EMOTIONAL INTELLIGENCE EDUCATION AND CIVILITY IN NURSING

EDUCATION: A BASIC QUALITATIVE STUDY

by

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Abstract

Incivility in nursing is a multidimensional problem that requires a new, innovative approach to managing complicated interpersonal behaviors. Emotional intelligence has emerged as an essential skill for the nursing profession, as these competencies have been associated with enhanced interpersonal interactions and may be effective in cultivating a civil academic and clinical environment. As little was known about how nursing faculty integrated such essential concepts in their curriculum and teaching, the purpose of this study was to gain an understanding of how undergraduate nursing faculty incorporated formal and informal emotional intelligence strategies to foster civility in baccalaureate nursing education. Additionally, faculty participants were asked to share their understanding of how these curricular components and teaching strategies influenced the academic climate. Participants included eight full-time didactic nursing faculty from pre-licensure baccalaureate nursing programs throughout the United States. Data were collected through semi-structured interviews via a Voice-over Internet Protocol with Skype or Zoom online platforms. Member-checking with all eight of the participants confirmed the accuracy of the transcripts and verified that the researcher gained an accurate understanding of the data. Data analysis continued through thematic analysis and constant comparison, revealing three themes and eight sub-themes within the data. The themes and associated sub-themes were: (a) formal strategies (communication, professional formation, empathy/caring), (b) informal strategies (interpersonal development, practice what you preach, teaching strategies), and (c) need for a systems approach (systemic framework, systemic breakdown). The results suggested that nursing faculty participants used a combination of formal and informal strategies to cultivate emotional intelligence competence in their students. Additionally, the results revealed that a systems approach might be the most beneficial when integrating emotional intelligence
competencies within the nursing curriculum to ensure leadership and faculty are in alignment and to promote consistency throughout the program of study. Faculty participants unanimously agreed that emotional intelligence skills were essential components of the undergraduate nursing curriculum that were crucial to cultivating a healthy academic environment. Future research is needed to better understand how emotional intelligence competencies are integrated and assessed within the undergraduate clinical setting by adjunct faculty and within the online learning environment.
Dedication

This dissertation is dedicated to my family. To my grandmother Nadine who used to share with me her love of books, her superb sense of humor, and a fully developed appreciation of learning. To my Uncle Paul to always urged me to set high goals and imagine great things. To my mother and father, thank you both so much for your love, support, laughter, and patience. I would not be here without the both of you, and I treasure the childhood that led me to be the person I am today. To Suzy, thank you for joining our family and being the big sister that I always wished for. Barbie, you have been my best friend since you were born, thank you for always being there for me and my girls. To John and Muffy, thank you for all of your love and encouragement. It is not always easy being part of a military family, but your understanding and wisdom made the challenges easier to bear and the triumphs a joy to call home about. To the members of our Air Force family, you honor me with your camaraderie, fidelity, and infinite support.

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Table of Contents

Acknowledgments........................................................................................................v
List of Tables .............................................................................................................x

CHAPTER 1. INTRODUCTION .....................................................................................1
  Background of the Study .........................................................................................2
  Need for the Study ................................................................................................6
  Purpose of the Study ..............................................................................................7
  Significance of the Study ......................................................................................7
  Research Question .................................................................................................9
  Definition of Terms ...............................................................................................10
  Research Design ....................................................................................................12
  Assumptions and Limitations ...............................................................................12
    Assumptions ....................................................................................................13
    Limitations .....................................................................................................14
    Delimitations ..................................................................................................14
  Organization of the Remainder of the Study .......................................................15

CHAPTER 2. LITERATURE REVIEW .........................................................................17
  Methods of Searching ............................................................................................17
  Theoretical Orientation for the Study ....................................................................18
  Review of the Literature .......................................................................................20
    Incivility .........................................................................................................21
    Emotional Intelligence .....................................................................................43
  Synthesis of the Research Findings .....................................................................55
Critique of Previous Research Methods ................................................................. 59
Summary .................................................................................................................. 62

CHAPTER 3. METHODOLOGY .............................................................................. 65

Purpose of the Study .............................................................................................. 65
Research Question .................................................................................................. 67
Research Design ...................................................................................................... 67
Target Population and Sample ............................................................................... 68
  Population ........................................................................................................... 69
  Sample ............................................................................................................... 69
Procedures ............................................................................................................. 71
  Participant Selection ......................................................................................... 71
  Protection of Participants .................................................................................. 72
  Expert Review .................................................................................................... 74
  Data Collection .................................................................................................. 75
  Data Analysis ..................................................................................................... 77
Instruments ............................................................................................................. 80
  Integration of Technology .................................................................................. 80
  The Role of the Researcher ............................................................................... 81
  Guiding Interview Questions ............................................................................. 83
Ethical Considerations ........................................................................................... 85
Summary .................................................................................................................. 87

CHAPTER 4. PRESENTATION OF THE DATA......................................................... 88

Introduction: The Study and the Researcher ......................................................... 88
REFERENCES ..........................................................................................................................149

APPENDIX. DATA COLLECTION TOOL TO DETERMINE SATURATION ........173
List of Tables

Table 1. Participant Demographic Data.................................................................91

Table 2. Theme 1: Formal Strategies .................................................................94

Table 3. Theme 2: Informal Strategies ..............................................................101

Table 4. Theme 3: Need for a Systems Approach ...........................................118
CHAPTER 1. INTRODUCTION

There has long been a great incongruity in the modern nursing workforce. The paradox within the profession was a result of national polls that have repeatedly related nursing as the most trusted profession in the United States (Reinhart, 2020). Yet, it has often been one of lateral violence and incivility for members of the profession. Rampant shortages of nurses in the workplace in combination with the hectic pace and high acuity of the modern healthcare system has only frustrated attempts to decrease levels of incivility, worsening environments that have pushed nurses to quit their jobs or leave the profession altogether (American Nurses Association [ANA], 2015a). Within nursing education, the concept of incivility also encompassed behaviors disruptive to the processes of teaching and learning (Muliira, Natarajan, & van der Colff, 2017; Rawlins, 2017; Sauer, Hannon, & Beyer, 2017). In addition to academic disruptions, an environment of incivility negatively influenced the ability of faculty and students to reach their personal and professional goals (National League for Nursing [NLN], 2012); therefore, has been a concern for all nurse educators that should be addressed prominently within the nursing curriculum (Clark, 2017). The eradication of this problem was much easier said than done; however, as incivility within nursing education has been considered a multidimensional problem with myriad influencing factors that lack a clear remedy. As a detriment to the climate of respect and collegiality that fosters learning, incivility within nursing academia has been a constant blemish on the ethical principles of the nursing profession and an omnipresent threat to the responsible development of professional values and identity for nursing students (Dehghani,
The nation’s most trusted profession required an innovative, evidence-based approach to this conundrum. Amid the growing concern over nursing shortages and unhealthy work environments, emotional intelligence (EI) has risen in prominence within the literature as a potential alternative intelligence that can have multiple benefits for professionals in a variety of work settings. Hutchinson, Hurley, Kozlowski, and Whitehair (2018) noted that EI is associated with increased self-awareness, improved interpersonal skills, and empathy. Other studies have found EI to correlate with better conflict management strategies (Başoğul & Özgür, 2016; J. C. Y. Chan, Sit, & Lau, 2014), increased clinical competencies (Farshi, Vahidi, & Jabraeili, 2015), and increased coping with stressors (Alconero-Camarero et al., 2018; John & Al-Sawad, 2015). Incorporating EI strategies into the teaching and learning environment has facilitated the creation of civility (Itzkovich & Dolev, 2017), which was relevant to the discipline of nursing education. As gatekeepers into the profession, nursing faculty strive to prepare the next generation of nurses to assume their professional role to the best extent possible, including the ability to enter professional practice with the necessary skills to manage and reduce incivility within the workplace.

**Background of the Study**

The nursing profession has had a reputation as “nurses eat their young” (Lim & Bernstein, 2014, p. 127; Meissner, 1986, p. 52). While this strategy may have been a time-honored tradition among experienced nursing staff, this antiquated, tough love form of behavior is no longer considered appropriate for educating or socializing new nurses into the profession (Leong & Crossman, 2016). Within academia, researchers and faculty have labeled incivility as a multifaceted, multidirectional phenomenon that involved administration, faculty, and students,
resulting in a toxic workplace and interrupting the learning environment (Aul, 2017). The prevalence of nursing shortages within the workplace and nursing academia has reinforced the need to address nursing incivility. The Casale (2017) identified that uncivil work environments are reasons nurses consider leaving their jobs or the profession altogether. Commensurate with the drive to improve nursing work environments into healthier settings for clinical nurses, nursing academic leaders must concentrate on necessary cultural changes to improve the climate within the academic environment for students and staff (Harmon, DeGennaro, Norling, Kennedy, & Fontaine, 2018). Stalter et al. (2019) offered a systems perspective on the prevalence of incivility within nursing academia. They found that incivility was a chronic symptom of ineffective relationships between administration, faculty, and students, despite a preponderance of zero-tolerance policies. These complex sentiments reinforced the academic literature that fostered a healthy academic work environment (Clark & Ritter, 2018; Harmon et al., 2018; NLN, 2018; Peters & King, 2017). Despite these challenges, however, there is an ethical component to this issue, as the nursing profession was founded on caring and treating others with respect. Nursing faculty should model the profession’s standards and values despite the stresses associated with complex learning environments.

EI is a skill set with multiple beneficial characteristics. In the non-healthcare arena, some of these characteristics included a means of moderating workplace bullying (Ashraf & Asif Khan, 2014; Meires, 2018), increasing satisfaction and reducing burnout (Carvalho, Guerrero, & Chambel, 2018; Lee, 2017), increasing academic satisfaction (P. Celik & Storme, 2018), and increased public service motivation (Levitats & Vigoda-Gadot, 2017). Prior researchers that examined EI within the educational setting suggested that lower effortful emotional control contributed to incivility within the classroom (Spadafora, Farrell, Provenzano, Marini, & Volk,
2018), while higher EI levels among teachers was associated with lower levels of faculty burnout (Ju, Lan, Li, Feng, & You, 2015). The range of benefits associated with these EI characteristics shed light on EI education possibilities in the healthcare arena.

Within healthcare and nursing education, EI has been related with improved clinical reasoning and decision-making (Hutchinson et al., 2018), increased emotional awareness (Kahraman & Hiçdurmaz, 2016), enhanced management of emotions (G. O. Celik, 2017), improved communication skills (J. C. Y. Chan et al., 2014), increased patient safety (Codier & Codier, 2017, 2015), providing a buffer against stress (Lewis, Neville, & Ashkanasy, 2017), and increased teaching self-efficacy (Ali, Ali, & Jones, 2017). An integrative review by Crawford et al. (2019) implied that a lack of EI correlated with nurse-to-nurse incivility and hostility in healthcare settings, which prompted multiple recommendations for introducing EI strategies in the workplace and academia alike. Additional researchers examined how emotional intelligence related to conflict management styles and found that nurses with higher EI used more effective conflict management strategies (Başoğul & Özugür, 2016; McCloughen & Foster, 2018), had higher levels of engagement (Pérez-Fuentes, Jurado, Linares, & Ruiz, 2018), and were positively correlated with an increase in nursing professional values and caring practice (Culha & Acaroglu, 2018). The vast range of beneficial characteristics of EI supported the innovative approach of introducing EI strategies to foster civility in nursing education.

Despite the amount of research on EI and the myriad of positive outcomes associated with enhancing EI skills, there have been relatively few studies in the literature that address the use of EI to reduce incivility in the higher education setting. Itzkovich and Dolev (2017) recommended that higher learning institutions consider the inclusion of EI strategies to afford students better coping skills when faced with incivility, both within academia and in their
professional workplaces. Majeski, Stover, and Valais (2018) proffered that EI supported a holistic version of the community of inquiry model. Thus, it should be instrumental in bolstering the emotional presence component of the model for all members of academia.

Raghubir (2018) conducted a concept analysis of EI within professional nursing practice and noted that EI’s attributes would enhance the role of the advanced practice nurse; however, this does not specifically address undergraduate nursing. Ranjbar (2015) noted that the introduction of EI into the nursing curriculum was not necessarily for the sole purposes of combatting incivility but primarily as a professional competency that would enhance student clinical skills and patient relationships. Nursing education, with its emphasis on caring and respect in the provision of patient care, requires these same concepts in the academic setting, for the equal benefit of students and faculty, but also to elucidate these expectations of the profession to the next generation of nurses (Aul, 2017; Clark, 2017; Leonard, 2017). The literature has been replete with calls to introduce EI education into the nursing curriculum (Beckham & Riedford, 2017; Cleary, Visentin, West, Lopez, & Kornhaber, 2018; Kaya, Senyuva, & Bodur, 2018; Lewis et al., 2017; McCloughen & Foster, 2018; Sharon & Grinberg, 2018). Despite these mandates, however, there has been little research exploring faculty experiences with incorporating such strategies, nor how faculty believed these changes affected the creation of a civility culture in the teaching and learning environment.

As a complex phenomenon with a myriad of interrelated and dynamic components, any proposals to reduce incivility within the nursing profession required a theoretical lens that will embrace the intricacies of the issue. Bandura’s social cognitive theory featured a perspective that individual behaviors were a result of several influences, which he termed *triadic codetermination* (Bandura, 2016). This interaction between personal factors, behavior, and the environment
allowed researchers to utilize a systemic perspective that was entirely appropriate for an issue as complex as academic incivility, especially as Bandura (2018) also emphasized that an individual’s self-efficacy beliefs related directly to their ability to regulate their behavior. Another critical concept within this theoretical perspective was the social modeling of behaviors, which speculated that persons of authority greatly impacted others’ behaviors within the environment (Bandura, 2018). This theoretical framework offered a research lens that consolidated individual factors, behaviors, the environment, and the host of intricate dynamics between all facets of the academic setting.

**Need for the Study**

Incivility in nursing remained a multidimensional problem that required a new, innovative approach to managing complicated interpersonal behaviors, yet so-called “soft skills” such as EI strategies have not always been a priority within undergraduate nursing education. There have been many benefits to increasing EI skills, and the research literature indicated that not only is EI a skill that can be improved (Bamberger et al., 2017; Dolev & Leshem, 2017; Foster et al., 2017; Hodzic, Scharfen, Ripoll, Holling, & Zenasni, 2017; Kahraman & Hiçdurmaz, 2016; Vishavdeep, Sharma, Das, Malhi, & Ghai, 2016), but that increased levels of EI had multiple benefits for nurses and nursing students (Farshi et al., 2015; Foster et al., 2018).

The current literature on incivility in nursing education suggested that despite the plethora of research on this topic few interventions were available that specify how to successfully eradicate incivility from nursing education (Palumbo, 2018; C. R. Smith, Gillespie, Brown, & Grubb, 2016), but that additional research was necessary to identify such interventions (Muliira et al., 2017). Itzkovich and Dolev (2017) identified EI as a means of combatting incivility in higher education. Still, Cleary et al. (2018) noted that additional qualitative research was needed to
clarify how to introduce EI to nursing students. This study aimed to fill a gap in the existing literature, as little was known about nursing faculty experiences as they incorporated EI strategies into their teaching and learning environments. For faculty members, perhaps most promising of all was the opportunity to embrace an innovative, systemic approach to erase the stain of incivility within nursing academia and the most trusted, caring profession.

**Purpose of the Study**

The purpose of this basic qualitative study was to add to the literature regarding the use of EI strategies as a means of addressing incivility in nursing academia. This research explored the experiences of nursing faculty members who have integrated formal and informal EI components into the nursing curriculum. This research was necessary to understand the experiences of nursing faculty members as they integrated much-needed EI strategies into nursing education (G. O. Celik, 2017; Cheshire, Strickland, & Carter, 2015; Farshi et al., 2015; Lewis et al., 2017; McCloughen & Foster, 2018; Sharon & Grinberg, 2018). The second element of this study was the discovery of nursing faculty perspectives on how the inclusion of these EI strategies influenced the climate of civility within the learning environment. This research contributed to the literature on whether the use of EI education within nursing curricula can positively impact civility in nursing academia.

**Significance of the Study**

This study was insightful to a multitude of disciplines outside the confines of nursing and nursing education. The literature has abounded with reports surrounding toxic work environments related to incivility and bullying, ranging from the world of business (Francioli et al., 2018; Samnani & Singh, 2016) to a variety of educational settings (Alt & Itzkovich, 2016; Spadafora et al., 2018). The inclusion of EI capabilities to this topic only expanded the
community of interest as this topic has received much attention in recent years by a variety of
disciplines, ranging from the public service sector to secondary and higher education (P. Celik &
Storme, 2018; Dolev & Leshem, 2017; Ju et al., 2015; Lee, 2017; Shapira-Lishchinsky & Levy-
The concept of applying EI competence as a means of combatting incivility in the workplace is
not entirely new, as Casas, Ortega-Ruiz, and Del Rey (2015) studied the EI of secondary
educators and reported a negative relationship between trait EI levels of teachers and aggression.
Itzkovich and Dolev (2017) explored EI levels among undergraduate students and how these
were associated with faculty incivility perceptions. The study revealed a moderate association
between student EI levels and perceptions of incivility and recommended the development of EI
for both students and faculty to improve the academic climate. These recommendations may
benefit nurse educators as they seek to foster a civil academic environment. The results of this
dissertation study could be useful to professionals in associated disciplines.

Within nursing and nursing education, there has been a plethora of literature about the
concept of incivility and the potential benefits of integrating EI components into the nursing
curriculum, but little to date, that explored the use of EI competencies as a means of fostering
civility. Ashraf and Asif Khan (2014) noted that EI was effective at moderating workplace
bullying for physicians and reported a negative relationship between EI levels and the negative
impact of bullying. McCloughen and Foster (2018) found that nursing and pharmacy students
used emotionally intelligent strategies to confront workplace incivility while on clinical learning
rotations and recommended the development of EI abilities for all healthcare students. As a nod
to the complexity of addressing incivility in nursing, Crawford et al. (2019) and Stalter et al.
(2019) posited the use of systems theory as a possible means of confronting workplace violence
and incivility. Commensurate with this recommendation, a theoretical framework based upon social cognitive theory (Bandura, 1999) revealed a research approach that recognized a synthesis between personal factors, behavior, and the environment as equal contributors to individual behavior. The integration of EI educational strategies within the nursing curricula may yet afford a means of addressing all three determinants of individual behavior. In effect, it may provide a truly systematic approach to fostering civility in nursing academia.

This study’s topic was well-timed, as the call for incorporation of EI strategies in nursing curricula has grown in recent years, alongside the requests for additional research on innovative strategies for combatting incivility. Eka and Chambers (2019) proposed further research to determine educational designs that advanced student civility, while Marvos and Hale (2015) urged additional study into practices that would increase EI among nursing students. In an editorial, Fitzpatrick (2016) noted the dearth of available literature on the topic of increasing EI among nurses and urged faculty to consider how to incorporate EI competence within nursing academia. Of particular note is the number of academic reports that recommended the inclusion of EI competencies within nursing curricula and that proposed further research to determine the best means to teach these essential skills (Cheshire et al., 2015; Cleary et al., 2018; Foster, McCloughen, Delgado, Kefalas, & Harkness, 2015; Kaya et al., 2018; Michelangelo, 2015; Orak et al., 2016; Parnell & St. Onge, 2015; Reemts, 2015; Waite & McKinney, 2016). This study filled a gap in the existing knowledge regarding how nursing faculty integrated EI strategies into their nursing curricula and whether this approach has affected the academic climate.

**Research Question**

The primary research question was, How do nursing faculty in baccalaureate nursing programs use formal or informal emotional intelligence strategies to foster civility in nursing
education? The study explored faculty members’ experiences with integrating EI strategies and determined whether these resulted from formal curricular changes within the learning institution or from informal adaptations to the curriculum on the part of the educator. In addition, the secondary component of the research question directed the inquiry into the academic climate, and whether or not the faculty participants experienced any changes within the learning environment after incorporating the EI strategies.

**Definition of Terms**

Any research endeavor involves relevant concepts and terms integral to that study. Vagharseyyedin (2015) noted that alternative definitions or contexts might confound a shared understanding of concepts and prevent consensus. Commensurate with other efforts made to enhance transparency, definitions of the study’s key concepts and terms will be provided.

*Civility.* Civility is “expressing respect for others while honoring differences, discussing them robustly, and treating one another with dignity, honor, and respect” (Clark, 2017, p. 121). This concept was explored through participant experiences and constructed meaning of these experiences.

**COVID-19.** COVID-19 is a virus initially discovered in Wuhan, China in 2019 that led to a worldwide pandemic. The Centers for Disease Control and Prevention (CDC, 2020) defined COVID-19 as “caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness which can be spread from person-to-person” (Emergence section, para. 1).

*Curriculum.* A curriculum is “the formal and informal structures and process in which a learner gains the knowledge, skills, attitudes, and abilities to meet established educational outcomes” (Ignatavicius, 2019, p. 3).
**Emotional intelligence (EI).** Emotional intelligence is “a subset of social intelligence that involves the ability to monitor one’s own and others’ feelings and emotions, to discriminate among them and to use this information to guide one’s thinking and actions” (Salovey & Mayer, 1990, p. 5). This concept was explored through participant conceptual understanding, experiences, and constructed meaning of these experiences.

**Formal curriculum.** A formal curriculum is “the planned program of studies for an academic degree or discipline” (Keating & DeBoor, 2018, p. 82) and “is outlined in the educational institution’s catalog, student handbook, and faculty handbook” (Ignatavicius, 2019, p. 3).

**Incivility.** Incivility is “rude or disruptive behavior (as well as failing to take action when action is warranted), which may result in psychological or physiological distress for the people involved” (Clark, 2017, p. 121). Within higher education and nursing academia, incivility is “rude, discourteous speech or behavior that disrupts and show disregard for a cooperative learning environment” (Peters, 2015, p. 157). This concept was explored through participant experiences and constructed meaning from these experiences.

**Informal curriculum.** The informal curriculum is “learning opportunities that are not necessarily planned” (Ignatavicius, 2019, p. 3) or “planned and unplanned influences on students’ learning” (Keating & DeBoor, 2018, p. 82). Alternative terms for this construct are the hidden curriculum or co-curriculum (Keating & DeBoor, 2018).

**Skype.** Skype (https://www.skype.com/en/) is an online communication platform that allows audio and video communication and recording (Deakin & Wakefield, 2014). It permits Voice over Internet Protocol (VoIP) for qualitative interviews (Lo Iacono, Symonds, & Brown,
This platform served as the means of conducting synchronous meetings for all participant interviews.

**Voice over Internet Protocol (VoIP).** A Voice over Internet Protocol is “a system which provides users with a way to send voice and video across the internet via a synchronous (real-time) connection” (Lo Iacono et al., 2016, p. 1).

**Research Design**

The dissertation study adopted a basic qualitative design. This methodological design was appropriate for a study of this nature as the intent of the research was to capture experiences of nursing faculty and to understand the meaning made from such lived experiences, activities, or phenomena (Merriam & Tisdell, 2016). The study’s intent was not to discover an absolute, perfect truth, but rather to understand the experiences of the participants deeply and richly (Daher, Carré, Jaramillo, Olivares, & Tomicic, 2017). As such, the study design was flexible and iterative, which allowed the interview process to evolve as data was collected and analyzed (Moser & Korstjens, 2017). Moreover, semi-structured interview questions targeted the researcher’s conceptual pre-knowledge and was consistent with basic qualitative study design (Percy, Kostere, & Kostere, 2015). A study of this nature was commensurate with the expectations for a doctoral researcher within the specialization of nursing education.

**Assumptions and Limitations**

The identification of assumptions and limitations has been a well-established research design component and an essential issue for any research endeavor. This research design incorporated several commonly understood assertions within the qualitative methodology, the theoretical framework, and EI’s concepts, civility, and incivility in nursing education. In
addition, there were several potential limitations to the research design that readers should consider alongside any measures to evaluate the finding’s validity and credibility.

**Assumptions**

As a basic qualitative study, this research incorporated many assumptions consistent with the qualitative methodology. One such assertion was that there is no single, perfect reality, but instead multiple realities that individuals formulated based on their social interaction and lived experiences (Daher et al., 2017). The guiding interview questions intended to capture the nursing faculty’s experiences and the meaning they attributed to the inclusion of EI strategies within the nursing curricula, so there was an assumption that these questions would result in pertinent data that would address the research question. As the researcher was the primary instrument for data collection and analysis, this research study employed a constructivist perspective (Ingham-Broomfield, 2015). Finally, these findings relied upon the assumption that all data obtained during the interview process were truthful interpretations of the participants’ lived experiences and the meaning constructed from these experiences.

The use of a theoretical framework introduced additional assumptions. The social cognitive theory posited that individuals’ behavior resulted from personal factors, behavior, and environmental factors and that each person had the individual agency to direct their behavior (Bandura, 2006). As such, there was an implicit assumption that the integration of EI strategies into the existing nursing curriculum would allow students an opportunity to increase their emotional competence and thus enhance the personal factors that influence behavior.

Finally, there are several assumptions regarding the concepts of EI, civility, and incivility within nursing education. Consistent with the tenets of qualitative methodology, the researcher and participants’ core beliefs and attitudes were foundational to the data obtained (Roth, 2018).
Part of the rationale for this study was an underlying tenet that nursing academia must prioritize the eradication of incivility, which was framed by a strong belief in personal accountability, responsibility, and a need for the professionalism that may not have been shared by the participants.

**Limitations**

There are several limitations to this research design that one must consider when evaluating the findings. The small sample size of faculty participants may have limited the transferability to other nursing programs. The plan to reach data saturation was to confirm saturation of the data through a failure to capture new codes for two subsequent interviews; however, it may have been possible that additional interviews would have yielded more data and impacted the findings. The use of Skype as an interview platform may also have affected the outcome, as senior nursing faculty are sometimes reluctant to familiarize themselves with new technologies (Skiba, 2018; Tacy, Northam, & Wieck, 2016; Thompson, 2016; Toothaker & Taliaferro, 2017), and the requirement to use Skype may have restricted the participation of members of the targeted population (Deakin & Wakefield, 2014; Redlich-Amirav & Higginbottom, 2014; Seitz, 2016). A further limitation was the choice to exclude nursing faculty with less than three years’ didactic teaching experience to limit inexperienced faculty. This intentional framing may have inadvertently barred more junior faculty participants who might have been less impeded by traditional pedagogical views on teaching and may have been more likely to explore innovative teaching strategies and concepts.

**Delimitations**

The population and inclusion criteria were deliberately to focus on the baccalaureate, pre-licensure nursing programs as this was considered the minimum educational level for
professional nursing. The choice to exclude Associate Degree Nursing (ADN) programs and Registered Nurse (RN) to Bachelor of Science in Nursing (BSN) degree programs from the study was a deliberate attempt to focus on one type of educational program where it was most likely that experienced nursing faculty would integrate EI educational components within the curricula. The shorter duration of ADN programs and RN to BSN programs offered a rationale that faculty would be less likely to have the flexibility to incorporate additional curricular concepts. This strategy in no way implied that EI concepts were not also pertinent within other degree levels of nursing education, merely that they were outside the scope of this study.

**Organization of the Remainder of the Study**

The purpose of the first chapter of this dissertation was to introduce the background and need for a study that explored faculty experiences with integrating EI competencies within the nursing curriculum and how this affected the academic climate. Chapter 1 presented the purpose and significance of this qualitative study and a pertinent research question that framed the key concepts and the targeted nursing faculty population. The chapter concluded with definitions of relevant terms, a presentation of the research design, and a discussion of underlying assumptions and limitations.

The second chapter contains an extensive literature review, including a discussion of the methods of searching for literature germane to the critical concepts of EI and incivility within the nursing profession and alternate disciplines. Chapter 2 provides an overview of the literature review’s theoretical orientation and how it framed the research process. Finally, after a full review and synthesis of the relevant literature, Chapter 2 concludes with a critique of previous research.
The third chapter presents a full description of the methodology employed for this research study. Chapter 3 includes an overview of the purpose and design of this study, from the research question to the target population, sample, and the full range of research procedures. The chapter concludes with a discussion of the researcher’s role and how ethical considerations evolved during the planning and implementation of the study.

The fourth chapter provides a thorough discussion of the findings of this basic qualitative study, starting with an explanation of the study and the researcher. Chapter 4 also contains a complete description of the sample and the qualitative methodology in the data analysis. Finally, the chapter concludes with the presentation of the data and the results of the data analysis.

The fifth chapter includes a summary of the study findings and a discussion of the results. Chapter 5 provides conclusions based upon the findings, encompassing a comparison of the findings within the theoretical framework and the previous literature. Finally, Chapter 5 finishes with the study’s limitations, and implications and recommendations for future research.
CHAPTER 2. LITERATURE REVIEW

Prior to selecting a topic to research, it was imperative to perform a comprehensive review of the literature and identify potential gaps within the knowledge of the discipline of nursing education. The purpose of Chapter 2 is to discuss the literature review process for this dissertation study. This examination of the literature review will include the methods of searching for relevant literature within the nursing literature as well as within a variety of other disciplines. The concepts of EI and incivility are abundant in the academic literature. Still, there was a dearth of research that linked these two constructs together within nursing education, and far less related to nursing faculty’s incorporation of such competencies within the nursing curriculum. After the search methodology has been outlined, the theoretical orientation for the study will be identified because an understanding of this foundation is germane to the research design and how data were interpreted (Ingham-Broomfield, 2015). An extensive review of the literature will follow, along with a synthesis of the findings and a critique of previous research methods.

Methods of Searching

The first step of any research endeavor is a comprehensive review of the literature to understand the knowledge within the discipline and identify relevant gaps in the existing knowledge base. This dissertation study began with an extensive literature review that spanned more than two years and utilized the Capella online library. The review encompassed the use of multiple databases, including Academic Search Premier, CINAHL, Education Database, Nursing & Allied Health, Ovid Nursing Database, ProQuest Central, Sage Journals Online, and Summon. As the research focused on two main concepts, there were many key terms used in the literature review; incivility, civility, emotional intelligence, nursing, nursing education, bullying, violence,
nursing student, nursing faculty, horizontal violence, lateral violence, and curriculum. Multiple combinations of these key terms resulted in a wide variety of potential resources from each database, which were reviewed for applicability to the intended research project and the main constructs of the dissertation study.

The two main constructs of this study, emotional intelligence and civility, were prevalent in the literature in various disciplines, but not always associated together. Findings were even more scarce when including the parameters of nursing education within the search process. Database searches with the key terms of emotional intelligence, civility/incivility, and nursing education repeatedly offered no results. Instead, the literature review involved a bit of triangulation, as much of the knowledge in the literature related to two of the three key terms. The literature review was unable to identify any studies related to the use of emotional intelligence educational strategies to instill civility in nursing academia. Therefore, this dissertation research will provide new knowledge about the lived experiences of nursing faculty who have incorporated such strategies and their observations regarding the academic climate.

**Theoretical Orientation for the Study**

The process of selecting a theoretical framework was an integral part of the research design for this dissertation study. Merriam and Tisdell (2016) posited that no research endeavor was without a theoretical orientation that supported the research question, and that equal importance must be given to a discussion of underlying assumptions and perspectives that influenced the study design, data analysis, and interpretation of the findings. The theoretical framework for this study was Bandura’s social cognitive theory, which proposed that there were multiple influences on individual behavior, but that each individual acted as their own agent and was central in determining their behaviors and actions (Bandura, 1977). The balance of personal
factors, environmental factors, and behavior comprised what Bandura (2016) termed triadic codetermination, which exhibited the interactive relationship between the three elements. The concept of self-efficacy was another attribute that influenced behavior, as Bandura noted that an individual’s self-efficacy beliefs directly related to their goals, motivations, emotions, and personal actions.

Similarly, the agentic properties of *forethought, self-regulation, and self-reflection* contributed to how the person formed and modulated their behavior within their social context (Bandura, 2018). Another critical element to Bandura’s theory was the social modeling of behaviors, which placed persons in positions of authority as integral influences on the development of behaviors of those around them (Bandura, 1999). These interrelated concepts all constituted each individual’s array of skills and attitudes that influenced and determined behavior, which affected the environment around them.

This theory was especially pertinent to nursing education because faculty are role models of ethical, professional behavior, particularly as nursing students engaged in integrating and developing their self-regulating mechanisms for their roles as future nurses. Personal behaviors were not completely independent. Bandura (1999) believed that individual behavior was, at least in part, reliant on the behaviors of those within the environment, and the context of that environment itself. In nursing education, the introduction of EI into the nursing curriculum might add to the agentic properties of forethought, self-reflection, and self-regulation among faculty and students (Bandura, 2018), which may enhance the ability to foster an environment of civility and mutual respect (Itzkovich & Dolev, 2017). This theoretical foundation was thus an appropriate perspective for this dissertation study because EI was a competency that might boost
students’ personal factors that may result in a modulating influence on behavior and the environment itself.

The constructs of Bandura’s social cognitive theory offered a lens for nursing research that accommodated not only personal but collective agency. Within the research lens of triadic codetermination, self-efficacy, and moral agency, the nurse researcher could focus on exploring innovative strategies to improve collective behaviors within a specific environment (Bandura, 1999, 2006). The underlying assumptions of social cognitive theory and moral agency were that individuals could selectively activate or disengage from internal moral constraints. This mechanism was pertinent to nurse educators who endeavored to foster civility and an ethical foundation to practice. This theoretical framework allowed this dissertation study the perspective that the physical environment and external behaviors of colleagues impacted the personal agency of the individual and vice versa, and there was considerable precedence of this framework within nursing education (Ali et al., 2017; Palumbo, 2018; Rice, 2015; Ziefle, 2018). The reciprocal relationship between these theoretical constructs attract attention to the reality that individual behavior was never really an autonomous act, but a distillation of myriad external influences, all of which were areas of potential modification within the academic environment. Additionally, the theoretical constructs applied to group behavior and collective efficacy provide alternative features for nursing faculty to consider.

**Review of the Literature**

Incivility has deep roots within the nursing profession, and there was no shortage of scholarly literature that examined incivility and bullying from a variety of vantage points. Within the specialty practice area of nursing education, the literature was fraught with an abundance of scholarly resources, especially when considering the number of associated concepts correlated
with an uncivil teaching and learning environment. The literature review introduced the main constructs of incivility in the nursing profession and these associated concepts, all of which underscored the complexity of finding successful methods to foster civility in nursing academia. This section began with an expanded view of toxic workplaces in alternate disciplines, focused more closely on work environments in the healthcare setting, and the teaching and learning conditions within nursing academia. The review then introduced the concept of EI as a valuable element of professional nursing practice and discussed the evidence in the literature that supported the integration of such competencies within the nursing curriculum. This section likewise explored EI research in alternate disciplines before focusing upon the scholarly writing of EI within nursing and nursing education.

**Incivility**

Despite the caring behaviors directed toward patients, nurses often found themselves receiving an entirely different level of care or consideration from coworkers. Unfortunately, the adage that “nurses eat their young” (Lim & Bernstein, 2014, p. 127; Meissner, 1986, p. 52) has been a part of nursing history for quite some time (Peters, 2014). Darbyshire, Thompson, and Watson (2019) noted that this problem was not one of a few bad apples but essentially an issue of rotten orchards (p 1337), which emphasized the scope of incivility within the profession. This adage contradicted the impression that incivility only affected the newest members of the profession and was often considered a rite of passage into the profession (Birks, Budden, Biedermann, Park, & Chapman, 2018). Over time, the concept of incivility progressed from one that initially centered on the newest members of the profession, to the multidirectional, omnipresent issue affecting all manner of nurses in the modern healthcare system and all specialty areas.
Part of the debate surrounding this issue was the multitude of terms and concepts in use, which overlapped with regularity within the literature. A series of concept analyses provided the nursing profession with a set of standardized conceptions to decrease misinterpretation and refine the dialogue for further research. Historically, Clark and Carnosso (2008) determined that civility included the attributes of respect, listening to others, valuing differences, and participating in relevant discourse. Contrary to this concept, Peters (2015) noted that incivility included interactions lacking in respect, demeaning, condescending, menacing, and rude. Vagharseyyedin (2015) further differentiated the concept of incivility within the workplace and noted that this concept included characteristics such as disrespectful colleague interactions without a direct physical threat yet were low in intensity and vague in pattern or intent. In the teaching and learning environment, Turnipseed and Landay (2018) offered that academic incivility was any behavior that conflicted with the community’s general welfare. The ambiguous nature and lack of clear intent make identification and eradication even more challenging to leaders and practitioners. The numerous personal and environmental components that contribute to the crisis only served to increase the complexity of this issue, both within the healthcare system and the academic environment (ANA, 2015a). The literature review concerning incivility was further divided into separate discussions on incivility in alternate disciplines, incivility within the healthcare setting, and incivility within nursing education.

**Incivility in alternate disciplines.** Workplace incivility was a multidisciplinary topic of interest and a far-reaching one that proved problematic for various fields. From an organizational research perspective, Samnani and Singh (2016) noted that a poor organizational climate only exacerbated existing power imbalances, enabled uncivil behaviors, and led to the further disintegration of the work environment. Francioli et al. (2018) continued the discussion of the
work environment and found an association between the poor quality of leadership and bullying, yet also noted that a strong sense of social community at work meditated these effects within the Danish businesses studied. The underlying concern with both studies centered on the leadership within the workplace and how this impacted the work climate and the potential for bullying, and it was interesting to note that leadership qualities alone did not always correlate with a climate that fostered bullying (Francioli et al., 2018; Samnani & Singh, 2016). It was apparent that workplace incivility involved a myriad of interrelated factors, and leadership was only a single component of the larger issue.

Within the realm of education, Spadafora et al. (2018) explored incivility in secondary education and noted that levels of maturity and lower levels of self-regulation and emotional control were correlated with incivility. Within the environment of higher education, Alt and Itzkovich (2016) noted an association between perceptions of faculty incivility and maladjustment to the college environment, which raises concerns over how well students are managing the demands of nursing academics while juggling personal and family pressures. These findings indicated that poor working environments contributed to an atmosphere that enabled incivility, which strengthened the assertion that incivility within the workplace was a multidisciplinary, multi-faceted issue without a clear solution regardless of the discipline (Alt & Itzkovich, 2016; Spadafora et al., 2018).

**Incivility in the healthcare setting.** While nurses have long been subject to threats of physical violence in the workplace, these incidents may, in fact, pale in comparison to the emotional and psychological damage done by colleagues and leadership. Spector, Zhou, and Che (2014) noted that the non-physical forms of aggression might be twice as prevalent as the physical threats within the healthcare workplace. Most concerning is the association between
workplace mistreatment and patient safety concerns (Institute for Safe Medication Practices [ISMP], 2014; The Joint Commission, 2016; Spence Laschinger, 2014), the negative impact on the stress levels and resultant health of nurses affected by bullying (Arnetz et al., 2019; Danque, Serafica, Lane, & Hodge, 2014; Sauer & McCoy, 2017), and the threats to newly graduated nurses upon first entering the workforce (Ebrahimi, Hassankhani, Negarandeh, Jeffrey, & Azizi, 2017; Leong & Crossman, 2016). All health-related organizations must focus on internal processes that will support the workforce, increase patient safety, and foster retention and recruitment of experienced nursing staff (ANA, 2015a).

Nursing researchers have suggested many ways to combat incivility in the healthcare workplace, but concrete answers are few and far between. While researching South Korea, An and Kang (2016) noted that nursing perceptions of organizational culture correlated with workplace bullying and that more hierarchy-oriented organizational climates were related to greater perceptions of bullying when compared to more relation-centered organizational climates. Along these lines, Roberts (2015) reiterated that lateral violence, bullying, incivility, and other forms of non-physical threats stemmed from power and control imbalances within the workplace, while empowered leadership enhanced the culture and collegiality of the environment. Pfeifer and Vessey (2017) supported these assertions and found that Magnet organizations, known for their promotion of collegiality and teamwork, demonstrated statistically lower levels of incivility when compared to those found within non-Magnet organizations, while Logan and Malone (2017) found that nurses working as members of effective teams displayed better patient outcomes and were less likely to experience bullying. The findings from these research studies drew attention to the interrelatedness of concepts such as the quality of the organizational climate, the need to assess for power imbalances in the workplace, and the
importance of team-building when fostering a healthy work environment (Logan & Malone, 2017; Roberts, 2015). It was also essential to note, however, that these were not the only factors that contributed to the workplace atmosphere.

Nursing leadership was another focus of research in this area, with leadership characteristics having a strong correlation between work environments that fostered civility versus those that promulgated an uncivil atmosphere (Crawford et al., 2019; Kaiser, 2017). In addition to the need for a work climate that fosters shared governance and transparency, Berry, Gillespie, Fisher, and Gormley (2016) urged nursing leaders to consider that the workplace was a venue in which negative learned behaviors might be unlearned, but only when accompanied by guidance and modeling offered by leaders within the organization. Underscoring these discussions of leadership focused on building relationships with nursing staff to foster a relationship-oriented work environment, as nursing leaders with low relationship-oriented leadership styles were associated with increased perceptions of bullying and turnover intention (Fontes, Alarcão, Santana, Pelloso, & de Barros Carvalho, 2019). Leadership styles were only one variable, however, that impacted the climate of the workplace.

The wide range of factors influencing the context of the workplace environment made it evident that reducing incivility within the healthcare arena required a concentrated, multidirectional effort from nursing leadership, staff, and interdisciplinary team (Collins & Rogers, 2017). Nurse educators and administrators in academia faced a more complicated dilemma, though, as they had to consider the factors within the clinical learning environment yet remain focused upon the unique set of factors and requirements germane to the academic environment (Bellack, 2018). As incivility within nursing education resulted from a distinctive mix of personal, group, and organizational factors from the healthcare arena and a wide variety
of higher education settings, it was evident that any solutions for promoting civility will require a comprehensive perspective.

**Incivility within nursing education.** While incivility in the workplace shared many similarities regardless of the exact nature of the setting, it was particularly egregious in an educational setting for several reasons. Z. C. Y. Chan, Tong, and Henderson (2017) noted that the inherent power imbalances within the faculty-student relationship primed the academic setting for occasions of incivility. Condon (2015) emphasized that this propensity for incivility in nursing academia established an incongruency between the ethical tenets of nursing education and the development of professional values in new nurses. Any nurse who engaged in uncivil activity acted in direct opposition to the American Nurses Association’s Code of Ethics (ANA, 2015b; Rawlins, 2017), but this was more pernicious in the educational setting. Not only did such behaviors disrupt the teaching-learning environment, but the climate of incivility actively impaired the professional socialization of the next generation of nurses (DeMarco, Fawcett, & Mazzawi, 2018; Stalter et al., 2019). As gatekeepers to the profession, nurse educators served as role models for exemplifying professional behaviors and applying ethical parameters of nursing practice, yet it remained inherently difficult to foster an expectation of professionalism and a sound concept of ethical practice in nursing students amid an educational climate of incivility. For these reasons, the mandate to foster an atmosphere of respect and civility was one small, yet critical, facet of the nurse educator role (Pennbrant, 2016). The literature review on incivility within nursing education was further divided into sub-sections that addressed the multidimensionality of the problem, incivility within the clinical practice setting, faculty perspectives on incivility, the implications for student ethical and professional identity development, implications for a healthy academic environment, interventions to cultivate
civility, the need for a systems approach, and the applicability of social cognitive theory as a research framework for this topic.

*A multidimensional problem.* Addressing incivility was easier said than done. However, consistent with the literature from related disciplines, incivility in nursing education was a multidirectional problem that affected everyone within the academic arena. The literature was fraught with research on faculty-to-student, student-to-faculty, faculty-to-faculty patterns of incivility, occurring within both the academic and clinical learning environments. As a complicated issue that affected everyone within the ecosystem of teaching and learning, many theories and concepts emerged regarding the potential contributors to incivility and the associated detrimental effects of this toxic environment. Ingraham, Davidson, and Yonge (2018) conducted a literature review to explore how student-faculty relationships affected academic outcomes and found that the largest concentration of data centered on incivility between faculty and students.

In addition, sub-themes of communication and power dynamics underscored the importance of building effective faculty-student relationships so that faculty could establish and maintain a respectful and inclusive teaching-learning environment. Similar findings emerged from other integrative reviews on the topic with equal emphasis on cultivating a safe and inclusive academic environment with positive faculty role modeling (Eka & Chambers, 2019; Sidhu & Park, 2018). Along the lines of building relationships, Condon (2015) noted that the concept of human dignity served as a foundation for all human interactions and stipulated that nursing faculty clearly must embody this professional value within nursing education. Once human dignity was recognized as a central concept within nursing academia, faculty modeling of
such attitudes and behaviors would allow nursing students to develop their professional identities with this value in mind or risk the continuance of incivility for generations (Condon, 2015).

Research on student experiences with bullying and incivility suggested that the poor quality of the academic environment greatly impacted the students within. Mott (2014) reported that academic incivility led to feelings of fear, belittlement, and loss of self-confidence and reiterated that mutual respect between faculty and the student was essential to create a positive learning environment. Holtz, Rawl, and Draucker (2018) added that uncivil nursing education settings contributed to ineffective learning and bitterness toward the profession while Bowllan (2015) and McCarthy et al. (2018) noted that such learning environments contributed to students considering leaving the profession altogether. Another concern was the prevalence of peer incivility, which Sauer et al. (2017) correlated with higher levels of stress and lower physical and mental health. These findings were consistent with those of Courtney-Pratt, Pich, Levett-Jones, and Moxey (2018), who noted that peer incivility denigrated the sense of safety and belonging in the academic environment and often filtered into online learning platforms. As nursing education transitioned to the online learning environment, so too did elements of incivility.

The rise of online or hybrid courses to supplement nursing’s traditional face-to-face learning in classrooms and laboratories was well documented (De Gagne, Choi, Ledbetter, Kang, & Clark, 2016a; De Gagne, Yamane, & Conklin, 2016b; McNeill, Dunemn, Einhellig, & Clukey, 2017). Despite these advances in an educational format, however, many nursing programs grappled with evidence-based strategies to foster civility in the cyber environment. Mamocha, Mamocha, and Pilliow (2015) noted that a lack of professionalism was prevalent among nursing students and suggested a growing concern about online incidents related to bullying or incivility. An integrative review of online education in health professions found that incivility was
prevalent for both students and faculty (De Gagne et al., 2016a). Recommendations included a need for curricular content that would raise awareness and promote cyber civility alongside clear departmental policies applied to all students, faculty, and staff.

A later review of 230 graduate nursing program websites revealed that only 7.4% of the schools had policies or guidelines regarding student conduct in the online learning environment compared to 34.8% who had published policies about social networking sites and professional email use (De Gagne, Yamane, Conklin, Chang, & Kang, 2018). These findings suggested that incivility remained an area of great concern for nursing programs when transitioning to online learning platforms. Yet, the academic nursing leadership did not always establish clear expectations for professional behavior in this environment (De Gagne et al., 2016a; De Gagne et al., 2016b; De Gagne et al., 2018). The presence of incivility within the academic and cyber environment was far from the only issue for nursing students; however, as the clinical practice setting offered a new set of hazards to navigate.

**Incivility in the clinical practice setting.** The academic climate was only one area of concern for the nurse educator, as students encountered a different set of circumstances in the clinical setting. Students faced interactions with staff nurses, physicians, and patients who were not always tolerant of students or concerned with developing a quality learning experience (Felstead & Springett, 2016; J. Kim, 2018; Sabatino, Rocco, Stievano, & Alvaro, 2015). In their concept analysis of the clinical learning environment, Flott and Linden (2016) noted four main attributes that affected the learning process for nursing students, which included the physical environment, the organizational culture, teaching and learning activities, and the factors related to interpersonal interactions with other persons in the environment. Flott and Linden revealed the
importance of creating a clinical learning environment that fostered learning through an 
appreciation of professional values and nursing education.

The scholarly literature abounded with evidence regarding the precarious nature of the 
clinical learning environment for student nurses. Seibel (2014) noted the dissonance between 
faculty bullying and the professional values of nursing, while Hakojärvi, Salminen, and Suhonen 
(2014) lamented how incivility interrupted student learning and the development of professional 
values within the clinical setting. Students faced with such adverse learning environments might 
also opt to leave the profession altogether, a consequence that would only exacerbate the existing 
nursing shortage (Birks et al., 2018; McCarthy et al., 2018; McKenna & Boyle, 2016; Minton & 
Birks, 2019; C. R. Smith et al., 2016). The clinical nursing faculty emerged as an integral factor 
in how students experienced their clinical rotations. The knowledge and competence of clinical 
instructors were classified as a top characteristic by nursing students in one study (Reising, 
James, & Morse, 2018), yet other results emphasized positive role-modeling (Ahn & Choi, 2019; 
Gibbs & Kulig, 2017), the building of positive interpersonal relationships (Collier, 2018), and 
the need for open discussions about incivility in the clinical practice setting as part of student 
orientations (Shen et al., 2020). Overall, the effectiveness of teaching and learning within the 
clinical learning environment was greatly influenced by the clinical faculty members’ 
interpersonal characteristics themselves, a consideration of great importance to all faculty.

As new faculty entering the specialty, novice nurse educators usually began as clinical 
adjuncts, making the interpersonal characteristics of such faculty of great concern. Student 
perspectives of incivility within the clinical setting prompted recommendations for faculty 
professional development that addressed incivility and strategies to help faculty support students 
during clinical rotations (Bowllan, 2015; Holtz et al., 2018; Mott, 2014; Reising et al., 2018).
The integrative review by McCarthy et al. (2018) reiterated the need for clinical faculty to develop respectful, supportive relationships with students, engage in empathetic communication, and develop coping strategies for learners. Courtney-Pratt et al. (2018) also recommended empowering students and suggested that the prevalence of bullying within nursing academia and clinical placement necessitated strong measures of commitment by faculty to support their students. To do otherwise was “an abdication of responsibility” (Courtney-Pratt et al., 2018, p. e910). Further recommendations included the need for clear reporting strategies within the learning institution and to build resiliency among students to prepare them for the inevitability of encountering bullying within the practice setting (Minton & Birks, 2019).

**Faculty perspectives of incivility.** Nursing faculty were not immune to uncivil experiences themselves, both within the practice and academic settings. Many faculty members began to face difficulties upon entering the specialty area as novice educators, and Peters (2014) noted that socialization for novice faculty members was just as important in academia as for new graduate nurses entering the profession. Historical nursing research in 2013 by Clark, Olender, Kenski, and Cardoni indicated that many factors provoked faculty-to-faculty incivility, ranging from increased workloads, role stress, environmental circumstances, and a lack of effective leadership (Casale, 2017).

Further, academic incivility contributed to a poor work environment that often resulted in faculty members’ leaving academia entirely (Heinrich, 2017; Peters, 2014), with potentially dire consequences as this exacerbated an already severe shortage of qualified educators. Compounding the pressure within nursing academia was that many of the stressors associated with teaching in a nursing program were driven by external factors, such as standards for the national licensure exam passage rates and accreditation criteria (Aul, 2017). Generational
differences amongst faculty members played yet another role in the varying perceptions of uncivil behaviors within nursing academia, and Ziefle (2018) noted that such distinctions between faculty perceptions only heightened the complexity of fostering an academic work environment. It was clear that many factors contributed to uncivil interactions between faculty members (Heinrich, 2017; Peters, 2014), but nursing faculty also had to combat incivility within the teaching and learning environment.

As instructional leaders in the classroom, simulation laboratory, and clinical practice setting, nursing faculty had the burden of establishing the ground rules for all teaching and learning environments. There was also some debate in the literature about whether faculty and students shared an equal understanding of what constituted incivility in the academic setting (McNeill et al., 2017; Muliira et al., 2017), further increasing the challenges associated with attempting to eradicate the problem. Aul (2017) suggested that the high-stakes environment of nursing academia applied pressure equally to students and faculty, albeit for different reasons. Either way, this pressure erupted in the form of uncivil behavior.

Aul (2017) proposed that if it was unreasonable to expect modifications to the rigorous nature of nursing academia, it was paramount that faculty focused on specific strategies for the management of incivility. One such strategy was elucidating early in the academic term the institutional definitions of incivility and protocols for reporting violations of the code of conduct (Ibrahim & Qalawa, 2016; Muliira et al., 2017; Sauer et al., 2017). In addition, evidence regarding increased student entitlement and a decreased capacity for self-reflection proffered the suggestion that nursing faculty should anticipate these characteristics in cohorts of nursing students and consider the integration of educational strategies that fostered reflection and evaluation (M. Christensen, Craft, & White, 2020; Hyun, De Gagne, Park, & Kang, 2018).
Despite the number of obstacles nursing program leadership and faculty stakeholders must accept that the perpetuation of an uncivil learning environment posed a threat to everyone’s academic success.

**An ethical imperative.** From an ethical and professional values perspective, all incivility varieties in the nursing profession constituted an anathema. The profession’s ethical values and expectations were mutual respect, dignity, and caring towards patients, nurses, and interdisciplinary colleagues (ANA, 2015a; NLN, 2012). Despite this ethical imperative, however, the nursing profession consistently found itself battling a crisis of incivility and hostile work environments fraught with poor ethical climates that put a strain on nursing staff and contributed to increased staff turnover (Asgari, Shafipour, Taraghi, & Yazdani-Charati, 2017). Within nursing education, unresolved ethical situations contributed to moral distress among students, yet faculty could use relevant examples of professional practice to illustrate ethical decision-making and stimulate courage and professional accountability (Sasso, Bagnasco, Bianchi, Bressan, & Carnevale, 2016).

Unfortunately, this potential teaching moment dissolved when the source of the ethical dilemma was the faculty member themselves, and students must reconcile poor faculty role modeling against the ethical benchmarks of the profession (Arslan & Dinç, 2017; Lim & Bernstein, 2014). Situations like these potentiated the risk of students assimilating these substandard practices into their professional identities, which reiterated the need for all nursing faculty to set high personal standards for all aspects of their practice and teaching environment (NLN, 2012, 2018). Clark and Kenski (2017) opined that each nurse must make a personal commitment to embrace the profession’s ethical principles, but Lachman (2014) cautioned that many nurses and leaders lacked the necessary courage and interpersonal skills to address ethical
situations directly. It was evident that a substantial divide existed between the profession’s inherent values and the realities of fostering ethical practice development.

Rather than merely a diffusion of responsibility among nurses within the profession (S. S. Christensen, 2019), perhaps this issue instead remained one of education. Dehghani et al. (2015) offered that educators should serve as role models of ethical behavior, but that it remained the faculty’s responsibility to adequately prepare students to enter the practice environment with the requisite skills to face the ethical realities within. Nursing faculty must foster professional, ethical standards for student nurses through positive role-modeling and the use of both formal and informal learning situations or risk the gradual acceptance of negative learned behaviors by their students (Hunter & Cook, 2018; Jack, Hamshire, & Chambers, 2017; Lim & Bernstein, 2014). In conjunction, open and transparent conversations focused upon ethical decision-making were implicit, and faculty should acknowledge to students that an ethical, professional practice requires unceasing development and refinement that will persist throughout their professional careers (Sasso et al., 2016).

Professional identity development. Not only was incivility intolerable from an ethical perspective, but incivility in academia was especially foul as this permeated the academic climate and fostered the false reality that this type of behavior was commensurate with that of professional nursing (de Swardt, van Rensburg, & Oosthuizen, 2017; Haugland, Lassen, & Giske, 2018; Jack et al., 2017; Lachman, 2014; Shafakhah, Molazem, Khademi, & Sharif, 2018). Shahidi, Vahidi, Mahram, Areshtanab, and Zarghi (2014) noted that student nurses’ professional identity developed gradually after repeated interactions with members of the same community. Zarshenas et al. (2014) confirmed these findings and reiterated that nursing authorities should consider how role modeling, motivation, belongingness, and theory-practice incongruence
influenced students’ professional socialization. Further extending this dialogue, Clements, Kinman, Leggetter, Teoh, and Guppy (2016) noted that the faculty-student relationship was paramount in the development of professional values and identity of students and that positive academic relationships supported student commitment and growth. As the solitary gatekeeper in the profession, nurse educators need to focus on how the academic climate impacted the professional development of their student population.

A healthy academic environment. As if often the case in nursing academia, innovative suggestions, and trends within the healthcare workforce trickled into the academic setting. In response to efforts to increase resilience among staff nurses, Hart, Brannan, and De Chesnay (2014) conducted an integrative review of the literature and found that intrapersonal characteristics, collegial support, and a positive organizational climate contributed to increased resiliency for nurses. Hart et al. noted that leadership was essential in fostering a supportive culture for staff, while disruptive behaviors such as bullying and horizontal violence were associated with burnout, lower patient satisfaction scores, and a tendency to consider leaving the practice setting.

Spence Laschinger, Wong, Cummings, and Grau (2014) reiterated the need for effective nursing leadership in an attempt to reduce workplace incivility, and their findings proffered a linkage between resonant leaders who integrated empathy, relating, and role modeling teamwork with that of a respectful and civil work climate. Final recommendations included the need for leadership development programs that included emotional intelligence competencies. Despite these advancements, however, healthcare workplaces were not always supportive of the nursing staff within them, and J. G. Smith, Morin, and Lake (2018) found a significant relationship between levels of coworker incivility and the nurse work environment, and further suggested that
organization leadership address staffing and resource adequacy while considering leadership and manager abilities in any efforts to improve the work environment. Again, it was apparent that incivility presented a multidimensional challenge to nursing leaders due to the interrelated factors contributing to an uncivil work environment. Regardless of practice setting, nursing leadership devoted to creating a collegial atmosphere would have no choice but to address them collectively (Stalter et al., 2019).

The creation of a healthy academic environment was not an entirely new concept for nursing faculty. As early as 2015, Patterson and Krouse conducted a qualitative study to discover and classify leaders’ competencies in nursing education. Their findings revealed four main competencies, which included the need to embrace professional values and foster quality relationships with students and colleagues.

The necessity of creating a safe environment for teaching and learning emerged from these two competencies, along with a call to challenge the hegemony within the nursing profession and academia through trusting relationships and team building. This requirement for better relationships among faculty and students was a frequent recommendation within the literature (Z. C. Y. Chan et al., 2017; Harmon et al., 2018; NLN, 2018; Peters & King, 2017). In their recommended policy to foster civility and support a health academic work environment, Clark and Ritter (2018) offered guidance on institutional and faculty responsibilities in creating effective teaching and learning settings. Clark and Ritter’s recommendations included the addition of a civility requirement to the traditional triad of scholarship, teaching, and service of academic nursing, and noted that faculty may excel in the three traditional roles of academia yet cultivate an uncivil work environment due to poor interpersonal relationships. Measures such as
this would support positive role-modeling by all nursing faculty members and emphasize the equity in zero tolerance policies for everyone within the academic setting.

**Interventions to cultivate civility.** The topic of incivility in nursing education sparked great interest among nursing researchers. These studies provided faculty administrators and peers with several educational strategies and administrative recommendations to consider. One of the most strongly recommended actions was to draft an institutional code of conduct that delineated expected behaviors and attitudes (Authement, 2016; Rad & Karimi Moonaghi, 2016; Rose et al., 2019; Sanner-Stiehr & Ward-Smith, 2017; Schmidt, MacWilliams, & Neal-Boylan, 2016).

Charania et al. (2017) took this a step further and included nursing students in developing their professionalism and safety code of conduct aligned with the concepts of guided democracy suggested by Rad, Karimi Moonaghi, and Ildarabadi (2017). Along these lines, Shanta and Eliason (2014) noted that empowering nursing students supported a culture of civility through the development of collegiality, communication, autonomy, and accountability. These strategies were all consistent with recommendations to challenge the traditional hegemonic power structures within academia while supporting inclusivity for everyone in the teaching and learning environment.

Another strategy prominent within the literature was the integration of educational strategies that addressed incivility and fostered a civil academic environment. Clark (2017) offered a sweeping overview of evidence-based strategies for the entire nursing curriculum, ranging from white coat ceremonies, establishing classroom expectations, use of active learning strategies, faculty role modeling, curricular integration, and acknowledgment of exemplar students through awards and ceremonies. Curricular integration was strongly supported within the literature through seminars, online learning, or blended learning modules (Clark & Dunham,
Cognitive rehearsal was also a prominent feature within the literature, which is an educational strategy that allows nurses and nursing students to practice strategies for intervening when faced with lateral violence in the clinical environment (Griffin & Clark, 2014). The evidence continued to support this strategy in the clinical setting and simulation (Clark, 2019; Kile, Eaton, deValpine, & Gilbert, 2019; Rutherford et al., 2019; Sanner-Stiehr, 2017; Sanner-Stiehr & Ward-Smith, 2017; Ulrich, Gillespie, Boesch, Bateman, & Grubb, 2017). Educational strategies and opportunities to practice and prepare for eventual uncivil encounters were only a part of the solution. Nurses require interpersonal skills to manage such emotionally charged encounters effectively.

Another relevant strategy for fostering civility in nursing education centered on the growth and development of these so-called “soft skills.” Rad and Karimi Moonaghi (2016) recommended educational strategies that supported effective communication, reflection, and relationship-building for reducing incivility. Along these lines, Day et al. (2017) recommended the integration of course components that focused on professional identity formation, articulation of emotions, and values, all of which aligned with a course or program outcomes. Professional development education for faculty members were additional strategies, especially in fostering mindfulness (Green, 2018) and communication with students (Clark & Fey, 2020). Liebrecht and Montenery (2016) tendered an innovative teaching method to develop interpersonal skills among prelicensure nursing students and emphasized the importance of effective interpersonal relationships between nurses and their patients and families. The inclusion of soft skill assessments in simulation scenarios would allow nursing faculty to emphasize the importance of
these professional attributes within the curriculum while allowing them to practice in a safe environment. Although the purpose was not directed at fostering civility, Younas and Maddigan (2019) conducted a critical review of the literature to discern the best means of developing compassion among nursing students. The review included 29 articles and books and resulted in a framework for nurse educators encompassing seven main indicators of compassionate care, several of which aligned with behaviors characteristic of civility. Younas and Maddigan noted the lack of attention by nursing schools and curricula for such essential characteristics of nursing practice, a sentiment shared by Liebrecht and Montenery (2016).

**A systematic approach to advance change.** Considering the myriad of elements that contributed to incivility within the workplace, and the complexity of the environmental context of such negative behaviors, a multidimensional, systematic approach might offer the best framework to advance change within nursing academia. Lim and Bernstein (2014) emphasized each uncivil encounter’s uniqueness, with interchangeable contributing factors that complicated any efforts to reduce incivility. DeMarco et al. (2018) offered the Neuman systems model as a means of addressing incivility in nursing education, while Stalter et al. (2019) reminded that any approach must support the need for strong interpersonal networks between nursing administration, faculty, and students as these relationships were instrumental in the creation of a healthy academic environment (NLN, 2018). Research in healthy work environments in the healthcare arena demonstrated a correlation with a reduction in incivility (J. G. Smith et al., 2018; Spence Laschinger et al., 2014) and an increase in resilience among nursing staff (Hart et al., 2014), prompting the creation of such a supportive environment within academia (Clark & Ritter, 2018; NLN, 2018).
However, this recommendation was not without a series of challenges, and Peters and King (2017) cautioned that an ingrained mindset within senior faculty might be difficult to overcome. Despite the plethora of obstacles, creating a supportive learning environment was the responsibility of each member of the academic community (Crawford et al., 2019; Harmon et al., 2018; Patterson & Krouse, 2015). Clark, Sattler, and Barbosa-Leiker (2016) developed an assessment tool to assist academic leadership in evaluating the work environment and the faculty and staff’s satisfaction. Clark et al. noted that each academic environment was a unique setting characterized by the organizational climate and other factors, all of which played a role in the overall health of the workplace. Peters and King (2017) noted that having an awareness of faculty and staff perceptions was an integral characteristic of effective academic administrators prior to implementing change, along with faculty buy-in and the shared creation of academic norms. Along these lines, the NLN (2018) reiterated that fostering a civil and healthy academic climate required the collaboration and engagement of all students, faculty, staff, and administrators, including the need for evidence-based strategies that would foster civility.

**Social cognitive theory in nursing research.** Social cognitive theory offered a framework for agentic behavior that revolved around the concept of *triadic codetermination* (Bandura, 2018). This framework posited that behavior resulted from the interaction between personal factors, behaviors, and the environment, that changes in one of these areas would influence the remaining areas and, ultimately, the person’s behavior in question. Alongside this framework, Bandura (1999, 2000, 2016) included the concepts of *self-efficacy*, *collective efficacy*, and *moral disengagement*. Self-efficacy contributed to personal behaviors based upon the amount of control and competence an individual feels in setting and meeting personal goals. This self-appraisal of abilities played a large role in the individual’s perspective and was generative in nature.
Collective efficacy was a perspective of group dynamics and reflected the impact of collaborative efforts (Bandura, 2000). The concept of moral disengagement involved the act of displacement of normal moral tenets based upon personal or situational circumstances (Bandura, 2016). All of these concepts were relevant to the topic of incivility within the professional workplace and the academic environment.

M.A. Kim, Kim, and Kim (2015) relied upon this framework and the concept of self-efficacy in their examination of rational emotive behavior therapy (REBT) and resultant effects on stress levels and coping among nursing students. This quasi-experimental, pre- and post-test design included 34 university students divided into an experimental group ($n = 18$) and control group ($n = 16$). The eight sessions of the REBT program were conducted over four weeks, in one-hour sessions twice per week. While no significant effects were reported in coping strategies between the two groups, there was a significant difference in self-efficacy in the experimental group after the intervention ($t = 2.24, p = 0.032$). These findings would be strengthened with repetition, a larger sample size, and multiple research sites.

Kimhi et al. (2016) also examined the self-efficacy of nursing students and studied the impact of simulation and clinical experience and whether the order of these experiences affected student self-confidence/self-efficacy. This double-crossover study involved two groups of students randomly assigned to Group A or Group B. Group A had three 6-hour days in the clinical environment, followed by two 6-hour days in the simulation setting. Group B had the reverse schedule. Data were collected at the beginning of the course (Time 0), after the first intervention (Time 1), and after the second intervention (Time 2). Results found significant differences in participants’ self-confidence/self-efficacy between Time 0 and Time 2 ($t = -9.02, p < 0.01$, effect size = 0.54). Student self-confidence/self-efficacy scores were also significant
following clinical experiences when compared to the simulation experience \((t = 3.37, p < 0.01,\) 
effect size = 0.39). The study results would be strengthened with a larger sample size and
duplication of the study.

Fida, Spence Laschinger, and Leiter (2018) applied self-efficacy to workplace incivility
and burnout in nurses. More specifically, the study examined the protective role that relational
occupational coping self-efficacy (ROC-SE) played when nurses \((n = 523)\) were faced with
workplace incivility and burnout. Nursing registry lists from 10 Canadian provinces were used
for recruitment, with study questionnaires mailed at the beginning of the study (Time 1) and one
year later (Time 2). A total of 596 cases were included in the study, having completed the
questionnaires at both Time 1 and Time 2 \((n = 596)\). Data analysis procedures were articulated
carefully and included a discussion of how missing data were managed, the skewness and
kurtosis of the data, and the non-parametric findings that contributed to the choice of statistical
analyses. Results demonstrated a negative correlation between ROC-SE levels and perceptions of
incivility from coworkers \((\beta = -0.23)\) and supervisors \((\beta = -0.11)\), along with a negative
correlation between ROC-SE and burnout (emotional exhaustion \(\beta = -0.16;\) cynicism \(\beta = -0.15)\).
These findings were limited by the potential for response bias due to the self-report aspects of the
questionnaires.

Finally, Palumbo (2018) used social cognitive theory (Bandura, 1999) as a theoretical
foundation for an intervention to educate nursing students about incivility. The intervention was
an e-learning module designed to increase awareness of incivility and methods to manage such
interactions in the academic and clinical practice setting. Pre-test and post-tests to measure self-efficacy were integrated within the module’s content and intermittent quizzes on the material.
Results of the pre-test/post-test scores revealed significant growth in self-efficacy among
participants, demonstrating the effectiveness of the educational intervention. Palumbo noted the use of social cognitive theory to address the presence of incivility within the environment of nursing education.

**Emotional Intelligence**

Commensurate with Gardner’s theory of multiple intelligences, EI was a construct of an alternative form of social intelligence centered on a range of emotional skills. Historically, Salovey and Mayer (1990) proposed that EI concerned Individuals’ ability to be aware of their emotions, recognize emotions in others, and be cognizant of how they influenced a person’s thoughts and deeds. This initial foray into the conceptualization of EI recognized specific abilities as key characteristics of EI: the ability to identify both verbal and non-verbal expressions of an emotional state, the prevalence of empathy, the ability to regulate personal mood and influence the moods of others, along with mechanisms for using these abilities to achieve personal and collective goals (Salovey & Mayer, 1990).

Another historical author, Goleman (1998), considered EI a combination of ability and personality, and later translated this construct into a series of emotional competencies that pertained to self-awareness, self-regulation, motivation, empathy, and social skills. This extension of the original construct provided a structured approach for human resource managers and educators to strengthen these emotional competencies in their respective populations. The literature abounded with relevant studies in business (Lee, 2017), psychology (Bucich & MacCann, 2019; Onraet, Van Hiel, De Keersmaecker, & Fontaine, 2017; Szczygieł & Mikołajczak, 2017), education (P. Celik & Storme, 2018; Dolev & Leshem, 2017; Ju et al., 2015; Shapira-Lishchinsky & Levy-Gazenfrantz, 2016; Viguer et al., 2017; Zeidner et al., 2016), and the healthcare industry (Başoğul & Özgür, 2016; G. O. Celik, 2017; Hutchinson et al., 2018;
Levitats & Vigoda-Gadot, 2017; Pérez-Fuentes et al., 2018; Sims, 2017), and all continued the debate over this construct and whether EI was an inherent ability, a distinct personality trait, or a combination of the two. Regardless of these different stances, however, there were many potential benefits for those who considered strategies for increasing their repertoire of EI attributes.

Many of the findings in the literature review suggested that EI was a skill set with multiple advantageous characteristics. In the non-healthcare arena, some of these characteristics included a means of moderating workplace bullying (Ashraf & Asif Khan, 2014; Meires, 2018), increasing satisfaction and reducing burnout (Carvalho et al., 2018; Lee, 2017), and increasing academic satisfaction (P. Celik & Storme, 2018). Studies that examined EI within the educational setting suggested that lower effortful emotional control contributed to incivility in the classroom (Spadafora et al., 2018), while higher EI levels among teachers were associated with lower levels of faculty burnout (Ju et al., 2015). Educational interventions to improve EI were designed and tested within the academic environment, with significant improvements within primary school education (Viguer et al., 2017) and higher education (Dolev & Leshem, 2017). These studies confirmed that educational programs were successful at enhancing EI skills among students and faculty. The apparent benefits associated with developing EI competencies certainly warranted an expansion into the complex milieu of the modern healthcare workplace.

**EI in nursing education.** Within the clinical practice environment, the research found an association between EI and improved clinical reasoning and decision-making (Hutchinson et al., 2018), increased emotional awareness (Kahraman & Hiçdurmaz, 2016), enhanced management of emotions (G. O. Celik, 2017), improved communication skills (J. C. Y. Chan et al., 2014; Giménez-Espert & Prado-Gascó, 2018), increased caring behaviors (Nightingale, Spiby, Sheen,
& Slade, 2018), increased patient safety (Codier & Codier, 2015, 2017), providing a buffer against stress (Alconero-Camarero et al., 2018; Lewis et al., 2017), and increased public service motivation (Levitats & Vigoda-Gadot, 2017).

An integrative review by Crawford et al. (2019) implied that a lack of EI correlated with nurse-to-nurse incivility and hostility in healthcare settings, which prompted multiple recommendations for introducing EI strategies in the workplace and academia alike. Additional studies examined how emotional intelligence related to conflict management styles and found that nurses with higher EI used more effective conflict management strategies (Başoğul & Özgür, 2016; J. C. Y. Chan et al., 2014; McCloughen & Foster, 2018), had higher levels of engagement (Pérez-Fuentes et al., 2018), had greater intent to stay at their workplace (Wang, Tao, Bowers, Brown, & Zhang, 2018), and positively correlated with an increase in nursing professional values and caring practice (Culha & Acaroglu, 2018).

Reemts (2015) investigated EI scores of nurses to understand the level of EI competence in working nurses \((n = 164)\) while also researching whether differences existed between new nurse graduates and nurses who had several years of work experience. Additional research questions queried whether gender or the nurses’ grade point average (GPA) were related to EI scores. Findings revealed that there was no statistical significance between new graduates and nurses with 3-5 years of work experience, but there was significance in being female \((p = 0.023)\) and the nurses’ GPA \((p < 0.000)\) in the EI sub-scale for understanding emotions. The GPA data were self-disclosed, however, so there was the possibility of inaccurate reports. Of larger concern, Reemts noted that while almost 80% of participants scored in the competent range of EI scores, that left around 20% of graduate or practicing nurses who were lacking competence in these essential skills.
Nurse educators embraced EI as a research topic, and this growing body of evidence continued to support the benefits of EI skills and competencies. Research conducted within the clinical environment demonstrated an association between practitioner emotions and clinical decision-making (Kozlowski, Hutchinson, Hurley, Rowley, & Sutherland, 2017), along with interdependence between EI and critical thinking (Christianson, 2020). Additional clinical benefits were enhanced clinical communication skills (Kong et al., 2016), and positive clinical performance (Farshi et al., 2015), a negative correlation between EI and perceived stress (Foster et al., 2018; John & Al-Sawad, 2015), and positive correlations between EI and clinical self-efficacy (Rice, 2015; Zhu, Chen, Shi, Liang, & Liu, 2016). Cleary et al. (2018) performed an integrative review of 14 articles addressing EI and resilience in nursing students and found that there was an association between EI and facilitating academic and clinical success among nursing students, although there was no determination of which components of EI had this effect. Parnell and St. Onge (2015) suggested that EI was an essential component in teaching nursing students about safety in the clinical environment and pointed out the growing body of evidence that supports the inclusion of such strategies in nursing education. The article noted the link between sentinel events in the practice setting and offered several evidence-based teaching strategies that would boost EI development in students.

Findings were no less substantive in the academic arena, with multiple studies noting a positive correlation with EI and success in nursing academics (Cleary et al., 2018; Rode & Brown, 2019; Sharon & Grinberg, 2018; Snowden et al., 2018). Cheshire et al. (2015) conducted a descriptive correlational study examining the relationship between EI and more traditional measures of academic success. Cheshire et al. measured EI scores of a convenience sample of nursing students (n = 85) and found no significant relationships between EI sub-scales or EI
global scores the admission grade point averages. There was no apparent relationship between EI scores of the participants and their final clinical assessments nor their fundamentals or pharmacology final grades. The relatively small sample limited the study. Despite the lack of statistical significance, Cheshire et al. urged the nursing faculty to integrate EI educational components into the nursing curriculum.

Nursing faculty with a commitment to evidence-based teaching should be aware of the relationship between EI skills and competencies and the academic success of their learners. Marvos and Hale (2015) explored the relationship between EI scores and clinical performance and likely retention of nursing students ($n = 104$). The analysis revealed a significant correlation between the EI abilities of understanding emotions ($r = 0.25$) and strategic EI ($r = 0.26$) with planned retention ($p < 0.01$). Total EI scores also correlated with planned retention ($r = 0.21$, $p < 0.05$). The findings were limited somewhat by the self-report data used to measure clinical performance and the fact that the sample was taken from a single nursing school. Kaya et al. (2018) studied the relationship between EI and critical thinking skills in nursing students ($n = 182$). The longitudinal study measured EI and critical thinking over one academic year and compared beginning and end of year scores of freshmen students with end of year test scores for sophomore, junior, and senior students. The only significant result was a moderate positive correlation between self-motivation EI scores at the start of the freshman academic year and critical thinking scores at the end of senior year. Kaya et al. determined that this increase warranted the inclusion of EI education into the nursing curriculum.

Another aspect of EI that nursing faculty must consider was the association between EI and concepts within the affective domain of learning, such as emotional well-being and professional values. The rigorous nature of any pre-licensure program of study required a firm
faculty commitment to teaching methods that supported their learners and fostered the skills and competencies necessary to be successful as learners and future nursing professionals. Lewis et al. (2017) noted the positive relationship between EI and students who sought social support and a tendency to use problem-focused coping methods when faced with stressful situations. Both measures lowered stress and anxiety levels, which would benefit students in pre-licensure nursing programs. Zhang et al. (2016) found that EI was inversely related to psychological distress, while Roso-Bas, Jimenez, and Garcia-Buades (2016) noted that EI inversely related to pessimism and depressive rumination, which associated with increased drop out intention. The ability to manage emotions and remain optimistic and motivated during adversity might be a great advantage for students entering the rigorous nature of nursing academics.

In the development of professional values, Culha and Acaroglu (2018) posited a synergistic relationship between EI skills and the alignment of moral and personal values with those of the profession’s philosophical ideals. Leonard (2017) and Tharani, Husain, and Warwick (2017) cautioned, however, that nursing faculty must serve as role models of such professional behaviors, as well as exemplars for how nursing professionals demonstrate self-awareness and management of emotions, something that not all faculty are prepared to do. Nursing faculty might find themselves at a critical juncture in curriculum development as they weigh the role of emotional characteristics and the affective domain of learning in advancing professional values among their students (Anderson, 2016; Culha & Acaroglu, 2018; Leonard, 2017; Liebrecht & Montenery, 2016). This portion of the literature review was further divided into sections that addressed EI educational interventions, an alternative view of the value of EI educational interventions, and EI strategies and civility in higher education.
**EI educational interventions.** Based on the previous research and relevant findings, it would be prudent to explore how to integrate EI components and skills into nursing education successfully. Fitzpatrick (2016) opined that nurse educators should consider integrating reflective exercises throughout the nursing curriculum to boost EI competence and posited an underlying assumption that EI attributes served as the foundation for all nursing practice. Foster et al. (2015) conducted an integrative review that evaluated the findings from 17 articles published between 1992-2014. Only two of the articles reviewed were a result of primary research. Discussion from the reviewers yielded little concrete evidence, as the majority of the review emerged from opinion papers, yet it was clear that nursing education lacked consensus on the construct of EI and required further empirical data to establish a foundation for evidence-based teaching of EI skills and competencies.

Michelangelo (2015) performed a meta-analysis of EI abilities pertinent to nursing to validate the integration of EI competencies into nursing curricula. The meta-analysis included 395 studies with 65,300 participants and found an overall effect size of $r = 0.3022$. The moderate effect size with such an impressive sample demonstrated that EI training improved critical thinking and EI competence and thus warranted inclusion in nursing curricula. Concerns existed related to a 100% positive correlation rate in all 395 studies between EI and the specific trait or ability measured, which suggested possible validity issues in some studies. Michelangelo dismissed such fears and noted they were diminished by the size of the study’s sample and diversity. Findings also noted the paucity of evidence from the United States concerning integrating EI competencies into nursing curricula, despite promising steps taken in other countries.
Whitley-Hunter (2014) performed a literature review on EI and transactional analysis to identify similarities between the two concepts and their applicability to nursing education. Once the review was complete Whitley-Hunter created a psycho-educational program for emergency nurses \((n = 16)\). The six-session curriculum emphasized empathy and communication skills with various active learning strategies. Using a pre-test, post-test design, mean scores increased for communication \((177.8 +/- 20 \to 198.8 +/- 15, p = 0.001)\) and empathy \((25.7 +/- 7 \to 32.6 +/- 6, p = 0.001)\). While promising, the strength of these findings was limited by the extremely small sample, single research site, and the lack of reporting of Cronbach alpha values for the EI and communication instruments.

Waite and McKinney (2016) conducted a study with a non-experimental pre-test/post-test design. A convenience, non-random sample included participants from a single learning institution who attended a voluntary leadership program \((n = 14)\). The instrument used to measure EI had high internal reliability \((\alpha = 0.74 \to 0.93)\). The leadership program consisted of six, one-credit courses taken in conjunction with required academic courses. Administration of post-tests occurred approximately 18 months after the pre-tests. Statistical significance was set at the \(p < 0.5\) level for a paired sample \(t\)-test (two-tailed). Three correlations demonstrated statistical significance: emotional self-awareness \((p < 0.001)\), emotional self-control \((p = 0.008)\), and inspirational leadership \((p = 0.027)\). While promising, the findings cannot be generalized to a larger population due to the extremely small sample size from a single research site.

A study created to measure the growth of communication skills of undergraduate nursing students by Choi, Song, and Oh (2015) used a quasi-experimental, pre-test/post-test design comprised of an experimental group \((n = 45)\) and control group \((n = 42)\) in the same university. The nursing students were enrolled in a communication course. The control group had taken a
lecture-based communication course at another university, while the experimental group participated in the innovative communication course strategy using active learning strategies and phone clips. The two groups showed demographic homogeneity. Data analysis revealed pre-test/post-test scores for communication were 50.96 +/- 5.13 and 57.98 +/- 6.63 for the experimental group and 49.41 +/- 6.60 and 51.02 +/- 7.84 for the control group (F = 24.88, \( p < 0.000 \)). Pre-test/post-test scores for EI were 151.29 +/- 8.92 and 156+/ - 11.61 for the experimental group and 149.98 +/- 14.82 and 146 +/- 13.76 for the control group (F = 20.632, \( p < 0.000 \)). It was interesting to note that while the communication scores improved in both groups, the EI scores decreased throughout the study. The strength of these findings was limited by the single research site and the small sample size.

The meta-analysis by Hodzic et al. (2017) supported the assertion that EI training resulted in increases in EI scores and emphasized the need to concentrate on ability models of EI and the creation of longer, repetitive educational interventions to reinforce the learning outcomes. Vishavdeep et al. (2016) found statistically significant improvements to nursing student EI scores after the integration of a seven-session intervention based upon Goleman’s model of EI. Comparison of pre-test versus post-test scores of the 224 students who attended all seven sessions revealed an increase in high-range EI scores from 13.8% to 20.1% (\( p < 0.001 \)). Paired \( t \)-test results also demonstrated significance at the increase of overall EI scores, with significant increases in the pre-test to post-test mean values (208.68 +/- 10.67 to 210.56 +/- 11.61, \( p = 0.007 \)).

A similar educational intervention by Orak et al. (2016) integrated EI components into eight weekly 2-hour course sessions. The quasi-experimental study design included 66 participants divided into an intervention group (\( n = 31 \)) and a control group (\( n = 31 \)) yet yielded
no statistical findings after the intervention. The lack of findings may be due to the small sample size or perhaps the short duration of the educational intervention.

Bamberger et al. (2017) created an EI intervention for a medical and nursing pediatric team \((n = 27)\), which comprised ten 90 to 120-minute educational sessions over 18 months with baseline and completion EI scores for both the control and intervention groups. The study results demonstrated a statistically significant increase in the pre-intervention baseline to post-intervention \((p < 0.001)\). Limitations to this study included the small sample sizes in each group and the single research site, although the increased EI scores exhibited the possibility of improving EI scores among medical personnel through educational training programs.

Although not a research study, Judge, Opsahl, and Robinson (2018) discussed a collaborative EI intervention between two schools of nursing that resulted in a single day event for learners at both institutions. Student mixed-method questionnaires were distributed after the event for feedback purposes. Results from the surveys revealed that of the 173 students participating in providing feedback (86.5% of attendees), 93% reported no previous EI training in nursing courses. Qualitative themes centered around the need for EI education before clinical training and how the EI educational components should be included throughout the curriculum. While the findings of this intervention are pertinent to educators considering the inclusion of EI strategies into nursing curricula, the feedback surveys were not true scientific instruments, and no pilot testing or Cronbach alpha values were reported, which would have increased the rigor of the findings (Judge et al., 2018).

**An alternate view.** There are those within the literature, however, who had some reservations about the construct of EI and its universal application, let alone the effectiveness of this construct within the nursing or higher education environment. Davis and Nichols (2016)
noted that while moderate positive effects were related to academic success and successful adaption to stressful life events, the potential remained that high levels of certain subcategories of EI may result in manipulation of others, which lead to a recommendation that average EI scores may be optimal. Furthering this conversation, Vandewaa, Turnipseed, and Cain (2016) found that an association existed between EI and organizational citizenship behavior (OCB), but no clear linkage between EI values and the restraint of negative behaviors. However, as the specific research site demonstrated high values of OCB, these findings may have been contextual and not universal. Finally, Majerníková and Obročníková (2017) noted that while EI abilities were pertinent to nursing, additional research was necessary before widespread integration of EI programs into nursing curricula. Despite these scholarly differences, all these studies were unanimous in their recommendations for continued research on EI and its relevancy to science, nursing, and nursing academia (Davis & Nichols, 2016; Majerníková & Obročníková, 2017; Vandewaa et al., 2016).

EI strategies and civility in higher education. Despite the amount of research on EI and the myriad of positive outcomes associated with enhancing EI skills, there were relatively few studies in the literature that addressed the use of EI to foster civility in the higher education setting, let alone within the discipline of nursing education. Itzkovich and Dolev (2017) recommended that higher learning institutions consider the inclusion of EI strategies to afford students better coping skills when faced with incivility, both in academia and within the professional workplace. Majeski et al. (2018) proffered that EI supported a holistic version of the community of inquiry model and thus should be instrumental in bolstering all academic members’ emotional presence. Raghubir (2018) conducted a concept analysis of EI within professional nursing practice and noted that the attributes of EI enhanced the role of the
advanced practice nurse, although this did not address undergraduate nursing specifically. Ranjbar (2015) further noted that the introduction of EI into the nursing curriculum was necessary not to combat incivility directly but as a professional competency that would enhance student clinical skills and patient relationships.

With its emphasis on caring and respect in patient care, nursing education required these same concepts in the academic setting. Not only would this benefit students and faculty directly, but a healthy academic climate would also serve as a model for elucidating these beliefs to the next generation of nurses (Aul, 2017; Clark, 2017; Leonard, 2017). These suggestions echoed those of Thompson and Miller (2018), who noted the importance of nursing leadership to foster a climate of civility and inclusiveness, which could be hampered by the negative impact of low levels of emotional intelligence among administrators and faculty.

The scholarly literature abounded with calls to introduce EI education into the nursing curriculum (Beckham & Riedford, 2017; Carvalho et al., 2018; Chun & Park, 2016; Cleary et al., 2018; Culha & Acaroglu, 2018; Judge et al., 2018; Kaya et al., 2018; Lewis et al., 2017; McCloughen & Foster, 2018; Sharon & Grinberg, 2018; Zhang et al., 2016). A primary rationale for such inclusion throughout the literature was the notion that a characteristic of such importance should not be left to students to navigate on their own but should be a point of emphasis within the curriculum for a relationship-intense profession like nursing (Bellack, 2018; Leonard, 2017; Reemts, 2015). Despite these mandates, however, the overwhelming consensus was that there was little in the research that explored faculty experiences with incorporating such strategies (Fitzpatrick, 2016; Liebrecht & Montenery, 2016; Michelangelo, 2015; Parnell & St. Onge, 2015; Waite & McKinney, 2016), nor how faculty believed these changes fostered a culture of civility in the teaching and learning environment.
Synthesis of the Research Findings

Despite research that examined incivility from various angles, the profession was far from a concrete solution to this complex issue (Palumbo, 2018). Nursing was a profession that relied heavily upon interpersonal communication and empathy, amid a dynamic, emotionally-charged workplace, yet these “soft skills” were not routinely a point of emphasis within the nursing education curriculum (Bellack, 2018; Choi et al., 2015; Leonard, 2017; Reemts, 2015). Nursing faculty must focus on curricular components that develop the essential skills and competencies that students will need upon graduation and upon entering the professional workforce.

The scholarly literature generally acknowledged that workplace incivility was a complex, multidimensional issue that lacked an easy remedy, regardless of the profession or discipline in question. One approach to this facet of workplace incivility was using a multilayered, systems approach in any interventions constructed to counter incivility (DeMarco et al., 2018; Stalter et al., 2019). An integrative review by Crawford et al. (2019) reflected the difficulty with prior approaches that focused on individual variables associated with an uncivil work environment, such as leadership styles, organizational culture, power disparities, ineffective communication skills, increased workload, staffing shortages, and others. Instead, Crawford et al. rationalized that if triggers of incivility stemmed from a combination of personal, work unit, and organizational factors, the solution realistically necessitated the inclusion of all levels of the organizational hierarchy. This systems-wide approach to workplace incivility related strongly to the theoretical underpinnings of social cognitive theory, as Bandura (2006) noted the interdependence of interpersonal factors, behavioral factors, and environmental factors as equal contributors to individual behavior. Just as people could change their characteristics, behavior,
and environment, the nursing profession could implement changes that addressed the personal factors, behavior, and environments of their members.

Social cognitive theory (Bandura, 1977, 1999, 2006, 2018) was not a new theoretical foundation for nursing research or discussions related to workplace incivility. Samnani and Singh (2016) postulated a conceptual model of workplace bullying that incorporated social cognitive theory components. The individual, dyadic, group, and organizational levels in the model were interrelated and able to influence the work environment’s culture.

The conceptual model also offered that individual and group behavior was learned through observations of group dynamics and role modeling, which implied that managers with poor work environments were effectually teaching newer staff members how to perpetuate a poor work environment. Nurse researchers have also used the social cognitive theory as a foundation for studies focused upon incivility (Fida et al., 2018; Lasater, Mood, Buchwach, & Dieckmann, 2015; Logan & Malone, 2017; Palumbo, 2018; Sanner-Stiehr, 2017). While not directly centered upon incivility, nursing research that studied self-efficacy was also relevant, as social cognitive theory emphasized the sense of self-control and direction as pertinent to individual behavior. M.A. Kim et al. (2015) and Kimhi et al. (2016) demonstrated that educational interventions could increase nursing students’ self-efficacy. With social cognitive theory (Bandura, 1999, 2006, 2018) as a foundation, it may be possible to confront nursing workplace incivility through targeted educational interventions to increase individual, group, and organizational self-efficacy.

The construct of EI as an alternative form of social intelligence was not new, and the scholarly debate surrounding trait versus ability models remain. Yet, despite these conceptual differences, a multidisciplinary body of evidence revealed the surfeit of advantages such
characteristics offer to professionals within the workplace, both within the personal and the interpersonal realm (Goleman, 1998). The advantages of increasing EI within nursing academia was two-fold. First, nursing was an art that required excellent interpersonal skills and empathy, yet these “soft skills” were not regularly emphasized within the curricula of nursing education (Bellack, 2018; Choi et al., 2015; Leonard, 2017; Reemts, 2015; Whitley-Hunter, 2014). A clear emphasis on the importance of such skills within nursing education might better prepare future graduates as they enter the professional workforce (Anderson, 2016; Culha & Acaroglu, 2018; Kozlowski et al., 2017; Liebrecht & Montenero, 2016; McCloughen & Foster, 2018; Younas & Maddigan, 2019; Zhang et al., 2016). Second, the growth of EI skills in nursing students might affect the behavior and environments where they learned and worked. The strengthening of EI skills for nurses within academia and practice settings had the potential to trickle from the individual to group and organizational levels in a systematic method to countering incivility (Bandura, 2006, 2018).

Evidence existed within the scholarly literature that characteristics of EI could be improved with targeted educational interventions (Bamberger et al., 2017; Choi et al., 2015; Hodzic et al., 2017; Vishavdeep et al., 2016). Based on the previous research and relevant findings, it would be prudent to explore how to integrate EI components and skills into nursing education successfully. Foster et al. (2015) found little concrete evidence in their literature review that would guide nurse educators in the integration of EI strategies, as most of the articles in the review were opinion or discussion pieces rather than research reports. The main point of emphasis from Foster et al. was that nursing education had yet to reach consensus on the construct of EI, and further research was needed to solidify the foundation for evidence-based practice. More promising was the meta-analysis conducted by Michelangelo (2015), which
combined the data of 395 studies \((n = 65,300)\) and found that EI abilities pertinent to nursing had a moderate effect \((r = 0.3022)\). These findings demonstrated that EI skills were tangible competencies for nurses and warranted a place within the nursing education curriculum. Michelangelo also noted a substantial gap in the literature on how nursing programs in the United States were introducing EI components into their curricula, which provided the basis for this dissertation research.

Recommendations for further research in this area were abundant in both the clinical practice environment and within nursing academia. Younas and Maddigan (2019) urged researchers to expand the knowledge base concerning strategies that supported reflection and skills within the affective domain. Reemts (2015) specifically called for the integration of EI strategies in nursing education and urged further study on the topic to improve patient care outcomes. Marvos and Hale (2015) likewise supported further research in both the academic and healthcare setting to prepare students for clinical practice. Within nursing education, there were repeated calls for additional study, most notably in how nurse educators incorporate EI strategies within the curriculum (Cleary et al., 2018; Foster et al., 2015; Kaya et al., 2018) and how they teach or evaluate EI competencies in their students (Cheshire et al., 2015; Fitzpatrick, 2016; Parnell & St. Onge, 2015; Waite & McKinney, 2016). Further recommendations from Cleary et al. (2018) and Kaya et al. (2018) noted the need for additional qualitative research to clarify the role of EI in teaching nursing students and how faculty members experienced the integration of such strategies in their curricula. This dissertation study evolved from the scholarly base of knowledge on the topics of EI and incivility and directly addressed calls for further study from the literature.
Critique of Previous Research Methods

Research regarding EI educational interventions has been found in clinical practice and nursing education, with mixed results. The study conducted by Bamberger et al. (2017) was a quasi-experimental, pre-test, post-test design that included physicians and nurses in a pediatric unit (n = 27). A control group (n = 10) included physicians who did not participate in the intervention. Participants underwent an eighteen-month educational intervention consisting of 10 sessions lasting between 90-120 minutes each. Cronbach alpha values were consistently high across all measures for EI dimensions (α = 0.91 pre-intervention and 0.89 post-intervention). Findings after the intervention ended revealed a significant shift in EI scores among the participants (p < 0.001), with higher significance among physicians (p < 0.003) when compared to nursing staff (p = 0.114). Participants in the control group displayed no improvement in EI scores when compared to baseline. While promising in findings, this study was limited because all participants were recruited from within a single healthcare unit, and the small sample size might lead to an increased risk of statistical errors (Bamberger et al., 2017).

Research within nursing education yielded mixed results to date. Vishavdeep et al. (2016) conducted a pre-experimental, pre-test/post-test study design (n = 224). The intervention was an EI training program based upon Goleman’s (1998) EI competencies and consisted of seven, one-hour sessions with participants from a single institution of learning. Findings revealed significant improvement in EI scores after comparing the pre-test and post-test scores (p = 0.007). While the sample size was promising, the findings lacked rigor as there was no discussion of which instrument was used to measure EI among the participants, nor were Cronbach alpha values provided to increase the validity or reliability of the instrument (Vishavdeep et al., 2016).
Orak et al. (2016) also conducted a study with a quasi-experimental, pre-test/post-test design. Participants were recruited from a single site \((n = 66)\) and were non-randomly assigned to an intervention class \((n = 31)\) or a control class \((n = 35)\). The EI educational intervention consisted of eight 120-minute sessions scheduled weekly. Cronbach alpha scores for the EI instrument were reported \((\alpha = 0.89)\). The findings revealed no statistical significance between the control and intervention groups, although small increases in EI means in the intervention group. More interesting, the EI score means were higher in the control group than in the intervention group, but not significantly \((p > 0.05)\). Limitations included the small sample size, and the possibility of confounded data, as the two groups of students were able to interact with each other during the study about the content of their switched courses (Orak et al., 2016).

Finally, the study conducted by Waite and McKinney (2016) used a non-experimental pre-test/post-test design with a convenience, non-random sample of students in a voluntary leadership program \((n = 14)\). Pre-tests were administered at the beginning of the junior year at the outset of the leadership course (Time 1), and post-tests were administered at the end of senior year (Time 2). Of the 12 competencies measured by the test instrument three correlations exhibited statistical significance: emotional self-awareness \((p < 0.001)\), emotional self-control \((p = 0.008)\), and inspirational leadership \((p = 0.027)\). While promising, the findings cannot be generalized to a larger population due to the extremely small convenience sample size and the single research site.

As these studies lacked rigor due to small sample sizes and research limited to single institutions, meta-analyses might offer additional insight into the effectiveness of EI educational interventions. Michelangelo (2015) and Hodzic et al. (2017) provided two such studies to review. In the first study, Michelangelo sought to determine whether data existed to justify the inclusion
of EI education into nursing curricula. The meta-analysis included sets of data from 395 separate EI studies yielding around 65,300 participants and included studies geared toward EI abilities that related to nursing. The results indicated a Pearson correlation of $r = 0.3022$, which emphasized the significance of EI competencies to nursing practice, especially when one considered the size of the sample in this analysis. This analysis’s strength lies in the scope of the data, despite the use of different EI constructs and the 25 different test instruments used (Michelangelo, 2015).

Hodzic et al. (2017) also conducted a meta-analysis of EI training, based upon 24 studies with 28 different samples for a total of $n = 1,986$ participants. Although smaller in scale than the meta-analysis offered by Michelangelo (2015), this study also discussed the variety of EI constructs and 18 instruments to measure EI. Findings revealed that training had a moderate effect on EI ($p < 0.001$), that education based upon ability models had a greater effect ($p = 0.017$), and that the length of the educational intervention impacted the size of the effect ($p = 0.006$). The results also indicated a possible publication bias, as the findings were not symmetric on a funnel plot, which diminished the overall effect of the educational interventions (Hodzic et al., 2017). Despite these limitations, however, both meta-analyses supported EI educational interventions’ effectiveness and advanced the dialogue regarding the integration of EI competencies in nursing curricula (Hodzic et al., 2017; Michelangelo, 2015).

There was still a lack of literature that addressed how nurse educators experienced this process. Judge et al. (2018) discussed a collaborative EI intervention between two schools of nursing. The single-day EI intervention offered students feedback surveys about their experiences during the program and were completed by the majority of the 200 student attendees ($n = 173$). While the mixed-methods design of the surveys offered empirical data, the surveys but
were not true scientific instruments and lacked pilot testing or statistical reliability or validity values. It was promising to see positive student feedback for such an intervention, yet the report offered little empirical value to the ongoing discussion of integrating EI competencies into nursing education (Judge et al., 2018).

This dissertation study evolved from the literature review on incivility and EI. While the evidence on these topics was remarkable, a gap in the literature remained on how nursing faculty integrated EI strategies into their nursing curricula and whether they influenced the academic climate. The literature was laden with evidence that stressed the importance of fostering civility in nursing academia, although very few nurse researchers connected EI attributes with fostering civility (McCloughen & Foster, 2018; Meires, 2018; Thompson & Miller, 2018). The literature was also insightful with discussions of including EI competencies within nursing education (Cheshire et al., 2015; Cleary et al., 2018; Fitzpatrick, 2016; Foster et al., 2015; Kaya et al., 2018; Parnell & St. Onge, 2015; Waite & McKinney, 2016). This dissertation research intended to fill a gap in the scholarly knowledge about how nursing faculty incorporated such essential EI strategies into their teaching and learning activities and whether these strategies fostered civility in the academic environment.

Summary

Chapter 2 began with a discussion of the methods used in preparing the literature review. The results of this review presented the topic of incivility in nursing education and the potential that EI education has for fostering civility in nursing education (Ashraf & Asif Khan, 2014; Casas et al., 2015; Itzkovich & Dolev, 2017; McCloughen & Foster, 2018; Meires, 2018; Minton & Birks, 2019; Thompson & Miller, 2018). In addition, the literature review revealed that despite the extensive body of knowledge on this topic, nursing education has not yet determined a
concrete solution to this pervasive issue (Judge et al., 2018; Palumbo, 2018; Rutherford et al., 2019).

The use of Bandura’s social cognitive theory (1999, 2006, 2018) as a theoretical framework for this study was consistent with recommendations in the literature for a systems approach to any efforts to combat incivility in nursing academia and practice (Crawford et al., 2019; DeMarco et al., 2018; Stalter et al., 2019). The integration of EI competencies within the nursing education curriculum may provide a systemic approach to the battle against incivility as EI abilities could potentially implement change at the personal, behavioral, and organizational levels (Foster et al., 2015; Waite & McKinney, 2016). Recommendations from the literature review repeatedly endorsed the inclusion of EI components (Cheshire et al., 2015; Cleary et al., 2018; Fitzpatrick, 2016; Kaya et al., 2018; Marvos & Hale, 2015; Michelangelo, 2015; Reemts, 2015; Waite & McKinney, 2016), yet evidence of these additions were not a prominent feature in nursing curricula (Foster et al., 2015; Michelangelo, 2015; Parnell & St. Onge, 2015).

The literature review encompassed various methodologies that addressed incivility and EI strategies. Researchers called for additional research to provide evidence-based strategies to promote civility in the academic environment (Aul, 2017; Casale, 2017; Eka & Chambers, 2019; Muliira et al., 2017; Rose et al., 2019; Rutherford et al., 2019). Other calls from the literature reiterated the realities of incivility within the profession and emphasized the need for further research focusing on how to integrate EI components into the nursing curriculum (Cheshire et al., 2015; Foster et al., 2015; Michelangelo, 2015; Waite & McKinney, 2016). The lack of qualitative research on faculty experiences integrating EI competencies into the nursing curriculum presented a gap in the knowledge and helped to direct the course of this dissertation research (Cleary et al., 2018; Kaya et al., 2018). Chapter 3 will provide a detailed account of the
study’s methodology, including the research design, the target population and sample, procedures followed, the researcher’s role, and ethical considerations.
CHAPTER 3. METHODOLOGY

This basic qualitative research study investigated nursing faculty’s experiences integrating EI components into the nursing curriculum and whether these educational components influenced behavior within the academic climate. Although several aspects of the research design were described in Chapter 1, this chapter will offer a discussion of greater depth regarding the purpose of the study, the research question, and the research design. In an effort of complete transparency, this chapter will introduce the target population, the selection process for participants, and the procedures used to conduct the study while also elaborating on the researcher’s role as the primary instrument and the ethical considerations. A summary will conclude the chapter.

Purpose of the Study

The purpose of this study was to explore nursing faculty experiences with integrating EI educational components into the nursing curriculum and investigate how these strategies influenced behaviors within the academic climate. Academic incivility deteriorates the academic environment (Aul, 2017) and contributes to an untenable environment for students and faculty alike (Casale, 2017; Green, 2018; Lewis et al., 2017; Sanner-Stiehr & Ward-Smith, 2017). Few interventions are currently offered for eliminating academic incivility (Palumbo, 2018; C. R. Smith et al., 2016). This lack of evidence-based interventions was undoubtedly due in part to the inherent complexity and multidimensional nature of academic incivility, which prompted Crawford et al. (2019) and DeMarco et al. (2018) to suggest that any future endeavors to tackle incivility within nursing education should require a systems approach. The integration of EI educational components in the nursing curriculum might prove a systems-oriented intervention to foster civility within nursing academia.
Bandura (2016) offered that people had the personal agency to determine their behavior yet underscored that an individual’s characteristics coalesced with the situational and behavioral influences of the environment. Attempts to bolster personal characteristics may thus reciprocate and influence the environment and the behavior of others. One potential strategy to improve individual, interpersonal skills was EI, an alternative form of intelligence that emphasized the attributes of self-awareness, self-regulation, and the recognition of emotions in others (Goleman, 1998). EI educational strategies and competencies have been recommended for inclusion in nursing curricula for a variety of interpersonal and professional benefits (Anderson, 2016; Kozlowski et al., 2017; Leonard, 2017; Lewis et al., 2017; Liebrecht & Montenery, 2016; Marvos & Hale, 2015; Parnell & St. Onge, 2015; Reemts, 2015; Younas & Maddigan, 2019). Despite these endorsements, however, there was a paucity of information in the literature about nursing faculty experiences with integrating such educational components, nor how these curricular changes impacted the academic climate.

The purpose of this research study was to supplement the existing body of knowledge in nursing education regarding EI teaching strategies that can foster civility in the teaching and learning environment. Despite the large body of knowledge concerning incivility and the benefits of EI competencies, there were distinct gaps in the knowledge. The literature denoted research addressing specific interventions that could result in positive changes to the academic climate (Aul, 2017; DeMarco et al., 2018; Muliira et al., 2017; Rose et al., 2019) or that emphasized the specific need to examine how nursing faculty developed, implemented, and evaluated EI within the curriculum (Cheshire et al., 2015; Fitzpatrick, 2016; Foster et al., 2015; Michelangelo, 2015; Waite & McKinney, 2016). Finally, the methodology for this study emerged directly from the literature, as Cleary et al. (2018) and Kaya et al. (2018) noted the need for qualitative inquiry.
regarding EI development and implementation in nursing education. This study and the research question evolved from the existing gaps in the literature and may prove useful not only to nurse educators but also to educators in secondary and higher education that are considering approaches to foster civility and enhance interpersonal skills among students and faculty (Itzkovich & Dolev, 2017).

**Research Question**

The primary research question was, How do nursing faculty in baccalaureate nursing programs use formal or informal emotional intelligence strategies to foster civility in nursing education? This study explored faculty members’ experiences with integrating EI strategies and determined whether these resulted from formal curricular changes within the learning institution or from informal adaptations to the curriculum on the part of the educator. In addition, the secondary component of the research question directed the inquiry into the academic climate and whether or not the faculty participants experienced any changes within the learning environment after incorporating the EI strategies.

**Research Design**

The research design for this dissertation research study was a basic qualitative design. Lincoln and Guba (1985) historically outlined the parameters of naturalistic inquiry and noted the divergence from the positivist principles of quantitative research designs. Qualitative research emphasized the existence of multiple realities framed by personal experiences and contexts and recognized the researcher and participant’s interaction as an instrumental part of the research process (Merriam & Tisdell, 2016; Yin, 2016). The selection of a basic qualitative design was an appropriate way to answer the research question for this study as this form of
qualitative design seeks to collect factual information from a representative sample about processes or personal experiences (Jiggins Colorafi & Evans, 2016; Percy et al., 2015). Consistent with the guidelines for naturalistic inquiry established by Lincoln and Guba (1985), the basic qualitative design in this study emphasized purposive sampling, an emergent research design, the researcher as an instrument, inductive data analysis, and negotiated outcomes with the research participants. The decision to include social cognitive theory (Bandura, 2016) as a theoretical perspective was consistent with the principles of qualitative inquiry as Lincoln and Guba (1985) historically noted the use of such a research perspective could serve as a lens for the study as long as this perspective did not impede the scope of the data analysis and interpretation.

The decision to use a basic qualitative design for this study evolved directly from the research question and the literature review. Jiggins Colorafi and Evans (2016) offered that basic qualitative designs allow participants to offer perspectives on their experiences and insights into factors that hinder or facilitate processes in question. Due to the paucity of research that addressed how nursing faculty incorporated EI strategies into their nursing curricula (Cheshire et al., 2015; Fitzpatrick, 2016; Foster et al., 2015; Michelangelo, 2015; Waite & McKinney, 2016), the use of a basic qualitative study in this dissertation study addressed a specific gap in the literature. Therefore, the basic qualitative design was the best means to elicit faculty perspectives and experiences integrating EI strategies into their teaching and how these curricular adaptations impacted the academic climate.

**Target Population and Sample**

This dissertation adhered to a basic qualitative design to gather nursing faculty experiences to integrate EI strategies within undergraduate nursing curricula and ascertain whether participants experienced resultant changes within the academic climate (Merriam &
Tisdell, 2016). This section will address the targeted population, the sampling frame, and the sample for this dissertation study. Finally, this section will conclude with a discussion of the inclusion and exclusion criteria.

**Population**

Trochim (2006) historically discussed the differences between the theoretical population, which for this study would be all didactic nursing faculty at baccalaureate nursing programs versus the accessible population, which would include the subset of nursing faculty within the specific geographic location that met the criteria for inclusion. The study population was further reduced with the use of a sampling frame, which helped identify and recruit the actual sample of the study. The population for this study was full-time, didactic nursing faculty at pre-licensure baccalaureate degree nursing programs in the United States with at least three years full-time didactic teaching experience. The parameters of the population were deliberately framed to exclude novice nursing faculty who were potentially less adept at integrating concepts within the existing nursing curriculum. It was theorized that more experienced nursing faculty members would have a greater level of comfort and familiarity with their curriculum and would be more likely to integrate additional relevant concepts with the required curricular components (Keating & DeBoor, 2018). The sampling frame further stipulated that faculty participants must be willing to engage in an online audio-recorded interview via Skype.

**Sample**

The sampling method for this study was purposive, using expert sampling methods and a convenience sample. Yin (2016) noted that this sampling method involved the researcher delineating the sample that would be most productive at answering the research question. Snowball sampling through social media was an additional sampling method, although Yin
(2016) cautioned researchers to incorporate purposive reasoning rather than convenience reasoning when using snowball sampling to ensure the sample was representative of the target population. Maximum variation sampling will introduce a wider variety among the participants and offer a broader range of faculty experiences and perspectives (Moser & Korstjens, 2018). This variation in sampling techniques may also increase the sampling pool and maximize the ability to reach data saturation (Palinkas et al., 2015).

The sample size for this dissertation study was purported to be 10 to 12 participants to reach data saturation. Due to the emergent nature of qualitative inquiry (Moser & Korstjens, 2018), it was impossible to estimate a precise sample size, but this range was consistent with scholarly recommendations for a basic qualitative research design (van Rijnsoever, 2017). Onwuegbuzie and Collins (2007) and Yin (2016) offered that as the intent of qualitative research was not to generalize to the larger population, any discussions about sample sizes were less pertinent than the quality of the data gathered and the ability of the researcher to understand the truths of each participant. The point of data saturation was equally contentious, as Fusch and Ness (2015) argued that there is no one-size-fits-all approach to determining when data saturation has been reached. For this dissertation study, the data were considered saturated when no new data emerged for two subsequent interviews, which occurred after eight interviews.

Finally, the sampling frame further delineated the sample through the inclusion and exclusion criteria. Inclusion criteria restricted potential participants to full-time pre-licensure baccalaureate nursing faculty in the United States who were didactic instructors with at least three years’ experience in their role. Faculty participants were also required to have personal experience integrating EI strategies into their curriculum or their teaching strategies and were willing to engage in an online audio-recorded interview via Skype. Faculty members who were
not currently teaching in a didactic role or who could not articulate EI strategies in their teaching were excluded from the study.

**Procedures**

The procedures section will provide a thorough description of all procedures used in this study. Lincoln and Guba (1985) historically noted the paradox of designing a qualitative study that was destined to change and evolve during the research process. Nevertheless, Levitt, Bamberg, Creswell, Frost, Josselson, and Suarez-Orozco (2018) stressed the importance of transparency in qualitative research through a step-by-step accounting of all research procedures. This section will provide comprehensive details of the procedures employed for participant selection, the participants’ protection, the expert review process, data collection and how the data were analyzed.

**Participant Selection**

Participant recruitment for this study was based on a combination of sampling strategies. A nonrandomized, purposive sampling strategy formed the foundation of the recruitment plan, with network sampling via two separate social media accounts. As the target sample consisted of full-time nursing faculty employed at pre-licensure baccalaureate nursing programs, direct recruitment was completed through publicly accessible faculty emails in public learning institutions throughout the Northeastern United States. A list of potential recruitment sites was offered to the Institutional Review Board (IRB), with the premise that direct faculty email recruitment would continue until data saturation was reached. A total of 60 recruitment sites were contacted via direct faculty emails from the online nursing faculty directories. Network sampling consisted of biweekly posts of the recruitment flyer from a personal Facebook and Twitter account. These posts were categorized as “public” and were thus able to be shared freely.
Potential participants were contacted by the online nursing faculty directory from each recruitment site. The IRB approved recruitment email template and recruitment flyer were emailed to each potential recruit, and these materials included a link to an online eligibility screening tool through SurveyMonkey. Two research sites required an additional level of review from their IRB or ethics committee before further recruitment was permitted. Interested faculty could complete the online survey and leave their contact information if they met all eligibility criteria or responded directly to the recruitment email. Once eligibility was confirmed, the IRB approved adult informed consent form was emailed to the potential participant with instructions regarding their options for completing the informed consent process.

After informed consent was verified and documented, a copy of the completed informed consent form was returned to the participant for their records, and an interview appointment was scheduled. Participant audio-recorded interviews occurred via Skype initially, and then the Zoom platform was added after an IRB approved modification of the original data collection plan. Participants acknowledged verbal consent for the use of a webcam during the interview, although only the audio was recorded and maintained for data collection purposes. Field notes were recorded during each appointment. Each interview was transcribed verbatim and coded until two subsequent interviews revealed no new codes, per the research plan (Fusch & Ness, 2015). Eight participant interviews were conducted before data saturation was confirmed.

**Protection of Participants**

Ethical concerns abound in the research design process, and this research design was no exception. The participants did not face a greater than minimal risk, as the population was not considered a vulnerable population or required additional protection (U.S. Department of Health and Human Services [USDHHS], 1979). Neither was there a greater than minimal risk associated
with the research topic. There were no personal, financial, or professional conflicts of interest identified. Consistent with university protocols, the study was reviewed and approved by the IRB. This approval included a review of all recruitment materials and procedures to ensure human subject participants’ protection for all phases of the research process. In addition, all participants were de-identified and assigned a participant number in the order of their interview, with an additional letter code denoting the state of their recruitment site.

Specific ethical concerns regarding the use of Voice-over-Internet-Protocol (VoIP) interviews must also be addressed, as there were unique differences associated with this form of a qualitative interview. Lo Iacono et al. (2016) noted that repeated emails prior to the interview offered participants the opportunity to review the informed consent materials while ensuring multiple opportunities to advise participants about recording the interview, the voluntariness of the interview, and the right to withdraw at any time. These essential factors were reviewed with each participant again at the beginning of each interview. Interviews were conducted through the online applications Skype and Zoom, both of which have 256-byte encryption and require personal accounts with a sign-in before they can enter the interview.

With participant permission, interview audio-recordings were stored on the secured Skype or Zoom platform until verbatim transcription was confirmed, then all data were deleted from the Skype or Zoom platforms (Lo Iacono et al., 2016). Digital copies of the audio-recordings were stored on a password protected laptop in a secure room and were uploaded to the password protected dissertation course room as part of the audit process. All recordings, transcripts, and coding documents were labeled by the assigned participant identifier only (Roth & von Unger, 2018). Participant files that recorded all recruitment process stages, informed
consent, data collection, and member-checking were maintained on a password protected laptop in a secure location.

**Expert Review**

The qualitative interview protocol was an essential part of the research design process. Creswell and Creswell (2018) noted that the interview protocol served as a guide for data collection during the interview and included introductory information, demographic questions, the main content questions, probes, and necessary information about closing the interview. An expert review of the guiding interview questions was done to remove poorly written or ambiguous questions and ensure the interviews would yield data that addressed the research question (Merriam & Tisdell, 2016). A total of five experts agreed to review the guiding interview questions for this study.

Two reviewers were contacted due to their expertise and publications on the subject of incivility in nursing. One of these reviewers had researched and published extensively on this topic, while the other had extensive research experience related to evidence-based practice on incivility in nursing and a variety of other topics. The other two reviewers were internationally recognized researchers and had authored multiple publications on the use of emotional intelligence in nursing programs. These expert reviewers offered an international perspective on this topic, as they were affiliated with learning institutions outside of the United States. The final expert reviewer was contacted for review due to publishing an account of personal experiences integrating emotional intelligence education within the nursing curriculum. Of the five expert reviewers, all but one offered specific, written feedback for improvement of the guiding interview questions. The feedback from all reviewers was consistent, with many comparable suggestions to increase the quality of the interview protocol, and all expert reviewers approved
the use of the interview protocol. All feedback was positively received and incorporated an additional modification of the guiding interview questions.

Data Collection

The data collection for this qualitative study took place via the online application Skype or Zoom due to geographic distances between the researcher and prospective participants. Audio-recordings allowed the capture of verbal communication and tone for verbatim transcription, while field notes during the interview provided documentation of facial expressions, body language of the head and upper torso, and posture, although lower body nonverbal communication was not viewable (Deakin & Wakefield, 2014; Lo Iacono et al., 2016). Although face-to-face interviews have long been considered the gold standard of qualitative interviews, there was significant emerging literature that supported the use of technology for qualitative research (Deakin & Wakefield, 2014; Hamilton, 2014; Lo Iacono et al., 2016; Moylan, Derr, & Lindhorst, 2015; Quartiroli, Knight, Etzel, & Monaghan, 2017). The data collection process began as soon as informed consent procedures were completed, and an appointment time was agreed upon by both the researcher and the participant.

Data collection comprised of a single Voice over Internet Protocol (VoIP) interview with each participant via Skype or Zoom. While the research plan had a provision for secondary interviews, if required, no secondary interviews were conducted. Lo Iacono et al. (2016) noted that the ease of access provided with VoIP interviews allowed for easy scheduling and rescheduling with participants, which may offer opportunities for increased interaction and richer data. Participants were required to have Skype or Zoom accounts to log in to the application and attend the interview, and this requirement was part of the informed consent process and eligibility screening tool. The Skype login process was another form of data security, as users
must login to the online application, which was protected by either a 1536 or 2048-bit Rivest-Shamir-Adleman (RSA) encryption certificate. Zoom users were further protected by globally distributed tier-1 colocation and commercial cloud data centers with SSAE 16 SCO 2 Type 2 certifications. All participants were advised that use of the webcam during the interview was required but that only an audio-recording would be maintained and stored as part of the data collection process.

To protect participant confidentiality, recordings of each interview were labeled according to the sequential interview number and predetermined codes designating the location of the nursing program. This enhanced participant confidentiality and privacy and facilitated the anonymization process (Roth & von Unger, 2018). Recordings were made within the 256-bit encrypted Skype or Zoom platform but were also downloaded onto the researcher’s password protected laptop and hard drive. Audio-recordings were also uploaded to the password protected dissertation course room for audit purposes.

All online recordings were removed from the online storage system to further promote participant security once verbatim transcription was confirmed (Lo Iacono et al., 2016). All materials related to participant data, interviews, data collection, and data analysis were maintained on a password protected computer and hard drive in a secure location. While there may always be concerns with licensing agreements and personal data management of internet companies, Lo Iacono et al. (2016) noted that these concerns should be included within the informed consent process, so potential participants are aware of the risks. These did not pose a higher than normal risk for participants compared to any other form of internet usage.
Data Analysis

The data analysis process for this study occurred simultaneously with the interviewing process and transcription, consistent with the traditions of qualitative research. As part of an emergent design, the data was analyzed with a thematic analysis with constant comparison (Percy et al., 2015) and informed subsequent interviews as part of the iterative research process (Moser & Korstjens, 2018). Glaser and Strauss (1967) historically discussed how the constant comparison of emerging data informed the following interviews, as the researcher proposed to confirm or refute the initial categories. Interviews took place via Skype or Zoom, and all interviews included audio-recordings used to confirm verbatim transcription.

The transcription process began immediately following each interview, and each interview was transcribed verbatim by the researcher into a Word document. The Zoom platform provided an automated audio transcript for the final two interviews, but these transcripts were not completely accurate and required considerable revision until a verbatim transcript was confirmed. This repetitive listening and reviewing process helped the researcher become familiar with the data and gain an initial impression of possible codes for further analysis (Yin, 2016). Following transcription, the researcher reviewed the transcript several times to identify general impressions for the member-checking process.

The next stage of data analysis included making judgments about the data and verifying these judgments with participants. Patton (2015) noted that while the researcher analyzed for convergence within each category, they were simultaneously judging each category for divergence and inspection of deviant cases that fail to meet the rules of the emerging patterns. Although not linear in nature, this stage of the data analysis process eventually included
synthesized member-checking with each participant to ensure accurate capture of the data and the meaning gathered from each participant’s experiences (Merriam & Tisdell, 2016).

Not only did this process increase the transparency and credibility of the qualitative research study, Daher et al. (2017) noted that member-checking ensured that the researcher has adequately captured the participant’s point of view, as opposed to merely gathering individual units of pertinent data. This process also helped curb the inherent bias of the researcher, offered protection against the researcher prospectively influencing the results, and contributed to the co-construction of knowledge (Daher et al., 2017). All eight participants consented to participate in member-checking to confirm the validity of the verbatim transcript and the initial impressions of the researcher (Birt, Scott, Cavers, Campbell, & Walter, 2016). Participant comments and interpretations regarding their interviews and the meaning they made of their experiences were included in the final analysis of the data.

After member-checking, the initial coding process began. This entailed reading the transcript repeatedly and locating initial codes within the data. Memos or notes were written in the margins of the transcript, using a tacit and scholarly understanding of the research concepts as a basis for the initial units of data. Initial codes from each transcription were recorded and stored in a Word document and uploaded to the dissertation course room for audit purposes. In addition to the reflective research journal, this reflective log of memos was crucial to the coding process (Ary, Jacobs, Sorensen, & Walker, 2014). Yin (2016) referred to this as the data disassembling phase of data analysis, and that it occurred simultaneously with other research processes throughout the length of the study. After each interview, the process of constant comparison began with the new codes compared to existing codes to determine congruency or overlap, and how the emergent data assimilated with previous data (Percy et al., 2015). Reading
and re-reading of the transcript ensured all units of data were recorded and that the researcher had a good sense of the whole set of data for each interview. Each interview was transcribed and coded before conducting the next interview.

The next step in the analysis process was axial or thematic coding. In this phase of data analysis, the researcher began to categorize the units of data into distinct themes or categories, each with separate properties (Moser & Korstjens, 2018). Lincoln and Guba (1985) historically offered a series of steps delineating this process, the basis of which was a constant comparison between each distinct unit of data and the overarching theme or category to ensure each piece of data represented the fit of the theme and any underlying rules that supported the bounds of the emergent category. This process was constructionist in nature, as the emerging themes directly resulted from the interaction between researcher and participant and the creativity and reflexivity of the researcher and the resulting interpretation of the data (Braun & Clarke, 2016). The use of a data display proved helpful in visualizing the relationships between emerging themes and establishing the rules that pertain to each category (Yin, 2016). Index cards were created for each open code, and the index cards were arranged into categories based upon the patterns induced within the dataset. The researcher used a visual display to enhance the process of determining relationships between categories.

Finally, any discussion of data analysis must include a conversation about when to conclude data collection and further analysis. Merriam and Tisdell (2016) offered that this point was referred to as data saturation and implied a situation in which interviews reveal no new data and data gleaned from transcriptions are redundant with data gathered earlier in the research process. This was not an easy decision point in any study, and Fusch and Ness (2015) reiterated the complexity of determining how to rigorously evaluate for data saturation, especially for
novice researchers. With the goal of qualitative research being thick, rich descriptive data, what was most essential was the quality of the data rather than the size of the sample (Fusch & Ness, 2015). Mason (2010) historically noted that qualitative dissertations in his study had overly large sample sizes and suggested that true data saturation was not the intended goal of these studies, but instead offered that many researchers have a quota in mind that can justify the end of data collection and analysis. Likewise, van Rijnsoever (2017) postulated that with purposeful sampling, qualitative researchers could reach data saturation with much smaller representative sample sizes. For the purposes of this study, data collection and analysis concluded only after the data were judged to be thick and rich in quality, and when redundancy has been reached for at least two consecutive interviews.

**Instruments**

The following section will detail the use of instruments in the study. Although the main instrument in qualitative inquiry is the researcher and the role of the researcher in data collection and analysis, this study also integrated technology in the VoIP interview protocol. This section will discuss the use of these technologies, the role of the researcher, the use of field notes, and will provide the guiding interview questions.

**Integration of Technology**

This study used several technological devices or applications during data collection and analysis. The interviews were all conducted using a VoIP with either Skype or Zoom internet applications. The research plan approved audio recordings only, which required an mp3 Skype Recorder application to supplement the Skype interviews. This enabled the researcher to obtain audio-only recordings, rather than the audio and video recordings through the normal Skype platform. The Zoom application had the option of downloading the audio-recording separately
from the video recording, so no additional applications were required with this platform. All back-up video and audio recordings were deleted from the online Skype and Zoom platforms as soon as the audio files were downloaded to the password-protected laptop, and verbatim transcription was confirmed.

In addition, the Zoom platform provided an initial audio transcript for the final two interviews, which necessitated considerable review to ensure a verbatim transcript. Several local and international field tests were conducted with both Skype and Zoom prior to starting participant interviews to ensure competency with both internet applications. The use of a password protected laptop, headset, Office Word, and a back-up hard drive were also essential in the data collection and analysis phase of this research.

**The Role of the Researcher**

In preparation for the dissertation study, the researcher completed doctoral coursework related to quantitative and qualitative research. During the qualitative coursework, the researcher conducted a mini-basic qualitative study with two participants, which allowed for an initial familiarization with online qualitative data collection and analysis processes. The researcher was competent with the use of technology for educational and professional purposes. Current and previous employment required a fluency with multiple online applications and fostering rapport within this environment. This study was the researcher’s first formal research study.

As the primary instrument within the qualitative research design, the qualitative researcher has a great impact not only on the study design but also on all subsequent study processes. As the interview was the main source of qualitative data, how the researcher approached the interview, structured the interview guide and questions, and framed the topic all contributed to the quality and form of the data gathered (Merriam & Tisdell, 2016). Daher et al.
(2017) cautioned that all qualitative inquiry included the researcher’s inherent biases and underscored the necessity of acknowledging these biases and the resulting impact on the data collection and analysis. Yin (2016) noted that how the researcher approaches the study was a design decision and warranted careful reflection about how the lens of the researcher impacted the research relationships between researchers and participants.

Reflection was a necessary component of this research process. Considering that qualitative data was co-constructed by the relationship between the researcher and the research participants (Roulston & Shelton, 2015), both researcher and participant’s core beliefs and attitudes were foundational to the data obtained, along with the interactions between the parties involved (Roth, 2018).

Part of the rationale for this study was the need to eradicate incivility and bullying within nursing academia, the impetus for which was based upon the researcher’s personal feelings and experiences. In addition, the need for self-awareness, self-efficacy, and a belief in a connection between emotions, environment, and personal behavior provides a theoretical foundation to the study (Bandura, 2016). Researcher acknowledgment of personal accountability, professionalism, and a drive to increase civility in nursing academia were necessary components of delineating the values that framed this study (Creswell & Creswell, 2018).

There are many potential obstacles to overcome when conducting qualitative research. Preeminent among these were the inherent assumptions and biases on the researcher’s part that inherently influenced the study. Raheim et al. (2016) noted that power and knowledge imbalances between researcher and participant greatly impacted the interview outcome, yet this was not necessarily a factor in this study. The researcher had no direct knowledge or experience with introducing EI strategies to combat incivility, and the use of Skype or Zoom interviews
helped to equalize the power and comfort imbalances often seen with face-to-face interviews (Deakin & Wakefield, 2014; Lo Iacono et al., 2016). Underlying beliefs that incivility can be prevented through increased awareness of personal emotions and others’ emotional states were bracketed during interviews, in what Patton (2015) termed as empathic neutrality. This allowed the researcher to fully engage with each participant and to understand and interpret the participant’s experiences while maintaining a neutral stance toward the topic under discussion.

The selection of a maximum variation sample of nursing faculty for these semi-structured interviews provided a wide range of views and experiences that could counter some interaction effects with the researcher (Roth, 2018). The researcher refrained from judgment and set personal beliefs aside to capture participant data, and this process was supported with the use of a reflective research journal, bracketing, prolonged engagement with the participants and subject matter, and member checks (Moorley & Cathala, 2019). Turner and Crane (2016) noted that many dissertation researchers were not prepared to perform qualitative research as they entered the dissertation phase, despite their extensive coursework and reading up to that point. The lack of research experience was a daunting one, so frequent referrals were made to the research mentor throughout the data collection and analysis process to confirm adherence to the approved research plan and reduce the potential impact of inherent researcher biases.

Guiding Interview Questions

The decision to use semi-structured interviews was strongly aligned with the expectations for rigorous qualitative research, as this method of data collection was well-established for producing thick, rich data sets for naturalistic inquiry (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). These researcher-designed guiding interview questions were reviewed by subject matter experts before the study began and were instrumental in ensuring high-quality data would
emerge from the study, although the questions evolved during the course of the study as data emerged and new avenues of inquiry were found. The guiding interview questions are listed below.

1. Tell me what the concept of emotional intelligence means to you.

2. How does your nursing program curriculum foster the development of emotional and interpersonal skills in their students? (Such as self-awareness, self-regulation, empathy, motivation, and/or social skills?)
   
   a. How are these included in the formal curriculum? Informal curriculum?

   b. How are these skills assessed or evaluated in your program?

3. Tell me about your experiences with emotional and interpersonal strategies and the development of professional nurses.

4. Describe the courses you teach and tell me about any specific emotional intelligence characteristics that you might try to target in your teaching. (i.e., self-awareness, self-regulation, motivation, empathy, social skills)

5. How would you characterize the role of soft skills in the creation of a civil work environment? (Such as self-awareness, self-regulation, empathy, motivation, and/or social skills)

6. How would you characterize your academic environment regarding levels of civility or incivility? Describe a recent experience.

7. Tell me about your experiences, if any, of changes within the academic climate after implementing emotional and interpersonal strategies within the curriculum. Describe an example of changes that you have seen.

84
8. If you could wave a magic wand and change your curriculum overnight to further integrate emotional intelligence strategies or to foster civility, what would you do?

**Ethical Considerations**

Qualitative research will always have considerable ethical concerns due to the researcher’s role as the instrument of data collection. Brinkmann and Kvale (2017) noted that the researcher was an influential instrument, potentially leading to bias, conflict of interest, or skewed interpretations throughout the study. For this study, there were specific concerns with the sampling plan and trying to conduct email recruitment opportunities without introducing some form of selection bias into the recruitment efforts that would impact data collection and analysis (Merriam & Tisdell, 2016). All efforts were made to remain objective and impartial, to recruit from a wide variety of learning institutions, to offer an overview of the research topic and design, and to clarify volunteer concerns in a manner so as not to overly influence potential participants (Resnik, 2015; Yin, 2016).

Another concern was the researcher’s lack of competence and the scant familiarity with established norms and guidelines for dissertation research. This was minimized by following all IRB guidance on research practices and incorporating reflection, bracketing, and a research journal throughout the research process (Merriam & Tisdell, 2016; Yin, 2016). In addition, the faculty mentor’s regular communication aided in the clarification of ambiguous or misunderstood information while also providing a resource for ethical situations during research.

Ethical situations may arise at any point during the research process, continually prompting the researcher to be aware of potential ethical sequelae. Resnik (2015) offered several strategies to deal with ethical dilemmas that occur, most notably the suggestion to stop, identify the problem, determine what information is relevant, consider the options, and refer to
established protocols, policies, or colleagues can aid in the decision-making process. This strategy for managing ethical situations was implemented during this study, and the extra consultations with the dissertation mentor when research decisions were required.

Oye, Sorensen, and Glasdam (2016) noted that qualitative research often involved evolving ethical situations and that ethical conflicts cannot be prepared beforehand. In this instance, the researcher must rely upon their knowledge of ethical research standards and a personal conviction of morality and integrity. The use of reflexivity, bracketing, and a research journal were employed during this study, all of which were useful in examining ethical situations, maintaining objectivity, and establishing an audit trail of how research decisions were made throughout the research process (Merriam & Tisdell, 2016). Any situation with a participant that arose during the study was construed as a potential ethical dilemma and was managed in the most moral sense possible, and complete transparency with the research mentor was maintained at all points in the research process.

Specific ethical concerns regarding the use of online interviews were also addressed, as there were unique differences associated with this form of a qualitative interview. Deakin and Wakefield (2014) noted that the informed consent process required considerable planning, as the potential participants must be made aware of the online forum for the interview and the need for basic technological competence and working audiovisual capabilities. Lo Iacono et al. (2016) noted that repeated emails prior to the interview offered participants the opportunity to review the informed consent materials while ensuring multiple opportunities to advise participants about necessitating either a Skype or Zoom account, recording the interview, the voluntariness of the interview, and the right to withdraw at any time. All participants completed the informed consent
process through either written or email consent, and records of this process were maintained for all participants. This study was approved and deemed exempt from requiring a full IRB review.

**Summary**

In summary, this chapter presented the methodology for this study and how the purpose of this study emerged from the literature review to fill a specific gap in scholarly knowledge. The research question and research design were reviewed to demonstrate congruence and suitability. Per academic expectations for transparency in research, a thorough discussion followed that illustrated the target population and sample of the study, and all research procedures utilized during the research process. This included procedures related to the selection of participants, the protection of participants, and the expert review of the guiding interview questions. Data collection and analysis procedures were also explained in detail and encompassed the researcher’s role and the use of instruments during this phase of the study. A final section of the chapter outlined the ethical considerations for this study and the specific strategies for managing ethical dilemmas while the research was underway. Chapter 4 will introduce the study and the researcher and offer greater detail on the sample, how the methodology applied to the data analysis, and the findings of the study.
CHAPTER 4. PRESENTATION OF THE DATA

The purpose of this basic qualitative study was to explore nursing faculty experiences with integrating EI strategies into pre-licensure baccalaureate nursing curricula and whether this had an effect on the academic climate. To date, there is little in the literature regarding nursing faculty experiences incorporating EI educational elements within nursing curricula or whether these strategies resulted in changes to the climate, so this study was conducted to address these specific gaps in the scholarly knowledge (Cleary et al., 2018; Fitzpatrick, 2016; Foster et al., 2015; Kaya et al., 2018; Michelangelo, 2015; Reemts, 2015; Waite & McKinney, 2016). This chapter will provide the researcher’s background, a description of the sample, how the research methodology applied to the data analysis, and finally, the presentation of the data and the results of the analysis.

Introduction: The Study and the Researcher

Nursing is a social profession that relies on effective interpersonal skills and communication strategies. With the prevalence of incivility within the healthcare arena and nursing education, it has become paramount that nursing faculty contemplate innovative curricular concepts to build and enhance interpersonal skills and afford students the requisite tools to enter the workforce (Aul, 2017; Muliira et al., 2017; Rose et al., 2019). EI was one such innovative concept and was prevalent in the literature as a much-needed component of pre-licensure nursing education (Bellack, 2018; Choi et al., 2015; Culha & Acaroglu, 2018; Judge et al., 2018; Ranjbar, 2015; Rode & Brown, 2019; Roso-Bas et al., 2016; Zhang et al., 2016; Zhu et al., 2016). As an essential component of interpersonal communication, developing EI was congruent with the concept of promoting civility in professional workplaces, yet it was unclear
how faculty were integrating such concepts within the nursing curricula. The intent of this dissertation study was to address this significant gap in the scholarly literature.

The program of study for a Doctor of Philosophy (PhD) in nursing education required rigorous coursework in quantitative and qualitative research methodologies, considerable practice with conducting literature reviews and analyzing information, and extensive writing at a scholarly level. In addition, intensive research seminars concentrated on developing a sound research plan that was congruent with the methodological expectations of the research design. The culmination of this coursework facilitated developing the necessary research, analysis, and writing skills to prepare the researcher for the dissertation research process. Personal experiences with incivility within the nursing profession made this an important area of study on the part of the researcher, but objectivity and neutrality were maintained during the research process to capture participant experiences. The researcher conducted all aspects of data collection and analysis while maintaining a research journal to create an audit of the research process and how decisions were made while the study was underway and bracket personal feelings and temper potential biases from influencing the study. A qualitative research design was selected for this study to gather nursing faculty experiences with integrating EI components into the nursing curriculum and see whether nursing faculty experienced changes to the academic climate after incorporating these strategies.

**Description of the Sample**

The sample size consisted of eight experienced pre-licensure baccalaureate nurse educators from across the United States. The researcher recruited the sample primarily from faculty directories listed on the institutional websites for public colleges and universities with baccalaureate pre-licensure nursing programs. A single participant was recruited through
network sampling via recruitment posts on Facebook and Twitter. Faculty participants were required to be full-time faculty members with a minimum of three years’ experience as a full-time nurse educator and who had a didactic role as part of their teaching responsibilities. This minimum was established to gain the experiences of more senior nursing faculty who were familiar with their curricula and who would have the flexibility and experience to integrate additional concepts within the existing curricular framework.

Table 1 presents the demographic data from the sample of participants. All eight participants were assigned a participant number and code related to the state where their learning institution was located. Two participants were currently enrolled in Doctor of Nursing Practice (DNP) coursework with anticipated graduation dates in 2021. Of the six participants with conferred doctorates, two had earned the degree of Doctor of Education (EdD), while the remaining four had completed PhD programs in nursing. The all-female sample classified their race or ethnicity as White (n = 6), Italian (n = 1), or Hispanic (n = 1). The number of years as a nursing faculty member ranged from three to 27 years, with the largest concentration residing within the Northeastern United States. Two additional participants were recruited an assigned participant codes but were excluded from the study when data saturation was reached.

Protections were put in place to safeguard the anonymity and privacy of the participants. Upon clarification that each participant met the inclusion criteria, the adult informed consent form was sent electronically to each participant with instructions on how to review the form and how to contact the researcher with any questions. Upon receipt of the returned informed consent forms, the researcher again offered to answer questions related to the study design or the informed consent form, and this was also offered again at the beginning of each participant
interview. Participants were de-identified and assigned a participant code, which was used on all research materials for the duration of the study.

Table 1

*Participant Demographic Data*

<table>
<thead>
<tr>
<th>Study sample (n = 8)</th>
<th># of participants</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>40-49</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>50-59</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>60 +</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>7</td>
<td>87.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral courses</td>
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</tr>
<tr>
<td>Doctorate</td>
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<td>75%</td>
</tr>
<tr>
<td>Years of teaching experience</td>
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<td></td>
</tr>
<tr>
<td>&lt; 5</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>5 - 10</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>11 - 20</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>20 +</td>
<td>3</td>
<td>37.5%</td>
</tr>
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<td>US geographic region</td>
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<td></td>
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<tr>
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<tr>
<td>Southeast</td>
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</tr>
<tr>
<td>Midwest</td>
<td>1</td>
<td>12.5%</td>
</tr>
<tr>
<td>West</td>
<td>1</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

*Research Methodology Applied to the Data Analysis*

This study utilized a basic qualitative design to explore nursing faculty experiences with integrating EI strategies into the nursing curriculum and how these concepts impacted the academic climate. Thematic analysis with constant comparison was selected as the process for data analysis, which Percy et al. (2015) established as an inductive method of analysis driven by the data gleaned and was not meant to align with any type of pre-existing schemes. Data
collection occurred during independent, semi-structured interviews via Skype or Zoom, and audio recordings allowed for repetition until verbatim transcripts were confirmed. Each participant agreed to participate in member-checking and confirmed the accuracy of the transcript and the validity of the initial impressions of each interview.

Once transcription was complete, the process of coding the data began. Initial coding involved repeatedly reading the transcript and underlining pertinent pieces of data. After reviewing the transcript several times, the data was compared to the research question to see if the data was congruent with the intent of the study. Individual pieces of data were then labeled with a description and clustered into similar groupings of data. Subsequent interviews added to this list of open codes, with constant comparisons between interviews to determine how the emergent codes overlapped or aligned with existing codes. Direct quotes were gleaned from the data to clarify and illustrate the emerging codes.

Axial coding began in earnest after the fourth interview, where all individual codes and clusters were compared, and themes in the data began to emerge. Percy et al. (2015) noted that data not related to the research question should be set aside and maintained separately for future study and that this should occur early in the analysis process, but there were a wide range of data initially maintained as being relevant to the research question that were later deemed too far outside the scope of this study. Each code was defined, and the researcher reviewed all units of data within each code to ensure uniformity and prevent “drift” between interviews. Axial coding and constant comparison (Percy et al., 2015) resulted in the development of patterns within the data, and the use of a visual display of the codes helped the research to obtain an overall perspective of the internal patterns within the data (Yin, 2016). A frequency table was used to categorize each theme and denoted when data saturation was reached.
Presentation of Data and Results of the Analysis

Eight participant interviews were conducted using a semi-structured interview protocol with seven guiding interview questions and two sub-questions. Each interview question was purposefully drafted to extract information that was relevant to the process of answering the research question: How do nursing faculty in baccalaureate nursing programs use formal or informal emotional intelligence strategies to foster civility in nursing education? At the conclusion of each interview a summary question was asked to gather any final thoughts or data that the participant thought relevant that was not touched on during the interview.

Initial coding of the eight interviews yielded 929 pieces of data and 40 codes that emerged from the data analysis process. Axial coding, constant comparison, and the use of a visual display helped identify emerging patterns within the data, with the findings revealing three overarching themes with eight sub-themes (Yin, 2016). A full list of codes, exemplars of each code, and the participants who contributed to each code will also be included (Appendix). Each theme will be presented separately, and discussion will include a table to display the associated sub-themes, the underlying codes, and the frequencies.

Formal Strategies

The first theme that emerged as the participants shared their experiences with EI strategies was the theme of formal strategies. This theme included 231 individual units of data and the breakdown of data within this theme is presented in Table 2. The theme was supported by three sub-themes of communication, professional formation, and empathy/caring, which were the main areas of the nursing curriculum where faculty participants had experienced the incorporation of EI strategies.
Participant P3 regarded EI educational components solely as a part of the informal curriculum in her program, but the rest of the participants maintained that EI strategies were a formal part of their nursing curriculum in some form or another. One participant explained:

I would say they cover part of it very specifically. I think, um, communication and, ah, interactions and realizing that, um, it’s important how you say things, and listening, to kind of, what was actually said, ah, some of that is very directly built in. (P2)

The inclusion of EI strategies varied greatly from participant to participant, with Participants P2, P4, P5, and P8 noting that there were definite elements of EI strategies within the formal curriculum but that they were unsure of how these were developed in every course within the program of study. For example, Participant P4 noted that, “I believe that it’s, it’s developed enough that I believe it’s part of the formal curriculum, but I would not attest that it’s in every course that we have. But that’s because I’m not exposed to every single course.” The inclusion of

Table 2

<table>
<thead>
<tr>
<th>Theme and Sub-themes</th>
<th>Codes</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Strategies</td>
<td>Formal Curriculum</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Formal Assessment</td>
<td>20</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Nonverbal Communication</td>
<td>10</td>
</tr>
<tr>
<td>Professional Formation</td>
<td>Professional Formation</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Self-Awareness</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Comportment</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Authenticity</td>
<td>6</td>
</tr>
<tr>
<td>Empathy/Caring</td>
<td>Empathy/Caring</td>
<td>41</td>
</tr>
</tbody>
</table>
EI strategies within the formal curriculum must be followed with a discussion of how faculty participants assessed these skills.

Nursing faculty participants overwhelmingly felt that the assessment of EI strategies occurred within the formal nursing curriculum, with Participants P3, P4, P5, P6, P7, and P8 noting formal assessment in some form or another. Another area of consensus was that the best areas for assessing these skills were within the simulation or clinical settings. There was further agreement among participants that communication skills and social skills were usually elements of clinical evaluation tools or similar assessment tools used within the simulation setting. One participant noted that, “They’re like evaluations. It's like, you know, introduce yourself to your patient is like one of the things” (P7). Another participant noted the inclusion of the concept of comportment in their clinical evaluations, and offered that, “one of the things that we’ve recognized is a big, um, issue for our clinical faculty is evaluating students not just on their clinical skills but on their professional comportment” (P6). Not all participants felt that efforts at assessment were specifically targeted at EI skills; however, as this quote demonstrated:

You know that's, that's a really good question. I think we do a poor job at assessment, I think, um, I shouldn't say poor job. It's written in our clinical evaluation, you know, whether they are, we have objective criteria and the objective criteria, doesn't necessarily speak to emotional intelligence, but it, it speaks to professional role. (P8)

Following the questioning about the formal curriculum, it was important to identify curricular areas where faculty participants could integrate EI strategies.

**Communication.** The sub-theme of communication included the two codes of communication and nonverbal communication and was one of the three main content areas where faculty participants integrated EI strategies into the nursing curriculum. Participants P1, P2, P3, P4, P6, P7, and P8 included communication in their conversations regarding EI skills.
One participant noted the congruence between EI and communication by commenting, “Emotional intelligence, conceptually, is an ability to communicate empathy, communicate in a way that encourages communication and encourages trust” (P8). Another participant reiterated the importance of interpersonal communication among those within the academic or work environment:

I think communication, I’ve always thought that communication is the, is the key to everything. Um, you, and, if I can’t talk to you about it right now, then I’ll talk to you about it later, we, we, we need to talk about it, ‘cause we can’t move forward if we still have that. (P1)

Within the topic of communication, however, Participants P1, P6, P7, and P8 emphasized the importance of educating nursing students about the nonverbal components of communication and raising awareness of how this form of communication influenced their messaging. One participant reiterated this with the following quote, “and my thought is, I want my students to recognize that what they bring, facial expression, their, their ability to, um, lean in, you know, to, to conversation” (P8). This was echoed by another participant:

um, and how I can bring that into the classroom is essentially when I, talking about these kinds of scenarios and times where non-verbals are going to be important, um, to be aware of. Not exactly tell them exactly what's going on. But saying, you know, I understand where you might not realize what your non-verbals are saying, but we have to be very cognizant all of that. (P7)

In addition to a curricular emphasis on communication, faculty participants were also focused on developing the professional nursing identity.

Professional formation. All eight participants emphasized the critical nature of developing professional identity among their students and noted the prominence placed on this development within their curriculum. This sub-theme included the code for professional formation and the codes of self-awareness, comportment, and authenticity. Each of the
participants reiterated the use of EI strategies within this sphere of the formal curriculum. When asked about personal teaching strategies and incorporating EI strategies, one participant noted:

"I think, um, one of the things that I try to do is I try, um, to recognize the development of, um, you, you know, we talk about formation in nursing, and, you know, we talk about knowledge, skills, and formation, in terms of, you know, um, the, the Carnegie Foundation educating nursing, um, study. Um, and I think I, I highlight for them what the formation is, um, specifically in every thing, in every unit that we do. (P3)"

The importance of EI competencies within the area of professional development was also stressed by Participant P4, who discussed the need for EI when interacting with others:

"although we might trigger that we want to make a judgment call, we have to step back and remember what our role is and say, it’s very hard to divide yourself as a person, but, if you can think about why we’re here and what that role is, think of yourself, what would the nurse do? I’m the nurse now, what is it that I can do in order to facilitate this?"

Within the curricular concept of professional identity formation; however, the data revealed additional facets for faculty to consider that were also relevant topics for integrating EI strategies.

The discussion related to self-awareness was prominent for all but one participant. Participants P2, P3, P4, P5, P6, P7, and P8 alluded to self-awareness as a critical concept for student nurse development. This required an awareness of self and how this perspective of themselves coalesced with others when interacting in the teaching and learning environment. This was illustrated by this quote:

"So, I think a lot of, um, ah, the work that I do in the classroom in, with small groups, is, um, very much about social skills and, um, self-awareness because they have to, they have to come to the group prepared. Um, they have to engage in hard, you know, material and discussions around content, but in the process of doing that I think they learn a great deal about what it is to work with someone else and maybe with someone else who doesn’t have the same background or doesn’t share the same understanding of something, so a lot of this I think I work on in small group work. (P3)"
This constituted a precursor to the development of self-awareness necessary for interaction with patients as a nursing professional, because as another participant commented, “we can't have effective and, um, good relationships, if we're not self-aware, you know, or empathetic or have a good social skills like we just, it doesn't, it doesn't go well” (P7). In addition to self-awareness, the concept of comportment was another integral area for inclusion of EI strategies.

Participants P1, P3, P4, P5, P6, P7, and P8 underscored the integral role that comportment has on professional identity formation, noting that expectations for professional nursing behavior were not merely an expectation within the healthcare environment. Participant P1 noted that self-awareness and comportment were symbiotic characteristics of professional nursing:

that they are aware of who they are and, and, um, they, when they leave work, they are still a nurse, when you go to Walmart you are still a nurse. And to be self-aware, that that is who you are, along with being a mother and a wife, and a friend, you, this is another piece of that self-awareness, of being a nurse.

This was further emphasized by Participant P3, who offered that comportment was a primary point of emphasis in the cultivation of professional nurses in this quote regarding members of the community:

They don’t see you as nursing students, they see you as nurse, so, you know, you, you’re almost putting a, you know, we, we talk about that, that, putting on the, uh, the mantle of, of being in that role and you really, you have to speak like you’re a nurse, you have to engage like you’re nurse, you have to, in order to, you know, in order to become a nurse you have to, to practice those things.

Expectations for professional comportment included the suggestion of developing an authentic presence within interpersonal interactions.

This led to the final factor related to professional formation, which was the code for authenticity. Participants P2, P7, and P8 deemed this topic relevant to the discussion of EI
strategies and professional formation in their students. This code was strongly aligned with the concepts of self-awareness and comportment, as this quote noted:

You know, you can turn a patient off very quickly, to, by a, a look a, you know, some, something that you could, that comes out of your mouth sounding biased, a disinterested, um, comment or just or just not asking the follow up question. (P8)

In an interesting note, authenticity was also reiterated as an important characteristic for faculty to display within the teaching and learning environment. Participant P2 offered that, “it probably doesn’t matter how much then you talk about empathy, or, um, communication. Because then if people don’t think you’re approachable as a faculty member they don’t learn that skill.” This data underscored the complexity of fostering a professional nursing identity in nursing students, and that EI teaching strategies targeted at students’ self-awareness, comportment, and authenticity may advance the development of professional formation.

Empathy/caring. The nursing profession has long been known as the caring profession, and all eight of the participants discussed their experiences with integrating EI strategies in conjunction with curricular conversations regarding empathy or caring. One participant offered her perspective for how she framed patient care situations:

So, my framework for med-surg was collaborative care, interprofessional, etc., but then how is this a caring encounter? When we see a patient with this process, how do we foster understanding of what they’re going through, the treatments, the impact of the treatments, the choices they may have to make. (P2)

The same participant later underscored the intermeshing between communication skills, empathy, and the ability to plan personalized care for patients, “Yeah, I think that there’s elements of communication, of, um, really kind of individual-based care, which I think is built a bit into that empathy, understanding where your patients are coming from, understanding obstacles they face” (P2). Participants P2, P3, P4, P7, and P8 commented on strategies that
directed student attention on the humanity of their patients, rather than focusing on disease processes and treatments. This was demonstrated by this quote:

Um, you know, what, what kinds of questions do you have to be asking yourself as you’re, as you’re working with someone around judgment, around, um, ah, like you said, motivation, and, and supporting people, and, um, and empathy. So, I, I, I put that into questions, and, and, and I highlight it. (P3)

The data revealed that curricular concepts regarding communication, professional formation, and empathy/caring were specific areas of the formal curriculum that faculty had integrated EI strategies. In addition to these topics within the formal curriculum, however, the data revealed several spheres within the informal curriculum where faculty experienced the integration of EI strategies.

**Informal Strategies**

The theme for informal strategies emerged from 442 individual units of data. This theme was supported by three sub-themes, which were the targeted areas that faculty participants had experienced integrating EI strategies into their teaching. Table 3 illustrates the structure of this theme, with sub-themes, codes, and frequencies. The codes of informal curriculum, informal assessment, and faculty driven were consistent throughout the whole theme but will be presented here as a foundation to the remainder of the data in this theme.

Despite the assurances from faculty participants that EI strategies were included in some way or another within the formal curriculum, Participants P1, P2, P3, P4, P5, P7, and P8 agreed that much of the curricular emphasis on EI skills were addressed informally by their nursing programs. Regarding the specific EI competencies outlined by Goleman (1998), P1Q noted that, “but I, I don’t think there’s anything really written about social skills, or motivation, you know, um, other than, that’s, as an educator, that’s what we are supposed to do.” In recounting an
example of her personal experiences with trying to add the concept of comportment to her teaching, another participant offered that:

I thought that that concept was so important, and then I started looking at different syllabi and I realized that we don’t address comportment or, uh, or, um, incivility or emotional intelligence, um, formally. At that point we had not, in any of our courses, although again I think it, it’s discussed quite often. (P5)

Following the inquiry regarding formal or informal strategies for incorporating EI skills, it was necessary to inquire about how these skills were assessed within the curriculum.

Table 3

**Theme 2: Informal Strategies**

<table>
<thead>
<tr>
<th>Theme and Sub-Themes</th>
<th>Codes</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Informal Strategies</td>
<td>Informal Curriculum</td>
<td>42</td>
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<tr>
<td></td>
<td>Informal Assessment</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Faculty Driven</td>
<td>29</td>
</tr>
<tr>
<td>Interpersonal Development</td>
<td>Building Relationships</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Egocentricity/Lens</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Judgment</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Meet Them Where They Are</td>
<td>34</td>
</tr>
<tr>
<td>Practice What You Preach</td>
<td>Role Modeling</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Inclusivity/Approachability</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Positivity</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Team Building</td>
<td>22</td>
</tr>
<tr>
<td>Teaching Strategies</td>
<td>Setting the Stage</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Small Groups</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Discussion/Civil Discourse</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Experiential Learning</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Reflective Practice</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Reframing</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Growth vs. Fixed Mindset</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Feedback</td>
<td>37</td>
</tr>
</tbody>
</table>
Informal assessment strategies were quite prevalent across participant experiences, with Participants P1, P3, P4, P5, P7, and P8 commenting on assessments for EI skills being absent entirely from current assessment tools or being under the umbrella of professional development or professional practice in the clinical or simulation environment. This quote is an example, “We have objective criteria and the objective criteria, doesn't necessarily speak to emotional intelligence, but it, it speaks to professional role” (P8). This approach of using informal assessment techniques in the classroom was repeated in this comment by another participant:

I’m going to say that they are assessed in ways that are informal. Like, coming to class, um, being respectful in the classroom, coming to the clinical area, um, being a, uh, being able to, um, collaborate and, and work with your student peers, okay, um, so I think that there’s a lot of, um, behavioral observation from faculty. (P5)

The variety and variability of such informal assessment techniques led directly to the assertion that much of the time faculty determined how much emphasis was placed on topics within the curriculum.

The final code for discussion in this section is the code faculty driven, which emerged from the participant’s experiences with the amount of direction individual faculty members had to steer the curriculum. Participants P2, P4, P5, P6, P7, and P8 commented on this phenomenon within their personal experiences with integrating EI strategies into their curricula. Participant P2 noted that, “it’s really been instructor driven. If there’s an instructor who’s interested in, kind of, teaching that or stressing that, um, then it came through.” Even with formal curricular concepts built into the course, the amount of faculty emphasis on EI skills may vary heavily from one class to another, according to another comment by participant P2: “I think a lot of nursing text has a bit of, ah, emotional intelligence built into it, so depending on how much the faculty
member chooses to, um, highlight those pieces of it, and to carry it through.” This sentiment was supported by another participant.

So, that, those concepts come up, is that written on my class schedule, that today we’re going to talk about the emotional intelligence of being a labor and delivery nurse, no. But because of who I am that kind of stuff comes out. (P5)

The data supported that a reliance on individual faculty members to address essential, yet informal, topics may be a mistake, as this quote demonstrated: “Yes, the only problem with that is it’s so hit or miss. You know, if you don’t get the instructor that you need, that, you know, then what happens to you” (P6). This underscored the need for faculty awareness of the vagaries of the informal curriculum. The data supported three types of informal strategies that faculty participants noted as they integrated EI skills into the curriculum, which were the sub-themes of interpersonal development, practice what you preach, and teaching strategies.

**Interpersonal development.** The sub-theme of interpersonal development centered on cultivating good interpersonal skills among nursing students during didactic, simulation, and clinical experiences. This portion of the informal curriculum was found to be an area not easily quantified by faculty participants, although most agreed that faculty do observe and monitor students’ interactions and interpersonal behaviors quite regularly. This sub-theme comprised the codes for building relationships, egocentricity/lens, judgment, and meet them where they are.

**Building relationships.** The code for building relationships emerged from the data collection and analysis process early in the study, and all eight of the faculty participants related that they integrated EI strategies in the teaching environment when discussing the nurse-patient relationship, but also to develop collegial, caring relationships with students. Participant P6 discussed the need for student to understand that the nurse-patient relationship was “about making, you know, these interpersonal connections with the patients.” Within the teaching and
learning environment, these EI strategies were also important in the cultivation of a collegial, caring relationship between faculty and student, as Participant P3 commented, “but I think it’s the building of relationships through, um, through the classroom and the clinical, and, um, you know, ah, through advising, and really getting to know the, the, the students one on one.” An essential component to the building of relationships led to a pertinent parallel concept, which was the ability to recognize alternative perspectives.

**Egocentricity/lens.** The code for egocentricity/lens emerged from the data as faculty participants remarked repeatedly on the ability for nurses and nursing students to recognize their own unique perspectives while allowing for patients and coworkers to hold alternative views. This was deemed an important concept in the professional development of nursing students, and each of the eight faculty participants emphasized the use of EI strategies to foster the development of this awareness among their students. Participant P2 noted, “I think kind of understanding…where you’re coming from and how you react…to different stimuli or situations, um, and being aware that other people may react in different ways, to the same stimulus or situation.” Another participant quote offered,

> and recognizing that other people may, um, may not see, um, don’t see the world the same way you do…and, um, recognizing that they probably are coming from their own, um, you know, sometimes, um, not complete trust in their own self…and their, so that empathy, um, meeting people and seeing where they’re at, and, you know, not, not presuming that they’re, *(laughs)* at the same place you are or even thinking the things the same way. I think, I think teaching that helps you be that way. *(P3)*

This was reiterated by Participant P8, who noted the attributes of a diverse group of people with a range of perspectives in the academic or work environment.

> that they could self-reflect and that they could recognize that one size does not fit all. And it's okay, right, it's okay to have round people and, and square people, and triangles, and different colors, and the more, the diff-, the more, differences that you have, the stronger you unit or your function.
Hand in hand with understanding the value of alternative perspectives was the awareness of how judgment plays a role in interpersonal relationships.

**Judgment.** The code for judgment referred to making judgments about people without an appreciation for their alternative perspectives. This emerged as a valued concept by the faculty participants, with Participants P1, P2, P3, P4, P5, and P7 relating the use of EI strategies to help students understand how to build effective professional relationships. One participant noted that, “it’s very easy, uh, no matter what your age and what your experience, to make judgment calls on other folks” (P4), later followed by,

> although we might trigger that we want to make a judgment call we have to step back and remember what our role is and say, it’s very hard to divide yourself as a person, but, if you can think about why we’re here and what that role is, think of yourself, what would the nurse do? I’m the nurse now, what is it that I can do in order to facilitate this? (P4)

Another participant underscored the need for reserving judgment within professional interpersonal relationships with the following quote.

> So where, you know, people might say, oh, this person's non-compliant, um, if we dig a little deeper, we might find out that they might not have enough money to cover their medications, or they have to choose between food and medication, or taking care of family, so empathizing with, there's more to the story than just “they’re non-compliant.” (P7)

The nursing faculty participants emphasized the use of EI strategies such as empathy, self-awareness, and self-regulation within the teaching and learning environment to raise students’ awareness of how judgment influences the interpersonal relationship. This coalesced with the ideal of recognizing alternative perspectives and meeting people where they are within their understanding of their personal reality.

**Meet them where they are.** The final code for the sub-theme of interpersonal development was the code meet them where they are. This code emerged early in the data
collection and analysis process, and Participants P2, P3, P4, P5, P6, P7, and P8 remarked on the significance of nurses being able to recognize not only alternative perspectives, but also being able to meet people wherever they are within their own paradigm or worldview. This constituted the foundation of developing a professional interpersonal relationship between nurse and patient, according to Participant P2.

But trying to focus not so much on how would you be, because we all have different coping and backgrounds, and, and that’s where I try to get them. Yes, you may do what you were told to do because the doctor said so, but this person may not. That may not be how they were, um, kind of, transitioned through life, they may not understand it, they may not have the ability to do it, they may just not want to. So, meet them where they are.

This concept was further explained by Participant P8, who commented that, “you know, you just don't know where people sit at the moment in time that you're interacting with them.” In summary, Participant P2 offered the perspective that this was an essential component of nursing practice, “really kind of individual-based care, which I think is built a bit into that empathy, understanding where your patients are coming from, understanding obstacles they face.” Nursing faculty participants reiterated their experiences using a variety of EI strategies to foster an understanding and appreciation of alternative worldviews when developing interpersonal skills in their students. These strategies were used in conjunction with personal strategies and characteristics within the academic environment.

**Practice what you preach.** The second sub-theme within the theme of informal strategies was titled practice what you preach as this set of data pertained to personal characteristics of the nursing faculty participants. These data were revealed through an interview question about the personal teaching strategies that the participants used to develop professional nurses. These qualities served as informal exemplars of professional nursing for the students.
within the teaching and learning environment. The codes within this sub-theme are role modeling, inclusivity/approachability, positivity, and team building. Each code emerged from the data and will be presented individually.

**Role modeling.** The faculty presence within the academic environment served as an important exemplar for professional behavior, with Participants P1, P2, P3, P4, P5, P7, and P8 noting this informal strategy as a way of cultivating professionalism and civility. The opportunity for faculty to present a strong role model was illustrated in this quote by participant P5.

> I think it comes from, um, I think it starts with the professors, I’m, I’m pretty, um, adamant about role modeling civility and, you know, and, and civility, civility and emotional intelligence, it, being an emotional, emotionally intelligent person in all aspects of your life doesn’t mean that you’re weak. And I think that there’s a group of people that think, uh, and I’m, I’m gonna minimize it to kindness equals, you know, weakness in a sense. Um, so I, I think there’s a real opportunity there to, to be kind, but, um, but strong. And, and that’s a wonderful model for students.

This distinction was an important element of the conversations with participants, not only was it essential to discuss professional expectations for interpersonal interactions in the nursing profession, but also to serve as living examples of this within the academic setting. Participant P2 noted this in the following quote, “So I think, kind of showing example of empathy, communication, and caring, kind of the “practice what you preach.” In addition to the awareness of role modeling, participants revealed the value of maintaining an open and approachable demeanor with all students.

**Inclusivity/approachability.** The code of inclusivity/approachability derived from the interview question regarding personal strategies used within the academic setting to develop professional nurses. This concept was of value to Participants P1, P2, P3, P4, and P5, both within the classroom and within entire nursing program. One participant commented on faculty disparities with approachability and offered that, “It’s one thing to be tough, I mean people
describe me as tough and disciplined but approachable. But this person was not approachable” (P4). The same participant continued this thread and noted how this resulted in avoidance behaviors of students in the clinical setting.

And so that, how does that help the students, you know, if they’re, they, I don’t think they, they weren’t ducking this person because they didn’t have the knowledge, they were ducking this person because of the way the person approached them. (P4)

Inclusivity was another discussion point for fostering civility and EI competencies, as Participant P5 noted, “And…and, and, and, being open to the world in all ways, and all people in a civil, respectful way.” This was also deemed an essential characteristic for program leadership, as Participant P1 remarked in the following quote, “and so you have the dean, and the associate dean and they’re doing Zooms, and they’re actually making themselves more accessible, which I think has been a big help.” In addition to the need for inclusivity and an approachable manner, positivity was another important attribute in the classroom.

**Positivity.** The need for positivity within the academic setting was stressed by Participants P1, P2, P7, and P8. This data emerged as another personal characteristic of the faculty participants within their teaching and learning environment that fostered the development of professional nurses. Participant P8 offered that positivity should be established as an essential attitude for professional nurses. This was illustrated in a conversation regarding negativity within the clinical setting, where the participant offered the use of reframing and noted, “I pull it back to how it's gonna affect them in a positive way. So, I'm trying to get them at the same, um, end, end goal, which is positive communication” (P8). The same participant also added that positive feedback goes a long way with fostering professionalism and remarked, “so I know from my personal aspect that I have been more positive on the giving positive feedback” (P8). Another participant noted the critical nature of bring positivity to academic nursing.
One of the things when I kind of interviewed was, I said I, um, I like to bring the joy of nursing when I teach, um, and so they, they were all very positive to that, they said, that’s what we want, we want, students always say how hard it is but we want them to feel that, kind of, more joyous presence. (P2)

The strategy of valuing and modeling a positive attitude was a crucial component to the informal techniques of these participants, and a critical part to developing a team.

**Team building.** The code of team building derived from Participants P1, P2, P3, P4, P5, and P8 revealing some form of fostering a team attitude with students within the academic setting. Several participants focused this team building on interactions between students, such as within the simulation environment.

When they’re in the simulation, most of the time they’re not alone, they have another student with them and, they work as a team, so they can, uh, feed off of each other’s strengths and help support each other in the, the, weaker areas. (P1)

Participant P3 related this team building in class small group work to a nurse working a shift on a clinical unit.

I describe it as this is the experience of going in and working on a shift, you’re going to have six people that you’re working with, and you are going to have to quickly develop relationships, and know who you can trust and know who can help you, and know who you might have to help, um, and, and, and so, um, you’re always going to have to have a different group but you’re going to have the same group for the three hours that we’re together and you’re going to grapple through whatever the cases are today with that group.

This team approach was not restricted solely to student interactions, though, as Participant P4 offered, “And I want to be their faculty and not their parent. So, you know, in, in four years they’re going to be a colleague, so, you know, anyway, so that’s an extra thought.” This mindset of fostering a team approach was a unique informal strategy for the participants and one that was applicable within the didactic and clinical setting. Of note was the emphasis on building professional working relationships among the student cohort as well as with the students.
themselves. The sub-theme of practice what you preach involved personal characteristics and approaches within the academic setting, which were pertinent additions to the specific teaching strategies used by the participants to develop EI skills and foster civility.

**Teaching strategies.** The sub-theme of teaching strategies emerged from several of the guiding interview questions. One of the interview questions asked participants about informal personal strategies they used to develop professional nurses, while another solicited a description of their specific courses and how they targeted EI characteristics in their teaching. What evolved from these questions were a series of teaching strategies used by faculty participants that fostered the development of EI competencies in their students as well as a civil academic environment. This sub-theme consisted of the following codes, each of which will be discussed separately: setting the stage, small groups, discussion/civil discourse, experiential learning, reflective practice, reframing, growth versus fixed mindset, and feedback.

**Setting the stage.** This code derived from Participants P1, P3, P4, P5, and P8 and involved practices related to establishing an environment conducive to learning. This included not only the physical surroundings but essential elements such as psychological safety. Participant P3 remarked,

> personally, I develop a contract with the students on the first day. Um, where we do this exercise where everyone, um, writes down, you know, three things that really support them...um, in, in being a learner, and three things that really, um, hamper their learning. Um, from the teacher, from their peers, from the environment, we really, you know, look at what are all the things that, that can support them in their learning. So, and then I create a contract where all of their voices are, are, um, contained in it and I post it and I ask people to read it and, um, and, you know, come back and discuss, if, if there’s things missing, um, or, we use it as kind of our class contract for how we’ll be together.

Another participant offered the following quote regarding safety within the simulation environment.
In our simulation program, every simulation has a prebrief and a debrief, and in the debriefing, we allow students to share their feelings that they experience during the simulation, and we, we really have a, um, no, this, the whole simulation center is a no-judgement area, so that students can feel safe to share not only those “ah-ha” moments.

(P1)

The same participant later offered that, “and that they have, um, that their prebrief and the debrief allows for the students to be psychologically and physically safe” (P1). A final element to this code was how faculty set the course and program expectations for professional behavior. The code of setting the stage revealed how faculty participants cultivated an environment of safety to enhance student learning and professional development. This interface with students included laying the ground for different learning styles or preferences, establishing lines of communication between faculty and students, and setting expectations for interpersonal behavior.

Small groups. Several faculty participants shared their teaching experiences focusing on small groups of students, with Participants P1, P3, and P4 using this strategy in their teaching. There were a variety of benefits associated with small groups, which Participant P3 noted in this quote.

So, I think a lot of, um, ah, the work that I do in the classroom in, with small groups, is, um, very much about social skills and, um, self-awareness because they have to, they have to come to the group prepared. Um, they have to engage in hard, you know, material and discussions around content, but in the process of doing that I think they learn a great deal about what it is to work with someone else and maybe with someone else who doesn’t have the same background or doesn’t share the same understanding of something, so a lot of this I think I work on in small group work.

Even with larger class sizes, Participant P3 noted that faculty have the opportunity to break classes into small groups and then revisit important discussion points with the larger group, “So I do that, I do that by participating in their groups and then debriefing with the whole group.” This ability to revisit crucial conversations with larger groups also emerged within the clinical setting,
as another participant offered, “and I try to grab moments, and then not only discuss with that
student, but I say, now that we’ve talked about it, I’d like that, uh, discussed in the peer group”
(P4). An additional rationale for using small groups centered around difficult topics where larger
groups may restrict students from engaging in frank discussions or sharing with peers. The data
determined that faculty participants used a variety of personal strategies to encourage
professional development of their students. While Participant P4 declared the clinical setting to
be the best opportunity for development of emotional and interpersonal skills, Participant P3
noted that small group work in the didactic setting was effective as well. What was evident in
both settings was the need for discussion and civil discourse, regardless of the size of the group
in question.

*Discussion/civil discourse.* Another way that faculty participants experienced the use of
emotional and interpersonal strategies to cultivate professional development in their students was
through discussion and civil discourse. This code emerged from the interview question soliciting
information about how faculty targeted specific EI characteristics in their teaching, with
Participants P3, P4, and P6 stressing the importance of collegial discussion. Participant P4 noted
the use of discussion during simulation debriefing.

And then we have discussions afterward about what went well, what didn’t go well, in
that situation. Um, a lot of it is just bring it, bringing it forward to the student within the
curriculum, that this is part of what we do.

Within the didactic setting, Participant P3 also elaborated on the value of discussion and
commented on the deliberate integration of learning activities that involve peer collaboration and
discussion.

So we do a lot of, um, reading and talking, and, uh, student-led seminars on things like
motivation, and, um, on things like, um, you know, doing a self-survey on, you know, of
your biases, or, or where you’re coming from, or, you know, of recognizing our own
culture, um *(clears throat)* and we do a lot of, um, reading and discussion and it’s usually student-led, it’s very, but they’re required to do some, an interactive piece in that.

In addition to incorporating discussion into course learning activities, faculty participants also noted how crucial it was for faculty and program leadership to role model what civil discourse looks like to students. This exemplar might constitute another teaching strategy, although Participant P6 noted that this might still be a point of contention within the faculty, as the following quote demonstrated.

Um, we also had a tough time because of the role of the college and faculty. Obviously, the, uh, role of a college is supposed to be a place where you can discuss anything and go as far as you need to.

The data determined that the use of civil discourse and discussion in the academic environment may serve as a specific teaching strategy within the academic setting. In addition, participant experiences revealed that faculty members can use civil discourse as an exemplar of professional behavior for their students.

**Experiential learning.** The code for experiential learning emerged from several of the interview questions, with Participants P1, P2, P3, P4, P6, and P8 recommending some form of experiential learning to develop EI characteristics with their students. The use of experiential learning also required elements of intentional reflection so that students could consider their experiences and how their perspectives had evolved. Participant P8 illustrated an example of one approach with her students.

So I try to give them concrete examples and even, concrete examples of how their emotional responses when they go to a grocery store and they are checking out and the checkout person looks at them in the eye and smiles and say, “How's your day,” you know, as she or he is checking out and I said, and how does that make you feel? Okay, how about the checkout person that just running it through the line, no eye contact, no, no interest in you. How does that make you feel, right? So, you know what, what is, what are those type of very subtle experiences that you've experienced in life that have made you want to say, you know, run out of that store.
This point of emphasis was reiterated by another participant, who noted that senior nursing students took a capstone course that required them to reflect on their experiences while in school and how they had changed as a result.

So, what was something that I had a stance on, that I believed that, either something that happened at clinical or something I learned in class, changed my perspective on, whatever it was. So, trying to, we tried very specifically to build that into that final course of “How have you grown,” “What have you learned,” “What do you still need to keep learning?” (P2)

While the participants supported the use of experiential learning as a teaching strategy to develop EI skills, the data also revealed that experiential learning required the use of reflective practice to aid students in recognizing the significance of their experiences.

**Reflective practice.** Reflective practice was not a new concept to the nursing faculty participants, and Participants P1, P2, P3, P4, P5, P6, and P8 had integrated reflective practice in their teaching to develop EI characteristics and professional development in their students.

Participant P2 noted,

I think building a lot more of a reflective practice will help with that, um, emotional intelligence piece of it. Um, both in self-awareness, obviously with reflection, but also really figuring out why things are not happening in the way they expected them to.

The need for a reflective practice was considered beneficial by the faculty participants not only for the development of EI characteristics, but also for students to see themselves developing in the role of a professional nurse. Participant P3 offered the following quote,

I give them all a journal at the beginning of, of the, um, partnership that they take notes in, and prepare for, for, um, you know, some of the things that they are doing, and, um, they share it back and forth with me, but at the end of every clinical day I have them sit and write, um, you know, three good things that they did that day. In terms of, ah, connecting with someone else. And so that, that, that three good things winds up being a, a really rich way for them to start to see themselves as nurses and see themselves in that, in that relational role with somebody else.
The data supported the use of teaching strategies that prompted reflection to aid in the development of EI competence among nursing students. All but one of the eight participants valued the use of teaching strategies that promoted a reflective practice and that required students to contemplate the significance of their learning experiences.

**Reframing.** Reframing emerged from the data as a teaching strategy used by Participants P2, P3, P4, P6, P7, and P8. This cognitive strategy involved faculty members offering alternative perspectives for students to consider as a means of cultivating EI competence, professional identity formation, or interpersonal skills, among myriad other topics. Many of the participants revealed the use of reframing techniques to draw attention to the emotional or interpersonal component of the patient care situation, as this quote illustrated.

I believe that that is probably one of the most important things that I am teaching students, because while they might love, “How do I use my stethoscope?” “What is that skill?” “Oh, yay, I can hang an IV piggyback,” I always direct my questions to the student on how did the patient respond, how did you respond to other staff members even, because that’s another big factor for the students, they don’t, they may not initially recognize the work environment and how there has to be emotional intelligence developed in order to deal with others. (P4)

Another participant also offered the following quote about reframing.

So that they, they get to feel as they’re going through and learning what they think is the major curricular issues that constantly those are being inter, interjected with, the, um, you know, the social and the emotional and the, um, you know, the, the relational portion of what it is that they’re doing. So that they’re not just seeing it as managing a bunch of conditions. (P3)

The use of reframing as a teaching strategy emerged from the participant interviews as a useful cognitive tool to guide the development of EI characteristics and professional identity formation in nursing students.

**Growth versus fixed mindset.** This code emerged from the data collection and analysis phase in response to interview questions regarding participant’s experiences with emotional and
interpersonal strategies as well as the level of civility within the academic climate. Participants P1, P2, P3, P4, P5, P7, and P8 contributed data to this code, with participants commenting on the importance of promoting a growth mindset among both student and faculty populations in order to develop EI competence and foster civility. One example of this need for a growth mindset among the faculty came from the following quote.

I think, um, there was, one of the things that I think struck me that was hard was people always talked about the students. And “oh they’re expecting this and they do this” and I think generationally they just didn’t, weren’t understanding the difference in some of the younger students. (P2)

Regarding the need for an open, growth mindset Participant P8 commented,

the emotionally intelligent person can recognize, hey, I'm up against a wall here, I'm going to have to modify how my approach is or I'm going to have to change my expectation of what it is. So, I think the critical key with this is flexibility.

This code qualified the types of mindsets that faculty participants had encountered in their academic setting among students and colleagues. In addition, participants related their experiences with interpersonal relationships with students and peers with these opposing mindsets and how this affected their ability to incorporate EI strategies and foster civility.

Feedback. This code focused on the use of faculty feedback to support student learning and growth and was supported with data from all eight of the nursing faculty participants. This data emerged in response to questions focusing on personal teaching strategies used to develop emotional and interpersonal skills. All eight faculty participants stressed the importance of regular, focused feedback to guide students in their development, such as this example from Participant P3.

I put that into questions, and, and, and I highlight it. The other thing I do is I recognize it in them and I, I, I, I frequently write them a synopsis of where I, could, sort of where I saw great work.
The use of feedback was not only important when remarking on student success, but also an essential tool in the growth and development of the student. This was evidenced by this comment from another participant, who noted that, “I love debriefing, for simulations, because the sim, I tell the students simulation is not what it is about. We see what you did and then we talk about how you can improve” (P4). This reiterated the necessity of encouraging a growth mindset and reinforcing that feedback was part of the growth process. This was not always an easy strategy for faculty participants, though, as the following quote from Participant P6 noted, “So, I mean, we really do need that feedback, but, um, delivering it in a way that people can hear it is a real art.” The need for feedback within the academic setting was stressed as an imperative teaching strategy, especially when integrating EI strategies and fostering civility. The ability to cultivate a healthy academic environment required additional measures outside the jurisdiction of individual faculty members, though, which resulted in the suggestion of using a systems view.

**Need for a Systems Approach**

The third theme within the data constituted 256 units of data. This theme emerged from the interview questions focusing on the academic climate and the use of EI competencies in relation to cultivating a healthy work environment. The theme has two sub-themes, systemic factors and systemic breakdown, both of which will be presented and discussed separately.

During the interviews, faculty participants unanimously agreed that the integration of EI strategies was a necessity for pre-licensure baccalaureate nursing curricula, but the evidence portrayed that while faculty could incorporate EI competencies within their own courses, much of the support required for large-scale curricular changes was outside the parameters for individual faculty members and required a systemic approach. In conjunction, faculty participants related experiences with breakdowns within the normal organizational protocols or
hierarchy, which prompted the need for a systemic framework not only to support the integration of EI competencies throughout the nursing curriculum, but also to address moments of organizational breakdown. The theme need for a systemic approach with sub-themes and codes is presented in Table 4.

Table 4

*Theme 3: Need for a Systems Approach*

<table>
<thead>
<tr>
<th>Theme and Sub-Themes</th>
<th>Codes</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Need for a Systems Approach</td>
<td>Essential Skills</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Incomplete EI</td>
<td>5</td>
</tr>
<tr>
<td>Systemic Factors</td>
<td>Systemic Framework</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Healthy Work Environment/Culture</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Carried Through Program</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Faculty Community/Collegiality</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Leadership</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Intentionality</td>
<td>43</td>
</tr>
<tr>
<td>Systemic Breakdown</td>
<td>Systemic Breakdown</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Faculty Silos</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Handful of Folks</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Ripple Effect</td>
<td>17</td>
</tr>
</tbody>
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As noted previously, the code for essential skills emerged from all eight of the faculty participants during data collection and analysis. Each participant reiterated the importance of integrating EI strategies into the baccalaureate nursing curriculum. One example was the following quote from Participant P6.
Life challenges you with emotions and I, and I was realizing too, that, um, you know obviously it’s very appropriate for nursing because we’re human beings and we have emotions too, so (laughs) you know, so, um, and, and dealing with our patients as well. This was also supported with the following piece of evidence from another participant, who commented that, “so, teaching this emotionally, emotional intelligence, the, the concept formally, oh my, I, I, I’m going to say I think it’s essential” (P5). Several participants quantified their impressions of the importance of this topic in nursing education by offering that, “my, um, how would I characterize them. I think in a weighted aspect, I think that it's like a 10 out of 10” (P8). The data presented illustrates the participants’ understanding of how relevant EI competencies were to the social nature of the nursing profession, which underscored their relevancy to the baccalaureate nursing curriculum. It was paramount to next determine how completely these EI skills were integrated into each participant’s nursing curriculum.

Faculty participants revealed that EI competencies were incompletely integrated within their respective curricula, which resulted in the code Incomplete EI. Participants P2, P3, P5, and P6 reiterated that while they did incorporate EI skills within their course or program curriculum, not all of Goleman’s (1998) five personal and interpersonal EI competencies were addressed. When asked this question directly, one participant noted, “um, it’s not” (P2). Of the five competencies, all eight of the faculty participants were certain that self-awareness, self-regulation, empathy, and social skills were addressed in their programs in either a formal or informal capacity. Motivation was only addressed by the nursing programs of Participants P1, P4, P7, and P8. This was illustrated by the following quote, which was given in response to an interview question about including all five competencies.

Um, I don’t think we address motivation. Again, I address that a lot with the students in the senior level, on the same, you know, I have a clinical group, but, um, nope, I, don’t, I don’t think, um, you look at the comportment, we do, we talk about compassion, we talk
about, credibility, who you are and how you present yourself to the world, um, uh, collaboration, respectful civil collaboration. So, I would say incompletely. (P5)

The lack of clarity regarding formal versus informal curricular components in participant’s nursing programs underscored the need for a systematic approach to curricular integration of necessary concepts. This approach is discussed in the first of two sub-themes, systemic factors.

**Systemic factors.** The sub-theme systemic factors included participant data that emerged from interview questions centering on the integration of EI strategies into the nursing curriculum and the academic climate. This sub-theme incorporated the following six codes: systemic framework, healthy work environment/culture, carried through the program, faculty community/collegiality, leadership, and intentionality. Each of these codes and their supporting data will be presented separately in the rest of this section.

**Systemic framework.** The code for systemic framework evolved directly from Participants P2, P4, P5, P6, P7, and P8 noting the significance of a program-wide framework that fostered civility and set expectations for professional behavior. This code emphasized the commitment to creating a culture of civility and respect, as the following quote demonstrated.

I just thought, I just couldn’t believe that people were so kind and respectful to each other. And, so, the answer to that is, is, it’s top-down, it’s, it’s a, it’s a, a commitment to being respectful and, uh, aware of the individual needs of students within the context of, they need to do their work and, and, um but there is an overall feeling of, uh, civility and respect. (P5)

Another participant noted that creating a culture of civility required an academic framework and set parameters for students within the academic environment.

So, um, so my dean, gee, a few years ago already, what’s probably around 2016, maybe, um, she really saw a need for civility, uh, some kind of a policy statement on that and so we have, we actually have two pieces of paper. One is called Essential Professional Behaviors, and that’s based on, uh, the, ANA Statement for Professional Behaviors, and then the American Student Nurses Association. But we also have a separate one called
the Civility Statement, and it just addresses in a general way, how, what our expectations are for treating people with respect. (P6)

The same participant later stressed the need to revisit this framework regularly and highlight the importance of professional attitudes and behaviors.

But at the beginning of every semester, we have the students review these two statements, uh, talk about them in class a little bit and have them sign them. And we just hold onto them rarely do I need to address an issue, but if I do, it’s in writing that they have actually understood these expectations. (P6)

Not only did this routine remind student nurses of the expectations for professional behavior, but the practice of faculty also discussing these standards with regularity underscored the prominent place that these standards held within the program. The data revealed that participant experiences supported a clear systemic framework in nursing programs to delineate the expectations of civility and professional behaviors within the academic environment, and that this framework contributed to creating culture that supported a healthy work environment.

Healthy work environment/culture. The code for a healthy work environment/culture emerged from the data following an interview question regarding the academic climate of each participant’s learning institution. Participants P1, P2, P3, P4, P5, P6, and P7 related experiences with a positive culture that aligned with a healthy academic climate. Participant P3 offered the following description of her academic environment, “you want there to be an equal feeling of shared responsibility, and shared work, and shared, ah, participation in whatever’s is, is happening, um, and, uh, and that creates a really healthy place to work.” This comment about collegiality was echoed by another participant as well, who commented on her academic climate, “I just thought, I just couldn’t believe that people were so kind and respectful to each other. And, so, the answer to that is, is, it’s top-down, it’s, it’s a, it’s a, a commitment to being respectful” (P5). This dedication to respect within the workplace was repeated by Participant P4 as well,
with the following quote, “So, um, I believe I work in a good environment and people are respectful to one another.” The creation of a positive culture and a healthy work environment was one of the myriad systemic factors necessary to integrate EI skills into the nursing curriculum and promote civility in nursing education, and the data suggested that this required a shared commitment founded upon respect among the faculty and staff.

**Carried through the program.** This code derived from the interview questions relating to the integration of EI strategies, personal teaching strategies, as well as a final question asking participants what they would do to change their curriculum overnight. The concept of carrying EI competencies through the entire nursing curriculum was expressed by Participants P2, P4, P5, P6, P7, and P8 as a recommendation for future curriculum revisions. Participant P8 noted that curricular mapping ensured that this content was distributed in every course.

Yes, it's threaded through a content curriculum mapping. So, we map the, the key concepts, um, through QSEN and, um, all of the, you know, the Baccalaureate Essentials and the Master’s Essentials so we take each of the, uh, bodies of, um, you know, that address professionalism than what, what is quote the best practice and we have, we make sure that we introduce it in Fundamentals and then it's threaded throughout the curriculum.

This suggestion of deliberately threading EI competencies into the program of study was reiterated by several participants, as this quote illustrated, “so, it'd be nice to know where it’s woven in and whether or not, if, um, you know because it’s not its own course, it needs to be dispersed throughout” (P4). The suggestion to carry EI strategies through the entire program of study emerged from the participant interviews, along with a need for a sense of collegiality within the faculty community so that such curricular decisions can be made and implemented.

**Faculty community/collegiality.** The code for faculty community and collegiality emerged directly from data related to participant experiences in their academic workplaces. This
data related to interview questions regarding the participant’s academic climates and experiences with EI skills and fostering a healthy workplace. Participants P2, P3, P4, P5, P6, P7, and P8 contributed to data in this code, which underscored the critical nature of faculty having a sense of community and collegiality with their peers and within their program. As Participant P2 noted,

everyone seems to work well together. I mean, I haven’t, obviously no one’s been meeting in person (laughs), but the emails and really the way that people communicate, and setting up meetings, and “Hey everyone, let’s meet, let’s get on the same page,” you know, “Who has questions, what do you need from me before we get started,” “I’ve got you on BlackBoard, what can I do to help you, you know, get through the course?”

The idea of faculty members receiving support from coworkers was repeated by another participant, who commented on her academic environment, “um, there is a huge support, there's structure. There's guidance. There's checking in. Um, there is the freedom to, um, kind of use your own judgments and your academic freedom as a professor” (P7). One of the elements that emerged as an essential component of faculty community was the sharing of ideas and best practices, as illustrated by this quote.

Um, I would say just many discussions in a lot of our retreats about how to do things and we try to share best practices amongst one another, um, and make it known, um, so if we have an idea that works, I believe that we have the opportunity to share it as a group. (P4)

The concept of faculty community and collegiality emerged as a necessary aspect of integrating EI strategies into the nursing curriculum. The need for faculty buy-in and support of the program leadership was other crucial factors that underscored the need for a systematic approach.

Leadership. The systemic factor of leadership evolved from the participant’s experiences with effective and ineffective leadership within the academic environment. The data for this code emerged from interview questions related to the academic climate of each participant, as well as their experiences with how EI skills related to a civil work environment. Participants P1, P2, P4, P5, P6, P7, and P8 suggested that nursing leadership was relevant to any discussion of
integrating EI competencies into the nursing curriculum and was a crucial factor in creating a healthy work environment. The need for direction and support from program leadership was reiterated repeatedly in participant interviews, as demonstrated by this quote from Participant P4, who noted leadership support for faculty curricular initiatives, “I would say faculty driven, um, it’s not necessarily top-down, as far as the ideas, but I do believe that the leadership says, “oh, that’s good,” and supportive of it.” Leadership perspectives on establishing a climate of respect and civility was also essential, as Participant P6 remarked,

You know, um, we only actually had one dean that comes on the top of my head that was willing to fight the bullies, if you will You know? You’re certainly, in the, I can say in the faculty, you know, I, no matter where people are there will be instances of incivility and bullying.

Creating a positive culture for faculty required program leaders who cultivated such a climate, which could also have detrimental consequences when the leadership changes, as Participant P2 noted, “I think we came in showing respect off the bat, and it, there was a very distinct change that we could see throughout that first year. Um, and then when the director stepped down, everything just fell apart.” As an essential part of the nursing program, the leadership team played a crucial role in establishing a climate of respect and civility, while supporting faculty members and reinforcing policies and procedures. These were all deemed pertinent to any attempts to integrate EI strategies in the nursing curriculum, along with the need for leadership and faculty to act with deliberation.

**Intentionality.** The code for intentionality emerged from the data as participants related their experiences with integrating EI strategies into their curricula and their teaching. This data resulted from interview questions that addressed formal and informal curricula as well as specific personal teaching strategies of each participant. All eight of the participants noted the need for
deliberation when integrating the EI competencies into the pre-licensure curriculum, and that this required a multilayered approach across the program of study. Even within the informal curriculum, faculty sharing best practices for fostering EI skills was an intentional act, as illustrated by the following quote, “I know this because we have conversations about how they try to, um, have those students learn, um, those skills” (P4).

Building the curriculum to include EI strategies required even more deliberation among the faculty, as evidenced by this quote from Participant P6.

So, um, you know, so in the curriculum, um, we’ve actually built in this course, and, um, you know I’ve also, we, we do some, uh, workshops and things like that, especially around, you know, finals week with, um, with those types of things.

The code for intentionality included faculty who intentionally integrated EI strategies within their individual courses and teaching strategies, while also encompassing faculty and programs who had integrated EI strategies into the formal curriculum. The data suggested that faculty awareness of the need to incorporate EI strategies as an essential topic for baccalaureate nursing education must be followed with intentional steps to introduce these components into their teaching. A systemic approach may yield the best strategy for fostering civility and integrating EI strategies in nursing education, but systems do not always operate successfully. Therefore, the next section will address disruptions or breakdowns within the nursing academic environment.

**Systemic breakdown.** The sub-theme of systemic breakdown evolved from the participant interviews when participants related their experiences in disruptive or broken academic environments. This sub-theme included four distinct codes: systemic breakdown, faculty silos, handful of folks, and ripple effect, and Participants P1, P2, P4, P5, P6, P7, and P8 contributed to the data that support one or more of these codes. While the majority of faculty participants related experiences with positive faculty cultures and healthy academic
environments, Participants P1, P2, and P7 related experiences at previous nursing programs where the academic climate had disintegrated. Relating an experience in a previous nursing program, Participant P2 commented, “um, it was in meltdown.” Participant P7 shared a similar experience as a previous learning institution and offered that, “really, it just makes for an uncomfortable toxic environment for everyone, where everyone is uncomfortable. No one wants to be at work. Um, and it’s not, it’s not good.” The elements that contributed to a breakdown of systems within a nursing program were varied, but one factor discussed by Participant P1 was a reluctance to follow normal organizational protocols or chain of command, as illustrated by the following comment, “that has put a lot of pressure on faculty, ‘cause if you bypass the faculty and you go right up, the, to the dean, we don’t get a chance to change anything, or to learn anything.” This data reiterated that the academic nursing environment is a system comprised of students, faculty and staff, leadership, and organizational policies and processes, all of which contribute to the success of the program. The data revealed that disruptions or breakdowns in these systems ultimately affect those within the program and their ability to successfully meet programmatic goals. The supporting codes within this sub-theme will be discussed individually in the rest of this section.

**Faculty silos.** The code for faculty silos emerged directly from participant data relating the disconnected nature of nursing faculty in some nursing programs. These data resulted from interview questions addressing the academic climate at each participant’s learning institution and Participants P2, P4, P5, and P6 related experiences with faculty being “siloed” or disconnected. This was supported by this quote from Participant P2.

I think so, the, least the biggest one, I think, um, I think places I’ve been have still been very siloed where peds doesn’t talk to med-surg, ‘cause, and then, community is
community. which doesn’t make any sense to me because what we consider med-surg skills happen out in the community with home health (*laughs*) and clinics.

Another area of disconnect within the faculty concerned full-time faculty and the lack of cohesion with part-time adjuncts, as noted by this quote from Participant P4.

> I think we would like to believe that they come in with that knowledge that, oh, this is really something I need to focus on the students, but I don’t know if they weave it into part of how they discuss with the students, you know, like post-clinical conference. I have some specific things that I want to cover, but I don’t know if, but that’s because I’ve repeated it, too. But I don’t know if somebody that comes in for one semester may feel that that’s the topic that they want to talk about, or their focus. (P4)

The presence of a disconnected faculty or faculty being “siloed” represented the opposite of the concept of a sense of faculty community and collegiality. Previous data from faculty participants suggested that collegiality between faculty members and a shared sense of purpose contributed to a healthy academic work environment and supported a systems approach to integrating EI strategies within the nursing curriculum.

**Handful of folks.** The data that supported the code for handful of folks emerged from interview questions that targeted faculty perceptions and experiences within their academic environments. Participants P1, P4, P5, P7, and P8 related that only small numbers of students or peers were uncivil, but that these small numbers of individuals could have a great impact on the academic setting. Participant P8 commented on this phenomenon at her learning institution, “um, right now it seems to be civil, um, I think people are, um, I think there are pockets of incivility.” Another participant suggested that staff with poor interpersonal skills also caused disruptions within the academic setting, as Participant P4 commented, “well, you know, I would say that I could put my finger on the couple of people that are, are not necessarily smooth in their conversation or their interactions, but I believe it’s rare.” Another source of potential systemic breakdown were the handful of faculty peers with negative mindsets regarding students within
the nursing program. Participant P5 raised this issue as a negative influence within the academic climate, and commented that, “you know there’s this group of faculty just think that students are the enemy, they’re out to cheat, they’re out to be lazy, but that’s a very small group at our school.” These units of data illustrated the detrimental effects of negativity and incivility within the academic setting, even when restricted to a handful of people. The data supported that a systems approach to creating a healthy work environment must include the means to address these small pockets of incivility before they spread throughout the program.

**Ripple effect.** This code emerged from the data during participant interviews as participants related how there was almost a cause and effect relationship within academic settings due to the interpersonal dynamic between students, faculty, and leadership. This effect was similar to the effect seen when a drop of water lands on a puddle, with ripples spreading outward and having unpredictable consequences. In a similar manner, then, interpersonal interactions may have unintended consequences within the academic or clinical setting, and these may cause disruptions or breakdowns in the normal processes of the nursing program. Participants P1, P2, P4, P7, and P8 described their experiences with interpersonal situations in their nursing programs and how these situations had influenced others within the environment. One example was offered by Participant P4.

> I work with somebody that I have to report to that is just a poor communicator, and so that changes the environment, but I don’t believe that the person is uncivil. I just believe that this person is not organized. And with the workload can’t get things out, and unfortunately, it’s a domino effect, so it, it makes us grumble. (P4)

Another participant offered the notion of how negativity can influence others in the work environment.
It comes down to being flexible and to say, you know what, you might get floated, if you're the one that's grumbly, grumbly about being floated, you're going to bring that whole level of, um, you know, it's like one grumbly person affects everybody. (P7)

Perhaps the perfect exemplar of this code was in this quote from the same participant, who stated, “it's true, it's, we do have this ability to affect others just by our own, um, our own, you know, uh, what we exude” (P7). The data within this code supported the idea that nursing faculty and students operate within a closed system, and that interpersonal interactions, by their very nature, affect those within the system. The participant data reiterated the need for nursing faculty to reinforce the importance of interpersonal skills within the baccalaureate curriculum while setting high standards for professionalism and civility within nursing academia.

Summary

Chapter 4 provided an overview of purpose of the dissertation study and how this topic emerged from the literature. The introduction also included the background and experience of the researcher prior to conducting this basic qualitative study. A description of the eight participants was presented along with how the interview data was collected and analyzed. Data collection involved semi-structured interviews using open-ended questions and analysis of the data included an inductive thematic analysis with constant comparison.

The research question for this study inquired how baccalaureate nursing faculty used formal and informal EI strategies to foster civility in nursing education. The data analysis revealed patterns within the data that ultimately resulted in three themes and their associated sub-themes. Deep and rich descriptions were provided from the interview transcripts to support the emergent themes, which revealed formal EI strategies, informal EI strategies, and the need for a systems approach to integrate EI skills and cultivate a civil academic environment. Chapter 5
will introduce a summary and discussion of these findings, limitations and implications of the study, and recommendations for future research.
CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

The purpose of Chapter 5 is to present a discussion of the findings of this basic qualitative study and to determine how these conclusions add to the body of knowledge on using EI strategies to foster civility in nursing education. This chapter will begin with a brief summary and discussion of the findings, and then the research conclusions will be compared with existing research on EI and civility in nursing education. Chapter 5 will conclude with an analysis of the interpretation of the results, along with the limitations of the study, implications for nursing practice, and recommendations for further research.

Summary of the Results

The intent of this basic qualitative study was to explore how baccalaureate nursing faculty use formal and informal EI strategies to foster civility in nursing education. The nursing profession reiterated that incivility was unacceptable within the academic and practice environments, yet there were few interventions available that specified how to successfully eradicate incivility from nursing education (Palumbo, 2018; C. R. Smith et al., 2016) and that additional research was required (Muliira et al., 2017). EI has been identified as having myriad of benefits for nurses, with an emphasis on the improvement of interpersonal skills (Farshi et al., 2015; Foster et al., 2018). This research was necessary in order to better understand the experiences of nursing faculty members as they integrated much-needed EI strategies into the nursing curriculum (Celik, 2017; Cheshire et al., 2015; Farshi et al., 2015; Lewis et al., 2017; McCloughen & Foster, 2018; Sharon & Grinberg, 2018). A secondary purpose was to investigate
if participants experienced any shifts in the climate of the academic setting after implementation of these formal and informal methods.

The use of a basic qualitative design was appropriate for a study of this nature as it intended to understand the meaning that nursing faculty participants attached to their experiences (Merriam & Tisdell, 2016). The matter of using EI strategies to foster a civil work environment had the potential to interest not only nurse educators, but any workplace threatened with the existence of incivility. The literature review revealed that toxic work environments were not restricted to the healthcare setting, as suggested by the profusion of literature from the disciplines of business (Francioli et al., 2018; Samnani & Singh, 2016) and higher education (Alt & Itzkovich, 2016; Spadafora et al., 2018). Therefore, the findings from this study may prove to be pertinent to a multitude of fields outside nursing and nursing education.

The guiding interview questions solicited information from participants regarding their experiences with formal and informal strategies for integrating EI components into the curriculum. The data were analyzed using an inductive thematic analysis approach with constant comparison, and 40 codes were revealed from the eight participant interviews before data saturation was reached. The patterns within the data coalesced into three themes and eight sub-themes and will be presented thematically below.

**Formal Strategies**

The theme of formal strategies emerged from the data as participants discussed the formal elements of their undergraduate nursing curricula that included EI educational components. There were three sub-themes related to this theme, which comprised the three specific areas within the nursing curriculum that faculty participants experienced formal
incorporation of EI concepts. These sub-themes were communication, professional formation, and empathy or caring.

**Informal Strategies**

The theme for informal strategies evolved from the data collection and analysis as participants revealed their informal methods used to incorporate EI strategies within the teaching and learning environment. This theme encompassed three specific sub-themes of noncurricular ways that faculty integrated EI strategies into their teaching. These sub-themes were interpersonal development, the need for faculty to practice what they preach, and specific teaching strategies that participants used to foster the development of EI skills.

**Need for a Systems Approach**

This theme emerged from participant experiences with various academic climates and the myriad influences that affect the tone of the academic workplace. Each faculty participant offered personal experiences of civility and incivility at their current or previous nursing programs. These participant insights revealed multiple, interrelated factors that contributed to the overall health of the academic environment, which resulted in the sub-theme of systemic factors. The faculty experiences of uncivil academic environments translated into the sub-theme for systemic breakdown.

**Discussion of the Results**

The purpose of this study was to find answers to the research question of how baccalaureate nursing faculty integrated formal and informal EI strategies into the nursing curriculum to foster civility in nursing education. Semi-structured interviews with the participants included six open-ended questions about their teaching experiences and how their nursing program and their personal teaching style incorporated EI strategies. Three secondary
questions related these strategies to the level of civility at their learning institution and solicited participant insights into whether or not use of these strategies had affected any type of change within the academic climate. This section will provide a discussion of the study’s results and how well the findings of the study addressed the research question.

**Formal Strategies**

This theme directly answered the research question as it related to the formal components of the baccalaureate nursing curriculum that included EI educational components. Nursing faculty participants revealed three main areas or sub-themes within the nursing curriculum that integrated EI skills: communication (P1, P2, P3, P4, P6, P7, & P8), professional formation (P1, P2, P3, P4, P5, P6, P7, & P8), and empathy/caring (P1, P2, P3, P4, P5, P6, P7, & P8). These results demonstrated that there were opportunities within the formal curriculum to introduce and emphasize EI skills. These EI strategies paralleled these specific curricular concepts and might allow faculty to develop EI competence in their students within the existing curricular framework. The findings also suggested; however, that EI skills were not routinely assessed in any way within the formal curriculum (P8). The only exception to this was use of clinical or simulation evaluation tools (P3, P4, P5, P6, P7, & P8). In these instances, any assessment of EI skills often fell under the umbrella of professional behavior or communication rather than specific assessments of EI competence (P6, P7, & P8).

**Informal Strategies**

The theme of informal strategies emerged from the participant data and directly answered the research question regarding informal practices for integrating EI strategies in the nursing curriculum. The faculty participants revealed the integration of EI strategies through several sub-themes, which were interpersonal development (P1, P2, P3, P4, P5, P6, P7, & P8), a need for
faculty to practice what they preach (P1, P2, P3, P4, P5, P7, & P8), and specific teaching strategies that participants used in their classes to facilitate EI development in their students (P1, P2, P3, P4, P5, P6, P7, & P8). The onus of relegating concepts to the informal curriculum was the possibility of uneven distribution or lack of emphasis of these concepts by members of the faculty (P2, P4, P5, P6, P7, & P8). Faculty participants noted that such elements were faculty driven rather than driven by the curriculum, which led to inconsistency and was a nonpurposive means of addressing essential topics (P2, P4, P5, P6, P7, & P8). In addition, the data revealed that concepts consigned to the informal curriculum often equated to an informal, haphazard level of assessment, if these concepts were assessed by faculty at all (P1, P3, P4, P5, P7, & P8).

Within the realm of interpersonal development, faculty participants noted that building relationships (P1, P2, P3, P4, P5, P6, P7, & P8), learning about egocentricity and alternative viewpoints (P1, P2, P3, P4, P5, P6, P7, & P8) and understanding how judgment plays a role within interpersonal relationships were all key elements to promoting EI competence (P1, P2, P3, P4, P5, & P7). Additionally, the data revealed a need to teach nursing students to recognize the unique perspective and reality of each person they interact with and to meet them where they are within that reality (P2, P3, P4, P5, P6, P7, & P8). Within the patient care setting, the results suggested that nursing faculty should guide students to recognize social determinants and other factors that contribute to the patient’s health status in lieu of allowing personal views to influence their interactions (P2, P3, P4, P5, P6, P7 & P8).

Faculty participants were also candid regarding the need for faculty to practice what they preached when teaching in order to facilitate development of EI competence in their students (P1, P2, P3, P4, P5, P7, & P8). This emphasized the need for faculty role modeling (P1, P2, P3, P4, P5, P7, & P8), using an inclusive, approachable teaching style (P1, P2, P3, P4, & P5),
applying positivity (P1, P2, P7, & P8), and fostering a team atmosphere within the learning environment (P1, P2, P3, P4, P5, & P8). Although still within the informal curriculum, faculty participants noted repeatedly that students learn how to become nurses by witnessing the role models among their faculty and among the nursing staff they interact with while in the clinical setting (P1, P2, P3, P4, P5, P7, & P8). Participants related experiences of formal curricular concepts on professional formation that were undermined by poor faculty role models (P2, P4, & P7), and courses on effective communication skills weakened by faculty with poor interpersonal skills (P2, P4, & P7). The results underscored the critical role of nursing faculty as exemplars of professional nursing and the need for congruency between these formal and informal curricular concepts to support EI development.

The final sub-theme for informal strategies was the collection of specific teaching strategies used by faculty participants to encourage EI competence in their students. First participants described ways to establish a safe space for learning to occur, such as using learning contracts, no-judgment zones, or expectations for behavior and civility (P1, P3, P4, P5, & P8). Suggested teaching strategies were using small groups to facilitate discussion and civil discourse (P1, P3, P4, & P6), experiential learning (P1, P2, P3, P4, P6, & P8), and reflective practice (P1, P2, P3, P4, P5, P6, & P8). Additionally, the data revealed that faculty use of techniques such as cognitive reframing (P2, P3, P4, P6, P7, & P8), frequent feedback (P1, P2, P3, P4, P5, P6, P7, & P8), and inclusion of the concept of a growth versus a fixed mindset (P1, P2, P3, P4, P5, P7, & P8) were crucial strategies to develop EI competence with students.

**Need for a Systems Approach**

The final theme that emerged from the data related to the need to consider a systems approach when fostering civility in nursing education. This theme addressed the second part of
the research question regarding how formal and informal EI strategies fostered civility. Three open-ended interview questions asked faculty participants to share their experiences with civility or incivility within their academic settings and their observations regarding EI competence and the creation of a healthy academic environment. The data that emerged from these questions revealed that faculty participants universally considered EI competence an essential piece of the nursing curriculum (P1, P2, P3, P4, P5, P6, P7, & P8), but that these components were not completely addressed by the nursing programs in question (P2, P3, P5, & P6).

Participants related both civil and uncivil experiences in academia, and that there were a myriad of elements that contributed to the creation of a healthy, civil academic workplace that fostered civility and EI competence (P1, P2, P3, P4, P5, P6, & P7). Some of the underlying structures that supported civility were a clear organizational framework of policies and expectations for civility (P2, P4, P5, P6, P7, & P8), a culture that was positive and collegial (P2, P3, P4, P5, P6, P7, & P8), and leadership that supported faculty members and the established organizational processes (P1, P2, P4, P5, P6, P7, & P8). The data also suggested that efforts to integrate EI competencies within the curriculum necessitated intentionality by administration and faculty to ensure consistency throughout the program of study, faculty community, and leadership support (P1, P2, P3, P4, P5, P6, P7, & P8).

Faculty experiences with incivility or moments of breakdown within the academic system highlighted the need for a systems approach to address the creation of a healthy academic environment, especially when breakdowns occur (P1, P2, & P7). Participants offered experiences with disengaged or disconnected faculty members and how this related to inconsistencies within the curriculum and diminished faculty collegiality and morale (P2, P4, P5, & P6). Additionally, while the data supported that only small numbers of students or faculty were uncivil (P1, P4, P5,
P7, & P8), the negative effects of these individuals were often quite disruptive and had a ripple effect within the academic setting (P1, P2, P4, P7, & P8). This data suggested that part of the systemic approach to creating a healthy academic environment should include a systemic framework of expectations for civility with consistent enforcement of these policies by the academic leadership (P2, P4, P5, P6, P7, & P8).

Conclusions Based on the Results

This research was conducted to address a gap in the scholarly knowledge regarding how nursing faculty integrated EI strategies in the nursing curriculum to foster civility in nursing education. The first emergent theme of this study revealed that nurse educators relied on a combination of formal curricular components to introduce EI strategies in their teaching, which included topics such as communication (P1, P2, P3, P4, P6, P7, & P8), professional formation (P1, P2, P3, P4, P5, P6, P7, & P8), and empathy/caring (P1, P2, P3, P4, P5, P6, P7, & P8). The second theme that emerged highlighted how nursing faculty used the informal curriculum to integrate EI strategies, in topics such as interpersonal development (P1, P2, P3, P4, P5, P6, P7, & P8), the need to practice what you preach (P1, P2, P3, P4, P5, P7, & P8), and specific personal teaching strategies (P1, P2, P3, P4, P5, P6, P7, & P8). The final theme revealed the need for a systems approach to successfully integrate EI strategies and foster a civil academic environment, with emphasis by faculty participants on the significance of systemic factors that contributed to the academic environment (P1, P2, P3, P4, P5, P6, P7, & P8) and the need for a systemic response in moments of systemic breakdown (P1, P2, & P7). This study provided an alternative viewpoint on how nursing faculty incorporated EI competencies into their teaching and into the nursing curriculum. A secondary component of the study focused on whether use of these EI strategies had any effect on the academic climate. The following sections will present the
Conclusions of the study and the interpretations of the findings related to the theoretical framework and previous literature on these topics.

Comparison of Findings With Theoretical Framework and Previous Literature

This qualitative study used Bandura’s social cognitive theory as a foundational theory. In conjunction with the framework offered by the scholarly literature review, social cognitive theory emphasized the convergent relationship between personal characteristics, behaviors, and the environment and how these factors combine to shape individual behavior (Bandura, 2016). This theoretical foundation was a pertinent perspective for a study addressing incivility or workplace toxicity and was a frequent foundation for research on these topics (Fida et al., 2018; Lasater et al., 2015; Logan & Malone, 2017; Samnani & Singh, 2016; Sanner-Stiehr, 2017; Ziefle, 2018). EI has been hailed as a skillset with multiple interpersonal benefits (Başoğul & Özgür, 2016; Beckham & Riedford, 2017; Celik, 2017; Chan et al., 2014; Codier & Codier, 2015, 2017; Levitats & Vigoda-Gadot, 2017; Nightingale et al., 2018), and therefore might be an effective means of fostering civility in nursing education. Using this perspective, this study endeavored to ascertain how nursing faculty integrated EI strategies into their teaching and if there was any effect on the academic climate.

The research findings from this study suggested that nursing faculty experienced fluctuations of incivility within a mainly civil work environment (P1, P2, P3, P4, P5, P6, P7, & P8). This was similar to the findings of Ibrahim and Qalawa (2016) and Muliira et al. (2017), who reported low numbers of uncivil behaviors as experienced by nursing students and faculty, and with the findings of Christensen et al. (2020), who also commented on variations of faculty experiences of incivility within the academic environment. The uncivil experiences of faculty
participants in this study were comparable to those described by Heinrich (2017), who noted that joy-stealing among faculty members denigrated the academic setting. This study also noted the ripple effect of small amounts of incivility (P1, P2, P4, P7, & P8), which was consistent with the study by Rawlins (2017), who endorsed that even within primarily civil academic settings, occasional pockets of incivility negatively impacted the academic setting and must be a concern to faculty and administrators.

In this sense, nursing academia was an open system where individual actions had significance in how they affected others within the system. This conclusion was supported by the data from this study, as nursing faculty participants related their experiences with the myriad elements within the nursing academic system that contributed to the creation of a healthy versus a non-healthy work environment (P1, P2, P3, P4, P5, P6, & P7). This finding was congruent with the conclusions reported by Crawford et al. (2019), DeMarco et al. (2018), Lee (2017), and Stalter et al. (2019), all of whom discussed the need for a systems approach to combatting incivility within nursing and nursing academia. Findings from this study revealed the interplay between establishing a clear systemic framework (P2, P4, P5, P6, P7, & P8), faculty community and collegiality (P2, P3, P4, P5, P6, P7, & P8), leadership (P1, P2, P4, P5, P6, P7, & P8), and a healthy work environment (P1, P2, P3, P4, P5, P6, & P7) which were similar to the findings reported by Peters and King (2017), the NLN (2018), and Spence Laschinger et al. (2014). Patterson and Krouse (2015) and Clark and Ritter (2018) reiterated the priorities for leaders in nursing education, noting the need for a clear vision, professional values, and prioritizing a culture that builds relationships, which aligned with these findings as well.

Nursing faculty participants overwhelmingly supported the benefits of EI strategies in developing better interpersonal relationships and believed that these skills were essential in
fostering a healthy work environment (P1, P2, P3, P4, P5, P6, P7, & P8). These findings were similar to those of Chan et al. (2017) and Hart et al. (2014) who identified not only the importance of building relationships between nursing faculty and students, but how integral these relationships were as a means of fostering resiliency in nurses. Ingraham et al. (2018) suggested that the quality of student-to-faculty relationships were crucial in the students’ academic success, which further supported the justification for integrating EI strategies within the nursing curriculum with greater intentionality.

Findings from this study emphasized that EI strategies could be incorporated within individual courses by interested faculty members (P1, P2, P3, P4, P5, P7, & P8), but that there was a need for formal integration of these concepts by the entire faculty to ensure that these competencies were addressed consistently across the program of study (P1, P2, P3, P4, P5, P6, P7, & P8). Anderson (2016) discussed the need to include EI components within the nursing curriculum but restricted this to a single course within the program of study. Findings from Foster et al. (2017) and Kaya et al. (2018) offered the view that development of EI competence required a longitudinal approach and recommended scaffolding of EI and empathy educational components throughout the program of study, which is congruent with the findings from this dissertation research (P2, P4, P5, P6, P7, & P8).

Within the formal curriculum, the findings of this study revealed that faculty participants successfully integrated EI strategies within the existing curricular components of communication (P1, P2, P3, P4, P6, P7, & P8), professional formation (P1, P2, P3, P4, P5, P6, P7, & P8), and empathy/caring (P1, P2, P3, P4, P5, P6, P7 & P8). These findings were not supported by the literature due to the paucity of research on how nursing faculty add EI components to the curriculum, but the findings are congruent with the relationship between EI skills and the three
curricular components mentioned above. EI competencies included a focus on empathy, respect, and effective communication skills (Goleman, 1998), which were deemed to be integral in the development of professional nurses (Haugland et al., 2018; Hunter & Cook, 2018). Professional formation within the nursing curriculum historically involved professional values clarification and how this intersected with personal values (Haugland et al., 2018; Shafakhah et al., 2018), which required self-awareness, another key component in EI. Outside the formal curriculum, though, this study revealed that individual faculty demonstrated considerable latitude in how they included EI strategies in their teaching and learning environments (P1, P2, P3, P4, P5, P7, & P8).

Faculty participants in this study revealed a variety of informal strategies to integrate EI competence in their classes (P1, P2, P3, P4, P5, P6, P7, & P8). Most notable within the findings were the concepts of faculty concentrating on developing interpersonal skills (P1, P2, P3, P4, P5, P6, P7, & P8) and practicing what they preached (P1, P2, P3, P4, P5, P7, & P8), which emphasized the use of positive role modeling (P1, P2, P3, P4, P5, P7, & P8). These findings were consistent with multiple studies that stressed faculty role modeling as an exemplar of professional nursing to developing nursing students (de Swardt et al., 2017; Sanner-Stiehr & Ward-Smith, 2017; Zarshenas et al., 2014). Additionally, the development of interpersonal skills within nursing students focused on strategies that not only building professional relationships with patients and faculty members (P1, P2, P3, P4, P5, P6, P7, & P8) but also emphasized the need for an appreciation of alternative perspectives and reserving judgment (P1, P2, P3, P4, P5, P6, P7, & P8). While these exact concepts were not specifically mirrored in the literature review, Hunter and Cook (2018) and Jack et al. (2017) reiterated the importance of building relationships
and establishing a team atmosphere within the learning environment to foster professional development.

Finally, this study revealed a series of specific teaching strategies that faculty participants relied upon to integrate EI strategies into their teaching (P1, P2, P3, P4, P5, P6, P7, & P8). These involved using small groups (P1, P3, & P4) and fostering an environment that supported experiential learning (P1, P2, P3, P4, P6, & P8), reflection (P1, P2, P3, P4, P5, P6, & P8), and civil discourse (P3, P4, & P6), which were consistent with previous studies (Foster et al., 2015; Parnell & St. Onge, 2015; Rose et al., 2019; Sidhu & Park, 2018; Waite & McKinney, 2016). Personal strategies employed by the faculty participants to foster EI development included regular use of positive feedback (P1, P2, P3, P4, P5, P6, P7, & P8), cognitive reframing (P2, P3, P4, P6, P7, & P8), and clarification of what constituted a growth versus a fixed mindset (P1, P2, P3, P4, P5, P7, & P8). These findings were consistent with those of Liebrecht and Montenery (2016), who likewise suggested that the use of positive feedback aided reflection and growth of EI among nursing students. Tharani et al. (2017) found that inconsistent use of feedback, or faculty use of solely negative feedback, contributed to increased stress levels among nursing students, which supported the need for routine use of positive feedback.

**Interpretation of the Findings**

The findings from this study reflected the lived experiences of eight baccalaureate nursing faculty and their perspectives of integrating EI strategies within the nursing curriculum. All eight of the participants underscored the critical nature of these competencies to the creation of a civil academic environment, which strongly aligned with the theoretical framework of this study (Itzkovich & Dolev, 2017; McCloughen & Foster, 2018; Minton & Birks, 2019; Thompson & Miller, 2018). The findings from this study were framed by the systems perspective of social
cognitive theory, which reiterated the need to consider personal, behavioral, and environmental components when enacting changes within the academic environment (Bandura, 2016). These findings were also congruent with previous recommendations within the literature regarding a systems approach to combatting incivility or fostering a healthy academic workplace (Crawford et al., 2019; DeMarco et al., 2018; Harmon et al., 2018; Lee, 2017; Stalter et al., 2019). Nursing faculty interested in integrating EI competencies within the undergraduate nursing curriculum or those trying to foster a civil academic environment must be aware of the interconnected factors that influence strategies to effect change within the academic nursing system.

Within nursing academia, this study contributed to an understanding of how nursing faculty can effectively integrate EI strategies with the formal and informal curriculum. The findings revealed several curricular concepts that closely aligned with key tenets of EI competence such as communication (P1, P2, P3, P4, P6, P7, & P8), professional formation (P1, P2, P3, P4, P5, P6, P7, & P8), and empathy/caring (P1, P2, P3, P4, P5, P6, P7, & P8). In addition, nursing faculty participants bolstered EI competence in other courses with the use of informal teaching strategies aimed at increasing self-awareness (P2, P3, P4, P5, P6, P7, & P8) and reflection among undergraduate nursing students (P1, P2, P3, P4, P5, P6, & P8). Experiential learning (P1, P2, P3, P4, P6, & P8) combined with reflective practice (P1, P2, P3, P4, P5, P6, & P8) were key teaching strategies that emerged from these findings, along with fostering a learning environment that valued team building (P1, P2, P3, P4, P5, & P8), civil discourse (P3, P4, & P6), and an appreciation for alternative perspectives (P1, P2, P3, P4, P5, P6, P7, & P8). These strategies were all congruent with previous recommendations for fostering a civil academic environment (Clark & Ritter, 2018; NLN, 2018). Nursing faculty and administrators
interested in fostering a civil academic environment or supporting the development of EI competence in their students may find these strategies valuable.

**Limitations**

There were several limitations in this research design that may have affected the outcome of this study. The inclusion criteria for this research required a minimum of three years’ teaching experience as a full-time faculty member, which may have prevented the collection of pertinent data from less experienced faculty who used EI strategies in their teaching. This expectation also prohibited part-time faculty members from participating, which may have yielded different results. Another eligibility criterion that may have impacted the data collection was the need to conduct interviews via Skype or Zoom. This technological requirement may have resulted in a type of selection bias that precluded otherwise suitable faculty members from participating in the study (Deakin & Wakefield, 2014). A final limitation was the small size of the sample, which may have produced a limited perspective of how to integrate EI strategies within the nursing curriculum. The research design of this study expected between 10 to 12 participants to reach saturation but set the standard for saturation at two subsequent interviews with no new emergent codes. This was achieved with eight interviews, which will undoubtedly limit transferability.

The sample was also affected by world events, as recruitment for this study began in April 2020 during the initial stages of the COVID-19 pandemic. As many nursing faculty members were transitioning from traditional to completely online learning environments, there were no respondents to the first series of recruitment sites, which may have impacted the type of data collected. A larger sample or participants recruited from different sites may have yielded separate results and offered a wider perspective on how nursing faculty integrated EI strategies within the nursing program of study and fostered civility within the academic climate.
Implications for Practice

This dissertation study confirmed the applicability of Bandura’s (2016) social cognitive theory in research that addresses personal behaviors within an open system such as nursing academia. Social cognitive theory suggested that individual behaviors were a derivative of personal agentic capabilities, the behaviors of others, and the environment (Bandura, 2016). The inclusion of EI strategies within the nursing curriculum offered a unique method of enhancing student’s self-awareness, empathy, and effective interpersonal skills, with the potential to improve the agentic capabilities of each nursing student. The systems approach to fostering civility within nursing academia was supported by social cognitive theory and recommendations from the scholarly literature (Crawford et al., 2019; DeMarco et al., 2018; Lee, 2017; Stalter et al., 2019). Improvements to individual capabilities of nursing students may have the possibility of affecting changes within the academic or clinical setting due to the interconnected mechanisms recognized by social cognitive theory.

Practical implications for this study primarily resigned within the sphere of professional nursing, nursing academia or higher education. Goleman (1998) outlined five specific areas of EI competence that enhanced interpersonal relationships, and this research may offer relevant findings to nursing faculty or administrators interested in adopting these strategies within the program of study. Wider implications within higher education are also possible, as incivility is a known entity across many disciplines within the halls of academia (Itzkovich & Dolev, 2017). Strategies to integrate EI competencies to enhance interpersonal relationships and to cultivate civility may appeal to educators and administrators in a variety of academic settings.
Recommendations for Further Research

This basic qualitative study offered several recommendations for further research. The first recommendation is for repeated studies on this topic of how nursing faculty integrate EI strategies within their teaching and curricula. It would be hubris to suggest that this single study offered any finality on this topic and the literature supported further research on how EI strategies were incorporated into the nursing curriculum (Bellack, 2018; Choi et al., 2015; Fitzpatrick, 2016; Foster et al., 2015; Parnell & St. Onge, 2015). Nursing faculty interested in including such EI competencies have scant evidence-based practice to guide their efforts. Further suggestions for research design include expanding participant selection to include adjunct faculty within the simulation or clinical setting, as the use of small groups within the practice setting may yield a better learning environment for EI development when compared to the didactic setting. With the current restrictions on traditional teaching environments due to the COVID-19 pandemic, future research might also be needed on how nursing faculty incorporate teaching and learning activities to develop EI skills when restricted to online learning platforms.

Another final recommendation for future research commensurate with the integration of EI competencies is additional research into how these competencies are formally and informally assessed by nurse educators. The topic of EI assessment emerged during the data collection process of this study and was only partially explored in subsequent interviews. Foster et al. (2015) and Waite and McKinney (2016) both recommended additional study into how these EI competencies were evaluated by nursing faculty members, and this dissertation research only scratched the surface of this topic. Additional study is necessary into how nursing faculty incorporate assessment of EI strategies within the didactic, simulation, and practice setting.
Conclusion

This basic qualitative study explored how nursing faculty used formal or informal strategies to integrate EI competencies into their teaching and whether this impacted the academic climate. Participants included eight full-time nursing faculty members from baccalaureate nursing programs from across the United States. Purposive and network sampling methods were used to recruit the participants via direct emails and posts on social media. Semi-structured interviews were held via a VoIP with either Skype or Zoom applications, and all interviews were transcribed verbatim and validated through member checking. Coding and data analysis was performed through inductive analysis with constant comparison (Percy et al., 2015) until saturation was reached. The data analysis yielded three themes and eight sub-themes that answered the research question and advanced nursing science regarding how nursing faculty integrated EI strategies within their teaching and curricula.

Conclusions from this study revealed that nursing faculty participants utilized a combination of formal and informal curricular components to introduce EI strategies in their teaching. These findings addressed the gap in the literature on how EI components were incorporated into the nursing curriculum (Bellack, 2018; Choi et al., 2015; Fitzpatrick, 2016; Foster et al., 2015; Parnell & St. Onge, 2015). Formal curricular concepts such as communication, professional formation, and conversations around empathy/caring afforded opportunities to strengthen EI competence within the existing program of study. Faculty participants also opted to use a combination of informal approaches to boost EI skills, focusing on interpersonal development and practicing what they preached through positive role modeling, inclusivity, and team building. Specific teaching activities highlighted in the data analysis focused on experiential learning, reflective practice, and use of small groups to encourage
discussion and civil discourse. Faculty members also used a combination of positive and regular feedback, cognitive reframing, and conversations about a growth versus a fixed mindset to develop EI competence in their students.

Finally, the data reiterated that a systems approach was beneficial when integrating EI strategies within the curriculum and when fostering civility in nursing academia. These findings were consistent with previous calls for a systems approach to combat incivility within the workplace (Crawford et al., 2019; DeMarco et al., 2018; Lee, 2017; Stalter et al., 2019). The data revealed that EI competencies were essential skills for student nurses, but that systemic factors were required to successfully integrate these strategies throughout the program of study. These included faculty community and collegiality, leadership support, and intentionality to carry these concepts through the program of study. A systemic approach was also reiterated when fostering civility and a healthy academic environment, as the data disclosed that the program required an internal structure of protocols and policies that were supported and enforced by leadership and faculty alike. The systems approach also afforded an internal framework to address moments of systemic breakdown, such as disconnections between faculty members, or pockets of incivility.
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Holtz, H. K., Rawl, S. M., & Draucker, C. (2018). Types of faculty incivility as viewed by students in Bachelor of Science in Nursing programs. *Nursing Education Perspectives, 39*(2), 85-90. doi:10.1097/01.NEP.0000000000000287


160


163


Peters, A. B., & King, L. (2017). Barriers to civil academic work environments: Experiences of academic faculty leaders. *Nurse Educator, 42*(1), 38-41. doi:10.1097/NNE.0000000000000300


168


169


172
## APPENDIX. DATA COLLECTION TOOL TO DETERMINE SATURATION

<table>
<thead>
<tr>
<th>Code</th>
<th>Example Quote</th>
<th>Frequency</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formal Curriculum</strong></td>
<td>“Because most of the scenarios are written out, there’s a standard form that we use for that. There’s a form that we use for debriefing, there’s criteria.” (P1)</td>
<td>27</td>
<td>1, 2, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td><strong>Formal Assessment</strong></td>
<td>“I think clinically they get, um, assessed for their, um, their self-awareness, and for their, um, ah, social skills. So we talk about the skills of communicating with partners in the community, communicating with, um, other providers, communicating on a team, um, and they get evaluated for all of those, um, those things in their clinical, uh, evaluation tool.” (P3)</td>
<td>20</td>
<td>3, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>“I think communication, I’ve always thought that communication is the, is the key to everything. Um, you, and, if I can’t talk to you about it right now, then I’ll talk to you about it later, but, we, we, we need to talk about it, ‘cause we can’t move forward if we still have that” (P1)</td>
<td>25</td>
<td>1, 2, 3, 4, 6, 7, 8</td>
</tr>
<tr>
<td><strong>Nonverbal Communication</strong></td>
<td>“And my thought is, I want my students to recognize that what they bring, facial expression, their, their ability to, um, lean in, you know, to, to conversation” (P8)</td>
<td>10</td>
<td>1, 6, 7, 8</td>
</tr>
<tr>
<td><strong>Professional Formation</strong></td>
<td>“So, I try to give them that they have to establish how they want to practice” (P1)</td>
<td>37</td>
<td>1, 2, 3, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td><strong>Self-awareness</strong></td>
<td>“I think kind of understanding, where you’re coming from and how you react to different stimuli or situations” (P2)</td>
<td>32</td>
<td>2, 3, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td><strong>Comportment</strong></td>
<td>“They don’t see you as nursing students, they see you as nurse, so, you know, you, you’re almost putting a, you know, we, we talk about that, that, putting on the, uh, the mantle of, of being in that role and you really, you have to speak like you’re a nurse, you have to engage like you’re nurse, you have to, in order to, you know, in order to become a nurse you have to, to practice those things.” (P3)</td>
<td>33</td>
<td>1, 3, 4, 5, 6, 7, 8</td>
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<tr>
<td>Code</td>
<td>Example Quote</td>
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<tr>
<td>Authenticity</td>
<td>“But I said, how often will, you know, patients not want to share with you if they didn't think you listened, you know, or they didn't think that you had, um, their best interests at heart, or they didn't think you were bright enough to say, well, geez, you know, let me double check that.” (P8)</td>
<td>5</td>
<td>2, 7, 8</td>
</tr>
<tr>
<td>Empathy/Caring</td>
<td>“Empathy is important, because we’re teaching them how to take care of patients, so, it’s, that’s sometimes really hard to teach, how to care.” (P1)</td>
<td>41</td>
<td>1, 2, 3, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td>Informal Curriculum</td>
<td>“But I, I don’t think there’s anything really written about social skills, or motivation, you know, um, other than, that’s, as an educator, that’s what we are supposed to do.” (P1)</td>
<td>42</td>
<td>1, 2, 3, 4, 5, 7, 8</td>
</tr>
<tr>
<td>Informal Assessment</td>
<td>“I’m going to say that they are assessed in ways that are informal. Like, coming to class, um, being respectful in the classroom, coming to the clinical area, um, being a, uh, being able to, um, collaborate and, and work with your student peers, okay, um, so I think that there’s a lot of, um, behavioral observation from faculty” (P5)</td>
<td>13</td>
<td>1, 3, 4, 5, 7, 8</td>
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<tr>
<td>Faculty Driven</td>
<td>“It’s really been instructor driven. If there’s an instructor who’s interested in, kind of, teaching that or stressing that, um, then it came through.” (P2)</td>
<td>29</td>
<td>2, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td>Building Relationships</td>
<td>“I’ve always been friends with everybody, and tried to bring one or two people together, just, and, um, just to try to foster that type of, ’cause if, if I, if you both like me, then there’s got to be something that you both like in each other.” (P1)</td>
<td>21</td>
<td>1, 3, 4, 5, 6, 7, 8</td>
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<tr>
<td>Egocentricity/Lens</td>
<td>“I think kind of understanding where you’re coming from and how you react to different stimuli or situations, um, and being aware that other people may react in different ways, to the same stimulus or situation.” (P2)</td>
<td>33</td>
<td>1, 2, 3, 4, 5, 6, 7, 8</td>
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<tr>
<td></td>
<td>“I try to keep in mind that, there might be an issue that appears one way to me, but I don’t know the whole picture.” (P4)</td>
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<td>Code</td>
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<tr>
<td>Judgment</td>
<td>“Because I think people come to nursing school thinking that it’s all about learning those skills, it’s all about learning that….you know, and, and those are, those are easy, you know, the hard thing is, is really being there and, like you said, meeting people where they are at, and trying to, you know, understand your judgment, and, you know, uh, I, I would say, you can’t get rid of your judgment, but you ought to be able to know when it’s poking its little head around the corner.” (P3)</td>
<td>11</td>
<td>1, 2, 3, 4, 5, 7</td>
</tr>
<tr>
<td>Meet Them Where They Are</td>
<td>“Based on external factors, um, and really trying to get them into the empathy mindset of, of, everyone has a story, and if you don’t take the time to get to know their story, you can’t fully care for the patient in the way they needed to be, they need to be cared for.” (P2)</td>
<td>34</td>
<td>2, 3, 4, 5, 6, 7, 8</td>
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<tr>
<td>Role Modeling</td>
<td>“I think it’s not only teaching the skills but teaching by example” (P2)</td>
<td>28</td>
<td>1, 2, 3, 4, 5, 7</td>
</tr>
<tr>
<td>Inclusivity/Approachability</td>
<td>“But I think there are faculty who think…think nursing…think that it probably doesn’t matter how much then you talk about empathy, or, um, communication. Because then if people don’t think you’re approachable as a faculty member they don’t learn that skill” (P2)</td>
<td>9</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>Positivity</td>
<td>“One of the things when I kind of interviewed was, I said I, um, I like to bring the joy of nursing when I teach, um, and so they, they were all very positive to that, they said, that’s what we want…” (P2)</td>
<td>7</td>
<td>1, 2, 7, 8</td>
</tr>
<tr>
<td>Team Building</td>
<td>“So I think, kind of showing example of empathy, communication, and caring, kind of the “practice what you preach” (P2)</td>
<td>22</td>
<td>1, 2, 3, 4, 5, 8</td>
</tr>
<tr>
<td>Setting the stage</td>
<td>“And in the debriefing, we allow students to share their feelings that they experience during the simulation, and we, we really have a, um, no, this, the whole simulation center is a no-judgement area, so that students can feel safe to share” (P1)</td>
<td>21</td>
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<tr>
<td>Code</td>
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<tr>
<td>Small Groups</td>
<td>“But in the process of doing that I think they learn a great deal about what it is to work with someone else and maybe with someone else who doesn’t have the same background or doesn’t share the same understanding of something, so a lot of this I think I work on in small group work.” (P3)</td>
<td>18</td>
<td>1, 3, 4</td>
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<tr>
<td>Discussion/Civil Discourse</td>
<td>“They have to engage in hard, you know, material and discussions around content, but in the process of doing that I think they learn a great deal about what it is to work with someone else and maybe with someone else who doesn’t have the same background or doesn’t share the same understanding of something” (P3)</td>
<td>14</td>
<td>3, 4, 6</td>
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<tr>
<td>Experiential Learning</td>
<td>“I try to give them examples give them, you know, make it real for them. Because a lot of the stuff that they learn, um, especially at their different age levels and their different experiential levels, they might not have experienced it.” (P8)</td>
<td>24</td>
<td>1, 2, 3, 4, 6, 8</td>
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<tr>
<td>Reflective Practice</td>
<td>“So, what was something that I had a stance on, that I believed, either something that happened at clinical or something I learned in class, changed my perspective on, whatever it was. So, we tried very specifically to build that into that final course, “How have you grown,” “What have you learned,” “What do you still need to keep learning” (P2)</td>
<td>29</td>
<td>1, 2, 3, 4, 5, 6, 8</td>
</tr>
<tr>
<td>Reframing</td>
<td>“So that they, they get to feel as they’re going through and learning what they think is the major curricular issues that constantly those are being inter, interjected with, the, um, you know, the social and the emotional and the, um, you know, the, the relational portion of what it is that they’re doing. So that they’re not just seeing it as managing a bunch of conditions.” (P3)</td>
<td>23</td>
<td>2, 3, 4, 6, 7, 8</td>
</tr>
<tr>
<td>Growth vs Fixed Mindset</td>
<td>“One of the things that I think struck me that was hard was people always talked about the students. And “oh they’re expecting this and they do this” and I think generationally they just didn’t, weren’t understanding the difference in some of the younger students…” (P2)</td>
<td>27</td>
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<tr>
<td>Code</td>
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<tr>
<td>Feedback</td>
<td>“But those moments where they had no clue what, what they did or if they did make an error that, that, allowing them to share is actually in debriefing is where the learning actually takes place.” (P1)</td>
<td>37</td>
<td>1, 2, 3, 4, 5, 6, 7, 8</td>
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<tr>
<td>Essential Skills</td>
<td>“But, no, I believe that no one talks to students about the emotional intelligence aspect and I would say, if I looked at a pie, I would say the importance of emotional intelligence is eighty percent.” (P5)</td>
<td>17</td>
<td>1, 2, 3, 4, 5, 6, 7, 8</td>
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<tr>
<td>Incomplete EI</td>
<td>Um, I don’t think we address motivation. Again, I address that a lot with the students in the senior level, on the same, you know, I have a clinical group, but, um, nope, I, don’t, I don’t think, um, you look at the comportment, we do, we talk about compassion, we talk about, credibility, who you are and how you present yourself to the world, um, uh, collaboration, respectful civil collaboration. So, I would say incompletely.” (P5)</td>
<td>5</td>
<td>2, 3, 5, 6</td>
</tr>
<tr>
<td>Systemic Framework</td>
<td>“She really saw a need for civility, uh, some kind of a policy statement on that and so we have, we actually have two pieces of paper. One is called Essential Professional Behaviors, and that’s based on, uh, the, ANA Statement for Professional Behaviors, and then the American Student Nurses Association. But we also have a separate one called the Civility Statement, and it just addresses in a general way, how, what our expectations are for treating people with respect.” (P6)</td>
<td>28</td>
<td>2, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td>Healthy Work Environment/ Culture</td>
<td>“I think it’s very civil. I mean, I think we always walk away from conversations feeling like people heard me and I feel free to say what I want to say, um, and I know that it will be taken, you know, well, um, or at least, respectfully.” (P3)</td>
<td>35</td>
<td>1, 2, 3, 4, 5, 6, 7</td>
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<tr>
<td>Carried Through the Program</td>
<td>“And I’ve taught, at all levels of the program, I get moved around, freshman, you know, sophomore, junior, and seniors, and I also worked with the second-career program and I believe that that’s been pretty, prominent in the curriculum.” (P4)</td>
<td>23</td>
<td>2, 4, 5, 6, 7, 8</td>
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<td>Code</td>
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<tr>
<td>Faculty</td>
<td>“I think places I’ve been have still been very siloed…where peds doesn’t talk to med-surg, ‘cause, and then, community is community” (P2)</td>
<td>24</td>
<td>2, 3, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td>Community/Collegiality</td>
<td>“That nursing voices are respected and, uh, you, you kind of hold your head up to be on the nursing faculty.” (P3)</td>
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</tr>
<tr>
<td>Leadership</td>
<td>“I think we came in showing respect off the bat, and it, there was a very distinct change that we could see throughout that first year. Um, and then when the director stepped down, everything just fell apart.” (P2)</td>
<td>18</td>
<td>1, 2, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td>Intentionality</td>
<td>“I think, um, communication and, ah, interactions and realizing that, um, it’s important how you say things, and listening, to kind of, what was actually said, ah, some of that is very directly built in.” (P2)</td>
<td>43</td>
<td>1, 2, 3, 4, 5, 6, 7, 8</td>
</tr>
<tr>
<td>Systemic Breakdown</td>
<td>“One of the places where I worked, um, we, we had a dean, who, she wanted the students to come to her, and, it took a lot of, um, authority that we had away from us because that’s all the students would bypass us and go right to her and then, and then everything would change.” (P1)</td>
<td>19</td>
<td>1, 2, 7</td>
</tr>
<tr>
<td>Faculty Silos</td>
<td>“I think places I’ve been have still been very siloed…where peds doesn’t talk to med-surg, ‘cause, and then, community is community” (P2)</td>
<td>13</td>
<td>2, 4, 5, 6</td>
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<tr>
<td>Handful of folks</td>
<td>“It only takes a couple bad apples, you know, this, just a handful” (P1)</td>
<td>13</td>
<td>1, 4, 5, 7, 8</td>
</tr>
<tr>
<td>Ripple Effect</td>
<td>“I work with somebody that I have to report to that is just a poor communicator, and so that changes the environment, but I don’t believe that the person is uncivil. I just believe that this person is not organized. And with the workload can’t get things out, and unfortunately, it’s a domino effect, so it, it makes us grumble.” (P4)</td>
<td>17</td>
<td>1, 2, 4, 7, 8</td>
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</tbody>
</table>