

Effect of a Journal Club on Nursing Faculty Readiness to Address Incivility

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### Abstract

Victims of incivility in nursing programs experience negative physical and mental effects and may respond to uncivil treatment with uncivil behavior in return. Incivility disrupts learning and leads to student and faculty attrition. Students may continue uncivil behavior as nurses, resulting in uncivil workplaces and patient harm. Faculty development is recommended to prepare nursing faculty to address incivility, but few studies examine the effectiveness of faculty development programs on faculty readiness. This project examined the effect of attending a journal club presentation on readiness of nursing faculty to address incivility in a BSN program. Faculty of a single BSN program were invited to participate; ten completed the project. Participants completed a pre-test survey prior to the presentation, and a post-test following the session and one month later. A one-way repeated measures ANOVA analyzed each of the three survey items. Scores on post-test items 1 and 2 did not show a statistically significant increase following the journal club session over pre-test scores, but item 3, which directly assessed faculty readiness to address incivility, increased at a nearly significant level, suggesting the journal club session may have increased faculty readiness to address incivility. Academic nurse leaders should work with faculty to refine the journal club and the program might be extended to other nursing schools to enable further study with a larger sample. Schools of nursing must address incivility to prepare future nurses for safe practice. A live journal club may be an effective faculty development strategy and should be explored further.

**Keywords:** *faculty, nursing, uncivil behavior, incivility, bullying, faculty development*

### Effect of a Journal Club on Nursing Faculty Readiness to Address Incivility

Incivility is a significant problem not only in the public sector, but also in healthcare, the nursing profession, and nursing education programs (American Nurses Association, 2015; Clark, 2017; Weber Shandwick, 2017). Failure to address incivility in nursing programs negatively affects nursing students, faculty, nursing programs and the parent institutions (Clark, 2017). Of greatest concern is the potential for harm to clients of nursing care and the health of populations in the community (American Nurses Association, 2015; Clark, 2017; Snavely, 2016). Nursing faculty, the target population of the scholarly project, hold a strategic position from which to address incivility within nursing programs (Clark, 2017). This scholarly project examined the effect of a journal club faculty development session on faculty readiness to lead efforts to address incivility in a private, not-for-profit, prelicensure Bachelor of Science in Nursing (BSN) program in the Midwest.

Journal clubs have been used to disseminate research findings and consider applications to nursing practice for over two decades (Haggman-Laitila, Mattila, & Melender, 2016). Typical journal club activities include reading a selected research article prior to the journal club meeting and colleagues gathering at a designated time to discuss the research and implications for practice (Haggman-Laitila et al., 2016). A novel approach described by Sortedahl, Wical, and Benike (2018) incorporated a live presentation by the author of the research article selected for the journal club followed by a question and answer discussion session. This scholarly project incorporated this novel approach.

## **Overview**

### **Background and Significance**

Incivility is a well-documented problem in pre-licensure nursing programs that has received increasing attention over the past decade (Altmiller, 2012; Aul, 2017; Clark, 2017; Lasiter, Marchiondo & Marchiondo, 2012). Incivility in nursing education is any rude or unprofessional student or faculty behavior that disrupts the learning or teaching environment (Clark, 2017). A wide variety of unprofessional student behaviors have been described, ranging from eye rolling and rude remarks to verbal assault and acts of physical violence on faculty (Clark, 2017). Uncivil faculty behavior includes a range of actions from unprofessional or unfair teaching practices to intimidation and threats of failing students from the nursing program (Clark, 2017).

Clark (2017) reported on a national study completed on faculty incivility conducted in 2013. Findings included that 70% of nearly 600 respondents perceived faculty incivility to be a moderate to serious problem. Lasiter et al. (2012) found that 88% of 152 nursing students surveyed reported experiencing at least one incident of faculty incivility. A landmark nationwide study of 611 nursing program directors by Lashley and DeMeneses in 2001 found that 100% of respondents reported instances of minor student incivility, 52% reported students having shouted at instructors, and 46% reported threats to faculty from students. Faculty-to-faculty, student-to-student, and administrator-to-faculty incivility are additional facets of the problem affecting nursing programs (DalPezzo & Jett, 2009; Peters, 2015); however, these aspects were outside the scope of this scholarly project.

Student-to-faculty incivility is associated with numerous undesirable effects on faculty which include but are not limited to increased perception of stress, mental and physical illness, flashbacks, financial losses, sleep problems, decreased self-esteem, self-doubt, fearing for personal safety, loss of enthusiasm for teaching, and decisions to leave nursing education (Clark, 2017; DalPezzo & Jett, 2009; Rawlins, 2017). Effects of faculty incivility on students include the need to repress painful memories, errors in clinical judgement, decreased student satisfaction with the nursing program (Marchiondo, Marchiondo, & Lasiter, 2010; Todd, Byers, & Garth, 2016), mental and physical illness, decreased self-esteem, and a desire to leave the program or to stop pursuing a nursing career altogether (Clark, 2017; Rawlins, 2017). Ultimately, incivility in the nursing program affects all stakeholders due to disruption of the learning environment and diminished ability of the program to fulfil its mission to the parent institution and the community (Clark, 2017; Rawlins, 2017). Incivility threatens the integrity of the nursing workforce, and by association, the nation's health care systems (American Nurses Association, 2015; Clark, 2017; Snively, 2016).

Nursing faculty, who hold a role as practice leaders, are the appropriate professionals to champion civility in nursing education (Clark, 2017; Palumbo, 2018; Rawlins, 2017; Woodworth, 2016). The literature supports the use of faculty development programs focused on fostering civility between faculty and students. Such programs may prompt professional reflection on faculty contributions to the problem of nursing program incivility and increase the capacity of faculty to lead nursing students toward civil behavior (Altmiller, 2012; Aul, 2017; Clark, 2008; Lasiter et al., 2012; Marchiondo et al., 2010; Seibel, 2014). Improved professional comportment in students



should persist beyond graduation and into nursing practice (Clickner & Shirey, 2013).

### **Problem Statement**

Faculty may not be familiar with the body of nursing literature that speaks to incivility and identifies the central role of nursing faculty as key leaders of civility (Clark, 2017; Luparell, 2005; Palumbo, 2018; Shanta & Eliason, 2013). Nursing faculty have reported significant challenges in responding to student incivility including lack of preparation to address incivility (Palumbo, 2018) and the time and money required to document and defend oneself against student incivility (Robertson, 2012). Faculty report altering grading practices to minimize the likelihood that students will respond with uncivil behavior (Robertson, 2012). Faculty of the partner institution have identified considerable stress as a result of student incivility and have identified the need for, and have requested greater support from program leadership in addressing uncivil nursing student behaviors and the effects on faculty. Faculty have also requested additional support in managing the stress of the increased workload associated with faculty responses to student incivility. Responses to surveys of student satisfaction with the BSN program indicate student perception of unfair and biased treatment by nursing faculty, and qualitative survey comments anonymously refer to incidents of faculty incivility. Therefore, it is logical to conclude that a faculty development program to increase awareness of the existing body of literature about incivility in nursing programs and strategies to address it should improve faculty readiness to engage in efforts to address incivility in the nursing program.

### **Purpose Statement**

The purpose of this scholarly project was to measure the effect of a journal club session conducted by a leading researcher on nursing incivility, on faculty readiness to address incivility in a pre-licensure nursing program.

### **Outcomes**

**Outcome 1.** Upon completion of the journal club session, the faculty participants will show increased agreement with the statement: *Faculty are responsible to lead efforts to address incivility in the nursing program.*

**Outcome 2.** Upon completion of the journal club session, the faculty participants will show increased agreement with the statement: *I have identified a need to increase my knowledge of strategies to address incivility in the nursing program.*

**Outcome 3.** Upon completion of the journal club session, the faculty members will show increased agreement with the statement: *I am ready to address incivility in the nursing program.*

## **Review of the Literature**

### **Literature Search**

A literature search was conducted from the Cumulative Index of Nursing and Allied Health Literature (CINAHL) database using the search terms *faculty*, *nursing*, and using Boolean operators, *uncivil behavior OR incivility OR bullying* (using the truncated form, *bully\**) *AND faculty development*. The search was limited to the English language, articles published in the United States, and peer reviewed articles published between 2008 and 2018. The *apply equivalent subjects* feature was used; 287 articles were found.

A second search was conducted from the MEDLINE database using the same terms and limitations; 43 articles were found. A third search was conducted using Academic Search Elite; 67 articles were found. The three searches were then combined using the Boolean operator *AND*, with 95, 1, and 3 articles found in CINAHL, MEDLINE, and Academic Search Elite, respectively. The abstract for each article was reviewed for relevance. Articles relating to graduate nursing programs, clinical nurse educators, and post-licensure education of nurses were removed. Articles focusing on interventions other than faculty development were removed if an article was judged to not substantively contribute specific knowledge to inform the faculty development program.

The Education Resources Information Center (ERIC) database was searched using *nursing faculty and civility* yielding one article that did not meet the inclusion criteria. Seventeen articles remained, and a manual search of the references listed by those articles yielded 26 additional articles that met the search criteria, 13 of which recommended faculty development to prepare faculty to address incivility in nursing programs and 13 that contained content relevant to creation of faculty development programs. The search trail is included in Appendix A.

### **Concept Analyses**

Nurse researchers have studied the concepts of *civility*, *incivility*, *professional comportment* of nurses, and *civility in nursing education* using methods of concept analysis (Clark & Carnosso, 2008; Clickner & Shirey, 2013; Peters, 2015; Woodworth, 2016). Key attributes of *civility* identified by Clark and Carnosso (2008) include respecting of the individuals involved, honoring differences between individuals, the use

of listening to seek commonality, and engaging in and appreciating the relevance of social discourse. Clark and Carnosso (2008) illustrate the antithesis (*incivility*) with an exemplar in which the two parties refuse to listen to or discuss the problem with one another using social discourse. The authors note that such refusal may lead to escalation and even violence between the parties (Clark & Carnosso, 2008). Peters (2015) studied the concept of *incivility*, and reported the key attributes as interactions characterized by disrespectful, belittling, condescending, undermining, insolent, or ambiguous behaviors. Clickner and Shirey (2013) analyzed the concept of *professional comportment*, noting that mutual respect, commitment, and collaboration are among its key attributes, and that the absence of professional comportment results in a culture of incivility with the potential consequence of compromised patient safety. Clark and Carnosso (2008), Peters (2015), and Clickner and Shirey (2013) alluded to the relationship between *civility* in nursing and the central concept of *caring* in the nursing profession.

Woodworth (2016) completed an analysis of the concept of *civility in nursing education* by focusing on the positive behaviors and attributes that support it, noting that *civility* is a complex concept that has continued to emerge over time, which warranted an updated analysis specific to nursing education. Two major themes emerged in the analysis of attributes: *moral principles* and *professionalism*. *Moral principles* included honesty, academic integrity, ethical behavior, good manners, mutual reliance, transparency, courtesy, and self and mutual respect. Attributes associated with *professionalism* included role modeling, accountability to professional behavior and safe care, communication including genuine discourse, and collaboration including consultation with colleagues and building organizational culture.

The concept analyses contribute to a shared understanding of incivility and civility in nursing education and the connection of these concepts to professional comportment. Together, these concepts provide insight into the problem by clarifying and defining the meaning of relevant terms and their key attributes and serving as a foundational platform from which to consider strategies to promote civility in nursing programs.

### **Literature Reviews on Incivility**

Four literature reviews of incivility in nursing education were retrieved (Gallo, 2012; Rawlins, 2017; Robertson, 2012; Seibel, 2014). Gallo (2012) suggested a thorough understanding of the problem of incivility as a foundation for formulating solutions, and identified four themes associated with incivility: *uncivil disruptive student classroom behaviors, academic dishonesty, bullying of or by professors, and uncivil faculty behaviors* including incompetence, poor teaching style, failing to show interest in students, and unavailability outside class.

Robertson (2012) focused on student incivility and noted three threads in the literature at that time: *behaviors indicative of disrespect, intent to be disrespectful, and disruption of the learning process resulting from these behaviors*. Robertson (as Woodworth also later noted in 2016), pointed out the complexity of the issue and highlighted the importance of examining underlying related student and faculty factors. Student factors included the complexities of juggling multiple roles, the necessity of combining work and nursing school, and anxiety due to constant fear of failing. Faculty factors included lack of preparation for class, perception of unfair faculty practices by students, poor quality of instruction and failing to lay out clear expectations to students.

Seibel (2014) conducted an extensive review of student perceptions of bullying by faculty during the undergraduate education process. Seibel found that bullying, an extreme and specific form of incivility involving existence of a power differential between the perpetrator and victim, appeared extensively in the literature. Seibel (2014) identified factors associated with faculty bullying including factors inherent in the system of nursing (stressors, increased workload of patient care, socialization in education that normalizes bullying), faculty factors (lack of preparation for role, lack of acceptance by clinical staff, stereotypical expectations of nursing students), and student factors (lack of connectedness to faculty, performance anxiety, maladaptive coping strategies).

Rawlins (2017) conducted an integrative literature review of 17 studies focusing on the two related issues of faculty-to-student and student-to-faculty incivility and factors leading to incivility. Rawlins found four major themes related to the effects of incivility in nursing programs: *detrimental to health and well-being of students and faculty*, *disruption of the teaching-learning environment*, *stress as catalyst*, and *incivility incites incivility*. Disruption of the teaching-learning environment included disruptive student behaviors in the classroom (arriving late, distracting behaviors, and inappropriate use of technology). Faculty factors included loss of joy in teaching due to an uncivil environment, inflated evaluation of student performance in order to avoid conflict with the student, and uncivil faculty behaviors toward students. Hierarchy of the academic environment including authoritarian teaching styles was also identified (Rawlins, 2017). Stress is a driving force for most incivility, and incivility sets in motion a perpetual cycle of incivility (Rawlins, 2017). Students and faculty experience varied stressors, but the effects of multiple stressors are cumulative and fuel acts of incivility (Rawlins, 2017).

Rawlins, citing Altmiller (2012), noted that students in particular justify their uncivil behaviors as retaliation for perceived incivility from the faculty. Poor communication, generational differences, and the lack of face-to-face contact in online learning were also associated with incivility (Rawlins, 2017).

Considered together, the literature reviews provide a broad and multi-faceted view of incivility in nursing education. Interventions to address incivility should target both faculty and students of nursing programs. The literature reviews suggest that interventions to improve faculty preparation for the teaching role and promote excellence in teaching, strategies to prepare both faculty and students to avoid and address incivility, and programs to mitigate the effects of stress on faculty and students have the potential to decrease the incidence and severity of incivility in nursing education.

### **Clark's Conceptual Model for Fostering Civility**

Clark (2008) conducted a large qualitative study of 125 nursing faculty and 164 nursing students to examine faculty and student perspectives on contributing factors to incivility in nursing education. Based on findings from this study, Clark developed a conceptual model to illustrate the reciprocal relationship between student-to-faculty and faculty-to-student incivility, describe faculty and student contributions to incivility, and depict the presence of an intense intersection of student and faculty stress that may result in uncivil behavior. In 2010, Clark revised the conceptual model (Appendix B) to include specific contributors to faculty and student stress and to highlight that a culture of civility is perpetuated when opportunities for engagement are seized, implemented, and well-managed, but a culture of incivility results when opportunities for engagement are poorly managed or avoided altogether. This model serves as a visual guide for nursing faculty

and academic nurse leaders who intend to address incivility and foster civility in nursing programs.

### **The Role of Academic Nurse Leaders in Addressing Incivility**

In 2010, Clark and Springer conducted a descriptive study of academic nurse leaders with 126 nursing program deans, chairs and directors, to gain academic nurse leaders' perspectives on student and faculty stressors, uncivil behaviors, and the role of academic nurse leaders in addressing incivility. Academic nurse leaders' descriptions of uncivil behaviors of students and faculty mirror those previously described, but this study was the first to focus on the role of the academic nurse leader in fostering civility. Responses included interventions such as modeling crucial conversations, creating a culture of civility, conducting surveys of the program to understand the impact of incivility, creation of a civility task force, and providing open forums for transparent discussion of incivility for students and faculty. This study provides a unique perspective to inform senior administrators who are concerned with fostering civility in nursing programs (Clark & Springer, 2010). Lasiter et al., (2012) recommended that program administrators establish expectations for faculty conduct, develop measures to address faculty incivility and provide a safe reporting process for students.

### **The Role of Nursing Faculty in Addressing Incivility**

It is the responsibility of nursing faculty to role-model civil behavior and lead efforts to address incivility and foster civility in nursing programs (Altmiller, 2012; American Nurses Association, 2015; Clark, 2008; Clark, 2009; Clark, Cardoni, Olender & Kenski, 2011; DelPrato, 2013; Jenkins, Kerber, & Woith, 2013; Peters, 2015; Palumbo, 2018; Rawlins, 2017; Shanta & Eliason, 2013; Woodworth, 2016). Recommended



faculty practices should be implemented, including exhibiting caring and respect (Altmiller, 2012; Clark & Kenaley, 2010; DalPezzo & Jett, 2009), upholding the Nurses Code of Ethics (American Nurses Association, 2015), engaging in collegial interactions with students (Clark, 2008) rather than hierarchical behaviors, and avoidance of exploiting faculty rank over students (Rawlins, 2017). Faculty should ensure that syllabi delineate clear expectations of students (Altmiller, 2012; Aul, 2017; Clark, 2009) and adopt a student-centered active learning pedagogy (Clark & Kenaley, 2010). Creation of course behavioral norms collaboratively with students (Clark, 2008; Clark, 2017), and consistently addressing acts of incivility using an established process, is recommended (Aul, 2017; Clark, 2008; Woodworth, 2016). Faculty should facilitate student autonomy and accountability (Shanta & Eliason, 2013). The use of cognitive rehearsal, remaining calm and civil, and use of scripted responses by faculty was recommended (Altmiller, 2012; Luparell, 2005). Obtaining student feedback on courses and teaching practices (Clark, 2009) and assessing the nursing program to measure the extent and types of incivility that occur (American Nurses Association, 2015; Aul, 2017; Clark, 2008) provide data to support efforts toward program improvement. Practicing self-reflection, stress management (Owens, 2017), and receiving support from colleagues and academic nurse leaders (Clark & Springer, 2010) are helpful strategies to manage the complex faculty role.

Faculty development sessions were mentioned repeatedly in the literature to prepare faculty to foster civility and address incivility (Altmiller, 2012; American Nurses Association, 2015; Aul, 2017; Authement, 2016; Clark, 2008; Clark, 2009; Clark & Kenaley, 2010; DalPezzo & Jett, 2009; DelPrato, 2013; Gallo, 2012; Lasiter, et al., 2012;

Owens, 2017; Seibel, 2014; Suplee, Lachman, Siebert, & Anselmi, 2008; Ziefle, 2017). Recommended topics included: incivility training (American Nurses Association, 2015), development of civility codes (Authement, 2016; Clark, 2008; Clark, 2009), classroom management (Clark & Kenaley, 2010; Zeifle, 2017), conflict management, negotiation skills, crisis management, and early identification of potentially violent students (DalPezzo & Jett, 2009), preparation for the educator role (DelPrato, 2012; Lasiter et al., 2010), recognition of signs of stress (Owens, 2017), recognition of situations that lead to incivility (Seibel, 2014), working with students across generations, setting faculty boundaries, identifying students in need of additional student services, and policy development (Suplee et al., 2008).

Although many interventions to prevent and address incivility were identified in the literature, only a small number of studies examined their effectiveness. Some interventions studied included establishing a comprehensive code of conduct (Authement, 2016), simulation and debriefing to provide students with practice in responding to incivility (Sauer, Thompson & Verzella, 2018), use of an e-learning civility training module for students (Palumbo, 2018), and a nursing student journal club (Jenkins et al., 2013). Further research is needed to explore the effectiveness of various strategies to address incivility and promote civility.

### **Theoretical Framework**

To increase the efficiency and effectiveness of the scholarly project, the *Knowledge to Action Model* of Graham and colleagues (2006) was selected as a guiding framework. The model guides moving evidence into action inside and outside the realm

of direct patient care; thus, is it applicable to the nursing educational setting (Graham et al., 2006).

The model (Appendix C) illustrates a cyclical process of knowledge generation and implementation. The seven steps of the process are: 1. Identify the problem and select knowledge/research relevant to it, 2. Adapt the knowledge to the local context, 3. Assess barriers to knowledge use, 4. Select, tailor, and implement interventions to encourage use of the knowledge, 5. Monitor use of the knowledge, 6. Evaluate the results of its use, and 7. Sustain use of the knowledge (White, 2016). In the visual, a triangular funnel shape (Graham et al., 2006) represents Knowledge Creation, (steps 1 and 2). As knowledge is refined, it moves through the funnel and becomes tailored to its intended use (Graham et al., 2006). The Action Cycle (steps 3-7) surrounds the funnel and depicts the phases of application of the specifically tailored knowledge, connected by arrows. The model has been in use extensively since its development to inform Knowledge Translation across several disciplines, including nursing education (Field, Booth, Ilott, & Gerrish, 2014). The scholarly project completed steps 1 through 3; the remaining steps were beyond the scope of the project.

### **Organizational Assessment**

BSN program faculty and senior leaders were concerned about a multi-year trend of rising gap scores on the Noel Levitz Student Satisfaction Survey (Schreiner & Juillereat, 1994) in the area of fair and unbiased treatment of students by faculty. The gap score indicated that BSN nursing students highly valued fair and unbiased treatment, and the student perceptions of faculty performance in this area were unfavorable. Qualitative comments on course, program, and college wide feedback surveys supported

that BSN nursing students expected to see improvement in this area. In addition, the number of graduates who would recommend the program to others revealed a downward trend. The senior administrator of the college issued a call to action to the nursing faculty regarding these trends. Unfair, biased, or subjective treatment of nursing students by faculty was identified as a form of incivility (Altmiller, 2012; Clark, 2007; Clark, 2008; Clark, 2010; DalPezzo & Jett, 2009; DelPrato, 2012; Lasiter et al., 2012). Faculty incivility was strongly associated with decreased student satisfaction with the nursing program by Marchiondo et al., (2010), who also found that students rarely reported acts of faculty incivility.

Faculty shared several anecdotal reports of student-to-faculty incivility with the doctoral student. Nursing faculty expressed the need for more faculty support from the organization due to the stressful impact of student incivility and the complexity of the faculty role and workload. Faculty expressed concerns about the potential loss of qualified nursing faculty due to uncivil student behaviors. Incivility is associated with faculty decisions to leave teaching positions (Clark, 2017).

The data from students and faculty signified a potential “dance of incivility” (Clark, 2008) taking place within the BSN program. Clark (2008) suggested the need for timely actions to raise awareness of the faculty of the reciprocal nature of incivility, its potentially far-reaching negative effects, and the importance of faculty leadership in addressing incivility in the nursing program with the support of program and college administration.

Readiness for change was evident in the call to action issued by senior leadership and the expressed desires of the faculty for additional support. Barriers to change

included the sensitive and complex nature of the topic, the existing stress level of the faculty, the needed time for faculty to reflect thoughtfully on practices, and time pressures of competing demands on faculty due to complex workloads. Facilitators included the call to action by senior leadership, the desire of the faculty for positive change, the use of the partner institution's electronic resources to carry out the scholarly project, the considerable body of literature available to inform the project, and the time and resources invested by the doctoral student. Risks and unintended consequences included minimal faculty emotional discomfort, potential failure of faculty to accept the intended role of leadership, or failure to improve the performance gap in student satisfaction.

### **Methodology**

The scholarly project was a pre- post-test design consisting of an on-site journal club session for the nursing faculty which featured a real-time streaming video presentation created for the nursing faculty on the topic of incivility in nursing education based on the presenter's extensive research, experience, and expert opinion. Approval for nursing continuing education credit was obtained. Prior to the start of the presentation, participants registered for the session and completed a brief pre-intervention survey to assess faculty readiness to address incivility in the nursing program. Immediately following the presentation, there was an opportunity for the nursing faculty to ask questions of and receive responses from the presenter. At the conclusion of the session, participants completed a post-intervention survey and if desired, the program evaluation survey for the continuing education credit. Continuing education certificates were distributed to participants at the conclusion of the event. A third and final post-

intervention survey was collected one month following the session. Upon completion of the final survey, participants received a coffee shop gift card for five U.S. dollars.

### **Setting**

The scholarly project took place in partnership with a BSN program located within a small not-for-profit health sciences college in the Midwest. The college offers accredited education programs to prepare professionals in the health care disciplines of nursing, respiratory care, and radiography technology. The student body of the BSN program consisted of approximately 130 individuals. The institution is located in a metropolitan area of approximately 500,000 residents served by two major health care systems. Many graduates of the nursing program remain in the local community and serve as registered nurses in a variety of local practice settings. The nursing department provides three undergraduate curriculum plans leading to a BSN degree: Accelerated, Basic, and RN-to-BSN Completion. Approximately 60 students graduate from the BSN program each academic year.

### **Sampling and Recruitment**

A letter of support from the Dean of the partner institution was obtained for the purposes of confirming permission to conduct the scholarly project in partnership with the institution. The sample consisted of individuals employed in a nursing faculty role in the BSN program. Faculty who taught exclusively in the graduate nursing program, or in other programs, were excluded. Administrators, students, and all others were excluded. The thirteen faculty meeting the inclusion criteria received invitations to participate in the project.

To recruit participants for the project, an announcement was made to all BSN faculty in attendance at the February and March 2019 nursing department meetings. A reminder invitation was sent to all BSN faculty via email two weeks prior to the event, one week prior to the event, 48 hours, and 24 hours prior to the event. The final sample consisted of ten BSN faculty members.

### **Implementation Procedures**

The project presentation took place as a single pilot journal club session on March 22, 2019. The project followed the timeline developed prior to implementation (Appendix D). The doctoral student made all arrangements for organizing the event including:

- securing the services of the presenter
- reserving the meeting location for the initial event and one month follow up survey collection
- obtaining coffee shop gift cards
- seeking approval for nursing continuing education credit through the health system affiliate of the partner institution
- creating and issuing invitations
- conferring with the presenter
- testing the technology prior to the event
- recruiting the educational technologist of the partner institution to stand by during the presentation to assist with streaming video technology
- preparing the survey documents for the three data collection times

- recruiting and training two project assistants who held doctoral degrees: one to serve as moderator and one to administer the surveys before and after the journal club event

### **Measurement Instrument**

In order to measure the outcomes of this scholarly project, the doctoral student created a survey (Appendix E). The three project outcomes were included in the three-item Likert scale survey. The survey had not been used previously since it was unique to the project. Therefore, there were no measures of reliability and validity related to these questions. Prior to the journal club session, the surveys were printed and numbered for reference purposes. Pre-intervention surveys were numbered 01-01, 01-02, 01-03, 01-04, 01-05, 01-06, 01-07, 01-08, 01-09, 01-10, 01-11, 01-12, 01-13. Immediate post-intervention surveys were numbered as follows: 02-01, 02-02, 02-03, 02-04, 02-05, 02-06, 02-07, 02-08, 02-09, 02-10, 02-11, 02-12, 02-13. Final one-month post-intervention surveys were numbered as follows: 03-01, 03-02, 03-04, 03-05, 03-06, 03-07, 03-08, 03-09, 03-10, 03-11, 03-12, 03-13. Prior to the journal club session and throughout the data collection period, the surveys were stored in a locked file drawer in the office of the project assistant responsible for data collection.

### **Data Collection Procedures**

A project assistant received training in the data collection protocol. This project assistant distributed the cover letter explaining the scholarly project to participants just prior to distribution of the pre-intervention surveys. Prior to administration of the pre-intervention survey, the project assistant assigned each participant a participant number used to identify the participant for each survey. The project assistant maintained a listing



of the participant names and numbers throughout data collection using a Survey Tracking Form (Appendix F). The doctoral student did not have access to the Survey Tracking Form.

Immediately prior to the presentation, the numbered pre-intervention surveys were distributed after all participants were seated. Participants responded to the three survey items. The project assistant collected the completed surveys and placed them with the Survey Tracking Form into a locked file cabinet in the office of the project assistant. At the conclusion of the event, the project assistant used the Survey Tracking Form to verify that each participant received the correct post-intervention survey. Upon completion, the completed post-intervention surveys were transferred to the locked file cabinet. Unused surveys were placed in a locked bin for secure shredding. Participants were offered an opportunity to voluntarily complete the anonymous continuing education program evaluation survey required by the committee responsible for approving the continuing education credit for the event. The completed continuing education program evaluation surveys were given to the doctoral student as required by the continuing education committee.

The project assistant provided participants with the date, time, and location of the final post-intervention survey collection. The project assistant used the Survey Tracking Form to ensure that participants received the survey form corresponding with their assigned participant number. Participants completed the surveys and the project assistant placed the completed surveys into a locked file drawer.

**Ethical Considerations/Protection of Human Subjects**

Prior to initiating the scholarly project, an application was submitted to The Nebraska Methodist College (NMC) Institutional Review Board (IRB), and the Human Subjects Protection Committee of the partner institution. The project was determined by both parties to be exempt. The project posed minimal risk to participants and participants were not considered a vulnerable group (NMC IRB, 2018). The doctoral student completed the Collaborative Institutional Training Initiative (CITI) coursework. Although the doctoral student did not hold a supervisory position over the faculty participants, a potential or actual power differential between the doctoral student and nursing faculty members might have been perceived. Therefore, the doctoral student did not attend the event nor participate in the data collection sessions of the project.

Potential risks to participants included emotional discomfort due to the sensitive nature of the topic, past experience with being an initiator or recipient of incivility, or in reflecting on the stress or other negative effects associated with incivility. Additional risks might have included an erroneous perception that the partner institution or doctoral student expected the individual to participate fully in the project, and fear of reprisal by the partner institution should an invited participant decline to participate or withdraw from the project prior to its full completion. Safeguards were in place to protect the identity of each individual participating in the project including storage of the Survey Tracking Form in a locked file cabinet accessible only to the project assistant. The Survey Tracking Form is the sole document linking the identity of participants with the completed surveys.

### Data Analysis

A one-way repeated measures ANOVA was performed using SPSS software comparing scores on the *Faculty Readiness to Address Incivility in the BSN Program* survey tool. The ANOVA assessed the impact of the journal club session on faculty agreement with each of the three survey items:

1. *Faculty are responsible to lead efforts to address incivility in the nursing program,*
2. *I have identified a need to increase my knowledge of strategies to address incivility in the nursing program, and*
3. *I am ready to address incivility in the nursing program.*

The dependent variables of responsibility to lead (“lead”), identification of the need to increase knowledge of strategies (“need”), and readiness to address incivility (“ready”) were measured at each of the three times.

Mauchly’s test of Sphericity was conducted to determine whether the assumption of homogeneity of variances was met. The assumption was met for “lead” ( $p=.221$ ) but violated for “need” ( $p=.014$ ) and “ready” ( $p=.046$ ). Therefore, the Huynh-Feldt test determined the  $F$  statistic for “need” and “ready”.

### Results

Tests of Within-subjects Effects for “lead” showed no significant change over time ( $F(2)=0.57, p>0.5$ ). Tests of Within-subjects Effects for “need” also showed no significant change over time  $F(1.293)=1.413, p>0.5$ . For the dependent variable of “ready”, the results of the Tests of Within-subjects Effects nearly reached significance

( $p=.06$ ), suggesting that there may have been an effect from the journal club event  $F(1.431)=3.857$   $p>0.5$ .

Pairwise comparisons between the three testing points and measures of central tendency (mean) were calculated for each outcome. Pairwise comparisons (Table 1) for scores measuring outcome 1 demonstrated no significant changes between time point 1 (pre-test), time point 2 (post-test 1), and the time point 3 (post-test 2). However, looking at mean measures between testing responses demonstrated a slight increase from time point 1 to time point 2 that was sustained in time point 3 (Table 2).

Table 1  
*Pairwise Comparisons for Lead Question*  
Measure: MEASURE\_1

(I) lead	(J) lead	Mean Difference (I-J)		Sig. <sup>a</sup>	95% Confidence Interval for Difference <sup>a</sup>	
		J)	Std. Error		Lower Bound	Upper Bound
1	2	-.100	.407	.993	-1.289	1.089
	3	-.100	.233	.967	-.782	.582
2	1	.100	.407	.993	-1.089	1.289
	3	.000	.365	1.000	-1.067	1.067
3	1	.100	.233	.967	-.582	.782
	2	.000	.365	1.000	-1.067	1.067

Based on estimated marginal means

a. Adjustment for multiple comparisons: Sidak.

Table 2  
*Mean Participant Responses to Lead Question*

Time	Mean	Std. Deviation	N
Time 01	4.20	.919	10
Time 02	4.30	1.337	10
Time 03	4.30	.823	10

Pairwise comparisons (Table 3) for scores measuring “need” demonstrated no significant changes between time points 1, 2 or 3. However, mean measures between

testing responses demonstrated a slight increase from time point 1 to time point 2; this degree of mean improvement was not sustained at time point 3 (Table 4).

Table 3  
*Pairwise Comparisons for Need Question*  
Measure: MEASURE\_1

		Mean	95% Confidence Interval for			
		Difference (I-	Difference <sup>a</sup>			
(I) need	(J) need	J)	Std. Error	Sig. <sup>a</sup>	Lower Bound	Upper Bound
1	2	-.500	.342	.443	-1.498	.498
	3	-.300	.367	.819	-1.372	.772
2	1	.500	.342	.443	-.498	1.498
	3	.200	.133	.424	-.190	.590
3	1	.300	.367	.819	-.772	1.372
	2	-.200	.133	.424	-.590	.190

Based on estimated marginal means

a. Adjustment for multiple comparisons: Sidak.

Table 4  
*Mean Participant Responses to Need Question*

Time	Mean	Std. Deviation	N
Time 01	4.10	1.197	10
Time 02	4.60	.516	10
Time 03	4.40	.516	10

For the dependent variable of “ready” pairwise comparisons of mean difference were examined post hoc using Sidak’s adjustment for multiple comparisons to determine which time point was statistically significant ( $p < .05$ ). Results showed that time point 2 had a significantly higher mean than time point 1 ( $p = .028$ ) (Table 5).

Table 5  
*Pairwise Comparisons for Ready Question*  
 Measure: MEASURE\_1

(I) ready	(J) ready	Mean Difference (I-J)			95% Confidence Interval for Difference <sup>a</sup>	
			Std. Error	Sig. <sup>a</sup>	Lower Bound	Upper Bound
1	2	-.700	.213	.028	-1.324	-.076
	3	-.500	.342	.443	-1.498	.498
2	1	.700	.213	.028	.076	1.324
	3	.200	.200	.717	-.385	.785
3	1	.500	.342	.443	-.498	1.498
	2	-.200	.200	.717	-.785	.385

Based on estimated marginal means

a. Adjustment for multiple comparisons: Sidak.

Mean participant responses for the variable “ready” demonstrated an increase from time point 1 to time point 2, however this degree of mean improvement was not sustained at time point 3 (Table 6).

Table 6  
*Mean Participant Response to Readiness*

Time	Mean	Std. Deviation	N
Time 01	3.80	.919	10
Time 02	4.50	.527	10
Time 03	4.30	.675	10

To assess the effect of the journal club session on faculty agreement with the three outcome statements, the ten participants completed identical surveys at three points in time: immediately before the journal club session (time 1), immediately after the journal club session (time 2), and one month following the journal club session (time 3). All ten participants completed surveys at times 1, 2, and 3. The participants were adult female

full-time nursing faculty members teaching in the BSN program of the partner institution, who each held a minimum of a master's degree in nursing. Agreement with each of the three outcome statements was expected to increase from time 1 to time 2 as a result of attending the journal club event, and to persist from time 2 to time 3 as faculty considered and discussed the information presented in the journal club.

For Outcome 1, based on the one-way repeated measures ANOVA, there was no significant increase over time in faculty agreement with the statement: *Faculty are responsible to lead efforts to address incivility in the nursing program*. Outcome 1 was not met.

For Outcome 2, based on the one-way repeated measures ANOVA, there was no significant increase over time in faculty agreement with the statement: *I have identified a need to increase my knowledge of strategies to address incivility in the nursing program*. The outcome was not met.

For Outcome 3, based on the one-way repeated measures ANOVA, faculty showed increased agreement at time 2 with the statement: *I am ready to address incivility in the nursing program*. However, the increase was not fully maintained to time 3 and fell short of reaching statistical significance at either time 2 or time 3. The outcome was partially, but not fully, met.

### **Discussion**

To minimize the serious negative impact of incivility on both the nursing workforce and the health and safety of client populations, schools of nursing must continue to engage in promoting civility and addressing incivility in nursing programs. The nursing literature supports faculty development as an essential strategy to address

incivility in nursing education, but there are few studies measuring the effectiveness of specific interventions such as faculty development sessions on faculty readiness to address incivility. Nursing faculty of the partner institution related increased job stress due to the effects of incivility and identified a need for strategies to address incivility as well as a need for increased administrative support.

The scholarly doctoral project provided a faculty development session intended to increase faculty awareness of evidence-based strategies to address incivility, and the role of nursing faculty as leaders of civility in nursing programs. Although the project results did not reach the level of statistical significance, clinical significance may be present. The results of increasing mean scores between the pre-test, and the immediate and one-month post-tests suggest further consideration be given to measuring the effectiveness of programs to equip faculty to address incivility.

Effectiveness of the journal club session might have increased by adding a component of discussion of the session content between faculty and the academic nurse leaders of the program. Although the literature supports the role of faculty as leaders of civility in nursing programs, the visible and ongoing support of the academic nurse leaders is essential.

Because incivility is known to occur in most nursing programs, faculty of other programs in the community or a wider geographic area should be invited to participate in future journal club sessions, to increase the sample size of qualified participants and the potential impact of the sessions on faculty readiness to address incivility. Valid and reliable instruments are needed to measure the effectiveness of interventions to increase the readiness of faculty to address incivility.



### **Limitations**

Data from the project were specific to the partner institution and are therefore limited in applicability to other nursing programs or other health professional education programs. The number of participants was small, and the survey instrument lacked measures of validity and reliability. All participants in the scholarly project were colleagues of the doctoral student, who holds a leadership role in the BSN program. Although the doctoral student was not present during the journal club session or data collection to minimize this potential influence, some may have existed. Participants who supported the doctoral student as a program leader may have selected favorable responses to promote the success of the scholarly project. Participants who may not have supported the doctoral student as a program leader may have selected responses that minimized the impact of the journal club session.

### **Implications for Practice and Plan for Sustainability**

The outcomes of the scholarly project will be disseminated to the faculty and administration of the partner institution. Using the *Knowledge to Action Process* (Graham et al., 2006), the program should assess barriers to the implementation of strategies to address incivility (Step 4). The program should develop a plan to select, tailor, and implement interventions to foster a healthy learning environment free from incivility, beginning with optimal use of resources already available to the program (Step 5). As part of Step 5, faculty should engage in discussion of the usefulness of the journal club pilot session. Faculty should determine whether to request future sessions of the journal club using the pilot format, a modified format, or to seek alternative methods of faculty development. If the journal club is to continue, the nursing faculty should provide

input into topic and article selection. Over time, the program should monitor the implementation of the plan to address incivility (Step 6). Finally, the program should evaluate the results of the implementation, and begin the *Action Cycle* anew (Step 7).

Any funding needed to sustain the plan to address incivility, including ongoing faculty development, should be sought through the partner institution's budget process. Alternative methods might include obtaining a grant, developing a fund with contributions of interested stakeholders and supporters, or any combination of these options.

Potential partnerships with other schools of nursing should be explored to share resources for faculty development to promote civility in nursing programs. Given the availability to use the Internet for broadcasting streaming video content, video journal club sessions have the potential to reach a wide audience of nursing faculty as distance is not a consideration. With permission of the research presenters, the streaming video presentations could be recorded using currently available technology and shared amongst partner institutions, to increase the impact of future journal club sessions. Further discussion should take place amongst nursing faculty and academic nurse leaders of partner institutions to increase the support for faculty to address incivility and foster civility in their respective programs.

### **Conclusion**

A journal club session related to incivility was provided to a group of ten nursing faculty members from a BSN program. The session consisted of a live-streamed video presentation by a researcher with a substantial body of published research on incivility, followed by a question and answer session between the presenter and faculty participants.

The aims of the journal club session were to increase nursing faculty awareness of the devastating impact of incivility in nursing programs, to increase readiness of the faculty to assume their role as leaders of civility, and to provide faculty with evidence-based strategies to address incivility and foster civility.

Measures of effectiveness of the journal club pilot session on nursing faculty readiness to address incivility were obtained. Attendance at the journal club session was associated with an increase in agreement with faculty readiness to address incivility that did not reach the level of statistical significance, but which suggested the session had an impact.

BSN faculty should continue to deepen understanding of the faculty role in fostering civility and the impact of incivility on student satisfaction, program outcomes, and ultimately, population health. Nurse leaders at the administrative level should continue to support faculty development to foster excellence in nursing education, the use of evidence-based strategies to address incivility, and faculty engagement as leaders in promoting civility in the BSN program. Administrators should provide ongoing support for the development and implementation of a sustained plan to foster civility for the BSN program and institution.

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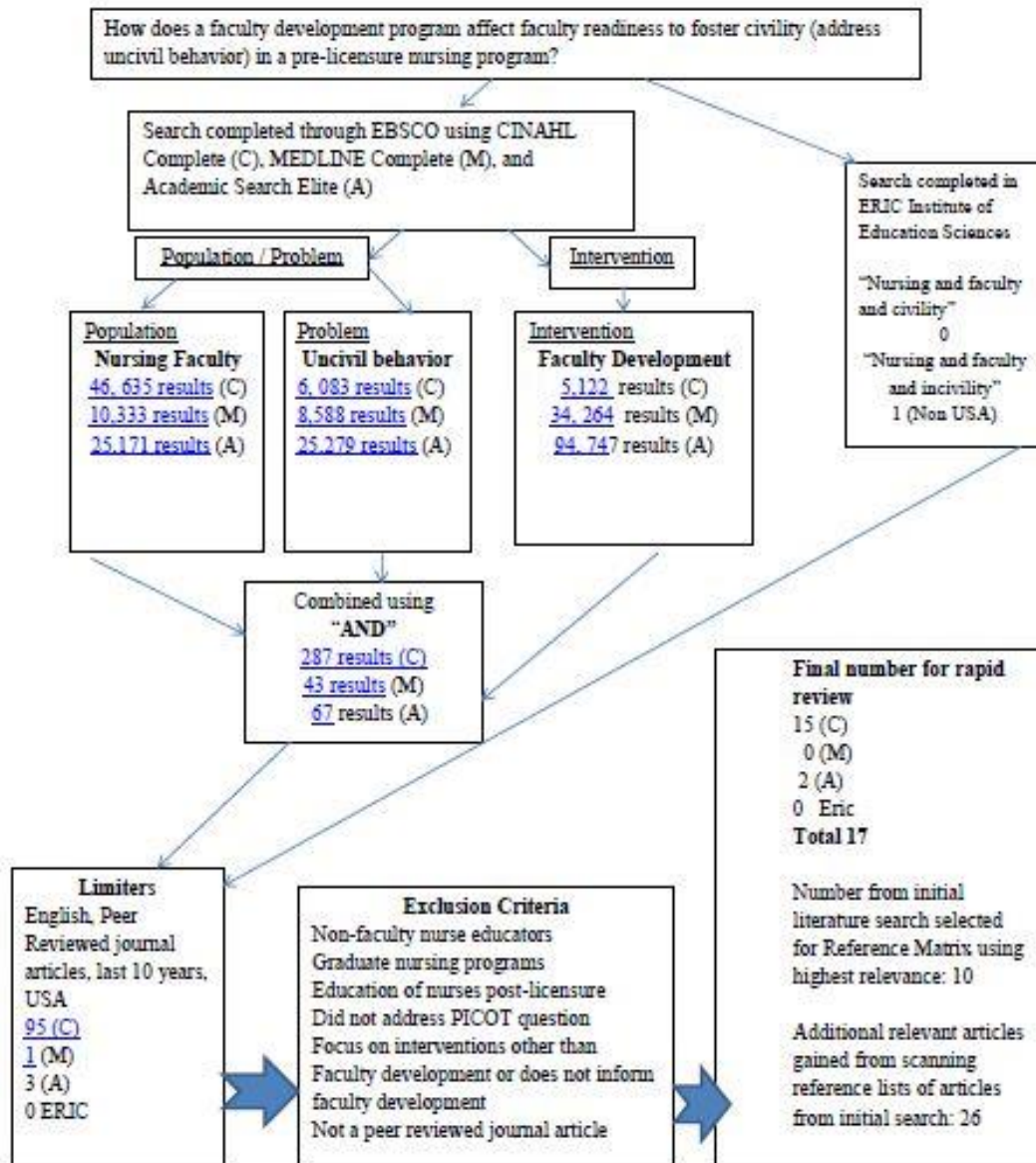
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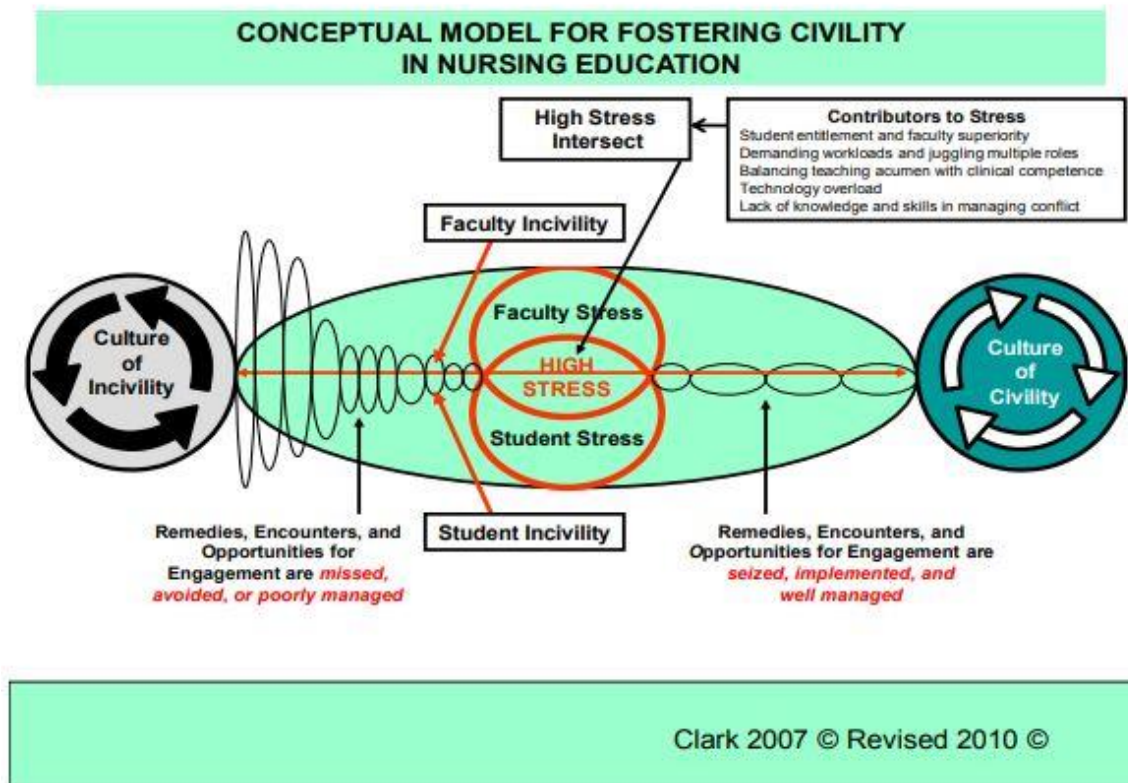
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## Appendix A

## Search Trail Summary

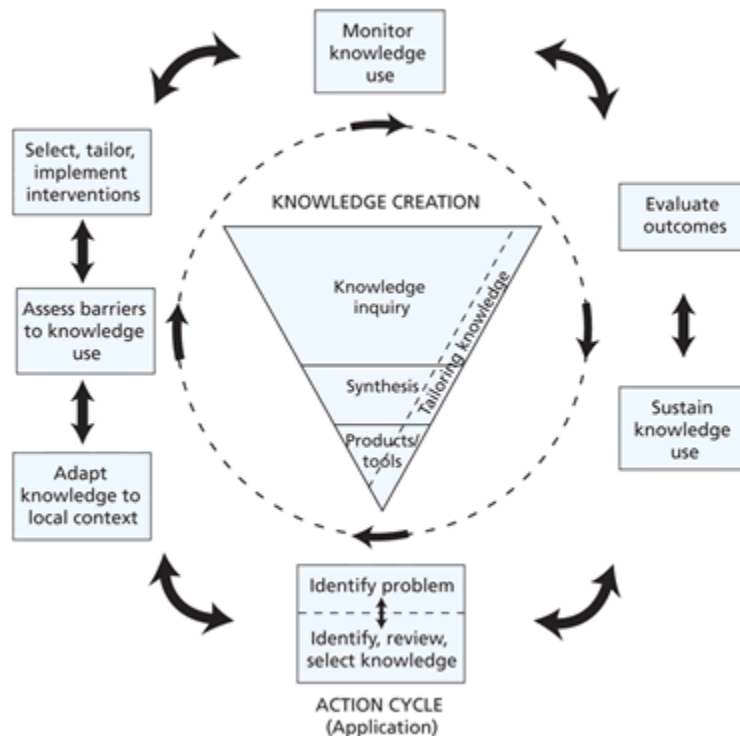


## Appendix B



## Appendix C

### The Knowledge to Action Process



**Appendix D**Project Timeline

Task	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019
Recruitment of eligible participants (BSN program faculty)	X	X	X				
Pretest, Intervention (Journal Club Event), and Immediate post test			X				
Follow up Post-test one month after event				X			
Analysis of survey data					X	X	
Results presented to Nursing Faculty							X

**Appendix E****Participant number** \_\_\_\_\_**Survey number** \_\_\_\_\_**Survey of Faculty Readiness to Address Incivility in the BSN Program**

For each of the questions below, circle the response that best characterizes how you feel about the statement, where 1=Strongly Disagree, 2=Disagree, 3=Neither Agree Nor Disagree, 4=Agree, and 5=Strongly Agree. If you wish to change your response, please draw an "X" through the response you wish to remove.

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Faculty are responsible to lead efforts to address incivility in the nursing program.	1	2	3	4	5
I have identified a need to increase my knowledge of strategies to address incivility in the nursing program.	1	2	3	4	5
I am ready to address incivility in the nursing program.	1	2	3	4	5

## Appendix F

## Survey Tracking Form

<b>Participant name and 4 digit Reference code</b>	<b>Pre-intervention survey codes</b>	<b>Immediate post- intervention survey codes</b>	<b>One-month post- intervention survey codes</b>
<b>Participant 01 name:</b>	<b>01-01</b>	<b>02-01</b>	<b>03-01</b>
<b>Participant 02 name:</b>	<b>01-02</b>	<b>02-02</b>	<b>03-03</b>
<b>Participant 03 name:</b>	<b>01-03</b>	<b>02-03</b>	<b>03-03</b>
<b>Participant 04 name:</b>	<b>01-04</b>	<b>02-04</b>	<b>03-04</b>
<b>Participant 05 name:</b>	<b>01-05</b>	<b>02-05</b>	<b>03-05</b>
<b>Participant 06 name:</b>	<b>01-06</b>	<b>02-06</b>	<b>03-06</b>
<b>Participant 07 name:</b>	<b>01-07</b>	<b>02-07</b>	<b>03-07</b>
<b>Participant 08 name:</b>	<b>01-08</b>	<b>02-08</b>	<b>03-08</b>
<b>Participant 09 name:</b>	<b>01-09</b>	<b>02-09</b>	<b>03-09</b>
<b>Participant 10 name:</b>	<b>01-10</b>	<b>02-10</b>	<b>03-10</b>
<b>Participant 11 name:</b>	<b>01-11</b>	<b>02-11</b>	<b>03-11</b>
<b>Participant 12 name:</b>	<b>01-12</b>	<b>02-12</b>	<b>03-12</b>
<b>Participant 13 name:</b>	<b>01-13</b>	<b>02-13</b>	<b>03-13</b>