Nurse Educators' Self-Efficacy In Addressing Demonstrated Unprofessional Student Behavior: A Phenomenological Study

Bette Bogdan

A dissertation submitted to the faculty of the

Joseph and Nancy Fail School of Nursing

in partial fulfillment of the requirements for the

Doctor of Philosophy in Nursing Education and Administration

William Carey University

August 2017

Approved by Committee:

Elizabeth Mahaffey, Ph.D., RN, Chair

Amy Daly, Ph.D., RN

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ABSTRACT

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Nurse educators must address demonstrated unprofessional student behaviors to graduate a self-aware novice nurse capable of effective professional communication. The study utilized a phenomenological qualitative research design with a purposive sampling of Practical Nursing, Associate Degree, Diploma, Bachelors of Science, Masters of Science, and Doctoral nurse faculty and sought answers to the following three research questions: (a) Do nurse educators possess the self-efficacy to address demonstrated unprofessional student behavior? (b) Do nurses educators choose to ignore demonstrated unprofessional behaviors due to lack of self-efficacy with the process of student intervention? (c) What tools are necessary to address demonstrated unprofessional student behaviors effectively when it occurs? Descriptive data analysis was conducted to identify recurrent themes. Data saturation was realized after eight faculty were interviewed, and five themes emerged. The themes identified that to increase educators' self-efficay when confronted with demonstarted unprofessional student behaviors, faculty want training, role models, administrative support, and a tool-kit to refer to when confronted with incivility. The participants in this study provided valuable insight into the lived experiences of nurse faculty when addressing demonstrated unprofessional behaviors in the academic environment. Additional research is recommended to

identify the specific educational curriculum components for nursing students seeking an advanced degree to teach other nursing students, as well as onboarding and annual new nurse faculty training.

DEDICATION

This dissertation is dedicated to those students who have faced challenges in their academic careers and refused to give up.

ACKNOWLEDGEMENTS

Many thanks to Dr. Mahaffey, and each member of the dissertation committee. I would like to thank Dr. Jalynn Roberts who made statistics fun. Finally, thanks go out to my many nursing mentors along the way, for it was because of them that this high school dropout obtained her Ph.D.

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LIST OF ABBREVIATIONS

1.	ANA	American Nurses Association	18
2.	PN	Practical Nursing	22
3.	ADN	Associate Degree in Nursing	28
4.	BSN	Bachelors of Science Nursing	28
5.	IOM	Institute of Medicine	35
6.	MSN	Master of Science Nursing	41

Chapter I

Introduction

We know that as humans, we make errors. However, lack of effective communication has been identified by the Institute of Medicine as a major contributor to mistakes that can lead to patient deaths (IOM, 2000). The Agency for Healthcare Research and Quality (AHRQ, 2016) states that unprofessional behavior, or incivility as it is otherwise known, can be defined as any action that shows disrespect for others, or communication that negatively impacts patient outcomes. Marchiondo (2010) provides a few examples to define unprofessional behaviors, and they include being disruptive, manipulative, sarcastic, and sending inappropriate emails. These unprofessional behaviors can be speech or acts of rudeness or disrespect directed toward an individual or group (Robertson, 2012). The phrases unprofessional conduct, lateral and vertical violence, and incivility are often used synonymously, and these phrases keep being repeated in literature and practice.

There is an expectation that educators identify and intervene when students demonstrate unprofessional behavior in the academic environment. The nursing educator is tasked to assure that a student nurse is not only clinically competent, but also ethically and morally prepared to enter the role of the professional nurse. As a professional, the nurse will be working as part of an interdisciplinary team whose goal is to provide care to individuals and seek to have the best outcome for that individual.

The Joint Commission directed healthcare facilities to have a code of conduct to address workplace incivility in place by the year 2009 (The Joint Commission, 2008). That code of conduct defined disruptive behaviors and required facilities to have

processes in place to deal with those behaviors (The Joint Commission, 2008). One such recommendation suggested having skills-based training for staff, as well as having leaders model desirable behaviors (Patsner, 2008). Training on faculty interventions in response to demonstrated unprofessional student conduct should be included in new faculty orientation, and university support systems should be identified to assist nurse faculty when faced with student incivility.

Nurse educators must address unprofessional behaviors in the student population when first observed. To address untoward behaviors within the academic environment, educators must possess the self-efficacy to address student incivility and lack of effective student communication skills when they arise, whether through a one-to-one discussion or as part of a classroom discussion. Further, the educator must be ready to intervene with behavioral counseling as an initial step using established institutional guidelines. Trossman (2014) showed that faculty do not feel that they possess the self-efficacy to effectively deal with demonstrated unprofessional behaviors. Horvitz, Beach, Anderson,and Xia (2015) confirmed that to address unprofessional behaviors effectively, faculty must have the training and the tools to do so. This combination of instruments and training will lead to the faculty feeling prepared to address students' unprofessional behavior in a consistent manner. Professional communication needs to be addressed and modeled if it is expected to have the desired downstream effect of safe, high-quality healthcare provided in a collegial interprofessional environment.

Faculty must be knowledgeable of the criteria that define unprofessional behavior, and the interventions to enact when such behavior is first observed in the

academic environment. Luparell (2011) stated that health care leaders must make addressing unprofessional behaviors a priority, and it is crucial that untoward student behaviors be addressed from the beginning of academic programs to prevent the loss of professionals and improve health care outcomes. University leaders need to establish written policies that establish professional student behaviors and provide tools for faculty to use in addressing demonstrated unprofessional student behaviors. Faculty that have been the recipients of unprofessional student behaviors have experienced varied responses including altered sleep patterns, negatively impacted self-esteem, and decreased self-confidence in teaching (Clark & Springer, 2007). Clark and Springer (2007) reported that some faculty had modified grading systems as well as teaching approach to avoid further conflicts when confronted with unprofessional student behaviors. Many times educators encounter a student's subtle behavioral cues, and either because of lack of time, discomfort with the behavioral counseling process, or more importantly, a lack of self-efficacy, choose to ignore the student's incivility. The student interprets this lack of faculty intervention as an acceptance of disruptive behavior in response to stressors and then utilizes those uncivil reactions to stressors in future situations. Choosing to ignore unprofessional student behaviors can perpetuate a culture of acceptance (Davis, K., 2013). Lachman (2014) investigated the negative impact on patient care within the uncivil environment and identified that poor patient outcomes and decreased patient satisfaction were the consequences of workplace incivility.

The purpose of any educational experience should be to influence the learner's outcome positively. In the process, the nurse educator is responsible for "creating

environments and experiences that bring students to discover and construct knowledge for themselves" (Barr & Tagg, 1995, p.15), which will lead to a graduate who is reflective in practice. This reflection is linked directly to the affective domain and should be modeled by faculty during interactions with students throughout the educational experience. Billings and Halstead (2012) mention that there is a relationship between interactions and relationships developed between the teacher and the student. Understanding how the teacher-student relationship is affected by an educator's teaching style, technique, and philosophy is critical to being able to predict successful learner outcomes. Knowles (1977) reinforces the view that experience, including mistakes, plays a vital part in adult learning. Faculty who take the opportunity to provide behavioral counseling with the student at the moment untoward behavior occurs, serve to help the student to become a self-reflective practitioner by building upon experiences, and as a result, produce a more professional graduate.

Accountability is described as the nurse educator's duty (Ormerod, 1993). Ormerod (1993) states that the nurse educator is accountable for identifying trends in nursing and developing courses to prepare nurses to work in certain areas. This accountability is tied to the professionalization of nursing, improving education, and professionalism. Unprofessional student behavior and incivility have been identified as negative trends affecting patient outcomes and a stable workforce. In the same vein, McDonald (2014) writes about the ethical responsibility of nurse educators. Faculty need to consider the ethical duty to the healthcare consumer who will be on the receiving end of the graduate nurse's practice. The ethical and moral responsibility of the faculty includes providing behavioral counseling to students in real time when

presented with unprofessional student behaviors. This may be uncomfortable initially for the educator; however, with time, proficiency will increase, and the downstream effect of student success and patient safety will be the ultimate reward.

McDonald (2010) mentions using the cognitive and affective domains within behavior to optimize the learning experience, which will support overall student outcomes. It is the nature of the academic environment, where the thinking and knowing cognitive domain plays a crucial role in developing the student's professional identity, and is, therefore, the place to teach the appropriate attitudes and values of a nurse, thus affecting student learning outcomes (McDonald, 2014). Understanding the need to incorporate teaching activities to foster the development of those skills and help the student to develop their professional identity is key to developing the graduate's success. The graduate who demonstrates professional behaviors, namely effective communication skills, will play a key role in patient safety in the workplace. Addison and Luparell (2014) state that more than 80% of nurses and physicians witness disruptive behavior within the healthcare setting, and that over 60% feel that potentially adverse events occurred directly from disruptive behavior. Is it not then reasonable to assume that lack of effective communication skills exhibited while still a student can translate to a disruptive graduate in the workplace and, as a result, have a negative effect on patient safety?

Statement of the Problem and Significance

Valuable insight can be gleaned from this study: for instance, do faculty feel they lack the tools to effect student change, or do they lack of self-confidence in addressing demonstrated unprofessional student behavior? The focus of this study is to determine

what training would help nurse educators become more confident in addressing demonstrated unprofessional student behavior. The significance of faculty being prepared to address unprofessional demonstrated student behavior or incivility when it occurs in the classroom setting is directly related to the downstream effect that unchecked incivility causes. If incivility is allowed to continue unchecked during the students' academic career, that behavior will spill over into the graduate nurse's workplace. Lack of effective communication and incivility between novice nurses and workplace colleagues leads to poor patient outcomes and decreased health care quality. Finding a solution to the downstream safety concerns caused by ignored student incivility is more complex, and that solution must begin before any untoward behaviors become a habit of the novice nurse. By addressing the lack of comfort that faculty have reported when confronted with student incivility, faculty can refine both the remediation and behavioral counseling process, thereby effecting a major behavioral change in the workplace and increasing the quality of health care.

The American Association of Colleges of Nursing (AACN) has identified that a standard for baccalaureate programs is to prepare the graduate to communicate effectively with all members of the healthcare team (AACN, 2009). More specifically, the AACN mentions the importance of incorporating effective communication and conflict negotiation techniques in nursing programs. Consequently, educators have a responsibility to address unprofessionalism in real time at the student level to prevent the downstream effects of untoward behaviors. Students who have shown tendencies to exhibit unprofessional behavior, which has gone unchecked while in school, can reasonably be expected to continue this same behavior upon graduation and

employment. Students who have been allowed to perpetuate unprofessional behaviors unchecked throughout their academic career present a risk to colleagues and clients. Jones and Gates (2007), state that nurses who are victims of workplace incivility leave the profession and add to the existing shortage of qualified professionals. Aleccia (2008) points out that those nursing environments with a prevalent atmosphere of incivility have a higher patient mortality rate than those not identified with such a toxic atmosphere.

Nurse educators are skilled in identifying patient safety concerns in clinical arenas. Clinical safety concerns are rapidly investigated, documented in a student file, and follow a defined progressive disciplinary protocol. Addressing demonstrated unprofessional student behaviors in the classroom requires the same attention and interventions from faculty. However, if faculty do not feel comfortable addressing unprofessional behavior or do not have the tools or training to do so—as Trossman (2014) suggests—then effects such as staff burnout and decreased patient safety will continue.

Seeing students send an email in all caps, reading an improper choice of wording in discussion posts, and listening to voiced inflections when a student is engaged with faculty during telephone discussions can all point to opportunities for discussions about professional behavior and encourage self-reflection. The educator may not feel comfortable having those discussions, opting instead to ignore the behavior. However, it is the responsibility of nursing educators to model professional identities and mentor students during the academic process. This author believes that faculty facilitate the professional nurse graduate in in acquiring a professional demeanor and a strong sense

of professional identity. In turn, professional graduates will later protect future patients from potential harm and co-workers from a hostile workplace by taking the opportunity to intervene the first time untoward behavior is noted. Nurse educators, while skilled in teaching students' therapeutic communication skills used with their patients, must be competent and comfortable utilizing behavioral counseling with students when demonstrated unprofessional behaviors are observed. While never an enjoyable task, with training and exposure to behavioral counseling development programs, it is less likely to be a task that is ignored.

Navarro (2012) mentions that for students to be successful, they need to be self-aware and mindful about their bio-reactions. The academic environment provides faculty the ability to prepare students to react to any situation using effective communication. Faculty who address students' unprofessional behaviors as they occur can become the role model students can emulate. Nursing faculty are expected to serve as role models and mentors for students in all aspects of academic endeavors. Professional behaviors are expected on the part of students as well as graduates and are well documented as part of graduate outcomes; therefore, professional behavior cannot be ignored by nurse faculty. An educator should develop a trusting relationship with students, knowing who the students are and being committed to helping them learn (Rossetti & Fox, 2009). Another important trait for faculty is what Rossetti and Fox (2009) call presence, the act of being there and engaged with the students. Rossetti and Fox state that educators who care about teaching and who are committed and dedicated to doing an excellent job have been shown positively to influence learner

outcomes. However, nurse educators who do not display these characteristics may have a negative influence on learner outcomes.

Nurse educators must not only identify students' preferred learning styles to support their educational goals but also seek to mold their professional behavior with each interaction. The ANA code of ethics talks about the respect nurses should have for one another in all encounters and specifically, addresses nurse educators and their responsibility of promoting professional practice before entering the workforce (ANA, 2001). Therefore, it is up to nurse educators to create a foundation for new nurses based upon the ANA Code of Ethics, and specifically professionalism. Educators need to incorporate the Code of Ethics with an emphasis on both the classroom and the clinical setting early in the educational process. Sharing the values and philosophies that drive decision making and give a rationale for the expectations set forth and rationale for decisions made will help shape behaviors. It is also important for nurse educators to be specific regarding the professional behaviors that are expected and the behaviors that are not acceptable.

Davis, J. (2013) explains that educators must consider the students they are serving when they decide what to instruct. Role modeling is an excellent way to help the student learn. However, the role modeling must be of the highest caliber because role models can have both a positive and negative influence on learning (Davis, J., 2013). Nursing educators have unique opportunities to mold students into caring, compassionate critical thinkers, who have a strong sense of professional identity. Skilled clinicians are produced through having nurse faculty who model professional, caring behavior and show a real interest in the students' affective development. With

the addition of faculty who possess a strong sense of self-efficacy when providing behavioral counseling, students will ultimately develop into that self-aware professional, capable of entering the interprofessional workplace as self-aware. Student development is dependent upon the self-reflective role modeling provided by trained faculty. A gap in the literature shows that faculty do not feel comfortable addressing unprofessional behavior; therefore, identifying and addressing the specific needs to increase faculty self-efficacy when providing behavioral counseling must be a priority.

The importance of graduating nurses who are prepared to be clinically sound and who demonstrate professional behavior cannot be understated. Proving that an association exists between faculty having the skills to provide a preemptive behavioral counseling strike in real time, and have that translate to a self-aware, clinically prepared graduate with a strong sense of professional identity will undoubtedly improve healthcare outcomes.

Purpose of Study

The purpose of the study was to examine nurse educators' self-efficacy with addressing demonstrated unprofessional student behaviors. The investigator also sought an understanding of why nurse educators choose to ignore demonstrated unprofessional student behavior. Additionally, tools that faculty felt would be required to adequately address demonstrated unprofessional student conduct were identified.

Research Questions

The following three research questions were answered:

1) Do nurse educators possess the self-efficacy to address demonstrated unprofessional student behavior?

2) Do nurses educators choose to ignore demonstrated unprofessional behaviors due to lack of self-efficacy with the process of student intervention?
3) What tools are necessary to address demonstrated unprofessional student behaviors effectively when it occurs?

Theoretical Model

Bandura's (1977) self-efficacy theory is the theoretical framework that will be utilized for this study. Self-efficacy theory is described as an integrative theoretical framework. In this theory, Bandura seeks to explain that people with a strong sense of self-efficacy believe in their abilities to confront difficult situations rather than see the challenge as something to avoid. An example would be faculty uncomfortable in addressing nursing student incivility. Self-efficacy theory explains the phenomenon that will effect change, specifically, that incivility intervention education provided to nurse educators will remove the educator's fear of addressing demonstrated student incivility at the moment that it occurs.

Bandura (1977) states, "The strength of self-efficacy depends on an individual's motivation level, the capacity to engage with challenges, effort, perseverance against obstacles, thoughts affecting personal behavior, emotional response, and views on success and failure" (p.191). This concept is an essential element to measure among not only nursing faculty but also the nursing profession in general; all of whom are held to a higher level of patient quality of care and safety. In addition, the level of an individual's perception of self-efficacy frequently contributes to educators' thought process, dedication, and success (Yang, Kao, & Huang, 2006).

Albert Bandura's Social Cognitive Learning Theory describes perceived self-efficacy as a key factor in human competence (Bandura, 1994). Bandura found that persons with a strong sense of self-efficacy would be confident when confronted by uncomfortable situations. Bandura found that people with a sense of self-efficacy did not avoid challenges; rather they would confront them. Scherer and Adams (1983) found that positive experiences with self-efficacy were associated with enhanced personal adjustment (p. 899). Bandura's (1977) theoretical framework places great emphasis on individuals' "expectations of personal efficacy" (p.191). In this article, Bandura (1977) mentions four fundamental elements from which the root of an individual's self-efficacy is derived. These four elements are performance accomplishments, vicarious experiences, verbal persuasion, and psychological state (p.191). These elements are essential for an individual to value his or her self-efficacy; therefore, self-efficacy correlates closely with self-confidence, being that both are dependent on one's personality traits and determination.

Bandura (1994) speaks to the fact that if the person has self-efficacy, they will not avoid an issue. Logically then training will result in faculty confronting the untoward behavior, rather than ignoring it. Bandura discovered that when people feel confident in their capabilities, they are less likely to avoid challenges. Instead, they actively engage the situation. Consequently, when provided adequate education, faculty will feel more comfortable with the process of addressing demonstrated unprofessional student behaviors and will be better positioned to and better able to model and mentor reflective practice.

Definition of Terms

For this study, the following terms are defined as:

1) *Incivility*: rude or disruptive behaviors, which may result in psychological or physiological distress for the people involved. If left unaddressed, these behaviors may progress into threatening situations that result in temporary or permanent illness or injury (Clark, 2008, 2013).
2) *Self-Efficacy:* one's inner strength to which he or she can accomplish objectives (Krautscheild, 2008, p.3).
3) *The Academic Environment*: any location associated with the provision or delivery of higher education, whether on or off campus, including the "live" or virtual classroom or clinical setting or any setting where teaching and learning occur (Clark, 2008, 2013).
4) *Unprofessional Student Behaviors:* being disruptive, manipulative, sarcastic, and sending rude emails (Marchiondo, 2010). Speech or acts of rudeness and disrespect toward an individual or group (Robertson, 2012)
5) *Miscommunication*: Inability to communicate accurately (Krautscheild, 2008).
6) *Nurse Faulty*: Nurses teaching in registered nursing or practical nursing programs (full-time or part-time), having either a master's or doctorate in nursing (NCSBN, 2008)

Assumption

An assumption for this study is that participants will provide truthful answers.

Limitation

A limitation of the study is that it is not generalizable to the larger population.

Summary

In this chapter, the investigator provided foundational information regarding the importance of the study. Downstream effects of student incivility that were not

addressed during a student's academic career were discussed. The problem of nurse educator self-confidence when addressing demonstrated unprofessional student behaviors was introduced, as were the consequences of failure by faculty in addressing demonstrated unprofessional student behaviors. The statement of the problem and the significance as well as the need for further research provided. The purpose and research questions for the study were introduced. The theoretical framework was discussed and outlined. The definition of terms, assumption, and limitation of the study were included in Chapter I. Evidence-based strategies for nursing educators to utilize when confronted by student incivity must begin with a thorough assessment of current literature and an in-depth analysis of the educators' lived experiences. As mentioned in Chapter I, nurse incivility is on the radar screen of healthcare organizations. To explore what effects that primary prevention strategies, implemented within nursing curriculum and academia could have on workplace incivility is of crucial need and requires further study.

Chapter II

REVIEW OF THE LITERATURE

This chapter provides a review of research studies and scholarly articles related to faculty self-efficacy, faculty interventions for demonstrated incivility, unprofessional student behaviors, student incivility, and communication. Literature was chosen to provide an insightful foundation of the history of student incivility, the ability of faculty to intervene when confronted with demonstrated unprofessional student behavior, and establish why intervention is important.

Research on Self-Efficacy, Incivility, Behaviors, Faculty Interventions, and Communication

This section of the literature review includes research studies and scholarly articles related to nursing educator self-efficacy, student incivility, behaviors, faculty interventions, and communication.

Self-Efficacy

Zulkosky (2009) highlights one of Bandura's beliefs, "Educators who have a high level of instructional efficacy function on the belief that students are teachable through extra effort and appropriate techniques" (pg.100). Using Rodger's model, Zulkosky provided a concept analysis paper that concludes a sense of self-efficacy can influence a person's decision to perform an activity. Conversely, Zulkosky determined that a lack of self-efficacy could decrease motivation. The significance of this discovery was that it reinforced Bandura's (1977) belief that having a sense of self-efficacy is proportionate to the level of the goals and motivation of an individual.

Horvitz et al. (2015) desired to gain an understanding of self-efficacy concerns of teachers moving from traditional campuses to the online academic environment. Utilizing a cross sectional survey design, the research was carried out using a modified Teacher's Sense of Self-Efficacy Scale. The setting was a large research based university located in the midwestern United States. Participants were faculty who had taught online courses from 2005–2009. Out of the 345 potential participants, 91 returned the surveys (26% responses rate). The four self-efficacy items measured were: instructional strategies, classroom management, use of computers, and student engagement; and there was no self-efficacy score less than a 3.69 out of 5 in this section. The mean for respondents' classroom management (which included addressing disruptive behavior) was 4.04 out of 5. The authors of the study stated in their conclusion that it was important to provide faculty development to novice staff especially, which can be lacking in the on-line environment. The results confirmed that to increase faculty self-efficacy, institutions should provide faculty development, training, and support. The authors suggested that consideration of faculty training and that further research be done on building the self-efficacy of faculty . This recommendation is part of a common theme in literature concerning the needs of faculty online or on ground. In traditional institutions, academic or dispositional support can be found most times simply by walking next door to discuss student concerns with another educator, or by calling security.

Singh et al. (2013) performed a quasi-experimental, longitudinal study of 70 health profession faculty at three sites in India and one in South Africa. The study sought to understand if a teachers' belief in their ability to teach influences how many

new skills obtained during faculty development programs were then implemented in the academic environment. One group (fellowship *n* = 65) was exposed to a longitudinal faculty development program and was compared to a control group (*n* = 52) who were not exposed to the faculty development plan. Positions identified in both groups included Assistant Professors, Associate Professors, and Professors. The faculty was tested at 6 and 12 months. At the 6-month mark, 69/70 (control) and 57/70 (fellowship) responses were obtained. At the 12-month mark, responses from the control were 65/69 (control) and 52/57 (fellowship), indicating a response rate of 98.8% for the control group and 74.2% for the fellowship group. The responses were measured using Dellinger's Teacher Efficacy Belief Systems-Self (TEBS-Self) scale. The TEBS-Self scale is a valid and reliable tool, having been used in three documented prior studies. The scale measured six items: monitoring and feedback for learning, classroom management, accommodating individual differences, the motivation of students, managing learning routines, and higher order thinking skills.

The statistical reports showed that faculty development programs had a positive effect on the self-efficacy beliefs in teachers, and included communication, classroom management, student motivation, and higher order thinking skills; and this effect was sustained over time. This supported Bandura's (1977) belief that "the level of skill is less important than the belief one has in his own abilities" (Singh et al., 2013). Singh et al. (2013) identified that the fellowship group had a lowered self-efficacy belief upon starting the faculty development program, and postulated that perhaps that was the reason they enrolled in the faculty development program initially. Further identified were some pertinent practice points. Self-efficacy beliefs of educators show a

correlation between obtaining the development and applying that knowledge; that participating in development programs improves faculty self-efficacy beliefs; that the benefits of participating in a faculty development program continue to last over time; and that once a healthy self-efficacy is established, occasional setbacks will have a minimal effect.

Nursing education has traditionally focused on academic performance and the clinical psychomotor skills. Faculty know the value of practicing clinical skills to help build students self-efficacy and ultimately build self-confidence. A descriptive study, using data collected on the Self-Efficacy Scale by Karabacak, Serbest, Kan Öntürk, Eti Aslan, and Olgun (2013) showed how psychomotor skills and self-efficacy affect one another. The study involved 100 nursing students and the administration checklist of intramuscular injections. The study stated that educators want to produce proficient nursing students, but also produce students that possess self-confidence. The study examined Bandura's self-efficacy theory and the ways internal motivational factors, as well as the interaction with the students' environment, can contribute to the development of desired behaviors. A suggestion provided by the authors indicated that classroom interaction should be established to develop the self-efficacy of students. This supports the idea that nurse educators who incorporate and model the ANA Code of Ethics, increase the students' self-efficacy regarding professional communication and professional behaviors.

Unprofessional Behaviors

Lashley and De Meneses (2001) conducted a survey of 611 nursing programs. A questionnaire was provided to the participants that consisted of 18 behaviors. The

behaviors included: student lateness to class and clinicals; inattention in class; absences from class and clinicals; talking during class; cheating on exams and assignments; rudeness to clerical staff; bringing infants to class; yelling at peers or instructors in class, laboratory, or clinical; threats to instructor; and objectionable physical contact with the instructor. A total of 409 responses, a response rate of 67%, among associate degree in nursing (ADN; 48.8%), Bachelor of Science in Nursing (BSN; 43.9%) and Diploma (7%) faculty respondents were obtained. Based on the responses, three disruptive behaviors were identified in the programs: tardiness to class, behavioral distractions in class, and not attending class—otherwise identified as an entitlement. Clinical instructors reported 42.8% had experienced verbal abuse, and 24.8% of instructors reported objectionable physical contact. The study also looked at the consequences of the behavior. The consequences ranged from no action, informal verbal resolution with the instructor, written warnings, probation, suspension, and dismissal. Respondents of the study found that these behaviors must be addressed by skilled faculty, for if allowed to continue unchecked, the academic environment suffers overall. Faculty and students alike are interrupted and precious class time is used trying to recover. Recommendations from the study included identifying strategies for handling disruptive behaviors, as well as including the topic of strategies to address behavioral issues via a nationwide forum.

The purpose of Addison and Luparell's (2014) cross-sectional, descriptive design pilot study was to explore rural nurses' perceptions about disruptive behavior and how they impact relationships and patient outcomes (p. 2). The rural population was defined as a territory in Montana with a population less than 50,000, and rural facilities defined

as those within a territory having less than 125 beds. The sample was 120 invited nurses within the population, with 57 returned surveys, for a 47.5% response rate. Utilizing Dr. Alan Rosenstein's seminal questionnaire, which had previously been tested at two urban hospitals and was validated for reliability, Addison and Luparell found that 98.2% of the respondents had witnessed disruptive behavior by physicians, and 87.8% had witnessed disruptive behaviors by nurses. Nurse respondants reported disruptive behavior: 18.2% daily, 28.3% weekly, and 30.9% once to twice monthly. Within the healthcare setting, 61.8% of respondents felt that potentially adverse events could have occurred directly from disruptive behavior. Almost half of the respondents were aware of an adverse event as a result of disruptive behavior totaled 45.5%, and of that number (n = 29), 82.8% believed that the adverse event could have been prevented. The study reported that the respondents indicated a lack of reporting and counseling polices for addressing disruptive behaviors. Limitations of this study were the sample size from two facilities in Montana, and the response rate was 47.5%. This study shows that disruptive behavior and poor patient outcomes are linked.

Maurer, Sturges, Averette, Lee, and Allen (2009) investigated faculty and student disruptive behaviors and strategies for class management. The study was conducted at Southeastern American university, and all faculty (*n* = 690) and students (*n* = 17,000) were invited to participate. The response rate for this study was faculty, 99 (14.35%) and students, 179. Since it could not be verified that all students had been notified of the survey, it was not possible to determine the student response rate. The mixed-methods online questionnaire provided significant differences in identifying 9 of 15 disruptive behaviors, and the qualitative analyses reinforced those findings. Quantitative

and qualitative analysis showed a statistically significant difference between faculty and students. Focusing on the faculty results, the four following themes emerged: fear of retaliation, which could affect employment, tenure and pay; lack of administrative support in dealing with disruptive students; a prevailing “customer” mentality in the university that seemed to allow an entitled environment, allowing students to be disruptive; and the faculty’s lack of knowledge and training in how to deal with disruptive behaviors (Maurer et al., 2009). An important observation the researchers discovered was that faculty did not address disruptive behavior because they did not know how to define it. Faculty reported (less than 50%) that they felt that administration did not support them, and 13% stated that this was a barrier in addressing disruptive behavior. Further, 8% of faculty mentioned a specific lack of training to be a barrier.

Clark and Kenaley (2011) acknowledged in an article that disruptive behavior interrupts the academic environment. They found that to create a culture of civility, it takes a partnership between students and faculty. Faculty should engage the students, and guide them towards examining the possible reasons for academic incivility through various techniques such as role-playing and introspection as to the students’ behavior. Clark and Kenaley identified that faculty may play a major role in awareness and prevention of incivility, but ultimately the student must take accountability for their own actions. Faculty strategies are discussed, including incorporating the Faculty Empowerment of Students to Foster Civility Model and providing motivation to create an environment that will stimulate the student. The authors state that in using this model, critical thinking and self-reflection are encouraged, and a more self-aware student will result. The authors conclude that incivility disrupts the learning environment. Faculty

can use tools such as the empowerment and civility models to mold a self-aware student. Also mentioned is that it is important to remember that students may not know what constitutes professional behavior and that such content should be introduced early in the nursing program.

An article by Tiberius and Flak (1999) discusses the concept of both cognitive-emotional and behavioral aspects of the faculty-student relationship. Tiberius and Flak recognize that a cognitive and affective connection exists between student and teacher, and both student and teacher should seek to understand the other. The relationship should be based on mutual respect, effective communication, and willingness to negotiate and understand one another (p.3). The authors identified that when confronted with incivility, a process of negotiation designed to address interpersonal conflict would be helpful. Early detection of signs that a relationship is degrading is key, and seeking an understanding of the concern is of the utmost importance when the goal is a professional relationship. Specifically, on the behavioral side, there are certain processes and types of interactions that facilitate mutual accommodation. The authors found that educators have a responsibility to seek to understand student behaviors and model behaviors that will facilitate effective and professional communication. Providing clear, concise solutions is offered as a resolution template that will establish a therapeutic student-teacher relationship.

Incivility

Clark (2008) provided insight on incivility using a self-administered, descriptive, mixed-method study, provided to a United States population of nursing faculty and students. The recruitment technique utilized was to enlist respondents at two national

meetings. The sample size included 194 nursing faculty and 306 nursing students from 41 states. The ages of the faculty ranged from 21–72(median = 52, mean 50.9), and student ages ranged from 19–58 (median = 29, mean 31.8). The participants completed the Incivility in Nursing Education survey. The survey contained eight demographic items, six quantitative, and three open ended questions designed to measure perceptions of nursing student and faculty incivility. The results showed that faculty perceived incivility to be a moderate to serious problem in nursing education. Clark reported that the uncivil student behaviors most frequently experienced by the combined group included arriving late for class (87%), holding distracting conversations (86%), being unprepared, for class (75.4%), leaving class early (68.2%), and cutting class (62.1%). Clark concluded that nursing educators should establish a culture of civility, and define professional behavior expectations during orientation. Further, it was identified that comprehensive policies to address student incivility be in place within the academic institution. A limitation of this study was that it was conducted at national conferences, so sectors of faculty and students unable to attend any conferences where the survey was provided were not represented. Further limitations were identified to include a lack of diversity in gender and ethnicity.

Clark and Springer (2010) investigated perceptions regarding incivility within a sample of 126 academic nurse leaders from 128 ADN and BSN programs in a large western U.S. state. The sample respondents were offered five open-ended questions, which sought to understand the students' stressors, examples of incivility of both faculty and students, and what role the leaders played in addressing incivility. In examining the respondents' replies regarding the incivility of students, seven behavioral themes

emerged. These included in-class disruptions, aggressive or intimidating behaviors, anger, or excuses for poor performance, cheating, displaying a sense of entitlement, blaming others for shortcomings, and shunning or marginalizing other students. With regard to the in-class disruptions such as students making rude comments, using technology in a disruptive manner, interrupting others, engaging in side conversations, arriving late/leaving early, and sleeping in class, 63.4% found this to be a concern. The results were further refined and revealed that 24% of respondents remarked about students' rude comments, slurs, and rumors both in person and online. The overall results indicate that addressing and engaging in behavioral counseling and providing support when incivility occurs are key to promoting a culture of civility. Respondents reported the following faculty stressors to be of a concern: multiple work demands (63.5%), heavy workload (28.2%), maintaining clinical competence (11.6%), advancement (9.4%), faculty turn over (4.4%), personal stressors (3.8%), problematic students (19.9%), low salary (8.3%) and faculty-to-faculty incivility (8.3%). The respondents (85.6%) also identified the desire to create a culture of civility and an environment of respect, and 48.9 % identified the need to provide education to both faculty and students. Clark & Springer stated that academic leaders set the tone and vision for the institution, and as such have an obligation to address incivility confidently, and develop strategies to decrease incivility in academia.

An exploratory focus group study by Altmiller (2012) investigated what aspects and factors of nursing school student perceptions contributed to a student's incivility towards faculty. The author examined incivility from a student's perspective and compared it to the perceptions of faculty from literature. The group consisted of 4 male

and 20 female students ranging in age from 18 years to 45 years in the junior and senior classes at a state university and three private universities located in mid-Atlantic states. The respondents had to have completed a minimum of two clinical courses to participate. Four focus groups were held from this sample, and each university had between three to nine participants. Nine themes emerged from the student interviews, including unprofessional behavior, poor communication techniques, power gradient, inequality, loss of control over ones' world, stressful clinical environment, authority failure, and difficult peer behaviors.

Students reported that if they perceived faculty had treated them unprofessionally, then they felt justified in responding in kind. Students also felt that class size and faculty comfort level with incivility affected the faculty's intervention. Concerning student perceptions regarding nurse educators, several factors contributed to a student feeling overwhelmed. During the focus group, nurses reported a lack of respect, inequality among students, and poor communication as factors resulting in incivility among nursing students. Although there is never an excuse for incivility among students and educators, Altmiller (2012) suggested that reviewing student feedback may allow the educator to self-reflect on their communication approaches as well as creating a positive educational environment. The study concluded that students felt nurse educators needed to address the incivility found in academia. Altmiller also found that faculty must have the ability to maintain classroom management to decrease incivility. Training and administrative support were mentioned as key needs for faculty to effectively intervene with incivility.

Sanner-Stiehr and Ward-Smith (2016) performed a review of the literature on lateral violence with an aim to determine strategies to change the cycle of lateral violence within nursing. Lateral violence can be classified as unprofessional behavior as well as incivility. Three main strategies were revealed specifically for faculty. The first theme was to include curriculum that focused on lateral violence using simulation as well as within the clinical area. Secondly, institutions should have codes of conduct for behaviors for both students and faculty. Lastly, faculty should be aware of how their role modeling and maintaining a courteous academic environment help develop the professional behavior of students. The authors concluded that faculty have a responsibility to address unprofessional behaviors and to set and enforce standards for the students for professional behaviors. Further, they remarked that nurse faculty should be mindful of their own behaviors, in effect modeling professional identity for the students.

Faculty Interventions for Demonstrated Incivility

Trossman (2014) shared a technique for the clinical environment that was developed to support nurses being bullied; they would call a “code pink” (p. 6). Calling this code resulted in a cascade of other nurses coming to support their coworker. In the academic environment, being able to refer to a procedure may provide guidelines for the individual faculty member to follow, but it does not provide personal support or rapid response in situations of demonstratedunprofessional student behaviors. As this article indicates, training with ongoing support is what faculty moving from traditional to the online academic environment desire, but specifically, what, when, and how that training and support is and looks like is unknown.

Communication

The Institute of Medicine (IOM) report *To Err Is Human: Building a Safer Health System* (2000), is a primer for the importance of effective communication. The area of sub optimal communication is a well-documented source of error in healthcare settings. The IOM stresses the importance of interprofessional collegiality occurring early in nursing education. Addressing the need for effective interprofessional communication early in a student's academic career will serve to hardwire the experience for healthcare professionals' practice in the future as well as foster a team concept and collegiality. The IOM report stressed that improved communication, building teamwork, and fostering capacity in learners is vital to ensure high-quality health care. As a professional, the nurse works as part of an interdisciplinary team whose goal is to provide care to individuals, seeking to have the best outcome for those individuals. Lack of effective communication has been identified as a major contributor to mistakes that can lead to patient deaths. Further, the IOM identified the need for organizations to develop standardization of processes that lead to a culture of safety, and that would include schools of nursing.

Clarke (2014) addresses sub-optimal communication and the detrimental effects that ineffective communication can have on patient outcomes. Clarke makes the point that nursing educators should seek to educate students on effective communication skills to develop students' self-efficacy and confidence and, as a result, affect patient outcomes. Clarke discusses the "6 C's" of nursing that are embedded in emotional intelligence, and they include care, compassion, competence, communication, courage, and commitment, and connects them to performing an assessment. The main lesson of

the article was that when noting deterioration in a patient, it does not matter how good the assessment was if it is not communicated effectively. Omissions and inaccuracies negatively affect patient outcomes. Effective communication can equally be improved through the use of the SBAR tool or the ISBAR (identify, situation, background, assessment, recommendation) tool. Even though the article focused on more critical care settings, Clarke stated that it would be optimal to teach nursing students to develop self-efficacy, efficiency, and confidence and communication.

According to Rosenzweig et al. (2008), communication skills should not just be taught as a one-time class. Communication should be taught throughout the entire curriculum as ongoing education. Most schools teach about basic communication skills with patients and interprofessional staff but do not take it further to faculty communication. Lewis et al. (2013) discuss the importance of role-playing to develop critical and effective communication skills of the student nurse. Having an experienced nurse facilitator to coordinate and provide feedback is essential to the effectiveness of role-playing. An interesting aspect of the role-play from the article suggests having a lay individual also assess the situation and provide feedback. Overall, the article places a positive emphasis on role-playing and a key method to facilitate critical communication.

In looking at communication, modeling professional behaviors and mentoring students play an important role in professional development. Utilizing an interpretive, qualitative study, Payton, Howe, Timmons, and Richardson (2012), investigated African-American nurses' perceptions of mentoring. The study discussed how nursing students who were mentored had a higher graduation rate and were more satisfied within their program of study. Using a purposive sampling of 26 participants, the authors used 10

guiding interview questions, previously validated by Buchanan to establish themes. Four main themes were reported, and they included role models, tricks of the trade, feelings, and someone who looks like me. Role modeling was specifically mentioned as a positive attribute towards staying motivated within the nursing program. The study limitations included small sample size and completing a qualitative study where interpretation may be subjective in nature.

Summary

Chapter II provided a literature review of pertinent articles and studies focused on the concerns of incivility, unprofessional behavior, communication, and the need for faculty to possess the self-efficacy to address student incivility. The research was summarized to provide an overview of the significance of faculty being prepared to address demonstratedunprofessional student behavior. Key research findings supported the dissertation's title, purpose, and research questions.

Chapter III

METHODOLOGY

This chapter contains the methodology that was utilized for the study. This section includes the purpose, research questions, study design with rationale, strengths and weaknesses, setting, and population sample. Data collection, analysis, and the process used to ensure the validity of the study are also addressed.

Purpose of Study and Research Questions

The purpose of this study was to examine nurse educators' self-efficacy with addressing demonstratedunprofessional student behavior. Further, it sought to identify whether faculty chose to ignore demonstrated unprofessional behavior due to a lack of understanding of the intervention process. The study also sought to identify what tools the faculty would need to effectively address demonstrated unprofessional behavior when it occured.

The following three research questions were answered:

1) Do nurse educators possess the self-efficacy to address demonstrated unprofessional student behavior?

2) Do nurses educators choose to ignore demonstrated unprofessional behavior due to lack of self-efficacy with the process of student intervention?

3) What tools are necessary to address demonstrated unprofessional student behavior effectively when it occurs?

Research Design

This study used a phenomenological qualitative research design. Phenomenology is the study of individuals' lived experiences of events (Nigatu, 2009).

Miller (2010) states that this type of design is useful when little is known about the concern, and there is a gap in practice. Data collected from a survey will provide a description of opinions, attitudes, and trends (Creswell, 2014). Heavey (2015) mentions that a qualitative measure describes or characterizes an attribute. Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem; narrative data is analyzed to determine emergent themes (Creswell, p.4). The primary investigator utilized a survey script of questions and recorded answers and themes for each faculty interview. Qualitative research design was the most appropriate method for this study. Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem; narrative data is analyzed to determine emergent themes (Creswell, 2014).

Identified strengths of this research design included the ability of the researcher to address a concern that affects student and graduate success, nurse faculty retention, and patient safety. Moran and Burson (n.d.) state that it is important to address a phenomenon that is in need of inquiry to develop a potential solution. It was the desire of the researcher to present validated scientific data to support this position using existing data.

Weaknesses of this research design included the nature of the qualitative research, specifically because the study relied on the honest reporting of the participants. In addition, the number of participants was limited to the networking abilities of the primary investigator, and will not be reproducible unless it were of the same model. There was also the potential that the data input by the researcher will be

entered incorrectly. Qualitative research is interpreted solely by the investigator, and as a result, the data could be biased. Data management in qualitative studies can be of concern. Because of the smaller sample in qualitative research studies, there was a risk that the study may not provide anything of value (Taylor & Gibbs, 2010)

Setting

The facilities utilized for this study were of the participants' choosing. The primary investigator (PI) offered to conduct the interviews in a quiet, private setting at the PI's home office or the office or home of the participants to mitigate interruptions. The interviews were conducted via telephone with the faculty participants. The PI secured uninterrupted, private settings, utilizing after-work hours to accommodate the participants.

Sample

This phenomenological qualitative research designed study utilized a purposive sampling of faculty teaching practical nursing (PN), ADN, Diploma, BSN, and Master of Science in Nursing (MSN) nursing program students . Faculty teaching at the doctoral level were invited, but did not respond to the invitation to participate. The PI recruited the population sample via Social Media (LinkedIn and List Serves associated with the PI's organizational memberships). The PI was prepared to utilize snowball sampling to obtain additional participants until data saturation was reached; however, data saturation was reached at eight participants, so no further sampling was required. One of the advantages of a purposive sample is that the sample group is chosen because they embody some specific characteristics the researcher wishes to examine (Waghorn

& Lloyd, 2009). This type of sample is guided by the purpose of the study rather than the statistics involved (Tappen, 2011).

Criteria for Selection

The dataset for the population sample comprised nurse faculty teaching PN, ADN, Diploma, BSN, MSN, and doctoral nursing program students (within the networking circle of the PI), who agreed to participate and be audiotaped. No nurse faculty teaching doctoral students responded to the interview request.

Sample Size

The final sample size was dependent upon the achievement of a saturation level, and themes emerged. After analysis of the first eight transcripts, emergent themes arose and data saturation was reached. The PI found no further need to recruit additional nurse faculty because of data saturation.

Human Subject Protection

Permission to conduct the study was obtained by the Institutional Review Board (IRB) of William Carey University. The researcher for this study completed the required WCU CITI Training (Appendix A). The PI conducted and recorded the scheduled faculty participant interviews from home (after work hours) without others present. The PI will maintain recordings and transcribed materials in a locked file cabinet for 5 years and on a password protected desktop personal computer located in the PI's private locked office for 5 years. After 5 years, all tapes, transcripts, and files will be destroyed. The PI reported data content in themes and patterns, without identifying the participant or school. No participant or the name of the nursing program was linked to his or her responses in any way. The obligations of this extended to student information including,

but not limited to, the physical description (race, sex, and appearance), date and place of birth, religion, national origin, academic performance, employment, and disciplinary actions of both students and nurse educators. The methodology and procedures described above respected the privacy of subjects. The only person that will have access to the raw data is the PI.

While it was not anticipated, the PI remained alert during the faculty interviews for any signs of physical, psychosocial, or social risks with participants, with none of those risks noted during the faculty interviews. Participants were free from any control, and the data was obtained in the participants' natural environment.

Instrumentation

The PI created a metadata log that included:

1. Project Title,,
2. Date of Data Collection,
3. ID-Code of Participant,
4. Name of PI, Chair, and WCU Statistician,
5. Method of data collection (In person, Telephone, Skype), and
6. Documentation type:
    a. Audio recording,
    b. Observation of non-verbal communication, and
    c. Field notes.

Procedure for Data Collection

The PI contacted the nurse faculty by email to describe the study using a prepared information and recruitment script (Appendix C). The PI clarified any concerns

or questions. Agreeing to participate implied consent. The PI asked the following questions:

a. Have you been an instructor in a PN, ADN, Diploma, BSN, MSN, or doctoral nursing program?
b. Are you willing to be interviewed over the phone, or at my office, your office, or via Skype within the next 30 days?
c. Are you agreeable with the audiotaping for the PI to transcribe and analyze for inclusion in the study?

If the faculty did not responded to the initial recruitment email within 10 business days, the PI called the faculty member only once in an attempt speak to the faculty member directly or leave a message. If he or she did not respond after this attempt, the PI made no further contact.

Inclusion criteria were”

- Nurse Faculty teaching PN, ADN, Diploma, BSN, MSN, or doctoral Nursing Students, and
- Agreed to be audiotaped for the interview.

Exclusion criteria were:

- Refusal to participate, or
- Refusal to be audiotaped.

The PI conducted interviews, asking a set of structured questions in a semi-structured manner (Appendix D). The questions were provocative in nature and were focused on faculty experiences, feelings, and opinions. The PI also sought input from the faculty to determine a theme for practice change. Using a combination of

unstructured text (transcription of interviews), and audio recordings the PI sought to establish themes using the following process.

1. The plan was to interview eight* nursing faculty.
2. The audiotaped interviews and field notes were transcribed into a document verbatim.
3. All interviews were obtained via telephone.
4. Each participant's transcribed responses and field notes were reviewed using content analysis to determine patterns and themes.
5. Data was reviewed to establish themes and "to ensure that an account is rich, robust, comprehensive, and well-developed" (Robert Wood Johnson, 2008, p. 1).

*The final sample size was dependent upon the achievement of a saturation level and themes that emerged. If after analysis of the first eight transcripts, patterns were lacking an emergent theme, then the PI would have recruited additional nurse faculty until data saturation occurred. The final sample size was eight participants, as data saturation was realized.

Procedure for Data Analysis

The investigator utilized Seidel's (1998) Noticing, Collecting, and Thinking Model as the basis for the data analysis procedure. Data collection and analysis is simultaneous when using this model (Nigatu, 2009). Seidel equates this model to the process used in solving a jigsaw puzzle. During the interview process, the investigator sought to establish themes within each interview. Taking notice of the responses provided from participants, the investigator collected research question responses, and

coded them accordingly. Coding was utilized to group lines of similar thoughts of the participants. The PI then performed a coding sort to generate a single report.

Summary

This phenomenological qualitative research designed study utilized a purposive sampling of PN, ADN, Diploma, BSN, and MSN faculty. A descriptive content analysis of the data was performed. Chapter III provided the methodology, purpose of the study, research questions, study design, and rationale. The strengths and weaknesses, setting, and population sample were provided. The criteria for selection of participants, sample size, and human subject protection were discussed.. Instrumentation, the procedure for data collection and analysis of the study were provided. Institutional review board approval was obtained through WCU.

Chapter IV

PRESENTATION AND ANALYSIS OF DATA

This chapter includes a presentation and analysis of the data collected through in-depth interviews with eight nursing faculty participants. This investigator used a phenomenological qualitative research design to explore nurse faculty perceptions of demonstrated unprofessional student behaviors. The findings were organized and presented as answers to the three research questions.

Description of Subjects

The study included interview data from eight full-time nurse faculty. All participants were nurse faculty in PN, ADN, BSN, and MSN nursing programs, and included faculty in both online and traditional institutions located within the United States. No doctoral faculty replied to an invitation to participate. The participants agreed to be audiotaped. The investigator purposely selected participants using an existing network to provide a diverse sample regarding the academic preparation of nursing students. Limited demographic information of the participants was collected. Of the eight participants, there were one male and seven females. One participant held a Ph.D. in nursing, and the remainder held an MSN. One participant taught PN students exclusively. Two participants were in the process of obtaining a doctorate in nursing education, and one was in the process of obtaining her doctorate in education. Participants have been nurse faculty ranging from 8 years to 15 years. The interviews lasted from a minimum of 23 minutes to a maximum of 41 minutes.

Research Questions and Findings

The five themes that emerged from the interview results were summarized according to the research questions. Participant interview excerpts are included for each theme where applicable to show a link to the identified five themes. The participants are identified using a numeric identifier to assure confidentiality (1 through 8). The five themes are discussed as they relate to the research questions. Participants were asked semi-structured questions (Appendix B) designed to elicit an objective response about what potentially could lead to a lack of self-efficacy when addressing demonstrated unprofessional student behaviors, and the five following themes emerged:

- self-efficacy,
- lack of training regarding unprofessional student behavior within the participants' organization,
- lack of a role model,
- lack of administration support, and
- desire to have an educator tool-kit that includes policies and procedures.

The themes of the interview results were summarized according to the research questions.

Research Question 1: Do nurse educators possess the self-efficacy to address demonstrated unprofessional student behavior?

Participants were asked semi-structured questions (Appendix B) designed to elicit an objective response concerning what potentially could lead to a lack of self-efficacy when addressing demonstrated unprofessional student behaviors. All participants admitted to having experienced demonstrated unprofessional student

behavior during their teaching careers. The participants agreed that, as novice faculty, they did not possess the self-efficacy to address demonstrated unprofessional student behavior, and the majority stated that they currently, as expert faculty, still experience discomfort when encountering incivility. Participants agreed that in order to develop the self-efficacy required to address demonstrated unprofessional student behaviors effectively they need training, tools, experience, and administrative support. The themes were realized from participant interview data.

Self-Efficacy. Participants used words and phrases like *need, intimidating,* and *uncomfortable* when describing the lack of training at the participants' institutions. Participants recalled that as novice educators as well as experienced educators, they did not feel that they were in possession of the sense of self-efficacy required to address student incivility adequately. Participants stated a desire to have training on the management of demonstrated unprofessional student behavior, both within the participant's own core education, as well as at the organization's faculty onboarding process. The participants felt that education and ongoing training would provide the exposure to classroom management strategies and increase confidence when confronted with student incivility. Participants mentioned that training on addressing demonstrated unprofessional student behavior should be included in new faculty onboarding and during annual educational continuing education, which would increase their self-efficacy. Two participants mentioned the need to have a curriculum on incivility classroom management during the graduate nurse educator program, which would increase their comfort level when confronted with student incivility. Participants

discussed the need to remain current, and have periodic refreshers on addressing student incivility to maintain competency.

Participant 5: “We have to learn it and practice it.”

Participant 7: “There is a general uncomfortableness in pointing out someone’s negative behavior.”

Lack of training regarding unprofessional student behavior within the participants’ organization. Participants remarked on the desire to have training on the management of demonstrated unprofessional student behavior. Participants used words and phrases like *need training* and *no resources* when describing the lack of training at the participants’ institutions. Participants spoke about obtaining training outside of their organization and then incorporating that training into their practice, sometimes at their own cost. One participant mentioned that student incivility training had recently been incorporated within their institution, which provided nurse educators guidance regarding student incivility. Participants mentioned that training on addressing demonstrated unprofessional student behavior needed to be included in new faculty onboarding and during annual educational continuing education. Two participants mentioned the need to have a curriculum on incivility classroom management during the graduate nurse educator program. One participant mentioned a consortium approach to providing incivility training as part of clinical instructors’ onboarding and annual training requirements that have led to an increased comfort level during student incivility interventions. Participants discussed the need to remain current, and have periodic refreshers on addressing student incivility to maintain competency.

Participant 3: ‘‘I watch videos to learn how to address student incivility.”

Participant 1: “It would have been nice if we had gotten more training in our graduate degrees, or whatever initial degree is used to get us to that faculty role.”

Participant 6: “We only had a smidge of classroom management in my undergrad and grad programs, I wish we had more.”

Participant 8: “When I first started there was some general training discussed, but I do not remember any specifics about it.”

Participant 8: “When I first started there was some general training discussed, but I do not remember any specifics about it.”

Lack of a role model. Participants included the importance of having a role model or mentor available when addressing student incivility. The participants mentioned that having a role model led to an increased comfort level when confronted by demonstrated unprofessional student behavior. The mentor or role model provides reinforcement as to why it is important to address students’ incivility, and as a result then helps to reinforce a sense of self-efficacy in nurse educators.

Participant 3: “I have at times thought what would this or that person do. There are times when I stopped and say how would my boss would handle it. This has helped me and my staff handle it without being so upset.”

Participant 1: “Having a designated mentor who is comfortable dealing with these situations helps me survive. Role-playing is a big thing, to explain to individuals the why we need to address the behavior. We may need to go through some discomfort to get to that goal.”

Participant 2: “My director came to me and spoke to me and said you have to develop the tough skin and continue toward your goal…to develop safe nurses.”

Participant 4: I had a mentor at my first teaching job; she had been one of my core instructors during my nurse educator track, and she helped me tremendously.”

Lack of administrative support. Several participants described feeling that deans and directors are not themselves comfortable when addressing demonstrated unprofessional behaviors. *Fear* and *uncertainty* were terms that nurse educators utilized when reflecting on lack of administrative support.

Participant 1: Students bring it up the chain to complain, and it gets overturned in the interest of keeping that student happy… to keep the student from going out and complaining about the school on social media.”

Participant 4: “University and departmental policies…laws. Uncertainty how to.. I was not worried about people looking down on me. Did I respond appropriately? Did I further instigate the behavior? I learned things from training but not at the school”

Desire to have an educator tool-kit that provides policies and procedures. Specific perceptions that the nurse educators mentioned included the lack of university policies to address incivility, or the institution’s fear of student repercussions. Participants agreed that they would appreciate having clear and current institutional policies to guide them when confronted by demonstrated unprofessional student behaviors.

Participant 6: “We have a unique thing, a consortium of all local universities started training for new clinical faculty in the local hospitals that include managing behaviors. They give a huge notebook with scenarios, and you can always go back for a refresher. This is like taking an annual refresher on fire safety.”

Participant 1: “There is an unspoken expectation that all faculty is driving students toward success…The deans were not taught and aren’t clear and don’t have the tools to address incivility.”

Research Question 2: Do nurses educators choose to ignore demonstrated unprofessional behavior due to lack of self-efficacy with the process of student intervention?

The investigator asked participants to discuss what factors would lead to faculty ignoring demonstrated unprofessional student behavior. Four themes emerged from the participants. These themes included self-efficacy, lack of training regarding unprofessional student behaviors within the participants’ organization, lack of role models, lack of administrative support, and the desire to have an educator tool-kit that includes policies and procedures.

Self-efficacy. Participants used words and phrases like*, uncomfortable,* and *training makes me more confident* when describing the lack of training at the participants’ institutions. The themes overlapped in some of the answers, offering a cause and effect. For example, the educators described that they lacked training on classroom management of incivility either in their own education or at the university during orientation. Due to their lack of incivility management training, the faculty were uncomfortable when confronted with incivility and were likely to consider avoiding

intervention when student incivility occurred. Participants spoke about the lack of training provided by the educational institution during onboarding or annual training sessions and the need for role models when addressing demonstrated unprofessional student behaviors to gain self-efficacy**.**

Participant 7: “I probably wasn’t as good at intervening early on. I have to get all my content in, and I need to follow my schedule to make sure other students get what they need. In the last two years has it been a core focus… student behavior... heard through others how they handled behavior... are we doing what’s right… more of a focus now ... the discussions are richer...”

Lack of training regarding unprofessional student behaviors within the participant’s organization. The participants mentioned that lack of training on university policies or procedures made them (the educators) question their confidence in adequately addressing incivility. Two participants stated that they had thought about ignoring demonstrated unprofessional student behavior as novice educators due to this lack of policy knowledge, but ultimately they chose to address the incivility as best they could at the time. Both of those participants stated that the hesitation to intervene stemmed from lack of confidence with their level of expertise at that time. Participants stated that institutional incivility training was a critical and overlooked part of new educator orientation.

> Participant 7: “I think that from a graduate student, say in the research process including the staple of dealing with student behavior should be part of the capstone. The culture of student populations changes so keeping abreast of change ongoing basis. Don’t be reactive.”

Lack of a role model. One participant remarked that she was blessed to have had a former instructor as her mentor, and frequently sought her out for assistance and policy clarification.

> Participant 4: “My first job I had no training. My second one I had my old faculty member mentor me. I could check to see if I was following policy and she taught me how to deal with students who were rude.”

Lack of administration support. Participants used terms and phrases like *scary, no back up, no support,* and *no policies* when discussing lack of administrative support when addressing demonstrated unprofessional behaviors.

> Participant 2: “We have a solid policy that says if a student is unprofessional, then here is the policy to follow. That is a frightening thing for new faculty when a student shows disrespect in the classroom.”

Desire to have an educator tool-kit that includes policies and procedures. Six of the participants mentioned that while none had ignored addressing student incivility, they felt that a lack of training and knowledge of university policies probably led to them not addressing student incivility as effectively as they could have as novice educators.

Research Question 3: What tools are necessary to effectively address demonstrated unprofessional student behaviors when it occurs?

The investigator asked each participant, “What tools or training would make it easier for faculty to intervene when confronted with demonstrated unprofessional student behavior.” All the participants included faculty training, both during their orientation and at least annually in the form of updates as being important tools that

faculty require for addressing student incivility. Having a role model available who is knowledgeable was also mentioned by participants as an item desired to help develop a sense of self-efficacy when confronted by demonstrated unprofessional student behavior. Each participant also included a reference to a supportive administrator as being vital to their success when addressing demonstrated unprofessional student behaviors.

Role Models. Participants remarked about the value of having an available role model or mentor, knowledgeable about the particular policies that relate to incivility. One participant remarked that student incivility did not happen that frequently, so having an expert available to guide her when it did occur would be valuable.

> Participant 4: “If we had an official mentor available who could be considered a core expert that we could go to that would be ideal.”
>
> Participant 8 “Having a dedicated staff person that you knew would be available to help in those cases would be a big help.”

Lack of administrative support. The majority of the participants described the need to feel supported by their administration as part of the tool-kit needed to effectively address demonstrated unprofessional student behaviors. Participants described feeling unsupported by the administration when addressing student incivility. Participants mentioned that a prevailing customer service mentality was felt to contribute to the perceived lack of administrative support.

> Participant 1: “I have heard horror stories about students. A conversation about incivility can be glossed over... so the message to the faculty is not to bring it up again.”

Desire to have an educator tool-kit that includes policies and procedures. Participants remarked that it was essential that faculty have training in mangaing student incivility and on the institution's incivility policy on addressing demonstrated unprofessional student behaviors. The majority of the participants obtain student incivility training on their own time and at their own cost, and that training is generic in nature and not aligned to their organizational polices. All participants mentioned the importance of aligning interventions to organizational polices when addressing student incivility.

Participant 2: "I do those Nurse Videos and CEU articles as they come out."

Participant 1: "I think that having the policies presented to us during orientation would be a great idea."

Participant 7: "Give us a practical toolkit that contains all the polices and offers tips, then keep it up to date."

Summary

Chapter IV included a presentation and analysis of the data collected through in-depth interviews with eight participants. Descriptive analysis of the interviews was utilized to determine emergent themes and relate the findings to the three research questions. There were five themes that emerged for research questions. Participant statements were included to provide a rich description and to validate the emergent themes.

Chapter V

SUMMARY, DISCUSSION, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

This chapter provides a summary of the research, the findings discussed and compared to the published literature. Suggested implications for nursing education and directions for future research will be provided by the investigator.

Summary of the Study

The investigator used a phenomenological qualitative research design to explore nurse educators' lived experiences regarding their self-efficacy in addressing demonstrated unprofessional student behaviors. A purposive sample of eight nursing faculty of PN, ADN, BSN, and MSN programs was recruited through networking via professional social media. In-depth, semi-structured interviews provided the research data. The interviews were audio recorded and transcribed or saved as text and/or audio files verbatim. A descriptive content analysis of the data was performed. Data was analyzed using descriptive analysis, coding sort, and identification of emergent themes. Five themes emerged to answer the research questions, which were interpreted using the Noticing, Collecting, and Thinking Model. The themes provided the basis of the generated report investigating nurse educators' self-efficacy in addressing unprofessional student behavior.

Discussion

This study builds upon previous incivility work, and offers the profession recommendations for practice improvement. Nurse educators do not want to ignore student incivility and are seeking evidenced based curriculum both in the core educator

curriculum and new faculty onboarding at annual training, to develop the self-efficacy required to effect student change. The results of this study correlate to the existing literature regarding student incivility and the downstream effects that unchecked unprofessional student behaviors can lead to in the workplace. Research studies and articles have proven that students want strong nursing role models, and nurse educators want to have the self-efficacy to intervene effectively and formatively when confronted by student incivility.

The first research question focused on nurse educators' self-efficacy when addressing unprofessional student behaviors. Five major themes emerged:

- self-efficacy,
- lack of training regarding unprofessional student behavior within the participant's organization,
- lack of a role model,
- lack of administrative support, and
- desire to have a tool-kit that includes policies and procedures.

The second research question sought to understand whether nurse faculty chose to ignore demonstrated unprofessional student behaviors due to a lack of self-efficacy. Five major themes emerged:

- self-efficacy,
- lack of training regarding unprofessional student behavior within the participant's organization,
- lack of a role model,
- lack of administrative support, and

- desire to have a tool-kit that includes policies and procedures.

The third research question was aimed at identifying what tools nurse educators saw as being important to effectively address unprofessional student behavior. Participant responses led to three emergent themes:

- lack of a role model,
- lack of administrative support, and
- desire to have an educator tool-kit that includes policies and procedures.

The participants' responses led the investigator to conclude that responses to Research Questions 1 and 2 correlated to all five emergent themes, and for Research Question 3, three of the existing themes emerged.

Research Question 1

Do nurse educators possess the self-efficacy to address unprofessional student behavior?

Lack of training regarding unprofessional student behaviors within the participant's organization. Participants overwhelmingly expressed the desire to provide a formative response to students when confronted by unprofessional behavior due to the potentially devastating effects that ineffective communication can have in the workplace. However, the participants acknowledge that without training, they do not possess the self-efficacy to effectively confront student incivility. This theme reinforces the published literature that faculty must have the training and tools necessary to confront demonstrated unprofessional student behavior (Trossman, 2014, Horvitz et. al, 2015).

Participants voiced that if provided adequate training on student incivility management and institutional student incivility policies, nurse educators would have an increased comfort level and be less likely to ignore student incivility when confronted with demonstrated unprofessional student behavior. The participants' beliefs reinforce the theoretical framework of Bandura (1977), who explained that training provides people with a strong sense of self-efficacy, who then believe in their abilities when faced with a challenging situation and confront the issue rather than avoid it.

Zulkosky (2009) determined that a lack of self-efficacy can lead to decreased motivation. This was reinforced by Bandura's belief that having a sense of self-efficacy is proportionate to the level of the goals and motivation of an individual. Participant 1 illustrated this when she stated, "Our goal in addressing student incivility is student success, we may have to go through some discomfort to get to that goal." Participant 2 mirrored that theme when she stated, "You have to develop the tough skin and continue toward your goal…to develop safe nurses."

Role models. Research has shown that role modeling is an excellent way to learn. However, it must be of the highest caliber to be effective (Davis, J., 2013). Sanner-Stiehr and Ward-Smith (2016) concluded that faculty should be aware of how role modeling within a courteous academic environment helps to develop professional behavior in students. Payton et al (2012) investigated African-American nurses' perceptions of mentoring and concluded that role modeling was a positive attribute to stay motivated within a nursing program.

Lack of Administrative support. The participants overwhelmingly voiced the need that health care leaders must make addressing students' unprofessional behaviors

a priority, which reinforced Luparell's work (2011) regarding the need for strong administrative support. Participants further identified that it is crucial that untoward student behaviors be addressed from the beginning of academic programs to prevent the loss of professionals and improve health care outcomes, which also supports Luparell's work. Maurer et al. (2009) identified that faculty fear the lack of administrative support in dealing with disruptive students, specifically that encouraging a prevailing "customer" mentality within the university allows for an entitled environment that encourages students to be disruptive. Three participants in the study described this same fear when addressing demonstrated unprofessional behaviors. Participant 1 stated, There is an unspoken expectation that all faculty is driving students toward success. …The deans were not taught and aren't clear and don't have the tools to address incivility. Students bring it up the chain to complain, and it gets overturned in the interest of keeping that student happy… to keep the student from going out and complaining about the school on social media. I've heard horror stories about students. A conversation about incivility can be glossed over... so the message to the faculty does not bring it up again.

Horvitz et al, (2015) confirmed that to increase faculty self-efficacy when addressing incivility, institutions should provide faculty development, training, and support. Lashley and De Meneses (2001) reinforce the need to develop strategies for handling disruptive behaviors, as well as including the topic of strategies to address behavioral issues at the national level. Faculty must be provided the tools and training to address student incivility when observed and be secure in the knowledge that the

administration will provide support during the intervention process, or the institutions run the risk that faculty will choose to ignore the demonstrated unprofessional student behavior.

Desire to have an educator tool-kit that includes policies and procedures. Participants identified that having a tool-kit containing policies and procedures to refer to when confronted with demonstrated unprofessional behavior would be useful. Participants agreed that having training upon hire, as well as annual refreshers would increase their self-efficacy when confronted with student incivility. As stated above, participants discussed the need to remain current, and have periodic refreshers on addressing student incivility to maintain competency.

Participant 5: “We have to learn it and practice it.”

Singh et al. (2013) showed that faculty development programs had a positive effect on the self-efficacy beliefs in teachers, which included communication, classroom management, student motivation, and higher order thinking skills and that this effect was sustained over time. Singh et al. further identified that the self-efficacy beliefs of educators show a correlation between obtaining and applying that knowledge, that participating in development programs improves faculty self-efficacy beliefs, that the benefits of participating in a faculty development program continue to last over time, and that once a healthy self-efficacy is established, occasional setbacks will have a minimal effect.

Research Question 2

Do nurses educators choose to ignore demonstrated unprofessional behavior due to lack of self-efficacy with the process of student intervention?

Lack of training regarding unprofessional student behaviors within the participants' organization. Bandura (1977) mentions that without training and practice, should an educator encounter student incivility, the most likely response to that uncomfortable experience by the educator would be to ignore it. The participants in this study confirmed the connection between training on incivility management and the potential to ignore student incivility of educators who lack training. Participant 8, for example, stated that between the fear and "uncomfortableness" of encountering student incivility, ignoring it could very well be an option that the educator would choose. Student development is dependent upon the self-reflective role modeling provided by trained faculty, and this study found that specifically the lack of training was cited as a major cause of the lack of faculty self-efficacy when addressing student incivility. However, if faculty do not feel comfortable in addressing unprofessional behavior or do not have the training to do so, as Trossman (2014) suggests, then the downstream effects such as staff burnout and decreased patient safety will continue to be seen.

Role models. The review of the literature supports role modeling as a way to motivate others as well as learn behavior and craft responses to utilize as needed. Sanner-Stiehr and Ward-Smith (2016) described that a benefit of role modeling would be to help maintain a courteous academic environment that would then lead to the development of professional behavior in students. Payton et al (2012) specifically mentioned role modeling as a positive attribute that kept students motivated within a nursing program. Tiberius and Flak (1999) found that educators have a responsibility to seek to understand student behaviors and to model behaviors that facilitate effective and professional communication. Incorporating training stratagies for how faculty can

become that role model of professional behavior within the classroom for students should be the gold standard to hold university administrators to when an institution is creating orientation and annual training for faculty. Participants in this study mentioned that they would appreciate faculty role models when encountering student incivility so that they can learn techniques to increase their proficiency when encountering demonstrated unprofessional student behavior. Bandura (1977) spoke about four fundamental elements from which self-efficacy is derived. These four elements are performance accomplishments, vicarious experiences, verbal persuasion, and psychological state. The combination of training and having the ability to work alongside a role model when confronted with demonstrated unprofessional student behavior would serve to provide nurse educators a visual and auditory training or as Bandura called it a vicarious experience. This type of training helps participants remember what the role model did in particular situations and offers the nurse educator a concrete example from start to conclusion of an episode of incivility.

Research Question 3

What tools are necessary to address demonstrated unprofessional student behaviors effectively when it occurs?

Training regarding unprofessional student behaviors within the participants' organization. Maurer et al. (2009) warn of the potential that nurse educators may choose to ignore untoward student behavior if they lack effective strategies and tools to address it. Participants stated that there was a need for training during the educators' undergraduate and graduate courses, as well as during new faculty orientation. Annual student incivility refreshers to remain current in best

practices was also mentioned by the participants. Two participants mentioned the benefit of role playing responses to student incivility to strengthen self-efficacy. Sanner-Stiehr and Ward-Smith (2016) reinforced this need to include curriculum that focuses on lateral violence using simulation as well as within the clinical area.

Role models. Trossman (2014) shared a technique in the clinical environment that was developed to support nurses being bullied; they would call a “code pink.” Calling this code would result in a support system for the nurse. This support system, if incorporated within academia would afford novice faculty the ability to model the behaviors of more experienced nurse educators. Participants mentioned that having an available role model or mentor readily available would help to increase nurse educators’ self-efficacy when confronting student incivility. Trossman further mentioned the need for ongoing training, and the participants identified this need as well. Davis stated (2013) high caliber role models could have a positive effect on learning. Therefore, affording novice educators the opportunity to become proficient by seeing the experienced faculty model interventions during that moment in time of demonstrated unprofessional student behavior has been identified as a solution for increasing the self-efficacy of nurse educators when confronted with demonstrated student incivility.

Administrative support. Clark and Springer (2010) stated that academic leaders set the tone and vision for the institution, and as such have an obligation to address incivility confidently and develop strategies to decrease incivility in academia. Participant 1 described that she had seen “students bring it up the chain to complain and it gets overturned in the interest of keeping that student happy” when describing why educators may ignore student incivility. Administrators have the ultimate

responsibility for the students' academic career and outcomes. The AACN (2009) reinforces the importance of incorporating effective communication and conflict negotiation techniques in nursing programs. Consequently, administrators have a responsibility to address faculty training needs and provide nurse educators support when an episode of student incivility is addressed to minimize the downstream effects of untoward behaviors.

Limitations of the Study

Limitations of this study included the fact that the study is not *g*eneralizable to the larger population. Additionally, this study only presented the opinions of the eight participants who were interviewed on one occasion.

Conclusions

This study described the lived experiences of nurse educators' self-efficacy in addressing demonstrated unprofessional student behavior. Participants described their experiences as faculty when confronted with student incivility. These participants expressed their desires to have student incivility training as part of their undergraduate and graduate curriculum, as well as new faculty on-boarding and annual training. Also, participants would like to have role models identified with an organization who could be utilized as an organizational expert when the faculty member is confronted by demonstrated unprofessional student behavior. Finally, the participants specifically requested that administration provide support for the nurse educators when addressing students' incivility.

It is clear that incivility has no place in healthcare, and it is the responsibility of the nurse educator to address any demonstrated unprofessional student behavior as it

occurs utilizing a formative approach. Nurse faculty are expected to be knowledgeable of, and hold all students to, the particular university's defined standards of conduct. A thorough orientation to an organization's policies and procedures, as well as having access to a skilled faculty role model should be the norm for all nurse educators. Behavioral counseling, when provided by a skilled educator in a nonpunitive way, can affect student outcomes for the better. Key to that successful formative faculty intervention is having faculty who possess the self-efficacy to address those uncomfortable student situations in real time as they occur.

Implications for Nursing Education and Practice

Existing research has identified that nurses who are victims of workplace incivility are likely to leave the profession and contribute to the nursing shortage. Further, research has identified that ignoring students' unprofessional behaviors creates a culture of acceptance of the behavior and leads to downstream workplace ineffective communication. It has been documented that faculty who are the recipients of student incivility can suffer a negative impact on their self-esteem and confidence, which affects the nurse educators' self-efficacy to effectively confront demonstrated unprofessional behaviors. To avoid a concentric circle of the student to graduate to in the workplace incivility, which ultimately negatively affects patient outcomes, nurse educators' voices must be heard concerning the tools needed to do the job they are tasked with.

Participants in this study identified five themes that translate into three tangible stratagies, supported by literature that provides guidance for practice changes to implement within nursiing education programs. The first would be to include student incivility class management curriculum within ADN, BSN, MSN, DNP, and PhD nursing

core programs. Student incivility classroom management instruction that is begun early in an educator's career, and then reinforced in each succeeding educational track would serve to build a solid foundation for faculty who intend to teach nursing at any academic level. Universities should build upon that basic educator curriculum and create institutional-specific policies and procedures addressing demonstrated student incivility, and include training for new faculty during onboarding and annual updates on incivility classroom management.

Secondly, institutions should consider creating an incivility role model or champion within the school. Novice faculty would be able to call upon that person to assist when confronted by demonstrated unprofessional student behavior and seek to emulate that formative student intervention moving forward. Seeing a skilled student incivility champion intervene in a formative manner when faced with a classroom challenge would allow the novice faculty an opportunity to see in real time the effect of appropriate response to untoward behavior.

Finally, the administration should create policies regarding student incivility and then support educators when they are tasked with enforcing the institution's policies and procedures. It has been documented that academic leaders set the tone and vision for the institution, and as such have an obligation to address incivility confidently and develop strategies to decrease incivility in academia. Strategies include effective onboarding, role modeling, and providing ongoing support to faculty, as this study recommends.

The strategies identified in this study could increase the self-efficacy of educators who are called upon to address student incivility. Participants in this study agreed that

addressing student incivility is important. Participants also agreed that faculty do not always have the tools they need, especially in the case of the novice educator. The participants provided valuable insight concerning five themes for making a difference in their students' academic experience. Those five themes translated into three actionable items for nurse leaders.

Recommendations for Future Research

Future research is needed concerning a curriculum for classroom management of demonstrated unprofessional student behaviors in nursing degree programs. This curriculum would lay the foundation for nurse educators' self-efficacy when confronted by demonstrated unprofessional student behaviors. Training in the management of incivility has been identified as a key need for in the novice educator. As mentioned in this study, faculty want role models. Administrators are hired to inspire and lead, and are perceived by faculty as role models within the organization. Taking the time to survey staff as to what they require to become stronger educators will pay off in a loyal and stable workforce, successful alumni, and a respected organization.

This study suggests that to increase the self-efficacy of nursing faculty for managing student incivility, faculty need policies with administrative backing, training in effectively responding to incivility, designated faculty members to serve as role models and mentors, and a well-designed tool kit of resources for managing unprofessional behavior. While the qualitative study based on the responses of a small number (n = 8) of nursing faculty has suggested resources that might be useful, additional research to test the effectiveness of those resources could provide better guidance for nursing

educators who want to equip their faculty and students to respond appropriately to incivility in both educational and practice settings.

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Appendix A

CITI Training

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Bette Bogdan (ID: 4495104)
- **Email:** [redacted]
- **Institution Affiliation:** William Carey University (ID: 2935)
- **Institution Unit:** College of Health Sciences (CHS)

- **Curriculum Group:** CITI Conflicts of Interest
- **Course Learner Group:** Conflicts of Interest
- **Stage:** Stage 1 - Stage 1

- **Report ID:** 19416277
- **Completion Date:** 04/29/2016
- **Expiration Date:** 04/28/2020
- **Minimum Passing:** 80
- **Reported Score*:** 100

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
CITI Conflict of Interest Course - Introduction (COI-Basic) (ID: 15177)	04/29/16	No Quiz
Financial Conflicts of Interest: Overview, Investigator Responsibilities, and COI Rules (COI-Basic) (ID: 15070)	04/29/16	5/5 (100%)
Institutional Responsibilities as They Affect Investigators (COI-Basic) (ID: 15072)	04/29/16	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Bette Bogdan (ID: 4495104)
- **Email:** [redacted]
- **Institution Affiliation:** Western Governors University (ID: 3279)
- **Institution Unit:** Academic Services

- **Curriculum Group:** Human Subjects Research (HSR)
- **Course Learner Group:** Group 4: Teacher Education Supplement
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 19416873
- **Completion Date:** 04/29/2016
- **Expiration Date:** 04/29/2019
- **Minimum Passing:** 80
- **Reported Score*:** 90

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Research with Children - SBE (ID: 507)	04/29/16	5/5 (100%)
Research in Public Elementary and Secondary Schools - SBE (ID: 508)	04/29/16	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK REQUIREMENTS REPORT*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Bette Bogdan (ID: 4495104)
- **Email:** [redacted]
- **Institution Affiliation:** William Carey University (ID: 2935)
- **Institution Unit:** College of Health Sciences (CHS)

- **Curriculum Group:** Biomedical Research - Basic/Refresher
- **Course Learner Group:** Clinical and Biomedical Researchers - Basic/Refresher
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in biomedical research with human subjects.

- **Report ID:** 19416768
- **Completion Date:** 09/22/2015
- **Expiration Date:** 09/21/2018
- **Minimum Passing:** 80
- **Reported Score*:** 94

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and CITI Course Introduction (ID: 1127)	09/22/15	3/3 (100%)
History and Ethics of Human Subjects Research (ID: 498)	09/22/15	7/7 (100%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	09/22/15	5/5 (100%)
Informed Consent (ID: 3)	09/22/15	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	09/22/15	4/4 (100%)
Records-Based Research (ID: 5)	09/22/15	3/3 (100%)
Genetic Research in Human Populations (ID: 6)	09/22/15	4/5 (80%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	09/22/15	5/5 (100%)
Vulnerable Subjects - Research Involving Children (ID: 9)	09/22/15	3/3 (100%)
FDA-Regulated Research (ID: 12)	09/22/15	5/5 (100%)
Research and HIPAA Privacy Protections (ID: 14)	09/22/15	4/5 (80%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	09/22/15	4/4 (100%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	09/22/15	5/5 (100%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)	09/22/15	5/5 (100%)
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	09/22/15	1/3 (33%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
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COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Bette Bogdan (ID: 4495104)
- **Email:** [redacted]
- **Institution Affiliation:** William Carey University (ID: 2935)
- **Institution Unit:** College of Health Sciences (CHS)

- **Curriculum Group:** Biomedical Research - Basic/Refresher
- **Course Learner Group:** Clinical and Biomedical Researchers - Basic/Refresher
- **Stage:** Stage 1 - Basic Course
- **Description:** Choose this group to satisfy CITI training requirements for Investigators and staff involved primarily in biomedical research with human subjects.

- **Report ID:** 19416768
- **Report Date:** 05/07/2016
- **Current Score**:** 94

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethics of Human Subjects Research (ID: 498)	09/22/15	7/7 (100%)
Informed Consent (ID: 3)	09/22/15	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	09/22/15	4/4 (100%)
Belmont Report and CITI Course Introduction (ID: 1127)	09/22/15	3/3 (100%)
Records-Based Research (ID: 5)	09/22/15	3/3 (100%)
Genetic Research in Human Populations (ID: 6)	09/22/15	4/5 (80%)
Vulnerable Subjects - Research Involving Children (ID: 9)	09/22/15	3/3 (100%)
FDA-Regulated Research (ID: 12)	09/22/15	5/5 (100%)
Research and HIPAA Privacy Protections (ID: 14)	09/22/15	4/5 (80%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	09/22/15	4/4 (100%)
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	09/22/15	5/5 (100%)
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	09/22/15	1/3 (33%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	09/22/15	5/5 (100%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)	09/22/15	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	09/22/15	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

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Appendix B

WCU IRB Approval

WILLIAM CAREY UNIVERSITY

INSTITUTIONAL REVIEW BOARD
Jalynn Roberts, Ph.D.
Chair

December 15, 2016

TO: Bette Bogdan

RE: Nurse Educators' Self-Efficacy in Addressing Demonstrated Unprofessional Student Behavior: A Phenomenological Study (IRB #2016-63)

Bette Bogdan,

This letter serves as official notification of the approval of your project by the Institutional Review Board (IRB) of William Carey University. It is the IRB's opinion that you have provided adequate safeguards for the rights and welfare of the participants in this study, and that the proposal appears to be in compliance with the Code of Federal Regulations on the Protection of Human Subjects (45 CFR Part 46). **It has been classified as expedited research under the IRB guidelines.**

You are authorized to implement this study as of the date of final approval, which is December 15, 2016. This approval is valid until is December 14, 2017. If the project continues beyond this date, the IRB will request continuing review and update of the project.

You are required to notify the IRB immediately if any of the following occur:

1. **any proposed changes that may affect the expedited status of your project;**
2. **any unanticipated or serious adverse events involving risk to the participants.**

When the above-referenced research project is completed OR if it is discontinued, the WCU IRB must be notified in writing. The IRB Final Report Form will be used for this purpose.

On behalf of the Institutional Review Board,

[redacted]

Jalynn G. Roberts, Ph.D.
Chair, WCU Institutional Review Board

Appendix C

Email and Phone Enrollment Script

Dear Faculty Member:

I am writing (calling) to request your participation in my dissertation study. I am a student in the Ph.D. in Nursing Education and Administration Program of the Joseph and Nancy Fail School of Nursing at William Carey University in Hattiesburg, Mississippi.

My study is entitled, ***Nurse Educators Self-Efficacy In Addressing Demonstrated Unprofessional Student Behavior: A Phenomenological Study.***

I am very interested in learning about how faculty address demonstrated unprofessional student behaviors (incivility). The findings may provide valuable information for schools of nursing.

The interview will last no longer than 30 minutes and can be conducted by phone, in person or via Skype at your convenience. The information obtained will remain confidential. In the event of publication of the study, names of participants and schools will not be disclosed in anyway. I do ask that if you agree to participate, I be allowed to audiotape the interview. This will ensure I capture the essence of the interview.

If you are willing to participate, please let me know the best way to schedule this appointment. I look forward to hearing from you.

Sincerely,

Bette Bogdan

[redacted]

[redacted]

Joseph and Nancy Fail School of Nursing

William Carey University

Hattiesburg, MS

Appendix D

Semi-Structured Interview Questions

1. Have you experienced demonstrated unprofessional student behaviors also commonly referred to as incivility in your teaching career?
2. Are you comfortable with addressing students demonstrated unprofessional student behaviors?
3. What makes faculty uncomfortable when addressing demonstrated unprofessional student behavior?
4. Have you ever ignored demonstrated unprofessional student behavior?
5. What factors lead to faculty ignoring demonstrated unprofessional student behavior?
6. Have you had any training on how to address demonstrated unprofessional student behavior?
7. What tools or training would make it easier for faculty to intervene when confronted with demonstrated unprofessional student behavior?