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## The Relationship Between Nursing-Faculty Incivility and New-Graduate-Nurse Self-Confidence During Transition to Practice: A Correlational Study

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Concordia University–Portland  
College of Education  
Doctorate of Education Program

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The Relationship Between Nursing-Faculty Incivility and New-Graduate-Nurse Self-Confidence  
During Transition to Practice: A Correlational Study

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Concordia University–Portland  
College of Education

Dissertation submitted to the Faculty of the College of Education

In partial fulfillment of the requirements for the degree of

Doctor of Education in

Higher Education

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## Abstract

Decreased self-confidence is seen in nursing students who experience nursing-faculty-to-nursing-student-incivility and in new-graduate-nurses during their transition to practice. Using a quantitative correlational design, I examined the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence including the extent to which the relationship exists and whether the relationship existed for some groups more than others, specifically male and female nurses, and nurses who graduated from associate's degree and Bachelor of Science programs. Through the surveys completed by 212 registered nurses who had been practicing less than three years, the participants reported on their experience with nursing-faculty-to-nursing-student incivility using the Perceived Faculty Incivility Scale and assessed their self-confidence in their own practice of nursing using the Generalized Self-Efficacy scale. In the data analysis using Pearson's correlation coefficient and linear analysis, I found no statistically significant relationships between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in all cases except with registered nurses who graduated from Bachelor of Science programs. A statistically significant relationship between the two variables was found in new-graduate-nurses who earned a Bachelor of Science degree ( $r(1, 116) = -.351, p = .00$ ). The sample included a larger number of male registered nurses than the general population which may have contributed to the findings. While limitations exist in this study, it is unlikely that these limitations affected the outcome of the study. The results of this study add to the literature and extend the conversation related to incivility in nursing.

*Keywords:* incivility, faculty incivility, nursing education, new-graduate-nurse transition, self-confidence, caring

## **Dedication**

This dissertation is dedicated to my husband, Ron, and my daughter, Elizabeth, who have patiently waited for me to stop saying, “When my dissertation is done.” They both have allowed me the time I needed to be able to be successful in my doctoral studies. I love them both to the moon and back.

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## **Chapter 1: Introduction**

### **Introduction to the Problem**

Within the profession of nursing, caring is a foundational element, but the culture of the profession allows incivility which is contrary to that caring ethic (Clarke, Kane, Rajacich, & Lafreniere, 2012). The idea that “nurses eat their young” (Anthony & Yastik, 2011, p. 140; Clark, 2008a, p. 284) is a historical component of the culture of incivility that remains prevalent in nursing today. Incivility occurs across the continuum of nursing, from initial nursing education programs through nurses practicing at the bedside (Lynette, Echevarria, Sun, & Ryan, 2016). The behaviors included as examples of incivility are a lack of support for nurses, intimidation, and bullying.

There are multiple educational options to prepare new-graduate-nurses for licensure and practice including associate’s degree prelicensure programs or 2-year degree programs, and Bachelor of Science prelicensure programs or 4-year degree programs. An essential part of the education in nursing school involves the formation of the student’s identity as a nurse, which occurs through experiences that socialize the nursing student to the profession of nursing (Del Prato, 2013). Classroom and clinical settings are important in that socialization of the nursing student. Nursing behaviors are modeled by nursing faculty, clinical instructors, and bedside nurses in practice. Behaviors labelled as incivility can impact the socialization of nursing students (Del Prato, 2013). The behaviors of concern relate to behaviors of nurses interacting with each other, how nurses speak to each other, and attitudes toward one another and the profession of nursing.

The experience of incivility has consequences for the person on the receiving end of the incivility. Nursing-faculty-to-nursing-student incivility affects the students’ ability to learn and develop as nurses (Del Prato, 2013). Increased levels of stress for nursing students who are already in a stressful educational program are also seen in the presence of nursing-faculty-to-

nursing-student incivility (Lasiter, Marchiondo, & Marchiondo, 2012; Wallace, Bourke, Tormoehlen, & Poe-Greskamp, 2015). Student performance can be impacted by the increased stress created by nursing-faculty-to-nursing-student incivility (Lasiter et al., 2012). The nursing student's level of self-confidence may decrease in the presence of nursing-faculty-to-nursing-student incivility (Birks, Budden, Stewart, & Chapman, 2014; Clark, 2008a).

The transition from nursing student to practicing nurse is a difficult one for new-graduate-nurses (Clark & Springer, 2012; Craig, Moscato, & Moyce, 2012; Ortiz, 2016; Ulrich et al., 2010). Many new-graduate-nurses leave the profession during that initial transition period (Ulrich et al., 2010). This attrition is concerning to the profession of nursing because there is an anticipated increase in the need for nurses coming by the end of 2022 (American Nurses Association [ANA], n.d.). To have nurses to fill the anticipated open positions, it is important to retain new-graduate-nurses beyond the transition period (Ulrich et al., 2010).

A lack of self-confidence is evident in new-graduate-nurses as they enter the profession of nursing (Kim, Lee, Eudey, Lunsbury, & Wede, 2015; Ortiz, 2016; Ulrich et al., 2010). A lack of confidence can impact patient care (Ulrich et al., 2010). Stress levels for new-graduate-nurses increased related to concern that the new-graduate-nurse would make a mistake that affected a patient negatively, including death (Clark & Springer, 2012). Self-confidence by new-graduate-nurses in their abilities to practice was identified as an indicator of success (Craig et al., 2012). Thus, it is important for new-graduate-nurses transitioning into the nursing role to overcome their lack of self-confidence (Greer-Day, Medland, Watson, & Bojack, 2015).

In this study, I sought to examine the relationship between the experience of nursing-faculty-to-nursing-student incivility and the lack of self-confidence seen in new-graduate-nurses as they begin to practice, including the extent to which this relationship exists. My interest also included whether the relationship between the experience of nursing-faculty-to-nursing-student

incivility and the lack of self-confidence as they begin to practice as new nurses existed for some groups more than others. Two specific groups that I examined were male and female nurses, and nurses who graduated from associate's degree or Bachelor of Science programs.

The findings from this study add to the existing literature related to nursing-faculty-to-nursing-student incivility by providing information about the lasting effects of nursing-faculty-to-nursing-student incivility. Based on the literature, nursing-faculty-to-nursing-student incivility has negative effects on nursing students, so recommendations have been made that this practice must be stopped, including policies of zero tolerance (Muliira, Natarajan, & Van der Colff, 2017). The results of this study add new information on the extent to which the effects of nursing-faculty-to-nursing-student incivility continue to be present for new-graduate-nurses.

### **Background, Context, History, and Conceptual Framework for the Problem**

**Background, context, history.** Nursing is a profession in which care is a foundational principle. Nurses care for patients but within the profession, there is a culture of incivility at all levels that is contrary to the foundation of caring (Clarke et al., 2012). Incivility includes a historical component in which “nurses eat their young” (Anthony & Yastik, 2011, p. 140; Clark, 2008a, p. 284). Nurses are tough on those new to the profession, both nursing students and new-graduate-nurses.

Nursing programs are stressful for nursing students. The fear that they will be unsuccessful or make a mistake is part of the intrinsic stress nursing students feel (Wallace et al., 2015). An additional level of stress occurs for the nursing student in the presence of nursing-faculty-to-nursing-student incivility, especially when it occurs in the clinical setting. The clinical setting is important to the socialization of the nursing student into the nursing role as it presents or simulates the real world of nursing practice (Smith, Gillespie, Brown, & Grubb, 2016). The stress created by the experience of nursing-faculty-to-nursing-student incivility can affect the nursing student's

performance in the clinical setting (Lasiter et al., 2012). One identified effect of nursing-faculty-to-nursing-student incivility is decreased self-confidence for nursing students (Mott, 2014).

Thus, as new-graduate-nurses enter the profession of nursing, they lack self-confidence (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010). This lack of self-confidence must be overcome as new-graduate-nurses transition into the nursing role (Greer-Day et al., 2015). New-graduate-nurse attrition in the first year of practice is an issue in the profession (Van Camp & Chappy, 2017). This attrition cannot be allowed to continue due to the estimated need for nurses by 2022 created by anticipated retirements of practicing nurses (ANA, n.d.).

**Conceptual framework.** The conceptual framework for study of this problem is rooted in the concept that incivility is contrary to the caring foundation of nursing. There are four interrelated aspects of the conceptual framework included in this study: caring, incivility, stress, and self-confidence. Caring is considered the foundation of nursing (Clarke et al., 2012). Students enter nursing school to learn how to care for patients. They experience stress which is intrinsic to the nursing program, but they also experience stress related to being exposed to nursing-faculty-to-nursing-student incivility. The stress and the experience of nursing-faculty-to-nursing-student incivility can affect the nursing student's self-confidence and the nursing student's ability to practice successfully (Del Prato, 2013). Nursing-faculty-to-nursing-student incivility is contrary to the caring foundation of the profession, causing negative effects for the nursing student and creating disillusionment with the profession (Clark, 2008a).

When a nursing student completes the nursing program and enters the profession as a new-graduate-nurse, the transition is difficult (Clark & Springer, 2012). Multiple studies have identified a lack of self-confidence in new-graduate-nurses as they transition into the role of a nurse (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010). It is important for new-graduate-nurses

to believe in their own abilities to perform in the role of the nurse; “competence without self-confidence is insufficient” (Ulrich et al., 2010, p. 373).

The extant literature does not identify whether the lack of self-confidence carries over from nursing students’ experiences in nursing school to new-graduate-nurses as they transition to practice as nurses. Also not identified in the literature is the relationship between the experience of nursing-faculty-to-nursing-student incivility for nursing students and the lack of self-confidence felt by new-graduate-nurses transitioning to nursing practice. This study contributes information toward understanding those missing elements in the literature.

### **Statement of the Problem**

Nursing-faculty-to-nursing-student incivility exists in nursing education (Anthony & Yastik, 2011; Aul, 2017). Nursing-faculty-to-nursing-student incivility impacts nursing student self-confidence (Basal & Elkazeh, 2014; Kassem, Elsayed, & Elsayed, 2015; Mott, 2014). Nursing students report a decrease in their self-confidence level when they have experienced nursing-faculty-to-nursing-student incivility (Mott, 2014). Stress levels for the nursing students can be increased by nursing-faculty-to-nursing-student incivility during the process of socialization which can impact their learning experience and their ability to develop skills needed to transition to the role of the nurse (Del Prato, 2013). The impact of the interrupted skill development can also decrease self-confidence for the nursing student (Del Prato, Bankert, Grust, & Joseph, 2011). An integral part of the socialization process for nursing students is experience in the practice setting, where students have often observed incivility, leaving the impression that uncivil behavior is something to be tolerated in the profession (Birks et al., 2017).

During the transition of the new-graduate-nurse from nursing student to practicing nurse, multiple researchers have reported a lack of self-confidence (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010). Yet to be addressed is a relationship between the lack of self-confidence in nursing

students who experienced nursing-faculty-to-nursing-student incivility and the lack of self-confidence of the new-graduate-nurse making the transition to nursing practice. The extent of the relationship between a lack of self-confidence in the new-graduate-nurse and nursing-faculty-to-nursing-student incivility experienced during nursing school is also not addressed in the literature.

The problem addressed in this study is the relationship between the experience of nursing-faculty-to-nursing-student incivility and nurses' lack of self-confidence as they begin to practice as new nurses, including the extent to which that relationship exists. This study also addressed whether the relationship between the experience of nursing-faculty-to-nursing-student incivility and the lack of self-confidence as they begin to practice as new nurses exists for some groups more than others, specifically male and female nurses, and nurses who graduated from associate's degree and Bachelor of Science programs.

### **Purpose of the Study**

Although ample research demonstrates the existence of nursing-faculty-to-nursing-student incivility, the phenomenon continues to exist. The negative impact of nursing-faculty-to-nursing-student incivility is also well represented in the literature, yet the phenomenon continues. One of the effects of nursing-faculty-to-nursing-student incivility is a decrease in self-confidence for the nursing student (Anthony & Yastik, 2011; Clark, 2008a; Wallace et al., 2015).

New-graduate-nurses identify a lack of self-confidence during the transition period as they enter practice as nurses (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010). High turnover during the period in which new-graduate-nurses transition to practicing nurses has been identified, which entails a high cost to the employers (Ulrich et al., 2010). This study was designed to yield information on a potential contributing factor to decreased self-confidence in new-graduate-nurses.

The purpose of this research was to add to the existing literature related to nursing-faculty-to-nursing-student incivility and new-graduate-nurse retention by providing information about the

lasting effects of nursing-faculty-to-nursing-student incivility and its relationship to new-graduate-nurse self-confidence. This study explored the extent to which the relationship exists between the experience of nursing-faculty-to-nursing-student incivility and the lack of self-confidence as new-graduate-nurses begin to practice as new nurses. This study also examined whether the relationship between the experience of nursing-faculty-to-nursing-student incivility and nurses' lack of self-confidence as they begin to practice as new nurses exists for some groups more than others, specifically male and female nurses, and nurses who graduated from associate's degree and Bachelor of Science programs.

### **Research Questions**

The following research questions and hypotheses were developed to guide the study.

**Research question 1.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse?

*Null hypothesis ( $H_{o1}$ ).* There is no relationship between the experience of faculty incivility during prelicensure nursing programs and level of self-confidence of new-graduate-nurses transitioning to the role of a nurse.

*Alternative hypothesis ( $H_{a1}$ ).* There is a relationship between the experience of faculty incivility during prelicensure nursing programs and level of self-confidence of new-graduate-nurses transitioning to the role of a nurse.

**Research question 2.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type?

*Null hypothesis ( $H_{o2}$ ).* There is no relationship between faculty incivility experienced

during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type?

*Alternative hypothesis (H<sub>a2</sub>).* There is a relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type

**Research question 3.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender?

*Null hypothesis (H<sub>o3</sub>).* There is no relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender.

*Alternative hypothesis (H<sub>a3</sub>).* There is a relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender.

### **Rationale, Relevance, and Significance of the Study**

In nursing education, nursing-faculty-to-nursing-student incivility exists (Anthony & Yastik, 2011; Aul, 2017). Nursing-faculty-to-nursing-student incivility is incongruent with the caring ethic of nursing and the professional nursing values as defined by the ANA (2015). The practice of nursing-faculty-to-nursing-student incivility is considered a violation of Provision 1.5 of the ANA (2015) Code of Ethics for Nurses, which notes that nurses are ethically obligated to respect others including their peers, students, and faculty in addition to patients and other health professionals (Condon, 2015; Lachman, 2014).

Nursing students find nursing programs to be intrinsically stressful (Wallace et al., 2015). As stress increases, there is a decrease in learning (Lazarus & Folkman, 1984). The additional



stress created by the experience of nursing-faculty-to-nursing-student incivility can impact clinical performance (Lasiter et al., 2012). One specific impact of nursing-faculty-to-nursing-student incivility is a decrease in the nursing student's self-confidence (Birks et al., 2017; Clark, 2008a). The nursing student's learning can also be impacted by the decrease in self-confidence (Del Prato, 2013). Perceived nursing-faculty-to-nursing-student incivility can also impact nursing students' satisfaction with their nursing program (Marchiondo, Marchiondo, & Lasiter, 2010). In some cases, nursing students will leave the situation where they are experiencing the incivility, which may mean the loss of a potential nurse (Alt & Itzkovich, 2017).

The effects of nursing-faculty-to-nursing-student incivility may continue to exist through the transition period for the new-graduate-nurse. Given that nursing-faculty-to-nursing-student incivility continues to occur even with ample evidence related to its existence and impact on the practice, it is unclear whether nursing faculty or nursing programs recognize the possible continuing negative effects for their graduates. My hope is that information about the lasting effects of nursing-faculty-to-nursing-student incivility will assist nursing faculty and nursing programs to recognize the need for change.

New-graduate-nurses' transition from nursing student to practicing nurse is difficult (Clark & Springer, 2012; Craig et al., 2012; Ortiz, 2016; Ulrich et al., 2010). New-graduate-nurses lack confidence when they enter the profession (Greer-Day et al., 2015; Ortiz, 2016). During the initial transition period, there is high turnover of new-graduate-nurses (Ulrich et al., 2010). This is concerning because of an anticipated shortage of nurses by the end of 2022 (ANA, n.d.). It is important to retain new-graduate-nurses beyond the transition period (Ulrich et al., 2010).

The results of this study may provide information to employers about the need to provide additional support to assist new-graduate-nurses with combating the lasting effects of nursing-faculty-to-nursing-student incivility. The extant literature did not provide information on whether

there is a relationship between nursing-faculty-to-nursing-student incivility and its effects during the new-graduate-nurse's transition to practice period. This study's findings add to the existing evidence on nursing-faculty-to-nursing-student incivility.

### **Definition of Terms**

For the purposes of this study, the following terms are defined as used herein:

**Associate's degree prelicensure nursing program.** A 2-year nursing education program in which graduates are eligible and prepared for the licensing exam (Nursing.org, 2018).

**Bachelor of Science prelicensure nursing program.** A 4-year nursing education program in which graduates are eligible and prepared for the licensing exam (BSNedu.org, 2018).

**Gender.** Gender is defined as male or female as identified through self-report by the study participants.

**New-graduate-nurse.** A nurse who has recently graduated from a nursing program and entered the nursing workforce (Clark & Springer, 2012).

**Nursing-faculty-to-nursing-student incivility.** This term is defined as behavior from the nursing-faculty member that interferes with the nursing students' learning process from the perspective of the nursing-student (Clark & Springer, 2010).

**New-graduate-nurse self-confidence.** Belief in one's own abilities (Kassem et al., 2015).

### **Assumptions, Delimitations, and Limitations**

**Assumptions.** The following assumptions relate to this study. I assumed that the Perceived Faculty Incivility Scale (PFIS, Alt & Itzkovich, 2015) is a valid and reliable tool to measure nursing-faculty-to-nursing-student incivility. I also assumed that the Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995) is a valid and reliable tool to measure self-confidence in new-graduate-nurses. Further, I assumed that the two instruments together were a valid and reliable tool to measure the relationship between nursing-faculty-to-nursing-student

incivility and new-graduate-nurse self-confidence. I assumed that participants recruited would be willing to participate in the study. Finally, my assumption was that the study participants would self-report their experiences fully and truthfully.

**Delimitations.** Within this study, the delimitations identified focused on one type of incivility in nursing, one effect of nursing-faculty-to-nursing-student incivility, and a limited period during which the participating new-graduate-nurses had been practicing. Because incivility in nursing occurs across the continuum of nursing, I focused on one type of incivility to determine if a relationship exists. Without that specificity, it would have been difficult to determine if there were any relationship identified in the study. Additionally, because there are many effects experienced from nursing-faculty-to-nursing-student incivility, I focused on decreased self-confidence, which had also been observed in the transition period of the new graduate nurse. The final delimitation I used was to limit the amount of time participants had been in practice. The transition period for new-graduate-nurses to feel comfortable in their practice identified in the literature was 12 months (Clark & Springer, 2012). I extended this time slightly when recruiting participants for this study to provide some time for the nurses to reflect on their experience with nursing, specifically nursing-faculty-to-nursing-student incivility and level of self-confidence in the first year of practice.

**Limitations.** Within the study, the potential limitations included lack of validity testing of the combined instrument, lack of existing literature on the topic under study, and use of participant self-report. The two instruments that I used in the study had been tested individually for validity, but the validity of the combined instrument was not pretested. The existing literature contained information regarding the existence and impact of nursing-faculty-to-nursing-student incivility, but there was a lack of literature examining the long-term impact of this phenomenon. Sources in the literature had also examined the existence and causation of decreased self-confidence for new

nurses during the transition period from student nurse to new-graduate-nurse, but not potential causation prior to entering the transition period. In this research design, the participants self-reported their experience through the survey instrument. When data is gathered by self-report, the researcher cannot independently verify the information (e.g., by observation; Adams & Lawrence, 2015).

## **Summary**

This research adds to the existing literature related to nursing-faculty-to-nursing-student incivility and new-graduate-nurse retention by providing information about the lasting effects of nursing-faculty-to-nursing-student incivility and its relationship to new-graduate-nurse self-confidence. Also included is information about the relationship between the experience of nursing-faculty-to-nursing-student incivility and the lack of self-confidence as new-graduate-nurses begin to practice as new nurses, and the extent of the relationship between the experience of nursing-faculty-to-nursing-student incivility and the new-graduate-nurses' lack of self-confidence as they begin to practice as new nurses. I also examined whether the relationship between the experience of nursing-faculty-to-nursing-student incivility and new-graduate-nurses' lack of self-confidence as they begin to practice as new nurses exists for some groups more than others, specifically male and female nurses, and nurses who graduated from associate's degree and Bachelor of Science programs.

This study is presented in five chapters. This first chapter introduced the topic, described the problem that was addressed, and provided an overview of the research. Chapter 2 includes the conceptual framework for this study and a comprehensive literature review of research related to the experience and impact of nursing-faculty-to-nursing-student incivility, and the lack of self-confidence of new-graduate-nurses as they enter practice as nurses. Chapter 3 outlines and describes the methodology used to conduct this study. Chapter 4 presents an analysis of the

study's findings. Chapter 5 focuses on a discussion of the results and conclusions related to the findings of the study.

## **Chapter 2: Literature Review**

### **Introduction to the Literature Review**

Caring is the foundation of nursing as a profession, but the culture of the nursing profession is one that is contrary to the caring ethic (Clarke et al., 2012). Historically, nurses were said to “eat their young” (Anthony & Yastik, 2011, p. 140; Clark, 2008a, p. 284). This phenomenon remains an issue today and is discussed in the literature as incivility. Behaviors involving lack of support for nurses, intimidation, and bullying are labelled as incivility. Gallo (2012) defined incivility as “disrespect for others, the inability or unwillingness to listen to other's points of view and seek common ground, and not appreciating relevance of social discourse” (p. 62). This definition relates to behaviors in the nursing workplace.

Incivility occurs in nursing programs between nursing faculty and nursing students, affecting students’ ability to learn and develop as nurses (Del Prato, 2013). Clark and Springer (2010) defined academic incivility as “disruptive behavior that substantially or repeatedly interferes with teaching and learning” (p. 319). Additionally, incivility has consequences to the emotional well-being of the victim and, when not changed, has the potential to lead to behaviors that can include physical harm to the perpetrator (Clark, Farnsworth, & Landrum, 2009). These consequences can be attributed to student behaviors as well as faculty behaviors.

During one’s education in nursing school, the student learns skills and knowledge to become a nurse. Additionally, an essential part of the education in nursing school includes formation of the student’s identity as a nurse, which is fulfilled through experiences to socialize the nursing student to the profession of nursing (Del Prato, 2013). This socialization occurs in the classroom and clinical settings and is modeled by nursing faculty and bedside nurses in practice. Socialization to the role of the nurse can be affected by behaviors labelled as incivility (Del Prato, 2013). The types of behaviors labelled as uncivil relate to behaviors of nurses when interacting

with each other, how nurses speak to each other, and attitudes toward one another. Incivility can also involve bullying, and the potential for escalation to violent behaviors (Robertson, 2012).

When students leave their nursing program, they enter a transition period in which they become practicing nurses, during which they are referred to as new-graduate-nurses. This transition period can be a challenging experience (Clark & Springer, 2012). Turnover during the transition period can be high (Ulrich et al., 2010). In one California hospital, 56% of new-graduate-nurses left within the first two years after hire (Ulrich et al., 2010). The turnover of new-graduate-nurses comes at a large financial cost for employers (Kim et al., 2015; Ulrich et al., 2010). There is also an anticipated need for registered nurses by 2022, to prevent a nursing shortage due to potential retirements as current nurses age (ANA, n.d.). Confidence in themselves and their abilities is one aspect that makes the transition to practice difficult for new-graduate-nurses (Kim et al., 2015; Ulrich et al., 2010). New-graduate-nurses themselves agreed that lack of confidence was an issue as they made the transition to practice as nurses (Ortiz, 2016).

**Study topic.** The phenomenon of incivility is not limited to the nursing workplace; incivility also occurs in nursing programs in higher education (Condon, 2015). When incivility occurs in nursing education, the intrinsic nursing school stress for the student is exacerbated, and the impact of increased stress can be more than physical or emotional. Such incivility can also affect the student's ability to learn and grow into the nursing role (Del Prato et al., 2011). Nursing students who experience incivility from nursing faculty members may become disillusioned with nursing, dissatisfied with their program, and lack self-confidence as they learn to practice (Del Prato, 2013). Nursing-faculty-to-nursing-student incivility can involve "demeaning and belittling students, treating students unfairly, and pressuring students to conform to rigid requirements and standards" (Clark, 2008a, p. 288).

The literature provides evidence that nursing-faculty-to-nursing-student incivility occurs in nursing programs (Anthony & Yastik, 2011; Aul, 2017). Nursing-faculty-to-nursing-student incivility is associated with increased levels of stress for nursing students who are already in a stressful educational program (Lasiter, Marchiondo, & Marchiondo, 2012; Wallace, Bourke, Tormoehlen, & Poe-Greskamp, 2015). Nursing-faculty-to-nursing-student incivility has an impact on the level of self-confidence of the nursing student (Birks et al., 2017; Clark, 2008a). The increased stress created by nursing-faculty-to-nursing-student incivility can affect nursing student performance (Lasiter et al., 2012). The literature provides assessment of nursing-faculty-to-nursing-student incivility during the nursing program, but does not address the potential impact of that incivility on nursing students during their transition into practice as new-graduate-nurses. This study assessed whether the experience of nursing-faculty-to-nursing-student incivility during a nursing program had a relationship with the self-confidence of the new-graduate-nurse during the transition period into nursing practice.

**Context.** Nursing programs are intrinsically stressful for students, due to fears that they will be unsuccessful or make a mistake (Wallace et al., 2015). Nursing-faculty-to-nursing-student incivility provides an additional level of stress for nursing students, particularly when the incivility occurs in the clinical setting. The clinical setting is intended to provide experiences that mimic the real world, providing an important element in the socialization of the nursing student (Smith, Gillespie, Brown, & Grubb, 2016). Nursing-faculty incivility can lead to decreased confidence for nursing students (Mott, 2014). Clinical performance can be affected by the additional stress created by the experience of nursing-faculty-to-nursing-student incivility (Lasiter et al., 2012).

New-graduate-nurses lack confidence as they enter the profession of nursing (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010). New-graduate-nurses transitioning into the nursing role need to overcome their lack of self-confidence (Greer-Day, Medland, Watcon, & Bojack, 2015).



Extant literature does not identify whether the lack of self-confidence carries over from the nursing student's experiences in nursing school. Furthermore, the literature does not identify the impact of the experience of nursing-faculty-to-nursing-student incivility for nursing students making the transition into the new-graduate-nursing role.

**Significance.** Nursing-faculty-to-nursing-student incivility exists in nursing education (Anthony & Yastik, 2011; Aul, 2017). Yet nursing-faculty-to-nursing-student incivility is incongruent with professional nursing values as defined by the ANA (2015). The ANA Code of Ethics for Nurses (Provision 1.5) identifies that nurses are ethically obligated to respect others, which includes their peers, students, and faculty in addition to patients and other health professionals. Nursing-faculty-to-nursing-student incivility would be considered a violation of the Code of Ethics for Nurses (Condon, 2015; Lachman, 2014).

Nursing programs are intrinsically stressful for nursing students (Wallace et al., 2015). Lazarus and Folkman (1984) found an inverse relationship between stress and learning; thus, as stress levels increase, learning decreases. The additional stress created by the experience of nursing-faculty-to-nursing-student incivility can affect clinical performance (Lasiter et al., 2012). Additionally, nursing-faculty-to-nursing-student incivility can affect a nursing student's self-confidence (Birks et al., 2017; Clark, 2008a). The decrease in self-confidence can also affect the nursing student's learning (Del Prato, 2013). There is a strong relationship between perceived nursing-faculty-to-nursing-student incivility and nursing students' satisfaction with their nursing program (Marchiondo et al., 2010). In some cases, nursing students will leave the situation where they are experiencing the incivility, which may mean they do not enter the profession of nursing (Alt & Itzkovich, 2017).

The transition to practice for new-graduate-nurses is difficult (Clark & Springer, 2012; Craig et al., 2012; Ortiz, 2016; Ulrich et al., 2010). The literature on nurses' transition to the

nursing profession indicates that new-graduate-nurses lack confidence when they enter the profession (Greer-Day et al., 2015; Ortiz, 2016). There is high turnover of new-graduate-nurses during the initial transition period (Ulrich et al., 2010). The profession of nursing will need new nurses based on the number of nurses anticipated to retire by the end of 2022 (ANA, n.d.). Due to the anticipated need for nurses, which is based on the aging of the baby boomer generation, it is important to retain new-graduate-nurses beyond the transition period (Ulrich et al., 2010).

**Statement of the problem.** Through examination of the issue of nursing-faculty-to-nursing-student incivility, the existing literature demonstrates that this phenomenon of incivility exists in nursing education (Anthony & Yastik, 2011; Aul, 2017). The impact of nursing-faculty-to-nursing-student incivility has been investigated extensively from the faculty perspective and the student perspective. One of the effects of nursing-faculty-to-nursing-student incivility documented in the literature relates to nursing student self-confidence (Basal & Elkazeh, 2014; Kassem et al., 2015; Mott, 2014). Nursing students who experienced nursing-faculty-to-nursing-student incivility report a decreased level of self-confidence (Mott, 2014). The level of stress caused by nursing-faculty-to-nursing-student incivility during the nursing students' socialization process can affect their learning experience, thereby impacting their ability to develop skills needed to transition to the role of the nurse (Del Prato, 2013). A decrease in self-confidence can result from the impact of nursing-faculty-to-nursing-student incivility on nursing students' skill development (Del Prato et al., 2011). In some cases, nursing students' socialization in the clinical setting included incivility which left the impression that uncivil behavior was acceptable and was to be tolerated (Birks et al., 2017).

In addition, when looking at the issue of nursing student transition to a new-graduate-nurse, a lack of self-confidence was reported in the literature during that transition (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010). The literature does not address a connection between the lack of

self-confidence in the nursing student who experienced nursing-faculty-to-nursing-student incivility and the lack of self-confidence of the new-graduate-nurse making the transition to nursing practice. Additionally, the literature does not address whether the lack of self-confidence in the new-graduate-nurse relates to nursing-faculty-to-nursing-student incivility experienced during nursing school. The problem addressed in this study is whether there is a relationship between nursing-faculty-to-nursing-student incivility that occurs in nursing school and the self-confidence of new-graduate-nurses as they transition into nursing practice.

**Organization.** In this chapter, the conceptual framework of the study is discussed in the context of conceptual and theoretical frameworks found in the literature related to faculty-to-student incivility in nursing education. A full review of the literature is included, focusing on faculty-to-student incivility in nursing education, the impact of this incivility on nursing socialization and nursing student self-confidence, and information on nursing students' transition into nursing practice. Research methodologies used in previous research related to faculty-to-student incivility, the impact of that incivility on the socialization and self-confidence of nursing students, and transition of nursing students into the profession as nurses are also examined. A review of the strengths and weaknesses of the existing research follows, to provide additional information about the available body of literature. A complete synthesis of the existing research is included to demonstrate commonalities in the existing literature. Finally, this chapter includes a critique of previous research to identify strengths and gaps in the existing research.

### **Conceptual Framework**

The conceptual framework for this study is rooted in the concept that nursing is a caring profession, which is contrary to the phenomenon of incivility. In academic settings, nursing programs are associated with student stress, which is exacerbated in the presence of nursing-faculty-to-nursing-student incivility (Del Prato, 2013). The person experiencing stress can view it

as positive or negative. For some students, stress is viewed as a challenge to improve, so the stress serves to encourage the student to improve; but for some students, stress can be viewed as a threat which can impact the student in a negative manner, creating additional stress (Lazarus & Folkman, 1984). When additional stress is created, students may lose self-confidence, which further exacerbates the level of stress students feel, potentially impacting the professional foundation needed for nursing students to develop (Del Prato, 2013).

This section provides information on the important concepts involved in nursing-faculty-to-nursing-student incivility, including the impact of the incivility. Included in this section is the relationship of each concept to the transition of the new-graduate-nurse. The specific concepts that are explored include caring, incivility, stress, and self-confidence. Each concept is defined and discussed in terms of the existing research.

**Caring.** Watson (2015) described caring as a moral ideal in which the nurse protects, enhances, and preserves human dignity. The central core of nursing is identified as caring (Clarke et al., 2012). Watson, a nursing theorist, provided a nursing theory of human caring, which is based on the idea of caring as a basic premise of the nursing role. Many people enter nursing education programs because they want to care for others (Kassem et al., 2015).

The human caring theory developed by Watson (2005, 2015) supports the need for a caring learning environment. Noddings (2002) identified that the intent of the person initiating the caring is to help another grow. In education, the person receiving the caring does not passively receive; a reciprocal relationship occurs (Noddings, 2002). When caring guides interactions such as nurse educator to nursing student interaction, collaboration can occur, allowing the individuals in both roles to be involved in the learning process.

In nursing education, it is the responsibility of the nursing faculty member to assist the nursing student to grow into the nursing role. Based on Noddings' (2002) work, the nursing

faculty member as the carer intends to positively affect the student's socialization into nursing. Clark (2008a) explains that nursing students require support to succeed in completing their nursing programs. Nursing faculty who provide support and nurture nursing students have had a positive impact on student-nurse retention and thus completion of the nursing program for those nursing students (Clark, 2008a). In contrast, the presence of incivility does not provide the student with the feeling of care or concern from the faculty member (Lasiter et al., 2012).

The concept of caring also ties into the concept of stress, discussed later herein. In the presence of stress, Watson (2005) identified a decrease in learning which was also identified by Del Prato et al.'s (2011) in the description of the impact of increased stress in the presence of nursing-faculty-to-nursing-student incivility. In the presence of caring, learning can increase, along with a sense of well-being for the student and the nurse educator (Watson, 2005). Harmony and reduced stress create a learning process where the faculty and students work together (Del Prato et al., 2011). The aim in creating a caring learning environment is personal harmony—harmony between the person and the environment, and the person and others—rather than disharmony, which can increase stress. Nursing-faculty-to-nursing-student incivility is a source of stress that can lead to disharmony.

**Incivility.** The definition of academic incivility given earlier indicates behavior that interferes with nursing faculty's ability to teach and nursing students' ability to learn (Clark & Springer, 2010). Those experiencing the incivility suffer negative impacts (Clark et al., 2009). Nursing-faculty-to-nursing-student incivility exacerbates the stress experienced by nursing students enrolled in a nursing program (Del Prato et al., 2011). The nursing faculty behaviors experienced and perceived by nursing students as incivility include how nursing faculty spoke to and treated nursing students, and unrealistic expectations for nursing student behavior and performance (Clark, 2008a).

The impact of nursing-faculty-to-nursing-student incivility affects many areas for students including the ability to seek help, the belief that incivility is acceptable behavior, self-confidence, overall psychological well-being, and the students' feelings about the nursing profession. Nursing students reported that they would not seek help from nursing faculty who displayed uncivil behaviors (Altmiller, 2012). Additionally, nursing-faculty-to-nursing-student incivility modelled in clinical and classroom settings become part of the identity formation of the nursing student, leaving the impression that incivility is acceptable behavior (Altmiller, 2012). Students identified that the experience of incivility leads to consequences including decreased self-confidence (Clark, 2008a). In addition to impacting self-confidence, nursing-faculty-to-nursing-student incivility impacted how students felt about nursing as a career (Anthony & Yastik, 2011).

Nursing students who experienced nursing-faculty-to-nursing-student incivility described a feeling of powerlessness because they felt there would be consequences if they addressed the incivility, which may cause nursing students to choose to leave nursing school due to the incivility (Clark, 2008a). The nursing student's decision to leave a nursing program impacts the nursing profession by decreasing the number of nurses completing programs and entering the profession. Some students may change their behavior to what they see as expected while others may stay and attempt to affect change (Clark, 2008a).

The student responses to nursing-faculty-to-nursing-student incivility have been described as voice, loyalty, neglect, and exit (Alt & Itzkovich, 2017). In this context, *voice* is the action of speaking up to attempt to change the situation, characterized as an active, constructive response to nursing-faculty incivility. *Loyalty* is the action of staying in the situation, characterized as a passive, constructive response to nursing-faculty incivility. *Exit* is the action of leaving the situation, characterized as a passive, destructive response to nursing-faculty incivility (Alt & Itzkovich, 2017). Regardless of how the student attempts to address the nursing faculty incivility,

the experience of nursing-faculty-to-nursing-student incivility creates a great deal of stress for the nursing student.

**Stress.** A person's response to an event is related to how the person construes the event (Lazarus & Folkman, 1984). Some people view stress as a challenge that encourages them to learn, grow, and potentially master a skill or new information; but for others, stress creates a threat to their physical and emotional well-being (Lazarus & Folkman, 1984). Stress and learning are related inversely, such that as the stress level increases, student learning decreases (Lazarus & Folkman, 1984). Faculty have a responsibility to students to provide education that prepares the students and to support students in their learning (Wallace et al., 2015).

Due to the increasing complexity of patients in acute care settings, teaching and learning in the clinical environment are intrinsically stressful (Del Prato et al., 2011). The addition of nursing-faculty-to-nursing-student incivility may increase stress and have a negative impact on the student's learning and overall performance (Clark, 2008b). Students who feel stressed are more likely to lose confidence, make mistakes, and ultimately be unsuccessful in their studies (Wallace et al., 2015).

**Self-confidence.** Kassem et al. (2015) identifies self-confidence as self-efficacy, which is an important attribute for nursing students. Schwarzer and Jerusalem (1995) defined self-efficacy as "the belief in one's ability to perform a specific task" (p. 35). Decreased self-confidence or lack of self-confidence is identified as a consequence of nursing-faculty-to-nursing-student incivility (Anthony & Yastik, 2011; Clark, 2008a; Wallace et al., 2015). In the presence of nursing-faculty-to-nursing-student incivility, nursing students begin to question their abilities, which creates a loss of self-confidence (Lasiter et al., 2012). If students do not believe in their own ability to perform, they will not perform well.

Researchers have also reported a lack of self-confidence in new-graduate-nurses as they transition to the role of a nurse (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010). The transition from nursing student to new-graduate-nurse can be a challenging experience (Clark & Springer, 2012). Turnover of new-graduate-nurses during the transition period to nursing practice can be high (Ulrich et al., 2010). The role of self-confidence in the transition period is crucial; “competence without self-confidence is insufficient” (p. 373). It is important for new-graduate-nurses to believe in their own abilities in order to perform in the role of the nurse.

**Summary of conceptual framework.** Within the conceptual framework for this study, caring is considered the foundation of nursing (Clarke et al., 2012). Nursing-faculty-to-nursing-student incivility is contrary to the caring foundation, causing negative effects for nursing students and leaving them disillusioned with the profession (Clark, 2008a). One effect of nursing-faculty-to-nursing-student incivility is increased stress, adding to the intrinsic stress of participation in a nursing program (Del Prato et al., 2011). The increased stress experienced by nursing students impacts their learning (Clark & Springer, 2010; Del Prato et al., 2011; Schaeffer, 2013). Nursing student self-confidence is also impacted by nursing-faculty-to-nursing-student incivility (Anthony & Yastik, 2011; Clark, 2008a; Mott, 2014; Wallace et al., 2015). New-graduate-nurses report a lack of self-confidence during the transition to the role of the nurse (Kim et al., 2015; Ortiz, 2016; Pfaff, Baxter, Jack, & Ploeg, 2014; Ulrich et al., 2010).

### **Review of Research and Methodological Literature**

This section provides a critical review of the existing literature related to nursing-faculty-to-nursing-student incivility. I organized the literature to explore the concept of incivility as a broad concept within nursing, as well as the more specific concept of nursing-faculty-to-nursing-student incivility. The literature examining the impact of incivility specifically related to nursing



students is included. The final subsection discusses literature related to the transition to practice for new-graduate-nurses.

**Nursing faculty-to-student incivility.** Incivility does exist in nursing education (Aul, 2017). Research on nursing student and faculty perceptions of incivility reveal similarities and differences based on the program type. Student demographics impacted only some uncivil behaviors but the overall culture of a nursing program should be assessed to identify if uncivil behaviors are occurring. Additionally, the program must work to correct those behaviors.

A majority of nursing students in the Marchiondo et al. (2010) study reported that they had experienced faculty incivility. Faculty incivility can be passive (e.g., the teacher ignoring the student who is asking a question, or faculty not being available for students). Faculty incivility can also be active, such as a teacher making negative comments to a student or yelling at a student in front of others (Alt & Itzkovich, 2015). Student experiences with faculty incivility have included students being belittled or yelled at in front of others, correcting students in a manner that made the students feel stupid, faculty sharing student errors with others, and faculty talking down to students (Lasiter et al., 2012). Students have also described experiences in which they felt that others were being targeted for the purpose of weeding out students (Del Prato, 2013).

Bullying is a form of faculty-to-student incivility in which students identified behaviors such as “belittling, targeting, being unresponsive or unreceptive to student needs and questions, and unprofessionalism” (Mott, 2014, p. 147). Bullying can impact nursing students, nurses, and patients. Bullying by faculty impacts the learning environment for students (Seibel, 2014; Smith et al., 2016). In the workplace, bullying can prevent progress toward improving patient care, and add stress to an already stressful role (The Joint Commission, Division of Health Care Improvement, 2016). Communication breakdowns between healthcare workers due to incivility can impact patient outcomes (Lynette et al., 2016).

Students indicated that anger occurred more frequently in clinical than in class settings (S. P. Thomas & Burk, 2009). Faculty incivility in clinical settings is experienced not only by students but also by clinical teachers (Hunt & Marini, 2012). Student-nurse anger in clinical settings was caused mainly by unfair or unjust treatment. Students identified feeling unwanted or ignored, feeling that their assessments were distrusted or disbelieved, being unfairly blamed, and experiencing public humiliation. These experiences were most commonly perpetrated by hospital nursing staff in a position to teach students. Clinical is stressful for nursing students, so the addition of incivility from a person in a position of power can compromise patient care. Incivility in the clinical setting impacts student learning during an important piece of their nursing education (Anthony & Yastik, 2011).

Clark, Nguyen, and Barbosa-Leiker (2014) found a decrease in overall levels of civility and faculty-to-student civility over a 3-year nursing program. This was attributed to accumulated experience and additional opportunities to experience incivility. Strategies to improve civility included adding civility to the nursing curriculum (Clark, Nguyen et al., 2014). Students identified the possibility of faculty-to-student social activities to build relationships outside the classroom as a potential strategy to improve civility.

Nursing faculty and nursing students evidenced general agreement on which behaviors they considered to be disruptive to the educational environment (Natarajan, Muliira, & van der Colff, 2017). Similarities between faculty and student rankings of uncivil behaviors included identical rankings of the behaviors by faculty and students (Rehling & Bjorklund, 2010). This indicated a general agreement about what classroom behaviors are most and least uncivil. The most common forms of bullying included cursing; inappropriate, nasty, rude, or hostile behaviors; and belittling or humiliating behavior (Cooper, Walker, Askew, Robinson, & McNair, 2011). Nursing faculty

were often listed as sources of bullying behavior. Students reported their coping most frequently included *doing nothing*, with *tolerating the behavior* as the next most common response.

Faculty and students showed similar perceptions of disrespectful behaviors: lack of punctuality, manner of speech, use of cell phones, and arrogance (Yassour-Borochowitz & Desivillia, 2016). There were also differences, especially with the students' perceptions of the faculty behavior as arrogant, and expectations of faculty availability. Faculty perceptions of student behaviors that were considered most problematic were talking and using cell phones in class.

The socialization of a student nurse occurs in the classroom and clinical settings, and expected behavior is modeled by nursing faculty in the classroom, clinical faculty, and by bedside nurses in the clinical settings. Faculty incivility is most common in the classroom, followed closely by the clinical setting (Marchiondo et al., 2010). Students also may be exposed to nurses experiencing lateral violence in the workplace (Roberts, 2015). A concern for socialization in the professional role occurs because students may begin to believe incivility is the norm in nursing as they experience incivility from faculty and see nurses experiencing incivility in the clinical setting. Incivility is a learned behavior that is related to power differentials (Roberts, 2015). The impact of allowing incivility to continue is discussed next.

**Impact of incivility in nursing education.** Regardless of who initiates incivility, there are consequences to the person experiencing the incivility. The focus of this study is nursing-faculty-to-nursing-student incivility. The experience for nursing students related to faculty incivility can involve unfair treatment, unclear and unrealistic expectations, and communication that is not supportive to the student (Clark, 2008b). Nursing students are vulnerable in this situation as they may not feel they can report this behavior or to whom they should report it (Birks et al., 2014; Lasiter et al., 2012; Marchiondo et al., 2010). This can lead nursing students to feel disempowered

(Kassem et al., 2015). The experience of uncivil behaviors may cause nursing students to be disillusioned with nursing, dissatisfied with their program, and may affect their self-confidence as they learn to practice (Del Prato, 2013).

Self-confidence is an essential part of the nursing student's ability to perform successfully (Kassem et al., 2015). The level of learning that can occur in nursing is limited when students are under stress due to incivility (Clark & Springer, 2010; Del Prato et al., 2011; Schaeffer, 2013). During their education as nurses, students learn the skills and knowledge to become a nurse, and also develop their identity as a nurse (Del Prato, 2013).

Nursing students experiencing faculty incivility feel vulnerable and powerless because the faculty who should act as protectors of students are the same people perpetrating the uncivil behaviors (Birks et al., 2017). Nursing students perceive uncivil behaviors by faculty as “making demeaning and belittling remarks, . . . treating students unfairly or subjectively and . . . pressuring students to conform” (Clark, 2008a, p. 286). Nursing students' descriptions of emotional and behavioral responses to faculty incivility included feelings of anger and disillusionment (Clark, 2008a). Students feel victimized by the faculty (Clark, 2011). Students also do not feel safe in the learning environment where bullying behaviors occur (Condon, 2015). Incivility is a source of anxiety due to nursing students' concerns that they will not be treated fairly or that they will be humiliated in front of others (Birks et al., 2017). Faculty incivility may lead to emotional consequences for students (D'Ambra & Andrews, 2014). Nursing students may feel worthless and the incivility has an impact on the student's self-confidence (Birks et al., 2017; Clark, 2008a).

A power gradient exists between the nursing faculty and students such that students feel faculty are trying to remove students (Altmiller, 2012). This power gradient causes the students to be less likely to report faculty incivility because they feel powerless or fear consequences for

reporting (Birks et al., 2017; Lasiter et al., 2012; Marchiondo et al., 2010). Ultimately, incivility in nursing education has a negative impact on all involved (Shanta & Eliason, 2014).

Manifestations of bullying included verbal bullying like being shouted at, and nonverbal bullying like guidance being withheld (Hakojärvi, Salminen, & Suhonen, 2014). In most cases, students reported that the clinical instructor was the perpetrator of these bullying experiences. Students reported emotional and physical impacts from bullying but most concerning are experiences with bullying that impacted nursing students' learning and how they developed their professional skills. Rather than report the behavior to the appropriate leader, nursing students were more likely to share these experiences with other students, friends, and family (Hakojärvi et al., 2014). Unreported uncivil behaviors do not get addressed.

Students described nursing school as challenging, including increased stress levels due to faculty incivility (Del Prato, 2013). Nursing faculty incivility may increase stress and anxiety for students already experiencing the stress of a nursing program (Lasiter et al., 2012). Stress can have a negative effect on learning and the student's ability to perform safely. The existence of incivility portrays the nursing education environment as uncaring, which can lead student nurses to decreased program satisfaction and possible withdrawal from the program. It is important for nursing faculty to be aware of uncivil behaviors and their impact on students.

Bullying takes many forms, and what should be a valuable learning experience for nursing students becomes a source of anxiety and stress in some cases (Birks et al., 2014). The perpetrators of the bullying include patients and nursing staff. Because the nursing students are learning from nursing staff, they feel vulnerable and powerless when the people who should be protecting them are treating them in an uncivil manner. The overall experience impacts the students' development in their professional role which is an important piece of their education.

Clinical experiences can be stressful for nursing students as they experience intense fear—fear of making a mistake, harming a patient, or failure (Wallace et al., 2015). Faculty incivility can lead to fear as well and be a source of stress for nursing students. For nursing students in the clinical environment, the essential structures of empowerment are coexistent knowledge and confidence (Bradbury-Jones, Irvine, & Sambrook, 2010). Self-confidence relates to a feeling of self-efficacy for the student (Lauder et al., 2009).

Marchiondo et al. (2010) found a strong relationship between perceived nursing-faculty incivility and nursing students' satisfaction with their nursing program. Faculty incivility occurs most commonly in the classroom with the clinical setting a close second. Nursing student coping with faculty incivility includes tolerance of the behavior and talking with peers.

The anticipated increased need for nurses makes the identification and addressing of bullying behavior even more crucial, to minimize the potential negative effects on nursing students (Smith et al., 2016), including their attrition from the profession. A unique finding from Smith et al.'s (2016) study was that nursing students identified “being denied the opportunity to learn” (p. 510) as a bullying behavior. The purpose of clinical education is to provide real-world experience, and faculty bullying interferes with that purpose. Students may need additional preparation in their nursing programs and the tools to identify and deal with bullying behaviors (Smith et al., 2016).

Although a high percentage of nursing students were never exposed to threats of violence or physical abuse, a high percentage were exposed to being shouted at by faculty or the targets of spontaneous anger from faculty at least sometimes or frequently (Basal & Elkazeh, 2014). Students reported that they experienced negative comments about the profession of nursing. Additionally, students reported being shouted at and being the target of spontaneous rage by nurses, patients, and faculty. The impact of experiencing these behaviors as reported by the

students included loss of confidence, decreasing levels of performance, and negative physical and social effects.

Kassem et al. (2015) found a significant relationship between bullying behaviors and self-efficacy. Self-efficacy is described as believing in one's own ability and is used interchangeably with self-confidence (Kassem et al., 2015). Students perceived clinical instructors as the most frequent sources of bullying behaviors. The students felt caught in a power struggle with someone with whom they had frequent contact. Because of the power struggle, students felt disempowered. The most common coping strategy was pretending not to notice the bullying (Kassem et al., 2015).

Incivility has negative implications for individual well-being (Barker Caza & Cortina, 2007). Experiences of incivility cause the person experiencing the incivility to feel ostracized and treated unjustly. The feeling of social ostracism for the person experiencing incivility exists regardless of a power differential between oneself and the perpetrator of the incivility. This feeling of ostracism has implications for retention of students because students feel like they do not fit in an institution. The feeling of injustice is tied to the power differential; incivility received from someone of greater power triggers feelings of injustice.

Rather than report the incivility, nursing students may decide to leave the program or even decide not to pursue entry into the nursing profession (Halpin, Terry, & Curzio, 2017). Nursing students who considered leaving the profession had higher bullying scores than those who selected to stay (Clark et al., 2012). *Exit* is described as leaving the situation where *voice* involves speaking up to change the situation (Alt & Itzkovich, 2017). *Loyalty* involves staying and being willing to accept the conditions where *neglect* is a more passive approach where the person begins to have a decline in their work or relationships. Bullying behaviors are identified as being treated with hostility, feeling undervalued for their efforts, and being told negative things about becoming a nurse (Clarke et al., 2012). These experiences could make for a stressful learning environment.

Clinical instructors who are in an evaluative position and staff nurses demonstrated the greatest source of bullying behaviors. Students who experienced more bullying behaviors were more inclined to consider leaving the nursing program. Peterson-Graziose, Bryer, and Nikolaidou (2013) found that although “self-esteem was significantly associated with student attrition, . . . self-efficacy and life stressors were not significantly related to student attrition” (p. 353).

Nursing students who stay may avoid seeking help from faculty from whom the student has experienced incivility (Altmiller, 2012). The stress of the experience of faculty incivility may lead to clinical judgment errors by the student (Lasiter et al., 2012). Regardless of the student’s decision in response to the incivility, there will be multiple consequences for the nursing student.

The term *acculturation* describes the process of becoming accustomed to uncivil behavior in the practice environment (D’Ambra & Andrews, 2014). Identity formation in nursing school involves watching the behavior of faculty and nurses with whom students come in contact within the clinical environment (Altmiller, 2008). If incivility is a norm in identity formation, nursing students may accept that behavior as they continue into the profession (Shanta & Eliason, 2014). That acculturation presents the possibility that those who experience incivility could then become perpetrators of uncivil behavior, which nursing education cannot risk (Lasiter et al., 2012).

**Transition to practice.** For a new nurse, some stressors are self-imposed where others come from the work environment (Halpin et al., 2017). Research participants gave examples of workplace stressors including workload and incivility as stressors, whereas being a member of a supportive team could decrease those stressors (Halpin et al., 2017). Nurses who had a sense of empowerment reported less impact from incivility (D’Ambra & Andrews, 2014). Healthy work environments are possible in organizations with a system for structural empowerment, which can provide support for new-graduate-nurses during the stressful transition period (Wing, Regan, & Laschinger, 2015).



The decision by new-graduate-nurses to leave their job and the profession is related to job satisfaction that was impacted by their work environment (Unruh, Zhang, & Chisolm, 2016). Strategies identified to improve the transition for new nurses included better orientation programs as they enter the position, improved staffing, and more frequent breaks (Unruh et al., 2016). Failure to implement such strategies could lead to burn out for the new-graduate-nurse. New-graduate-nurses' burnout experiences vary (Laschinger, Finegan, & Wilk, 2009). The orientation period was found to be important for new nurses; specific crucial elements identified included reinforcing previously learned skills, and offering communication opportunities with people in the different roles with which a nurse will interact (C. M. Thomas, Bertram, & Allen, 2012).

Another consideration identified was work environments with low levels of incivility (Laschinger et al., 2009). A welcoming environment is important because new nurses might be less likely to ask questions in a work environment that they considered hostile (C. M. Thomas et al., 2012). Some nurses identified that they were caught up in the moment and behaved negatively because others around them did so (Walrafen, Brewer, & Mulvenon, 2012). This finding is concerning as it supports the idea that the culture of a workplace could allow incivility as acceptable behavior.

Preceptors can provide an important piece in the new-graduate-nurse transition period (C. M. Thomas et al., 2012). New-graduate-nurses identified the importance of a primary preceptor who they trusted (Kim et al., 2015). A sense of belonging is also important to new-graduate-nurses currently entering the profession (Wing et al., 2015). Acceptance within their workplace was part of what participants described as being part of their successful transition to practice (Craig et al., 2012). Preceptors can help facilitate that sense of belonging (C. M. Thomas et al., 2012).

Confidence is an issue for the new nurse transitioning into the nursing profession. Ulrich et al. (2010) identified a connection between confidence and competence, stating that the “application of competence . . . requires self-confidence” (p. 373). New-graduate-nurses felt their self-confidence varied over their first year of practice (Ortiz, 2016). Additionally, new-graduate-nurses agreed that when they entered the profession initially, they lacked confidence (Ortiz, 2016). Confidence was affected by performance and communication including feedback (Ortiz, 2016). New-graduate-nurses felt stress related to their concern that they would make a mistake that affected a patient negatively, including death (Clark & Springer, 2012). Additionally, not feeling prepared for the nursing role, and lack of support from those around them, increased the stress level of new-graduate-nurses. New-graduate-nurses identified self-confidence in their abilities as an indicator of success (Craig et al., 2012). Ultimately, nursing as a profession strives to provide safe care to patients (C. M. Thomas et al., 2012). A lack of nurse’s self-confidence can impact patient care (Ulrich et al., 2010).

Transition to practice experiences such as nurse residencies provide additional support for new-graduate-nurses by offering opportunities to further develop knowledge, skills, and attitudes that support the quality and safety of the care provided (Kim et al., 2015). The transition must include clinical skills for the new-graduate-nurse, and higher-level concepts in nurse residency programs to help the new-graduate-nurse function better as part of the healthcare team (Clark & Springer, 2012). Communication skills are important for interacting with physicians; prioritization is important to determine where to start when faced with multiple challenges simultaneously; teamwork helps the new-graduate-nurse feel like part of the team; and professionalism is a necessary trait when communicating concerns (Clark & Springer, 2012). Nurse residency experiences are one strategy to help increase the confidence of new-graduate-nurses, thereby easing the transition to practice (Kim et al., 2015).

## **Review of Methodological Issues**

Studies reviewed herein focused on incivility, academic incivility, perceptions of students and faculty related to incivility, behaviors that constitute incivility, contributing factors to incivility occurring, and transition to practice for new-graduate-nurses. Qualitative, quantitative, and mixed method approaches were used to examine incivility. One scale used extensively in the incivility literature is the Incivility in Nursing Education (INE) survey (Clark et al., 2009). The survey examines the perspectives of nursing students and nursing faculty, and includes both quantitative and qualitative sections, so it lends itself to studies using those methods and the mixed method approach. According to Clark et al. (2009), the INE provides the opportunity to assess the perceptions of nursing faculty's and nursing students' experiences with uncivil behavior, including the frequency of such behavior.

**Qualitative.** In this section, the qualitative research related to measuring incivility, the impact of incivility, and professional formation are reviewed. Strengths and weaknesses of this qualitative methods used in different studies are examined. The results of the studies examined are reviewed to determine the best method for further exploration of the phenomenon of incivility in nursing education.

**Measuring incivility.** Alt and Itzkovich (2015) attempted to examine faculty incivility through the lens of social justice, using an examination of students' individual social justice experience and experiences with incivility. Their study was not limited to nursing students; their sample included two groups of undergraduate social science students. The researchers' initial aim was to use student perceptions to map experiences with faculty incivility, with the goal of developing and testing a new tool to assess faculty incivility. Within the qualitative data gathered from third-year social science students from one university in Israel, there were four categories

related to faculty incivility: passive, active, group, and individual. The authors used this information to develop the PFIS.

Nursing faculty and student perceptions of incivility that occur in nursing education were examined in response to an identified need to create a culture of civility in nursing education (Clark, 2008b). Clark (2008b) developed a model from the results to represent what is involved in creating a culture of civility. Clark used the metaphor of a dance to illustrate the phenomenon of incivility. The INE (Clark et al., 2009) was used as the tool for data collection, specifically using the results of the qualitative portion of the INE survey. Factors identified as contributors to student incivility were stress and an attitude of entitlement; factors identified as contributors to faculty incivility were stress and an attitude of superiority. Communication and working together were identified as focuses for remedies of incivility.

Students' perceptions of and responses to faculty incivility in nursing education were measured to develop a conceptual model that illustrated the nursing students' perceptions of faculty incivility, which would help provide more needed evidence on the occurrence of faculty incivility (Clark, 2008b). Academic nurse leaders' perceptions of stressors that affect nursing faculty and students, the uncivil behavior displayed by both, and the role of leadership in preventing and addressing these behaviors were examined, showing that students were juggling many roles and responsibilities along with school, creating stress which was exacerbated by faculty behavior (Clark & Springer, 2010). Nursing faculty and student perceptions of why and how nursing faculty and students contribute to academic incivility were measured to help identify ways to address this issue (Clark et al., 2012).

Nursing students' personal statements describing their perceptions of uncivil experiences with faculty were explored and the results supported the idea that faculty incivility exists as reported in existing literature (Lasiter et al., 2012). Nursing students' experiences with faculty

bullying were examined, including student perceptions of the impact of uncivil interactions with faculty, and differences in experiences based the nursing students' levels in the nursing program (Mott, 2014). The results supported the idea that faculty-to-student bullying occurs. Using focus groups of senior prelicensure nursing students, Smith et al. (2016) attempted to gain a clear understanding of nursing students' experience of bullying behaviors in the clinical setting. The results confirmed that bullying occurs in the clinical education setting.

Despite extensive research on nurse-to-nurse violence, little research has been done on the phenomenon of "eating our young" (Anthony & Yastik, 2011, p. 140; Clark, 2008a, p. 284); accordingly, S. P. Thomas and Burk (2009) studied the idea of vertical violence between nurses and nursing students. Narrative reports provided by junior level nursing students discussing anger they had experienced in connection with nursing classes or clinical experiences were reviewed. The findings indicated that additional research was needed on the effects of vertical violence.

***Impact of incivility.*** The characteristics of violence experienced by nurses and nursing students, and the effects of that violence, were compared to assess the phenomenon and develop strategies for preventive action (Magnavita & Heponiemi, 2011). The results supported the existing literature that nurses and nursing students experience abuse with detrimental effects. The nature of incivility in nursing education from the student perspective was explored, including comparing student views to faculty views of incivility (Altmiller, 2012). Identification of triggers and escalation of student-faculty disputes were important to help develop strategies to resolve conflicts between faculty and students before crisis interventions are needed.

In an effort to develop a quantitative tool to measure incivility in the clinical nursing environment, Anthony and Yastik (2011) used focus group interviews, data from which supported the assertion that nursing students experience incivility in the clinical setting. In most cases, students did find more positive experiences but the negative experiences impacted the students'

self-confidence in their own abilities and their impressions of the nursing profession as a whole. The well-being of undergraduate students was examined in the face of incivility, specifically examining how the social status of the student and the student's ability to process the incivility impact the potential negative outcomes of the incivility (Barker Caza & Cortina, 2007), Barker Caza and Cortina (2007) addressed gaps in the literature related to the negative impact of incivility and what drove those negative responses. Through an examination of the role of power differentials between instigator and person experiencing incivility, the researchers noted that current literature indicated that individuals of the same status were less likely to develop perceptions of injustice (Barker Caza & Cortina, 2007).

***Transition to practice.*** The lived experience of nursing students in an associate's degree program was examined to identify practices that support professional formation (Del Prato, 2013). In an effort to gain better understanding of transition experience within the first year of professional practice, based on the experience of the new registered nurse, C. M. Thomas et al. (2012) conducted a phenomenological study including a voluntary sample of 11 new registered nurses in acute care hospitals, identifying four themes: feelings of frustration and being overwhelmed, ongoing support of preceptors, identified fears, and ongoing feedback during orientation. Frustration is part of entering the profession for new nurses, but that frustration can be reduced by providing ongoing support and feedback.

The lack of professional confidence of new-graduate-nurses was examined through a descriptive study, including the finding that the new-graduate-nurses identified that they lacked confidence within their first year of practice (Ortiz, 2016). The participants identified that communication within the healthcare team was a challenge specifically impacting their professional confidence (Ortiz, 2016). Mistakes was another area that impacted the participants' confidence, with the new-graduate-nurses identifying that time and peer support assisted them to

move past the experience (Ortiz, 2016). Another area the participants identified as important to their professional confidence was gaining experience (Ortiz, 2016). There seem to be ways that employers can provide support to new-graduate-nurses to build confidence including simulation experiences.

**Quantitative.** This section presents review of the quantitative studies related to measuring incivility, the impact of incivility, and professional formation for the nurse. Strengths and weaknesses of this methodology used in different studies are examined. The results of the studies examined are reviewed to determine the best method for further exploration of the experience of incivility in nursing education.

**Measuring incivility.** In an attempt to address a deficit in the literature related to reactions to faculty incivility, Alt and Itzkovich (2017) tested the structural validity of scores of on a newly developed scale based on a comprehensive theoretical model regarding reactions to uncivil behaviors. This study built upon their previous work assessing the incidence of faculty incivility. The new scale included four factors: exit, voice, loyalty, and neglect.

Clark et al., (2010, 2012) examined the phenomenon of incivility in nursing education in the People's Republic of China (PRC). Two universities were seeing disruptive student behaviors in their nursing programs, so the faculty wanted to study the behaviors and develop strategies to manage these behaviors. Faculty and student perceptions of student incivility were explored in a nursing college in the PRC (Clark et al., 2010). The study included 21 nursing faculty and 392 nursing students, from one PRC university nursing program, who completed the INE (Clark et al., 2009). The study focused on the quantitative portion of the INE. The results showed student-perceived incivility to be a moderate to severe problem than faculty realized. More faculty than students did not perceive incivility to be a problem. The two groups did agree on the frequency with which each group experienced uncivil behavior.

Bullying was experienced in the clinical setting by the majority of nursing students in all levels of a nursing program, even in the first year of the nursing program where students have limited time in the clinical setting (Clarke et al., 2012). Another study examined the bullying behaviors experienced by nursing students, specifically in the final year of their nursing program, in an attempt to describe the types, sources, and frequencies of bullying behaviors experienced by nursing students (Cooper et al., 2011). The study was an attempt to fill the gap in the literature on the phenomenon of bullying in the final year of nursing education in the United States (Cooper et al., 2011).

Entitlement and student perceptions of faculty incivility were examined with particular interest in student engagement both inside and outside the classroom (Knepp, 2016). Given the increase in academic entitlement behaviors seen in students, and given that behavior can be tied to classroom performance, information about whether this behavior correlated with increased perceptions and offense to grading and feedback from faculty was sought. Students who demonstrated higher levels of entitlement also showed a lower level of engagement. If a student demonstrated a higher entitlement score, the student was more likely to take offense to feedback from faculty related to different types of instruction (Knepp, 2016).

The perceptions and extent of academic incivility among nursing students and nursing faculty in a university-based undergraduate baccalaureate program in Oman were examined, showing moderate incidence of nursing-student incivility in the academic setting (Natarajan et al., 2017). Differences and similarities between students' and faculty members' perceptions about what classroom behaviors are most uncivil were also examined. The examination included the frequency at which students and faculty members were experiencing these behaviors (Rehling & Bjorklund, 2010).



***Impact of incivility.*** Because bullying is an example of an uncivil behavior and is known to exist in healthcare workplaces, specifically in nursing, as a work-based stressor that affects the nurse and the patient care provided, further examination of the bullying phenomenon in nursing education from each student level in one university in Egypt was done. The goal was to examine the perceptions and experience of nursing students related to bullying behavior from the faculty of nursing at a specific university in Egypt (Basal & Elkazeh, 2014). Using secondary analysis, Birks et al. (2017) did a comparison of nursing students' experiences of bullying and harassment behaviors in Australia and the UK. Their intent was to provide information to nursing educators about the results of the phenomenon of bullying and harassment on nursing students in an effort to help them develop strategies to reduce the incidence of these behaviors along with minimizing and managing workplace violence for nursing students who could be considered a vulnerable group in their student role.

The status of bullying in nursing education in the clinical setting was examined, along with assessing self-efficacy, in two nursing programs, with a goal of determining if there was a relationship between bullying behaviors and self-efficacy among nursing students. The results revealed a statistically significant relationship with both degree and score of bullying behaviors between the two groups of nursing students (Kassem et al., 2015). Using a quantitative method, Marchiondo et al. (2010) examined faculty incivility effects on nursing students' satisfaction with their nursing programs, due to its identification as an unexamined topic in the extant literature.

***Transition to practice.*** Focusing on nurses with less than 2 years' experience, a quantitative approach was used to examine the combined effect of supportive professional practice environments, civil working relationships, and empowerment on new-graduate experiences of burnout at work (Laschinger et al., 2009). The researchers recognized that new-graduate-nurses need work environments that support their transition from nursing student to new-graduate-nurse

to retain them in the profession. A quantitative secondary analysis was used to examine relationships between new-graduate-nurses' perceptions of structural empowerment, workplace incivility, and mental health symptoms based on Kanter's theory of structural empowerment (Wing et al., 2015).

The perceptions of new-graduate-nurses were examined related to their clinical skills and confidence. These nurses were part of a nurse-residency program. The new-graduate-nurses' perceptions were measured before starting the nurse-residency program and upon completion of the program. The nurses who completed the nurse-residency program showed higher perceived clinical skills and higher perceived confidence than when they started the program (Kim et al., 2015). The nurse-residency program provided additional support to develop nursing knowledge, skills, and attitudes, which are important in safe patient care and the nurse residency assists in the new-graduate-nurse transition to practice (Kim et al., 2015).

Another item to consider with new-graduate-nurses during the transition period is intent to leave. Intent to leave the job is related to job difficulties, which can be lessened if a new-graduate-nurse feels job control (Unruh et al., 2016). Additionally, intent to leave can be related to job satisfaction, which in turn can impact intent leave the job and the profession (Unruh et al., 2016). Areas for improvement when discussing the work environment include “orientation adequacy, shift time and length, patient load, and number of hours worked” (p. 19). The intent to leave the profession is tied into intent to leave the job (Unruh et al., 2016). Ultimately, intent to leave the job and the profession have implications for the workforce of registered nurses.

**Mixed methods.** This section presents an examination of studies using a mixed method approach to study of incivility, the impact of incivility, and professional formation. Strengths and weaknesses of this methodology used in different studies are examined. The results of the studies

examined are reviewed to determine the best method for further exploration of the experience of incivility in nursing education.

Using the INE (Clark et al., 2009), Aul (2007) attempted to determine if there were any differences in the perceptions of nursing students and nursing faculty related to uncivil behaviors based on the type of prelicensure nursing program. Additionally, relationships between reported uncivil behaviors, and variables like age, gender, ethnicity, and parental level of education were examined (Aul, 2017). Using the Perceptions of Incivility Survey, the experiences of clinical teachers related to incivility in clinical teaching environments were examined (Hunt & Marini, 2012). In an attempt to describe the participants' experiences with and provide a better understanding of the phenomenon of horizontal violence or incivility that occurs between people with equal power (Birks et al., 2014). The results indicated that participants experienced horizontal violence (Walrafen et al., 2012). To further study academic incivility and its impact on student learning and faculty teaching, a mixed method approach was used to analyze behaviors that faculty and students viewed as uncivil, identify contributory factors to uncivil interactions identified by students and faculty, and identify practical strategies identified by faculty and students to avoid or diffuse such behaviors (Yassour-Borochowitz & Desivillia, 2016).

Stress is intrinsic in the experience of a nursing student, specifically due to the need to perform patient care in clinical settings while being observed and evaluated; for this reason, the perceptions of stress in baccalaureate nursing students and measured dimensions of stress in the context of the clinical experience were assessed using the Nursing Students' Clinical Stress scale (Wallace et al., 2015). Newly qualified nurses' stress and stressors in the first 12 months after entering the profession were explored with the goal to improve the transition experience for newly qualified nurses in an effort to retain them in the nursing profession (Halpin et al., 2017). The study employed questionnaires to newly qualified nurses at qualification, 6 months

postqualification, and 12 months postqualification, followed by semistructured interviews after the final survey. In the first year postqualification, participants experienced many different stressors that had the potential to impact their transition to practice (Halpin et al., 2017).

**Action research.** An example of action research was provided wherein a school of nursing was cited by its board of nursing for student and faculty incivility and given 6 months to correct the issue or the program would be closed (Clark, 2011). Performing an intervention study using a pretest/posttest strategy to demonstrate change with the INE (Clark et al., 2009) provided qualitative and quantitative data related to student and faculty perceptions of incivility (Clark, 2011). About 40% of the faculty and students involved in the program participated, thus including 12 faculty and 140 students. The intervention used was faculty and student workshops, which included asking faculty and students to work together to form partnerships and determine what needed to be done, as well as establishing expectations of how each group would treat the other. A decline in uncivil behaviors resulted after the intervention, and the groups developed an ongoing plan to continue the positive changes (Clark, 2011).

### **Synthesis of Research Findings**

Incivility in nursing and nursing-faculty-to-nursing-student incivility in academia both exist based on the literature (Altmiller, 2012; Anthony & Yastik, 2011; Aul, 2017; Clark, 2008a; Clark, Ahten, et al., 2014; Del Prato, 2013; Lasiter et al., 2012; Marchiondo et al., 2010). Incivility occurs across the continuum of nursing from initial nursing education to the workplace (Lynette et al., 2016). Many behaviors are involved in incivility (Robertson, 2012). Horizontal violence is an example of incivility that occurs between people with equal power (Birks et al., 2014). Some examples of horizontal violence include incivility that occurs nurse to nurse, student to student, or faculty to faculty. Vertical violence occurs between people with unequal power (S. P. Thomas & Burk, 2009).

Nursing-faculty-to-nursing-student bullying is a form of incivility, discussed at length in the current literature (Birks et al, 2017; Clarke et al., 2012; Smith et al., 2016). Clark et al. (2012), stated that “faculty and students . . . reported being engaged in a reciprocal process where one group’s uncivil behavior triggered incivility in the other” (p. 91). Regardless of who initiates incivility, there are consequences to the person experiencing the incivility. The experience for nursing students related to nursing-faculty incivility can involve unfair treatment, being demeaned in front of others, and being held to unrealistic standards (Clark, 2008a).

When nursing-faculty-to-nursing-student incivility occurs, there are consequences for the nursing students who experience the incivility (Del Prato, 2013; Lasiter et al., 2012; Marchiondo et al., 2010). Nursing programs are challenging to nursing students (Del Prato, 2013). The experience of nursing-faculty-to-nursing-student incivility increased the stress felt by nursing students and negatively affected nursing-student learning and professional growth (Del Prato, 2013). The clinical education is stressful for nursing students, so the addition of vertical violence in the form of nursing-faculty-to-nursing-student incivility can increase the stress level of the nursing student and compromise the patient care that the nursing student is providing (S. P. Thomas & Burk, 2009).

Decreased or lack of self-confidence is a consequence of nursing-faculty-to-nursing-student incivility. Students experiencing such incivility feel worthless and the incivility has an impact on their self-confidence (Birks et al., 2017; Clark, 2008a). Uncivil behavior also may impact nursing students’ self-confidence as they learn to practice (Del Prato, 2013). The most concerning aspect of nursing students’ experiences with bullying affected their learning and development of their professional skills (Hakojärvi et al., 2014). Because of the impact to their learning, nursing students may not be prepared to make the transition to the role of the nurse as planned. They may not have the knowledge or skills necessary to fully function as a registered nurse.

Nursing students may also observe nurses in the clinical setting experiencing incivility (Roberts, 2015). Because nursing identity is developed by observing faculty and nurses, nursing students who experience nursing-faculty incivility and observe nurse-to-nurse incivility in the clinical setting may see uncivil behavior as the norm of acceptable behavior for a nurse (Altmiller, 2012). Incivility is a learned behavior related to power (Roberts, 2015). Nurses identified that they behaved negatively because others around them did so as well, because they were caught up in the moment (Walrafen et al., 2012).

Nursing students are vulnerable when faced with nursing-faculty-to-nursing-student incivility, as they may not feel they can report this behavior, or they may not know to whom they should report this behavior (Birks et al., 2014; Lasiter et al., 2012; Marchiondo et al., 2010). “When conflict occurs and a power inequity is perceived, students feel disempowered” (Kassem et al., 2015, p. 32). The experience of uncivil behaviors may cause student disillusionment with nursing, dissatisfaction with their program, and degradation of their self-confidence as they learn to practice (Del Prato, 2013). Some nursing students may choose to leave their nursing program, which leaves fewer potential nurses entering the profession at a time when there is an anticipated need for more nurses.

Despite the fact that the current body of nursing literature demonstrates that nursing-faculty-to-nursing-student incivility exists, and that this incivility has negative consequences for the nursing students who experience it, the phenomenon of nursing-faculty-to-nursing-student incivility continues to exist. Some nursing faculty continue to perpetrate this behavior and some nursing programs continue to allow such faculty behavior to continue. The nursing student is at the center of nursing-faculty-to-nursing-student incivility. Nursing-faculty-to-nursing-student incivility impacts nursing students’ self-confidence, physical and emotional well-being including stress level, feelings about becoming a nurse, and potential to perform in a safe manner.

Faculty and students can be engaged effectively to develop a culture of civility (Clark & Springer, 2010). Strategies to prevent incivility include orientation programs for new nursing students. The orientation would include clear expectations for students and information about incivility so nursing students would be aware of expected professional behavior (Clark et al., 2014). In addition to the orientation, ongoing educational content related to professional behaviors should be integrated in nursing courses throughout the nursing program, and all members of the nursing faculty held responsible to model the expected behaviors (Clark et al., 2014). Procedures should be in place to support nursing students who need to report nursing-faculty-to-nursing-student incivility (Lasiter et al., 2012).

One area that has not been studied related to nursing-faculty-to-nursing-student incivility is the long-term effects of the experience of nursing-faculty-to-nursing-student incivility. It is unclear whether new-graduate-nurses continue to experience any effects from nursing-faculty-to-nursing-student incivility during their transition to practice. The existing literature related to new-graduate-nurse transition to practice does indicate that the transition period is a difficult process in which some new-graduate-nurses decide to leave their role and even leave the profession (Unruh et al., 2016).

New-graduate-nurses leaving the nursing profession during their transition period is costly to employers and to the profession. For the employer, the cost of losing new-graduate-nurses during their transition involves orientation and replacement costs. For the nursing profession, loss of new-graduate-nurses during the transition period impacts the number of nurses available to fill the anticipated available positions. Additional support for new nurses is important to retain them due to the cost of replacing a nurse and the anticipated nursing shortage (Ulrich et al., 2010). The stress of transitioning from nursing student to practicing nurse requires an adjustment and

workplaces are tasked with providing support to new nurses with programs like nurse residencies (Greer-Day et al., 2015; Kim et al, 2015; Ulrich et al., 2010).

New-graduate-nurses also demonstrate a lack of self-confidence during the transition into practice. New-graduate-nurses identified that within the first year of practice, they lacked confidence (Ortiz, 2016). The cause of that lack of confidence was related to challenges with communication and making mistakes where gaining experience was identified as improving confidence levels (Ortiz, 2016). Within nursing programs, students are gaining experience and learning communication skills as part of their development as a nurse, but nursing students who experienced nursing-faculty-to-nursing-student incivility experienced an impact to their professional growth.

Ultimately, the transition of the new-graduate-nurse into practice is difficult. Also, employers want to retain new nurses because it is expensive to replace nurses and experience is important to safe patient care (Clark & Springer, 2012; Ulrich et al., 2010). Nurse residency programs have provided additional support for new-graduate-nurses and demonstrated improved retention of new nurses. The experience of nursing-faculty-to-nursing-student incivility may continue to impact the new-graduate-nurse during the transition to practice. Nurse residency programs may help to develop the skills necessary to rebuild the new-graduate-nurse's self-confidence during their transition to practice.

### **Critique of Previous Research**

This section provides critical analysis of the existing literature related to nursing-faculty-to-nursing-student incivility and transition to practice for new-graduate-nurses. In the analysis, I found that the methodology used for qualitative research in many studies was different than my understanding of qualitative research as a novice researcher. Additionally, I examined the



reliability and limitations of some pivotal studies related to nursing-faculty-to-nursing-student incivility and transition to practice related to new-graduate-nurses.

**Methodology.** Creswell (2014), describes that “qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem” (p. 4). Incivility in nursing education can be classified as a social problem on which much of the research has been designed to seek understanding from the perspective of the nursing student and nursing faculty member in an effort to determine how to stop the incivility from occurring. As a novice researcher, my understanding of qualitative research included that data collection involved face-to-face interactions with the research participants either through one-on-one interviews, the use of focus groups, or in-person observations.

Some of the qualitative and mixed method studies on incivility in nursing and nursing-faculty incivility used surveys which included open-ended questions for written data collection rather than face-to-face interaction or observation. One specific tool was the INE (Clark et al., 2009) survey, developed to enable researchers to “measure the presence of incivility with large samples in nursing education and from both student and faculty perspectives” (p. 7). The INE has three sections, one for demographics, one for identifying how often incivility was experienced, and the final section being the piece with open-ended questions used to gather qualitative data.

Without the face-to-face interaction or observation described by Creswell (2014) in a discussion of the different types of qualitative methods, there is no way to verify or clarify the information received. It is unclear whether the phenomenon or experience of incivility and/or faculty incivility can truly be understood using this data collection strategy.

Several of the studies on incivility and faculty incivility did not include the conceptual or theoretical framework used to guide the research. According to Ravitch and Riggan (2017) “a conceptual framework is an argument about why the topic one wishes to study matters, and why

the means proposed to study it are appropriate and rigorous” (p. 4). Based on the definition given, the presence of a conceptual framework would be helpful for the critique of available research on incivility and faculty incivility.

**Reliability and limitations of existing literature.** Based on the existing literature, nursing-faculty-to-nursing-student incivility occurs in nursing programs. In an attempt to understand the phenomenon of incivility in nursing education from the perspectives of nursing faculty and nursing students, the INE (Clark et al., 2009) was used and participants were recruited from two national nursing conferences. The INE was self-administered to 194 nursing faculty and 306 nursing students representing a total of 41 states. The study focused on the qualitative portion of the INE which employs open-ended questions in the third section of the survey which only a portion of the participants completed (Clark, 2008b). The data analysis used an interpretive qualitative method to develop themes that described nursing student and nursing faculty perceptions of factors that contribute to nursing student incivility and nursing faculty incivility (Clark, 2008b). The nursing faculty and nursing students also provided information on ways to remedy the existence of incivility in nursing education. From the results obtained, Clark (2008b) developed the “conceptual model for fostering civility in nursing education” (p. E49). This model demonstrates the factors that contribute to incivility and the opportunities that can be used to stop the incivility. Incivility in nursing education was likened to a dance, because “dancing involves interaction, engagement, and communication” (Clark, 2008b, p. E37). One issue with Clark’s (2008b) study is the use of a survey to collect qualitative data. A follow-up study using the quantitative information gathered from the INE could be used to verify the qualitative results and further justify the conceptual model developed from the results.

The lived experience of nursing students enrolled in associate’s degree nursing programs related to faculty incivility was examined (Del Prato, 2013). The 13 participants included nine

women and four men from three associate's degree programs, all with some college experience. The interview process and subsequent data analysis yielded themes that described the phenomenon of nursing-faculty-to-nursing-student incivility and the effect of the experience of nursing-faculty-to-nursing-student incivility on student-nurses' feelings about nursing. When compared with the existing literature at that time, the themes found in the study were aligned with the existing literature (Del Prato, 2013). The results further demonstrated that nursing-faculty-to-nursing-student incivility existed, and had a negative impact on nursing students and their professional formation (Del Prato, 2013).

A phenomenological study was conducted involving nursing students who had experienced at least one incident of uncivil behavior from a nursing faculty member (Clark, 2008a). The intent of the study was to determine what nursing faculty behaviors nursing students considered uncivil and how nursing students responded to the perceived nursing-faculty incivility (Clark, 2008a). After face-to-face interviews with seven participants who were either enrolled in or graduates from a nursing program, the data analysis yielded themes that demonstrated the consequences of the experience of nursing-faculty-to-nursing-student incivility, including impact to the participants' self-confidence (Clark, 2008a). This study was a more traditional qualitative study and Clark continued with further research related to incivility in nursing programs. Within this literature review are multiple examples of Clark's work related to incivility in nursing programs.

One example of Clark's (2011) continuing research involved an action research approach to help a nursing program cited by the school's board of nursing for nursing-faculty-to-nursing-student incivility in their program. The INE (Clark et al., 2009) was used as a pre-/post-assessment tool for the interventions implemented for the nursing program. The length of time available for implementing an organizational change was a limitation of this study, as the nursing program had to demonstrate change within 6 months to avoid the program being closed (Clark,

2011). Another limitation with this research was the resignation of the program director around the time of the final assessment. The final meeting of faculty included discussion of this change, which was not intended. The final piece of this intervention was to develop a continuing plan of action to continue the positive change that had occurred through this action research process.

This present dissertation research focused on the role of nursing-faculty-to-nursing-student incivility on new-graduate-nurse self-confidence during the transition to practice. The existing literature as of July 2018 did not demonstrate examination of the nursing-faculty-to-nursing-student incivility beyond nursing school. In a qualitative study, professional confidence was examined in 12 new-graduate-nurses through initial face-to-face interview and follow-up secondary interviews (Ortiz, 2016). The data analysis yielded themes that demonstrated the items that affected professional confidence for the new-graduate-nurses. Ortiz (2016) discussed how the results could be used by undergraduate nursing programs, including providing opportunities for communication because lack of experience with communication with other healthcare professionals was an area that affected new-graduate-nurses' professional confidence. The new-graduate-nurses did not feel prepared for this activity and thus were not confident when engaged in such communication (Ortiz, 2016). This study was limited to one geographic area, so a larger study with a broader geographic scope may provide better data to provide better generalizability of the results.

Nurse-residency programs have been identified as a strategy to retain new-graduate-nurses. A qualitative method was used to examine the lived experience of new-graduate-nurse job satisfaction (Clark & Springer, 2012). Thirty-seven new-graduate-nurses who were participating in the nurse residency program at a public, 600-bed hospital were included in nine focus groups. The data analysis revealed themes that described the experience of the new-graduate-nurse which indicated what was important during the initial nurse-residency program. For example, beyond

clinical skills, new-graduate-nurses required “greater competency regarding prioritizing, communication, professionalism, and teamwork” (p. E6). The results aligned with previous research. The study was done at one hospital, so replicating the study at other hospitals in other areas would provide additional information to provide generalizability of the data. A tool could also be developed and piloted with the initial group from the Clark and Springer study to perform a quantitative study to further validate the results.

This present dissertation study was designed to fill a gap in the literature related to nursing-faculty-to-nursing-student incivility, to determine specifically if nursing-faculty-to-nursing-student incivility has lasting effects potentially affecting new-graduate-nurse retention. The results may provide additional information for nursing faculty and nursing programs related to strategies to prevent nursing-faculty-to-nursing-student incivility. Employers of new-graduate-nurses may gain additional information related to the need to develop strategies for retention of new-graduate-nurses.

## **Chapter 2 Summary**

Based on the review of the literature detailed in this chapter, and the development of the conceptual framework including the foundation of caring within nursing, and the existence and impact of faculty incivility within nursing education, I did not find information related to the impact of faculty incivility beyond nursing school. Existing literature on new-graduate-nurses’ transition to practice has not included information about new-graduate-nurses’ experience as nursing students. Given that the formation of the nursing identity and socialization into the nursing profession occur in nursing school, the impact of faculty incivility during nursing school is part of that nursing identity and socialization. A decrease in self-confidence occurs when nursing students experience nursing-faculty-to-nursing-student incivility during nursing school. Based on the information obtained through this literature review, there has not been an examination of how

nursing-faculty-to-nursing-student incivility affects the nursing student beyond nursing school, nor specifically during the new-graduate-nurse transition.

The existing literature on the new-graduate-nurse transition period demonstrates that this transition is difficult. New-graduate-nurses experience decreased self-confidence during the initial transition into the nursing profession. Additionally, some new-graduate-nurses decide to leave their workplace and/or leave the profession during that initial transition period. Employers want to retain new nurses and the profession needs to retain new nurses.

The statement of the problem addressed in this current research was whether there is a relationship between nursing-faculty-to-nursing-student incivility that occurs in nursing school and the self-confidence of new-graduate-nurses as they transition into nursing practice. The literature found through this literature search does not examine the impact of nursing-faculty-to-nursing-student incivility beyond nursing school. Given this gap in the literature related to the potential lasting impact of nursing-faculty-to-nursing-student incivility and the continued existence of nursing-faculty-to-nursing-student incivility, this research will add important information to the current body of literature.

## Chapter 3: Methodology

### Introduction to Chapter 3

The literature on incivility in nursing, nursing-faculty-to-nursing-student incivility, and new-graduate-nurse transition to practice as a nurse established frames of reference for this study. According to the literature, incivility in nursing exists and includes documentation of nursing-faculty-to-nursing-student incivility in the academic setting (Altmiller, 2012; Anthony & Yastik, 2011; Aul, 2017; Clark, 2008b; Clark, Ahten, et al., 2014; Del Prato, 2013; Lasiter et al., 2012; Marchiondo et al., 2010). The literature demonstrated one of the effects of nursing-faculty-to-nursing-student incivility is decreased self-confidence in nursing students (Birks et al., 2017; Clark, 2008a). According to literature reviewed, an issue for new-graduate-nurses transitioning to practice as a nurse is decreased self-confidence (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010).

Given the intrinsically stressful nature of nursing programs, the addition of nursing-faculty-to-nursing-student incivility can impact student performance and self-confidence (Birks et al., 2017; Clark, 2008a). In some cases, nursing students may leave the environment in which they are experiencing incivility, which could mean they do not complete nursing school (Alt & Itzkovich, 2017). Another time that nurses may leave the profession is during the transition to practice for new-graduate-nurses (Ulrich et al., 2010). The transition can be difficult, and new-graduate-nurses may lack confidence when they enter the profession (Greer-Day et al., 2015; Ortiz, 2016). This leads to high turnover during the transition period for new-graduate-nurses, at a time when nursing faces a shortage of nurses and needs to retain new-graduate-nurses (Ulrich et al., 2010).

The literature does not discuss whether the new-graduate-nurses who demonstrate decreased self-confidence as they transition to practice as nurses experienced nursing-faculty incivility as nursing students. Additionally, the literature does not explore a correlation between the effects of nursing-faculty-to-nursing-student incivility and the issue of low self-confidence

experienced by new-graduate-nurses as they transition to practice as new nurses. Given the gap in information in the literature, this study examined the relationship between nurses' experience of nursing-faculty-to-nursing-student incivility and their lack of self-confidence as they begin to practice as new nurses, and the extent of that relationship. Finally, I was interested in whether the relationship between nurses' experience of nursing-faculty-to-nursing-student incivility and their lack of self-confidence as they begin to practice as new nurses existed for some groups more than others, specifically male and female nurses, and nurses who graduated from associate's degree and Bachelor of Science programs.

This chapter includes description of the research design for the study of the relationship of nursing-faculty-to-nursing-student incivility and the self-confidence level of new-graduate-nurses entering the practice of nursing. The purpose of this study, research questions, hypotheses, research design, target population, sampling method based on power analysis, and procedures related to sampling are included. Additionally, this chapter includes a description of the instrumentation, data collection, operationalization of variables, data analysis procedures, limitations and delimitations of the research design, internal and external validity, expected findings, and ethical issues.

### **Purpose of the Study**

The purpose of this research was to add to the existing literature related to nursing-faculty-to-nursing-student incivility and new-graduate-nurse retention by providing information about the lasting effects of nursing-faculty-to-nursing-student incivility and its relationship to new-graduate-nurse retention. I included information about the relationship between the experience of nursing-faculty-to-nursing-student incivility and the lack of self-confidence as new-graduate-nurses begin to practice as new nurses, and the extent of that relationship. I also examined whether the relationship between the experience of nursing-faculty-to-nursing-student incivility and the lack of



self-confidence as they begin to practice as new nurses existed for some groups more than others, specifically male and female nurses, and nurses who graduated from associate's degree and Bachelor of Science programs.

According to Van Camp and Chappy (2017), "new graduates account for the highest numbers of nurses entering and exiting the profession" (p. 128). Kovner, Brewer, Fatehi, and Jun (2014) reported that 17.5% of new nurses left the profession within their first year of practice; Twibell et al. (2012) estimated that number at closer to 30%. Regardless of which figure is correct, there is a substantial loss of new-graduate-nurses in their first year of practice at a time when nursing is anticipating a need for new nurses based on the number of nurses expected to retire by the end of 2022 (ANA, n.d.).

There is high turnover during the period in which new-graduate-nurses transition to practicing nurses (Ulrich et al., 2010). The turnover of new nurses comes with a high financial cost to the employer (Kim et al, 2015; Ulrich et al., 2010). The literature demonstrated that in some cases, nursing students will leave the situation in which they are experiencing incivility (Alt & Itzkovich, 2017). Providing information on a potential contributing factor to decreased self-confidence in new-graduate-nurses could help to develop tools to support new-graduate-nurses as they transition into practice as nurses. These tools would be beneficial to employers as the support provided might help to retain new-graduate-nurses during and beyond their transition into practice as nurses.

The literature demonstrated that nursing-faculty-to-nursing-student incivility occurs, yet even with evidence of its existence, the incivility continues. Nursing-faculty-to-nursing-student incivility has negative effects on nursing students; accordingly, researchers have recommended that this practice must be stopped, including policies of zero tolerance (Muliira et al., 2017). Various strategies to prevent nursing-faculty-to-nursing-student incivility were identified in the

literature, such as providing an orientation for nursing students, giving the students clear expectations, and modeling of courteous behavior by faculty (Wallace et al., 2015). The results of this study may have some impact because nursing faculty and nursing programs may not recognize the extent to which the effects of nursing-faculty-to-nursing-student incivility continue to be present for new-graduate-nurses.

### **Research Questions and Hypotheses**

I developed this study's research questions using the evidence gathered to develop the study's conceptual framework. The literature reviewed for the study provided information that demonstrated the existence of nursing-faculty-to-nursing-student incivility and its impact as experienced by the nursing student (Del Prato, 2013; Lasiter et al., 2012; Marchiondo et al., 2010). A caring learning environment is needed which connects the learning environment to the caring foundation of the nursing profession (Watson, 2005). The incivility in nursing education conceptual model (Clark, 2008a) indicates that it is possible to stop incivility before it escalates. An inverse relationship between stress and learning was found, identifying that as stress level increases, learning decreases (Lazarus & Folkman, 1984). Nursing-faculty-to-nursing-student incivility increases the student's stress, which impacts student learning and decreases student self-confidence (Del Prato, 2013).

Given that nursing-faculty-to-nursing-student incivility increases stress, which decreases self-confidence, the research questions for this study focused on examination of the existence and extent of the relationship between nursing-faculty-to-nursing-student incivility and decreased self-confidence of the new-graduate-nurse during the transition to practice as a nurse. Additionally, the research questions were intended to examine whether the relationship between nurses' experience of nursing-faculty-to-nursing-student incivility and their lack of self-confidence as they begin to practice as new nurses existed for some groups more than others, specifically male and female

nurses, and nurses who graduated from associate's degree and Bachelor of Science programs. In the research questions, nursing-faculty-to nursing-student incivility was represented by faculty incivility.

There are multiple avenues for educating new-graduate-nurses prior to licensure. The two that were included in this research study were the associate's degree prelicensure program or 2-year program, and the Bachelor of Science prelicensure program or 4-year program. In both cases, new-graduate-nurses are prepared for and eligible to take the licensure exam.

The following research questions and hypotheses were developed to guide the study.

**Research question 1.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse?

*Null hypothesis ( $H_{o1}$ ).* There is no relationship between the experience of faculty incivility during prelicensure nursing programs and level of self-confidence of new-graduate-nurses transitioning to the role of a nurse.

*Alternative hypothesis ( $H_{a1}$ ).* There is a relationship between the experience of faculty incivility during prelicensure nursing programs and level of self-confidence of new-graduate-nurses transitioning to the role of a nurse.

**Research question 2.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type?

*Null hypothesis ( $H_{o2}$ ).* There is no relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type

*Alternative hypothesis ( $H_{a2}$ ).* There is a relationship between faculty incivility

experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type

**Research question 3.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender?

**Null hypothesis ( $H_{o3}$ ).** There is no relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender.

**Alternative hypothesis ( $H_{a3}$ ).** There is a relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender.

### **Research Design**

To determine if a relationship exists between the effects of nursing-faculty-to-nursing-student incivility and the lack of self-confidence of the new-graduate-nurses as they transition into practice as a nurse, I used a quantitative correlational design as the research method. According to Curtis, Comiskey, and Dempsey (2016), “correlational design measures two or more characteristics and then calculates the correlation between them” (p. 20). Correlational design includes hypothesis testing to determine if any relationship found is different from what can be predicted by chance (Adams & Lawrence, 2015). The focus of this study was to examine existing relationships. I was interested in determining how the differences in nursing-faculty-to-nursing-student incivility were associated with differences in self-confidence in new-graduate-nurses as they transitioned to the role of practicing nurse.

My goal was to examine whether a relationship exists, but causation between the variables cannot be assumed, even in the presence of a relationship (Adams & Lawrence, 2015). Causation

cannot be proven in a quantitative correlational design because the variables and the context cannot be controlled (Adams & Lawrence, 2015). The “correlational evidence can be used to inform causal inferences and thus evidence-based practice” (Thompson, Diamond, McWilliam, Snyder, & Snyder, 2005, p. 182). Although I recognized that I could not show causation between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence, I might be able to show a relationship between the experience of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence.

Additionally, I sought to determine any differences in the experience of graduates of associate’s degree programs versus graduates of Bachelor of Science program. The graduates of each type of program were eligible to and prepared for the licensing exam. I determined this information through a comparison of the results of the correlational data from this research based on program type. I also sought to determine any differences in the experience of nurses based on gender. I determined this information through a comparison of the results of the correlational data from this research based on gender.

### **Target Population, Sampling Method, and Power Analysis**

**Target population.** The target population for this study was registered nurses who had been in practice for less than 18 months. The nurses graduated from accredited nursing programs. Accreditation can be obtained either regionally or nationally. There are two major national nursing accrediting bodies. The Accreditation Commission for Education in Nursing (ACEN™, 2013) states its purpose as “to provide specialized accreditation for all types of nursing programs, including clinical doctorate/DNP specialist certificate, master’s/post-master’s certificate, baccalaureate, associate’s, diploma, and practical nursing programs” (para. 2). The Commission on Collegiate Nursing Education (CCNE, 2009) identifies its scope as “baccalaureate and graduate

nursing programs in the United States and its territories” (p. 5). Accreditation is a voluntary process but it provides evidence of exceptional quality in education (ACENT<sup>TM</sup>, 2013).

The target population graduated from nursing programs that prepared them to take the licensing exam to be registered nurses in their respective states (NCLEX<sup>®</sup> or National Council Licensure Examination for registered nurses). The National Council of State Boards of Nursing (2018) indicates that eligibility to take the licensing exam is “determined by the board of nursing/regulatory body” (para. 1). One Northeastern state included education criteria for licensure from programs within that state, within other states, and outside the United States (New York State Education Department [NYSED], 2018). In all cases, the programs must be either registered by or recognized by the education board of that state (NYSED, 2018).

The study population included graduates of both 2-year associate’s degree programs and graduates of 4-year Bachelor of Science programs. The target population worked as registered nurses, were not limited to a certain discipline or practice area and performed a wide range of nursing activities. The registered nurses sampled were male or female, and over the age of 18 years old. The participants were fluent in reading, writing, and speaking English, and included many ethnicities, like the total population of new-graduate-nurses in the United States.

**Sampling method.** The sample was a convenience sample of registered nurses who met the criteria of registered nurse, over 18 years of age, fluent in English, graduated from an accredited nursing program that prepared them to take the registered nurse licensing exam, and in practice as a registered nurse for less than 18 months. Convenience sampling provided access to a large group of potential participants, to learn about the potential relationship between nursing-faculty-to-nursing-student incivility and self-confidence in new-graduate-nurses (Adams & Lawrence, 2015). Using the correlational method, the goal was to gather information about the relationships between the variables, aiming for consistency in the relationships using valid

instruments, which can be accomplished with a convenience sample. Random sampling was not required to provide support for evidence-based practice (Thompson et al., 2005).

Participation in the study was voluntary. Consent was obtained prior to the start of the survey. To verify that participants fit the criteria for the sample, the survey began with demographic questions, including type of nursing program, age and gender of the respondent, practice location, and respondent location by state. If a respondent did not graduate from a nursing program including preparation to take the registered nurse licensing exam and/or had been practicing more than 18 months, the respondent was thanked for volunteering and the survey ended.

**Recruitment of participants.** Participants were accessed through the Facebook page for nurses called Show Me Your Stethoscope. An invitation was sent to members of Show Me Your Stethoscope. This group has 658,971 members who self-identify as nurses. Permission was obtained from the Facebook page administrators, including permission to post the link to the study survey instrument along with an explanation of the study and the frequency at which the information could be posted. Through communication with the Facebook page administrators, they required documentation from Concordia University–Portland’s Institutional Review Board (CU-IRB) and approved the use of their page for recruitment of participants. Once approved, the invitation to participate was sent out weekly for one month or until the sample size was reached. If the sample size was achieved within one month, my chair and I would evaluate the total number of participants obtained, and determine next steps based on the number of participants. A potential plan was to use the data available indicating the shortfall in participants as a limitation of the overall study.

In obtaining the sample, the planned recruitment method did not yield the sample needed. After three requests for participants via the Facebook page failed to elicit the sample size needed,

my dissertation chair and I added snowball sampling by posting on my personal Facebook page and asking my contacts to share the information with their contacts. After continuing to recruit via the Show me Your Stethoscope page and my personal page, I continued to have a low response rate, with 48 qualified participants recruited after 5 weeks.

Alternative recruitment methods were explored and it was determined that use of an outside company for recruitment would be the best avenue to explore. After submitting a modification request to the CU-IRB to employ study recruitment services offered by Qualtrics<sup>XM</sup> (2019) and receiving approval for the modification, Qualtrics<sup>XM</sup> began recruitment of the remainder of the participants needed. Due to continued low response rate, revisions were made in the survey changing the length of experience for the participants from less than 18 months to less than three years of experience. This change did not require a CU-IRB review. The survey was relaunched and I was able to obtain the needed sample size.

**Power analysis.** Using G\*Power 3.1 (Faul, Erdfelder, Lang, & Buchner, 2007), I determined that a sample size of 134 new-graduate-nurses would ensure a confidence level of 95% with a margin of error of 5%. This sample size helped avoid committing Type I or Type II errors in my analysis. The calculation is found in Appendix A.

### **Instrumentation**

In this study, I used a survey, including (a) demographic information, (b) a measure of perceived faculty incivility, and (c) a measure of self-efficacy, to examine nurses' experience of faculty incivility and level of self-confidence as identified by the registered nurse making the transition from nursing student to practicing nurse. The PFIS measured the frequency of faculty incivility (Alt & Itzkovich, 2015). The Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995) measured how one perceives one's abilities "to respond to and control environmental demands and challenges" (p. 35).



**The Perceived Faculty Incivility scale (PFIS).** The PFIS was designed by Alt and Itzkovich (2015) as a measure of the frequency with which faculty incivility occurs. The scale was developed in two phases. Phase 1 included gathering of descriptions of faculty incivility from 100 undergraduate, third-year, social science students from one college in Israel (Alt & Itzkovich, 2015). “Phase 2 was used to assess construct validity and internal consistency of the developed questionnaire” (p. 126). The scale was administered to 744 undergraduate students from two major colleges in Northern Galilee, Israel. “Each item is assigned a Likert-type score ranging from 1 = almost never to 5 = nearly always” (p. 128). From the data analysis, two subscales were identified including one that measures active incivility (Cronbach’s alpha equal to .90) and one that measures passive incivility (Cronbach’s alpha equal to .73). Based on the results when testing the validity of the scale, Alt and Itzkovich identified that the passive and active subscales had “moderate correlation . . . suggest[ing] that the factors are, to some extent, independent from each other” (p. 130). Itzkovich granted permission via email to use this scale.

The PFIS (Alt & Itzkovich, 2015) was used to measure whether new-graduate-nurses experienced perceived nursing-faculty incivility during their nursing program. The predictor variable was the experience of nursing-faculty-to-nursing-student incivility. The PFIS is an interval scale using a 5-point Likert-type scale assessing a rating of the experience of incivility.

**Generalized Self-Efficacy scale.** The Generalized Self-Efficacy scale was developed by Schwarzer and Jerusalem (1995). Schwarzer (2014) has given open access to the use of the Generalized Self-Efficacy scale, providing the source is included accurately. Schwarzer also provided a permission letter for use of the instrument in this dissertation study. Schwarzer and Jerusalem tested the scale with five samples, finding “high internal consistency ratings . . . [with] alphas ranged from 0.82-0.93” (p. 35). Additionally, Schwarzer and Jerusalem found retest

reliability of 0.47 for men and 0.63 for women in a sample of 991 migrants from the former East Germany over 2 years.

The Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995) was used to measure new-graduate-nurse self-confidence. The outcome variable was new-graduate-nurse self-confidence. The Generalized Self-Efficacy scale is an interval scale using a 4-point Likert-type scale assessing the rating of new-graduate-nurse self-confidence.

### **Data Collection**

This section includes discussion of the process by which I collected data in the study. Qualtrics<sup>SM</sup> (2019) web-based survey software (Version g00564658) was used to provide instructions, administer the informed consent, and collect responses from the participants who met the inclusion criteria. Participants were given the information regarding the research study including inclusion criteria, informed consent, and instructions on how to complete the survey. Once the participants completed the informed consent, they entered the survey which was administered in three parts. The first part of the survey asked the participant to provide demographic information. The demographic questions provided information to verify that the participant met the inclusion criteria (see Appendix B). The demographic section of the survey was followed by the instrumentation discussed above, first by the PFIS (Alt & Itzkovich, 2015) followed by the Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995).

Informed consent, approved by the CU-IRB, was the first page of the survey. At the end of the informed consent, the participants provided consent electronically, and then were taken to the demographic questions. If consent was not given or participants did not meet the inclusion criteria, a screen displayed thanking them for their time and explaining that they had not met the criteria for participation in the study. For participants who met the inclusion criteria, completion of the survey

took no longer than 15–20 minutes. The time involved for study participants was provided on the initial instruction page.

### **Operationalization of Variables**

A variable is an item of interest that can vary, and although two variables may coexist, “it is only through research that a relationship can be demonstrated between them or the direction and strength of that relationship established” (Curtis et al., 2016, p. 21). Through correlational design, when differences in one variable are seen with differences in another variable, determination of whether there is a relationship between the changes in the variables is feasible (Curtis et al., 2016). Through examination of the variables, I tried to determine if “the relationship we find is significantly different from what we would expect by chance alone” (Adams & Lawrence, 2015, p. 225). In this study, I examined the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence as they transition to practice as a nurse.

**Associate’s degree prelicensure nursing program.** This is a 2-year nursing education program in which graduates are eligible and prepared for the licensing exam (Nursing.org, 2018). This variable was identified through self-report by the participants in the demographic questions in the survey.

**Bachelor of Science prelicensure nursing program.** This is a 4-year nursing education program in which graduates are eligible and prepared for the licensing exam (BSNedu.org, 2018). This variable was identified through self-report by the participants in the demographic questions in the survey.

**Gender.** Gender is defined as male or female as identified through self-report by the participants in the demographic questions in the survey.

**New-graduate-nurse.** A nurse who has recently graduated from a nursing program and entered the nursing workforce (Clark & Springer, 2012).

**New-graduate-nurse self-confidence.** New-graduate-nurse self-confidence is defined as the belief in one's own abilities (Kassem et al., 2015). New-graduate-nurse self-confidence was used as the outcome variable in the study, measured by the Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995). The Generalized Self-Efficacy scale uses an interval scale ranging from 1 to 4 for each of 10 statements.

**Nursing-faculty-to-nursing-student incivility.** Nursing-faculty-to-nursing-student incivility is defined as behavior from nursing-faculty members that interferes with the nursing students' learning process. Such incivility can have an emotional and/or psychological impact, such as decreased self-confidence (Birks et al., 2017; Clark, 2008a). Perceived nursing-faculty-to-nursing-student incivility was used as the predictor variable in this study and was measured by the PFIS (Alt & Itzkovich, 2015). The PFIS uses an interval scale ranging from 1 to 5 for each of 27 statements.

### **Data Analysis Procedures**

In the study, demographic questions along with the two identified surveys were administered through Qualtrics<sup>SM</sup> (2019) to gather information from the participants. Given that the survey was self-administered, I anticipated that some participants would not complete all sections. In an effort to account for participant nonresponsiveness, if the entire survey was not completed, that participant's data was not used in the study.

Perceived nursing-faculty-to-nursing-student incivility was measured via the PFIS (Alt & Itzkovich, 2015), which uses a number based on an interval scale ranging from 1 to 5 for each response. Each of the 27 behaviors identified within the survey was rated by the participants based on the interval scale and the mean of the responses for each individual participant was calculated. The mean of the data collected from this survey represented the level of nursing-faculty-to-nursing-student incivility for each participant.

New-graduate-nurse self-confidence was measured via the General Self-Efficacy scale (Schwarzer & Jerusalem, 1995) using a number based on an interval scale ranging from 1 to 4 for each response. I gathered descriptive statistics from the instrument. Each of the 10 responses by the participants, based on the interval scale, was then used to calculate a mean for the participant. The mean of the data collected from this survey represented the participant's level of self-efficacy or self-confidence.

The Statistical Package for the Social Sciences (SPSS) program was used for data analysis procedures, including organizing the data into figures and tables for data analysis. For Research question 1, I calculated Pearson's correlation coefficient (Pearson's  $r$ ) from the mean of each participant's responses to the PFIS (X; Alt & Itzkovich, 2015) and the mean of each participant's responses to the Generalized Self-Efficacy scale (Y; Schwarzer & Jerusalem, 1995). A scatterplot graph was used to graph the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. I used bivariate correlation analysis to determine the strength of the relationship (Adams & Lawrence, 2015).

I then needed to determine if Pearson's correlation coefficient was statistically significant and thus able to model the relationship in the total population of new-graduate-nurses using a hypothesis test. By performing the hypothesis test, I was able to determine the proximity of the value of the population correlation coefficient to zero. If the value of the population correlation coefficient is significantly different from zero, then the correlation coefficient is significant. This was decided based on the sample's Pearson's correlation coefficient ( $r$ ) and the sample size ( $n$ ). I tested the null hypothesis examining the relationship between perceived nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence; Pearson's correlation coefficient assisted in the analysis of this hypothesis. Additionally, I used linear regression analysis to determine the strength of any relationship found.

Based on the results of the information from Research question 1, for Research question 2, I took the individual mean results from the PFIS and individual mean results from the Generalized Self-Efficacy scale and separated them by prelicensure program preparation. I calculated Pearson's correlation coefficient for associate's degree and for Bachelor of Science program graduates. I repeated hypothesis testing on the degree program specific results to determine statistical significance as described previously. I also repeated the linear regression analysis to determine the strength of any relationship found.

Based on the results of the information from Research question 1, for Research question 3, I took the individual mean results from the PFIS and individual mean results from the General Self-Efficacy scale and separated them by gender. I calculated Pearson's correlation coefficient for male and female new-graduate-nurses. I repeated hypothesis testing on the degree program specific results to determine statistical significance as described previously. I also repeated the linear regression analysis to determine the strength of any relationship found.

### **Limitations and Delimitations of the Research Design**

In this section, I examined items that may have affected the study. These included items for which I had no control, or limitations (Ellis, & Levy, 2009). Additionally, these included items that occur because of choices that I made in designing the research, or delimitations (Ellis, & Levy, 2009).

**Limitations.** The limitations to the study including validity testing of the combined instrument, lack of existing literature on the topic under study, and use of participant self-report. In the study, I used two instruments that were tested for validity individually but for which validity was not pretested with the combined instrument that was used. Although the extant literature contained a great deal of information regarding the existence and impact of nursing-faculty-to-nursing-student incivility, literature examining the long-term impact of this phenomenon was

lacking. Additionally, the literature contained research examining the existence of decreased self-confidence for new nurses, including causation during the transition period from student nurse to new-graduate-nurse, but there was a lack of literature examining potential causation prior to entering the transition period. Finally, for the research design, the participants self-reported their experience. Data gathered by self-report cannot be independently verified, such as by observation (Adams & Lawrence, 2015).

**Delimitations.** There are delimitations to the study involving decisions that I made in the study design to narrow the scope of the study, including focusing on one type of incivility in nursing, focusing on one effect of nursing-faculty-to-nursing-student incivility, and limiting the amount of time that the new-graduate-nurses recruited had been practicing. Incivility in nursing occurs across the continuum of nursing (Lynette et al., 2016). If the study design had not limited the type of incivility being examined, it would have been difficult to determine a relationship. There are several effects experienced by nursing students in the presence of nursing-faculty-to-nursing-student incivility during nursing school (Lasiter et al., 2012). Decrease in self-confidence is one effect of nursing-faculty-to nursing-student incivility that is also seen during the transition of new-graduate-nurses as they transition into practice, so examining decreased self-confidence provided a focus for the study.

The final delimitation involved limiting the amount of time participants had been in practice. The transition period for new-graduate-nurses to feel comfortable in their practice identified in the literature was 12 months (Clark & Springer, 2012). I extended this time slightly to 18 months in the study to provide some time for the participants to reflect on their experience with nursing–faculty-to-nursing-student incivility and their level of self-confidence in their first year of practice.

## **Internal and External Validity**

Selection of the quantitative correlational design for this study was intended to determine if a relationship exists between perceived nursing-faculty-to-nursing-student incivility and self-confidence in new-graduate-nurses transitioning to practice. In this case, it would have been unethical for me to manipulate the independent variable of nursing-faculty-to-nursing-student incivility. Validity of the instruments used in the survey is important and the information regarding the validity of the instruments is discussed earlier in this chapter.

**Internal validity.** Internal validity assesses how changes in one variable caused changes in the other variable (Adams & Lawrence, 2015). I did not manipulate either variable in the study because knowingly exposing a nursing student to nursing faculty incivility would be unethical. Given that the variables could not be controlled, causation cannot be determined. I cannot say that nursing-faculty-to-nursing-student incivility was the cause of decreased self-confidence in the new-graduate-nurse. I can only report on a relationship, if one exists, between nursing-faculty-to-nursing-student incivility and decreased self-confidence in the new-graduate-nurse transitioning to practice.

**External validity.** King and He (2005) identified that “external validity is important to demonstrate that research results are applicable in natural settings” (p. 882). Given that I did not manipulate the variables, the phenomenon occurred naturally and the results have a greater chance of representing relationships that occur in the population under study (Cutter, 2017). This opportunity to represent real-world relationships indicates high external validity in the correlational design (Cutter, 2017).

In this study, a convenience sample of new-graduate-nurses was studied. An important consideration to external validity is the sample size. A convenience sample can provide a larger



sample size (Adams & Lawrence, 2015). In the study, I ensured external validity through selection of an adequate sample size to ensure a confidence level of 95% with a margin of error of 5%.

### **Expected Findings**

Nursing-faculty-to-nursing-student incivility still existed at the time of this study, even after years of literature providing evidence of its existence. The existing literature also demonstrated evidence of the impact that nursing-faculty-to-nursing-student incivility has on nursing students who experience it. One effect that has been documented in the literature on nursing-faculty-to-nursing-student incivility is a decreased self-confidence for the nursing student experiencing the incivility (Birks et al., 2017; Clark, 2008a). Additionally, the existing literature included descriptions of strategies that can decrease the incidence of nursing-faculty-to-nursing-student incivility: providing an orientation for nursing students, giving the students clear expectations, and modeling of courteous behavior by faculty (Wallace et al., 2015).

The literature also identified that the transition of the new-graduate-nurse to practicing nurse is difficult (Clark & Springer, 2012). One issue during the new-graduate-nurses' transition period is decreased self-confidence (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010). New-graduate-nurse attrition during their first year of practice has been examined in the literature. Although the percentages vary, with Kovner et al. (2014) reporting that 17.5% of nurses left within their first year of practice, and Twibell et al. (2012) estimating that number as closer to 30%, this attrition is an issue of concern to the profession. Given the estimated need for nurses by 2022 due to expected retirements of practicing nurses, there is a need to stop the attrition of new nurses (ANA, n.d.).

Going into this research study, I expected to find a statistically significant relationship between nursing-faculty-to-nursing-student incivility and self-confidence in new-graduate-nurses. My concern was that the effects of nursing-faculty-to-nursing-student incivility continue to exist

through the transition period for the new-graduate-nurse. Given that nursing-faculty-to-nursing-student incivility continue to occur, I was not sure that nursing faculty or nursing programs recognized the possible long-term impact of allowing this practice to continue. My hope was, and remains, that having information about the continued effects of nursing-faculty-to-nursing-student incivility beyond nursing school might assist nursing faculty and nursing programs to recognize a greater need to change.

Additionally, there are programs recommended in the literature to assist new-graduate-nurses and provide support during that crucial first year of practice. These programs are called *nurse residencies* and provide a structured 1-year orientation period, including time with a preceptor, skills classes, and classes on higher level nursing concepts (Clark & Springer, 2012). Residency programs improve self-confidence and competency (Kim et al., 2015). Based on the results of the study, employers may recognize the need to provide additional support through nurse residency programs to assist with combating the lasting effects of nursing-faculty-to-nursing-student incivility. In the literature, I did not find information on whether the effects of nursing-faculty-to-nursing-student incivility continued during the new-graduate-nurse's transition to practice period, so I hope to add to the existing evidence on nursing-faculty-to-nursing-student incivility with the findings of this study.

### **Ethical Issues in the Study**

Human subjects protections were included in the research process. Each participant was given an informed consent before accessing the survey questions. No deception was used in the research. Some information was needed to verify that participants met the eligibility criteria. The data collection occurred via Qualtrics<sup>SM</sup> (2019) and participants were not asked for any identifying information. Anonymity was maintained for all participants. Review by the CU-IRB verified human subjects protections prior to approval to proceed with the study.

As principal investigator for the study, I had no personal or financial connection to the information being studied. I do carry some bias that nursing-faculty-to-nursing-student incivility is impacting new-graduate-nurses, but I had no evidence or feeling as to the effect involved. My personal feelings were put aside so that the information gathered, analyzed, and reported remained free of bias. One potential concern with the study process is the lack of experience that I have with the quantitative research process. This concern was mitigated by a close working relationship with my dissertation chair.

### **Chapter 3 Summary**

Incivility exists in nursing, including nursing-faculty-to-nursing-student incivility (Altmiller, 2012; Anthony & Yastik, 2011; Aul, 2017; Clark, 2008b; Clark, Ahten et al., 2014; Del Prato, 2013; Lasiter et al., 2012; Marchiondo et al., 2010). The existing literature on nursing-faculty-to-nursing-student incivility included discussion of the impact to the nursing students exposed to the phenomenon, including a decrease in self-confidence (Birks et al., 2017; Clark, 2008a). A decrease in self-confidence was also reported to occur for new-graduate-nurses transitioning into practice as nurses (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010).

In the existing evidence, I did not find information demonstrating any relationship between nursing-faculty-to-nursing-student incivility and the decrease in self-confidence reported in new-graduate-nurses transitioning into practice as a nurse. The purpose of this research was to add to the literature related to nursing-faculty-to-nursing-student incivility and new-graduate-nurse retention by providing information about the lasting effects of nursing-faculty-to-nursing-student incivility and its impact on new-graduate-nurse retention. The quantitative correlational design provided information about any connections that existed between nursing-faculty-to-nursing-student incivility and decreased self-confidence of new-graduate-nurses transitioning into practice as nurses. Determining causation was not a purpose of this study.

This chapter included a description of the research design for the study. A detailed explanation of the purpose of this study, research questions, hypotheses, research design, target population, sampling method based on power analysis, and procedures related to sampling were discussed. Additionally, a description of the instrumentation, data collection, operationalization of variables, data analysis procedures, limitations and delimitations of the research design, internal and external validity, expected findings, and ethical issues were included.

## Chapter 4: Data Analysis and Results

### Introduction

Although the existence of nursing-faculty-to-nursing-student incivility is well demonstrated in the existing literature, the phenomenon persists. The negative impact of nursing-faculty-to-nursing-student incivility is also well represented in the literature, yet the phenomenon continues. A decrease in self-confidence for nursing students is one of the effects of nursing-faculty-to-nursing-student incivility (Anthony & Yastik, 2011; Clark, 2008; Wallace et al., 2015).

Researchers have identified a lack of self-confidence in new-graduate-nurses during the transition period as they enter practice as nurses (Kim et al., 2015; Ortiz, 2016; Ulrich, et al., 2010). High turnover during the period when new-graduate-nurses' transition to practicing nurses has been identified, causing increased cost to the employers (Ulrich et al., 2010). In this current study, I sought information about a potential relationship between nursing-faculty-to-nursing-student incivility and self-confidence in new-graduate-nurses.

The purpose of this current research study was to add to the existing literature related to nursing-faculty-to-nursing-student incivility and new-graduate-nurse retention by providing information about the lasting effects of nursing-faculty-to-nursing-student incivility and its relationship to new-graduate-nurse self-confidence. Information was included about the extent to which a relationship exists between the experience of nursing-faculty-to-nursing-student incivility and the lack of self-confidence in new-graduate-nurses as they begin to practice as new nurses. I also examined whether there is was relationship between the experience of nursing-faculty-to-nursing-student incivility and new-graduate-nurses' lack of self-confidence as they begin to practice in some groups more than others, including male nurses and female nurses; and nurses who graduated from associate's degree programs, and nurses who graduated from Bachelor of Science programs.

I used a quantitative correlational design for this study to determine if a relationship existed between the effects of nursing-faculty-to-nursing-student incivility and the lack of self-confidence of the new-graduate-nurses as they transition into practice as nurses. Hypothesis testing is used in correlational design to determine if any relationship found is different from what can be predicted by chance (Adams & Lawrence, 2015). Additionally, through a comparison of the results of the correlational data from the original sample, I determined if any differences existed in the experience of graduates of associate's degree programs versus graduates of Bachelor of Science degree programs. I also compared the results of the correlational data from the original sample by gender to determine if any differences existed in the experience of male versus female nurses.

A convenience sample of 212 registered nurses were recruited to participate in this study. The participants included both graduates of 2-year associate's degree programs and graduates of 4-year Bachelor of Science programs who worked as nurses but were not limited to a certain discipline or practice area. The nurses performed a wide range of nursing activities. Participants included male and female nurses over the age of 18 years old who were fluent in reading, writing, and speaking English, and represented many ethnicities, similar to the total population of new-graduate-nurses in the United States.

The delimitations of this study included focusing on one type of incivility in nursing, focusing on one effect of nursing-faculty-to-nursing-student incivility, and limiting the amount of time that the new-graduate-nurses participating had been practicing. According to Lynette et al. (2016), incivility in nursing occurs across the continuum of nursing, and had I not limited the type of incivility examined in the study, it would be difficult to determine a relationship. Although Lasiter et al. (2012) identified several effects experienced by nursing students in the presence of nursing-faculty-to nursing-student incivility during nursing school, a decrease in self-confidence is one effect of nursing-faculty-to nursing-student incivility also seen during the transition of new-

graduate-nurses into practicing nurses. In order to provide a focus for this study, I examined decreased self-confidence.

Limiting the amount of time participants had been in practice was the final delimitation that I identified. In the literature, the transition period for new-graduate-nurses to feel comfortable in their practice was identified as 12 months (Clark & Springer, 2012). In order to allow participants time to reflect on the experience of nursing-faculty-to-nursing-student incivility and their level of self-confidence in their first year of practice, I extended this time slightly in the study, originally to 18 months and finally to three years.

Three research questions addressed the purpose of this research:

**Research question 1.** How does faculty incivility experienced during pre-licensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse?

*Null hypothesis ( $H_{o1}$ ).* There is no relationship between the experience of faculty incivility during prelicensure nursing programs and level of self-confidence of new-graduate-nurses transitioning to the role of a nurse.

*Alternative hypothesis ( $H_{a1}$ ).* There is a relationship between the experience of faculty incivility during prelicensure nursing programs and level of self-confidence of new-graduate-nurses transitioning to the role of a nurse.

**Research question 2.** How does faculty incivility experienced during pre-licensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type?

*Null hypothesis ( $H_{o2}$ ).* There is no relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type

*Alternative hypothesis (H<sub>a2</sub>).* There is a relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type

**Research question 3.** How does faculty incivility experienced during pre-licensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender?

*Null hypothesis (H<sub>o3</sub>).* There is no relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender.

*Alternative hypothesis (H<sub>a3</sub>).* There is a relationship between faculty incivility experienced during prelicensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender.

Nurses from across the United States were asked to participate in an online survey which provided the data to be analyzed. A quantitative correlational design was used to measure the predictor variable of nursing-faculty-to-nursing-student incivility and the outcome variable of new-graduate-nurse self-confidence. The instrument used to measure nursing-faculty-to-nursing-student incivility was the PFIS, designed by Alt and Itzkovich (2015) as a measure of the frequency with which faculty incivility occurs.

The PFIS was developed in two phases, which included gathering of descriptions of faculty incivility from 100 undergraduate third-year social science students from one college in Israel, and assessing validity and reliability (Alt & Itzkovich, 2015). Through the data analysis, Alt and Itzkovich identified two subscales, including one which measures active incivility (Cronbach's alpha equal to .90) and one which measures passive incivility (Cronbach's alpha equal to .73).



Based on the validity testing of the scale, Alt and Itzkovich identified that the two subscales were in some ways independent of one another.

The instrument used to measure new-graduate-nurse self-confidence was the Generalized Self-Efficacy scale developed by Schwarzer and Jerusalem (1995). Schwarzer and Jerusalem tested the scale with five samples, finding “high internal consistency ratings. . . [with] alphas ranged from 0.82-0.93” (p. 35). Schwarzer and Jerusalem also found retest reliability of 0.47 for men and 0.63 for women in a sample of 991 migrants from the former East Germany over 2 years.

Data analysis was performed using SPSS statistical software. Correlational analysis using the Pearson correlation coefficient was used to determine the existence and extent of a relationship between the predictor and outcome variables. I used linear regression analysis to determine the strength of any relationship found.

In this chapter, I explore the results of the study. A detailed description of the sample is included along with a summary of the results of the study. A detailed analysis of the data is presented including appropriate tables, charts, and graphs. Chapter 5 includes a discussion of the results.

### **Description of the Sample**

Using G\*Power 3.1 (Faul et al., 2007), I determined that a sample size of 134 new-graduate-nurses would ensure a confidence level of 95% with a margin of error of 5%. Upon closure of the survey, 244 surveys were obtained. Of the 244 surveys obtained, 212 met the inclusion criteria for the study, therefore G power, 134 participants, was obtained. The surveys eliminated were incomplete, the respondents did not consent to participation in the study, and/or the respondents selected “other” for the program type. The final sample included 212 registered nurses over the age of 18 years who were fluent in reading, writing, and speaking English,

graduated from an accredited nursing program that prepared them to take the NCLEX exam, and practicing as a nurse for less than three years.

In obtaining the sample, I had to include some adjustments to the planned recruitment method. Initially, I recruited the participants through a Facebook page called Show me Your Stethoscope, via an invitation post that included the link to the survey in Qualtrics<sup>XM</sup> (2019). The first page of the survey included instructions and consent for participation. After three requests for participants failed to elicit the sample size needed, I contacted my dissertation chair and requested permission to add snowball sampling by posting on my personal Facebook page and asking my contacts to share the information with their contacts. After receiving permission, I posted the recruitment statement and survey link to my Facebook page and asked my contacts to share the recruitment statement and survey link on their Facebook newsfeeds. After continuing to recruit via the Show me Your Stethoscope page and my personal page, I continued to have a low response rate, with 48 qualified participants recruited after 5 weeks.

My dissertation chair and I discussed alternative recruitment methods, determining that use of an outside company for recruitment would be the best avenue to explore. I submitted a modification request to the CU-IRB to hire Qualtrics<sup>XM</sup> (2019) to recruit the remainder of the sample. After CU-IRB approval for the modification, Qualtrics<sup>XM</sup> began recruitment of the remainder of the participants needed. Due to continued low response rate, suggestions were received from the Qualtrics<sup>XM</sup> team including extending the participants' length of experience from 18 months to less than three years experience. After discussion with my dissertation chair, revisions were made in the survey changing the length of experience for the participants from less than 18 months to less than three years of experience. This change did not require a CU-IRB review. The survey was relaunched and I was able to obtain the needed sample size.

Nursing-faculty-to-nursing-student incivility was evaluated on a 5-point scale using the mean of each participant’s responses identifying the frequency at which the registered nurses experienced 27 identified behaviors related to incivility. Self-confidence was evaluated using the mean of each participant’s responses on a 4-point scale to 10 statements of self-efficacy. Table 1 shows the mean and standard deviation related to each scale.

Table 1

*Report of Participant’s Responses by Scale*

Scale	Mean	Standard Deviation
PFIS	2.43	1.16
Generalized Self-Efficacy scale	3.18	.53
N	212	

The characteristics of the sample of 212 registered nurses included 70 participants who were male registered nurses and 142 participants who were female registered nurses. Additionally, 96 participants graduated from an Associate’s-degree program and 116 participants graduated from a Bachelor’s-degree program.

**Research Methodology and Analysis**

This study used a correlational design to examine the extent to which a relationship existed between the effects of nursing-faculty-to-nursing-student incivility and the lack of self-confidence of the new-graduate-nurses as they transitioned into practice as a nurse. Hypothesis testing is used in correlational design to determine if any relationship found between two variables is different from what can be predicted by chance (Adams & Lawrence, 2015). My focus in conducting this study was to examine existing relationships. I was interested in determining how the differences in nursing-faculty-to-nursing-student incivility were associated with differences in self-confidence in

new-graduate-nurses as they transitioned to the role of practicing nurse. Causation between the variables could not be assumed, even in the presence of a relationship, because we cannot control the variables and the context (Adams & Lawrence, 2015).

Evidence-based practice can be informed from the causal inferences developed from the results of the correlational study (Thompson et al., 2005). Although I recognize that I could not show causation between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence, I might add to the literature related to nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence by demonstrating the existence of a relationship between the two variables.

**Data analysis procedures.** I included demographic questions (Appendix B) along with the two identified instruments in the survey that was administered through Qualtrics<sup>XM</sup> (2019) to gather information from the participants. Given that the survey was self-administered, I anticipated that some participants would not complete all sections. If a participant did not complete the instruments fully, the data was not used for the study.

**Instrumentation.** Perceived nursing-faculty-to-nursing-student incivility was measured via the PFIS (Alt & Itzkovich, 2015) which used a number based on an interval scale ranging from 1 to 5 for each response. Participants rated each of the 27 behaviors identified within the survey based on the interval scale, and the mean of the responses for each individual participant was calculated. The level of nursing-faculty-to-nursing-student incivility for each participant was represented by the mean of the data collected from the survey.

New-graduate-nurse self-confidence was measured via the Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995) using a number based on an interval scale ranging from 1 to 4 for each response. Each of the 10 responses to the statements on the Generalized Self-Efficacy scale by the participants based on the interval scale were then used to calculate a mean for the

participant. Each participant's level of self-efficacy or self-confidence was represented by the mean of the data collected from the Generalized Self-Efficacy scale.

**Data analysis.** The SPSS program was used for data analysis procedures, which included organizing the data into figures and tables for data analysis. For Research question 1, I calculated Pearson's correlation coefficient from the mean of each participant's responses to the PFIS (X) and the mean of each participant's responses to the Generalized Self-Efficacy scale (Y). Scatterplot graphs were used to graph the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. I used bivariate correlation analysis to determine the strength of the relationship (Adams & Lawrence, 2016).

I needed to determine if Pearson's correlation coefficient was statistically significant and thus able to model the relationship in the total population of new-graduate-nurses using a hypothesis test. By performing the hypothesis test, I would be able to determine how close the value of the population correlation coefficient was to zero. If the value of the population correlation coefficient was significantly different from zero, I could say that the correlation coefficient was significant. I tested a hypothesis examining the relationship between perceived nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence so Pearson's correlation coefficient was useful in the analysis of this hypothesis.

Based on the results of the information from Research question 1, I took the individual mean results from the PFIS and the General Self-Efficacy scale, respectively, and separated them by pre-licensure program preparation to gather the data for Research question 2. I calculated Pearson's correlation coefficient for associate's degree and Bachelor of Science program graduates. I repeated hypothesis testing on the degree-program-specific results to determine statistical significance as described previously.

Based on the results of the information from Research question 1, I took the individual mean results from the PFIS and the General Self-Efficacy scale, respectively, and separated them by gender to gather the data for Research question 3. I calculated Pearson's correlation coefficient for male and female new-graduate-nurses. I repeated hypothesis testing on the gender specific results to determine statistical significance as described previously.

### **Summary of the Results**

I used a quantitative correlational design for this study to determine the nature of the relationship between nursing-faculty-to-nursing-student incivility and self-confidence of new-graduate-nurses as they transition into practice as nurses. Correlational design includes hypothesis testing to determine if any relationship found is different from what can be predicted by chance (Adams & Lawrence, 2015). Although I could not show causation between the variables, the "correlational evidence can be used to inform causal inferences and thus evidence-based practice" (Thompson, Diamond, McWilliam, Snyder, & Snyder, 2005, p. 182). The correlational design was best suited for this study because I would be able to determine if a relationship existed between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence including the strength of the relationship. According to Adams and Lawrence (2015), if I have a significant finding, I can generalize the results from my sample to that of the population represented by my sample.

Experience with nursing-faculty-to-nursing-student incivility was expressed as the mean of responses identifying the frequency with which the registered nurses experienced 27 identified behaviors related to incivility. The frequency of experience was rated on a 5-point scale with 1 representing *almost never* and 5 representing *almost always*. The higher the result, the more likely the participants experienced each specific behavior, so the higher the mean, the more likely the participants experienced nursing-faculty-to-nursing-student incivility.

New-graduate-nurse self-confidence was expressed as the mean of responses identifying self-reporting of the participants' self-efficacy related to 10 statements. Self-efficacy was rated on a 4-point scale with 1 representing *not at all true* and 4 representing *exactly true*. The higher the results, the more self-confidently the participants viewed themselves.

Data gathered from the participant responses was exported to an Excel file and I entered the data into SPSS for data analysis procedures, including organizing the data into figures and tables for data analysis. This study included three research questions and three hypotheses were tested using correlational analysis. I developed scatterplot graphs to examine the existence of the relationship between the predictor variable, nursing-faculty-to-nursing-student incivility, and the outcome variable, new-graduate-nurse self-confidence. I used the Pearson correlation coefficient to examine the direction and strength of the relationship between the predictor variable and outcome variable. Linear regression analysis was used to determine the strength of any relationship found. I also examined the relationship between the predictor variable and outcome variable by comparing the results based on pre-licensure level of education and gender. A summary of the results related to each research question is provided in the following sections.

**Research question 1.** Based on the findings for research question 1, the null hypothesis  $H_0$  was not rejected. The Pearson correlation coefficient was found to be -0.129. According to Adams and Lawrence (2015), a Pearson correlation coefficient less than or equal to +/- 0.30 is considered weak. In this case, there is a weak, negative correlation between the two variables. The  $p$ -value indicates that this correlation is not statistically significant ( $r(1, 212) = -.129, p = .06$ ). Linear regression results show an  $R^2$  value of 0.017, identifying that the predictor variable, nursing-faculty-to-nursing-student incivility, accounts for very little of the variance in the outcome variable, new-graduate-nurse self-confidence.

**Research question 2.** The purpose of this question was to examine whether a statistically significant relationship exists between the predictor variable of nursing-faculty-to-nursing-student incivility and the outcome variable of new-graduate-nurse self-confidence related to pre-licensure degree type. The null and alternative hypotheses addressed the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence related to pre-licensure degree type.

Based on the findings, the null hypothesis  $H_02$  was not rejected for new-graduate-nurses who earned an associate degree. The Pearson correlation coefficient was found to be 0.081. According to Adams and Lawrence (2015), a Pearson correlation coefficient less than or equal to +/- 0.30 is considered weak. In this case, there is a weak, positive correlation between the two variables. The  $p$ -value shows that the relationship is not statistically significant in new-graduate-nurses who earned associate's degree ( $r(1, 96) = .081, p = .431$ ). Linear regression results show an  $R^2$  value of 0.007 identifying that the predictor variable, nursing-faculty-to-nursing-student incivility, accounts for less than 1% of the variance in the outcome variable, new-graduate-nurse self-confidence, in new-graduate-nurses who earned their associate's degree.

Based on the findings, the null hypothesis  $H_02$  is rejected for new-graduate-nurses who earned a Bachelor of Science degree. The Pearson correlation coefficient was found to be 0.351. According to Adams and Lawrence (2015), a Pearson correlation coefficient greater than or equal to +/- 0.30 and less than +/- 0.50 is considered moderate. In this case, there is a moderate, negative correlation between the two variables. The  $p$ -value shows a statistically significant relationship between the two variables in new-graduate-nurses who earned their Bachelor of Science degree ( $r(1, 116) = -.351, p = .00$ ). Linear regression results show an  $R^2$  value of 0.124, identifying that the predictor variable, nursing-faculty-to-nursing-student incivility, accounts for 12.4% of the



variance in the outcome variable, new-graduate-nurse self-confidence, in new-graduate-nurses who earned their Bachelor of Science degree.

**Research question 3.** Based on the findings for female new-graduate-nurses, the null hypothesis  $H_03$  was not rejected. The Pearson correlation coefficient was found to be -0.154. According to Adams and Lawrence (2015), a Pearson correlation coefficient less than or equal to +/- 0.30 is considered weak. In this case, there is a weak, negative correlation between the two variables. The  $p$ -value shows that this relationship was not statistically significant in female new-graduate-nurses ( $r(1, 142) = -.154, p = .067$ ). Linear regression results show an  $R^2$  value of 0.024, identifying that the predictor variable, nursing-faculty-to-nursing-student incivility, accounts for 2.4% of the variance in the outcome variable, new-graduate-nurse self-confidence, in female new-graduate-nurses.

Based on the findings for male new-graduate-nurses, the null hypothesis  $H_03$  was not rejected. The Pearson correlation was found to be -0.155. According to Adams and Lawrence (2015), a Pearson correlation coefficient less than or equal to +/- 0.30 is considered weak. In this case, there is a weak, negative correlation between the two variables. The  $p$ -value shows that this relationship was not statistically significant in male new-graduate-nurses ( $r(1, 70) = -.155, p = .20$ ). Linear regression results show an  $R^2$  value of 0.024, identifying that the predictor variable, nursing-faculty-to-nursing-student incivility, accounts for 2.4% of the variance in the outcome variable, new-graduate-nurse self-confidence, in male new-graduate-nurses.

**Validity.** The use of correlational design can lead to concerns about internal and external validity. Internal validity assesses how changes in one variable caused changes in the other variable (Adams & Lawrence, 2016). King and He (2005) identified that “external validity is important to demonstrate that research results are applicable in natural settings” (p. 882). Given that there was no manipulation of the variables, the phenomena of nursing-faculty-to-nursing-

student incivility and new-graduate-nurse self-confidence occurred naturally. The results I found in this study have a greater chance of representing relationships that occurred in the population being studied, which supports a high external validity in the correlational design (Cutter, 2017).

Instrument validity was an important consideration when determining internal validity of this study. To ensure that the instruments measured the intended information, I used existing instruments that had been tested previously for validity and reliability. Nursing-faculty-to-nursing-student incivility was measured using the PFIS (Alt & Itzkovich, 2015) as a measure of the frequency with which faculty incivility occurs. New-graduate-nurse self-confidence was measured using the Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995). I made no modifications to the instruments.

An important consideration to validity is the sample selection and sample size. Convenience sampling and snowball sampling were used to recruit participants for this study. Convenience sampling is a nonprobability sampling technique (Etikan, Musa, & Alkassim, 2016). Snowball sampling can lead to bias in the samples due to the relationships between participants (Etikan et al., 2016). These sampling techniques may not provide a sample that is representative of the population. In this study, I exceeded the sample size of 134 new-graduate-nurses that I determined using G\*Power 3.1 (Faul et al., 2007), which would ensure a confidence level of 95% with a margin of error of 5%.

**Reliability.** There is a reasonable assumption that if the same variables were examined in another sample matching the characteristics of this sample, the results would be similar to those found in this study. According to Adams and Lawrence (2015), reliability has to do with the consistency of the data. Two items that could impact the reliability of this study are the fact that I had to adjust the location for participant recruitment, and the hypothesis testing used in correlational design.

The original method for the recruitment of the participants included using a convenience sample from a Facebook page called Show me Your Stethoscope. The first three requests for participants failed to elicit the sample size needed. I added snowball sampling through my personal Facebook page. I continued to have a low response rate after 5 weeks. Additionally, alternative recruitment methods were discussed and the use of an outside company for recruitment was added after approval from CU-IRB. Even after Qualtrics<sup>XM</sup> (2019) began recruitment, the low response rate continued. Based on suggestions received from the Qualtrics<sup>XM</sup> team and discussion with my dissertation chair, revisions were made and the survey was relaunched, recruiting participants with up to 3 years of experience, and the sample was obtained.

Given the difficulty that I had in obtaining participants using the original recruitment method described previously, future research should be conducted using recruitment from locations where new nurses are more likely to be found. One location to consider for future research including new-graduate-nurses would be Registered Nurse to Bachelor of Science (RN to BS) programs. The RN to BS program where I teach has primarily students applying directly from their associate's degree program.

### **Detailed Analysis**

**Research question 1.** How does faculty incivility experienced during pre-licensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse?

- *H<sub>01</sub>*: There is no relationship between the experience of faculty incivility during pre-licensure nursing programs and level of self-confidence of new-graduate-nurses transitioning to the role of a nurse.

- *H<sub>a1</sub>*: There is a relationship between the experience of faculty incivility during pre-licensure nursing programs and level of self-confidence of new-graduate-nurses transitioning to the role of a nurse.

A Pearson’s correlational analysis was conducted to examine the first research question and assess hypothesis 1. The results revealed a weak, negative relationship between the predictor variable of nursing-faculty-to-nursing-student incivility and the outcome variable of new-graduate-nurse self-confidence ( $r(1, 212) = -.129, p = .06$ ). The *p*-value is greater than 0.05 which shows that this relationship was not statistically significant. The results are summarized in Table 2.

Table 2

*Pearson’s Correlation for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence*

	Nursing-faculty-to-nursing-student incivility	New-graduate-nurse self-confidence
Pearson correlation	1	-.129
<i>Significance</i> (2-tailed)		.060
<i>N</i>	212	212

The results of the Pearson correlation were validated by conducting a linear regression analysis. Linear regression was used to examine how much of a decrease in new-graduate-nurse self-confidence could be explained by nursing-faculty-to-nursing-student incivility. Regression analysis results were not significant ( $F(1, 212) = 3.576, p = .06, R^2 = 0.017$ ). The predictor variable accounted for 1.7% of the variance of the outcome variable shown in Table 3. A scatterplot showing these results is included in Figure 1. The scatterplot shows the distribution of responses based on new-graduate-nurse self-confidence (the outcome variable) in new-graduate-nurses. The scatterplot evidences that the distribution of responses is random and shows no

relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. Based on the findings, the null hypothesis  $H_01$  was not rejected.

Table 3

*Regression Analysis for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence*

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Standard error of the estimate	p
1	0.129	0.017	0.012	0.5306	.06

**Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence**

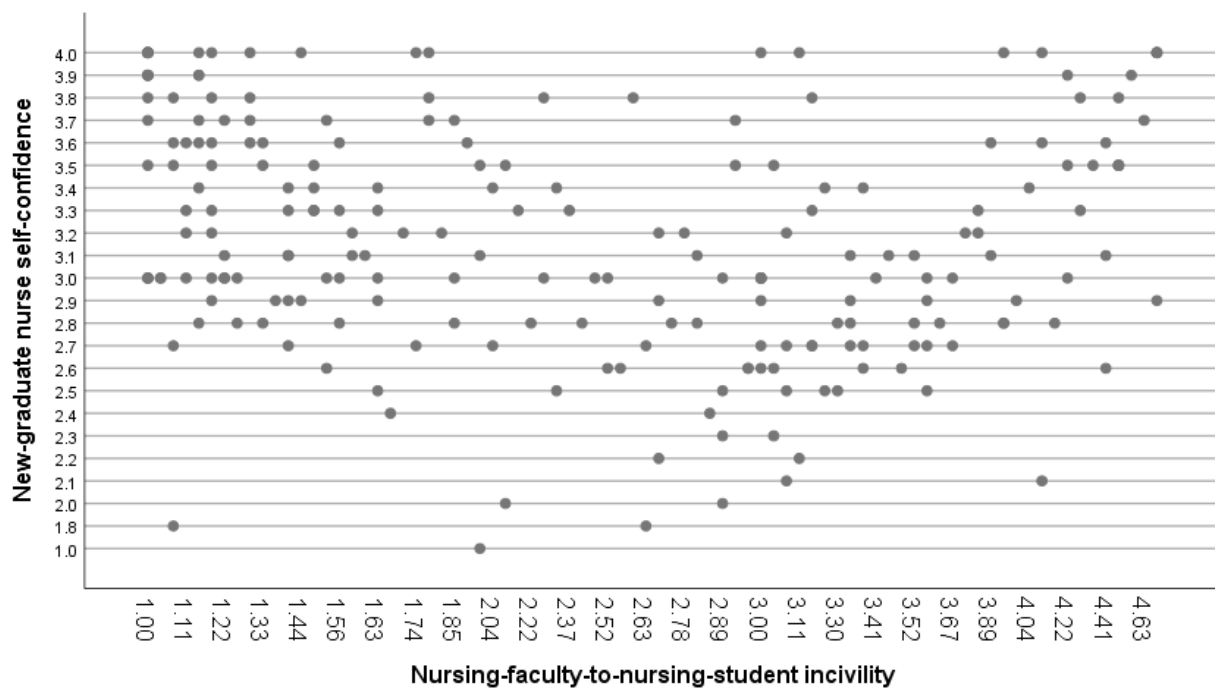


Figure 1. Scatterplot of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence.

**Research question 2.** How does faculty incivility experienced during pre-licensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type?

- *H<sub>02</sub>*: There is no relationship between faculty incivility experienced during pre-licensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type.
- *H<sub>a2</sub>*: There is a relationship between faculty incivility experienced during pre-licensure nursing programs and the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type.

A Pearson’s correlational analysis was conducted to examine the second research question and assess hypothesis 2. The results revealed a weak, positive relationship between the two variables in new-graduate-nurses who earned an associate’s degree ( $r(1, 96) = .081, p = .431$ ). The *p*-value which was greater than 0.05 indicated that this relationship was not statistically significant. The results are summarized in Table 4.

Table 4

*Pearson’s Correlation for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence for Associate’s-Degree-Prepared New-graduate-nurses*

	Nursing-faculty-to-nursing-student incivility	New-graduate-nurse self-confidence
Pearson correlation	1	.081
<i>Significance</i> (2-tailed)		.431
<i>N</i>	96	96

The results of the Pearson correlation were validated using a linear regression. Linear regression was used to examine how much of a decrease in new-graduate-nurse self-confidence could be explained by nursing-faculty-to-nursing-student incivility in new-graduate-nurses who earned an associate’s degree. Regression analysis results were not significant ( $F(1, 96) = 0.625, p = .431, R^2 = 0.007$ ). The predictor variable accounted for less than 1% variance of the outcome variable shown in Table 5. Figure 2 is a scatterplot showing these results. The scatterplot shows

the distribution of responses based on new-graduate-nurse self-confidence (the outcome variable) who earned an associate's degree. The scatterplot shows that the distribution of responses is random and shows no relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in new-graduate-nurses who earned an associate's degree. Based on the findings, the null hypothesis  $H_02$  was not rejected.

Table 5

*Regression Analysis for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence for Associate's-Degree-Prepared New-graduate-nurses*

Model	$R$	$R^2$	Adjusted $R^2$	Standard error of the estimate	$p$
1	0.081	0.007	-0.004	0.5751	.431

## Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence

### Associate's-Degree-Prepared New-graduate-nurses

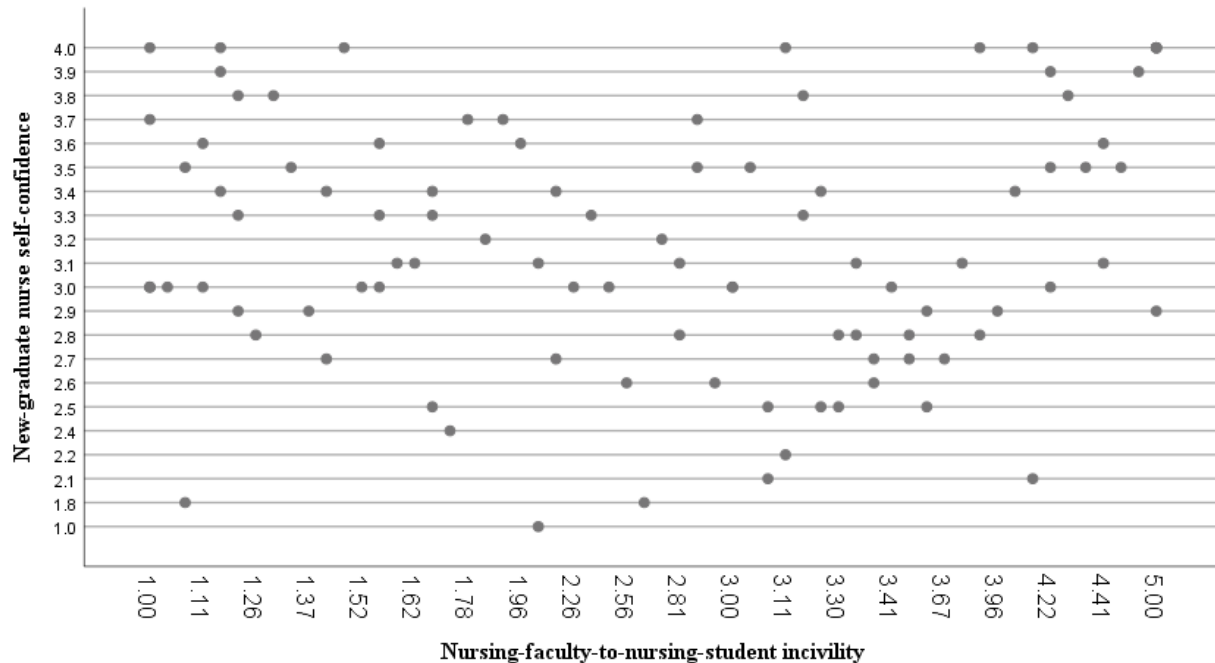


Figure 2. Scatterplot of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in Associate's-degree-prepared new-graduate-nurses

The results revealed a moderate, negative relationship between the two variables in new-graduate-nurses who earned their Bachelor of Science degree ( $r(1, 116) = -.351, p = .00$ ). The  $p$ -value which was less than 0.05 indicates that this relationship is statistically significant. The results are summarized in Table 6.

The results of the Pearson correlation were validated when a linear regression was conducted. Linear regression was used to examine how much of a decrease in new-graduate-nurse self-confidence could be explained by nursing-faculty-to-nursing-student incivility in new-graduate-nurses who earned a Bachelor of Science degree. Regression analysis results were statistically significant ( $F(1, 116) = 16.068, p = .00, R^2 = 0.124$ ). The predictor variable accounted for 12.4% variance of the outcome variable shown in Table 7. Figure 3 shows a scatterplot



demonstrating the distribution of responses based on new-graduate-nurse self-confidence (the outcome variable) in new-graduate-nurses who earned their Bachelor of Science degree. The scatterplot shows a random distribution of responses; however, the results show statistical significance. Given these findings, the null hypothesis  $H_02$  is rejected.

Table 6

*Pearson's Correlation for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence for Bachelor-of-Science-Degree-Prepared New-graduate-nurses*

	Nursing-faculty-to-nursing-student incivility	New-graduate-nurse self-confidence
Pearson correlation	1	-.351
Significance (2-tailed)		.000
N	116	116

Table 7

*Regression Analysis for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence for Bachelor-of-Science-Degree-Prepared New-graduate-nurses*

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Standard error of the estimate	p
1	0.351	0.0124	0.116	0.4705	.00



A Pearson’s correlational analysis was conducted to examine the third research question and assess Hypothesis 3. The results revealed a weak, negative correlation between the two variables in female new-graduate-nurses ( $r(1, 142) = -.154, p = .067$ ). The  $p$ -value which was greater than 0.05 indicates that the relationship is not statistically significant. The results are summarized in Table 8.

Table 8

*Pearson’s Correlation for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence for Female New-graduate-nurses*

	Nursing-faculty-to-nursing-student incivility	New-graduate-nurse self-confidence
Pearson correlation	1	-.154
<i>Significance</i> (2-tailed)		.067
<i>N</i>	142	142

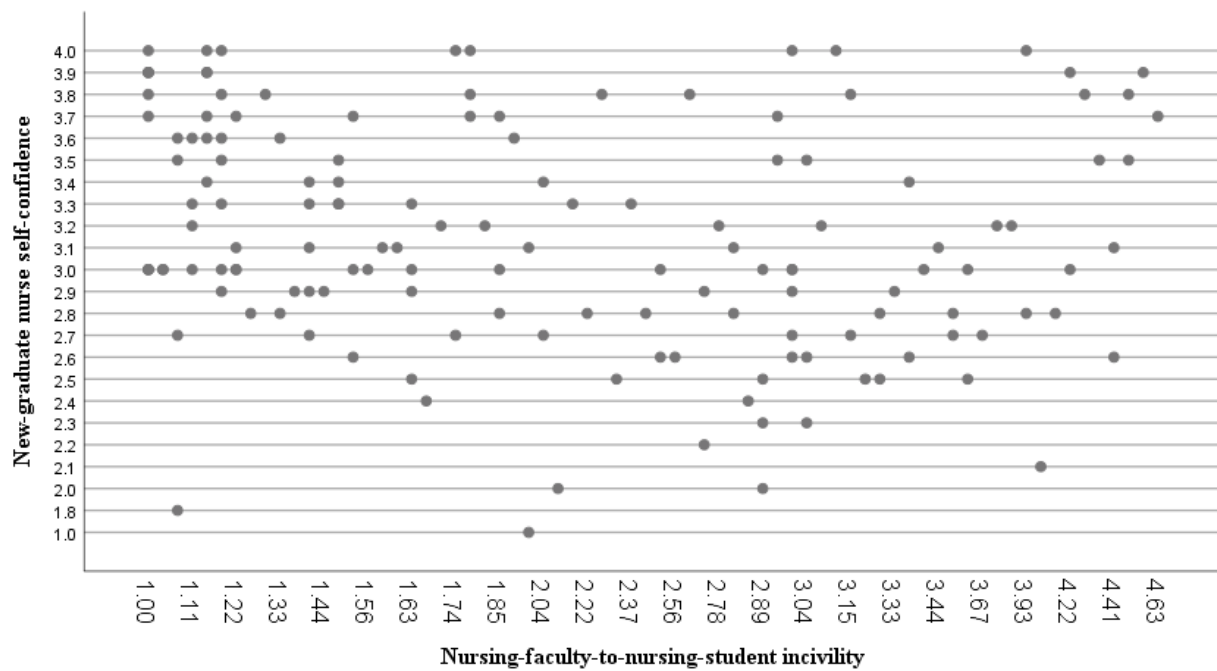
The results of the Pearson correlation were validated when a linear regression was conducted. Linear regression was used to examine how much of a decrease in new-graduate-nurse self-confidence could be explained by nursing-faculty-to-nursing-student incivility in female new-graduate-nurses. Regression analysis results were not statistically significant ( $F(1, 142) = 3.404, p = .067, R^2 = 0.024$ ). The predictor variable accounted for 2.4% variance of the outcome variable shown in Table 9. Figure 4 shows a scatterplot demonstrating the distribution of responses based on new-graduate-nurse self-confidence (the outcome variable) in female new-graduate-nurses. The scatterplot shows that the distribution of responses is random and shows no relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in female new-graduate-nurses. Given these findings, the null hypothesis  $H_0^3$  was not rejected.

Table 9

*Regression Analysis for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence for Female New-graduate-nurses*

Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Standard error of the estimate	p
1	0.154	0.0024	0.017	0.5324	.067

**Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence  
In Female New-graduate-nurses**



*Figure 4.* Scatterplot of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in female new-graduate-nurses.

The results revealed a weak, negative correlation between the two variables in male new-graduate-nurses ( $r(1, 70) = -.155, p = .20$ ). The  $p$ -value which was greater than 0.05 indicates that the relationship is not statistically significant. The results are summarized in Table 10.

Table 10

*Pearson's Correlation for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence for Male New-graduate-nurses*

	Nursing-faculty-to-nursing-student incivility	New-graduate-nurse self-confidence
Pearson correlation	1	-.155
<i>Significance</i> (2-tailed)		.200
<i>N</i>	70	70

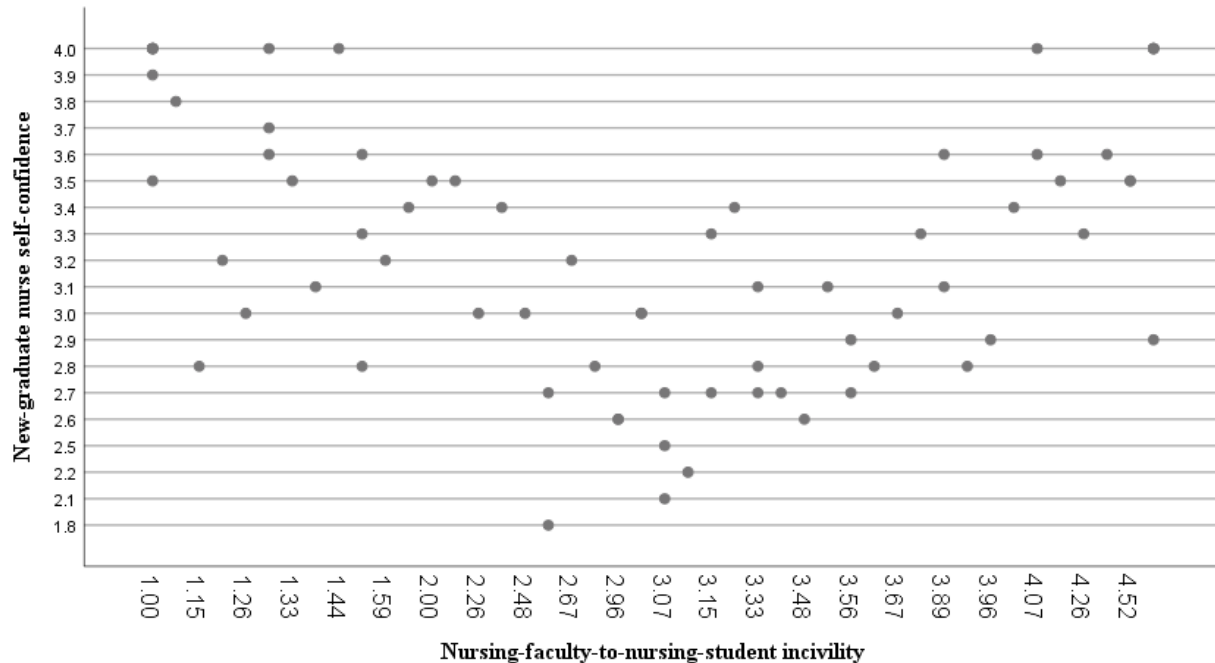
The results of the Pearson correlation were validated when a linear regression was conducted. Linear regression was used to examine how much of a decrease in new-graduate-nurse self-confidence could be explained by nursing-faculty-to-nursing-student incivility in male new-graduate-nurses. Regression analysis results were not statistically significant ( $F(1, 70) = 1.674, p = .20, R^2 = 0.024$ ). The predictor variable accounted for 2.4% variance of the outcome variable shown in Table 11. Figure 5 shows a scatterplot demonstrating the distribution of responses based on new-graduate-nurse self-confidence (the outcome variable) in male new-graduate-nurses. The scatterplot shows that the distribution of responses is random and shows no relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in female new-graduate-nurses. Given these findings, the null hypothesis  $H_{03}$  was not rejected.

Table 11

*Regression Analysis for Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence for Male New-graduate-nurses*

Model	<i>R</i>	$R^2$	Adjusted $R^2$	Standard error of the estimate	<i>p</i>
1	0.155	0.024	0.010	0.5229	.20

**Nursing-Faculty-to-Nursing-Student Incivility and New-graduate-nurse Self-Confidence  
In Male New-graduate-nurses**



*Figure 5.* Scatterplot of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in male new-graduate-nurses.

**Chapter 4 Summary**

The purpose of this research was to determine if a relationship existed between nursing-faculty-to-nursing-student incivility and new-graduate-nurse retention. This information adds to the existing literature on nursing-faculty-to-nursing-student incivility by providing information about the lasting effects of nursing-faculty-to-nursing-student incivility and the relationship of nursing-faculty-to-nursing-student incivility to new-graduate-nurse self-confidence. The study explored new-graduate-nurses’ experience with nursing-faculty-to-nursing-student incivility and asked new-graduate-nurses to complete a self-assessment of their level of self-confidence in the nursing role.

A convenience sample and snowball sample of 212 registered nurses met the criteria for inclusion in the study. The results were examined using Pearson's correlational analysis with to determine the direction and strength of the relationship between the predictor variable and outcome variable. The relationship between the predictor variable and outcome variable were also examined comparing the results based on pre-licensure program preparation and gender. Linear regression was used to verify the significance and strength of the relationship. Through the analysis of the data, I found no statistically significant relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. Additionally, no statistically significant relationship was found when examining the data based on gender. A statistically significant relationship was found with Bachelor-of-Science-degree-prepared new-graduate-nurses but not associate's-degree-prepared new-graduate-nurses.

In Chapter 5, I further examine these results, including a discussion of the meaning and application of these results. The results are also discussed in relation to the literature review. Study limitations are examined, along with implications for practice. Chapter 5 concludes with recommendations for future research.

## Chapter 5: Discussion and Conclusion

### Introduction

The nursing profession has a culture of incivility, historically characterized by the idea that “nurses eat their young” (Anthony & Yastik, 2011, p. 140; Clark, 2008a, p. 284). Incivility in nursing is not limited to one practice area; incivility occurs across the continuum of nursing, from initial nursing education programs through bedside nursing practice (Lynette et al., 2016). Incivility is contrary to the caring ethic that is foundational to nursing (Clarke et al., 2012).

In nursing school, one essential part of the education includes forming the student’s identity as a nurse, which occurs through socialization of the nursing student within the profession of nursing (Del Prato, 2013). Nursing students’ socialization occurs in classroom and clinical settings. Nursing faculty, clinical instructors, and bedside nurses in practice model nursing behaviors. The presence of incivility can impact the socialization of nursing students (Del Prato, 2013). The experience of incivility can impact the person experiencing the incivility. Nursing programs are intrinsically stressful, and the presence of nursing-faculty-to-nursing-student incivility can create increased levels of stress for nursing students (Lasiter et al., 2012; Wallace et al., 2015). This increased stress created by nursing-faculty-to-nursing-student incivility can impact the nursing student’s performance (Lasiter, et al., 2012). Further, the nursing student’s self-confidence may decrease in the presence of nursing-faculty-to-nursing-student incivility (Birks et al., 2014; Clark, 2008a).

New-graduate-nurses have found the transition from nursing student to practicing nurse to be difficult (Clark & Springer, 2012; Craig et al., 2012; Ortiz, 2016; Ulrich et al., 2010). New-graduate-nurses’ self-confidence can be impacted as they enter the profession of nursing (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010). A lack of self-confidence can impact patient care



(Ulrich et al., 2010). Thus, the lack of self-confidence felt by the new-graduate-nurse transitioning into the nursing role is important to overcome (Greer-Day et al., 2015).

Using a quantitative correlational method in this study, I sought to study the relationship between the experience of nursing-faculty-to-nursing-student incivility (predictor variable) and the lack of self-confidence seen in new-graduate-nurses as they begin to practice (outcome variable), including the extent to which this relationship exists. Additionally, I examined whether the relationship between the experience of nursing-faculty-to-nursing-student incivility and the lack of self-confidence in new-graduate-nurses existed for some groups more than others. The specific groups studied were male and female nurses and nurses who graduated from associate's degree and Bachelor of Science programs.

This study's sample comprised 212 participants who had been practicing registered nurses for less than three years. A survey conducted through Qualtrics<sup>XM</sup> (2019) was used to gather information on participants' experience with the predictor and outcome variables. SPSS was used for correlational and linear regression analyses. Upon careful review of the results, no statistically significant relationship was found between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence ( $r(1, 212) = -.129, p = .06$ ). When the results were viewed based on degree level, no statistically significant relationship was found between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in new-graduate-nurses who earned an associate's degree ( $r(1, 96) = .081, p = .431$ ). However, a statistically significance relationship between the two variables was found in new-graduate-nurses who earned a Bachelor of Science degree ( $r(1, 116) = -.351, p = .00$ ). When the results were viewed based on gender, no statistically significant relationship was found between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in female new-graduate-nurses ( $r(1, 142) = -$

.154,  $p = .067$ ). Similarly, no statistically significant relationship was found between the two variables in male new-graduate-nurses ( $r(1, 70) = -.155, p = .20$ ).

The information provided in this Chapter 5 includes a discussion of the results of this study in relationship to existing research, including how the results herein contribute to the existing body of knowledge. The results of this study are summarized along with a discussion of the theoretical and practical implications of the research. Also included are analysis and discussion of the proposed and actual limitations of this study. The conclusion section of the study in this Chapter 5 includes a discussion of implications of the results and with recommendations for future research.

### **Summary of the Results**

The purpose of conducting this research was to examine the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. In this study, I explored the experience of new-graduate-nurses with nursing-faculty-to-nursing-student incivility and their perceptions of their own self-confidence. I also examined whether a relationship exists between the experience of nursing-faculty-to-nursing-student incivility and the lack of self-confidence as new-graduate-nurses began to practice for some groups more than others, specifically male nurses, female nurses, nurses who graduated from associate's degree programs, and nurses who graduated from Bachelor of Science programs.

Three research questions addressed the purpose of this research:

**Research question 1.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse?

**Research question 2.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type?

**Research question 3.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender?

A quantitative correlational design was used to measure the predictor variable of nursing-faculty-to-nursing-student incivility and the outcome variable of new-graduate-nurse self-confidence. A convenience sample of registered nurses was recruited to participate in this study. Nurses from across the United States who had been practicing registered nurses for less than 3 years were asked to take part in an online survey to provide the data for this study.

I examined the self-reported experience of the 212 participants with nursing-faculty-to-nursing-student incivility and their perception of their own self-confidence to explore the relationship between the two variables. In this study, I used the correlational design to examine the relationship between two variables of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. Further, I explored the results by program type, including associate's degree and Bachelor of Science degree, and gender, including male and female nurses. The correlational design does not involve the manipulation of variables and cannot be used to determine causality between the two variables. The phenomena of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence occurred naturally because there was no manipulation of variables. Validity of this study is based on how the data collected accurately measured the intended variables.

**Research question 1.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse?

The purpose of Research question 1 was to examine whether a statistically significant relationship exists between the predictor variable of nursing-faculty-to-nursing-student incivility

and the outcome variable of new-graduate-nurse self-confidence. The null and alternative hypotheses addressed the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence.

The results of the correlational analysis indicated a weak, negative correlation between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence measured by the PFIS (Alt & Itzkovich, 2015) and Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995), respectively. The Pearson correlation coefficient showed a weak, negative correlation between the two variables and the  $p$ -value indicated that this correlation was not statistically significant ( $r = -.129, p = .06$ ). Given these findings, the null hypothesis for Research question 1 was not rejected.

**Research question 2.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their degree type?

The purpose of this question was to examine whether a statistically significant relationship exists between the predictor variable of nursing-faculty-to-nursing-student incivility and the outcome variable of new-graduate-nurse self-confidence in relation to degree type. The related null and alternative hypotheses addressed the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in relation to degree type.

In terms of degree type, the results that I found through this study indicated a weak, positive correlation between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in new-graduate-nurses who earned an associate's degree measured by the PFIS (Alt & Itzkovich, 2015) and Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995). The Pearson correlation coefficient showed a weak correlation between the two variables and the  $p$ -value showed that the relationship was not statistically significant in new-graduate-nurses who

earned an associate's degree ( $r = .081, p = .431$ ). Given these findings, the null hypothesis for Research question 2 was not rejected related to associate's-degree-prepared nurses.

However, the results that I found through this study indicated a moderate, negative correlation between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in new-graduate-nurses who earned a Bachelor of Science degree measured by the PFIS (Alt & Itzkovich, 2015) and Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995). The Pearson correlation coefficient showed a moderate, negative correlation and the  $p$ -value showed a statistically significant relationship between the two variables in new-graduate-nurses who earned their Bachelor of Science degree ( $r = -.351, p = 0.00$ ). Given these findings, the null hypothesis from Research question 2 was rejected related to Bachelor of Science-degree-prepared nurses.

**Research question 3.** How does faculty incivility experienced during prelicensure nursing programs relate to the level of self-confidence of new-graduate-nurses transitioning to the role of a nurse depending upon their gender?

The purpose of this question was to examine whether a statistically significant relationship exists between the predictor variable of nursing-faculty-to-nursing-student incivility and the outcome variable of new-graduate-nurse self-confidence in relation to gender. The related null and alternative hypotheses addressed the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in relation to gender.

In terms of gender, the results indicated a weak correlation between the two variables of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in female new-graduate-nurses measured using the PFIS (Alt & Itzkovich, 2015) and Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995). The Pearson correlation coefficient showed a weak, negative correlation between the two variables and the  $p$ -value showed that this relationship

was not statistically significant in female new-graduate-nurses ( $r = -.154, p = .067$ ). Given these findings, the null hypothesis for Research question 3 was not rejected related to female new-graduate-nurses.

The results indicated a weak, negative correlation between the two variables of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in male new-graduate-nurses using the PFIS (Alt & Itzkovich, 2015) and Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995). The Pearson correlation coefficient showed a weak, negative relationship between the two variables and the  $p$ -value showed that this relationship was not statistically significant in male new-graduate-nurses ( $r = -.155, p = .20$ ). Given these findings, the null hypothesis for Research question 3 was not rejected related to male new-graduate-nurses.

The results of the data analysis indicated no relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. These findings were consistent related to gender. In addition, there was no relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence in associate's-degree-prepared nurses. The only group for which the results indicated a relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence was in Bachelor of Science prepared new-graduate-nurses.

### **Discussion of the Results**

The purpose of this research study was to examine the relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. The results of the data analysis conducted for Research question 1 demonstrated no statistically significant relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. Based on the results for Research question 1, the first null hypothesis ( $H_{01}$ ) was not rejected, and the first alternative hypothesis ( $H_{a1}$ ) was rejected.

The results of the data analysis related to degree type for Research question 2 showed there was no statistically significant relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence related to associate's-degree-prepared new-graduate-nurses. Based on the results for Research question 2, the second null hypothesis ( $H_{02}$ ) was not rejected related to associate's-degree-prepared nurses, and the second alternative hypothesis ( $H_{a2}$ ) was rejected. However, there was a statistically significant relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence related to Bachelor of Science degree prepared new-graduate-nurses. Based on the results for Research question 2, the second null hypothesis ( $H_{02}$ ) was rejected related to Bachelor of Science-degree-prepared nurses, and the second alternative hypothesis ( $H_{a2}$ ) was not rejected related to Bachelor of Science-degree-prepared nurses.

The results of the data analysis related to gender for Research question 3 showed there was no statistically significant relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence related to gender. Based on the results for Research question 3, the third null hypothesis ( $H_{03}$ ) was not rejected related to gender, and the third alternative hypothesis ( $H_{a3}$ ) was rejected related to gender.

The results shown through the data analysis were unexpected, which may be explained by several factors. One possible explanation for the unexpected results could be the combination of the survey tools. In this study, I used two instruments that were tested for validity individually, but validity was not pretested for the combined instrument that was used. Although the PFIS (Alt & Itzkovich, 2015) and Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995) instruments were included in the survey as separate questions, the use of the instruments in the same survey was not pretested.

A second potential explanation for the unexpected results may relate to the increased number of male nurses in the study. Ruvalcaba, Welch, and Carlisle (2018) found that male nurses were less likely to perceive incivility in interactions with nursing faculty. Rawlins (2017) identified that little research on incivility has considered age, gender, or ethnicity. There is a need to look more closely at the demographic considerations to better understand incivility.

The final potential explanation for the unexpected results may relate to unknown factors. For example, registered nurses surveyed may have come from schools that had implemented zero-tolerance policies for nursing-faculty-to-nursing-student incivility. This could lead to a lower incidence of experience with nursing-faculty-to-nursing-student incivility. Another example might be that the registered nurses surveyed were involved in nurse-residency programs during their initial transition to practice. Nurse-residency programs have provided additional support for new-graduate-nurses which might positively impact their self-confidence (Ulrich et al., 2010).

### **Discussion of the Results in Relation to the Literature**

The findings of this study add to the existing research on nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. Although the existence of nursing-faculty-to-nursing-student incivility is well documented in the literature, and the lack of self-confidence seen in new-graduate-nurses has been demonstrated in the literature, no known studies have examined a relationship between the two variables. This section of Chapter 5 provides an examination of how the results of this study fit within the current documented research.

There are two major areas within the existing literature that supported the basis of this study. The literature related to the experience of nursing-faculty-to-nursing-student incivility and the literature related to self-confidence in the new-graduate-nurse both relate to this current study. Although the existing literature included extensive examination of these areas individually, I found no studies that examined any relationship between the two areas.



Incivility in nursing and nursing-faculty-to-nursing-student incivility in academia both existed based on current literature (Altmiller, 2012; Anthony & Yastik, 2011; Aul, 2017; Clark, 2008a; Clark, Ahten et al., 2014; Del Prato, 2013; Lasiter et al., 2012; Marchiondo et al., 2010). In a quantitative study wherein Marchiondo et al. (2010) surveyed 152 senior nursing students, a majority of students reported that they had experienced faculty incivility. In the current study, nursing-faculty-to-nursing-student incivility was evaluated on a 5-point scale, examining the frequency with which the registered nurses experienced 27 identified behaviors related to incivility through the PFIS (Alt & Itzkovich, 2015). The results of the study indicated that the mean of the responses related to nursing-faculty-to-nursing-student incivility was 2.43 with a standard deviation of 1.16. This result does not support the findings in the literature.

The presence of nursing-faculty-to-nursing-student incivility has consequences for the nursing students who experience the incivility (Del Prato, 2013; Lasiter et al., 2012; Marchiondo et al., 2010). A lack of self-confidence is a consequence of the experience of nursing-faculty-to-nursing-student incivility. Incivility causes students to feel worthless impacting the student's self-confidence (Birks et al., 2017; Clark, 2008a). Uncivil behavior may impact the nursing students' self-confidence as they learn to practice (Del Prato, 2013). Although the consequences of nursing-faculty-to-nursing-student incivility were not examined through this study, it is important to note that one of the consequences of nursing-faculty-to-nursing-student incivility is decreased self-confidence.

Additional consequences related to the experience of nursing-faculty-to-nursing-student incivility are discussed in the literature. Such students feel vulnerable and may not feel they can report this faculty behavior, or they may not know to whom they should report this faculty behavior (Birks et al., 2014; Lasiter et al., 2012; Marchiondo et al., 2010). Such students may feel disempowered (Kassem et al., 2015). Students who experience faculty incivility may become

disillusioned with nursing, may become dissatisfied with their program, and the experience may impact their progress as they learn to practice (Del Prato, 2013).

One area that has not been studied related to nursing-faculty-to-nursing-student incivility is the long-term effects of the experience of nursing-faculty-to-nursing-student incivility. The existing literature related to new-graduate-nurse transition to practice indicated that the transition period is a difficult process wherein some new-graduate-nurses decide to leave their role and even leave the profession (Unruh et al., 2016). The stress of transitioning from nursing student to practicing nurse requires an adjustment, and workplaces are tasked with providing support to new nurses with programs like nurse residencies (Greer-Day et al., 2015; Kim et al., 2015; Ulrich et al., 2010).

In a qualitative study, Ortiz (2016) examined professional confidence in 12 new-graduate-nurses through initial face-to-face interviews and follow-up secondary interviews. The data analysis yielded themes demonstrating the items that impacted professional confidence for those new-graduate-nurses. Ortiz found that the new-graduate-nurses identified that within their first year of practice, they lacked confidence. The cause of that lack of confidence related to challenges with communication and making mistakes, whereas gaining experience was identified as improving confidence levels (Ortiz, 2016).

Self-confidence in the current study was evaluated using the mean of each participant's responses on a 4-point scale to 10 statements of self-efficacy through the Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995). The mean of responses related to self-confidence was 3.18 with a standard deviation of .53. The higher the mean, the lower the incidence of decreased self-confidence. The results of the study that I conducted did not support the idea that new-graduate-nurses lack self-confidence reported by Kim et al. (2015), Ortiz (2016) and Ulrich et

al. (2010) as evidenced by the mean of the responses on the Generalized Self-Efficacy scale of 3.18 out of a possible 4.

A statistically significant relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence related to Bachelor of Science-degree-prepared new-graduate-nurses was found in this current study. In 2013, Del Prato conducted a qualitative study with 13 participants actively enrolled in an associate's-degree-nursing program. Through participant interviews, Del Prato found that nursing-faculty-to-nursing-student incivility interfered with the self-confidence of the 13 nursing-student participants. However, Del Prato studied nursing students, not new-graduate-nurses. Nonetheless, Del Prato's results supported the idea that nursing-faculty-to-nursing-student incivility impacted the self-confidence of students enrolled in associate's-degree programs.

Given that decreased self-confidence is a consequence of nursing-faculty-to-nursing-student incivility (Birks et al., 2014; Clark, 2008a), and that decreased self-confidence is seen in new-graduate-nurses during their transition to practice (Kim et al., 2015; Ortiz, 2016; Ulrich et al., 2010), I expected that the results of this current study would demonstrate a relationship between nursing-faculty-to-nursing-student incivility and decreased self-confidence in new-graduate-nurses. Based on the fact that the individual variables were not in line with the current literature, it is not surprising that the results of the study that I conducted were not what I expected as the researcher. In both variables, the experience of nursing-faculty-to-nursing-student incivility and perceptions of self-confidence, the new-graduate-nurses' responses did not support the extant literature. Although the results of this current study add to the body of literature related to nursing-faculty-to-nursing-student incivility, the results do not provide support for the need to stop nursing-faculty-to-nursing-student incivility nor evidence of the need for additional support for new-graduate-nurses.

## **Limitations**

In Chapter 3, I identified three potential limitations prior to the conduct of this current study, revisited here for evaluation at the conclusion of this study. The first limitation involves the lack of validity testing of the combined instrument. The second limitation is the lack of existing literature on the topic being studied. The final limitation is the use of participant self-report.

The survey instrument used in the current study comprised two existing instruments that had been tested for validity individually; but the validity of the combination of the instruments in the survey that was administered to this current study's participants was not pretested. The PFIS was designed by Alt and Itzkovich (2015) as a measure of the frequency with which faculty incivility occurs. In this study, I used the PFIS to determine if new-graduate-nurses experienced perceived nursing-faculty incivility during their nursing program. The Generalized Self-Efficacy scale developed by Schwarzer and Jerusalem (1995) was used in this study to measure new-graduate-nurse self-confidence.

Although the PFIS (Alt & Itzkovich, 2015) and Generalized Self-Efficacy scale (Schwarzer & Jerusalem, 1995) instruments were included in the survey as separate questions, the use of the instruments in the same survey was not pretested. In total, the PFIS's 27 statements, followed by the Generalized Self-Efficacy scale's 10 statements, each needed to be addressed by this study's participants. The possibility exists that participants may have experienced fatigue in addressing the 27 statements from the PFIS before addressing the 10 statements of the Generalized Self-Efficacy scale. Question complexity can cause respondent fatigue (O'Reilly-Shah, 2017).

The existing literature contained a great deal of information regarding the existence and impact of nursing-faculty-to-nursing-student incivility. Additionally, the literature examined the existence of decreased self-confidence for new nurses including some possible causative factors for decreased self-confidence during the transition period from student nurse to new-graduate-

nurse. However, no known studies examined a possible relationship between the two variables. As a registered nurse and nursing faculty member, I had expectations of what the results of the study would show. I did not have a basis in the literature to support my expectations.

Finally, I used a research design in which the participants self-reported their experience. I was unable to independently verify the data gathered by self-report, such as by observation (Adams & Lawrence, 2015). I relied on the belief that participants answered the questions honestly and thoughtfully in their survey responses but have no way to verify that outcome.

### **Implication of the Results for Practice, Policy, and Theory**

**Practice.** Based on the findings in my study, nursing-faculty-to-nursing-student incivility did not occur at the same level as was reported in the literature on incivility in nursing education. As mentioned previously, my findings may be related to the higher number of male nurses who participated in the study. According to the United States (U.S.) Census Bureau (2013), male nurses account for 9.6 % of all registered nurses in the United States. Vinger (2018) found that male nurses were bullied at a lower rate than female nurses. Ruvalcaba, Welch, and Carlisle (2018) identified that male nursing students scored lower on perceptions of incivility. The findings of my study may be related to the larger number of males in the sample and their experience with nursing-faculty-to-nursing-student incivility. One implication may be that having a greater gender diversity in nursing programs may decrease incidents of faculty incivility perceived by students.

Vingers (2018) identified that it is important in practice to consider that female nursing students may experience incivility more frequently. Ruvalcaba et al. (2018) also reported that female nursing students may perceive incivility more frequently. In practice, nursing schools and clinical sites need to work with female nursing students to advocate for them if they experience incivility (Vingers, 2018).

While I did not find evidence of decreased new-graduate-nurse self-confidence, support for the new-graduate-nurse during their transition continues to be important in practice to retain nurses. This support can come in form of primary preceptors and nurse-residency programs. Preceptors can provide an important piece in the new-graduate-nurse transition period and can help facilitate a sense of belonging for the new-graduate-nurse (C. M. Thomas et al., 2012). New-graduate-nurses have identified the importance of a trusted primary preceptor (Kim et al., 2015). New-graduate-nurses have also described acceptance within their workplace as part of their successful transition to practice (Craig et al., 2012).

Halpin et al. (2017) identified strategies that mimic a nurse residency over the first year after qualifying to improve the experience of the new-qualified nurse. Nurse residencies provide support during the transition to practice period by providing additional support for new-graduate-nurses through opportunities to further develop knowledge, skills, and attitudes that support the quality and safety of the care provided (Kim et al., 2015). Clinical skills are also important in programs for the new-graduate-nurse, but higher-level concepts are also needed in nurse residency programs to help the new-graduate-nurse function better as part of the healthcare team (Clark & Springer, 2012). Communication skills provide support for interacting with physicians; prioritization is important to determine where to start when faced with simultaneous multiple challenges; teamwork helps the new-graduate-nurse feel like part of the team; and professionalism is a necessary trait when communicating concerns (Clark & Springer, 2012). Nurse-residency experiences are one strategy to help increase the confidence of new-graduate-nurses, thereby easing their transition into practice (Kim et al., 2015).

**Policy.** While I did not find a relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence, it continues to be important to support nursing students experiencing incivility. Zhu, Xing, Lizarondo, Guo, and Hu (2018) discussed the need for

policies that identify a support person who can help a nursing student or new-graduate-nurse attempting to combat incivility. This could be tied into existing zero-tolerance policies that are recommended to combat incivility (Muliira et al., 2017). Policies that include orientation for nursing students, giving students clear expectations, and modeling of courteous behavior by faculty are important in nursing programs (Wallace et al., 2015).

The results gathered during this study indicate that there may be a decrease in the occurrence of incivility in nursing education. Ruvalcaba et al. (2018) recognized that participants in their study demonstrated a decrease in perceived incivility compared to the literature. Small, English, Moran, Grainger, and Cashin (2018) found their participants identified incivility in nursing education as a mild to moderate problem which demonstrated a decrease in incivility from previous studies. This demonstrated improvement may be related to zero-tolerance policies which indicates that these policies should be continued.

**Theory.** The implications of this study include that incivility continues to occur although I did not find lasting effects of incivility. The implementation of strategies to prevent faculty incivility continues to be important until incivility is eradicated. Itzkovich, and Dolev (2017) discussed decreasing perceptions of faculty incivility and the effects of faculty incivility using emotional awareness and emotional intelligence skills. Their findings showed that emotional intelligence did decrease the perception of faculty incivility in females but only partially. Griffin and Clark (2014) revisited a strategy that was implemented 10 years prior to their study called cognitive rehearsal. They found cognitive rehearsal to be a useful strategy in dealing with incivility. Palumbo (2018) developed a learning module to teach students about recognizing and preventing incivility and studied the effectiveness of the module. Students demonstrated an increase in knowledge and prevention of incivility. Palumbo (2018) recommended nursing

programs include education related to incivility. Continued use of these strategies identified here is important in prevention of ongoing effects of incivility.

Where I mentioned encouraging gender diversity in nursing school based on the findings of my study, Ingraham, Davidson, and Yonge (2018) supported the idea of appreciating diversity in the nursing classroom. The theory of creating a caring environment for nursing students was included by Ingraham et al (2018). Watson (2005) supports the need for a caring learning environment in her human caring theory. Noddings (2002) identified that the person initiating the caring is intending to help another grow. In nursing education, it is the responsibility of the nursing faculty member to assist the nursing student to grow into the nursing role. Based on Noddings' (2002) research, the nursing faculty member as the carer intends positive impact on the socialization of the nursing student. When caring guides interactions like the nursing faculty/nursing student interaction, both roles are involved in the learning process through collaboration.

### **Recommendations for Future Research**

The existing literature evidences extensive examination of the experience of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence individually, but I found no previous studies that had examined any relationship between the two areas. This current study was designed to examine the possibility of a relationship between the experience of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence, but did not yield results that showed the existence of a relationship. There is value in replicating this research with a couple potential changes to the site, timing, and the survey used.

I would recommend changing the site at which participants are recruited. Participants in the current study were initially recruited from a Facebook page specifically for nurses, called Show Me Your Stethoscope. It is unclear whether the site or the time of year may have influenced



gathering of an adequate sample. Given the shortfall, recruiting was adjusted by hiring Qualtrics<sup>XM</sup> (2019) to recruit the remainder of the current study's sample. In addition, I would recommend recruiting participants from sites where new nurses are more likely to be found, such as Registered-Nurse-to-Bachelor-of-Science (RN-to-BS) programs.

The timing of recruitment is crucial as well. I started participant recruitment in early December. I continued to recruit over the holiday season in December and January. It is possible that launching participant recruitment at another time may have yielded a greater response. If possible, I would recommend recruitment in late fall or early spring avoiding the break between fall and spring semesters.

Another change I would recommend for consideration is the format of the survey, including selection of a different instrument to measure nursing-faculty-to-nursing-student-incivility. Although the PFIS (Alt & Itzkovich, 2015) is a valid and reliable tool, it has 27 statements on incivility that each participant had to examine. A different instrument that does not involve so many statements for participant evaluation might improve the reliability of the results.

Given the lack of previous research examining any relationship between the experience of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence, there is value in examining this area using another method. A qualitative study examining the lived experience of nursing-faculty-to-nursing-student incivility in new-graduate-nurses may yield valuable information about any lasting impact of exposure to nursing-faculty incivility during nursing school.

Ruvalcaba et al. (2018) identified that research related to incivility based on diversity is scarce. My findings may be related to the higher number of male nurses who participated in the study. One avenue for additional research would be diversity related to incivility which would provide broader information about factors involved in incivility.

Because incivility in nursing is well documented in the literature but continues to occur in nursing, additional research is needed focusing on how to prevent incivility. Given that incivility is found to occur across the continuum of nursing, future research is needed across the continuum of nursing, from nursing education to nursing practice environments. The following areas are also recommended for this research: zero-tolerance policies, nurse residency programs, faculty preparation, and nursing-student orientations.

## **Conclusion**

The purpose of this current research was to add to the existing literature related to nursing-faculty-to-nursing-student incivility by providing information about the lasting effects of nursing-faculty-to-nursing-student incivility and its relationship to new-graduate-nurse self-confidence. I sought to study the relationship between the experience of nursing-faculty-to-nursing-student incivility (predictor variable) and the lack of self-confidence of new-graduate-nurses as they begin to practice (outcome variable) including the extent of any such relationship. This study also examined whether the relationship between the experience of nursing-faculty-to-nursing-student incivility and the lack of self-confidence in new-graduate-nurses existed for some groups more than others. Two specific groups included in the study were male and female nurses and nurses who graduated from associate's degree and Bachelor of Science programs.

Using a quantitative correlational method, this study employed a survey of 212 participants who had been practicing registered nurses for less than 3 years. The results yielded no statistically significant relationship between nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence. Viewing the results in terms of degree level, no statistically significant relationship was found in new-graduate-nurses who earned an associate's degree, but the results showed a statistically significance relationship between the two variables in new-graduate-nurses

who earned a Bachelor of Science degree. When viewing the results in terms of gender, no statistically significant relationship was found with male or female new-graduate-nurses.

Although the results did not demonstrate a relationship between the experience of nursing-faculty-to-nursing-student incivility and new-graduate-nurse self-confidence, except in Bachelor-of-Science-prepared new-graduate-nurses, this study does add to the literature related to incivility in nursing. This study extends the discussion of incivility in nursing from being viewed in specific settings to how the experience of incivility in one setting may extend to another setting. For example, incivility experienced by nursing students during nursing school may impact the nurse's professional identity formation. This study extends the conversation related to incivility in nursing and considers that incivility in nursing may have lasting impact. One hope in conducting this study was to support the process of ending incivility in nursing.

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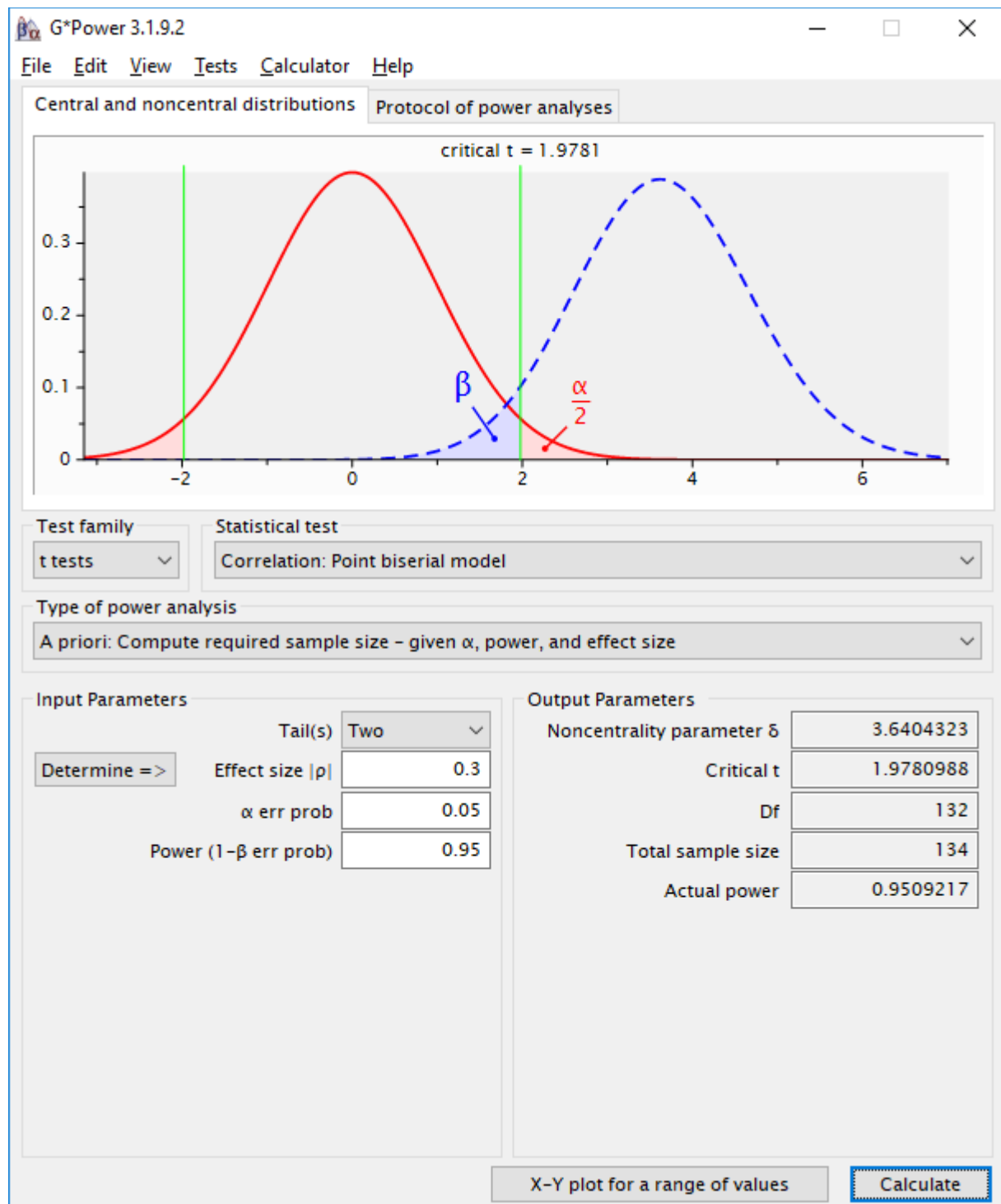
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## Appendix A: G\*Power 3.1 Analysis





## Appendix B: Demographic Questions for Part A of Scale

Questions	Yes	No
Are you 18 years of age or older?		
Did you graduate from a nursing program that prepared you to take the NCLEX – RN (National Council Licensure Examination for Registered Nurses)?		
Did you graduate from an accredited nursing program?		
Are you fluent in writing, reading, and speaking English?		

What gender do you identify with? This would have an option with 3 choices: Male, Female, or

I prefer not to answer

What month and year did you graduate from your nursing program?

This would have an option to select month and year.

What type of degree did you earn through your nursing program?

This would have an option with 3 choices: associate degree, Bachelor of Science, or other

## **Appendix C: Statement of Original Work**

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously-researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

### **Statement of academic integrity.**

As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

### **Explanations:**

#### ***What does “fraudulent” mean?***

“Fraudulent” work is any material submitted for evaluation that is falsely or improperly presented as one’s own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate’s final work without full and complete documentation.

#### ***What is “unauthorized” assistance?***

“Unauthorized assistance” refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

- Use of unauthorized notes or another’s work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work.

**Statement of Original Work (Continued)**

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University–Portland Academic Integrity Policy during the development and writing of this dissertation.
2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association*

Martha Kershaw

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Digital Signature

Martha Kershaw

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Name (Typed)

6/16/2019

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Date