

INCREASING CIVILITY IN THE WORKPLACE

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Abstract

An All Employee Survey (AES) was conducted throughout a national healthcare facility across the country. As a result of the AES of 2013, it was found that employees at a healthcare provide in California did not feel that there was civility or psychological safety in the work area. In actions resulting from the national direction to improve workplace scores for psychological safety and civility among nursing staff as a result of the all employee survey, how does initiating an educational training project that would be ongoing improve civility and psychological safety in the workplace for staff, compared to staff continuing to feel unsafe and experience uncivil treatment from fellow staff members, affect improved satisfaction survey scores and employee work relationships, within one year? Leadership in the mental health service line, to include outpatient areas, worked to develop a training tool and educated staff in the outpatient areas on civility and psychological safety in the workplace. The goal of this project was to create an employee training program that improved psychological safety and civility in the workplace among staff. The purpose of this Evidenced-Based Practice (EBP) change project was to improve the AES satisfaction scores and employee work relationships. The summary of expected outcomes as it relates to this EBP change project were successful team functioning, high-quality care, and patient safety. The target score of 4.0 was not met and there was a decrease in the AES civility score for 2014 specific to outpatient mental health

Dedication

This is dedicated to my daughter Ashley Michelle Pinckney who has been a constant supporter and motivator throughout my educational endeavors.

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CHAPTER 1. INTRODUCTION

An All Employee Survey (AES) was conducted throughout a national healthcare system across the country. As a result of the AES scores of 2013, it was found that employees did not feel that there was civility and psychological safety among staff in the work area. The scores obtained during this survey fell below the national benchmark. As a nurse leader in the mental health service line the goal was to develop an educational program to educate staff in the outpatient area on civility and psychological safety in the workplace. The purpose of this Evidenced-Based Practice (EBP) change project was to improve the AES scores and employee work relationships.

Nature of the Capstone Project

Will employees experience an increased sense of civility and psychological safety in the workplace as a result of a teaching module? The problem was that the employees did not feel psychologically safe and experienced incivility in the workplace from other staff members. A clinical question was formed: (P) In actions resulting from the national direction to improve workplace scores for psychological safety and civility among nursing staff as a result of the all employee survey, (I) how does initiating an educational training project that would be ongoing improve civility and psychological safety in the workplace for staff, (C) compared to staff continuing to feel unsafe and experience uncivil treatment from fellow staff members, (O) affect improved satisfaction survey scores and employee work relationships, (T) within one year?

Description of the Problem, Environment, and Target Population

During the month of September 2013, the AES was conducted. This facility achieved a 32.16% response rate (below the national average rate of 66.5%). The results of the survey were calculated based on the average score assigned to each survey question. Each survey question or statement was rated on a scale of 1 to 5, with 1 reflecting “strongly disagree” and 5 reflecting “strongly agree.” In an effort to allow for anonymity, responses from groups of 10 or less staff members were rolled into the next highest organizational level. It was recommended by the Director of Human Resource Management that each service line review their data and section unit data to develop action plans to address low scoring areas in each work environment. It was also recommended that each service line select one area to work on from each AES index, preferably the low scoring areas.

This recommendation came as an effort to improve workplace scores for psychological safety and civility and was addressed in the outpatient mental health area and targeted all staff in this area. The problem addressed in this evidenced based practice (EBP) proposal was the result of the fiscal year (FY) 2013 all employee satisfaction survey. Mental health employees’ scores were below the national average in the area of feeling psychologically safe, civility in the workplace, and trust. Process indicators measure nursing care such as assessment, intervention, and RN job satisfaction. Providing unit-based, nationally benchmarked nurse-sensitive clinical indicator data for every unit is essential and beneficial to each unit.

Purpose of the Capstone Project

The purpose of this change project was to increase nurse's feelings of psychological safety and civility in the workplace. A secondary gain would be an increase in the scores on the AES at the facility. This evidenced-based practice (EBP) change project focused on implementing a teaching program for nursing staff to increase psychological safety and civility in the workplace.

Significance of the Capstone Project

Quality and excellence can be defined and measured in this specialty area in several different ways. According to Merriam-Webster Dictionary (Quality, 2012), quality is defined as a peculiar and essential character, a degree of excellence, social status or a distinguishing attribute. Merriam-Webster Dictionary (Excellence, 2012), also defines excellence as the quality of being excellent, superior, and very good of its kind: eminently good. Quality and excellence are two distinct characteristics that an organization must possess in order to remain among the cutting edge (VHA, 2015). When mental health patients and their families seek medical treatment during a time of crisis, they not only expect to enter a facility that provides quality patient centered health care but also provides excellent patient care as well.

Having quality and being excellent is a core value that demonstrates a high standard of practice in the nursing profession. The values of the facility are demonstrated in these core values. Ethical principles are autonomy, beneficence, non-maleficence, veracity, fidelity and justice. Providing caring and compassionate patient centered care to the patient is an ethical value that is regarded highly at this facility. Valuing patient confidentiality and being a patient advocate is also an ethical value. Providing care in a

morally upstanding manner that protects the dignity and integrity of the patient reflects an ethical value.

Having respect for the patient, family members and peers in the clinical environment and striving for excellence in all that is done. "I CARE" is the acronym of the core values (VHA, 2015). This stands for integrity, commitment, advocacy, respect and excellence. These core values are characterized by being Trustworthy, Accessible, Quality-Oriented, Innovative, Agile and Focused on Integration (VHA, 2015). These qualities were enforced and demonstrated in an effort to improving the low scoring A

Definition of Relevant Terms

Civility can be defined as formal politeness and courtesy in behavior or speech. **Civility** is also defined as polite remarks used in formal conversation. Civility is usually demonstrated through manners, courtesy, politeness, and a general awareness of the rights, wishes, concerns, and feelings of others in the workplace. **Workplace incivility** can be referred to as rude behaviors that violate norms of mutual respect. According to Clark (2014), workplace incivility reduces employee retention, recruitment, and job satisfaction, and it can have devastating and lasting effects on a nurse's sense of self-worth, confidence, and commitment to nursing.

Psychological safety refers to a shared belief that the team is safe for interpersonal risk taking, team members feel accepted and respected (VHA, 2015).

Administrative management is defined as addressing issues concerning how the organization should be structured (Sutton, 2003).

Assumptions

Change is inevitable; the only thing that is constant is change (McCarthy, 2006). In organizations, there are external and internal forces that make it impossible to avoid change (McCarthy, 2006). The opportunity was identified to provide staff education in the clinical setting in an effort to build trust in the workplace. According to Erwin (2009), the top three categories of change initiatives include reducing costs, improving performance and turnarounds. Externally there is a need to keep up with the latest trends and modern advances. Internally there is a need to enhance organizational performance to meet or exceed internal bench marks that have been established by the facility. The DNP prepared nurse manager's role at this organization was to institute an organizational change throughout mental health services. The assumption of this change was to have an increase in the nurses feeling of psychological safety and civility in the workplace and see an increase in the AES scores.

Nurse leaders play a very important part in ensuring change happens (Hader, 2007). An assumption can be made as it relates to this project that the nursing leaders must be change agents, interpreting the desired plan and then moving towards implementation of the plan. During this change process, communication with all employees in the mental health nursing service was critical. The assumption was made that one challenge to this change was the overall resistance to change. Another assumption was made that the opportunities to institute this project was the overall increased collaboration among nursing staff in the assigned areas and an increase in the trust and civility displayed among nursing staff.

Canterucci (2003) suggests leaders facilitate change on five levels: (a) leaders accept the need for change and create a positive environment for change, (b) leaders define change and identify points of influence within the organization, (c) leaders translate the vision of the organization into the context of the specific change to the employees, (d) leaders create a strategic plan for the change by identifying and managing complex and cultural dynamics within the organization, (e) leaders champion and support employees in this final stage. This is the outline that was adopted as a guide to accomplishing this organizational change. The five steps listed above were used to formulate the implementation of the outlined changes to this organization.

Limitations

According to McCarthy (2006), problems that arise on the units are either the result of individual employees or unit systems. According to McConnell (2005), it is important for the leader to know the employee as an individual. One limitation to implementing this project was that leadership did not know the needs of the employee and how they pursue the fulfillment of their needs. The team needs to address change ongoing and a limitation would be that change can be instructed but there is no guarantee that it will be carried out by the individual employee. Respecting the input and opinions of the stakeholders involved were key to decreasing limitations in the clinical environment. To institute collaboration among staff and decrease limitations to this change project teaching was done during the monthly staff meeting when all members are present. During the staff meeting, team members were introduced to the organizational change and all the details that were included in this change.

In this agency, the culture needed to be changed. The motivation needed to come from the leadership team in an effort to motivate the workers. The multidisciplinary team needed to address change ongoing. The directive came from Washington, DC, to the Director of the facility, to the Nurse Executive, to the Associate Chief Nurse, and then to the Nurse Manager. Our facilities overall score for civility was below the national benchmark. This improvement project target score for the AES Civility 2014 in mental health was set at 4.0. The interventions included staff education regarding the AES, the questions that were used to measure civility in the workplace, the 2013 scores, and the 2014 target score.

Capstone Project Objectives

The objective for this project is to increase the AES scores in 2014 to 4.0. As a result of the AES for 2013, there was a need to develop a training module and educate staff in the outpatient area on civility and psychological safety in the workplace. Training was instituted during the monthly nursing staff meetings to address these issues and educate staff to improve performance in the areas of civility and psychological safety in the workplace.

Regular education and role playing were reinforced to increase understanding as well as the ANA's 2011 release of *Bullying and Lateral Violence: Example of Bullying Behavior; Possible Responses to Bullying; and Responses When You Witness Bullying* that was adopted from Griffith, M. (2004); and Center for American Nurses (2008). The opportunities of this project were overall increased collaboration among nursing staff, increased psychological safety, and increased trust and civility in the workplace. According to McCarthy (2006), a concept for creating change is to formalize

communication. The role of the DNP nurse manager was to develop true communication with the staff by being understanding and earning trust. That was the key to facilitating the change needed on the unit.

The DNP nurse manager collaborated with all nursing staff. The Nurse Manager met with the Registered Nurses (RN) to introduce the organizational change and all the details that were included in the change. The RN staff members acted as the captains in each area. It was up to the RN leads to disseminate the information of change in each area to the other staff members. Follow up to this plan occurred with all staff during the monthly staff meetings. During the staff meeting, staff discussed specific examples and gathered feedback from the larger group.

CHAPTER 2. THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Theoretical Framework

As a nurse, the nursing practice is guided by nursing theories. The Neuman Systems Model is a nursing theory based on the individual's relationship to stress, the reaction to it, and reconstitution factors that are dynamic in nature. This theoretical framework was chosen in an effort to gain a better understanding of relationships in this study. The Neuman's System Model (Neuman, 1989) offers understanding the human as an open system. This model is based on two components: stress and reaction to stress and related to this project in applying best practices in the work setting to assist the nurse in better dealing with acts of hostility and horizontal violence. The American Nurses Association (ANA) sets the standard for care in the nursing arena (ANA, 2008). Mental Health service uses ANA standards and guidelines to direct care provided to patients. This EBP focused on implementing a program for nursing staff on psychological safety and civility in the workplace.

Summary of Relevant Research

Horizontal violence in the nursing profession is prevalent; the outcome produced by this behavior in the workplace is psychologically distressing, threatening to patient safety, decreases nursing morale, and threatens the nurse retention rate (Joint Commission, 2008). In a study conducted by Ferrell (1997), the participants described experiencing aggression in the office from other staff as being more difficult to deal with

than the aggression experienced from patients and their family members. This aggression contributed to a work environment that was hostile.

The culture of safety must be maintained in the work environment. The overall lack of civility among co-workers which led to employees feeling psychologically unsafe in the work area resulted in The Joint Commission (2008) issuing a sentinel alert calling for organizations to address the behaviors that “undermine a culture of safety.” This added substance to this project in that it showed that this is not just a local problem for this agency but a national problem among staff.

At this facility there is a serious nursing shortage that attributes to excessive overtime. A serious safety and health hazard in the nursing industry is assaults. Although there have been no reported assaults from staff members we are aware of the possibility of this happening and want to educate staff on techniques that will avoid situations from escalating to this outcome. The Center for American Nurses (2008) published a statement acknowledging the effects on patient safety, quality of care and how this behavior directly affects the organization’s ability to attract and retain nurses.

Prevention guidelines were established by the Occupational Safety and Health Administration (OSHA), these violence prevention guidelines provided agencies with recommendations for reducing workplace violence and encourages employers to establish violence prevention programs. After a review of workplace violence studies these guidelines were developed. These guidelines included public and private violence prevention programs along with input from stakeholders (Biles, 1997). “OSHA encourages employers to establish violence prevention programs and to track their progress in reducing work-related assaults” (Biles, 1997).

Being assertive in the workplace is a form of being respectful to one's self and to others. It is neither passive, nor aggressive. Assertiveness is a communication pattern that eliminates personal powerlessness and manipulation. It helps make relationships equal. This technique was roll played during our monthly staff meetings. The American Nurses Association (ANA) has provided examples of bullying and lateral violence in the workplace along with assertive responses to use when these behaviors are encountered. These examples were a part of the techniques that was roll played. Communication must be clear and concise. Clear communication is accomplished through assertiveness (Alberti & Emmons, 2009; Forni, 2008).

For many years, a significant risk of job-related violence to health care workers has existed. The general analysis, of the best evidence related to the identified problem of employees not feeling psychologically safe and experiencing incivility at the VAMC, were the scores of the AES for this facility. After reviewing the nursing literature, a clear picture of horizontal violence was presented and it represented three categories: prevalence and consequence, root cause, and how best to address the behavior in the workplace (Walrafen et al., 2012). Best evidence related to employees experiencing incivility could be reports of assaults that are a serious safety and health hazard in this organization (Biles, 1997). According to McCarthy (2006), one of the five concepts for creating change is to analyze the system.

According to Kerfoot (2004), transparent leaders are defined as a leader who is willing to share as much as possible and have an open and honest dialogue about information that is within the boundaries of discussion. This is the approach that was taken with the mental health nursing team and nursing leadership. McConnell (2005),

states that it is important for the leader to know the employee as an individual. It is important to know their needs and how they pursue the fulfillment of their needs.

Nursing is multidisciplinary and there is room for growth of a novice nurse through educational advancement. This work will improve the nursing setting and assist the novice in the advancement in their role. According to Budin et al. (2013) registered nurses, who were early in their career and experienced verbal abuse in the clinical setting, attributed this to the lack of supervisory or mentor support. Verbal abuse was found to be extremely common. The relationship between verbal abuse by fellow nurses and the personal characteristics, work attitudes and work settings was examined. At this facility the effort is place upon eliminating verbal abuse in the work setting and assisting the staff members to utilize alternatives to expressing their frustration in an uncivil manner.

CHAPTER 3. CAPSTONE PROJECT DESIGN

Project Design and Description

This project involved creation of an employee training program that aimed to improve psychological safety and civility in the workplace. The training program was evaluated by using the scores of the AES pre 2013 and post 2014 teaching. The question of honesty and impartiality were maintained as the project addressed the lived experience of the staff. All the answers in the survey were relevant to the clinical question as a questionnaire was used to guide the project. The participants in the study remained anonymous with no identifying factors associated with each response. This quality improvement project did not require internal institutional review board (IRB) approval. Capella University IRB determined that this study does not meet the federal regulations definition of human subject research and therefore IRB review and oversight was not needed.

There were no potential barriers to be considered, except for the resistance to change in behavior for those who would be identified as bullies or those practicing incivility in the work area. Harm to human subjects was minimal and no human subject protection was needed. Mental Health Nursing Service partnered with Local Unions and Labor Relations to assist with improving civility in the workgroup. In applying Neuman's System Model (Neuman, 1989), the nurse understood how stress was formed within and

the reactions to it. The nurse developed better coping mechanisms. The ANA possible responses to bullying were practiced and applied to situations of incivility.

Rationale for Design Framework

This EBP project was grounded in theory and research, and included staffs' contributions. Staff members participated by identifying perceived incivilities and potential solutions. They contributed through dialog and role-play that occurred during regular staff meetings, or in direct communication with the mental health nursing leadership.

Employees at this facility are essential in achieving the goals of the organization to become the best place to work. To make this happen, this organization invests in the development of its employees by helping them develop their fullest potential, and by creating programs that increase health and wellness of the staff throughout the workforce. This facility also works to strengthen the accountability of the managers. This aids in the development and the well-being of the employees and ensures that skills and support are provided. The opportunity to institute this project increased collaboration among the nursing staff and increased psychological safety, trust and civility in the workplace. Nursing care structure is indicated by the supply of nursing staff, the skill level and the education or certification of the nurses.

Capstone Project Intervention

The training sessions were instituted during the monthly nursing staff meetings. Staff members addressed issues that had taken place in the work area that were acts of incivility and as a group worked together to identify alternatives that would improve performance in the workplace. The meetings consisted of a review of the AES questions,

target scores for the 2014 AES, and role play to demonstrate acts of incivility in the workplace and examples of what changes could be made to make the interactions civil. The staff members conducted a self-assessment in an effort to gauge the level of civility that each individual has or displays in the work setting. Clark (2014) developed a workplace civility index tool for self-reflection of civility. This tool will assist in raising awareness and identifying strengths and areas for improvement.

The following article was presented and reviewed with staff, “Trust in the workplace: Build it, break it, mend it” (Tidwell & Townsend, 2011). It demonstrated how to rate trust levels and betrayal risks on the nursing units. The article also gave examples of what to do if a colleague feels that trust has been breached on the unit. How to increase trust on a nursing unit was addressed along with rating relational trust level and rating nurses at risk for betrayal.

There are several models or techniques that are used in the workplace to assist in communication and conflict-resolution. One specific example is the DESC model for conflict resolution. It was taught to staff for implementation in the work setting. The DESC model created by Brooks (2010) was suggested by TeamSTEPPS from the Agency for Healthcare Research and Quality (AHRQ). The model is preferred when hostile or harassing behaviors occur and are affecting patient safety. DESC is a mnemonic for: D = Describe the specific situation, E = Express your concerns, S = Suggest other alternatives, C = Consequences stated.

Assessment Tools

The 2014 AES scores served as an assessment tool to determine if the interventions of this project made an impact. There is a link between stress and incivility, it is important to know and practice stress-management techniques. According to Clark (2014), being a professional role model can lay the foundation for civility and respect. Being a positive role model and being mindful of and accountable for the impact of one's behavior towards others and consistently displaying ethical, principled conduct based on acceptable standards of professional practice can help others model this trait. A professional role model pays attention to detail, encourages collaboration, shares important information, and admits mistakes. The goal was to foster an atmosphere of collegiality and respect and to inspire others to be the best they can be.

CHAPTER 4. ANALYSIS OF IMPACT

Management and leadership in this service line played a unique role that set the tone for the professional interactions that took place in the work environment. Employees have been known to model behaviors that they observe and experience from those in leadership positions. As a leader, it is important to emit clues to the behaviors that are regarded as acceptable. As a leader, this writer addressed incivility when it was seen or heard in the workplace.

During the staff meetings employees at this facility were able to verbalize experiences that were similar in nature to the ones described in this study. Staff members were able to verbalize the specifics of the interaction and then state what would have made the interaction more civil. The 2014 AES scores were assessed and compared with the 2013 AES scores in the areas that were addressed in this project.

The 2014 AES was administered in September. The 2013 AES civility score was 3.50 and the 2014 AES civility score was 3.44. This score showed a minimal decrease. As a result of this decrease, additional areas were reviewed that related to the topics discussed in this change project. The decrease in scores represents that nurses perception of civility in the workplace has decreased.

In 2013 this facility had a score of 3.53 for respect, 3.32 for conflict resolution, 3.52 for cooperation and 3.64 for diversity acceptance. In 2014 this facility had a score of

3.52 for respect, 3.30 for conflict resolution, 3.43 for cooperation and 3.55 for diversity acceptance. These scores also showed a decrease from 2013 to 2014 (See Table 1).

CHAPTER 5. IMPLICATIONS AND CONCLUSIONS

Implications for Practice

The implication for practice of this project is the ongoing employee training program that includes the interventions previously mentioned. The ongoing training is indicated by the decrease in 2014 AES scores. Civility decreased from 2013 to 2014 by 0.058. Psychological safety as it addresses “bring up problems” decreased by 0.039 and “trying new things” decreased by 0.05. The purpose of this EBP change project was to improve the all employee satisfaction survey scores to a target set at 4.0; employee work relationships were expected to improve.

Summary of Outcomes as Related to Evidence-Based Practice

The summary of expected outcomes as it relates to this EBP change project were successful team functioning, high-quality care, and patient safety. There was a decrease in the AES civility score for 2014 specific to outpatient mental health. The scores decreased from 3.99 in 2013 to 3.08 in 2014. Although the outpatient mental health scores did not increase to reach the target score of 4.0, staff members reported better working relations with a decrease in hostility and horizontal violence among staff. Staff was also able to verbalize an ability to better communicate with peers and a feeling of appreciation and respect from management. Due to the training that took place over the past six months, leaders and staff have developed a new model for workplace interactions

as it addresses civility and psychological safety responses. This change practice will continue to be modeled in the workplace.

Conclusions

In conclusion, an AES was conducted throughout a national healthcare facility across the country. As a result of the AES of 2013, it was found that employees at this facility did not feel that there was civility or psychological safety in the work area. Leadership worked to develop a training tool and educated staff on civility and psychological safety in the workplace in an effort to see an increase in the AES scores and an improvement in employee work relationships. The target score was set at 4.0. Assessing the scores of the 2013 AES and developing and using a teaching tool were not effective as demonstrated by the scores of 2014. The target score was not reached and the response rate to this survey was not available for comparison. Quality improvement and providing the highest quality of care that is based on the best practices was the ultimate goal of this change project. Nurse leaders will continuously engage in reading, critiquing and grading the evidence to effectively disseminate it to the staff members. With continued training in the work area there will be an increase in the AES scores over time.

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Table 1

Fiscal year 2013 and 2014 Employee Survey Results

	<u>Nat'l</u>	<u>Reg'l</u>	<u>This Facility</u>	<u>Outpatient Mental Health</u>
Civility Overall 2013	3.61	3.59	3.5	3.99
Civility Overall 2014	3.610	3.572	3.442	3.08
Psychological Safety 2013	3.61	3.56	3.5	3.85
Psychological Safety 2014 (Bring up problem)	3.594	3.536	3.461	3.37
Psychological Safety 2013	3.47	3.42	3.36	3.79
Psychological Safety 2014 (Try new thing)	3.446	3.393	3.310	3.02
Respect				
2013			3.53	
2014			3.52	
Conflict Resolution				
2013			3.32	
2014			3.30	
Cooperation				
2013			3.52	
2014			3.43	
Diversity Acceptance				
2013			3.64	
2014			3.55	

Table 1 lists the All Employee Survey (AES) scores for fiscal year 2013 as it relates to the overall national score, regional score, this facility, and Outpatient Mental Health service line for average all factors, civility and psychological safety. The FY14 survey was different than the FY13 survey. This facility ranked approximately #120 out of 128 facilities in employee satisfaction for FY2013.

APPENDIX A. STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University's Academic Honesty Policy ([3.01.01](#)) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy ([3.03.06](#)) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy ([3.01.01](#)) and Research Misconduct Policy ([3.03.06](#)), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the *APA Publication Manual*.

Learner name
and date

Michelle Y. Pinckney/May 27, 2015

Mentor name
and school

Dr. Joann Manty, DNP/Capella University