extremely uncivil). Students were also asked how frequently they observed each behavior (1=never to 5= frequently). No reliability or validity information regarding the research tool was provided.

Bjorkland and Rehling (2010) reported similar ranked behaviors perceived as the most uncivil to the previous studies including: conversing loudly with others, allowing their cell phone to ring, and displaying disrespect (Paik and Broedel-Zaugg, 2006; Rowland and Srisukho, 2008). Compared to the previous studies (Paik and Broedel-Zaugg, 2006; Rowland and Srisukho, 2009), the study identified other top behaviors such

as continuing to talk after being asked to stop and coming to class under the influence of alcohol or drugs. These differences may be attributed to the more diverse sample used in this study.

The authors also examined frequently occurring behaviors (Bjorkland & Rehling, 2010). The behaviors identified by the students as the most frequently observed included text messaging, packing up books before class is over, yawning, eating and drinking, and nodding and smiling in response to others' comments. Yawning, eating and drinking, and nodding and smiling in response to others' comments were among the behaviors perceived the least uncivil; yet eating and drinking in class were the only frequently occurring behaviors found in a previous study (Paik & Broedel-Zaugg, 2006). The top behavior most frequently seen by the students in this study was text messaging which was not found in the previously discussed studies, although other studies did identify improper use of technology and cell phone use. However, this study used a different survey tool. The previous studies (Paik and Broedel-Zaugg, 2006; Rowland and Srisukho, 2009) used a survey tool that listed cell phone use while this study listed text messaging specifically. A Pearson Product Correlation was also computed between the mean scores for the degree of incivility and frequency of those behaviors and the findings were statistically significant, $r = -.46$, $n = 3616$, $p = .02$. The negative correlation suggested the behaviors students reported as the most uncivil were the behaviors least frequently occurring.

While the previous studies (Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009) identified uncivil behaviors and their frequencies, this study additionally provided statistical evidence that the behaviors that are perceived as the most uncivil by students

occurred the least frequently in the education environment. This may be due to the participants being exposed to behaviors perceived as least uncivil more often. This study also reported additional behaviors not seen in other studies such as talking after being asked to stop and coming to class under the influence of drugs or alcohol. This may be attributed to the inclusion of a more diverse, larger sample size which was not limited to one program type. Therefore, further research is needed to examine student perceptions of student incivility among different program types to determine if differences in perceptions of student incivility and frequencies of behaviors exist. Further research is also needed to explore differences in student perceptions of uncivil behaviors among undergraduate versus graduate samples.

Mixed-Method Studies. One research study and two dissertations were found that examined student perceptions of student incivility in higher education using mixed methodology. McKinne (2008) conducted a mixed-method dissertation study to explore undergraduate psychology student (*n*=197) and faculty (*n*=52) perceptions of classroom incivility. The sample was recruited from four universities in the Midwest U.S. This was the first study found in higher education using multiple university sites and random sampling from the universities selected. Student participants were asked to complete the *Student Perceptions of Classroom Incivility Scale* that was created for the study. The survey was piloted tested with test-retest correlation coefficient of .52. This indicated low reliability of the survey tool (Pallant, 2007). The survey provided the participant a list of behaviors to measure perceived uncivil behaviors (always, under some conditions, never) and frequencies of behaviors (never/zero times, one time, two times, three times, four times, or five or more times).

The study reported behaviors perceived as most uncivil by participants included student conversations distracting other students, student conversations distracting the teacher, cell phone disruptions during class, cheating, and taunting and belittling others (McKinne, 2008). Holding distracting conversations, cell phone usage, and cheating were also found in the previous studies (Bjorkland & Rehling, 2010; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). Conversely, taunting or belittling others appears specific to this study. However, the previous studies did note displays of disrespect such as offensive remarks and making nonverbal gestures which may be described as taunting.

McKinne (2008) also identified behaviors frequently occurring. Similar to the previous studies (Bjorkland & Rehling, 2010; Paik &Broedel-Zaugg, 2006), behaviors including student inattentiveness (not paying attention, not taking notes, and acting bored) was noted. However, distracting conversations emerged as most uncivil and occurring frequently in education setting. These findings dispute Bjorkland and Rehling's (2010) findings that the behaviors students reported as the most uncivil were the behaviors least frequently occurring. These differences in findings may be due to the more diverse multi-site sample in this study.

The author also reported qualitative study findings (McKinne, 2008). For the qualitative section, the researcher again used random sampling to select students (n=10) and faculty for analysis (n=10). When asked whose behaviors had a greater impact on classroom civility, the quantitative student responses noted the behaviors of both students and faculty impacted classroom civility. However, the qualitative student responses reflected the faculty's behaviors on classroom incivility. Students stated faculty have a primary responsibility for fostering a civil learning environment by setting the tone and

having high expectations for students. This is the first study found in higher education in general to report faculty impact on incivility in the classroom. Further research needs to be conducted examining faculty impact and educational environmental influence on perceptions of incivility in the classroom.

The researcher additionally examined whether students perceived the teacher's effectiveness contributing to classroom incivility (McKinne, 2008). The quantitative responses indicated students felt that the effectiveness of the teacher did impact classroom incivility. Qualitative responses supported this finding. Students reported the faculty member's lack of respect for students and lack of dedication to creating a culture of civility can contribute to classroom incivility. Therefore, mutual respect between the faculty and student and creation of a culture of civility within the classroom may impact and potentially decrease incivility. Additional research needs to be conducted regarding faculty incivility and the impact of faculty behaviors on the performance of uncivil student behaviors in the classroom.

Lastly, McKinne (2008) examined whether the university policies for incivility were effective. The quantitative results found only 11% of the students felt the universities incivilities policies were very effective. Qualitative responses noted students felt that policies are either ineffective or ignored within the educational setting. Additional research needs to be conducted examining nursing program types and their influence of policies and procedures for preventing and addressing incivility in the classroom.

McKinne's (2008) study found similar results of incivility including in class disruptions, improper use of technology, and cheating as uncivil by the participants and

reported similar behaviors such as students talking, being inattentive, and displaying disrespect as frequently occurring (Bjorkland & Rehling, 2010; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). The study also additionally noted students arriving late to class as an uncivil behavior. Bjorkland and Rehling's (2010) study noted behaviors perceived as most uncivil least frequently occurring, but this study found holding distracting conversations as both uncivil and frequently occurring. The differences in findings may be attributed to the use of multiple sites for the study. Further research needs to be conducted exploring perceptions of incivility using a multi-site sample. This study additionally reported that students perceive both students and faculty having an impact on student incivility. Therefore, additional research needs to be conducted exploring perceptions of both student and faculty incivility.

Findings also noted the impact of the teacher's interpersonal and pedagogical skills on incivility and the effectiveness of university policies to address incivility (McKinne, 2008). It is clear that students feel faculty impact incivility in the classroom as much as they do. Future research needs to explore faculty incivility, faculty's pedagogical skills, and program policies for incivility and their impact on uncivil behaviors.

Another mixed-method study that explored student and faculty perceptions concerning the frequency, type, and severity of perceived uncivil classroom behaviors was conducted by Ausbrooks, Jones, and Tijerina (2011). The study used a sample of faculty (n=15) and students (n=28) from one university's baccalaureate and masters in social work program. This study also included graduate school students within the sample. The small sample size limits the generalizability to a larger population of students. The participants completed the *Classroom Civility and Teaching Practices*

Survey (α=.88) which included 25 behaviors that students were asked to rate seriousness (0=not at all to 4=extremely) and frequency (0=does not occur to 4=once a week or more). The survey also contained a separate list of 23 strategies in which the students were asked to list the three most troublesome behaviors and the three most effective strategies for dealing with those behaviors. When students were asked the overall seriousness and frequency of incivility in the classroom, 35% reported they felt incivility was very to extremely serious and 42.9% stated incivility was occurring once a week or more.

The participants noted the following behaviors as the most serious occurring in the classroom: threatening behaviors such as verbally or physically threatening other students, making threats to students and faculty, making offensive remarks, and improper use of technology such as computer use unrelated to class and text messaging (Ausbrooks et al., 2011). Although improper use of technology and disrespectful remarks were reported in the previous studies, this study was the first to note threatening behaviors of the student. The most frequently occurring behaviors identified by the students included eating, text messaging, talking to others at inappropriate times, arriving late/leaving early, and computer use unrelated to class. These frequent behaviors consistently appeared in other research (Bjorkland & Rehling, 2010; McKinne, 2008; Paik & Broedel-Zaugg, 2006). When asked the three most troublesome behaviors, students reported texting, computer use unrelated to class, and talking. The participants noted the most effective strategies to deal with these behaviors were speaking privately with the student, addressing the entire class, sending an email to the offender, and speaking publicly with the offender.

Ausbrooks et al. (2011) also examined these variables qualitatively. Students were asked a series of open-ended questions including: describing the most serious cases of incivility, frequency of behaviors, measures taken by the faculty, suggested strategies, reasons students engage in behaviors, and the effect on learning. Participants reported peers improper use of technology (talking on cell, surfing the Internet, checking Face book, texting) and disrespect in the classroom (talking, making noise, arriving late) as the most serious cases of uncivil behavior. These behaviors were also described as frequently occurring along with disrespectful behaviors towards other students and faculty and students' expression of bias during classroom discussion. The participants provided reasons students engage in these behaviors which included the student's lack of respect, unawareness of the behaviors effect on others, lack of interest or boredom in the classroom, and faculty behaviors. The majority of the students reported the disruptive behaviors of peers caused them to lose their focus and/or become distracted affecting their learning process.

The qualitative findings also identified faculty management techniques (Ausbrooks et al. 2011). Students noted some faculty being proactive and either addressing the entire class or utilizing strategies to regain class focus. Other faculty were reported to either ignore the behaviors or do nothing to address them. Participants suggested the faculty need to be in control, enforce rules, provide expectations, and apply penalties. Additional suggestions included the faculty treating students with respect as adults and using classroom management techniques (i.e. walking around the classroom) to prevent incivility.

Ausbrooks et al.'s (2011) study identified that students perceived uncivil or disruptive behavior in the classroom as a serious and frequently occurring problem. The study found similar perceived uncivil behaviors and frequencies of behaviors (Bjorkland & Rehling, 2010; McKinne, 2011; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). However, this study also identified threatening behaviors by the students including verbally and physically attacking other students and making threats to other students and faculty as serious uncivil behaviors. The differences in findings may be attributed to the use of a different survey tool with additional options for selection including asking participants to list the most serious uncivil behaviors. The open-ended qualitative responses provided support for the quantitative results and also noted pertinent information about student perceptions including reasons for students to engage in uncivil behaviors, measures taken by faculty in response to incivility, suggested strategies to address incivility, and the effects on the learning environment.

Ausbrooks et al.'s (2011) findings support McKinne's (2008) research that faculty may ignore or fail to address incivility leading to an increase in uncivil behaviors in the classroom environment. Students felt that incivility was better addressed when the instructor took a proactive approach and maintained a culture of civility. Findings suggested that incivility significantly affects the learning experience of others in the classroom indicating a need to prevent and manage incivility promptly. Therefore, further research needs to be conducted exploring perceptions of both student and faculty incivility, contributing factors to incivility, and the impact on the learning experience. This study also identified threatening behaviors in the classroom that may lead to

violence in the educational environment. Future research may be beneficial to examine threatening behaviors in the learning environment.

Similarly, Mellor (2011) completed a mixed-method dissertation to examine student incivility but also explored academic entitlement using students (n=82) and faculty (n=31) from across one Southwest university. However, no program types or programs of study were reported in the demographics. Participants of this study completed an online survey tool entitled *Perceptions of Student Incivility and Academic Entitlement* (*PSIAE*). The tool listed nine behaviors regarding student disengagement, general disruptive behaviors, and incivilities directed at the instructor. Each level of behavior included eight sub questions. The first of the eight questions measured unacceptability of the behavior. The survey was also designed to measure causal attributions for each behavior including: locus (internal and external), stability 1 and 2 (whether the behavior is regularly occurring), intentionality, and controllability (whether behavior is controlled by the individual) for each item. The eighth sub question asked faculty and students their perceived frequency of the behavior occurrence. All subscales displayed acceptable reliability. Critical Incident Technique (CIT) was used to identify the student's perceptions of level of disruption or personal affect incivility had on them. CIT is a method of obtaining data from study participants by in-depth exploration of specific incidents and behaviors related to the topic under study (Polit & Beck, 2011). This technique focuses on a factual incident, which may be defined as an observable and integral episode of human behavior. Students were also asked questions to determine their perceptions regarding attitudes of entitlement in the classroom.

The participants reported the following student behaviors as unacceptable in the classroom: angry behavior such as slamming a book, answering a cell phone during lecture, rude behaviors and comments, expressing boredom, and sleeping in class (Mellor, 2011). Behaviors frequently occurring reported by students included: improper use of technology, talking, and leaving without permission. These perceived uncivil behaviors and frequencies are similar to previous studies in this section.

Correlational studies revealed significant results in relation to age, gender, and classroom size (Mellor, 2011). Age was significantly correlated with the Stability Scale Score 1 ($r=-.276$) and the Control Scale ($r=-.276$). Both p values were significant at the $<.05$ level. This indicates the younger participants viewed uncivil behaviors as occurring regularly and the students felt that these behaviors were controlled by the individual performing them. The study additionally found significant differences in perceptions of uncivil behaviors based on gender. Female students were found to perceive sleeping in class more unacceptable than males. This disputes findings reported by Rowland and Srisukho (2009) which reported fewer female students than male students felt sleeping in class was uncivil. This may be attributed to the sample. In Mellor's (2011) study, 79% of the participants were female while Rowland and Srisukho's (2009) sample was predominantly male (62%). The study additionally found a significant relationship between class size ($r=.327$) and frequency of behaviors ($p<.01$). The larger the classroom size the more frequently uncivil behaviors are occurring. This may be attributed to behaviors going unnoticed by the faculty or harder to manage in a large classroom setting.

Mellor's (2011) qualitative results described uncivil classroom behaviors, level of disruption, effect on learning, and academic entitlement attitudes. Students were asked 10 open-ended questions regarding student incivility and academic entitlement. Uncivil behaviors reported included: sleeping, talking in class, inappropriate use of technology, leaving without permission, boredom, angry outbursts, and challenging faculty. All behaviors were consistently reported in the previous studies. The majority of the participants indicated that incivility was disruptive to highly disruptive to the learning environment. Students noted talking during lecture as annoying, misuse of technology as minimally disruptive to them, and angry outbursts and/or confrontation as disruptive to the learning environment.

Participants were asked questions to recall incidents of academic entitlement they had observed (Mellor, 2011). Students reported peers arguing with faculty for points, handing in poorly written papers with an expectation of an A grade, claiming unfairness when they failed an exam, complaining when they failed although they never attended class, and assuming the class should be graded on a curve. Students reported these behaviors as occurring at least once a semester. These behaviors were found to be annoying and frustrating but not disruptive to the participants. Students provided suggested reasons such as peers being lazy and unmotivated and faculty allowing behaviors to occur.

Although the findings regarding perceived uncivil behaviors and behaviors frequently occurring are similar to the previous studies, this study provided additional beneficial information regarding perceptions and frequencies (Mellor, 2011). The findings suggested a relationship between age of the student and perceptions of incivility

and differences in perceptions of incivility between students of differing genders. Gender differences were also found in Nordstrom et al. (2009) and Rowland and Srisukho's (2009) study. The classroom environment was an additional factor that may impact the frequency of uncivil behaviors. This was the first study to examine the classroom environment or size as a contributing factor to incivility. Within a larger classroom, the frequency of uncivil behaviors increases. Students reported behaviors as being annoying and disruptive in the learning environment, suggesting faculty should monitor classrooms more effectively for uncivil behavior performance. This indicates a need for further research of student perceptions of student incivility using a more diverse sample from multiple educational settings and to further examine differences in perceptions among demographic variables such as gender. The qualitative findings provided additional information regarding students' sense of entitlement and the impact on the educational setting. Additional research needs to be conducted regarding student characteristics and the impact of the educational experience.

Summary. Research has identified incivility as a serious and frequently occurring concern in the educational setting as perceived by students (Ausbrooks et al., 2011). Due to the phenomenon of incivility being based on an individual's perception, one behavior may be perceived as uncivil by some but not by others. Research findings supported similar behaviors perceived as uncivil by students including in-class disruptions (talking, arriving late/leaving early), improper use of technology (cell phone use in class, texting, surfing the Internet), displaying disrespect (offensive remarks, taunting, belittling) (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009), and academic dishonesty

(McKinne, 2008; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). These behaviors were consistent in studies that used a single university (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009) as well as those who used a multi-site sample (McKinne, 2008). Similar behaviors were also reported in studies that included graduate level students (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010) and those whom only used undergraduate students (McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). These behaviors are perceived to disrupt the learning environment and hinder the learning process of students (Ausbrooks et al., 2011; Mellor, 2011).

Sample differences such as: age, gender, status in the program, program level, hours working, hours studying, and aspirations to attend graduate school were related to the likelihood of performing uncivil behaviors (Mellor, 2011; Nordstrom et al., 2009; Rowland & Srisukho, 2009). Several of the studies suggested that gender of the student may influence perceptions of incivility (Mellor, 2011; Nordstrom, 2009; Rowland & Srisukho, 2009). One of the studies identified an impact of the age of the student on perceptions of incivility (Mellor, 2011). Student attitudes, including sense of entitlement, consumerism, and narcissism, appear to be contributing factors to incivility (Mellor, 2011; Nordstrom et al., 2009).

Likewise, samples were from a variety of backgrounds. Two of the studies examined students from the discipline of psychology (McKinne, 2008; Nordstrom et al., 2009). Student perceptions from the disciplines of pharmacy (Paik & Broedel-Zaugg, 2006), dentistry (Rowland & Srisukho, 2009), and social work (Ausbrooks et al., 2011)

used one specific program while other studies used varied program types in higher education (Bjorkland & Rehling, 2010; Mellor, 2011).

The studies also differed in methods used for data collection. The majority of the studies used a paper pencil format for survey administration (Ausbrooks et al., 2011; McKinne, 2008; Mellor, 2011; Nordstrom et al., 2009; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). However, Bjorkland and Rehling (2010) distributed an online survey for data collection.

Many of the studies examined additional research variables focusing solely on perceptions of uncivil behaviors and their frequencies. Nordstrom et al. (2009) explored specific characteristics of consumerism and sense of entitlement and their impact on perceptions of incivility, while Mellor (2011) also examined academic entitlement and its influence on incivility. McKinne (2008) sought to explore the impact of the teacher's effectiveness and the institution's policies on incivility in the classroom. Ausbrooks et al. (2011) additionally investigated contributing factors to incivility, the effect of incivility on learning, and suggested effective strategies for incivility.

Similar behaviors were found to be frequently occurring in the classroom among the studies (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; Mellor, 2011; McKinne, 2008; Paik & Broedel-Zaugg, 2006). However, the behaviors identified in the majority of the studies noted as most frequently occurring were the behaviors perceived the least uncivil by the students including chewing gum, eating, and drinking in class. These behaviors are perceived the least uncivil because they do not lead to disruption of the classroom environment and generally do not lead to punishment of the student.

Research suggested that faculty and the educational environment may impact incivility in the classroom. Large classroom sizes and comfort level with the faculty and the educational setting may lead to an increase in frequency of uncivil behavior occurrence (Paik & Broedel-Zaugg, 2006; Mellor, 2011). Several studies reported faculty either ignoring or failing to address uncivil behaviors in the classroom (Ausbrooks et al., 2011; McKinne, 2008). Faculty play an important role in setting the tone for the creation of a culture of civility in the classroom environment (McKinne, 2008). Several studies noted students not reviewing handbooks or course syllabi and incivility policies within the institution not being effective (McKinne, 2008; Paik & Broedel-Zaugg, 2006).

Therefore, students have similar perceptions of what behaviors are perceived as uncivil in the classroom and frequencies of occurrences of uncivil behaviors. Behaviors perceived the least uncivil are the most frequently occurring in the classroom and participated in most by students. Demographics of the student, student characteristics and attitudes, and classroom environment can impact students' perceptions and participation in uncivil behaviors.

Gaps in the Literature. When examining the literature regarding student perceptions of student incivility in higher education, several gaps emerge. Several of the studies in higher education used a sample of students under age 25 or the mean age under 25 (Bjorkland and Rehling, 2010; Nordstrom et al., 2009; Paik & Broedel-Zaugg, 2006). These findings are not generalizable to the non-traditional or older student population. Additional studies need to be conducted using a more diverse sample of students to closer mimic today's educational classroom. These differences in ages and generational cohort status may impact perceptions of incivility and yield additional pertinent findings.

The majority of the studies only sampled students from one university or program type. Limited studies included students from across the university setting rather than only inclusive to one program type (Bjorkland & Rehling, 2010; Mellor, 2011). However, the studies do not specify the program types across the university sample and do not make any comparisons among the program types. Only one study used participants from multiple universities (McKinne, 2008), but no comparisons among the universities were made. As previously discussed, the student demographics may impact perceptions of incivility while the classroom environment may impact frequencies of behaviors. Student demographic characteristics and classroom environment vary among program types. Additional research needs to be conducted to explore differences among students within in multiple program types.

Limited studies explored reasons for student incivility in the classroom. One study identified predictors to the performance of uncivil behaviors including consumerism and sense of entitlement (Nordstrom et al., 2009). Mellor (2011) also identified academic entitlement as a contributor to incivility. Another study analyzed open ended responses of student perceptions of reasons peers engage in uncivil behaviors which noted lack of interest and unawareness of the effects of their behaviors (Ausbrooks et al., 2011). Many factors may lead to the performance of student incivility in the classroom. Further research needs to be conducted examining contributing factors to uncivil behaviors.

Some of the studies yielded new research variables that require further exploration. Ausbrooks et al. (2011) identified threatening behaviors such as verbal and physical attacks and making threats against other students and faculty. Mellor's (2011) study on academic entitlement measured the student's level of disengagement in the

classroom environment as an indicator of incivility. Several of the studies (Ausbrooks et al., 2011; McKinne, 2008) reported a faculty influence on uncivil student behaviors including faculty behaviors, pedagogical skills, and classroom management. Ineffective policies of the institution and lack of review of policies by students were also noted to impact the performance on uncivil behaviors (McKinne, 2008; Paik & Broedel-Zaugg, 2006). These research variables and their impact on incivility also require additional examination.

The quantitative studies in this section provided lists of behaviors and frequencies of those behaviors. The mixed-method studies provided additional behaviors perceived as uncivil and insight into frequently occurring behaviors and reasons behind those behaviors. The qualitative data identified students' perceptions of the level of disruption and the impact of incivility on the learning environment. These findings suggested that faculty and administrative behaviors influence the performance of student incivility and noted strategies used by faculty to prevent or manage incivility. The studies explored student perceptions of student incivility only, but none of the studies specifically examined faculty incivility and its impact on the learning environment. Additional research needs to be conducted on perceptions of student and faculty incivility using a mixed-method design.

Finally, many of the research studies discussed lacked evidence of validity and reliability of the survey tools used for study conduction. Several of the studies reported no reliability statistics for the instrument used (Bjorkland & Rehling, 2010; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). These were all quantitative studies, one used an online survey (Bjorkland & Rehling, 2010) and the others a paper pencil

instrument (Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). One of the mixed-method studies noted an unacceptable reliability coefficient (McKinne, 2008). Therefore, research conducted needs to utilize a valid and reliable survey tool.

Student Perceptions of Student Incivility in Nursing Education

Students' perceptions of student incivility have also been explored within nursing education sampling students from single university sites, multi-sites, and participants from a national sample. This section will include a review of the quantitative, qualitative, mixed-method studies, and one interventional study found exploring student perceptions of incivility in nursing education, as well as several literature reviews conducted on the subject.

Quantitative Studies. No studies were found that specifically explored student perceptions of student incivility in nursing education using a solely quantitative method. When performing the literature a study that examined bullying in nursing education emerged. Many behaviors perceived by students as bullying behaviors are synonymous with behaviors perceived as uncivil. Therefore, the researcher decided to introduce this study. Bullying is defined as to treat others abusively or to affect others by means of force or coercion (Merrium-Webster, n.d.). Many uncivil behaviors such as arguing, making sarcastic remarks, belittling and taunting others, or demanding behaviors may also be described as bullying behaviors. Behaviors such as taunting and belittling others and making sarcastic remarks are verbal abuse toward another individual. Arguing and demanding may be perceived as coercive behaviors. Cooper et al. (2009) conducted a quantitative study that explored nursing students perceptions of bullying behaviors of their classmates using participants (*n*=665) from one southern state. The sample consisted

of students from 16 associate and seven baccalaureate schools of nursing. The participants completed the *Bullying in Nursing Education Questionnaire* (*BNEQ*) which was an investigator developed questionnaire modified from other tools found on the subject. The *BNEQ* was modified from an unnamed nursing student abuse questionnaire developed by Celik and Bayraktar (2004) with additional items from the *Negative Acts Questionnaire* (*NAQ*) developed by Einarsen et al. (1994). The *BNEQ* consisted of a one page, self-administered Likert scale questionnaire. The first 12 items addressed frequencies and source of bullying and also identified coping behaviors used to deal with bullying. The modified *BNEQ* was developed and reviewed by advisory panels. The tool was also subjected to pre-testing with a group of nursing students; however, no reliability statistics were reported.

Cooper et al. (2009) reported the following bullying behaviors as frequently occurring in the nursing education environment: cursing and swearing, inappropriate, rude or hostile behaviors, and belittling or humiliating behaviors. The majority of the participants reported the most common sources of bullying behaviors were from their classmates. One previous study in the higher education section also identified these behaviors. Ausbrooks et al. (2011) reported serious behaviors occurring in the learning environment as making offensive remarks and hostile behaviors such as verbally attacking other students and making threats to others. This indicates bullying behaviors are also occurring in the nursing educational environment.

The authors additionally noted coping behaviors used by the students when dealing with bullying behaviors (Cooper et al., 2009). This is the first study to examine coping behaviors of students. These findings suggested that bullying behaviors by

classmates are being ignored rather than reported by the other students. Participants doing nothing, putting up barriers, and pretending not to see the behaviors accounted for 72.8% of the responses. This indicates a need for faculty to encourage students to report acts of bullying within the classroom. The study also reported student's knowledge of their nursing program resources for coping with bullying behaviors. Students were asked whether their school had a formal policy/procedure concerning bullying. The majority of the participants responded "I Don't Know" to this question. Findings identified a lack of knowledge of program resources and policies. This may also suggest an overall lack of resources as well. These findings indicated a need for additional research focusing on bullying in nursing education and understanding why these behaviors are ignored. Future research could lead to the development of resources for preventing and addressing this issue.

Cooper et al.'s, (2009) study provided empirical evidence regarding types, frequencies, and sources of bullying behaviors within nursing education. The findings suggested a need for resources within nursing programs to deal with bullying behaviors that are accessible and that students are aware of. Additional research needs to be conducted examining uncivil student behaviors, including bullying behaviors, behaviors used by students to cope with the behaviors experienced, and resources needed to prevent and address these behaviors.

Qualitative Studies. Student perceptions of uncivil behavior in nursing education have also been examined qualitatively. One reference provides an overview from various qualitative research projects conducted by the researcher and the research team. Only one qualitative study was found during the literature search that used solely

qualitative method; however, other studies reported qualitative responses through mixed method design. Thomas (2003) described anger incidents with nursing students drawn from the author's 14 year program of research on anger. Although the article was not based on discrete formal research, all material was taken verbatim from interviews conducted during various research projects of the author's research team or from anecdotes related to faculty and students attending one of the author's workshops or conference presentations.

When students become angry over situations at home or in the educational setting these feelings of anger may manifest as uncivil behavior. Five common sources of nursing student anger included: perceptions of faculty unfairness, rigidity, or discrimination on the basis of gender, ethnicity, race or other characteristics, unreasonable faculty expectations, overly critical teachers, reactions to unexpected changes, and unresolved family issues (Thomas, 2003). Students described prejudice and racism encountered in their nursing programs. Male students, another minority in nursing education, noted being treated differently by preceptors based on gender. Students reported being forced to conform which produces anger in creative students who dare to be "outliers". Faculty were said to be overly critical and seeming delighted to point out student inadequacies. One student described unreasonable faculty expectations and being negatively scolded by the faculty member for discussing her feelings in her clinical log. Students reported anger when unexpected changes were made such as changes to the schedule, tuition and fees, syllabus, assignments, or curriculum plans. Finally, some students noted unresolved family issues such as harsh criticism from parents. Anger over

unresolved family issues may manifest as uncivil behavior in the nursing education environment.

Another qualitative study explored undergraduate nursing students' perspectives of the phenomenon of incivility in nursing education using focus groups of junior and senior nursing students from one state and three private universities in a major metropolitan area in the Mid-Atlantic States (Altmiller, 2012). Four focus groups were conducted with three to nine participants in each group. A flip chart was used during the sessions and key concepts were recorded and reviewed by participants at the end of the each session. The focus group sessions were transcribed and content analysis was conducted to identify clusters of themes and trends. A doctorally prepared nurse educator with qualitative research expertise also confirmed the data analysis and interpretation.

Nine themes emerged from the student responses regarding factors that are perceived as contributors to the increase in incivility in nursing education (Altmiller, 2012). Participants reported four student themes which included a stressful clinical environment (stress, not getting the help needed, and school size), feelings of loss of control over one's world (hopelessness/helplessness and questioning faculty leads to attack), difficult peer behaviors (side conversations, inattentiveness, cheating, lateness, competition among peers, and intimidation), and the students' view of faculty perceptions. These findings indicated that students perceived that peers, faculty, and the nursing environment all play a role in influencing incivility in the nursing education environment.

Altmiller (2012) was the first study to discuss the stressful and competitive educational environment in nursing. These findings may be attributed to the intense and

competitive nature of nursing education. This indicates students with higher faculty/student ratios on clinical may not receive the attention they need or desire. This may lead to stress on the student and manifest in uncivil behaviors by the student. Difficult peer behavior themes identified in this study were supported in the higher education literature. Behaviors such as distracting conversations, inattentiveness, cheating, and lateness were reported as uncivil by students in the previous studies (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). These behaviors are distracting in the learning environment and may lead to frustration and the performance of uncivil behaviors by others in the classroom. Bullying behaviors such as intimidation were also previously identified (Ausbrooks et al., 2011; Cooper et al., 2009). Bullying behaviors may lead the student to feel helpless and angry and provoke uncivil behavior performance. These findings suggested peer behaviors impact incivility in the learning environment. Findings also described faculty's lack of availability during clinical due to large student groups and stressful clinical environment as additional influences on incivility. Additional research needs to be conducted examining student incivility in varied nursing environments or program types to better understand nursing program types and whether these contributing factors are consistent among them.

Participants noted five faculty themes that contributed to student incivility: unprofessional behavior (teachers talking negatively about other students, retaliation, and nurses modeling incivility), poor communication (belittlement and feeling disrespected), and power gradient (targeting, fear of being failed, feeling less than adequate, and embarrassment). Other faculty themes included inequality (favoritism, different rules for

different students, different standards for faculty and students, and racial/ethnic/gender bias) and authority failure (faculty allowing students to be uncivil to them and faculty failing to control the situation). This was the first study to identify nurses on the clinical unit displaying uncivil behaviors. McKinne (2008) supported that students felt that faculty behaviors impacted student incivility in the classroom setting. Ausbrooks et al. (2011) also noted faculty's lack of addressing uncivil behaviors in the classroom contributing to student incivility. Conversely, this was the first study to identify unequal treatment and favoritism towards students. These findings identified a need for faculty to act as a role model to students incorporating communication, behaviors, and expectations. Future research needs to be conducted exploring faculty incivility in nursing education and its impact on students.

These qualitative findings suggested both the behaviors of students and faculty contribute to incivility in nursing education (Altmiller, 2012). However, the findings from focus group sessions may have limited generalizability. Findings also identified that the nursing education environment including school size, student-faculty ratios, and student and faculty expectations may impact incivility in nursing education. Therefore, future studies need to be conducted to examine student perceptions of contributing factors to student and faculty incivility in different nursing education environments or program types.

Mixed-Method Studies. Mixed-method studies were also conducted on nursing students to examine perceptions of student incivility in the classroom. Clark and Springer (2007a, 2007b) conducted a mixed-method study using nursing students (*n*=324) and faculty (*n*=32) from a Northwest university baccalaureate program with associate options.

The participants completed the *INE* survey which included Likert scale items to determine perceived level of incivility (always, usually, sometimes, or never) and frequencies (often, sometimes, rarely, or never) of behaviors they have experienced within the last 12 months. The survey included a list of 16 student uncivil behaviors for rating. The tool also included 11 student behaviors perceived as beyond uncivil that students were asked to respond whether they experienced these behaviors within the last 12 months (yes or no). The *INE* was developed from two different instruments designed to measure student and faculty incivility in higher education: the *Defining Classroom Incivility* (*DCI*) survey and the *Student Classroom Incivility Measure* (*SCIM*). The *DCI* was developed by the Indiana University Center for Research (2000) to determine the types and level of student incivility but no psychometric properties were provided. The *SCIM* developed by Hanson (2000) was also used which rated uncivil faculty behaviors in the classroom (α=0.84). The *INE* was reviewed by experienced faculty for content validity and was pilot tested for readability. However, the *INE* did not have its own established reliability and validity at the time of survey conduction.

The quantitative findings suggested the majority of the participants (40.1%) felt that students were a little more likely to engage in uncivil behaviors than faculty, while 21.9% noted students were much more likely than faculty (Clark & Springer, 2007a). The majority of students also noted incivility as a moderate (60.2%) to serious (8.7%) problem in the nursing academic environment. Quantitative results for perceived uncivil behaviors and frequencies of behaviors were reported as combined student and faculty responses. Behaviors identified by the participants as most uncivil included: cheating, cell phone use, holding conversations that distract faculty and other students, making

sarcastic remarks or gestures, and demanding make up exams, extensions or grade changes. These behaviors are similarly reported as uncivil student behaviors within higher education research (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). McKinne (2008), Paik and Broedel-Zaugg (2006) and Rowland and Srisukho (2009) also reported cheating in the top uncivil behaviors in higher education. However, this is the first study in nursing education to report cheating which was noted as the most uncivil behavior.

Frequently occurring student behaviors noted as often or sometimes occurring were arriving late to class, holding distracting conversations, leaving early, being unprepared, and acting bored or apathetic (Clark & Springer, 2007a). These behaviors were also found to be frequently occurring in higher education (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006). Holding distracting conversations was perceived as both uncivil as well as frequently occurring. These findings dispute Bjorkland and Rehling's (2010) results that student behaviors perceived as most uncivil were the least frequently occurring. The other behaviors of leaving early, arriving late, being unprepared, and acting bored or apathetic were among the perceived behaviors ranked as the least uncivil by the students. These behaviors cause minimal to no disruption to others in the learning environment. Although the findings were similar to previous research, these differences suggest a need for additional research on student incivility using various program types.

Clark and Springer (2007a) also reported student behaviors perceived as beyond uncivil or threatening behaviors reported by the participants. This was the first study found in nursing education examining threatening behaviors. These behaviors included:

challenges to faculty credibility, general taunts or disrespect to faculty, general taunts or disrespect to other students, inappropriate emails to other students, and vulgarity directed at faculty. McKinne (2008) and Mellor (2011) also reported behaviors such as belittling or taunting others, rude behaviors, angry outbursts, and confronting faculty in higher education. Ausbrooks et al. (2011) noted behaviors such as verbally attacking other students and faculty as occurring in higher education. Threatening behaviors may lead to violence in the educational environment. These findings suggest a need for future research regarding threatening behaviors.

Clark and Springer (2007a) also examined the relationship between age and perceptions of incivility. No relationship between age and perceptions of incivility was found and no *p* value was reported. Findings indicated both younger and older students' perceived incivility similarly in this study. These findings contradict Mellor's (2011) findings in higher education which found a correlation between age and perceptions of incivility. Mellor's (2011) findings noted age was significantly correlated with the Stability Scale Score 1 (r=-.276) and the Control Scale (r=-.276). Both *p* values were significant at the <.05 level. This indicates the younger participants viewed uncivil behaviors as occurring regularly and the students felt that these behaviors were controlled by the individual performing them. This was the only study in nursing education that explored age and the perceptions of incivility; therefore, additional studies examining these variables are warranted using different samples of students.

The researchers also reported the qualitative results of the study (Clark & Springer, 2007b). An interpretative qualitative method was used to analyze the narrative responses. Each researcher independently reviewed the comments for common responses

that were organized into themes. For the qualitative section the sample included both students (n=168) and faculty (n=15). The first question asked how each group (students and faculty) contribute to incivility. Findings were grouped into two themes: in class disruptions and out of class disruptions.   In class student disruptions noted by the participants included: challenging faculty, dominating class discussion, rude gestures in response to assignments, disrupting others by talking, cell phone use, and text messaging. Out of class disruptions reported by students included: "bad mouthing" faculty between classes and negative or inappropriate emails regarding peers and faculty. This was the first study to report uncivil behaviors occurring outside of the classroom. Future research may need to be conducted examining uncivil behaviors both within and outside the classroom.

Several possible causes for uncivil behaviors in nursing education were noted (Clark & Springer, 2007b). These reported causes were also combined student and faculty responses. The identified contributing factors included: the environment (stressful environment, lack of professional environment, distance learning (virtual) environment), faculty (lack of credibility and responsiveness, arrogance, lack of immediacy to address incivility), and students (sense of entitlement, lack of interest, lack of preparation, competitiveness). Several of these contributing factors are supported by previous research. Altmiller (2012) also suggested that the stressful and competitive environment in nursing education impacts incivility. Other studies also noted the influence of faculty behaviors and faculty's lack of addressing uncivil behaviors as impacting student incivility (Altmiller, 2012; Ausbrooks et al, 2011; McKinne, 2008). Studies in higher education also discussed student sense of entitlement, lack of preparation, and lack of

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interest as contributing factors to incivility (Ausbrooks et al., 2011; Nordstrom et al., 2009) and Clark and Springer's (2007b) research was the first study to include the distance education or virtual environment. Research findings may be attributed to many schools of nursing offering distance education formats and using virtual environments due to lack of clinical sites; however, specific information on the use of distance education was not identified in the study results.

Clark and Springer's (2007a, 2007b) study reported perceived uncivil behaviors, frequently occurring behaviors, threatening behaviors as well as contributing factors to incivility within nursing education. These findings indicate students and faculty as well as the learning environment play a role in incivility in nursing education. Although these findings are similar to the previous research, the instrument utilized lacked documented reliability and validity at the time of the survey. This study reported similar findings as well as new and conflicting results when compared to previous research. These mixed findings indicate a need for further research on student and faculty incivility to understand how these variables impact incivility in nursing education.

Another mixed-method study was conducted by Clark on incivility using the *INE* on student (*n*=306) and faculty (*n*=194) using a national sample (41 states) of attendees from two national meetings (Clark, 2008a, 2008d). This sample included students from practical through doctoral programs in nursing. This study also examined student perceptions of uncivil behaviors, frequencies, and contributing factors relating to student incivility in nursing education. At the time of the study, the *INE* was still a newly established instrument with psychometric testing still in progress. Preliminary results provided evidence of validity and internal reliability with Cronbach's alpha's ranging

from 0.85 to 0.96. However, the validity and reliability testing was sample specific; therefore, generalizability needed to be determined by future studies.

Similar to Clark and Springer (2007a) the majority of the participants reported incivility as a moderate to severe problem in nursing education (Clark, 2008a). Behaviors perceived as usually or always uncivil by participants included: being unprepared, computer use unrelated to class, holding distracting conversations, demanding make ups assignments, extensions or grade changes, and making sarcastic remarks (Clark, 2008a). Those behaviors perceived as most uncivil also appear in previous higher education and nursing education research (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; Clark & Springer, 2007a, 2007b; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). Conversely, the behavior in this study found as the most uncivil was students being unprepared for class. This may be related to the diverse sample of participants including undergraduate and graduate students from varying program types. Students at a higher level of education (i.e. doctoral) may perceive preparation for class as an expectation.

According to Clark (2008a) frequent behaviors observed by participants within the last 12 months included: arriving late for class, holding distracting conversations, leaving early, being unprepared, and creating tensions by dominating class discussion. These frequently occurring behaviors are consistent with previous higher education and nursing education research (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; Clark & Springer, 2007a, 2007b; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009). Holding distracting conversations and being unprepared were perceived as both uncivil due to the level of disruption in the learning environment

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as well as frequently occurring. These findings, along with Clark and Springer's (2007a) results, are not consistent with Bjorkland and Rehling's (2010) study reporting that student behaviors perceived as most uncivil were the least frequently occurring. Differences related to the different studies sampled may be attributed to Clark (2008a) and Clark and Springer's (2007a) studies were conducted within nursing education while Bjorkland and Rehling's (2010) study used a sample of students in higher education from multiple program types.

Clark (2008d) also reported the study's qualitative findings. The qualitative findings were analyzed using interpretative analysis including student (*n*=164) and faculty (*n*=125) responses. Qualitative questions regarding student incivility included: what uncivil behaviors do students exhibit, what factors contribute to student incivility in nursing education, and what remedies do students suggest for dealing with incivility in nursing education. Participants reported four major themes related to student uncivil behaviors. These themes included: (1) displaying disruptive behaviors during class and clinical such as misuse of cell phones and computers, engaging in side conversations and dominating class; (2) making rude remarks, and using sarcasm, vulgarity and cyber-bullying tactics; (3) pressuring faculty until they acquiesce to student demands; and (4) speaking negatively ("bad mouthing") others including students, faculty, and the nursing program. The most frequently reported theme regarding student incivility was displaying disruptive behaviors during class and clinical labs. The behaviors noted in the qualitative responses are supported by the higher education and nursing education literature (Ausbrooks et al., 2011; Altmiller, 2012; Bjorkland & Rehling, 2010; Clark & Springer,

2007a, 2007b; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland & Srisukho, 2009).

Contributing factors to student incivility were also reported in the Clark (2008d) study. The two primary contributing factors were stress and sense of entitlement. Common themes based on these primary factors were apparent. Participants noted three major themes related to student stress: burnout from demanding workloads, competition in a high stakes academic environment, and feeling compelled to cheat to compete for grades, scholarships, and placement in the program. The competitive nature of the nursing program was supported within previous nursing education research (Altmiller, 2012; Clark & Springer, 2007a, 2007b). Students reported four common themes regarding student sense of entitlement: refusing to accept personal responsibility, assuming a "customer" mentality, students feeling they are "owed" an education, and making excessive excuses for their failures. Student sense of entitlement also appeared within previous literature (Clark & Springer, 2007a, 2007b; Nordstrom et al., 2009; Mellor, 2011).

Combined student and faculty responses regarding suggestions for dealing with incivility in nursing education were also noted by participants (Clark 2008d). One theme identified included the need for effective communication and working together to create a culture of civility. When creating a culture of civility, four common remedies emerged: establishing, enforcing and widely disseminating comprehensive policies and procedures addressing incivility swiftly, directly and fairly; co-creating classroom norms; providing syllabi reviews and focused orientation programs; and providing ongoing training, education, and public forums for discussion and conversation. These recommendations

were also supported in higher education research (Ausbrooks et al., 2011; McKinne, 2008).

Clark's (2008a, 2008b) studies reported similar findings of perceived uncivil behaviors, frequently occurring behaviors and contributing factors to incivility in comparison to other research outside and within nursing. The study also noted recommendations for preventing and addressing incivility. These findings also suggested that students and faculty as well as the learning environment play a role in incivility in nursing education. Further research on student and faculty incivility and contributing factors in varying program types is needed to explore whether these similarities exist in all program types. This study provided information regarding perceptions of uncivil behaviors, frequencies of behaviors, and contributing factors among a sample of students from pre-licensure to doctoral level nursing program types from practical to doctoral; however, the study made no comparisons among these differing program types. Additional research comparing responses from each program type may lead to increased knowledge of program types and may uncover differences among them that may influence the perceptions or performance of uncivil behaviors.

A modified version of the *INE* was used in a doctoral dissertation exploring student perceptions of student, faculty, and nurse incivility in nursing education (Beck, 2009). The *INE* was modified to include 40 student behaviors, 45 faculty behaviors, and 36 nurse behaviors. The modified *INE* also included a question regarding the student's perception of the venue in which incivility most frequently occurred. This dissertation used a large sample of 752 associate degree nursing students from 20 participating nursing programs in southern states.

The author examined whether students' perceptions of incivility differed between students at the beginning of the program versus students ready for graduation but found no statistically significant difference (Beck, 2009). The study also explored whether students perceived uncivil behaviors occurring more frequently within the classroom or clinical environment and found a statistically significant difference (p=.001). The beginning students identified the majority of incivility within the classroom environment, while graduating students identified the majority of incivility within the clinical environment. Beginning students may have limited clinical experiences as compared to graduating students. These findings are similar to Clark and Springer's (2007a) findings which also noted incivility occurring outside of the classroom environment.

Beck's (2009) qualitative responses of how students and faculty/nurses contribute to incivility were analyzed and common concepts emerged including stress, lack of respect, faculty attitude/superiority, and sense of entitlement. These common concepts were also found threaded throughout the previous studies discussed within this literature review on contributing factors to student and faculty incivility (Altmiller, 2012; Clark 2008d; Clark & Springer 2007b; Nordstrom, et al., 2009). Additionally, this study identified that faculty and nurses display a norm of violence when approaching and dealing with students. The students reported faculty behaviors included "trash talking" about other faculty and nursing staff behaviors such as displaying negativity to students and faculty and hiding equipment from students so they cannot complete their nursing tasks. These findings suggested students are subjected to incivility in the clinical environment from the faculty and nursing staff indicating a need for future research to explore incivility in the clinical environment in nursing education.

This study identified that incivility is occurring in various educational environments within nursing education (Beck, 2009). The study also compared differences in student perceptions at different program levels and found that differences existed in student perceptions from the beginning of the program to nearing graduation. These findings suggested that students' perceptions changed with program progression which supports Paik & Broedel-Zaugg's (2006) research. These findings indicate a need for research in varied nursing educational settings. Comparing students across programs levels or in all levels of different program types may determine whether perceptions of incivility vary among students.

The *INE* was used to measure student and faculty perceptions of academic incivility in the People's Republic of China (PRC) (Clark et al, 2010). This is the first known study conducted on nursing student incivility in the PRC and outside of the United States. The sample consisted of 392 students and 21 faculty members. The descriptive study investigated the extent students and faculty view incivility as a problem, what student behaviors are considered uncivil by students and faculty, perceived frequency of uncivil student behaviors, and contributing factors to incivility. Using the same tool, findings revealed 10% of the participants in the study perceived incivility to be a serious problem. In the study conducted in the United States, 16.7% of students felt incivility was a serious problem (Clark, 2008a). Therefore, students from the United States perceived incivility as a more serious problem than Chinese participants.

The researchers noted the top five uncivil student behaviors identified as usually or always uncivil by Chinese students included: cheating on exams or quizzes, creating tension by dominating discussions, using cell phones/pagers during class, holding

distracting conversations, and leaving class early (Clark et al., 2010). Similarly, in the studies conducted with students in the United States, the top behaviors perceived as usually or always uncivil included holding distracting conversations and sarcasm. Interestingly, students from PRC noted cell phone use as perceived as one of the most uncivil behaviors while participants from the US did not. The top most frequently occurring student behaviors identified by Chinese students included: being unprepared for class, sleeping in class, acting bored or apathetic, using cell phones/pagers during class, and not paying attention. The only behavior to appear in the U.S. study included lack of preparation by the student (Clark, 2008a). The other behaviors listed by the Chinese students appeared to focus on disengagement in the classroom (sleeping, using cell phone, acting bored and inattentiveness) while participants from the U.S. focused on class disruptions (talking, dominating class discussion) and attendance (arriving late, leaving early). The most frequent student threatening behaviors that occurred within the last 12 months identified by Chinese students included: challenges to faculty knowledge or credibility, general taunts or disrespect toward other students, and general taunts or disrespect to faculty. These findings are similar to those conducted with students in the United States.

Clark et al. (2010) also reported qualitative findings using students (*n*=367) and faculty (*n*=15) responses. Participants reported uncivil student behaviors including in class disruptions such as talking and cell phone use. Other behaviors were noted as use of profanity and sleeping. The qualitative responses identified that students felt that uncivil student behavior resulted from faculty incivility. Contributing factors reported by participants included: lack of mutual respect, poor communication, generational

differences, environmental factors, and poor quality of students and faculty. Factors identified that contribute specifically to student incivility included moodiness and emotionality, personal conflict, lack of sleep, and pressure from demanding workloads. Results from the U.S. study (Clark, 2008d) supported stress as a contributing factor to incivility including burn out and the demanding workload. However, the U.S. study also noted the student's sense of entitlement and the competitive nature of nursing education.

This study examined perceived uncivil behaviors, frequencies of uncivil behaviors, and contributing factors on nursing students in the PRC. The study found that these research variables yielded similar responses in the PRC as in the United States. However, the study did not state the program type in which students were enrolled. Since student responses are similar, continued research regarding student and faculty incivility is warranted in varying educational environments.

Interventional Study. The first interventional study within nursing education was conducted by Clark (2011). In this section, all aspects will be discussed including both students and faculty perceptions and interventions due to the uniqueness of the study. An action research approach was used to frame the study. This action approach included identifying the problem, gathering data, analyzing and interpreting the data, and developing next steps. The sample included students (*n*=140) and faculty (*n*=12) at one school of nursing that had been cited by the State Board of Nursing for student and faculty incivility. The type of nursing program used in the study was not specified.

The participants completed a pre-test using the *INE* tool to measure perceived frequency of uncivil student and faculty behaviors and the overall level of perceived incivility within the nursing program (Clark, 2011). The majority of the participants

(82%) noted they perceived incivility to be a moderate to serious problem. The question regarding frequencies of behaviors was posed to both students and faculty. Students reported the following student behaviors as frequently occurring in their nursing program: holding distracting conversations (73.2%), acting bored or apathetic (51.2%), and arriving late to class (48.8%). Faculty noted the behaviors of arriving late to class (100%), holding distracting conversations (88.9%), being unprepared for class (88.9%), and leaving class early (88.9%) as frequently occurring by students.

Frequently occurring faculty behaviors were also identified by the participants. Faculty behaviors reported by the students included: being cold and distant (78.0%), making condescending remarks (78.0%), refusing or reluctant to answer questions (73.2%), threatening to fail student for not complying to faculty demands (73.2%), making rude gestures or behaviors toward others (73.2%), and punishing the entire class for one student's misbehavior (70.7%). Faculty also noted frequent uncivil faculty behaviors such as exerting superiority (57.1%), threatening to fail a student (50.0%), not allowing open discussion (50.0%), being inflexible and rigid (44.4%), and being unavailable outside of class (44.4%).

After pre-testing, students and faculty participated in a workshop. Goals for the workshop included: establishing a sense of trust and a set of working norms, gaining a better understanding of the identified problem (incivility), and formulating an action plan to foster civility. The workshops also included a detailed analysis and interpretation of pre-test results. Both groups were asked to develop a list of group and individual strategies that they agreed to implement before the end of the semester and prior to post-test assessment.

A post-test assessment was then conducted to determine whether the level of incivility had improved or not improved over time. On post-test, only 74.6% of the participants felt that incivility was a moderate to severe problem. Of the student participants, 50% felt that rate of incivility had shown improvement. When comparing frequencies of student behaviors, holding distracting conversations (71.9%), acting bored or apathetic (43.5%) and arriving late to class (46.9%) all decreased. Behaviors perceived by faculty arriving late to class (75.0%), holding distracting conversations (62.5%), being unprepared for class (62.5%), and leaving class early (50.0%) also decreased. In regards to faculty behaviors perceived by students four of the six decreased: being cold and distant (71.4%), refusing or reluctant to answer questions (64.5%), threatening to fail student for not complying to faculty demands (70.5%), and punishing the entire class for one student's misbehavior (69.8%). Results regarding uncivil faculty behaviors perceived by faculty had a decrease in only one category: threatening to fail a student (42.9%).

The most effective individual strategies used by the students included: being respectful and prepared, communicating needs, and clarifying faculty expectations (Clark, 2011). Effective individual strategies used by faculty were greeting students, listening, and providing positive feedback. The most effective group strategies used by the student included: following classroom and clinical norms, assisting others, and working toward a common goal of civility and respect. Effective group strategies used by faculty were engaging in a meaningful dialog about civility, developing vision and mission statement, becoming a more active member of the faculty, and treating one another with respect.

Based on previous research, Clark (2011) conducted the first interventional study by implementing effective strategies such as defining incivility and developing behavioral standards with students to enhance civility in the nursing education setting. The first interventional study and research has not explored differences among program types. Therefore, continued examination of incivility among program types is needed to uncover these variations that may impact perceptions of incivility and interventions needed to create a culture of civility.

Literature Reviews. An analytical commentary by Hall (2004) that discussed a review of the literature and personal observations of desperation in nursing education will be discussed in this section as well as two literature reviews conducted that summarized the current research found on incivility in nursing education. These reviews contain many of the studies described within this review.

An analytical commentary by Hall (2004) described desperation in nursing education based on a literature review and personal observations. Desperation was defined as the condition of being without hope, feeling less than a full person, and seeing few options. Hall (2004) refers to student desperation as feeling isolated, misunderstood, and dismissed. Faculty feelings of being overburdened with academic expectations associated with fulfillment of the faculty role and steep expectations for promotion and tenure were also noted as feelings of desperation. Several factors in nursing education were identified as contributing to desperation: diversity in education, emphasis on BSN as entry level, expectations of conformity, the aging professoriate, and generational differences.

Robertson (2012) conducted a literature review to identify factors which have increased the prevalence of incivility among nursing students. The author reviewed literature from both nursing education and higher education and found that incivility was a multi-faceted problem that may be manifested by economic, sociological, and psychological underpinnings. The review reported demographic variables, emotional factors, financial obligations, family responsibilities, societal expectations, and faculty issues as contributing factors and indicated that incivility is preventable. Robertson (2012) offered several recommendations to nursing education for the prevention of incivility which included: clear expectations, development of behavioral standards, and development of policies for preventing and addressing incivility. Many of the recommendations made by Robertson (2012) are consistent with interventions used by Clark (2011) in her interventional study. These interventions were found to enhance civility suggesting a need for continued research in the area of incivility.

Gallo (2012) conducted a literature review to explore the problem of incivility and gaps in the literature. The review identified four major themes: uncivil classroom behavior, academic dishonesty, bullying, and uncivil faculty behaviors. Reported uncivil classroom behaviors included: class disruptions, cell phone use, sarcasm, non-class related computer use, inattentiveness, challenging faculty, tardiness, leaving class early, making disapproving groans, and sleeping. Behaviors that were considered academic dishonesty were noted as cheating, plagiarism, group work for individual projects, and falsifying clinical information. Bullying behaviors were described as badmouthing professors, rude or hostile behaviors, cursing, and belittling and humiliating behaviors. Uncivil faculty behaviors were identified as loss of patience, incompetence,

condescending remarks, poor teaching style, poor communication, lack of preparation, disinterest, challenging other faculty, and unavailability.

Gaps in the research were also noted (Gallo, 2012). Many of the studies used instruments that lacked reliability and validity. Another identified gap included lack of research comparing program types. No interventional research related to school policies, their enforcement, or their impacts on uncivil behaviors were found. Few qualitative studies were noted exploring incivility in nursing education. Finally, research on faculty incivility which appeared to be a contributing factor to student incivility was limited. These identified gaps suggest a need for continued or additional research in these areas.

Summary. Nursing education research regarding student incivility has identified incivility as a moderate to serious problem (Clark 2008a; Clark & Springer 2007a). Similar uncivil behaviors were found in both higher education and nursing education research. These behaviors included: in class disruptions (talking, leaving class early/arriving late), improper use of technology (cell phone use, computer use unrelated to class), inattentiveness (acting bored), lack of preparation, disrespectful behaviors (sarcasm, demanding), and cheating. As discussed in higher education, these behaviors caused disruption to the learning environment and may carry punishment for violation.

Similar frequently occurring behaviors were also noted among the studies. In the majority of the studies, the behaviors that were perceived as most uncivil were the behaviors happening least frequently. However, in two of the studies (Clark 2008a; Clark & Springer 2007a), holding distracting conversations was found to be both perceived as most uncivil and frequently occurring in the nursing education environment. In Clark's

(2008a) study, students being unprepared was viewed as most uncivil and frequently occurring.

Minor differences were found when comparing nursing studies with varying samples. The differing samples consisted of a single university sample (Clark & Springer, 2007a, 2007b), multiple university samples (Altmiller, 2012; Beck, 2009; Cooper et al., 2009), a national sample (Clark 2008a, 2008d) and an international sample from PRC (Clark et al., 2010). Only one study included graduate level students in the sample (Clark, 2008a, 2008d). Clark and Springer's (2007a) and Clark's (2008a) notable findings may be attributed to these sample variations. For example, Clark and Springer's (2007a) report was the first study in nursing education to identify cheating as the most uncivil behavior. This study used only undergraduate students from one university setting. Clark (2008a) was the only study that noted being unprepared as the most uncivil behavior. This study used a national sample of students from undergraduate and graduate nursing education.

Methodology also varied among the studies. Many of the studies used a paper pencil instrument for data collection (Beck, 2009; Clark, 2008a; Clark et al., 2010; Clark & Springer, 2007a). The majority of the qualitative findings were derived from the mixed method studies containing open-ended responses from a questionnaire (Beck, 2009; Clark, 2008a; Clark et al., 2010; Clark & Springer, 2007a). However, Altmiller's (2012) results were formulated from student focus groups. Only one interventional study was conducted to investigate effective strategies for incivility (Clark, 2011).

Several contributing factors to incivility were reported among the studies within nursing education. Student behaviors that contribute to incivility were noted as in class disruptions, sense of entitlement, and lack of respect (Altmiller, 2012; Clark, 2008a,

2008b; Clark and Springer, 2007a, 2007b). Faculty contributing factors included: unprofessionalism, poor communication, and favoritism. The educational environment within nursing education also appeared to influence incivility. Contributing factors within the educational environment included: varied settings (clinical, distance education), intense and demanding workloads, and the competitive nature (Altmiller, 2012; Clark, 2008a, 2008b; Clark & Springer, 2007a, 2007b) as well as variations in the environment such as high student-faculty ratios (Altmiller, 2012).

Gaps in the Literature. Differences were noted among the studies when the researcher used a single university sample versus a diverse national sample. Thus additional research regarding student incivility using differing samples is needed to further examine these differences. Studies used participants from various programs (Altmiller, 2012; Clark 2008a); however, none of the studies made comparisons among the program types to explore differences. Many nursing program types exist and research is needed to determine if incivility exists within all program types and whether students' perceptions of incivility differ among them.

Only one of the studies examined demographic factors of the student and their influence on perceptions of incivility. Clark and Springer (2007a) examined whether the age of the student impacts perceptions of incivility. The study found no statistically significant relationship between student age and perceptions of incivility. These findings differ from those of Mellor (2011) who conducted a study in higher education that suggested that a relationship exists between the age of the student and perceptions. Additional research needs to be conducted within nursing education to further explore the demographic variable of age and its influence on perceptions of incivility.

Three of the studies identified the occurrence of threatening and bullying behaviors in nursing education (Clark et al., 2010; Clark & Springer, 2007a; Cooper et al., 2009); however, one of the studies was conducted in the PRC. Limited information regarding bullying or threatening behaviors may be due to the use of different surveys tools that did not specify these types of behaviors or lack of reporting these results in the study findings. These behaviors are perceived as serious in the nursing education environment because they may lead to violence in the educational setting. Future research needs to be conducted exploring threatening and bullying behaviors.

Several of the studies in this literature review offered suggestions for strategies to prevent incivility from occurring; however, only one researcher conducted an interventional study to test those strategies. Clark (2011) reported an improvement in incivility within a nursing program with the implementation of workshops to discuss incivility. Additional interventional studies need to be conducted to increase knowledge of effective strategies to prevent and address incivility.

Studies offered perceptions regarding contributing factors to incivility in nursing education (Altmiller, 2012; Clark, 2008d; Clark and Springer, 2007b). Incivility may be prevented or controlled by addressing these contributing factors. Contributing factors included student factors, faculty factors, and environmental factors. Many of these issues leading to an uncivil environment were found within the qualitative findings. Additional research needs to be conducted exploring contributing factors to student incivility. Since the faculty are reported as a contributing, further research is needed to examine faculty incivility as well. The influence of environment requires further investigation using a variety of settings and differing program types.

The quantitative study in the section provided lists of behaviors and the qualitative study noted contributing factors. The mixed-method studies provided additional behaviors perceived as uncivil and insight into frequently occurring behaviors and reasons behind those behaviors. These findings suggested a faculty and educational environment influence on the performance of student incivility and noted strategies used to prevent or manage incivility. Additional research needs to be conducted on perceptions of student and faculty incivility using a mixed-method design.

Many of the research studies discussed lacked evidence of validity and reliability of the survey tools used for study conduction. Two of the studies reported no reliability statistics for the instrument used in their study (Cooper et al., 2009a; Clark & Springer, 2007a). One of the studies noted lack of psychometric testing of a newly developed tool utilized in the study (Clark, 2008a). Therefore, additional research needs to be conducted using a valid and reliable survey tool to examine the phenomenon of incivility.

Student Perceptions of Faculty Incivility

According to Clark (2008d), incivility can disrupt the student-faculty relationship in the education setting. If the student is faced with faculty incivility, the student may feel traumatized, helpless and powerless, or angry (Clark 2006, 2008b, 2008c). This section will discuss the research found regarding faculty incivility in both higher education and nursing education.

Student Perceptions of Faculty Incivility in Higher Education

Research focusing on faculty incivility in higher education is limited. Due to the limitation, two important studies on faculty incivility prior to the search period will be briefly introduced that provide foundational research on this topic. Boice (1996)

conducted a five year study at a large research university observing college classrooms for problematic classroom incivilities. Several faculty classroom incivilities were observed including: teachers displaying aloof, distancing mannerisms and teachers discouraging student involvement with fast-paced lectures. The study concluded that low levels of student attentiveness and note-taking and low levels of teacher enthusiasm, clarity, organization, and approachability were associated with high levels of classroom incivilities.

Braxton and Bayer's (1999) research into faculty incivility concluded in order to maintain civility, faculty should not perform the following behaviors: condescending negativism, inattentive planning, moral turpitude, particularistic grading, personal disregard, uncommunicated course details, and uncooperative cynicism. Performance of these behaviors by faculty may lead to a negative learning environment and contribute to student incivility. These foundational studies into the impact of faculty incivility suggested that a faculty's teaching method, behaviors, and organization may influence classroom incivilities. The remainder of this section will discuss the limited current literature in higher education on faculty incivility including two quantitative and one mixed method study. No studies were found that examined faculty incivility using a solely qualitative method.

Quantitative Studies. Quantitative research has explored the impact of faculty incivility on the student. Caza and Cortina (2007) conducted a study in higher education using a sample of university students (N=1,043). The survey instrument included subscales of incivility, cognitive mediators, and outcomes. Incivility was assessed using an adaption of the *Workplace Incivility Scale* (Cortina et al., 2001). The cognitive

mediators included perceived injustice using a six item scale and perceived ostracism using a five item scale. Perceived injustice was defined as the perception of unfair treatment from an authority figure during the enactment of organizational procedures. Perceived ostracism was defined as a perception of being ignored, excluded, or rejected by others which deprived the perceiver of feelings or belongingness. The study tested a developed conceptual model of incivility and assessed the outcomes of psychological distress. Psychological distress was based on an anxiety and depression scale of the *Brief Symptom Inventory* (*BSI*), institutional satisfaction using a two item scale, academic disengagement using an 8 item instrument, and academic performance using grade point average. Cronbach's alpha coefficients ranged from .76-.88 displaying adequate reliability.

The study reported 76% of the participants had experienced uncivil behaviors from other members of their institution in the prior year. Participants reported both lateral incivility (58%) experiences or incivility from peers and top down incivility (47%) or incivility from faculty or administration (Caza & Cortina, 2007). The study concluded both lateral and top down incivility were associated with feelings of perceived injustice and perceived ostracism.

The authors noted incivility from peers, faculty, and administration (Caza & Cortina, 2007). However, top down incivility (from members of the faculty, staff, or administration) was strongly associated with feelings of injustice. These findings suggested that individuals who experience incivility at the hands of an institutional authority develop perceptions that their institution is unfair and unjust. The study also reported that perceived feelings of injustice and ostracism were linked to decreased

satisfaction in the institution. The study concluded perceived ostracism, increased psychological distress, and lower academic satisfaction yielded a decline in academic performance.

This research suggested that incivility has a psychological impact and leads to dissatisfaction with the institution (Caza & Cortina, 2007). Additionally, the study also identified the impact on the academic performance of the student. This was the first study that noted the psychological impact of faculty incivility on students. Due to the impact of faculty incivility on the student and their academic performance, additional research regarding faculty incivility is needed to better understand its occurrence.

Another study explored students' perceptions about professors' behaviors using business students within a small private Midwestern university (Stork & Hartley, 2009). The purpose of the study included how students perceive professor behaviors over the course of a term and how they rate these behaviors on a scale of offensiveness. The authors compared perceptions at two different times with the same participants. Participants completed the *Student Perceptions about Professor Behaviors* (*SPPB*) which was developed by the researchers through focus groups. The *SPPB* contained Likert scale items that were ranked by the students (1=not at all defensive to 6=extremely defensive). No reliability or validity of the survey was noted. Students were asked to complete the *SPPB* at the beginning of the course (*n*=67) and asked to complete the *SPPB* again at the end of the course (*n*=74). Students were provided an intervention to increase the student's awareness of acceptable and unacceptable, civil and uncivil behaviors in both the classroom and the organization.

For data analysis the responses were collapsed into three (1=not offensive, 2=somewhat offensive, 3=offensive) categories (Stork & Hartley, 2009). The top behaviors by professors perceived as most offensive by the students at the beginning of the course included: humiliating or intimidating students, not helping students when assignments or tasks are not clear to them, "hitting on" a student, embarrassing a student, and talking about a student who is not present. At the end of the course, humiliating or intimidating students, not helping students when assignments or tasks are not clear to them, and "hitting on" a student remained at the top of the list. However, the behaviors keeping class overtime and punishing the entire class for one or a few students' lack of performance replaced embarrassing and talking about a student. These findings noted that the student perceptions of professor behaviors changed over the course of the term. These findings support Paik and Broedel-Zaugg (2006) and Beck (2009) that students' perceptions changed as the program progressed. The authors suggested these changes may have been explained by planned class content and discussion on the topic on civility, familiarity of the survey since the same survey was used at the beginning of the course, and a formed relationship with the professor. These findings indicated that discussion of civility and unacceptable behaviors in the classroom and the student-faculty relationship may impact student perceptions of incivility which provided support for Clark's (2011) interventional study.

Stork and Hartley (2009) also examined the student demographic variables of gender and age on perceptions of offensive behaviors. The study found that male participants recorded perceptions significantly lower than female students. These findings supported Mellor's (2011) and Rowland and Srisukho (2009)'s findings that gender

influences perceptions of incivility. The findings also indicated that older students (ages 24-27) perceived professor behaviors to be less offensive that did the younger students. However, these studies contained varied samples. While Stork and Hartley's (2009) study contained students from one business classroom, Rowland and Srisukho (2009) studied two levels of dental students and Mellor (2011) investigated participants from multiple program types. Rowland and Srisukho (2009) and Mellor (2011) used quantitative methodology, while Stork and Hartley (2009) conducted an interventional study. Stork and Hartley's (2009) findings also validated Mellor's (2011) research that a relationship exists between age and perceptions of incivility and disputed Clark and Springer's (2007a) results that no relationship exists. Clark and Springer's (2007a) study was mixed method and used a sample from one university's nursing program. These findings suggest that student demographics may influence student perceptions of incivility. Further research needs to explore perceptions of incivility and how they may vary according to age and gender.

This research proposes that time, gender, and age may impact student perceptions of faculty incivility. Additional studies need to be conducted using these research variables to better understand how they influence perceptions of incivility. The study also indicated the use of an intervention improved the student's perceptions of faculty incivility. Further interventional research is warranted to examine strategies to create a culture of civility.

Mixed-Method Studies. A mixed-method study was conducted to measure observed faculty uncivil behaviors. Braxton and Mann (2004) used a sample of undergraduate students (*N*=831) who completed the *National Assessment of College*

Student Classroom Experience Survey. The survey examined the following faculty behaviors that may be observed by the students including: condescending negativism, inattentive planning, moral turpitude, particularistic grading, personal disregard, and uncommunicated course details. Participants were asked how frequently they observed these behaviors during the current academic year (0=never to 3=frequently). Of these norms, inattentive planning, condescending negativism, and particularistic grading were the most frequently observed. No reliability or validity information was given for the survey instrument.

The study also included an open-ended question (Braxton & Mann, 2004). The question asked participants "If you have observed any incidents-what you might consider misconduct-by either students or faculty members-please describe the most grievous one, and what if anything you did in response." Of the 831 participants, 164 responded to the open ended question. The students written responses were analyzed and 30 responses corresponded with one of the six faculty behaviors: condescending negativism, inattentive planning, moral turpitude, particularistic grading, personal disregard, and uncommunicated course details. Actions taken by students were reported as ranging from doing nothing to direct formal action. More than half of the students described taking direct action when teaching norm violations were observed by either talking to the faculty member or reporting the incident to the dean or department chairperson.

This study discussed violations in teaching norms of the faculty that may impact student incivility in the educational environment which were also identified by Boice (1996) and Braxton and Bayer (1999). Faculty behaviors may influence student perceptions of incivility and provoke the performance of uncivil student behaviors. This

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mixed method study provided additional information than the previous research. While the other studies in this section reported uncivil faculty behaviors and impact on the students (Caza & Cortina, 2007; Stork and Hartley, 2009), this study reported students' actions when faced with incivility.

Summary. Research regarding faculty incivility is limited. Faculty incivility was found to be occurring within higher education and had a psychological impact on the students leading to dissatisfaction with their institution and/or program and influencing their academic performance (Caza & Cortina, 2007). Faculty incivility in higher education included faculty behaviors (negativity, cold and distant, unapproachable) and teaching methods (lecture style, lack of interest, poor communication). Uncivil faculty behaviors and poor teaching method may lead to student disengagement and result in increased frequency of classroom incivilities (Boice, 1996). The relationship between faculty's teaching methods and student disengagement and the performance of uncivil behaviors is reinforced by McKinne (2008) and Mellor (2011). Braxton and Mann (2004) reported that when faced with faculty incivility, the majority of the students choose to take action and discuss the issue with the faculty or report to the director or chairperson.

Stork and Hartley (2009) noted a relationship between the demographic variables gender and age on perceptions of faculty incivility. The study found that male participants recorded perceptions significantly lower than female students. These findings supported Mellor's (2011) and Rowland and Srisukho's (2009) research that gender influences perceptions of incivility. Findings also indicated that older students (ages 24-27) perceived professor behaviors to be less offensive than did younger students. These findings support Mellor's (2011) findings that a relationship exists between age and

perceptions of incivility and disputes Clark and Springer's (2007a) findings that no relationship exists. Based on these results student demographics may influence student perceptions of incivility. Additional research needs to be conducted to explore the influence of demographic variables on perceptions of faculty incivility.

Gaps in the Literature. The limited research suggested that faculty incivility has a significant impact on the student and their educational experience even leading to psychological distress and decreased academic performance. Therefore, additional research needs to be conducted examining student perceptions of faculty incivility. These studies need to focus on faculty behaviors and well as faculty teaching style which may lead to disengagement of the student and provoke uncivil behaviors.

All three of the studies (Braxton & Mann, 2004; Caza & Cortina, 2007; Stork and Hartley, 2009) examined incivility or faculty behaviors perceived as uncivil. However, the studies' samples differed. Braxton and Mann (2004) and Caza and Cortina (2007) used large university samples for study completion while Stork and Hartley recruited a small sample restricted to one classroom for an interventional study. Only one study was interventional (Stork & Hartley, 2009) and supported prior research in nursing education (Clark, 2011) that student knowledge of incivility influences perceptions and decreased the performance of uncivil behaviors. Additional interventional research is needed to identify strategies that may be effective in the prevention and management of incivility. Two of the three studies (Braxton & Mann; Stork and Hartley, 2009) lacked validity and reliability information on the study instrument. Therefore, additional research using valid and reliable tools is required.

Some of the studies investigated additional research variables. Stork and Hartley (2009) studied demographic variables and their influence on incivility including age and gender. As discussed previously, these findings support and contradict other studies in higher education and nursing education. Future research needs to be conducted based on these conflicting results to explore the influence of demographic variables on perceptions of faculty incivility. Caza and Cortina (2007) identified the impact of faculty incivility on the psychological well-being and the academic performance of students. Further research is needed regarding faculty incivility to better understand its occurrence and its detrimental effects on the student.

None of the studies reviewed compared responses among nursing program types. Faculty demographics and responsibilities also differ among nursing program types. These differences may influence faculty behaviors and teaching styles. Further research is needed to explore faculty incivility using participants from varying program types for comparison. This research will identify whether faculty incivility occurs within all program types and whether differences in perceptions of faculty incivility exist among the program types.

Student Perceptions of Faculty Incivility in Nursing Education

Students' perceptions of faculty incivility have also been investigated within nursing education, sampling students from single university sites and participants from a national sample. This section will include a review of the quantitative, qualitative, and mixed method studies found exploring student perceptions of faculty incivility in nursing education.

Quantitative Studies. Many uncivil behaviors such as belittling and taunting others, rude or hostile behaviors, or punishing behaviors by the faculty may also be described as bullying behaviors. Since several uncivil behaviors can be used interchangeability with bullying behaviors this research study was included in the review. Many uncivil faculty behaviors perceived by students are associated with behaviors of exertion of power by the faculty member over the Cooper et al.'s (2011) quantitative study also explored nursing students perceptions of bullying behaviors of their faculty using participants (*n*=665) from one southern state. The findings reported the following faculty bullying behaviors as frequently occurring in the nursing education environment: making assignments, tasks, work, or rotation responsibilities for punishment rather than educational purposes, giving a bad grade as punishment, and giving unmanageable workloads or unrealistic deadlines. Faculty were also identified as having belittling or humiliating behaviors, hostility or failure to acknowledge significant clinical research or academic accomplishments, and making negative or disparaging remarks about becoming a nurse. Many of these are behaviors that violate the teaching norms described by previous research in higher education (Braxton & Bayer, 1999) and may provoke student incivilities.

The study questionnaire also included an open ended comment section. Responses were analyzed for common themes (Cooper et al., 2011). Two common themes were found which included: power struggles and powerlessness. Students expressed nothing being done about complaints, teachers "sticking together" when complaints are made, and fear of retaliation or being "kicked out" for reporting behaviors. These findings support Caza and Cortina's (2007) results that faculty incivility has a psychological

impact on the student. Power struggles and feelings of powerlessness on the part of the student were also described by Altmiller's (2012) qualitative study.

Cooper et al.'s, (2011) study provided empirical evidence regarding types, frequencies, and sources of bullying behaviors within nursing education. Additionally, these findings noted that students may feel powerless to report bullying in the nursing education environment. A need for resources that are accessible and students are aware of is suggested to deal with bullying behaviors within nursing. Additional research needs to be conducted examining uncivil student behaviors, including bullying behaviors, and behaviors used by students to cope with the behaviors experienced.

Qualitative Studies. Student perceptions of faculty incivility within nursing education have also been examined. Clark (2006, 2008b, 2008c) conducted a qualitative research study to explore student perceptions of faculty incivility and its impact using nursing students (*N*=7) from four different nursing schools in two states in the northwest. The researcher conducted face to face interviews using Colaizzi's phenomenological method. The interviews were transcribed and analyzed by the researcher for cluster themes. These findings were reviewed with the participants for validation.

Clark (2006, 2008b, 2008c) reported three major cluster themes from student interviews regarding faculty incivility in nursing education. These themes included: demeaning and belittling behaviors, treating student unfairly, and pressuring students to conform to unreasonable faculty demands. Subthemes for the major theme demeaning and belittling behaviors included making condescending remarks and putdowns, exerting superiority and rank over students, and making rude gestures and behaviors. Subthemes for treating students unfairly or subjectively were reported as perceived gender bias,

arbitrary changes in the course syllabi, assignments and class schedules, violation of due process, and subjective grading practices. These behaviors are uncivil faculty practices described by Braxton and Bayer (1999) and have been noted by previously discussed studies (Altmiller, 2012; Cooper et al., 2011).

Clark (2006, 2008b, 2008c) also reported three themes related to the student's response to faculty incivility including: feeling traumatized, feeling powerless and helpless, and feeling angry. These findings support Caza and Cortina's (2007) and Cooper et al.'s (2011) studies which suggested that faculty incivility has a psychological impact on the student. Subthemes included feelings of stress, depression, and fear, and physical symptoms such as loss of sleep, tearfulness, nausea, and headaches. Participants reported feeling helplessness and powerlessness. Power struggles and feelings of powerlessness on the part of the student were also described by Altmiller's (2012) qualitative study and Cooper et al.'s (2011) quantitative study. Subthemes were identified as feeling judged, out of control, and lacking self confidence. Students also reported feeling angry toward faculty, others, and themselves for failing to address faculty incivility. Participants reported taking anger out on faculty but also directed anger toward family, friends, or themselves. Although Caza and Cortina (2007) also proposed the psychological toll faculty incivility has on the students, this was the first study to note physical consequences and aggression by the student in response to faculty incivility.

Mixed-Method Studies. Mixed-method studies conducted by Clark and Springer (2007a, 2007b) and Clark (2008a, 2008d) on nursing students also examined perceptions of faculty incivility. Clark and Springer's (2007a) quantitative results for perceived uncivil faculty behaviors were reported as combined student and faculty responses.

Behaviors identified by the participants as most uncivil by faculty included: belittling or taunting students through sarcasm, humiliation, intimidation, or profanity; being distant or cold toward students; being inflexible, rigid, or punishing the class for one student's behavior; being unavailable outside of class; and refusing or reluctant to answer questions. These behaviors are similar to descriptions of faculty incivility in previous studies (Altmiller, 2012, Boice, 1999; Clark 2006, 2008b, 2008c; Cooper et al, 2011).

Clark and Springer (2007a) also reported faculty behaviors perceived as beyond uncivil or threatening behaviors reported by the participants. These behaviors included: challenges to the other faculty's knowledge or credibility, general taunts or disrespect to students, general taunts and disrespect to other faculty, inappropriate emails to students, and harassing comments directed at students. This is the first study to examine threatening faculty behaviors although prior research has reported threatening student behaviors. Threatening behaviors may lead to violence in the educational setting and require further exploration.

The researchers also reported their qualitative results of the study (Clark & Springer, 2007b). The first question asked how each group (students and faculty) contributes to incivility. Findings noted six themes of uncivil faculty behaviors. These themes included: faculty condescension, poor teaching skill or method, poor communication, acting superior or arrogant, criticizing students in front of peers, and threatening to fail students. Many of the behaviors found in the qualitative findings were consistent with the quantitative study findings. Poor teaching method did not appear in the quantitative findings but is supported by previously discussed research (Boice, 1996; Braxton & Bayer, 1999; Stork and Hartley, 2009).

One study described faculty behaviors that students perceived as the most uncivil and threatening faculty behaviors occurring within the nursing education environment (Clark & Springer, 2007a, 2007b). Faculty behaviors (acting superior, poor communication, criticizing students) and teaching method/style (poor teaching, reluctance to answer question, unavailability) were noted as the most uncivil by the students. Additional research needs to be conducted exploring faculty incivility in nursing education.

Clark's (2008a, 2008d) mixed-method study also examined student perceptions of perceived uncivil behaviors, frequencies, and contributing factors to faculty incivility in nursing education. Faculty behaviors perceived as usually or always uncivil by participants included: making condescending remarks or putdowns, making rude gestures or behaviors, exerting rank or superiority over others, being unavailable outside of class, and being distant and cold toward others. These behaviors are similar to Clark and Springer's (2007a) findings. The faculty behaviors most frequently observed by participants in the previous 12 months included: ineffective teaching style or method; deviation from the syllabus; changing assignments and due dates, ignoring disruptive behaviors, being unavailable outside of class, and refusing make-ups, extensions, or grade changes. This study was the first to report frequencies of uncivil faculty behaviors, Clark and Springer's (2007a) study only reported frequencies of threatening behaviors.

The study's qualitative findings were also reported (Clark 2008d). Qualitative questions regarding faculty incivility included: what uncivil behaviors do faculty exhibit and what factors contribute to faculty incivility in nursing education. Participants reported five major themes related to faculty uncivil behaviors. These themes included:

intimidating and bullying students; being rigid, defensive, and inflexible; making demeaning comments and condescending remarks; showing favoritism, inconsistency, and bias; and using poor teaching skills and lacking expertise. The most frequently reported theme regarding faculty incivility was intimidating and bullying students. However, this study was the first to attribute poor teaching style to lack of expertise of the faculty. These behaviors are also supported in previous research (Altmiller, 2012; Boice, 1996; Clark and Springer, 2007a, 2007b). Boice (1996) and Clark and Springer (2007a, 2007b) both noted ineffective teaching style of the faculty as a contributing factor to incivility. Participants from Altmiller's (2012) study also described experiences with favoritism from the faculty. Although these studies had similar findings, they varied in methodology and study samples. Altmiller (2012) conducted a qualitative study using students from multiple universities, Boice (1996) performed observations of college classrooms, and Clark and Springer (2007a, 2007b) used mixed methodology with a sample from one university. Therefore, students perceive poor teaching and/or expertise as uncivil faculty behavior.

Contributing factors to faculty incivility were also reported in Clark's (2008d) study. Faculty participants reported stress as a major contributor to faculty incivility. Participants described burnout from demanding workloads, high faculty turnover and lack of qualified educators, role stress related to family and work demands, and exposure to student, faculty, and administrator incivility. However, the student participant responses did not indicate faculty stress as a contributor but rather the faculty's attitude of superiority. Students noted three themes related to faculty superiority including exerting position and power over students, threatening to fail students or dismiss students, and

devaluing students' previous life, work, and academic experiences. The most common theme was exerting position and power over students. This was the first study to discuss contributing factors to faculty incivility.

Clark (2008a, 2008d) noted that students perceived faculty attitudes, unavailability, and teaching methods impact incivility. Ineffective teaching method of the faculty was also reported as frequently occurring. The study also proposed differences in student and faculty perceptions of incivility. While students suggested that faculty attitude contributed to student incivility, faculty felt that the biggest influential factor was stress and workload. This may suggest that students have unrealistic expectations of faculty. Therefore, additional research regarding student perceptions of faculty incivility and factors contributing to that incivility are needed to better understand those perceptions.

A descriptive study was conducted to explore the impact of faculty incivility toward nursing students and program satisfaction of the student using senior baccalaureate nursing students (*N*=152) from two public Midwestern universities (Marchiondo, Marchiondo & Lasiter, 2010). The study used a cross-sectional survey entitled the *Nursing Education Environment Survey* which was developed by the researchers. The survey included questions regarding program satisfaction, optimism, and incivility. The questions regarding incivility were adapted from *Incivility in Nursing Education* (*INE*) and the *Workplace Incivility Scale* (Clark & Springer 2007a, 2007b; Cortina, et al., 2001). The survey displayed high reliability coefficients .86 to .94.

The study found approximately 88% of the study participants reported experiencing at least one instance of uncivil behavior, with 40% experiencing incivility

from one faculty member, and 43% experiencing incivility from two different faculty members (Marchiondo et al., 2010). The study additionally noted student perceptions of location that incivility frequently occurs. Students identified the highest frequencies of incivility in the classroom (60%) followed closely by the clinical setting (50%). Faculty incivility was present but less common in "other" settings (14.5%) and least frequent in the laboratory (10%). Findings suggested that faculty incivility is occurring in nursing education, and most often in the classroom setting.

Multiple regression was performed to determine whether students' nursing program satisfaction varied as a function of their experiences of faculty incivility (Marchiondo et al., 2010). The researchers controlled for age, GPA, and optimism. Findings concluded the relationship between interpersonal mistreatment by faculty and students' program dissatisfaction was strong. The study found that student dissatisfaction with the nursing program varied significantly with experiences of faculty incivility (β= -0.47, $p < 0.001$). The study found that 22% of the variance in students' reported program satisfaction could be explained by their experiences with nursing faculty incivility. These findings are consistent with Caza and Cortina's (2007) that experiences with faculty incivility leading to dissatisfaction with the institution or program.

The survey also included an open ended question asking students to briefly describe their worst experience of faculty incivility (Marchiondo et al., 2010). Of the participants, 94 completed the open-ended question. These results from the narrative responses were reported by Lasiter, Marchiondo, and Marchiondo (2012). Latent, inductive content analysis was used to review the student narrative responses. Four categories were identified: "In front of someone", "Talked about me to others", "Made

me feel stupid", and "I felt belittled". These findings suggested that experiences with faculty appeared to be rooted in whether or not the faculty behavior embarrassed them. These behaviors are also described within the previous research (Altmiller, 2012, Boice, 1996; Clark 2006, 2008a, 2008b, 2008c, 2008d; Clark & Springer 2007a, 2007b; Cooper et al., 2011).

This study proposed empirical evidence that faculty incivility is occurring in nursing education and mostly in the classroom setting (Marchiondo et al., 2010). The findings also indicated that student experiences with faculty incivility leads to program dissatisfaction which supported Caza and Cortina's (2007) findings.

Summary. These studies provided empirical evidence that faculty incivility is occurring with the nursing education environment (Clark 2006, 2008a, 2008b, 2008c, 2008d; Clark & Springer 2007a, 2007b; Cooper et al., 2011) with the majority of faculty incivility occurring in the classroom setting (Marchiondo et al., 2010). Uncivil behaviors of the faculty included: demeaning or humiliating behaviors, being rigid and inflexible, punishing behaviors, poor teaching, poor communication, acting superior, and displaying favoritism (Clark 2006, 2008a, 2008b, 2008c, 2008d; Clark & Springer, 2007a, 2007b).

These studies also noted a psychological impact on the student when exposed to faculty incivility. Students reported feeling traumatized, feeling powerless and helpless, and feeling angry. Participants described psychological disturbances and physical symptoms when exposed to faculty incivility (Clark 2006, 2008b, 2008c). The findings also indicated that experiences with faculty incivility may result in program dissatisfaction by the student (Marchiondo et al., 2010).

The findings also noted contributing factors to faculty incivility. These factors included demanding workloads, lack of qualified faculty and faculty turnover, role stress with competing family and work demands. An additional contributing factor noted was that faculty incivility is enhanced by the incivility of others including students, other faculty and administration (Clark, 2008d).

Gaps in the Literature. Many of the studies found similar behaviors perceived as uncivil by the students (Clark 2006, 2008a, 2008b, 2008c, 2008d; Clark and Springer, 2007a, 2007b). Additional research regarding faculty incivility using samples from multiple program types is needed to examine whether differences exist. The studies in this section used participants from various programs (Clark 2008a, 2008d; Marchiondo, et al., 2010); however, none of the studies made comparisons among them. Many types of nursing programs exist and research is needed to determine if incivility exists within all program types and whether students' perceptions of incivility differ among them. Differences may be found when exploring all program types due to the varied faculty demographics.

One study reported that students perceive the majority of faculty incivility occurring within the classroom environment however the study only include one level of students (Marchiondo et al., 2010). Further research needs to be conducted examining faculty incivility in the classroom environment. This research should include comparisons of all program types since classroom environments may differ. Only one study noted uncivil faculty behaviors that are frequently occurring (Clark, 2008a). Continued research into uncivil faculty behavior occurrence also needs to be conducted to investigate those faculty behaviors occurring in each nursing program type.

Topics that emerged from the review were the poor teaching method and organization of the faculty (changing due dates, assignments, being unavailable). One study included the faculty's lack of expertise in the qualitative responses (Clark, 2008d). Faculty demographics differ among nursing program types including degree required, professional responsibilities, and teaching expertise. These factors may impact the faculty teaching method and organization. Therefore, additional research is needed to explore faculty incivility among the nursing program types. Ineffective teaching methods may lead to student disengagement in the classroom and provoke uncivil student behaviors. Future research into faculty behaviors and teaching methods may propose insight into incivility and the performance of uncivil student behaviors in the classroom.

Two of the studies identified the occurrence of threatening and bullying faculty behaviors occurring in nursing education (Clark & Springer, 2007a; Cooper et al., 2011). These behaviors are perceived as serious because they may lead to violence in the educational setting. Threatening behaviors may also be psychologically damaging to the students. Future research needs to be conducted exploring threatening and bullying behaviors.

One study offered perceptions regarding contributing factors to faculty incivility in nursing education (Clark, 2008d). Incivility may be prevented or controlled based on addressing these contributing factors. These factors included student factors, faculty factors, and environmental factors. Many of these issues leading to an uncivil environment were found within the qualitative findings. Additional research needs to be conducted to provide insight into what is potentially causing faculty incivility to occur since faculty have a significant impact on the students and the learning environment.

These studies also reported the psychological and physical impact of faculty incivility on the student (Clark 2006, 2008b, 2008c). This may lead to termination of learning and program dissatisfaction (Marchiondo et al., 2010). Experiences with uncivil faculty can also cause anger and may provoke uncivil student behaviors. Therefore, research needs to be conducted into faculty incivility to gain an understanding of its contributing factors to create an effective learning environment for student and to decrease the incidence of student incivility.

The quantitative studies in the section provided lists of behaviors, threatening behaviors, and frequencies of behaviors. The mixed-method studies provided additional behaviors perceived as uncivil and insight into frequently occurring behaviors and contributing factors behind those behaviors. The qualitative information provided described the impact of faculty incivility on the student. Additional research needs to be conducted on perceptions of student and faculty incivility using mixed-method design to elicit rich data depicting students' perceptions of faculty incivility in their own words.

Finally, some of the discussed research studies lacked evidence of validity and reliability of the survey tools used for study conduction. Two of the studies reported no reliability statistics for the instrument used in their study (Cooper et al., 2011; Clark & Springer, 2007a). One of the studies noted lack of psychometric testing of a newly developed tool used in the study (Clark, 2008a). Therefore, additional research needs to be conducted using a valid and reliable survey tool to examine the phenomenon of incivility.

Differing Faculty and Student Perceptions of Incivility

Although this review of the literature focuses on student perceptions of student and faculty incivility, it is important to recognize faculty perceptions as well. As previously discussed, incivility is based on perception or an individual's mental image of incivility or uncivil behavior; thus it is based on individual interpretation. Many times student perceptions and faculty perceptions may differ.

Several of the discussed studies sought to compare student and faculty perceptions of incivility. Clark (2008a) reported that faculty perceived some student behaviors to be more uncivil than the students did. These behaviors included leaving class early, creating tension by dominating class discussion, and cheating on exams or quizzes. Behaviors that cause classroom disruption and require punishment are perceived more uncivil by faculty members. Students also perceived some student behaviors as more uncivil than faculty: cutting class, being unprepared, sleeping, and arriving late to class. These behaviors by the students do not cause as significant amount of in class disruption to the faculty unlike holding distracting conversations. Mellor's (2011) study also noted faculty view improper use of technology in the classroom as more uncivil than students. This may be attributed to generational differences between the faculty and student population.

Faculty also reported experiencing some student behaviors more frequently than students: acting bored and apathetic and being unprepared for class. Students may not perceive these peer behaviors as uncivil because they may not be as aware of them as the faculty teaching the class. Students also experienced some behaviors occurring more frequently than faculty: refusing to answer direct questions, using computers unrelated to

class, creating tension by dominating class discussion, not paying attention, and leaving class early (Clark, 2008a). These differences may be attributed to knowledge of the behaviors and students' academic performance. Faculty may not physically view as many of these behaviors being performed as the students in the classroom, especially in a large classroom.

In regards to faculty incivility in the study, students perceived the following faculty behaviors to be more uncivil than faculty did: ineffective teaching style or method, deviating from course syllabus, changing assignments or due dates, and subjective grading (Clark, 2008a). Faculty may not perceive these behaviors as uncivil while the students do because they impact their grade and/or time. These differences may be attributed to faculty unawareness of the impact of these behaviors on the students. Numerous factors may contribute to differing perceptions of incivility among students and faculty.

Faculty and student perceptions may differ based on knowledge of the behaviors and perceived impact on the other individual. These differences in perceptions may also be attributed to generational differences between faculty and the student population. Awareness of these differences is imperative in the exploration of the phenomenon of incivility in nursing education.

Measurement Tools for Incivility

The literature review revealed several tools for the measurement of incivility: the *Incivility in Nursing Education* (*INE*) survey, the *Incivility Scale*, and the *Workplace Incivility Scale* (*WIS*). In nursing education, the *INE* is a survey used in multiple studies conducted by Clark and colleagues on incivility in nursing education (Clark, 2008a,

2008d, Clark 2011; Clark & Springer 2007a, 2007b; Clark et al., 2010). These studies were discussed in previous sections of the review. The *INE* survey measures student and faculty perceptions of uncivil, disruptive and threatening behaviors, the perceived frequency of these behaviors, contributing factors to uncivil behavior, and strategies to address these behaviors. The *INE* survey was developed by Cynthia Clark in 2004 through student and faculty interviews, professional experience, and a review of the literature (Clark, Farnsworth & Landrum, 2009).

The development of Section II of the *INE* was based on the *Defining Classroom Incivility* (*DCI*) survey designed by the Center for Survey Research at the University of Indiana (2000), and the *Student Classroom Incivility Measure* (*SCIM*) developed by Hanson (2000). Both these surveys were designed for measuring incivility in higher education. The *DCI* measures the extent and types of uncivil behaviors that faculty and graduate instructors encountered, their responses, and their perceptions about who engages in incivility (Indiana University Center for Research, 2000). The *DCI* has been used to survey nearly 1,500 faculty members by the Indiana University Center for Research. The *SCIM* contains items that rate the frequency in which students had previously engaged in uncivil behavior in the classroom and items that rate the extent to which students' perceived disruptive student and faculty incivility was occurring in the classroom (Hanson, 2000). Hanson (2000) has used this survey in a variety of disciplines in large lecture courses at an upper Midwest university.

The *INE* is divided into three sections. Section I collects demographic data, Section II lists student and faculty behaviors occurring in the academic environment, and Section III includes open ended questions for completion. Section I of the INE includes a

demographic questionnaire describing the student or faculty status, gender, age, ethnicity/racial background, residence, years taught by faculty at college/university level, level of the program faculty is teaching, and students' level in the nursing program. Section II is divided into two subsections: behaviors that are potentially uncivil and behaviors that are known to be threatening. Students and faculty are asked to respond to frequencies of behaviors, perceptions of the uncivil behaviors as a problem, and likelihood of engagement in uncivil behaviors. Section III consists of four open ended questions asking respondents to describe ways students and faculty may contribute to incivility in nursing education, how the incivility should be addressed, and any additional comments (Clark, Farnsworth & Landrum, 2009). A description of questions and items in each section will be discussed in Chapter 3.

The *INE* has well documented reliability and validity. Cronbach's alpha inter-item coefficients were calculated for the data set to evaluate the extent to which each item related to the rest of the items in the survey. Student behavior items indicated good inter-item reliability (.80 to .88). Faculty behavior items indicated a good inter-item reliability (.91 to .95). Once the items on the INE were developed, Clark used a panel of experts to review the items to establish content validity. The panel consisted of six nursing and non-nursing university professors, 10 nursing students and a statistician. The expert reviewers found the items highly reflective of academic incivility. Revisions and improvements to the format of several items were made based on the reviewer's comments. The findings from a qualitative phenomenological study to investigate incivility in nursing education conducted by Clark were used to revise the INE in 2007 (Clark, 2006, 2008b, 2008c). The survey was revised in 2009 based on additional studies conducted by Clark discussed

in a previous section (Clark 2008a, 2008d). Clark later developed a definition of incivility that was placed on the *INE* survey for the most recent revision in 2010 (Clark, 2009).

The *INE* has been used by Clark and Springer (2007a, 2007b) and Clark (2008a, 2008d) to study student and faculty perceptions of student and faculty incivility using a single university sample and a national sample. Clark (2011) used the *INE* for an interventional study to address incivility in one nursing program. The *INE* has been translated into various languages including Hebrew, Farsi, Mandarin Chinese, Indonesian, Filipino, Maley, Arabic, and French for use in non English speaking countries. Several international studies are underway using the *INE*. Clark et al. (2010) used the *INE* to measure student and faculty perceptions of academic incivility in the People's Republic of China. The *INE* has also been used for an interventional study as a pre and post assessment to measure whether incivility improved after intervention. All of these studies were discussed within the literature review.

The *INE* has also been used by several researchers according to the literature. Portions of the *INE*, along with portions of the *Workplace Incivility Scale* (*WIS*), were used to create a larger survey for the exploration of the impact of faculty incivility on nursing program satisfaction in baccalaureate students (Marchiondo et al., 2010). A modified version of the *INE* was also used within a doctoral dissertation exploring student perceptions of student, faculty and nurse incivility in nursing education (Beck, 2009).

Other studies identified the *Incivility Scale* and the *Workplace Incivility Scale* (*WIS*) in previous research. These are discussed to provide a foundation for tool selection. A study conducted by Nordstrom et al. (2009) used the *Incivility Scale* which was

adapted from a measure developed at Indiana University to gauge faculty perceptions regarding uncivil classroom behaviors (Indiana University Center for Research, 2000). The revised student incivility scale consisted of 45 items comprised of 30 negative classroom behaviors and 15 positive/neutral classroom behaviors. For each of the 45 items, the students were asked how often they typically engaged in the behavior and how inappropriate they perceived the behavior. This instrument was used to examine predictors of uncivil classroom behaviors.

Caza and Cortina (2007) used an adaptation of the *Workplace Incivility Scale* (*WIS*) for the measurement of uncivil behavior in the university setting. The scale consisted of 12 items measuring the frequency of students' experiences with specific uncivil behaviors and the primary instigator of the behavior. The *WIS* was also used in a study conducted by Laschinger, Leiter, Day, and Gilin (2009) that explored the impact of workplace empowerment, incivility and burnout on the retention and recruitment of staff nurses. Adaptations of the *WIS* were used to create a larger survey for the exploration of the impact of faculty incivility on nursing program satisfaction in baccalaureate students (Marchiondo et al., 2010).

The *INE* allows for examination of student perceptions of both student and faculty incivility in nursing education within one survey. The *INE* has well documented validity and reliability within nursing education and will be further discussed in Chapter 3. Further research is needed by additional researchers to examine student perceptions of student and faculty incivility using the *INE* tool and different samples of students within nursing education.

Summary

This chapter included a review of the literature on the concept of incivility including conceptual definition, the theoretical framework of Attribution Theory, student perceptions of student incivility in higher education, student perceptions of student incivility in nursing education, student perceptions of faculty incivility in higher education, student perceptions of faculty incivility in nursing education, a synopsis and example of differing student and faculty perceptions of incivility, and overview of research using the *Incivility in Nursing Education* (*INE*) Survey measurement tool. The next chapter will include the methodology for the current study including study design/method, ethical issues for the study of human subjects, sampling plan, recruitment, data collection methods, data management, and data analysis.

CHAPTER 3

METHODOLOGY

The methodology for the current study including study design/method, ethical issues for the study of human subjects, sampling plan, recruitment, data collection methods, data management, and data analysis will be reviewed.

Study Design

A mixed-method approach was utilized to investigate the phenomenon of incivility. This approach was selected to enhance validity of the study by using multiple, complimentary forms of data (Polit & Beck, 2011). Data collection included quantitative survey and qualitative open-ended questions. The cross sectional survey design allowed for the collection of self-reported data and provided unrestricted responses from the participants.

Human Subjects/Ethical Issues

Prior to conducting the study, approval was obtained from the Institutional Review Board (IRB) at the Indiana University of Pennsylvania (Appendix A). IRB was completed at the associate degree program (Appendix B), and site approval was obtained from the diploma program (Appendix C). Full disclosure of the aim and potential outcomes of the study was presented to the subjects prior to participation in the study. Potential participants received a cover letter with the survey explaining the study focus as well as risks and benefits of the study (Appendix D). A different cover letter was used for the associate degree program due to their IRB request that a counselor be listed on the consent in case students encountered anxiety when completing the survey (Appendix E). Informed consent was assumed when participants completed and submitted the survey to

the researcher. All information obtained in the study was anonymous. The researcher also explained to the participants that due to the anonymity of the survey, once the survey was submitted to the researcher they were no longer able to withdraw from the study. This was explained in the cover letter and verbally to the participants.

No vulnerable populations were used in this research study. Pregnant students may have been included; however, they were not targeted for the study. No major ethical issues existed related to the conduction of this study. The participants may have experienced mild psychological discomfort when recounting experiences with incivility during survey completion. However, only one school requested counseling services be available for the participants and no students voiced psychological discomfort while completing the survey.

The surveys were numbered after completion for data tracking purposes only. A research assistant was used for data entry but did not know the identity of the study participants. The research assistant signed a confidentiality statement (Appendix F) prior to data entry. All information including participant paper/pencil surveys and portable computer data devices used for saving of computer files will be kept in a locked filing cabinet for a period of three years. All computer files used for data collection were saved onto a portable drive and are password protected to maintain confidentiality of the study information.

Study Setting

The settings for this study included three nursing programs within Pennsylvania (1 diploma, 1 associate, and 1 baccalaureate) in order to accrue participants from each program type. The researcher made contact with program directors/chairs for the use of

these institutions. The institutions were selected based on number of students enrolled in the program and convenience of the institution's location to the researcher.

Sample

This section will describe the sampling for the current study. The study's population and sample, eligibility criteria, sample size, and power analysis will be discussed.

Population and Sample

The study's population encompassed full-time, pre-licensure nursing students in the United States. For the purpose of this study, the sample included full-time, pre-licensure nursing students within diploma, associate, and baccalaureate nursing education programs in Pennsylvania.

Eligibility Criteria

This section will discuss the eligibility criteria for the study participants. Both the inclusion and exclusion criteria will be presented.

Inclusion criteria. The study's inclusion criteria included:

1. Enrolled full-time within a pre-licensure nursing education program in Pennsylvania (diploma, associate, or baccalaureate)

2. Student must be currently in the final semester of program study

3. English speaking

Exclusion criteria. The study's exclusion criteria included:

1. Part-time nursing students

2. Students not enrolled in their final semester of program study

3. Non English speaking

4. Individuals enrolled in a program other than nursing

5. Individuals enrolled within programs other than diploma, associate, or baccalaureate nursing programs such as practical or RN-BSN track

6. Those enrolled in programs outside of Pennsylvania

Sample Size/Power Analysis

For the purpose of testing research question five, the statistical method of analysis of variance (ANOVA) was utilized. A power analysis was calculated for a three group study using an estimated eta squared of .06 (medium effect size), $\alpha = .05$, and power .80 (Polit and Beck, 2011). The determined sample size for testing the research question was determined to be n=53 participants in each group for a total of 159 participants. The total number of participants recruited for this study was N=217. Of the 217 participants, 68 were from a diploma program, 58 from an associate degree program, and 91 from a baccalaureate program.

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Recruitment

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This section will discuss recruitment of the participants for the current study. The study's survey approach and offered incentive for participation will be described.

Survey Approach

The researcher used convenience sampling for recruitment of potential participants from nursing programs within the commonwealth of Pennsylvania. Pennsylvania was selected due to the researcher's location. The researcher contacted the program director/chairperson from the identified schools to discuss the study's purpose and to establish scheduled times to meet with the students. Data collection was completed during nursing theory courses containing students in the final semester of program study.

Only students within the final semester were used since these students would have the most opportunity to experience incivility within their nursing program. The researcher also made contacts with faculty members as directed to establish dates and times for data collection. To provide the initial face-to-face interaction with the possible participants, the researcher traveled to the identified nursing programs. The explanation of the study and survey completion took approximately 30 minutes and was completed at a prearranged time convenient to each faculty member. The researcher spoke to the students in person for approximately 10 minutes and provided an explanation of the study and reviewed the informed consent. This personal interaction may have helped to increase the participant response rates (99.6%). One student chose not to complete the survey.

The students were informed that survey completion was voluntary and would not impact course grades. Each student received a cover letter explaining the survey focus, risks and benefits of the study, and researcher contact information. Consent was implied when the participant completed the survey which was explained in the cover letter and verbally to the participants. The researcher remained in the room during survey completion to answer any questions that the participants had. Students who did not wish to participate were offered a related alternative activity to complete during the survey completion period. Participants returned completed surveys to a designated box that was collected by the researcher. The surveys were coded after collection for data tracking purposes. The data collection process at the selected schools took place over a two week time period to maintain consistency of the data collected and to reduce risks from external factors.

Incentive

The participants were offered an incentive to increase participation rates. The survey contained an extra sheet that participants could complete and submit after returning the survey to the researcher. Students completed the form by providing their name and phone number. Completed sheets were returned to a separate box. The participants were then entered into a drawing to receive a $50.00 Amazon gift card. A random drawing for a gift card occurred at each participating school immediately following data collection completion at that school. The winners were notified by phone and gift cards were mailed to the winning participants.

Data Collection

This section will review the study's data collection method. The instrument used for the study will be introduced including description of the tool, limitations, coding of responses, and reliability and validity of the tool will be presented.

Instrument

For data collection during the study, the participants completed the *Incivility in Nursing Education* (*INE*) Survey. The *INE* survey describes student perceptions of disruptive and threatening behaviors, the perceived frequency of these behaviors, contributing factors, and strategies to prevent or address uncivil behaviors in the academic environment. The current study only analyzed the data in regards to disruptive behaviors, frequencies, and contributing factors. The *INE* is divided into three sections. Section I collects demographic data, Section II lists student and faculty behaviors occurring in the academic environment that may be perceived as disruptive or threatening, and Section III includes open-ended questions for completion. The *INE* is

self-administered and was given in a paper/pencil format to participants. The *INE*

contains 20 questions for participant completion. The modified *INE* used for the current

study contained 17 questions. The survey was modified to remove faculty demographic

questions and insert a student demographic question regarding full-time or part-time

status. The study used data from both the quantitative and qualitative sections for

analysis.

The *INE* survey was developed by Cynthia Clark in 2004 through student and

faculty interviews, professional experience, and a review of the literature (Clark,

Farnsworth & Landrum, 2009). The development of Section II used the *Defining*

Classroom Incivility (*DCI*) survey designed by the Center for Survey Research at the

Indiana University (2000) and the Student Classroom Incivility Measure (SCIM) and the

Student Classroom Incivility Measure-Faculty (*SCIM-F*) developed by Hanson (2000) as

foundations for the survey items. Both these surveys were designed for measuring

incivility in higher education. The *DCI* measures the extent and types of uncivil

behaviors that faculty and graduate instructors encountered, their responses, and their

perceptions about who engages in incivility (Indiana University Center for Research,

2000). The *SCIM* contains items that rate the frequency in which students had previously

engaged in uncivil behavior in the classroom and items that rate the extent to which

students' perceived disruptive student and faculty incivility occurring in the classroom

(Hanson, 2000).

The current study used the 2010 revised version of the *INE*. Revisions to the

survey are discussed in the validity section of this chapter. The only modifications of the

survey by the researcher of the current study included the elimination of faculty

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demographic questions and the insertion of "in your nursing course" to questions 6-9

since the researcher is focusing on perceptions of incivility in nursing education. This

statement made the focus of the responses clearer to the participants. An additional

question was added to the demographics to identify the full-time or part-time status of the

participant. The modified *INE* used for the study is included in Appendix G. Cynthia

Clark was contacted for permission for use, modifications, and distribution of this

instrument. Appendix H includes a licensing agreement from Dr. Clark for the use of the

INE tool for study conduction.

Section I. Section I of the original *INE* included a demographic questionnaire

describing the student or faculty status, gender, age, ethnicity/racial background, years

taught by faculty at college/university level, type of program the faculty member is

teaching within, the rank of the faculty member and the type of nursing program the

student is attending. The *INE* can be completed by both faculty and students. The current

study focused on student perceptions; therefore, 4 of the 8 demographic questions that

apply to faculty were removed (Questions 1, 5, 6, and 7 on original *INE*). The

demographic section of the *INE* was modified with permission from the developer. The

current survey included 5 demographic questions (modified *INE* questions 1-5) regarding

gender, year of birth, ethnic/racial background, type of program attending, and program

level.

An additional question was added to inquire if the student had full or part-time

status since the current study focused on full-time students only. The type of program

was modified to include only the three program types being used in the current study.

Questions that addressed gender, ethnic/racial background, and program type were select

one option only. The question regarding year of birth was an open-ended question. These demographic questions allowed placement of participants into groups according to nursing program type for data analysis.

Section II. Section II was divided into two subsections: behaviors that are potentially disruptive and behaviors that are known to be threatening. Students were asked to respond to frequencies of behaviors, perception of the disruptive behaviors as a problem, and likelihood of engagement in uncivil behaviors. In the current study, questions in Section II were numbered as questions 6-11. Question 6 included a list of 16 student behaviors that may be perceived as disruptive. The students viewed each behavior and identified whether they perceived the behavior as disruptive (always, usually, sometimes, or never) and how often they had experienced that behavior within the past 12 months (often, sometimes, rarely, or never). Question 7 contained 13 student behaviors that may be considered threatening and asked the students to identify whether the behavior had happened to them or someone else in the academic environment within the last 12 months (yes/no).

Question 8 and 9 included faculty behaviors. Question 8 included 20 faculty behaviors that may be perceived as disruptive. The students viewed each behavior and identified whether they perceived the behavior as disruptive (always, usually, sometimes, or never) and how often they had experienced that behavior within the past 12 months (often, sometimes, rarely, or never). Question 9 contained 13 faculty behaviors that may be considered threatening and asked the students to identify whether the behavior had happened to them or someone else in the academic environment within the last 12 months (yes/no). Question 10 included a forced choice question that asked the students to identify

their perception of the extent of incivility in the nursing academic environment as a problem (no problem, mild, moderate, severe, or don't know/can't answer). Question 11 asked the students to identify who they perceive are more likely to engage in uncivil behavior using a select one option question (faculty members are much more likely, faculty members are a little more likely, about equal, students are a little more likely, students are much more likely, or don't know).

Section III. Section III, questions 12-17, consisted of four open-ended questions which asked respondents to describe ways students and faculty may contribute to incivility in nursing education, how the incivility should be addressed, and any additional comments. Question 12 asked the students what factors they perceived contribute to student incivility and question 13 asked what factors they perceived contribute to faculty incivility. Question 14 asked students how they felt students contribute to incivility and question 15 asked how they felt faculty contribute to incivility. Question 16 contained an open-ended question asking how they perceived students, faculty, and universities or colleges should address incivility in the academic environment. Finally, question 17 allowed for additional comments.

Coding and Scoring of Instrument. For research question 1, modified INE questions 6 and 8 responses were coded with numbers (1-4, 1=never and 4=always) and frequencies were calculated regarding behaviors perceived as uncivil. For research question 2, modified INE questions 6 and 8 responses were coded with numbers (1-4, 1=never and 4=often) and frequencies were calculated regarding behaviors most often occurring. These responses were compiled into a total perception of student incivility score and total faculty incivility score for analysis of research questions 5 and 6. For

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research question 5, age of the participant had to be re-coded into age in years rather than birthdate. A code book was compiled by the researcher for reference.

Limitations. The survey consisted of three sections for completion including open-ended questions which took additional time and may have limited the responses and/or completeness of the responses from participants.

Reliability. The INE was pilot tested using a convenience sample of 356 nursing faculty and nursing students in a large program in the Northwest US. The INE was further tested in 2006 in a study conducted using a convenience sample of 504 nursing faculty and student attendees from two national nursing conferences. The Cronbach's alpha inter-item coefficients were calculated for the data set to evaluate the extent each item related to the rest of the items in the survey. Student behavior items indicated good inter-item reliability (.80 to .88). Faculty behavior items indicated very good inter-item reliability (.91 to .95). Minor revisions were made following this study.

Factor analysis was conducted on the INE since the instrument measures both student and faculty incivility (Clark, et al., 2009). Exploratory factor analysis on student incivility yielded three factors, explaining 56.0% of the variance when utilizing varimax rotation, eigenvalues >1.0, and factor loadings >.50. Exploratory factor analysis on faculty incivility yielded three factors, explaining 64.6% of the variance when utilizing varimax rotation, eigenvalues >1.0, and factor loadings >.50. Inter-item reliability coefficients (Cronbach's alpha) were calculated. Factor 1 generally addressed uncivil behaviors, Factor 2 referred to classroom management issues, and Factor 3 addressed flexibility issues. For student incivility, reliability coefficients included: Factor 1=.88, Factor 2=.74, and Factor 3=.68. For faculty incivility, reliability coefficients included:

Factor 1=.94, Factor 2=.84, and Factor 3=.70 which indicated adequate levels of reliability. Factor 1 referred to distracting or disrespectful classroom behavior, Factor 2 referred to disrespect or disregard for others, and Factor 3 referred to a general disinterest in class (Clark, et al., 2009). The *INE* is a fairly new instrument (2004) that has only been tested and utilized within nursing education with nursing students and faculty.

Cronbach's alpha for reliability of the tool using the current study's data set was performed. The student scale displayed high reliability (α=.89) as well as the faculty scale (α=.95).

Validity. Once the items on the INE were developed, Clark used a panel of experts to review the items to establish content validity. This was based on face validity because no content validity index was calculated. The panel consisted of six nursing and non-nursing university professors, 10 nursing students, and a statistician. The expert reviewers found the items highly reflective of academic incivility. Revisions and improvements to the format of several items were made based on the reviewer comments. The findings from a qualitative phenomenological study to investigate incivility in nursing education, conducted by Clark were used to revise the INE in 2007 (Clark, 2006, 2008b, 2008c). The survey was revised in 2009 based on additional studies conducted by Clark discussed in a previous section (Clark 2008a, 2008d). Clark later developed a definition of incivility that was placed on the INE survey for the final revision in 2010 (Clark, 2009). The 2010 version was used for the current study.

Procedures

The data from Section I and II were entered into a data file and analyzed utilizing statistical analytical software (SPSS 19®). Data entry files were entered either by the

researcher or research assistant and the data file was rechecked for accuracy. A code book was developed for coding of the survey data into SPSS®. The data from section III was transcribed from the surveys into a document and then subjected to textual content analysis by the researcher. All surveys were numbered for tracking of data. All data collection materials will be kept confidential and remain in a locked cabinet for a period of three years. Electronic files were saved and are password protected.

Data Analysis

This section will discuss data analysis for the current study. Methods for data analysis of the demographics and each research question will be presented.

Demographics

All demographic data were analyzed using descriptive statistics. Descriptive statistics were also used to compare the student demographics among the nursing program types.

Research Questions 1 and 2

Descriptive statistics were performed for research questions 1 and 2. These questions explored what student and faculty behaviors students perceived as uncivil in nursing education and what behaviors were most frequently occurring. Frequencies were completed and compared among the program types for similarities or differences. The student responses to each behavior and frequency of each behavior in the questions discussed above were scored separately. These descriptive statistics were analyzed using SPSS®.

Research Question 3

Qualitative analysis was completed by the researcher for research question 3. The participants were asked open-ended questions on the survey regarding what factors the student perceived contributed to student and faculty incivility. The researcher completed textual content analysis of the responses of the participants. The responses were placed into tables according to each program type (diploma, associate, and baccalaureate). The responses were then analyzed by program type. The researcher color coded common responses to visualize frequency. Those responses color coded most frequently appearing were collapsed into a common category and those categories were listed in the results section of the dissertation. The color coded tables and list of frequent responses were reviewed by the dissertation chairperson to ensure validity. Responses were unable to be shared with participants to ensure validity because of the anonymity of the survey subjects. Trustworthiness can be enhanced by several methods and encompasses different dimensions: credibility, transferability, confirmability, and dependability (Polit & Beck, 2011). Credibility of the data in the study was supported by triangulation of data by using a mixed-method design. Another method used to ensure credibility and transferability included transcription of open-ended responses verbatim into a data table from the surveys. Confirmability and credibility were maintained via peer review by the dissertation chair.

Research Question 4

Pearson's Product Moment Correlation, a widely used correlation coefficient, was used to examine the relationship between two variables measured on an interval scale or higher (Polit & Beck, 2011). This research question evaluated the relationship between the age of the student and the student's perceptions of student and faculty incivility.

Several assumptions are necessary use of this statistic. They are level of measurement, related pairs, independence of observations, normality, linearity, and homoscedasticity (Pallant, 2007). These assumptions were tested with both student incivility and faculty incivility. The study used continuous variables. Each subject was provided a score for each variable. Data collection occurred over the same two week time period and participants were asked to discuss their overall perception of incivility in nursing education. The sample was evaluated for normal distribution. A scatterplot was completed to evaluate linearity and homoscedasticity. The scatterplot displayed no extreme outliers. Therefore, the assumptions for this analysis were met. Pearson's Correlation Moment Correlation for research question 4 was analyzed using SPSS.

Research Question 5

Analysis of Variance (ANOVA) was used to test the hypotheses of research question 5 which explored the differences in student perceptions of incivility among each nursing program type. Due to the comparison of three separate groups (diploma, associate, and baccalaureate), the statistical method of ANOVA was utilized for testing mean differences among the groups by comparing variability between groups to variability within groups (Polit & Beck, 2011). Several assumptions are necessary for the conduction of ANOVA which include level of measurement, random sampling, independence of observations, normal distribution, and homogeneity (Pallant, 2007). These assumptions were tested on both student and faculty incivility. The dependent variable of the study was measured using a continuous scale. The study had the limitation of the use of convenience rather than random sampling, however random sampling is often not the case in real life research (Pallant, 2007). Data collection occurred over the

same time period and participants were asked to discuss their overall perception of incivility in nursing education. The sample was evaluated for normal distribution and homogeneity. Normal distribution was met for both the student and faculty incivility ANOVAs. For student incivility, the ANOVA yielded a Levine statistic of .11 (>.05), which meets the assumption of homogeneity. However, the Levine statistic for the ANOVA on faculty incivility yielded <.001. Due to this finding, a Brown Forsythe statistic for homogeneity was also conducted and found to be .02 (<.05) which meets the assumptions of homogeneity (Pallant, 2007). Therefore, the assumptions for ANOVA were met. ANOVA for question 5 was analyzed using SPSS.

Summary

This chapter included the methodology for the current study including study design/method, ethical issues for the study of human subjects, sampling plan, recruitment, data collection methods, data management, and data analysis. The next chapter will present the data and analyses for the demographic variables and research questions. The next chapter will also provide a description of the sample, the research questions, hypotheses, and quantitative and qualitative results.

CHAPTER 4

RESULTS

The data and analyses for the demographic variables and research questions will be presented along with a description of the sample, the research questions, hypotheses, and quantitative and qualitative results.

Sample Description

The survey was distributed to students (*N*=242) from diploma, associate, and baccalaureate schools of nursing, 241 surveys were returned for a response rate of 99.6%. Of the surveys, 24 were excluded because students were enrolled part-time, an exclusion criteria for this study. The sample size for this study was *N*=217.

Demographics and descriptive statistics are presented in Table 1. Of the 217 participants, 86.2 % were female and 13.8% were male. Participants ranged in age from 20-55. The majority of the participants were age 20-25 (61.2%). Minorities were minimally represented with 92.6% Caucasian participants. This represents the geographical areas from which the sample was obtained. The sample was selected from each program type for comparison. The sample represented one diploma program (31.3%), one associate degree program (26.7%), and one baccalaureate degree program (41.9%). The demographics of each program type are presented in Tables 2-4. Table 2 includes the demographic distribution of the diploma program students, Table 3 lists the associate degree student demographics, and Table 4 contains the baccalaureate student demographics. The demographics are consistent among the program types regarding gender and ethnicity. The majority of the students among all programs are female and Caucasian. The baccalaureate program has the highest percentage of students under age 30 and the diploma program the largest majority over age 30. All students (100%) were

enrolled full-time within their program. Statistical analysis revealed the demographic data

for those excluded because they were enrolled part-time, did not differ significantly from

the participants included in the study.

Table 1

Demographic Characteristics of the Sample (N=217)

Variable	Category	n	(%)
Gender	Female	187	(86.2)
	Male	30	(13.8)
Age	20-25	133	(61.3)
	26-30	27	(12.4)
	31-35	19	(8.8)
	36-40	22	(10.1)
	41-45	5	(2.3)
	46-50	6	(2.8)
	>50	3	(1.4)
	Missing	2	(0.9)
Ethnicity	Black	6	(2.8)
	Asian	3	(1.4)
	Caucasian	201	(92.6)
	Pacific Islands	2	(0.9)
	Spanish/Hispanic/Latino/Mexican	2	(0.9)
	Other	2	(0.9)
	Missing	1	(0.5)
Current Program Level	Diploma	68	(31.3)
	Associate	58	(26.7)
	Baccalaureate	91	(41.9)
Current Program Status	Full Time	217	(100.0)

Note: Total Percentages may not equal 100 due to rounding

Table 2

Demographic Characteristics of the Diploma Program Sample (n=68)

Variable	Category	n	(%)
Gender	Female	58	(85.3)
	Male	10	(14.7)
Age	20-25	26	(38.2)
	26-30	13	(19.1)
	31-35	9	(13.2)
	36-40	11	(16.2)
	41-45	2	(3.0)
	46-50	3	(4.4)
	>50	3	(4.4)
	Missing	1	(1.5)
Ethnicity	Black	4	(5.9)
	Caucasian	63	(92.6)
	Spanish/Hispanic/Latino/Mexican	1	(1.5)

Table 3

Demographic Characteristics of the Associate Program Sample (n=58)

_____

Variable	Category	n	(%)
Gender	Female	45	(77.6)
	Male	13	(22.4)
Age	20-25	31	(53.4)
	26-30	8	(13.8)
	31-35	7	(12.1)
	36-40	8	(13.8)
	41-45	1	(1.7)
	46-50	3	(5.2)
Ethnicity	Caucasian	56	(96.5)
	Pacific Islands	2	(3.5)

_____

Table 4

Demographic Characteristics of the Baccalaureate Program Sample (n=91)

Variable	Category	n	(%)
Gender	Female	84	(92.3)
	Male	7	(7.7)
Age	20-25	76	(83.5)
	26-30	6	(6.6)
	31-35	3	(3.3)
	36-40	3	(3.3)
	41-45	2	(2.2)
	Missing	1	(1.1)
Ethnicity	Black	2	(2.2)
	Asian	3	(3.3)
	Caucasian	82	(90.1)
	Spanish/Hispanic/Latino/Mexican	1	(1.1)
	Other	2	(2.2)
	Missing	1	(1.1)

Research Question 1

Research Question 1: What student and faculty behaviors are perceived as uncivil in the nursing academic environment by each of nursing program types (diploma, associate, and baccalaureate)? Descriptive statistics were conducted to identify what student and faculty behaviors were perceived as uncivil in each nursing program type. Descriptive statistics on perceptions of student behaviors are displayed in Table 5 for the diploma students, Table 6 for the associate program, and Table 7 for the baccalaureate program. Table 8 displays student perceptions of uncivil faculty behaviors in the diploma program. The associate degree program perceptions are noted in Table 9 and the baccalaureate student perceptions in Table 10.

Table 5

Student Behaviors Perceived as Uncivil by Diploma Nursing Students

_____

Behavior	Always (%)	Usually (%)	Sometimes (%)	Never (%)
Acting Bored or Apathetic	13.2	13.2	57.4	16.2
Making Disapproving Groans	25.8	21.2	45.5	7.6
Making Sarcastic Remarks/Gestures	28.8	22.7	40.9	7.6
Sleeping	22.4	13.4	28.4	35.8
Not Paying Attention	14.9	20.9	37.3	26.9
Holding Distracting Conversations	59.7	17.9	17.9	4.5
Refusing to Answer Direct Questions	15.2	18.2	30.3	36.4
Computer Use Unrelated to Class	16.7	22.7	13.6	47.0
Using Cell Phones/Pagers	20.9	22.4	37.3	19.4
Arriving Late	37.3	20.9	28.4	13.4
Leaving Early	10.4	20.9	52.2	16.4
Cutting Class	4.4	11.8	20.6	63.2
Being Unprepared	10.3	25.0	41.2	23.5
Creating Tension	29.4	27.9	26.5	16.2
Cheating	60.3	8.8	1.5	29.4
Demanding Make-ups/Extensions/Changes	42.6	22.1	17.6	17.6

_____

Note: Total Percentages may not equal 100 due to rounding

Table 6

Student Behaviors Perceived as Uncivil by Associate Degree Nursing Students

Behavior	Always (%)	Usually (%)	Sometimes (%)	Never (%)
Acting Bored or Apathetic	1.7	13.8	63.8	20.7
Making Disapproving Groans	20.7	29.3	41.4	8.6
Making Sarcastic Remarks/Gestures	24.1	24.1	43.1	8.6
Sleeping	19.0	12.1	31.0	37.9
Not Paying Attention	8.6	20.7	46.6	24.1
Holding Distracting Conversations	39.7	32.8	20.7	6.9
Refusing to Answer Direct Questions	17.2	15.5	37.9	29.3
Computer Use Unrelated to Class	15.8	24.6	42.1	17.5
Using Cell Phones/Pagers	25.9	20.7	37.9	15.5
Arriving Late	22.4	32.8	29.3	15.5
Leaving Early	12.1	20.7	36.2	31.0
Cutting Class	5.4	8.9	23.2	62.5
Being Unprepared	10.3	17.2	53.4	19.0
Creating Tension	34.5	27.6	24.1	13.8
Cheating	63.8	5.2	15.5	15.5
Demanding Make-ups/Extensions/Changes	22.4	19.0	31.0	27.6

Note: Total Percentages may not equal 100 due to rounding

Table 7

Student Behaviors Perceived as Uncivil by Baccalaureate Degree Nursing Students

Behavior	Always (%)	Usually (%)	Sometimes (%)	Never (%)
Acting Bored or Apathetic	8.9	11.1	65.6	14.4
Making Disapproving Groans	25.6	23.3	47.8	3.3
Making Sarcastic Remarks/Gestures	27.8	24.4	45.6	2.2
Sleeping	19.3	14.8	30.7	35.2
Not Paying Attention	15.6	17.8	40.0	26.7
Holding Distracting Conversations	54.4	20.0	23.3	2.2
Refusing to Answer Direct Questions	14.4	20.0	41.1	24.4
Computer Use Unrelated to Class	15.6	21.1	33.3	30.0
Using Cell Phones/Pagers	21.1	24.4	38.9	15.6
Arriving Late	38.2	21.3	33.7	6.7
Leaving Early	16.5	26.4	41.8	15.4
Cutting Class	5.6	10.0	27.8	56.7
Being Unprepared	12.1	17.6	56.0	14.3
Creating Tension	24.2	30.8	31.9	13.2
Cheating	54.9	7.7	20.9	16.5
Demanding Make-ups/Extensions/Changes	27.5	28.6	29.7	14.3

Note: Total Percentages may not equal 100 due to rounding

Table 8

Faculty Behaviors Perceived as Uncivil by Diploma Nursing Students

Behavior	Always (%)	Usually (%)	Sometimes (%)	Never (%)
Arriving Late	45.6	17.6	30.9	5.9
Leaving Early	8.8	11.8	44.1	35.3
Cancelling Without Notice	38.8	7.5	28.4	25.4
Being Unprepared	41.2	16.2	32.4	10.3
Not Allowing Open Discussion	30.9	14.7	20.6	33.8
Refusing Make-ups/Extensions/Changes	14.7	10.3	41.2	33.8
Ineffective Teaching Style/Method	42.6	20.6	30.9	5.9
Deviating From Syllabus	33.8	17.6	39.7	8.8
Being Rigid, Inflexible, Authoritarian	50.0	11.8	25.0	13.2
Punishing Entire Class for one's Behaviors	50.0	16.2	14.7	19.1
Displaying Disinterest	25.0	14.7	27.9	32.4
Being Cold and Distant	47.8	13.4	22.4	16.4
Refusing/Reluctant to Answer Questions	39.7	17.6	22.1	20.6
Subjective Grading	33.8	23.5	17.6	25.0
Making Condescending Remarks	57.4	7.4	17.6	17.6
Exerting Superiority	50.0	13.2	16.2	20.6
Threatening to Fail a Student	44.1	10.3	17.6	27.9
Rude Remarks or Gestures	48.5	10.3	17.6	23.5
Ignoring Disruptive Behaviors	50.0	17.6	17.6	14.7
Being Unavailable	48.5	14.7	11.8	25.0

Note: Total Percentages may not equal 100 due to rounding

Table 9

Faculty Behaviors Perceived as Uncivil by Associate Degree Nursing Students

Behavior	Always (%)	Usually (%)	Sometimes (%)	Never (%)
Arriving Late	39.7	22.4	24.1	13.8
Leaving Early	20.7	20.7	25.9	32.8
Cancelling Without Notice	43.1	12.1	24.1	20.7
Being Unprepared	41.4	19.0	25.9	13.8
Not Allowing Open Discussion	24.1	25.9	27.6	22.4
Refusing Make-ups/Extensions/Changes	29.3	19.0	39.7	12.1
Ineffective Teaching Style/Method	43.1	27.6	29.3	0.0
Deviating From Syllabus	27.6	27.6	32.8	12.1
Being Rigid, Inflexible, Authoritarian	37.9	24.1	27.6	10.3
Punishing Entire Class for one's Behaviors	55.2	17.2	19.0	8.6
Displaying Disinterest	27.6	19.0	32.8	20.7
Being Cold and Distant	46.6	22.4	20.7	10.3
Refusing/Reluctant to Answer Questions	46.6	22.4	15.5	15.5
Subjective Grading	48.3	13.8	25.9	12.1
Making Condescending Remarks	51.7	13.8	24.1	10.3
Exerting Superiority	49.1	19.3	17.5	14.0
Threatening to Fail a Student	39.7	17.2	19.0	24.1
Rude Remarks or Gestures	46.6	22.4	6.9	24.1
Ignoring Disruptive Behaviors	44.8	27.6	15.5	12.1
Being Unavailable	60.3	12.1	8.6	19.0

Note: Total Percentages may not equal 100 due to rounding

Table 10

Faculty Behaviors Perceived as Uncivil by Baccalaureate Degree Nursing Students

Behavior	Always (%)	Usually (%)	Sometimes (%)	Never (%)
Arriving Late	41.1	24.4	28.9	5.6
Leaving Early	15.6	18.9	36.7	28.9
Cancelling Without Notice	47.8	13.3	24.4	14.4
Being Unprepared	50.0	24.4	20.0	5.6
Not Allowing Open Discussion	32.2	27.8	27.8	12.2
Refusing Make-ups/Extensions/Changes	22.0	23.1	42.9	12.1
Ineffective Teaching Style/Method	63.7	25.3	9.9	1.1
Deviating From Syllabus	28.6	30.8	33.0	7.7
Being Rigid, Inflexible, Authoritarian	53.8	25.3	18.7	2.2
Punishing Entire Class for one's Behaviors	64.4	15.6	6.7	13.3
Displaying Disinterest	34.1	28.6	26.4	11.0
Being Cold and Distant	62.6	18.7	14.3	4.4
Refusing/Reluctant to Answer Questions	69.2	14.3	12.1	4.4
Subjective Grading	52.7	18.7	22.0	6.6
Making Condescending Remarks	62.6	20.9	6.6	9.9
Exerting Superiority	49.5	27.5	18.7	4.4
Threatening to Fail a Student	51.6	20.9	12.1	15.4
Rude Remarks or Gestures	60.4	19.8	6.6	13.2
Ignoring Disruptive Behaviors	47.3	22.0	18.7	12.1
Being Unavailable	73.6	14.3	9.9	2.2

Note: Total Percentages may not equal 100 due to rounding

When evaluating what student behaviors students perceived as uncivil, the column indicating the behaviors as usually or always uncivil were reviewed and combined. The reported results are the top five behaviors from the list of behaviors using the combined scores. If a behavior had tied scores, those additional behaviors were also reported. This technique was also used when reporting the results of the previous studies using the INE for comparison. Within the diploma program, the student behaviors most highly identified as usually or always uncivil included: holding distracting conversations (77.6%); cheating (69.1%); demanding make-ups, extensions, and grade changes (64.7%); creating tension by dominating class discussion (57.3%); and arriving late for class (58.2%). Associate degree students reported the following behaviors: holding distracting conversations (72.5%), cheating (69%), creating tension (62.1%), arriving late (55.2%), and making sarcastic remarks/gestures (48.2%). Baccalaureate students noted the following behaviors: holding distracting conversations (74.4%); cheating (63.6%); arriving late (59.5%); demanding make-ups, extensions, or grade changes (56.1%); and creating tension (55.0%). Table 11 displays a comparison of the responses across the program types.

Table 11

Comparison of Top Uncivil Student Behaviors among the Program Types

Diploma	Associate	Baccalaureate
Holding Distracting Conversations	Holding Distracting Conversations	Holding Distracting Conversations
Cheating	Cheating	Cheating
Demanding	Creating Tension	Arriving Late
Creating Tension	Arriving Late	Demanding
Arriving Late	Making Sarcastic Remarks/Gestures	Creating Tension

When evaluating what faculty behaviors students perceived as uncivil, responses were reviewed and combined. Within the diploma program, the faculty behaviors most highly identified as usually or always uncivil included: punishing the entire class for one person's behavior (76.2%), ignoring disruptive behaviors (67.6%), arriving late (63.2%), ineffective teaching method/style (63.2%), exerting superiority (63.2%), and being unavailable (63.2%). Associate degree students reported the following behaviors: ignoring disruptive behaviors (72.4%), being unavailable (72.4%), punishing entire class for one person's behavior (72.4%), ineffective teaching style/method (70.7%), being cold and distant (69%), refusing/reluctant to answer questions (69%), and making rude or sarcastic remarks (69%). Baccalaureate students noted the following behaviors: ineffective teaching style/method (89%), being unavailable (87.9%), making condescending remarks (83.5%), refusing/reluctant to answer questions (83.5%), and

being cold and distant (81.3%). Table 12 displays a comparison of the responses across the program types.

Table 12

Comparison of Top Uncivil Faculty Behaviors among the Program Types

_____

Diploma	Associate	Baccalaureate
Punishing the Entire Class	Ignoring Behaviors	Ineffective Teaching
Ignoring Behaviors	Being Unavailable	Being Unavailable
Arriving Late	Punishing the Entire Class	Making Condescending Remarks
Ineffective Teaching	Ineffective Teaching	Refusing/Reluctant to Answer Questions
Exerting Superiority	Being Cold and Distant	Being Cold and Distant
Being Unavailable	Refusing/Reluctant to Answer Questions	
	Making Sarcastic Remarks/Gestures	

_____

Research Question 2

Research Question 2: What student and faculty behaviors are most frequently occurring in the academic environment in each of the nursing program types (diploma, associate, and baccalaureate)? Descriptive statistics identified what student and faculty behaviors were most frequently occurring in each nursing program type. Descriptive statistics on frequencies of student behaviors are displayed in Tables 13-15. The most frequent student behaviors perceived in the diploma program are displayed in Table 13.

Frequencies of uncivil student behaviors noted by the associate degree program are

included in Table 14 and baccalaureate perceptions of uncivil student behaviors in Table

15. Frequencies of faculty behaviors are presented in Tables 16-18. Uncivil faculty

behaviors reported by the diploma students are shown in Table 16. Table 17 notes the

most frequent uncivil faculty behaviors perceived by associate degree students. Uncivil

faculty behaviors perceived by the baccalaureate students are displayed in Table 18.

Table 13

Frequency of Uncivil Student Behaviors within a Diploma Program

Behavior	Often (%)	Sometimes (%)	Rarely (%)	Never (%)
Acting Bored or Apathetic	33.8	55.9	5.9	4.4
Making Disapproving Groans	13.4	62.7	19.4	4.5
Making Sarcastic Remarks/Gestures	16.4	53.7	22.4	7.5
Sleeping	4.5	22.4	46.3	26.9
Not Paying Attention	19.7	50.0	22.7	7.6
Holding Distracting Conversations	43.3	38.8	14.9	3.0
Refusing to Answer Direct Questions	1.5	25.8	34.8	37.9
Computer Use Unrelated to Class	4.5	18.2	24.2	53.0
Using Cell Phones/Pagers	44.8	31.3	19.4	4.5
Arriving Late	32.8	43.3	19.4	4.5
Leaving Early	11.8	38.2	50.0	0.0
Cutting Class	5.9	36.8	41.2	16.2
Being Unprepared	8.8	52.9	29.4	8.8
Creating Tension	11.8	47.1	30.9	10.3
Cheating	0.0	8.8	17.6	73.5
Demanding Make-ups/Extensions/Changes	5.9	36.8	32.4	25.0

Note: Total Percentages may not equal 100 due to rounding

Table 14

Frequency of Uncivil Student Behaviors within an Associate Degree Program

Behavior	Often (%)	Sometimes (%)	Rarely (%)	Never (%)
Acting Bored or Apathetic	29.3	56.9	12.1	1.7
Making Disapproving Groans	16.7	61.1	17.8	4.4
Making Sarcastic Remarks/Gestures	18.9	41.1	36.7	3.3
Sleeping	7.0	29.8	40.4	22.8
Not Paying Attention	14.0	54.4	15.8	15.8
Holding Distracting Conversations	21.1	52.6	15.8	10.5
Refusing to Answer Direct Questions	3.5	17.5	36.8	42.1
Computer Use Unrelated to Class	8.9	41.1	25.0	25.0
Using Cell Phones/Pagers	36.8	42.1	15.8	5.3
Arriving Late	32.8	43.3	19.4	4.5
Leaving Early	1.8	38.6	43.9	15.8
Cutting Class	1.8	36.4	49.1	12.7
Being Unprepared	12.3	31.6	49.1	7.0
Creating Tension	15.8	47.4	21.1	15.8
Cheating	0.0	8.8	33.3	57.9
Demanding Make-ups/Extensions/Changes	17.5	21.1	29.8	31.6

Note: Total Percentages may not equal 100 due to rounding

Table 15

Frequency of Uncivil Student Behaviors within a Baccalaureate Degree Program

Behavior	Often (%)	Sometimes (%)	Rarely (%)	Never (%)
Acting Bored or Apathetic	18.9	70.0	10.0	1.1
Making Disapproving Groans	10.5	49.1	33.3	7.0
Making Sarcastic Remarks/Gestures	24.6	40.4	26.3	8.8
Sleeping	4.5	21.3	50.6	23.6
Not Paying Attention	14.4	35.6	35.6	14.4
Holding Distracting Conversations	23.6	56.2	19.1	1.1
Refusing to Answer Direct Questions	3.3	32.2	43.3	21.1
Computer Use Unrelated to Class	3.3	18.9	47.8	30.0
Using Cell Phones/Pagers	57.8	32.2	10.0	0.0
Arriving Late	31.5	48.3	16.9	3.4
Leaving Early	4.4	45.1	45.1	5.5
Cutting Class	11.1	52.2	27.8	8.9
Being Unprepared	5.5	52.7	35.2	6.6
Creating Tension	7.7	53.8	30.8	7.7
Cheating	2.2	13.2	40.7	44.0
Demanding Make-ups/Extensions/Changes	7.7	34.1	40.7	17.6

Note: Total Percentages may not equal 100 due to rounding

Table 16

Frequency of Uncivil Faculty Behaviors within a Diploma Program

Behavior	Often (%)	Sometimes (%)	Rarely (%)	Never (%)
Arriving Late	7.4	44.1	39.7	8.8
Leaving Early	2.9	26.5	42.6	27.9
Cancelling Without Notice	0.0	20.9	41.8	37.3
Being Unprepared	2.9	30.9	42.6	23.5
Not Allowing Open Discussion	0.0	14.7	26.5	58.8
Refusing Make-ups/Extensions/Changes	1.5	19.1	45.6	33.8
Ineffective Teaching Style/Method	2.9	58.8	23.5	14.7
Deviating From Syllabus	9.0	32.8	47.8	10.4
Being Rigid, Inflexible, Authoritarian	5.9	36.8	39.7	17.6
Punishing Entire Class for one's Behaviors	2.9	19.1	35.3	42.6
Displaying Disinterest	0.0	17.6	29.4	52.9
Being Cold and Distant	4.4	26.5	36.8	32.4
Refusing/Reluctant to Answer Questions	1.5	26.9	23.9	47.8
Subjective Grading	1.5	22.1	20.6	55.9
Making Condescending Remarks	1.5	16.2	32.4	50.0
Exerting Superiority	4.4	20.6	32.4	42.6
Threatening to Fail a Student	0.0	7.5	17.9	74.6
Rude Remarks or Gestures	0.0	13.2	29.4	57.4
Ignoring Disruptive Behaviors	10.3	35.3	26.5	27.9
Being Unavailable	0.0	26.5	25.0	48.5

Note: Total Percentages may not equal 100 due to rounding

Table 17

Frequency of Uncivil Faculty Behaviors within an Associate Degree Program

Behavior	Often (%)	Sometimes (%)	Rarely (%)	Never (%)
Arriving Late	3.5	14.0	64.9	17.5
Leaving Early	1.8	12.3	54.4	31.6
Cancelling Without Notice	1.8	10.5	50.9	36.8
Being Unprepared	3.5	14.0	42.1	40.4
Not Allowing Open Discussion	5.3	12.3	35.1	47.4
Refusing Make-ups/Extensions/Changes	15.5	19.0	39.7	25.9
Ineffective Teaching Style/Method	17.2	41.4	32.8	8.6
Deviating From Syllabus	8.6	37.9	44.8	8.6
Being Rigid, Inflexible, Authoritarian	13.8	36.2	32.8	17.2
Punishing Entire Class for one's Behaviors	3.4	29.3	27.6	39.7
Displaying Disinterest	1.7	13.8	25.9	58.6
Being Cold and Distant	5.2	34.5	22.4	37.9
Refusing/Reluctant to Answer Questions	8.6	29.3	17.2	44.8
Subjective Grading	13.8	20.7	25.9	39.7
Making Condescending Remarks	5.2	22.4	29.3	43.1
Exerting Superiority	12.3	22.8	28.1	36.8
Threatening to Fail a Student	6.9	19.0	20.7	53.4
Rude Remarks or Gestures	1.7	13.8	24.1	60.3
Ignoring Disruptive Behaviors	5.2	34.5	24.1	36.2
Being Unavailable	8.6	19.0	41.4	31.0

Note: Total Percentages may not equal 100 due to rounding

Table 18

Frequency of Uncivil Faculty Behaviors within a Baccalaureate Degree Program

Behavior	Often (%)	Sometimes (%)	Rarely (%)	Never (%)
Arriving Late	10.0	32.2	46.7	11.1
Leaving Early	2.2	22.2	55.6	20.0
Cancelling Without Notice	2.2	16.7	52.2	28.9
Being Unprepared	8.9	28.9	46.7	15.6
Not Allowing Open Discussion	7.8	24.4	47.8	20.0
Refusing Make-ups/Extensions/Changes	22.0	31.9	28.6	17.6
Ineffective Teaching Style/Method	30.8	52.7	13.2	3.3
Deviating From Syllabus	8.8	37.4	44.0	9.9
Being Rigid, Inflexible, Authoritarian	15.4	49.5	26.4	8.8
Punishing Entire Class for one's Behaviors	4.5	18.2	44.3	33.0
Displaying Disinterest	3.3	20.9	40.7	35.2
Being Cold and Distant	9.9	37.4	36.3	16.5
Refusing/Reluctant to Answer Questions	12.1	40.7	28.6	18.7
Subjective Grading	7.7	29.7	38.5	24.2
Making Condescending Remarks	2.2	25.3	48.4	24.2
Exerting Superiority	7.7	29.7	45.1	17.6
Threatening to Fail a Student	5.5	19.8	37.4	37.4
Rude Remarks or Gestures	1.1	15.4	36.3	47.3
Ignoring Disruptive Behaviors	2.2	38.5	38.5	20.9
Being Unavailable	14.3	50.5	27.5	7.7

Note: Total Percentages may not equal 100 due to rounding

When evaluating what student behaviors were most frequently occurring in each program type, the column indicating the behaviors as occurring often or sometimes within the last 12 months were reviewed and combined. The reported results indicate the top five behaviors from the list of behaviors frequently occurring using the combined scores. If a behavior had tied scores then those additional behaviors were reported. This technique was also used when reporting the results of the previous studies using the *INE* for comparison. Within the diploma program, the student behaviors most often or sometimes occurring within the last 12 months included: holding distracting conversations (82.1%), acting bored or apathetic (79.7%), making disapproving groans (76.1%), using cell phone/pagers (76.1%), and arriving late (76.1%). Acting bored or apathetic (86.2%), using cell phones/pagers (78.9%), making disapproving groans (77.8%), holding distracting conversations (77.8%), and arriving late (76.1%) were the faculty behaviors reported as most frequently occurring in the associate degree program. Noted by the baccalaureate participants were the frequent faculty behaviors of: using cell phones/pagers (90.0%), holding distracting conversations (79.8%), arriving late (79.8%), acting bored or apathetic (78.9%), and making sarcastic remarks/gestures (67.0%). Table 19 will display a comparison of frequently occurring student uncivil behaviors among the program types.

Table 19

Comparison of Top Frequently Occurring Uncivil Student Behaviors among the Program
Types

Diploma	Associate	Baccalaureate
Holding Distracting Conversations	Acting Bored or Apathetic	Using Cell Phones/ Pagers
Acting Bored or Apathetic	Using Cell Phones/ Pagers	Holding Distracting Conversations
Making Disapproving Groans	Making Disapproving Groans	Arriving Late
Using Cell Phone/ Pagers	Holding Distracting Conversations	Acting Bored or Apathetic
Arriving Late	Arriving Late	Making Sarcastic Remarks/Gestures

When evaluating what faculty behaviors were most frequently occurring in each

program type over the last 12 months, responses were reviewed and combined. The

diploma program students identified the faculty behaviors that occurred often or

sometimes within the last 12 months. These behaviors included: ineffective teaching

style/method (61.7%); arriving late (51.5%); ignoring disruptive behaviors (45.6%);

being rigid, inflexible, and authoritarian (42.7%); and deviating from syllabus (41.8%).

Reported by the associate degree participants were the following behaviors: being rigid,

inflexible, and authoritarian (50.0%); ineffective teaching style/method (48.6%);

deviating from syllabus (46.5%); being cold and distant (39.7%); and ignoring disruptive

behaviors (39.7%). Subjects from the baccalaureate program noted the following

behaviors: ineffective teaching style/method (83.5%); being unavailable (64.8%); being rigid, inflexible, and authoritarian (64.9%); refusing make-up, extensions, or changes (53.9%); and refusing/reluctant to answer questions (52.8%). Table 20 provides a comparison of frequently occurring uncivil faculty behaviors across the program types.

Table 20

Comparison of Top Frequently Occurring Uncivil Faculty Behaviors among the Program Types

Diploma	Associate	Baccalaureate
Ineffective Teaching	Being Rigid and Inflexible	Ineffective Teaching
Arriving Late	Ineffective Teaching	Being Unavailable
Ignoring Behaviors	Deviating from Syllabus	Being Rigid and Inflexible
Being Rigid and Inflexible	Being Cold and Distant	Refusing Make-ups Extensions
Deviating from The Syllabus	Ignoring Behaviors	Refusing/Reluctant to Answer Questions

Research Question 3

Research Question 3: What are the perceived contributing factors to student and faculty incivility in the nursing academic environment by each of the nursing program types (diploma, associate, and baccalaureate)? For the purpose of this research question, textual content analysis was conducted using the data from four opened ended questions from the survey. These questions included: 1) In your opinion, what factors contribute to student incivility within the academic environment? 2) In your opinion, what factors

contribute to faculty incivility within the academic environment? 3) In your opinion, how do students contribute to incivility within the academic environment? and 4) In your opinion, how do faculty contribute to incivility within the academic environment? These open-ended responses were analyzed by the researcher for common responses. Some qualitative quotations will be presented to amplify the themes. However, these examples may only represent one student's response and may not be reflective on the entire group. These quotations also only display student interpretations of reality since faculty perceptions of the situation were not analyzed in the study.

Students within the diploma program identified the following common responses regarding what factors contribute to student incivility including: immaturity of peers and frustrations with faculty. Students stated "younger students are much ruder and do not care what they say" and "some students are fresh out of high school and believe they can continue their high school ways". Participants also reported that faculty being hostile and uncivil contributes to student incivility. When asked what factors contributed to faculty incivility, the following common responses emerged: incivility from others, superiority, and experience level. The students felt incivility and disrespect from the students as well as other faculty contributed to faculty incivility. Participants emphasized faculty acting superior to the students. Students reported faculty "thinking they are better" and faculty are "in charge and pretty much do what they want". Other participants reported level of experience and longevity in the profession can contribute to faculty incivility. When asked how students contribute to incivility in the academic environment, the common responses of peer pressure, disrespect, and immaturity of students were identified. Some participants reported incivility was in response to others behaviors, some students felt it

was from a lack of respect for students and faculty, and other students noted it was from a lack of maturity of the student. When asked how faculty contribute to incivility in the academic environment, the common responses of poor communication and preconceived opinions were revealed. The students felt that the faculty's lack of communication with the student and the refusal or reluctance to answer questions contributes to incivility. Other participants expressed concerns that the faculty has preconceived opinions about students and display judgmental, rude, and unequal treatment to students.

Associate degree program students identified the contributors to student incivility as stress and faculty issues. Many students stated the stress level and frustration experienced from the workload, lack of sleep, and competition for grades contribute to student incivility. Other participants reported faculty issues contributing to student incivility. These faculty issues included: poor teaching skills, faculty disinterest, inconsistencies between faculty, and subjective grading. Superiority, stress, and student issues were among the contributing factors to faculty incivility. Many students identified superiority as a contributing factor. One participant stated faculty have a "hunger for strict guidelines/power" while another reported the faculty have a "feeling of superiority and not liking being told they have made a mistake". Students also noted stress and workload demands of the faculty and student issues as additional contributing factors. The student issues identified included: poor attitudes, disrespect, and poor performance. Talking and student attitude were the commonly noted ways that students contribute to incivility in the academic environment. The students reported that peers talking in class leads to incivility from the other students and/or faculty due to frustration. Other participants noted the attitude of the student including disrespect, arguing, and defensive

behaviors. Findings revealed attitude, superiority, and unavailability as faculty contributors to incivility in the academic environment. The students identified the poor attitude of the faculty including their rude sense of humor, condescending remarks, and lack of professionalism. Other participants again reported superiority and faculty needing to express their power over the students. The last common response identified by the students included the unavailability of the faculty including faculty either not being available for student questions or concerns or not wanting to answer student questions or concerns.

Baccalaureate students reported frustration with faculty and stress as contributors to student incivility. The students identified the following faculty issues that contribute to student incivility: ineffective teaching style/method, unfair treatment by faculty, and faculty incivility. Other participants reported stress of the students over coursework, grades, and competiveness of the nursing program. Common responses emerged as contributing factors to faculty incivility: student disruptive behaviors, faculty being unprepared, and superiority. The students noted that disruptive behaviors by the student such as disrespect, not completing assignments, and arguing with faculty contribute to faculty incivility. Participants also reported faculty being unprepared for teaching and not having enough knowledge of the content being taught. The students also identified the superiority of the faculty; however, these students felt that faculty superiority stemmed from the faculty feeling pressured and having a need to prove themselves to the other faculty. When asked how students contribute to incivility in the academic environment, the common responses of arguing or challenging faculty, talking in class, texting in class, and being inattentive were identified. The students reported peers arguing or challenging

faculty over material, test questions, grades, and grade changes. The participants also noted the uncivil classroom behaviors of talking, texting, and being inattentive. When asked how faculty contribute to incivility in the academic environment, the common responses reluctance/refusal to answer student questions/concerns and unavailability of faculty were revealed. The students reported the faculty's reluctance/refusal to answer questions. One student stated the faculty "get defensive when questions are asked they cannot answer resulting in an argument" and another student commented on faculty "rolling their eyes and getting angry when a student asks a question or asks for clarification". One participant also noted the faculty "cancelling a test review when students ask questions or for clarification of a question". Other students reported concerns regarding the unavailability of faculty including faculty not having time for students, not being willing to help students, and not being available even during office hours. Table 21 displays a comparison of contributing factors to student incivility and Table 22 provides a comparison of contributing factors of faculty among the program types based on the qualitative responses.

Table 21

Comparison of Factors Contributing to Student Incivility among the Program Types

Diploma	Associate	Baccalaureate
Immaturity	Stress	Stress
Frustrations with Faculty	Faculty Issues	Frustrations with Faculty
How do Students Contribute to:	How do Students Contribute to:	How do Students Contribute to:
Peer Pressure	Talking	Arguing and Challenging
Disrespect	Student Attitude	Talking
		Texting
		Being Inattentive

Table 22

Comparison of Factors Contributing to Faculty Incivility among the Program Types

Diploma	Associate	Baccalaureate
Incivility of Others	Superiority	Student Behaviors
Superiority	Stress	Being Unprepared
Experience Level	Student Issues	Superiority
How do Faculty Contribute to:	How do Faculty Contribute to:	How do Faculty Contribute to:
Poor Communication	Superiority	Refusal/Reluctance To Answer Questions/Concerns
Preconceived Opinions	Attitude	Unavailability
	Unavailability	

Research Question 4

Research Question 4: What is the relationship between age of the student and the student perceptions of incivility in the nursing academic environment? For the purpose of this question, Pearson's Product Moment Correlation was conducted. This research question evaluated the relationship between the age of the student and the student's perceptions of student and faculty incivility. The hypothesis for this question stated there is a relationship between the age of the student and the student's perception of incivility in the nursing academic environment. Student and faculty incivility scores were totaled and used for data analysis.

Variables were re-coded for the purpose of this statistical analysis. The *INE* asked the participant for their year of birth. Therefore, the variable for age was re-coded

to age in years for the statistical analysis of this question. Age related to the total

perception of student incivility score and age related to the total perception of faculty

incivility score were analyzed. New variables were developed and coded as the total

perception of student incivility score and the total perception of faculty incivility score.

The total perception of student incivility score was formulated using the combined score

of the 16 student behaviors listed in the survey (1=never uncivil, 2=sometimes uncivil,

3=usually uncivil, and 4=always uncivil). Some participants were excluded from the

statistical analysis due to missing data regarding age or missing data regarding any of the

16 student behaviors (*n*=204). The total perception of faculty incivility score was

formulated using the combined score of the 20 faculty behaviors listed in the survey

(1=never uncivil, 2=sometimes uncivil, 3=usually uncivil, and 4=always uncivil). Some

participants were excluded from the statistical analysis due to missing data regarding age

or missing data regarding any of the 20 faculty behaviors (*n*=210). Data from the

Pearson's Product Moment Correlation is displayed in Table 23.

Table 23

Pearson's Product Moment Correlation Coefficients: Relationship between Age and the
Student Perceptions of Student (n=204) and Faculty (n=210) Incivility

	Age (*r*)	*p*
Total Perception of Student Incivility Score	-.061	.385
Total Perception of Faculty Incivility Score	-.173*	.012

Note: Strengths of correlations: small (r=.10-.29), medium (r=.30-.49), and high (r=.50-1.0) (Cohen, 1988).
*p<0.05

Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity, and homoscedasticity. All assumptions were met as discussed in Chapter 3. The relationship between the age of the student and the student's perception of student incivility (as measured by total perception of student incivility score) was investigated. The analysis yielded no statistically significant results between the age and perception of student incivility, $r= -.06$, $n=204$, $p =.385$.

The relationship between the age of the student and the student's perception of faculty incivility (as measured by total student perceptions of faculty incivility score) was also investigated. The findings revealed a small negative correlation between the two variables, $r= -.17$, $n=210$, $p=.012$, suggesting the younger the age of the student was associated with higher total perception of faculty incivility scores.

Research Question 5

Research Question 5: What are the differences in the student's perceptions of student and faculty incivility in the nursing academic environment among nursing program types (diploma, associate, and baccalaureate? Analysis of Variance (ANOVA) was used to test the hypotheses of research question 5 exploring the differences in student perceptions of incivility among each nursing program type. The hypothesis for this question states that there are no differences in perceptions of student and faculty incivility in the academic environment among the nursing program types (diploma, associate, and baccalaureate). Statistics from the ANOVA tests are displayed in Tables 24-26. Table 24 displays the total perception of student incivility mean scores. Table 25 shows the total perception of faculty incivility mean scores. Table 26 includes the one way ANOVA statistics of student perceptions of student and faculty incivility among nursing program types. Some participants were excluded from the statistical analysis due to missing data

regarding any of the 16 student behaviors ($n=205$). Some participants were excluded

from the statistical analysis due to missing data regarding any of the 20 faculty behaviors

($n=212$).

Table 24

Total Perceptions of Student Incivility Means Scores among the Program Types

Program Type	Mean	SD
Diploma	39.60	10.94
Associate	38.89	9.10
Baccalaureate	40.02	9.96

Table 25

Total Perceptions of Faculty Incivility Mean Scores among the Program Types

Program Type	Mean	SD
Diploma	55.33	17.49
Associate	57.24	16.64
Baccalaureate	62.20	13.28

Table 26

One Way ANOVAs of Student Perceptions of Student and Faculty Incivility among Nursing Program Types

Variable	df	F	Eta Squared	p
Total Perceptions of Student Incivility Score	2	.215	.002	.807
Total Perceptions of Faculty Incivility Score	2	4.021	.03	.019*

Note: Effect sizes (0.01=small, 0.06=moderate, 0.14=large) (Cohen, 1988)
*p<0.05

Preliminary analyses were performed to ensure no violation of the assumptions of normality and homoscedasticity. All assumptions were met as discussed in Chapter 3. Subjects were divided into three groups according to program type (Group 1: diploma nursing students; Group 2: associate degree nursing students; and Group 3: baccalaureate nursing students). A one way between groups ANOVA was conducted to explore the differences in perceptions of student incivility (as measured by the total perception of student incivility score). No statistically significant results were found, F (2,202) = .21, p= .80.

A one way between groups ANOVA was also conducted to explore the differences in perceptions of faculty incivility (as measured by the total perception of student incivility score). There was a statistically significant difference at the p < .05 level in the total perception of faculty incivility scores among the three groups: F (2,209) = 4.02, p=.01. The effect size calculated using eta squared was .03. Post hoc comparisons using the Tukey HSD test indicated the mean scores for Group 1 (M=55.33, SD=17.49), Group 2 (M=57.24, SD=16.64), and Group 3 (M=62.20, SD=13.28) identifying a significant difference between Group 1 and Group 3.

Summary

This chapter presented the data and analyses for the demographic variables and research questions. This chapter also provided a description of the sample, the research questions, hypotheses, and quantitative and qualitative results. Descriptive statistics were reported regarding types of behaviors most perceived as uncivil and those behaviors most frequently occurring. The chapter discussed qualitative data regarding factors that contribute to student and faculty incivility and how students and faculty contribute to incivility in the nursing education environment. Correlations were presented to examine the relationship between the age of the participant and perceptions of student and faculty incivility. ANOVAs were also presented that explored differences in perceptions of student and faculty incivility among nursing program types (diploma, associate, and baccalaureate). The next chapter presents a summary and discussion of the results, implications for practice, and recommendations for future research.

CHAPTER 5

DISCUSSION AND IMPLICATIONS

A summary and discussion of the results, implications for practice, and recommendations for future research will be presented. This study used a mixed-method design to examine student perceptions of student and faculty incivility in nursing education programs. The main focus of the research was to determine whether differences existed regarding student perceptions of student and faculty incivility among different nursing program types specifically diploma, associate, and baccalaureate.

Summary and Discussion of Results

This section will include a summary of the results of the demographic data, each of the identified research questions, and a discussion of the statistical and qualitative findings. The areas discussed will include demographic variables, student and faculty behaviors that are perceived as uncivil by the students, frequencies of student and faculty behaviors occurring in the nursing education environment, and contributing factors to student and faculty incivility. This section will also discuss the relationships between the age of the student and perceptions of student and faculty incivility and differences in student perceptions of student and faculty incivility among nursing program types (diploma, associate, and baccalaureate).

Demographic Variables

The study included demographic variables of age, gender, and ethnicity. The demographic variables of the sample were divided into nursing program types and compared within the research study. Of the baccalaureate students that completed the surveys, 91.2% were 30 years of age and under and 8.8% over the age of 30. The associate degree group had 67.2% of students under the age of 30 and 32.8% over the age

of 30 and 57.3% of the diploma students were under the age of 30 and 42.7% over the age of 30. Therefore, the baccalaureate degree program had the largest percentage of students under the age of 30 and the diploma program had the largest percentage of students over the age of 30. When examining ethnicity, 90% or greater of all participants were Caucasian and 10% or less reported other minorities. The associate degree program contained the largest number of male nursing students (22.4%). The demographics of the sample of nursing students used for this study were compared to the demographics of nursing students from the NLN (2010) survey of nursing students across program types for the year 2008-2009. A comparison of the study's demographics were consistent with the NLN (2010) survey data that baccalaureate programs contain the largest percentage of students under the age of 25 and the diploma programs consist of the largest percentage of students over the age 35. The NLN survey also reported the largest number of male students within associate degree programs and diploma programs having the highest percentage of ethnic diversity. In this study, the baccalaureate nursing program had greater diversity with students from Spanish/Hispanic/Latino/Mexican, Asian, and African American backgrounds.

Student Incivility

Research questions 1 and 2 explored perceived uncivil student behaviors and the frequency of those behaviors. Question 3 provided qualitative student responses of contributing factors to student incivility. Verbatim quotations from the students' qualitative responses will be presented to amplify the themes. However, these examples may only represent one student's response and may not be reflective on the entire group.

These quotations also only display student interpretations of reality and no faculty perceptions of the situation were analyzed in the study.

Similarities existed among the nursing program types (diploma, associate, and baccalaureate). Participants identified classroom distractions such as students arriving late and holding side conversations during class. These behaviors were also noted to be frequently occurring in the learning environment. Qualitative responses identified excessive student talking in class as distracting to the others in the classroom. One participant noted students "carry on full blown conversations during lecture." Another student stated that peers "talk with each other in class and it makes the other students angry." Although not identified as a perceived uncivil behavior, students noted the frequently occurring behavior of cell phone use in class. The qualitative responses reported students' texting, surfing the Internet, and using Facebook® during class. This can also be considered a classroom distraction.

Participants also reported situational classroom problems related to student demands, tension, and cheating in the classroom. Situational problems are those that are affected by the environment or outside causes. Qualitative responses revealed students arguing with faculty over grades, tests, and teaching styles. One student commented on peers "challenging the authority of professors by going against their rules." Another participant noted students "challenging test questions when they are upset with their grade." Cheating was perceived as uncivil by students, but interestingly was not reported as frequently occurring. These findings showed similarities among the nursing program types regarding perceived uncivil student behaviors and frequencies of those behaviors. The ANOVA conducted for research question 5 yielded no statistically significant

differences in perceptions among the program types in regards to student incivility. Therefore, further research needs to be conducted in this area to examine student perceptions of student incivility among nursing program types.

Classroom distractions identified in the research are similar to previous studies in higher education (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland and Srisukho, 2009) and nursing education (Altmiller, 2012; Clark, 2008a, 2008d; Clark & Springer, 2007a, 2007b). Situational factors reported in the study were also supported by Clark (2008a) and Clark & Springer's (2007a) previous nursing education research. These factors also emerged in the higher education research (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006; Rowland and Srisukho, 2009). In a previous study by Bjorkland and Rehling (2010), a Pearson Product Moment Correlation revealed a statistically significant (p=.02) negative correlation (r =-.46) when examining the relationship between the degree of incivility of a behavior and the frequency of the behaviors' occurrence. This suggests that behaviors perceived as most uncivil by the students were the behaviors least frequently occurring. The current study's findings dispute Bjorkland and Rehling's (2010) results since the behaviors of holding distracting conversations, arriving late to class, and making rude/sarcastic remarks were reported as usually or always uncivil and most frequently occurring within the nursing education environment. This may be due to the large diverse sample of all levels of student including undergraduate and graduate used by Bjorkland and Rehling (2010). Additional studies also contradict Bjorkland and Rehling's (2010) findings. Clark and Springer (2007a) and Clark (2008a) found behaviors within their studies that were

perceived as most uncivil by participants and occurring most frequently in nursing education, such as holding distracting conversations and being unprepared. McKinne (2008) also reported similar findings. The behavior holding distracting conversations was perceived as both uncivil and frequently occurring by students in the higher education setting. These findings suggest a need for additional research in this area to further examine these conflicting results.

The qualitative responses provided suggestions for contributing factors to incivility. One potential contributing factor included the nursing education environment. Several of the qualitative responses focused on the intensity of the nursing program. Many nursing students have financial and family obligations to manage as well as the heavy workload required in nursing education (Robertson, 2012). Behaviors such as arriving late to class may also be attributed to these factors such as an older student required to take children to day care prior to coming to class or students that are required to work before or after class. This may appear more within the associate and diploma program students which have a larger population of students over the age of 30 that may be married, have children, or be financially responsible for their household. However, this behavior was noted in all three programs. Other issues such as a lack of student parking or attempting to walk a distance across campus could be reasons for students arriving late from other programs. This may be more common with students from associate and baccalaureate programs at colleges and universities where limited parking is available and classes can be spread across a large campus.

The stress of the nursing education workload and environment may lead to psychological and physical manifestations. Students reported feelings of frustration,

stress, and lack of sleep. One student, when asked what contributes to student incivility stated, "the pressure of having to do so well and meet high standards and competitiveness between students." Nursing occurs in a high stakes environment where students are forced to compete for grades, scholarships, or program placement (Altmiller, 2012; Clark 2008d; Clark & Springer, 2007b). Students must be competitive for program seats related to faculty shortage, limited clinical sites, and limited program seats. Due to the increased demand and limited program students may be pressured to have high academic standing in order to advance in the nursing program and/or receive a clinical site assignment. Clark's (2008d) study reported that students are compelled to cheat to achieve success although students in this study did not report cheating as frequently occurring. One participant from the current study stated "the nature of nursing is competitive as a career and there is pressure on each individual to succeed." These feelings of stress, frustration, and pressure may lead to situational classroom problems that contribute to student incivility.

Another potential contributing factor included the classroom environment. When incivility occurs in the classroom, these behaviors disrupt the learning environment and can cause psychological and physiological distress for the individual(s) involved (Altmiller, 2012; Clark, 2008d). Many students reported through qualitative responses the feeling of anger and frustration when other students displayed uncivil behaviors in the classroom. These behaviors distract other learners and the faculty within the classroom and may lead to termination of learning (Feldmann, 2001). The majority of students from previous research noted uncivil behaviors to be disruptive and causing distraction in the learning environment (Ausbrooks et al., 2011; Mellor, 2011). Behaviors disrupting the

classroom environment may be occurring from a lack of clear expectations for classroom

conduct and/or professional behaviors. The qualitative responses from the current study

depicted students frequently texting, surfing the Internet, and accessing Facebook®

during class. Prior research has reported improper use of technology within higher and

nursing education (Ausbrooks et al., 2011; Bjorkland & Rehling, 2010; Clark, 2008a,

Clark & Springer, 2007a; McKinne, 2008; Mellor, 2011; Paik & Broedel-Zaugg, 2006;

Rowland and Srisukho, 2009).

Technology such as cell phone use in the class can cause disruption and may be

attributed to societal trends. Technology and cell phone usage have become a necessity in

today's culture as a primary source of communication and information. According to a

study conducted by Hanley (2005) on smartphone use of college students at Ball State

University, 99.8% of the students had a cell phone, 97% were receiving and sending text

messages as primary means of communication, and 97% utilized the camera phone

option. Of all cell phone users 49% have a Smartphone, up from 27% the previous year.

Of the smartphone users, nine out of 10 users had Internet access. Cell phone usage was

consistent among the program types as frequently occurring. Further research needs to

explore cell phones, tablets, and other technological devices being used in the classroom

since these have become common place items in today's society.

Influences such as the behaviors of others were identified as contributing to

student incivility. Many students reported the behaviors of peers and faculty as

contributing towards uncivil behaviors. Altmiller (2012), Clark (2008d), Clark and

Springer (2007b), and McKinne (2008) also suggested an influence of peer and faculty

behaviors on student incivility. Several students within this study noted peer pressure in

the qualitative responses. One student stated "when one person acts out, others join in." This appeared more dominant in responses for participants in the diploma program. Cliques may develop because of the closeness of the small classroom environment and/or small clinical groups. These cliques may impact uncivil behaviors. One student in the current study did refer to the influence of "cliques" specifically. Another participant referred to uncivil behaviors as a "snowball effect." Participants also recognized problems with faculty ignoring disruptive behaviors. Therefore, these findings propose that allowing one student to perform uncivil behaviors without ramification may lead to multiple accounts of student disruptions in the classroom environment and a continued snowball effect.

The participants also noted faculty behaviors influencing student incivility. The qualitative responses indicated that student incivility occurred in response to faculty incivility or attitude. The students reported faculty uncivil behaviors such as faculty acting superior to them, being cold and distant, and refusing to address student concerns. One student stated "the faculty are rude and do not show any caring to the students." Another student noted getting upset "when our professors are being completely cold and rude to us." These frustrations with faculty behaviors may manifest in the performance of uncivil behaviors by the student, especially within the classroom setting of an uncivil faculty member. According to Marchiondo et al. (2010), students perceive the majority of faculty incivility occurring in the classroom setting.

Faculty teaching style/method was a significant issue in all program types which may have resulted from poor teaching style of the faculty, lack of commitment of the faculty, increased faculty demands, or inexperienced faculty. Variables that may impact

faculty teaching include faculty retirement, faculty shortage, limited faculty with experience, and use of adjunct faculty. However, the qualitative findings noted a lack of faculty preparation and lack of interest in the topic rather than identifying specific issues related to faculty teaching. Examples from the qualitative responses included student comments regarding faculty who show "no interest in the material being taught, are "not knowledgeable of the material and cannot answer questions", and are "not organized" with teaching materials. The students perceived ineffective teaching method/style of the faculty as both uncivil and frequently occurring in the nursing education environment. Ineffective teaching strategies may lead the student to become disengaged and result in the student acting bored or apathetic, holding side conversations, or texting within the classroom. Mellor (2011) also identified that classroom disengagement of the student may provoke uncivil behavior. The qualitative results from the current study also noted frustration with faculty regarding tests, grading, and inconsistencies among faculty. These findings were further validated by the quantitative and qualitative responses which will be discussed in the faculty section. These perceptions of lack of faculty investment and preparation for student learning may lead to incivility by the student.

Another contributor to student incivility was the attitude of the student. Student attitude consistently emerged as contributing to student incivility. The participants reported students displaying disrespect, making rude remarks or gestures, and challenging the faculty. Students may present to the educational experience with a sense of entitlement and a consumerism attitude. Education may be viewed as a commodity that is "owed" to the student. Prior research studies also recognized the student's sense of entitlement and consumerism approach to education (Clark, 2008d; Clark & Springer,

2007b; Mellor, 2011; Nordstrom et al., 2009; Paik & Broedel-Zaugg, 2006). Mellor (2011) reported students arguing for points, expecting A's for poor work, making claims of unfairness when receiving failing exam grades, and assuming grades will be curved to allow students to pass. This may allow students to perceive they may act in any manner chosen because they are "paying" for their education while other students may view their behavior as disruptive. For example, one student wrote "we pay a lot of money and expect good instructors." Another participant stated peers are "disruptive to those who want to learn." When students demand make-up, extensions, and/or grade changes, or cheat on exams, other students may view those behaviors as uncivil because they have worked hard to complete their assignments, make deadlines, and achieve a passing grade.

Participants noted age of the student as another contributing factor to incivility throughout the qualitative responses of the students. Ausbrooks et al. (2011) also noted age as a reason that students engage in uncivil behaviors. Qualitative responses from the students reported both age and maturity level of the student as contributing to incivility within the diploma group. The diploma program contained the largest number of older students with 42.7% of the students over the age of 30 which may explain these findings. The older students may perceive the behaviors of the younger student as immature because of generational cohort differences. According to the NLN (2010) associate and diploma programs have the greatest diversity of age in their student populations, most likely from the two year curricula versus four year baccalaureate programs. The shorter curriculum may attract older students who have additional financial and/or family obligations as compared to the younger students.

According to Larsen et al. (2003), in a study that explored the three program types, the diploma program contained the most second degree and second career students. The older students may have differing perceptions than younger students. Students from the current study reported that younger students are "ruder and don't care what they say, when, or to who." Another participant noted peers are "fresh out of high school" and believing "they can continue their high school ways." These behaviors may be because of the younger student's lack of experience in the higher education setting and/or knowledge deficit of the expectations of the student. Therefore, this may be attributed to the maturity level of the student rather than age. Research question 4 used a Pearson Moment Product Correlation to examine the relationship between age and perceptions of student incivility. Conversely, no statistically relationship was found between the variables. Further research is needed to examine these variables since qualitative responses identified immaturity and age as a contributing factor towards incivility. Clark and Springer's (2007a) study also explored the relationship between age of the student and perceptions of student and faculty incivility and found no statistically significant differences in regards to student perceptions of incivility. However, Mellor (2011)'s dissertation study noted a relationship between the age of the student and his/her perceptions of student incivility. Due to the converse findings, age and generational differences of students and perceptions of incivility require additional research to better understand these relationships.

These findings identified student behaviors perceived as uncivil, frequencies of those behaviors, and contributing factors to incivility. The study found no statistically significant differences among nursing program types; however, some differences were

found within the qualitative responses. Additional research is needed to further examine perceptions of student incivility including the relationship between age and incivility and how technology can be effectively used a teaching learning tool in the classroom and/or clinical environment.

Faculty Incivility

Research questions 1 and 2 explored perceived uncivil faculty behaviors and the frequency of those behaviors. Question 3 provided qualitative student responses of contributing factors to faculty incivility. Some verbatim student examples will be presented. These examples are intended to amplify themes but may not be representative of the entire sample group. They may be one student's perception of the behavior only and are one sided since faculty perceptions were not included in the study.

Some similarities existed among the nursing program types (diploma, associate, and baccalaureate) in regards to faculty incivility.   Participants identified ineffective teaching style or method of the faculty consistently throughout the quantitative results. This behavior was also noted to be frequently occurring in the learning environment as well. These findings are supported within both higher and nursing education research (Ausbrooks et al., 2012; Boice, 1996; Braxton & Bayer, 1999; Braxton & Mann, 2004; Clark 2008a, 2008d; Clark & Springer, 2007b; McKinne, 2008). Ausbrooks et al.'s (2011) study noted that the pedagogical skills of the faculty were perceived as contributing to incivility by the majority of the participants. The current study's qualitative responses also identified issues related to ineffective teaching style. One student response explained this by stating "if I just need to read the PowerPoint, why come to class? Try TEACHING." A few students stated "poor teaching" but failed to

elaborate on their responses. Many of the students' qualitative responses focused on the faculty's lack of preparation, lack of knowledge of the material, and lack of addressing uncivil behaviors. Students reported faculty having a "lack of dedication to the topic" and "not understanding the content well enough to answers our questions adequately." Clark (2008d) also found that the faculty's lack of expertise in teaching contributed to incivility. Another student in the current study noted faculty "not calling out inappropriate student behaviors". Previous research has also recognized faculty's lack of addressing behaviors in the classroom promotes incivility (Ausbrooks et al., 2011; Clark and Springer 2007a). Along with faculty's lack of expertise in content, students commented on their teaching style and test grades. For example, one student stated a teacher who does not know the material well is a teacher who "fails to give adequate info for testing purposes." These perceptions may indicate a need for faculty to re-evaluate their teaching styles and evaluation approaches.

Participants across all three program types also similarly reported faculty attitudes including inflexibility, superiority, and inapproachability. Qualitative responses revealed students perceived faculty as having a "hunger for strict guidelines/power", wanting to "feel the power", and "feeling the need to prove themselves as respectable." One student referred to the faculty as "dictators" that "don't want to help us, just want a paycheck." Students also reported the unwillingness of faculty to answer questions. Students wrote faculty "get defensive when questions are asked", "rolling their eyes when students ask questions or ask for clarification", and "cancelling test review when students asked questions." Participants noted faculty being rigid and authoritarian. One student reported faculty being "stuck in their ways" and having a "we've always done it that way"

mentality. Similar faculty behaviors emerged in previous research including faculty

superiority (Clark, 2006, 2008b, 2008c; Clark & Springer, 2008a), belittling or

humiliating behaviors or remarks to student (Altmiller, 2012; Clark 2006, 2008a, 2008b,

2008c, 2008d; Clark & Springer 2007a, 2007b; Cooper et al. 2011), punishing behaviors

towards students (Cooper et al., 2011), and refusal to answer student questions (Clark &

Springer, 2007a). These behaviors were also perceived to have a psychological impact

on students (Caza & Cortina, 2007; Clark, 2006, 2008b, 2008c; Cooper et al., 2011) and

lead to program and/or institutional dissatisfaction (Caza & Cortina, 2007; Marchiondo et

al., 2010).

Students from the current study also identified favoritism stating faculty "let some

students get away with things" and allow "playing favorites" to occur. Clark (2008d) also

noted faculty displaying favoritism, inconsistencies, and bias when dealing with students.

These perceptions of faculty misuse of power over the students may lead to faculty

incivility. Additionally, faculty superiority may be perceived because of the differences

in knowledge level of the faculty and students. For example, a weaker student may feel

the faculty member is acting superior when the faculty member is trying to maintain a

safe practice environment. This may also lead to misconceptions of favoritism. The

faculty member may allow stronger students to function more independently than weaker

students which may lead the weaker students to feel favoritism exists. However, further

research is needed to better understand these student perceptions of faculty.

Differences in student perceptions in regards to faculty incivility were also noted

among program types. These differences included student reports of situational issues

such as faculty unavailability and faculty having preconceived notions about students.

Students reported unavailability of faculty predominantly within the associate and baccalaureate programs. Students noted faculty "not making time for students" and not being available during office hours or clinical for student questions. Clark and Springer (2007a) also noted unavailable faculty were perceived uncivil by students while Clark (2008a) reported faculty being unavailable outside of class being perceived as both uncivil and frequently occurring. Faculty preconceived notions about students appeared within the diploma program in the current study. Students reported faculty "having preconceived opinions that may be "inaccurate" and being "judgmental because of word of the mouth from previous instructors." Clark (2008d) identified bias on behalf of the faculty but did not directly attribute this to preformed opinions faculty have of the students. Support for these differences in perceptions was also found in research question 5. An ANOVA yielded statistically significant differences in perceptions among the program types in regards to faculty incivility ($p=.019$). This suggests that students from different nursing program types have differing perceptions of faculty incivility in nursing education. Baccalaureate students perceived higher faculty incivility than did associate and diploma students. Multiple faculty factors within the program types may influence the students' varying perceptions. Therefore, further research needs to be conducted examining student perceptions among nursing program types that may lead to identification of contributing factors to the uncivil occurrences.

Previous research identified ineffective teaching method and style of the faculty as being perceived as uncivil and frequently occurring in nursing education (Clark 2008a; Clark & Springer, 2007a). Faculty attitudes were also identified in other studies (Altmiller, 2012; Clark 2006, 2008a, 2008b, 2008c, 2008d; Clark & Springer, 2007a,

2008b; Cooper et al., 2011). The situational issue of unavailability of faculty appeared in two of the previous research studies (Clark, 2008a; Clark & Springer, 2007a); however, faculty having preconceived notions about students was not specifically identified in any of the previous research. Differences were identified among the program types in the current study findings. Unavailability of faculty was only noted from associate and baccalaureate student responses while faculty having preconceived notions was reported by diploma students. This may be due to the current study's comparison of program types which was not distinguished in the previous research. Therefore, further research is needed to examine faculty incivility among nursing program types including faculty unavailability and preconceived judgments. This may lead to the establishment of clear expectations of the nursing education experience for both students and faculty. Future research may provide additional knowledge regarding differing perceptions of faculty incivility among students from various program types to potentially uncover whether program differences including faculty expectations impact perceptions of incivility.

The current study also examined the relationship between age of the student and the student's perceptions of faculty incivility. The results displayed a small negative correlation ($r= -.17$) between age of the student and the student's overall faculty perception score of incivility and the findings were statistically significant ($p=.012$). This suggests the younger the age of the student, the higher the student's faculty incivility score (based on an overall total faculty perception score). Stork and Hartley's (2011) study also identified a relationship between the student's age and perceptions of faculty incivility. Students may feel they are "owed" an education and display high expectations for faculty and faculty behavior. These findings dispute previous findings from Clark and

Springer (2007a) which found no statistically significant relationship between age and perceptions of faculty incivility. Findings from this study suggest a need for clear student and faculty expectations in nursing education and identify a need for additional research on age and students' perceptions of faculty incivility.

The ineffective teaching style or method was reported by students as a contributing factor to faculty incivility. This may be due to poor teaching style, lack of experienced faculty, faculty workload, and/or lack of faculty preparation for content being taught. Many of these factors may be attributed to the current faculty shortage. According to the NLN National Survey of Schools of Nursing (2010), 39% of qualified nursing school applicants were turned away from nursing programs. The American Association of Colleges of Nursing (AACN) (2011b) reported U.S. nursing schools dismissed 67,563 qualified applicants from baccalaureate and graduate nursing programs in 2010 due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. A special survey conducted by the AACN (2011c) noted 58.5% of the school surveys indicated having full-time faculty vacancies and another 24.0% stated having no vacancies but needing more faculty. Survey findings point to a 12% shortfall in the number of nurse educators needed. Multiple factors may be attributed to the students' perceptions of ineffective teaching style/method of the faculty including the amount of material requiring coverage in a limited amount of time, the intensity of the content being covered, and adequacy of time for the faculty to prepare. Qualitative responses included faculty "only have knowledge in one field of practice", are "not prepared", "do not have enough time to present content", and are "poor public speakers." Boice (1996) reported that low levels of faculty enthusiasm, clarity, and

organization are directly associated with low levels of student attentiveness and note talking and high levels of classroom incivilities.

There are several reasons for perceptions of faculty incivility. Many of the behaviors identified may be attributed to lack of teaching experience of adjunct faculty. The NLN (2006) indicated that Pennsylvania trends follow similar national trends in which the percentage of part-time faculty is increasing more rapidly than full-time faculty. Use of adjunct faculty members is a common practice in nursing education, more specifically in associate and baccalaureate degree programs. According to the Pennsylvania Department of Health (2004), diploma programs used 270 full-time and 92 part-time faculty, associate degree programs had 477 full-time and 317 part-time faculty, and baccalaureate programs had 556 full-time faculty and 508 part-time faculty on staff. These faculty members may not possess formal education in nursing education to prepare them for an educator role or may not possess skills related to teaching and classroom management. Adjunct faculty may also be using teaching as a part-time job while working in another field and may lack investment in the students and/or institution. These faculty members may have been hired at the last minute and have little time to prepare for their teaching responsibilities. None of the students in this study specified the use of adjunct faculty within their responses; however, this may be an area requiring further exploration on the topic of faculty incivility. Prior teaching experience, additional jobs, and educational preparation for teaching should be further examined with adjunct faculty.

Lack of experience with classroom management may also account for the students' perceptions of ignoring uncivil behaviors. However, ignoring uncivil behaviors may also be attributed to class and/or clinical size. Nursing program types may vary in

classroom size and faculty to student ratio. Diploma and associate degree programs tend to have smaller class sizes than baccalaureate programs. In a larger classroom, the faculty may not be aware that uncivil behaviors are occurring. From the schools surveyed, the baccalaureate program had approximately 600 undergraduate students, the associate degree program had approximately 180-200 undergraduate students, and the diploma program approximately 175 students. Mellor's (2011) study identified a correlation between classroom size and frequency of uncivil behaviors. The study found that increased frequency of uncivil behavior performance by students with larger classroom sizes (Mellor, 2011). Faculty to student clinical ratios for nursing programs in Pennsylvania is 1:11 for baccalaureate programs and 1:9 for associate and diploma programs (Pennsylvania Department of Health, 2004). The participants in Altmiller's (2012) qualitative study noted that higher faculty to student ratios on the clinical unit may lead to student frustration due to not receiving the attention needed. These frustrations may provoke uncivil student behaviors (Altmiller, 2012). Therefore, large classroom sizes and clinical sizes may attribute to uncivil behavior performance.

Another reason for ineffective faculty teaching may be due to the ever changing course content in nursing. Faculty may have limited time to make revisions or thoroughly understand the complex content based on workload and/or other job responsibilities. For example, doctorally prepared faculty in the university setting have multiple career focuses such as research, scholarship, and teaching. Faculty from associate and diploma programs primarily have a teaching role that may not include some of the other demands or pressures to publish and conduct research may be less than at a university setting. All nursing faculty have multiple responsibilities such as program meetings and committee

work in addition to their course workload. Clark (2008d) also reported faculty's demanding workload and role stress as contributing factors to faculty incivility. However, baccalaureate faculty (at the university level) may have additional meetings, committee work, and research expectations. Faculty tenure and promotion may be based more on research funding and less on teaching at certain universities. While ineffective teaching style occurred across all program types, this may be a contributor at the baccalaureate level. These commitments may also limit faculty time availability for student questions and concerns. Having clear guidelines may avert some of these perceptions of faculty incivility.

Faculty attitude consistently was another contributing factor to faculty incivility. Participants noted faculty having a "know it all" attitude and are "never willing to admit they are wrong." As previously discussed, students expressed their perceptions that faculty had a need for power and become defensive when asked student questions. Students from Altmiller's (2012), Clark's (2006, 2008b, 2008c), and Cooper et al.'s (2011) studies reported feeling helpless and powerless when exposed to faculty incivility. Participants within the current study described faculty being cold and distant and making rude or sarcastic remarks to students. However, students felt that faculty attitude resulted from other behaviors. One student reported faculty attitude in response to "frustration when students complain incessantly", "demanding students", and "feeling like they are wasting their time when students are disruptive and do not pay attention." Faculty frustrations with students, demands from the intense workload, and pressure for the students to succeed may lead to faculty anger and incivility. A lack of knowledge regarding program expectations may also contribute to some of the student responses. For

example, one student described a faculty member cancelling a test review due to the students asking questions. This may have been an inability to answer questions due to lack of faculty knowledge. However, it may also be attributed to limited time the faculty member had to conduct the test review. Students need to be aware of the time constraints in the classroom and make a scheduled appointment with the faculty member to further discuss test questions or concerns. Students need to understand the rules and expectations of the classroom.

Students also reported the pressure endured by faculty in the nursing education environment as a contributor to faculty incivility. Participants noted the pressure on the faculty to perform and students to succeed. One student reported that faculty "get upset when the student's do not do well." Nursing faculty may feel pressure to graduate students who will successfully pass the state board examination. These pressures on faculty may be manifested due to the current nursing shortage. According to the AACN (2011b), the United States is in the midst of a nursing shortage that is expected to grow. The AACN (2011b) reported a 5.7% enrollment increase in entry-level baccalaureate programs in nursing in 2010, but this increase is not sufficient to meet the projected demand for nursing services. Workforce analysts with the Bureau of Labor Statistics (BLS) (2009) projected that more than 581,500 new RN positions will be created through 2018, which would increase the size of the RN workforce by 22%. Pressure may be placed on faculty by the institution for student success to assist in remedying the nursing shortage. The need for nurses has also increased the enrollment of many nursing programs placing additional strain on the faculty dealing with larger classroom sizes and clinical groups and increased use of part-time or adjunct faculty. Although larger

classroom and clinical sizes have been noted to contribute towards incivility, this may be unavoidable. Instead faculty will need to provide students with established expectations to manage large groups.

Faculty superiority was another perceived contributing factor to faculty incivility. Students felt this was due to a need for faculty to prove themselves, especially newer faculty. Faculty may want to impress other faculty, staff on the clinical unit, and/or administration. The students reported acts of superiority on the clinical unit from faculty and clinical staff. One student wrote that faculty "act superior to the student on the clinical unit to impress the clinical staff" and that nursing staff display similar behaviors. Students stated "degrading RNs put you down regarding your clinical skills" and "nurses are normally rude to the students." Students may feel that faculty do not advocate for them during these educational experiences. Beck's (2009) dissertation reported student experiences with incivility on the clinical unit such as negativity and staff hiding equipment from students on the unit so they could not complete their assigned tasks. Research needs to explore why practicing RNs would respond this way toward students, especially with the current nursing shortage.

Some of these perceptions of superiority may be manifested by the student's lack of knowledge and the vast knowledge level of the faculty member and/or staff RN. Students may experience feelings of intimidation due to the differences in knowledge and may not appreciate the faculty's expectations and knowledge level. A weaker student may possibly perceive these behaviors as faculty acting superior while faculty may be ensuring safe clinical practice by the student. Students need to be aware of expectations and standards for safe clinical practice. The current findings along with previous research

(Altmiller, 2012; Beck, 2009) indicate a need for additional studies that focuses on faculty incivility in the clinical setting.

The unavailability of faculty was reported as another contributing factor to faculty incivility by baccalaureate and associate degree students. Students specifically noted that faculty were not available for questions or concerns. As previously discussed, this may be due to the faculty workload and other work commitments and may be more prevalent in the baccalaureate programs where the faculty have additional career focuses and institutional demands on their time. Faculty within baccalaureate and associate degree programs commonly have scheduled office hours. These scheduled office hours are times when faculty will be available for student concerns or questions. However, they may be viewed as limited availability by the students. Students commented in the qualitative responses about faculty "not being available during office hours" and not "returning emails or phone calls." Students need to be aware of faculty availability and response time to receive returned emails or calls. Generation Y students have grown up with technology and are technologically savvy (Walker et al., 2006). These students may expect instant gratification or an immediate response from faculty because of today's technology. Hernandez and Fister (2001) stated the increase in technology has left students incapable of developing appropriate relationships with peers and faculty. Students continuously text and email for communication throughout the day and are not used to waiting for a response. This expectation of immediate responses from faculty may contribute to student perceptions of faculty incivility.

Faculty preconceived opinions of the student were noted as a contributing factor to faculty incivility. This was more apparent within diploma programs and may be

attributed to faculty teaching at various levels within the program. For example, the faculty may teach students within a first year course and have the same students again in a second year course. This may lead to the preformed opinions of students and expectations for their performance. Faculty in the diploma program also commonly teach the students in both class and clinical. Although predominantly found in the diploma program results, students from the other programs discussed that faculty have opinions of the students in the classroom if they have those same students on the clinical unit. Therefore, if the faculty member has the student in both clinical and classroom they may also have preconceived opinions of those students where faculty who only have the student in clinical would not. Faculty discussions about students may also contribute to preconceived opinions regarding student performance.

These findings identified faculty behaviors perceived as uncivil, frequencies of those behaviors, and contributing factors to incivility. Multiple factors or reasons could contribute to faculty incivility and several were noted in the findings. Further research is needed to examine perceptions of faculty incivility and contributing factors among program types.

The Perceptual Process

This study measured student perceptions of student and faculty incivility in nursing education. Perception is an individual's sensory experience of the world and involves both the recognition of environmental stimuli and actions in response to the stimuli. The perceptual process consists of three stages: selection, organization, and interpretation (Brignall, 2001). In the selection stage, stimuli are selected through our senses: sight, sound, smell, taste, and touch. The focus in the educational environment is

on learning. However, in the learning environment students are also observers of the behavior of their peers in the classroom as well as the faculty member. The observers focus on behavior that causes disruption to their learning experience. In the organization stage, the student attempts to understand or make sense of the behavior occurrence. In the final stage of interpretation, meaning or attribution is attached to the behavior. Interpretation can be based on multiple factors of the perceiver: attitudes, motives, interests, experience, and expectations or by situational factors such as time and setting. The interpretation phase is the primary focus of Attribution Theory which was used as the theoretical framework for the study and will be discussed in the next section.

Theoretical Framework: Attribution Theory

Attribution Theory focuses on how the social perceiver uses information to arrive at causal explanations for the behavior of other people, events, or their own behavior. Attribution is a three-stage process: the first stage includes observation of the individual's behavior, secondly the perceiver must determine if the observed behavior is deliberate and intentional, and third the observer attributes the behavior to either internal or external causes (Heider, 1958). This three stage process is similar to the perceptual process described above. The student will observe a student or faculty behavior, then determine if the behavior is disruptive and intentional by the perpetrator, and finally determine why the behavior is occurring. Kelley's (1967)'s attributional dimensions of consistency, distinctiveness, and consensus cannot be discussed in the context of this study. This study was cross-sectional and not an observational study therefore the researcher was unable to determine these dynamics of the behavior from the current study's data. Therefore Weiner's (1985) three dimensional model will be used to discuss the study findings.

Attribution Theory according to Weiner (1986) proposed that causal ascriptions happen more often when the outcome is negative, for example uncivil behavior in the education setting. Students from the current study perceived the most uncivil behaviors as those that caused disruption or a negative impact to the learning environment such as holding distracting conversations. When an event such as an uncivil behavior occurs in the learning environment, the perceiver begins to attempt to interpret those behaviors with causal attributions or why the behavior might be occurring. For example, if a student is talking in the classroom, the behavior may be attributed to the student's lack of respect for the learning environment or disengagement of the student from the faculty's lecture. Behaviors such as acting bored, sleeping, or cutting class that did not cause disruption or directly impact the observer were perceived as less uncivil. Causal attributions are further categorized by Weiner (1986) into three dimensions: locus of control, stability, and controllability. This section will discuss the three dimensions in relationship to the current study findings.

Locus of Control

The locus of control refers to internal versus external factors attributing to the behavior or event. Once the perceiver observes student or faculty behavior that is deemed uncivil he/she will attempt to determine whether this behavior is being caused by an internal factor (i.e. personality) or an external factor (i.e. situational causes). The current study concluded that students' perceived both internal and external attributions for both student and faculty behaviors. The majority of the qualitative responses indicated external attributions for uncivil student and faculty behaviors in nursing education. These internal and external attributions are displayed in Tables 27 and 28. Table 27 presents attributions

to uncivil student behaviors in nursing education and Table 28 lists the contributing

factors to faculty incivility from the study based on the qualitative responses of student

perceptions. These items were placed into categories based on definitions of internal and

external attributes from Attribution Theory.

Table 27

Attributions to Student Incivility

_____

Program	Internal	External

_____

Diploma	Disrespect Immaturity Age	Faculty Hostility Peer Pressure
Associate	Attitude Disrespect Stress* Lack of Sleep* Competitive Environment*	Stress* Workload Lack of Sleep* Competitive Environment* Poor Teaching Skills Faculty Disinterest Faculty Inconsistencies Subjective Grading
Baccalaureate	Stress* Competitive Environment*	Ineffective Teaching Unfair Faculty Treatment Faculty Incivility Stress* Workload Grades Competitive Environment*

*Can be internal or external

_____

Table 28

Attributions to Faculty Incivility

_____

Program	Internal	External
Diploma	Superiority Experience Level Poor communication*	Incivility of Others Poor communication* Preconceived Opinions
Associate	Superiority Disrespect Unprofessional Stress*	Stress* Workload Student Disrespect Student Attitude Poor Student Performance Unavailability
Baccalaureate	Superiority Unprepared* Refuse to Answer Questions*	Disruptive Student Behaviors Unprepared* Refuse to Answer Questions* Unavailability

*Can be internal or external

_____

Due to the fact that external attributions are based on situational factors, there are several external attributions that vary among the program types. This indicates that differing educational environments may contribute to student and faculty incivility. For example, only the diploma program indicated faculty having preconceived opinions of the students attributing to student incivility. This may be due the program's curriculum plan and the possibility of diploma faculty teaching within multiple courses and having the student various times. Another example included the unavailability of faculty found in the associate and baccalaureate responses. This may be due to the campus environment and the additional obligations of the faculty. Baccalaureate and associate degree

programs also typically have office hours set by the faculty while diploma programs do not. The diploma program used for this study did not require faculty to have scheduled office hours. It is important to also note the similarities between programs. All three programs noted factors such as faculty attributing to student incivility. This suggests a need for further research regarding faculty incivility and its impact on students.

The varied student demographics within the program may have accounted for differing internal attributions as well. Students within the diploma program noted the age and the maturity level of the student contributing to incivility and may be attributed to the diverse age population in the diploma program. Older students may perceive the maturity levels of younger students contribute to uncivil behaviors. This was not seen in the baccalaureate program since the majority of the students are younger in age and possibility at a similar maturity level. Therefore, the varied demographic characteristics of students and educational environments among the program types influences their perceptions of uncivil behavior as well as perceptions of factors that contribute to these behaviors. Some factors may be described as internal or external. For example, students reported stress and lack of sleep as contributing to incivility. If the student is an anxious individual then stress may be an internal factor; however, if the stress is caused by the workload and competition of the program then stress would external. In regards to a competitive environment, if the competitive environment is caused by the institution such as competing for clinical seats then the cause is external. The cause may also be internal and the student having a competitive nature and needing an "A". A contributing factor to faculty incivility was being unprepared. If the faculty member is a procrastinator then this

would be internal were as if he/she has multiple other obligations and limited time for preparation then it would be external.

Stability

Attributions can also be categorized by the stability dimension. Stable causes include those that tend to influence outcomes and behaviors consistently over time (Harvey & Martinko, 2009). When people make a stable attribution, they infer that an event or behavior is due to stable, unchanging factors. However, when people make an unstable attribution, they infer that an event or behavior is due to unstable, temporary factors. Many of the internal and external factors attributing to uncivil behavior in the study can be classified as stable (difficult to change) or unstable (easy to change). The stability dimension of internal and external attributes for student incivility are displayed in Table 29 and faculty incivility in Table 30. These attributions were categorized based on the definitions of stable versus unstable provided. However, the stability dimension does not discuss period of time for change. For example, if a faculty member is disinterested in the topic being covered this is difficult to change; however, if the faculty member moves on to a different course the disinterest ceases and therefore is temporary. Several of the factors identified that contribute to uncivil behavior may be more difficult to change than others. Many of the attributions can be changed or prevented by the implementation of suggestions that will be discussed in the implications section of this chapter.

Table 29

Stability Dimension of Attributions of Student Incivility

_____

Internal-Stable   Internal-Unstable

_____

Disrespect   Lack of Sleep*
Immaturity   Stress Level*
Age
Attitude
Competitive Environment*

_____

External-Stable   External-Unstable

_____

Faculty Hostility   Lack of Sleep*
Peer Pressure   Stress Level*
Competitive Environment*   Grades
Poor Faculty Teaching Skills
Faculty Disinterest
Faculty Inconsistencies
Subjective Grading
Faculty Incivility
Program Workload

*Can be internal or external
_____

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Table 30

Stability Dimension of Attributions of Faculty Incivility

_____

Internal-Stable   Internal-Unstable

_____

Superiority   Poor Communication*
Experience Level   Lack of Preparation*
Disrespect   Stress Level*
Professionalism   Refusal to Answer Questions*

_____

External-Stable   External-Unstable

_____

Incivility of Others   Poor Communication*
Preconceived Opinions   Lack of Preparation*
Student Disrespect   Stress Level*
Student Attitude   Refusal to Answer Questions*
Poor Student Performance   Unavailability
Program Workload

*Can be internal or external
_____

Controllability

Controllability refers to whether the behavior can be controlled by the individual

or others or is uncontrollable and establishes responsibility for the behavior. Although

some are more difficult to control, all of the attributions for uncivil student and faculty

behaviors listed in Table 27 and 28 are controllable except age of the student and

experience level of the faculty. Students in the diploma program perceived age and

maturity level as contributing to student incivility. Although an individual cannot change

his/her age, hopefully their maturity level will increase with age. However, immature

behaviors may also be a consistent personality trait for certain individuals. Participants attributed faculty incivility to level of experience indicating the faculty's longevity in the profession contributed to superiority and uncivil behaviors. An individual cannot erase years of experience in the nursing profession but can alter his/her approach to students.

The majority of the attributions identified are controllable by the student or faculty member. For example, attitude and disrespect may be a part of an individual's personality; however, these can be controlled at any time by the individual. Several of the situational factors indicated by the participants can also be controlled by the faculty or student. For example, disengagement from poor or ineffective teaching style can be controlled by the faculty improving his/her teaching skills or implementing creative or interactive teaching methods. Stress, workload, and competitiveness of the nursing education environment were also noted as contributing to incivility. These factors are also controllable. Suggestions for controlling these attributions will be discussed in the implications section.

Fundamental Attribution Error

One issue with assigning attributions is fundamental attribution error (Heider, 1958). This refers to an individual's tendency to overestimate the influence of personal factors and underestimate the influence of situational factors when assessing another's behavior. Therefore, when a person observes behavior they are more likely to assume that individual's behaviors are caused by personality rather than the situation. Fundamental attribution error did not occur in this study. When reviewing participant responses regarding attributions to student and faculty incivility, the majority of responses indicated external or situational factors for uncivil behavior performance.

Self-Serving Bias

Another issue with Attribution Theory is self-serving bias. Self-serving bias suggests that individuals will make attributions that give themselves credit for positive outcomes while rejecting responsibility for negative outcomes (Bradley, 1978). This did occur within the study. Although the students reported external or situational factors as causal attributions, those factors placed the blame of the external factors on the other party. For example, participants attributed student incivility to frustrations with faculty, faculty incivility, and ineffective faculty teaching. On the other hand, students attributed faculty incivility to student attitude, performance, and disruptive behaviors in the classroom.

The current study findings validated Weiner's (1986) theory that people make causal attributions for behavior based on three dimensions: locus of control (internal or external), stability (difficulty to change or temporary), and controllability. Fundamental attribution error was not exhibited within the study findings; however, self-serving biases were noted. Additional studies need to be conducted using Attribution Theory to explain uncivil student and faculty behavior in nursing education.

Study Limitations

There were several limitations of this study. The study used a convenience sample of senior level only nursing students from three programs within Pennsylvania. This was due to the location of the nursing programs in a close, geographical proximity since the researcher had to travel to two of the sites multiple times for data collection. Although, the study compared program types (diploma, associate, and baccalaureate) only one program of each type was included in the study. Future research should recruit from

multiple sites within the programs types (diploma, associate, and baccalaureate) and from all program levels. This would ensure a more diverse population for comparison.

Another limitation of the study included the inclusion criteria. The inclusion criteria specified only full time nursing students. This was selected based on the thought that the full time student would be more vested within the program and have increased experience with encounters of incivility. In the college/university setting, full-time status requires the individual to be enrolled in at least 12 credits. Upon data collection at the associate degree program, many participants were excluded from the study because they were enrolled as part-time status, although these students had 10 credits of nursing courses. This required the students to be at the college and/or clinical four days a week. These students may have provided relevant information related to incivility but were not eligible to participate. Future studies should clearly define full time versus part time students by the number of credit hours needed or include subjects who attend on a part-time basis. Additional studies could also examine if perceptions differ between full-time and part-time status students.

The length of the survey tool was a limitation. The open-ended questions occur at the end of the survey and many of the participants provided limited or no responses to the open ended questions. The participants completed the survey at the end of their scheduled course time. Some students completed the open-ended questions and provided meaningful data that enriched the study findings while other responses contained only one word or were left blank. Although the length of the survey tool was a limitation, the survey tool displayed good reliability with the current study sample. Future studies may

benefit from having participants complete the survey with additional time available to complete all the responses.

Time of data collection was another limitation of the study. Data collection was completed nearing the end of the scheduled semester. During this time in the semester, students may have final papers to complete and/or final exams which may lead to additional stress on the student and impact their responses. The students also had completed at least 3 months of intense coursework prior to survey completion that may have influenced their responses. Future research needs to schedule data collection early to mid-semester so the added stress of the coursework and frustrations of the student do not contribute towards survey responses.

Another study limitation included the presentation of the survey tool by the researcher. To decrease copying costs, the survey tool was copied in a front to back fashion. The researcher failed to explain this to the students and some omitted the back pages of the survey. Incomplete surveys were excluded for research questions 4 and 5 because the statistical analysis required compiled scores. To avoid this in the future the questionnaire should be single sided.

Researcher presence in the room may have also limited the responses on the survey. Although the surveys were anonymous and the students were unknown to the researcher, the researcher's presence in the room may have given the students a false perception that the researcher may share their responses with the faculty. The student responses were also based on student recall of events and may not truly represent incivility. No faculty interpretations were included in this study. Faculty perceptions would have enhanced the study findings.

Implications

The findings of the study provide students, faculty, and administration with information concerning student perceptions of student and faculty incivility within nursing education. These findings include perceptions of student and faculty behaviors perceived as usually or always uncivil, uncivil behaviors most frequently occurring in nursing education, contributing factors to student and faculty incivility, the relationship between age and perceptions of incivility, and differences in student perceptions among nursing program types. These findings should be used to develop strategies to foster a culture a civility as described by Clark (2010a).

Student Implications

The section will discuss implications for students, faculty, and administration in regards to student incivility. Suggestions for preventing and addressing student incivility will also be included.

The study results may lead to the development of student, faculty, and administrator driven strategies to foster civility in the classroom. Similar student behaviors were reported as usually or always uncivil and most frequently occurring among the program types. These student behaviors are also found in the literature. Therefore, the awareness that certain student behaviors are perceived uncivil may allow the student to reflect on his/her own behaviors and potentially refrain from inappropriate or uncivil behaviors. In order to allow the student to understand the impact of uncivil behaviors, the faculty must create a depiction of incivility for the student which should be included in the orientation process and reinforced each year. For example, the faculty member may schedule the students to perform oral presentations and display uncivil

behaviors during a student presentation such as talking on his/her cell phone, texting, and talking to others in the classroom. The faculty member may also use video vignettes depicting a classroom where uncivil behaviors are occurring or schedule mock acts of incivility in the classroom and then debrief the students after to discuss their feelings on how incivility impacts the classroom. When the students understand these implications, they may choose to display leadership behaviors and act as a role model for other nursing students. Faculty need to foster student empowerment which may lead students to have increased self-esteem, motivation, and become more self-directed (Clark & Kenaley, 2011). Encouragement of students by faculty and administration to participate in professional organizations such as the National Student Nurses Association (NSNA) or local branch chapter (i.e. Student Nurses Association of Pennsylvania) may encourage civility. These organizations model and require acceptable professional behavior from their participants.

Participating in forums may assist students to create a culture of civility in the learning environment. These forums can be used to develop strategies to prevent and address uncivil behaviors and promote an effective learning environment to produce professional and safe graduate nurses. Administrators may develop collaborative committees including students and faculty to develop ideas and strategies to combat incivility in nursing education. Clark (2010c) provided various examples of how students may participate in preventing or addressing incivility. The use of student governance teams provide opportunities for students to contribute to the effective operation of the nursing program. Using open solution-based forums for dialogue on incivility with students and faculty are another means for understanding and addressing incivility. In

addition, discussing class norms with the students and taking class time to establish expected classroom behaviors can be an effective way of preventing incivility. These expectations and codes should be included in the course syllabi and student handbook.

The study results reflect nursing education as a stressful and intense environment. Many times students may have unclear expectations of the nursing education experience. A freshman or first year orientation may be helpful in providing students with an understanding of the nursing school experience and techniques to manage the intensity (Clark 2009, Clark 2010b). Techniques to manage stress should be included in this orientation experience. These techniques should include exercise, hobbies, social interaction outside of school, healthy diet, and adequate sleep and rest (Clark, 2010b). Organizational and time management techniques should also be discussed. Stress and time management tips should be provided throughout the academic year. Many programs also offer services at the school or campus to assist students when needed. Orientation should also include information regarding expected professional conduct in nursing education including appearance and behaviors. The student should be provided a policy handbook to bring to the orientation and the policies should be discussed with the students prior to the beginning of their educational experience. It may also be beneficial to share these policies with the parents of younger non-traditional students so they can further discuss them with their child. Discussions of the policies are necessary. According to Paik and Broedel-Zaugg's study (2006) students rarely read the student handbook on their own. The students should be requested to sign a form that they have reviewed, understand, and will follow all policies of the program and/or institution. Ramifications to not adhering to program policies should also be included in the handbook. This

provides validation for the faculty and administration if a student fails to adhere to these policies and punitive action needs to be taken. This will avoid misconceptions the student may have regarding professional conduct in the academic environment.

Classroom distractions can negatively impact the learning environment. The results disclosed faculty needing to practice effective classroom management techniques and model civil behaviors in the education setting. According to Clark (2010b), faculty should set the tone in the academic environment by starting on a positive note, arriving early to greet the students, maintaining professional dress, and effectively preparing for class. The faculty need to serve as role models for students and are at the forefront in creating a culture of civility in the nursing environment. These techniques promote student success and promote positive behaviors for the students to follow. Faculty should provide students with clear expectations regarding appropriate conduct in the academic environment. Behaviors of incivility should be identified and addressed by faculty to ensure other students in the environment do not become angry regarding the behavior and/or join in and contribute to the behavior. Examples of classroom management include starting class on time and closing the door when class begins so that students are aware that arriving late to class is not acceptable. Another example could be pausing or moving closer to students when they are talking in class to show that their behavior is distracting to others.

Faculty need to create an interactive teaching environment. They are challenged with keeping a diverse group of students interested in the subject area. When students become disengaged in the teaching session this may lead to boredom and provoke uncivil behaviors. Faculty members need to be prepared and display enthusiasm for the subject

area that they are teaching. If the faculty is not interested in the topic the students will not be either. Incorporation of creative teaching strategies to keep the students interested and engaged in the learning session is needed. Examples would include group discussions, projects, games, and other appropriate active learning strategies.

Cell phone usage was found in all program types in the study; however, the students did not feel this behavior was uncivil. As previously discussed, cell phones are a norm in today's society. Therefore, faculty from various generational backgrounds need to recognize this trend. Faculty in nursing education may need to place some guidance for cell phones use such as a no camera option in the clinical setting and no use during testing sessions. However, cell phones can be used as a teaching strategy to keep the students engaged. According to Johnson, Smith, Willis, Levine and Haywood (2011), cell phones are simple tools that can be integrated into the classroom and are being used in areas such as chemistry, journalism, and history. At Abilene Christian University, spectators at a performance of Othello were asked to keep their cell phones on and use them to receive messages throughout the performance. These messages were sent from cast members behind the scenes to clarify Shakespearean language, share scene summaries, and interact with the audience through a live blog (Johnson et al., 2011).

Cell phones, smartphones, other technological devices such as tablets, and social media sites such as Facebook® and Twitter® can be incorporated in both the classroom and clinical setting in nursing education. In the classroom, cell phones may be used for polling of students for responses to NCLEX questions or trivia regarding course content. Another example may include the use of the phone to retrieve information during lecture. The faculty can ask questions throughout the lecture and pause to allow students to use

smartphones or tablets to locate the answers. Students could be asked to retrieve information during a class discussion on abnormal assessment findings such as pictures (i.e. physical anomalies seen in the newborn), or audio clips (i.e. adventitious lung sounds). Many nursing textbooks are also available for download to smartphones and tablets that could be accessed for class activities. Smartphones or tablets have many implications that may be appropriate in the clinical setting as well. For example, drug books allow students to view medications including proper dose, action, side effects, and proper administration techniques. Applications for medical dictionaries, pathophysiology, drug calculations, laboratory and diagnostic tests, and dysrhythmia identification are also available. These devices can assist with clinical quizzes by the faculty. For example, faculty may send a dysrhythmia strip of the week to the students' electronic devices for identification, treatment choice, and return response to the faculty. Findings ways to incorporate cell phone and technology use in the classroom may change the use of these devices from being a distracting behavior to a creative teaching strategy.

Faculty Implications

The research findings lead to faculty implications for preventing and managing incivility in nursing education. Faculty need to model civil behaviors in the classroom as well. Students reported faculty attitudes as a contributor to faculty incivility. Faculty need to promote a positive environment in the nursing education setting. As discussed in the student implications section, faculty need to model professional behaviors including arriving early for class and preparing for class content prior to scheduled class time. Faculty are also subject to a stressful environment due to amount and difficult course content, limited time to prepare, juggling multiple roles and student demands, and

pressure for students to succeed. These stressors and frustrations may lead to faculty incivility and unprofessional behavior performance. Faculty may benefit from stress management as well as organizational and time management workshops.

Students expressed feelings relating to faculty superiority. This may be manifested by students feeling intimidated by the knowledge level of the faculty. One student stated the faculty are "too smart to bring it down to the students' level". Faculty need to make sure they explain new terms and concepts and make sure students understand them through non-threatening questioning and content review. Students need to believe that faculty are approachable and are concerned about their success in the program. Faculty should promote an environment of open communication with the students to ensure that students feel comfortable asking questions and coming to the faculty member for assistance. They need to foster student encounters and act as a student advocate in all learning experiences. Faculty in the clinical setting frequently use questioning to assist the students in understanding material. Students need to understand that this is not an uncivil behavior but a teaching learning strategy. Likewise, participants expressed experiencing attitudes and demeaning behaviors on the clinical unit from staff RNs. These encounters on the clinical unit may lead to a negative environment and hinder learning. Faculty should be advocating for the student in these situations and displaying to the students that faculty care about their success in the program. Providing faculty with education on problem solving and communication with clinical sites may assist the faculty to have a rapport with the clinical site to avoid issues.

Participants noted faculty as not available to students for questions and concerns and reported some faculty not being available during scheduled office hours. Availability

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during office hours is necessary for students to ask faculty questions and/or discuss concerns that they may have. Faculty may have many other obligations. However, if not available for scheduled office hours due to unforeseen circumstances, the faculty should make students aware of the change and attempt to schedule additional time. Faculty may need to reinforce that in addition to office hours, they are also available by appointment. Since the surveys indicated the use of technology by the students, an additional option may be for faculty to have electronic office hours and be available by Skype® or webcam devices so that students are able to view the faculty member and the faculty member can provide an immediate response. Students should be encouraged to schedule meetings times. If a faculty member leaves his/her office during office hours a student may think that he/she is unavailable. Scheduling an appointment will provide the student with a designated time to meet. Students also stated that faculty did return emails or phone calls. Faculty should provide clear expectations within their syllabi regarding their availability and time limits for return of emails or phone calls. For example, emails and phone calls will be returned within 48 hours.

Students reported faculty did not address encounters of student incivility. Faculty need to refrain from getting upset when dealing with uncivil student behaviors. Ignoring these behaviors leads other students in the classroom to become angry or join in on the behaviors. Clark (2010b) stated that these behaviors may not be addressed by faculty for some of the same reasons that parents ignore their children's bad behaviors such as: fear of not being liked, fear of retaliation, or lack of interventions to address these behaviors. Faculty need to attend workshops and/or conferences regarding classroom management if a lack of knowledge in addressing uncivil behaviors is the problem. Clark (2010b)

recommended a preventative approach to uncivil behavior. The preventative approach may include development of a course syllabus which includes a statement of shared values, role of social discourse, link to important policies, and ways for students to be successful. The syllabus should also include course objectives and a "behavioral" objective to address professional conduct. This provides clear expectations. Clark (2010b) also suggested asking students to write their expectations for the course on a sheet of paper so the faculty member can review them. This allows the student to feel that they are contributing to the course.

Faculty need to ensure that students are provided with clear faculty expectations, course times, and functions. Faculty should discuss functions of the class. For example, one student commented on faculty cancelling a test review because the students were asking too many questions. Faculty should be clear regarding these scheduled class sessions. If the allotted time for test review is 30 minutes, the students should be aware of the time constraints. Faculty should not allow one student to monopolize the entire time with one question, so that all test questions may be covered. Reinforcing policies when a student continues to disagree about a question is a faculty responsibility. Students should be required to schedule an appointment to further discuss the question so that course content may begin on time.

One major finding of this study with regards to faculty incivility was that students' viewed the faculty's ineffective teaching/style method as uncivil and frequently occurring. Additional research need to be conducted to examine what ineffective teaching means to the student. Many reasons have been discussed including workload, additional work obligations, adjunct faculty, and time constraints. Faculty need to continually

update and revise their lectures to reflect evidence-based practice. Students are constantly using technology as a means for communication and information and have access to current information from the Internet on course topics. Therefore, faculty teaching materials must reflect these updates. Faculty need to allot time to prepare their class and develop adequate knowledge of the subject material to be able to accurately answer any student questions. They must also be willing to admit when they do not know an answer and follow up with the student once the question has been researched. Due to the many obligations of nursing faculty, time management skills and setting aside time for class preparation are requirements for faculty. A classroom assessment of students should be completed initially. The learning styles of the faculty and the students within one classroom are varied. Clark (2010b) recommended the use of learning style inventories for the faculty to assess the learning preferences of their classroom. Creative teaching styles that provide interactive experiences should also be utilized in the classroom in order to keep the students engaged in the learning process. Students may feel that lecture format is no longer effective. Creative strategies such as incorporation of technology (cell phones, computers) as previously discussed, group projects, gaming, and use of media may keep the student engaged in classroom activities and decrease the incidence of uncivil behaviors.

Administrator Implications

These research findings may also be used by nursing program administrators. According to Clark and Springer (2010) leaders play a key role in establishing the climate and culture of the organization. Administrators need to serve as effective role models for students and faculty, promote an educational environment of mutual respect and civility,

be available to assess uncivil issues occurring in their institutions, and provide support to the students and faculty. These can be accomplished by administration in various ways.

Clear policy development and implementation by administrators is essential within their institution. Incivility policies should be developed, discussed verbally, and provided in writing to both students and faculty. These policies should provide standards of behavior including descriptions of behaviors that are considered uncivil in the education setting. They should also contain ramifications for inappropriate behaviors and policy violations. Administrators may also create commitment to civility statements that students and faculty are asked to sign each academic year (Clark & Springer, 2010). It is the responsibility of the administrator to hold individuals accountable for their actions. If students and faculty do not abide by the policies then they should subjected to the ramifications indicated in that policy. This sends a clear message that incivility will not be tolerated by administration. If no one is held accountable then the incivility will continue. Likewise, administrators as well as faculty should reward civility. Administration and faculty may also interact with others on campus to develop standards of behavior. Clark (2009) recommended that schools of nursing partner with other campus professionals and student groups to adopt shared values, norms for acceptable behaviors, and non-punitive reporting systems.

Administrators should dialogue with faculty and students on a regular basis regarding uncivil behaviors and work together to develop strategies to prevent incivility. One example may include the development of open forums on incivility where administrators, faculty, and students could discuss incivility and address it directly. Another example is regularly scheduled faculty meetings which should be held to discuss

any issues that may be occurring in the institution. These meetings also allow administrators to offer assistance to faculty in dealing with uncivil issues in the education setting. Administration also needs to be available to students for reporting faculty incivility that may be occurring within their program. Students should feel they are able to approach administrators with their concerns and that reporting these issues will not result in punitive action toward the student. It is the role of administration to be aware of incivility concerns within the department, implement interventions to correct the problems, and follow up to ascertain whether or not the issue has been resolved or if further action needs to be taken.

There are also many ways that administrators can assess needs of the faculty to prevent incivility. Prior to appointment to new positions, administrators should address faculty's previous teaching experiences and prior education such as pedagogy, curriculum, and measurement and evaluation. This may allow the administrator to ascertain the potential education needs of the faculty candidate. Upon hire, administrators need to provide new faculty with an orientation to their program including clear faculty expectations, a discussion of faculty assignments and workload, and resources that faculty may use for assistance. All faculty members should be aware of faculty expectations within their institution and be held accountable by administration (i.e. office hours) for failure to comply with those expectations. If administrators are aware of the needs of the faculty, they can implement teaching sessions to assure that faculty members are prepared for the teaching experience and management of the classroom. When faculty are educated and prepared for the teaching experience and provide effective teaching strategies to the students this promotes an engaging and civil classroom environment.

Administrators should provide faculty with educational sessions focused on the areas of classroom assessment, classroom management, and active teaching/learning strategies to improve teaching skills of the faculty and create a positive learning environment. Other topics may include stress reduction as well as organizational and time management skills for faculty. Faculty can also be referred to workshops that may be offered by the campus/university to enhance their teaching abilities. Some examples include reflective practice, teaching circles, and teaching with technology seminars. This would provide faculty with examples of teaching methods/styles that have been effective for other faculty across campus. Administrators may also suggest that faculty who are having difficulty or are new to teaching observe other faculty within the classroom for examples of teaching methods/styles that are effective with students. As stated previously effective teaching by the faculty member will promote student engagement and satisfaction and potentially decrease episode of incivility.

Faculty should be provided teaching assignments from administration as early as possible. This will allow adequate preparation time for the faculty member and may increase his/her teaching performance leading to student satisfaction and engagement. It may also provide the faculty member time to develop creative strategies that he/she can incorporate into the course content. The added time will also decrease the stress level of the faculty member that may feel pressured when adequate time is not provided. When faculty members are prepared it keeps the students attention and avoids frustration from the students when faculty cannot answer their questions on the content presented.

New faculty should be provided a mentor to guide them in their new position including time management, faculty responsibilities, and teaching tips. These new faculty

members may require coaching from their mentors and other faculty in their assigned courses to assist with the transition. It is the responsibility of administration to assure that assigned mentors are individuals that are approachable, knowledgeable, and role model the characteristics they wish to see in a faculty member. Mentorships should be monitored to assure that the mentee is receiving all the support needed in their new position. Adjunct faculty are often only on campus for limited times. These faculty members should also be assigned a faculty contact person to answer questions that they may have regarding courses or assist them with teaching assignments. This may avoid faculty frustration and incivility when they are unaware of their expectations and duties. Mentoring of new faculty assists in the development of effective teachers that promote a civil classroom and are able to manage the classroom when uncivil behaviors arise.

Faculty should have student, peer, and administrator evaluations and be provided suggestions to enhance their teaching skills. Administrators should review peer/student feedback and counsel faculty on ways to improve teaching. They also need to follow up to make sure that faculty utilize these critiques and improve upon teaching when weaknesses are noted. Evaluations should be performed on a consistent basis so that administration may monitor faculty for teaching effectiveness and whether they have implemented suggestions given for improvement (i.e. at least twice in an academic year). This provides faculty with identified weaknesses in their teaching that need improvement. These suggestions should be used to enhance their teaching skills and classroom management techniques. Improvement in teaching skills and classroom management may lead to a more stimulating classroom experience and set the tone that incivilities will not be tolerated.

Administration may also integrate civility education into the curriculum (Clark & Springer, 2010). Education on civility may be threaded into the students' academic courses. This could be incorporated into the curriculum in the form of student activities based on civility. For example, freshman students may be required to develop short videos with one depicting uncivil student behaviors and one depicting civil student behaviors either in the classroom or clinical setting. Another example may include students being required to complete a teaching project on how to promote civility in the education setting. These activities may increase student awareness of incivility and potentially decrease uncivil behaviors in the education setting.

Many options have been presented in this section that administrators can use to decrease student and faculty incivility in their institutions. Administrators must be available and approachable to faculty and students so that they are aware of uncivil issues in the educational environment. They play an integral role in incivility policy development and need to assure that individuals are held accountable for their actions when policies are violated. Administrators also need to support and assist their faculty when needed. These strategies will assist in promoting an effective learning environment for both students and faculty and potentially decrease uncivil behavior in the educational setting. However, if the administrator has attempted these discussed strategies and incivility remains a problem within his/her institution, he/she may need to seek outside assistance and hire a civility consultant to assess the issues within the institution that may be impacting incivility (Clark & Springer, 2010).

Recommendations for Future Research

There are several areas where further research is needed to explore additional data related to students' perceptions of incivility within nursing education. The current study identified differences in student perceptions of faculty incivility among nursing program types. The study consistently identified faculty issues contributing to student incivility in nursing education. This is the only study comparing program types found within the literature. Since the study yielded statistically significant results, additional studies exploring student perceptions of student and faculty incivility are needed. The current study only used student perceptions of incivility. Future studies might include examining differences in faculty perceptions of student and faculty incivility across the program types (diploma, associate, and baccalaureate). Faculty perceptions may provide insight into the commonly described faculty issues described by the students within the study. Future research using multiple diploma, associate, and baccalaureate sites may be beneficial to better understand the differing perceptions among program types.

This study revealed a relationship between the age of the student and the student's perception of faculty incivility. Future studies may be conducted comparing different age groups or generational cohorts of students and their perceptions of incivility. This may provide additional information on the differences in perceptions among these age groups or generational cohort. Limited research exists regarding student perceptions of incivility among groups of students. The current nursing classroom contains a diverse population of students from different generational, cohorts, different genders, and different ethnic backgrounds. The study sample contained primarily Caucasian (92.6%) students and the ethnic diversity was limited. Yet this variable was not explored. A multi-site survey of

diploma, associate, and baccalaureate degree programs may yield a more diverse sample

for comparison. This multi-site survey should also include all program levels for

exploration of differences since the current study only included senior level students.

Future studies comparing other groups of students such as different genders, ethnicities,

and program levels of students may provide insight to the differing perceptions of

incivility within one classroom. Other variables of the learning environment require

further examination. Mellor (2011) found that the larger the classroom size, the more

frequent uncivil behaviors occur. Additional research using varied classroom sizes to

explore differences in uncivil behaviors between small versus large classrooms may lead

to knowledge regarding classroom size required to promote the most civil learning

environment.

Use of cell phones in the classroom was reported frequently by the participants. It

is apparent that technology and cell phone use, as discussed in the previous section, has

become a necessity for communication and information retrieval. Additional research

may be needed to explore the perceptions of technology and incivility in the nursing

education environment. As previously discussed, technology has become a mainstay in

society and it may be beneficial to incorporate these technological items into the

educational environment. Future studies may include comparing classrooms where

technology is incorporated versus those where technology is prohibited. Then

comparisons of improper technology use (i.e. texting friends, Facebook®) or use

unrelated to class could be compared to analyze whether improper cell phone/technology

use improved in the classroom where activities using technology were incorporated.

The current study primarily focused on the classroom environment, although the clinical setting and distance education setting are included in the definition of academic environment on the survey tool. Several of the qualitative responses discussed faculty and RN attitudes and incivility in the clinical setting, as did previous research (Altmiller, 2012; Beck 2009). These findings identify a need for examination of incivility in different educational areas such as the clinical setting and distance education.

One of the major contributors identified within the study regarding faculty incivility included the students' perception of ineffective teaching style/method of the faculty. Additional qualitative research, for example focus groups, could be used to determine why students feel that faculty teaching method/style are ineffective and describe what ineffective teaching method style means to them. This will assist in defining ineffective teaching method/style from the students' perspective. Additional research also needs completed regarding the impact of differing teaching strategies of the faculty and incivility. A study examining uncivil behavior in classrooms where faculty use creative strategies that promote student engagement versus those who do not may uncover whether uncivil behavior may due to student disengagement.

Research regarding the impact of incivility policies and procedures on incivility may provide pertinent information for administrators. The current study did not examine policies on the nursing programs. Exploring uncivil behaviors in programs with established incivility policies versus those without would reveal whether policies impact the frequency of uncivil behavior performance. This study provided may implications for student, faculty, and administration including clear policy development. These

implications can be used to conduct additional interventional studies to determine whether they prevent or decrease the incidence of uncivil behavior performance.

All of the research reviewed and the current research utilized self-reported survey data. Future studies using observational methods may provide meaningful information regarding the types of uncivil behaviors occurring, the frequency of the behaviors occurring, factors contributing to behaviors, the impact of uncivil behaviors, and strategies used to prevent and/or manage incivility in the nursing education environment. These observations may be performed across the program types (diploma, associate, and baccalaureate) and may provide rich data to add to current findings. The observations may be conducted within the classroom, clinical, or distance education setting by monitoring student and faculty responses within the nursing education environment. The study results also revealed that students reported ineffective teaching/method style of faculty as both uncivil and frequently occurring. Participants also noted students acting bored and apathetic in the classroom as frequently occurring. Additional research including observations of classrooms where faculty use different teaching styles may further examine the impact of the faculty teaching style on incivility in the classroom.

The current study findings also validated Attribution Theory that people make causal attributions for behavior based on three dimensions: locus of control (internal or external), stability (difficult to change or temporary), and controllability. Additional studies need to be conducted using Attribution Theory to explain uncivil student and faculty behavior in nursing education.

Conclusions

This study sought to add to the body of knowledge on the phenomenon of incivility by exploring differences in student perceptions among nursing program types (diploma, associate, and baccalaureate). Results of the study indicated that students have similar perceptions regarding student incivility among the program types; however, students' perceptions of faculty incivility differ among the program types. Students consistently perceived uncivil behaviors as those that disrupted their learning environment. Findings lead to numerous student, faculty, and administrator implications to improve the learning environment and prevent or decrease the incidence of incivility in nursing education. The study findings also supported Attribution Theory indicating that causal attributions of uncivil behavior are three dimensional although additional research using Attribution Theory to explain uncivil behavior is warranted. This study provided foundational knowledge that differences in student perceptions of incivility exists among program types. Further research exploring these variances in student perceptions of student and faculty incivility among program types would be beneficial to provide further understanding of these differences.

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APPENDIX A: IRB APPROVAL FROM INDIANA UNIVERSITY OF PENNSYLVANIA

Indiana University of Pennsylvania
www.iup.edu

Institutional Review Board for the
Protection of Human Subjects
School of Graduate Studies and Research
Stright Hall, Room 113
210 South Tenth Street
Indiana, Pennsylvania 15705-1048

P 724-357-7730
F 724-357-2715
irb-research@iup.edu
www.iup.edu/irb

November 1, 2011

Riah Hoffman
74 Spring Drive
Armagh, PA 15920

Dear Ms. Hoffman:

Thank you for submitting your IRB approval from Mount Aloysius College for your proposed research project "Differences in Student Perceptions of Student and Faculty Incivility among Nursing Program Types,"(Log No. 11-212). On behalf of the IRB, I have approved your project for the period of October 31, 2011 to October 31, 2012.

It is also important for you to note that IUP adheres strictly to Federal Policy that requires you to notify the IRB promptly regarding:

1. any additions or changes in procedures you might wish for your study (additions or changes must be approved by the IRB before they are implemented),
2. any events that affect the safety or well-being of subjects, and
3. any modifications of your study or other responses that are necessitated by any events reported in (2).

Should you need to continue your research beyond October 31, 2012 you will need to file additional information for continuing review. Please contact the IRB office at (724) 357-7730 or come to Room 113, Stright Hall for further information.

Although your human subjects review process is complete, the School of Graduate Studies and Research requires submission and approval of a Research Topic Approval Form before you can begin your research. If you have not yet submitted your RTAF, the form can be found at http://www.iup.edu/page.aspx?id=91683 .

I wish you success as you pursue this important endeavor.

Sincerely,

John A. Mills, Ph.D., ABPP
Chairperson, Institutional Review Board for the Protection of Human Subjects
Professor of Psychology

JAM:jeb

xc: Dr. Kristy Chunta, Dissertation Advisor
        Ms. Jean Serio, Secretary

APPENDIX B: IRB APPROVAL FROM ASSOCIATE DEGREE PROGRAM

7373 Admiral Peary Highway
Cresson, PA 16630-1990   *www.mtaloy.edu*
                                                 Fax: (814)886-2978; Phone: (814) 886-6424

To: Ms. Riah Hoffman
           IUP Doctoral Student

From: Bryan Pearson
           Institutional Researcher
           Chair, Institutional Review Board

Date: October 19, 2011

Subject: Differences in Student Perceptions of Student and Faculty Incivility Among Nursing
           Program Types

CC: Dr. Timothy Fulop
           Senior Vice President for Academic Affairs

Your proposal 'Differences in Student Perceptions of Student and Faculty Incivility Among
Nursing Program Types', is approved by the Institutional Review Board at Mount Aloysius
College. The approval for this project is valid until one year from this date. At that time, if you
wish to continue the project, you will need to reapply for approval.

We wish you every success in this research.

APPENDIX C: SITE APPROVAL FROM DIPLOMA PROGRAM

ALLE-KISKI MEDICAL CENTER

WEST PENN ALLEGHENY HEALTH SYSTEM

CITIZENS SCHOOL OF NURSING

651 FOURTH AVENUE, NEW KENSINGTON, PA 15068
724-337-5090
FAX: 724-334-7708
E-MAIL: cson@wpahs.org

October 28, 2011
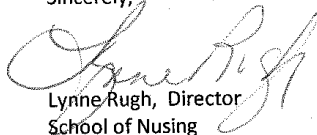
Riah Hoffman, Instructor
Conemaugh School of Nursing
1086 Franklin Street
Johnstown, PA 15905

Dear Ms. Hoffman,

This letter is to inform you that your request to conduct research involving the Nursing Students at Allegheny Valley Hospital's Citizens School of Nursing has been reviewed and approved. Please contact Donna Dexter, Assistant Director, for assistance in scheduling your

initial meeting with the students. We wish you every success as you complete your study and educational program.

Sincerely,

Lynne Rugh, Director
School of Nusing

APPENDIX D: GENERAL INFORMED CONSENT

(IUP Letterhead)

Potential Survey Participant:

You are invited to participate in a research study regarding student perceptions of student and faculty incivility in nursing education. The following information is provided in order to help you to make an informed decision whether or not to participate. If you have any questions please do not hesitate to ask.

The purpose of this study is to explore the differences in perceptions of incivility among the different program types in which students are enrolled. Participation in this study will include completion of a survey entitled Incivility in Nursing Education (INE). The survey will take approximately 15-20 minutes.

There are no foreseeable physical risks to participants in the study. The participant may experience mild emotional discomfort due to the nature of the information and experiences with incivility. Participation or failure to participate in the study will have no impact on your course grade.

Your participation in this study is <u>voluntary</u>. Each participant after completion of the survey will be entered into a drawing to receive a $50.00 gift card to Amazon. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigators or IUP. If you choose to participate, you may withdraw at any time by notifying the Project Director. Upon your request to withdraw, all information pertaining to you will be destroyed.

If you choose to participate, all information will be anonymous. All study materials will be kept in a locked cabinet for confidentiality. The information obtained in the study may be published in journals or presented at meetings but your identity will anonymous.

For more information regarding the research study please feel free to contact the project director.

If you are willing to participate in this study, consent will be implied by completing and submitting the attached survey. Thank you for your time and participation.

Project Director: Faculty Advisor:
Mrs. Riah Hoffman   Dr. Kristy Chunta
Doctoral Student   Professor and Dissertation Chair
Department of Nursing and Allied Health   Department of Nursing and Allied Health
210 Johnson Hall, 1010 Oakland Avenue   233 Johnson Hall, 1010 Oakland Avenue
Indiana, PA 15705   Indiana, PA 15705
Phone: 724/357-3269/ 814/534-3127   Phone: 724/357-2408
R.L.Skavang@iup.edu   K.S.Chunta@iup.edu

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730)

APPENDIX E: INFORMED CONSENT FOR ASSOCIATE DEGREE PROGRAM

(IUP Letterhead)

Potential Survey Participant:

You are invited to participate in a research study regarding student perceptions of student and faculty incivility in nursing education. The following information is provided in order to help you to make an informed decision whether or not to participate. If you have any questions please do not hesitate to ask.

The purpose of this study is to explore the differences in perceptions of incivility among the different program types in which students are enrolled. Participation in this study will include completion of a survey entitled Incivility in Nursing Education (INE). The survey will take approximately 15-20 minutes to complete.

There are no foreseeable physical risks to participants in the study. The participant may experience mild emotional discomfort due to the nature of the information and experiences with incivility. Participation or failure to participate in the study will have no impact on your course grade.

Your participation in this study is <u>voluntary</u>. Each participant after completion of the survey will be entered into a drawing to receive a $50.00 gift card to Amazon. You are free to decide not to participate in this study, however; since the survey is anonymous once you have submitted your survey you are unable to withdraw from the study.

If you choose to participate, all information will be anonymous. All study materials will be kept in a locked cabinet for confidentiality. The information obtained in the study may be published in journals or presented at meetings but your identity will anonymous.

For more information regarding the research study please feel free to contact the project director.

Due to the fact that the participate may experience psychological discomfort, the student may contact counseling service either by contacting Marisa Evans (886-6336 mevans@mtaloy.edu) whom is a counselor on campus at Mount Aloysius College or a counseling service of your choice. However be advised that neither the project researcher nor Mount Aloysius College will be personally or financially responsible for any counseling fees or services utilized by the participants.

If you are willing to participate in this study, consent will be implied by completing and submitting the attached survey. Thank you for your time and participation.

Project Director: Faculty Advisor:
Mrs. Riah Hoffman   Dr. Kristy Chunta
Doctoral Student   Associate Professor and
Dissertation Chair
Department of Nursing and Allied Health   Department of Nursing and Allied
Health
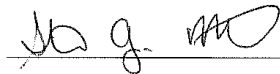
210 Johnson Hall, 1010 Oakland Avenue   233 Johnson Hall, 1010 Oakland
Avenue
Indiana, PA 15705   Indiana, PA 15705
Phone: 724/357-3269/ 814/534-3127   Phone: 724/357-2408
R.L.Skavang@iup.edu   KChunta@iup.edu

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724/357-7730).

APPENDIX F: CONFIDENTIALITY AGREEMENT

Confidentiality Agreement:
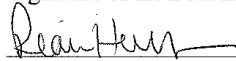
I agree to complete data entry for data collected during a research dissertation conducted by Riah Hoffman. I agree to keep all information and surveys confidential. All surveys are anonymous and have no name or identification number included on the survey. I will entry the data under the guidance and supervision of the researcher Riah Hoffman.

_____   1/13/12
Signature of the Data Enterer   Date

_____   1/13/12
Signature of the Researcher   Date

Incivility in Nursing Education Survey (Clark © 2004, Revised 2007, 2009, 2010) Incivility in nursing education is defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations (Clark, 2009). The nursing academic environment is defined as any location associated with the provision or delivery of nursing education, whether on or off campus including the "live" or virtual classroom or clinical setting (Clark, 2006).
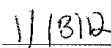
Please answer the following demographic questions by filling in the blank line or placing an X on the line next to the corresponding answer.

1. Please indicate your gender:
__ Male __ Female

2. In what year were you born? _____

3. Your ethnic/racial background is:
__Black, African-American
__Asian
__Caucasian (white)
__Native American
__Pacific Islands
__Spanish/Hispanic/Latino/Mexican
__Other (Name) _____

4. Please indicate your current program level:
__Diploma Program
__Associate Degree Program
__Baccalaureate Program

5. Please indicate your program status:
__Full Time
__Part Time

6. Listed are some **STUDENT** behaviors you may have experienced or seen in your nursing courses. Please mark an X in the appropriate box regarding the level of "disruption" **and** how often each behavior occurred over the past 12 months.

	Do you consider this behavior disruptive?				How often have you experienced or seen this in the past 12 months?			
Students…	Always	Usually	Sometimes	Never	Often	Sometimes	Rarely	Never
Acting bored or apathetic								

	Do you consider this behavior disruptive?				How often have you experienced or seen this in the past 12 months?			
Students…	Always	Usually	Sometimes	Never	Often	Sometimes	Rarely	Never
Making disapproving groans								
Making sarcastic remarks or gestures (staged yawning, eye rolling)								
Sleeping in class								
Not paying attention in class (doing work for other classes, reading a newspaper, not taking notes)								
Holding conversations that distract you or other students								
Refusing to answer direct questions								
Using computer during class for purposes not related to the class								
Using cell phones or pagers during class								
Arriving late for class								

	Do you consider this behavior disruptive?				How often have you experienced or seen this in the past 12 months?			
Students…	Always	Usually	Sometimes	Never	Often	Sometimes	Rarely	Never
Leaving class early								
Cutting class								
Being unprepared for class								
Creating tension by dominating class discussion								
Cheating on exams or quizzes								
Demanding make up exam, extensions, grade changes, or other special favors								

7. Listed below are some **STUDENT** behaviors that may be considered **threatening**. Please indicate whether this behavior has happened to you or someone you know in your nursing courses in the past 12 months. If you are unsure, please leave the item blank.

	Has this happened to you or someone you know in the past 12 months?	
Students…	Yes	No
General taunts or disrespect to other students		
General taunts or disrespect to faculty		
Challenges to faculty knowledge or credibility		
Harassing comments (racial, ethnic, gender) directed at students		

	Has this happened to you or someone you know in the past 12 months?	
Students…	Yes	No
Harassing comments (racial, ethnic, gender) directed at faculty		
Vulgarity directed at students		
Vulgarity directed at faculty		
Inappropriate emails to other students		
Inappropriate emails to faculty		
Threats of physical harm against other students		
Threats of physical harm against faculty		
Property damage		
Statements about having access to weapons		

8. Listed are some **FACULTY** behaviors you may have experienced or seen in your nursing courses. Please mark an X in the appropriate box regarding the level of "disruption" **and** how often each behavior occurred over the past 12 months.

	Do you consider this behavior disruptive?				How often have you experienced or seen this in the past 12 months?			
Faculty…	Always	Usually	Sometimes	Never	Often	Sometimes	Rarely	Never
Arriving late for scheduled activities								
Leaving scheduled activities early								
Cancelling scheduled activities without warning								
Being unprepared for scheduled activities								
Not allowing open discussion								

| | Do you consider this behavior disruptive? | | | | How often have you experienced or seen this in the past 12 months? | | | |
Faculty…	Always	Usually	Sometimes	Never	Often	Sometimes	Rarely	Never
Refusing to allow make up exams, extensions, or grade changes								
Ineffective teaching style/methods								
Deviating from the course syllabus, changing assignments or test dates								
Being inflexible, rigid and authoritarian								
Punishing the entire class for one student's misbehavior								
Making statements about being disinterested in the subject matter								
Being distant and cold towards others (unapproachable reject students opinions)								
Refusing or reluctant to answer questions								
Subjective grading								

	Do you consider this behavior disruptive?				How often have you experienced or seen this in the past 12 months?			
Faculty…	Always	Usually	Sometimes	Never	Often	Sometimes	Rarely	Never
Making condescending remarks or put downs								
Exerting superiority rank over others								
Threatening to fail a student for not complying with faculty's demands								
Making rude gestures or behaviors towards others								
Ignoring disruptive student behavior								
Being unavailable outside of class (not returning calls or emails, not maintaining office hours)								

9. Listed below are some **FACULTY** behaviors that may be considered **threatening**. Please indicate whether this behavior has happened to you or someone you know in your nursing courses in the past 12 months. If you are unsure, please leave the item blank.

	Has this happened to you or someone you know in the past 12 months?	
Faculty…	Yes	No
General taunts or disrespect to other students		
General taunts or disrespect to faculty		
Challenges to faculty knowledge or credibility		
Harassing comments (racial, ethnic, gender) directed at students		

	Has this happened to you or someone you know in the past 12 months?	
Faculty…	Yes	No
Harassing comments (racial, ethnic, gender) directed at faculty		
Vulgarity directed at students		
Vulgarity directed at faculty		
Inappropriate emails to other students		
Inappropriate emails to faculty		
Threats of physical harm against other students		
Threats of physical harm against faculty		
Property damage		
Statements about having access to weapons		

10. To what extent do you think incivility in the nursing academic environment is a problem? Place an X beside your answer. Select one answer only.
__No problem at all
__Mild problem
__Moderate problem
__Serious problem
__I don't know/can't answer

11. Based on your experiences or perceptions, do you think that students or faculty are more likely to engage in uncivil behavior in the nursing academic environment? Place an X beside your answer. Select one answer only.
__Faculty members are much more likely
__Faculty members are a little more likely
__About equal
__Students are a little more likely
__Students are much more likely
__Don't know

12. In your opinion, **WHAT FACTORS** contribute to **STUDENT** incivility within the academic environment?

13. In your opinion, **WHAT FACTORS** contribute to **FACULTY** incivility within the academic environment?

14. In your opinion, **HOW do STUDENTS** contribute to incivility within the academic environment?

15. In your opinion, **HOW do FACULTY** contribute to incivility within the academic environment?

16. Please describe how students, faculty, and the university/college should address incivility in the academic environment.

17. Is there anything else you would like to add?

Thank you very much for your time and thoughtful consideration!

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LICENSOR   LICENSEE

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Technology Transfer Office   Department of Nursing and Allied Health
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Licensor: Cynthia Clark RN, PhD, ANEF
By:
Date:

Licensee: Riah Hoffman MS, RN, CSN *Riah Hoffman RN MSN CSN*
By: *Riah Coughenour RN, MSN*
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