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Undergraduate Nurse Educators' Perceived Structural Empowerment, Self-Efficacy for Teaching, and Perceptions of Uncivil Classroom Behaviours in Academic Settings

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ABSTRACT

Background: This study examined the relationship among structural empowerment in academia, nurse educators' self-efficacy for teaching, and their perceptions of the types and frequencies of uncivil classroom behaviours.

Methods: 56 participants, registered with the College of Nurses of Ontario (CNO), responded to a mail-out survey package containing four tools corresponding to each study variable. The analysis includes study descriptives, ANOVA analyses, correlations of total and subscales, and mediation analyses of the major study variables.

Results: A moderate level of structural empowerment and a high level of self-efficacy for teaching was found within the study. A significant indirect relationship was seen between informal power, self-efficacy for classroom management, and the perceived frequency of low-level uncivil classroom behaviours reported by nurse educators.

Conclusions: Results show the importance of collegiality in nursing academia as it can influence educator confidence in managing uncivil classroom behaviours.

[Keywords: Nurse educators; structural empowerment; self-efficacy for teaching; incivility in academia; classroom management; collegiality]

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PART ONE

INTRODUCTION

In the academic environment, nurse educators spend a great deal of time interacting face-to-face in theory-based classes with undergraduate nursing students (Billings & Halstead, 2012). As such, there is a certain expectation of classroom-based educators to co-create a culture of learning and civility within academia, between both students and faculty (Billings & Halstead, 2012). For educators to create healthy teaching-learning environments, the organization in which they work must promote empowering workplace structures (Sarmiento, Laschinger, & Iwasiw, 2004). Educators can be empowered through increasing access to support, information, resources, and opportunities to learn and grow within the workplace, as well as through both formal and informal sources of power (Kanter, 1977). Given that structural empowerment has been positively associated with self-efficacy in both practice (Manojlovich, 2005) and education-based (Orgambidez-Ramos & Borrego-Ales, 2014) contexts, it is proposed that access to empowering structures could ultimately foster educators' confidence for classroom instruction and management. Further, since increased confidence among educators in the teaching-learning context has been associated with higher success in managing poor classroom behaviours (Emmer & Hickman, 1991), nurse educators' self-efficacy for classroom management and instruction could lead to more civil student behaviours in the classroom.

Background and Significance

Academic Incivility

Academic incivility, the contrasting term for civility, has been noted as an increasing issue in today's undergraduate nursing classrooms (Clark & Springer, 2007).

Within the context of nursing education, incivility can be seen as, “rude, discourteous speech or behaviour that disrupts the teaching-learning environment and may range from the misuse of cellphones... to threats of physical harm” (Clark, 2008a, p.458). Within this context, verbal abuse is the most prevalent and can be just as deleterious to an individual as any act of physical harm (Condon, 2015). A study by Clark and Springer (2007) found that 93.8% of faculty found incivility to be either a moderate or serious concern within their classrooms. Educators have even reported issues with anxiety and losing sleep around the pressures of dealing with uncivil behaviours (Clark, 2008b). These educators have also discussed issues related to losing confidence in their ability to teach and ultimately blame themselves for the incivility enacted by students (Clark, 2008b). One of the most serious consequences to the education system is that some educators decide to leave the teaching profession due to their negative perceptions of uncivil student behaviours (Clark, 2008b). In Luparell’s (2007) study, a participant stated the following regarding an experience with academic incivility,

It really gave me a bad taste for what I was doing.... so I don’t feel like I was as effective in the teaching role, and I guess because of that I just didn’t want to be there.... And I just wanted to take some time and step away from it and see if that was where I really needed to be or wanted to be. (Female participant, 3 years as educator, p. 17).

Even though these behaviours have harsh consequences on faculty, incivility in the classroom can also draw in other students to engage in uncivil behaviours (Braxton & Jones, 2008). Uncivil student behaviours can strongly compromise the feeling of community within the classroom setting, and can disrupt classroom learning (Braxton & Jones, 2008; Condon, 2015).

When looking specifically at student behaviours that contribute to incivility, it is important to note that these actions can fall on a continuum from low-level to high-level uncivil behaviours (Clark, Barbosa-Leiker, Gill, & Nguyen, 2015). Low-level behaviours are noted as distracting and annoying behaviours that occur within the classroom (Clark et al., 2015). These include non-verbal expressions (i.e., eye rolling), sarcastic comments, and the improper use of cellphones and computers (Clark et al., 2015). On the other end of the continuum high-level incivility is discussed as more aggressive and threatening expressions or behaviours (Clark et al., 2015). Acts that reflect high-level incivility include the use of intimidation and physical violence (Clark et al., 2015). Uncivil behaviours, no matter the place on the spectrum, can influence teaching and learning in a negative way and do not have a place in the academic setting.

Incivility is significant to nursing education because of the potential negative impact such behaviours can have on the teaching-learning environment (Clark, 2008b). These behaviours can ultimately affect the quality of education and preparation of the future nursing profession (Clark, 2008b). In a study by Marchiondo, Marchiondo, and Lasiter (2010), approximately 88% of undergraduate nursing students were found to have experienced academic incivility. Clark and Springer (2007) found that students and educators perceive students as most likely to initiate uncivil behaviours, although educators can also be contributors or even perpetrators of these behaviours. It is clear that deterring uncivil behaviours becomes of great importance especially due to findings of increased self-doubt regarding the educator's ability to teach when faced with issues of academic incivility (Clark & Springer, 2007). It is important to note that a key factor that distinguishes a culture of incivility from a culture of civility in the classroom is the educator's ability to appropriately respond to or manage these behaviours (Clark, 2008b).

Self-Efficacy for Teaching

A major component to managing classroom behaviours, which has been associated with the efforts and attitudes of educators in the classroom, is self-efficacy for teaching (Emmer & Hickman, 1991). Self-efficacy is a key element of Social Cognitive Theory (Bandura, 1986) and can be described as a person's belief or confidence that they are able to carry out a behaviour (Bandura, 1997). It is said that self-efficacy is directly related to the effort and persistence that individuals put forth in developing a skill related to a specific activity (Ling-Ling, Arthur, & Avis, 2008). An individual's level of self-efficacy can either motivate or deter them from engaging in the activity (Bandura, 1977). According to Bandura, individuals tend to avoid situations that they believe they cannot handle and likewise engage themselves in situations they believe they can (Bandura, 1977). Self-efficacy can be developed through four sources, which include performance accomplishments, vicarious experience, verbal persuasion, and emotional arousal (Bandura, 1977). When an individual experiences the mastery of a skill, performance accomplishments are enhanced; and witnessing another individual's success with a task, through vicarious experience, can increase one's self-efficacy for the same task (Bandura, 1977). When an experience cannot be obtained or visualized, verbal persuasion may be used as encouragement to increase the individual's self-efficacy (Bandura, 1977). Lastly, emotional arousal can play a role in an individual's ability to carry out a task (Bandura, 1977). This is because the less anxious or fearful one is in performing a behaviour the higher their self-efficacy beliefs will be in regards to the task (Bandura, 1977).

Bandura maintains that individuals with higher self-efficacy for engaging in a behaviour (efficacy expectations) are more likely to actually do so (outcome expectations; Bandura, 1977). Therefore, it is proposed that nurse educators who believe

they have confidence for engaging in classroom management and instruction will be more likely to engage in such practices. Efficacy expectations differ from outcome expectations in that outcome expectations are the approximation that a specific behaviour will create a determined outcome (Bandura, 1977). Furthermore, an efficacy expectation is the belief an individual has that they can carry out that specific behaviour (Bandura, 1977). As such, they are more likely to actually engage in the behaviour, which can ultimately lead to a certain outcome (Bandura, 1977).

When defining self-efficacy for teaching, many different factors must be acknowledged, which include the individual's confidence for instruction, ability to discipline effectively, and the ability to create a positive learning environment (Tschannen-Moran & Hoy, 2001). Emmer and Hickman (1991) refer to these factors as 'teacher efficacy' or self-efficacy for teaching, and state that the lower the educator's self-efficacy for teaching, the less likely an educator will reach out and support struggling students. Educators with higher self-efficacy for teaching believe that they are better apt to engage in positive behaviours such as motivating students, and therefore are more successful in creating an environment of learning engagement (Tschannen-Moran & Hoy, 2001).

The concept of self-efficacy for teaching in relation to this study is grounded in the transactional framework of the teaching/learning process (Huitt, 2003a). Part of this framework discusses the classroom process, where classroom management and instruction are noted as the two main within-classroom teaching behaviours (Huitt, 2003a). Classroom management behaviours include educators taking responsibility for recognizing and controlling classroom behaviours (Huitt, 1996), utilizing effective discipline strategies, and engaging students in setting classroom norms and expectations

(Tschannen-Moran & Hoy, 2001). Classroom instruction refers to behaviours such as, confidence in presenting course material (Huitt, 2003b), involving students in the teaching learning process, and targeting multiple learning styles in student engagement techniques (Tschannen-Moran & Hoy, 2001). Based on the level of self-efficacy educators have for these teaching behaviours, the transactional framework of the teaching/learning process suggests an impact on student behaviours in the classroom (Huitt, 2003a). It is thought that with higher self-efficacy for teaching, educators will perceive less severe types and lower frequencies of uncivil behaviours among students in the classroom context.

Structural Empowerment and Nursing Education

Kanter's Theory of Organizational Empowerment has consistently shown that with increased levels of empowerment, employees are more likely to exhibit positive attitudes and be more satisfied and productive members of the workplace (Laschinger, Finegan, Shamian, & Wilk, 2001). Power in an organization is typically defined as the "ability to mobilize resources to get things done" (Kanter, 1998, p. 44). Structural empowerment relates directly to how behaviours of employees are influenced by structural contexts within a specific place of employment (Manojlovich, 2007). These structural contexts include, providing employees with access to the resources, opportunities, support, and information required to be effective in the workplace and with these, their feelings of empowerment will subsequently increase (Laschinger et al., 2001). Formal and informal power systems are known as the facilitators of empowerment within an organization (Laschinger et al., 2001). Formal power is produced by engaging employees in job activities that are, "highly visible, flexible, and central to the organizations purpose" (Laschinger & Shamian, 1994, p. 38). Informal power relates to,

“alliances with peers, sponsors, and others within the organization”, which tend to be more invisible workplace structures (Laschinger & Shamian, 1994, p. 38). The presence of organizational empowerment has also been associated with outcomes such as, decreased job stress, higher job satisfaction, organizational commitment, trust in management, and higher employee retention in the acute care nursing environment (Laschinger et al., 2001; Laschinger, Wong, & Grau, 2013).

The concept of structural empowerment has been studied in relation to many different workplace settings. In a study by Orgambidez-Ramos and Borrego-Ales (2014), structural empowerment was discussed in relation to educators within the university classroom setting. The study showed a significant relationship between the components of structural empowerment and intrinsic and supervisor job satisfaction (Orgambidez-Ramos & Borrego-Ales, 2014). It was noted that university workplaces are coping with many changes and fewer resources, which require solutions that include attention to structural empowerment (Orgambidez-Ramos & Borrego-Ales, 2014). These solutions include creating opportunities for employee personal growth, encouragement of positive workplace relationships, job flexibility, access to materials, time, and supplies, along with many other factors (Laschinger et al., 2001; Laschinger, Finegan, Shamian, & Wilk, 2004). By promoting these empowering structures, educators will have increased access to the resources, opportunities, support, and information required to promote optimal job performance.

Purpose and Rationale

The rationale for proposing this study stemmed from the perceived increasing prevalence of incivility in undergraduate nursing education (Burke, Karl, Peluchetter, & Evan, 2014). Uncivil behaviours within nursing education are noted as being perpetuated

by stress that is experienced by educators and students (Clark, 2008b). It is said that educators are just as responsible as students for the perpetuation of incivility (Clark, 2008b). Together, both student and faculty incivility can impact the teaching learning environment (Clark, 2008b). Therefore research about educator and environmental elements that relate to perceptions of incivility are important (Clark, 2008b). Most educator interactions with students depends on the confidence or self-efficacy they hold for their role as educators (Friedman & Kass, 2001). Classroom management, a component of teacher self-efficacy, has been discussed as a beneficial tool to enhance civil behaviours in the classroom. Unfortunately, many educators might not be employing effective classroom management techniques, as 56% of educators still choose to ignore uncivil behaviours in their classrooms (Burke et al., 2014; Clark, 2008b). In the theory of structural empowerment, Kanter (1977) asserts that employee behaviours, in this case nurse educator teaching behaviours, are influenced by workplace conditions. Researchers have subsequently found that individuals who perceive themselves to be structurally empowered, also report higher levels of self-efficacy (Babenko-Mould, Iwasiw, Andrusyszyn, Laschinger, & Weston, 2012). No known theoretically-based research has been found that examines how structural empowerment influences an educator's confidence for teaching in relation to classroom management, and the ability to create a positive learning environment. Furthermore, no known research has been found that demonstrates how both structural empowerment and self-efficacy for teaching are associated with educators' perceptions of incivility in the classroom. Therefore, the purpose of this study was to examine the associations among nurse educators' structural empowerment, self-efficacy for teaching, and perceptions of incivility in the classroom. It is proposed that results of this study could inform interventions to increase structural

empowerment and self-efficacy for teaching to enhance a culture of civility in the classroom setting.

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PART TWO
MANUSCRIPT

Background and Significance

Student incivility is one of the most difficult challenges nurse educators face within the academic classroom (Burke, Karl, Peluchette, & Evans, 2014). A recent study by Alberts, Hazen, and Theobald (2010) found that 75% of surveyed educators had experienced situations where they felt disrespected by students. Another study, specific to nursing, found that 20% of nursing educators have experienced incivility that has caused interruption to class time (Clark & Springer, 2007). Incivility encompasses a wide array of behaviours, which can cause confusion for nurse educators as to what behaviours are appropriate in the classroom versus what are not. In the context of this paper, incivility is defined as, “rude, discourteous speech or behaviour that disrupts the teaching-learning environment and may range from the misuse of cellphones, rude and sarcastic comments to threats of physical harm” (Clark, 2008a, p. 458). As a result of these behaviours, faculty often experience negative physical, psychological, and emotional outcomes (Luparell, 2007). Examples of these negative effects include sleepless nights, issues with post-traumatic stress, and decisions to leave the educator role (Luparell, 2007). Along with these effects, educator self-esteem and confidence can be severely impacted (Luparell, 2007).

An educator’s self-efficacy or confidence for teaching is important, as it is considered to be a major component to managing classroom behaviours (Emmer & Hickman, 1991; Luparell, 2007). An individual’s level of self-efficacy can either motivate or deter them from engaging in the teaching-learning environment (Bandura, 1977). As noted in Bandura’s Self-Efficacy Theory, individuals tend to avoid situations

that they believe they cannot manage and likewise engage themselves in situations they believe they can (Bandura, 1977). Therefore, it is important that the academic workplace fosters a sense of self-efficacy in educators, through positive modeling and encouragement (Bandura, 1977), while also providing support and resources needed to attend to the management of uncivil student behaviours.

Addressing uncivil behaviours has been recognized as an important goal, as evidenced by the many academic institutions that continue to create policies, which outline behaviour expectations of students and educators (Clark & Springer, 2007). Nurse educators in academic settings must also be registered to practice with a governing body in their province or state, which means they must adhere to policies outlined by educational institutions while also abiding by their professional practice standards as nurses. For example, the College of Nurses of Ontario (CNO, 2002) notes that nurse educators, “support nurses in developing skills to address unethical, unprofessional, or unsafe behaviours of colleagues” (p. 12). In doing so, nurse educators must not only role-model professional behaviours, but manage student behaviours that do not adequately meet the CNO *Professional Standards* (2002).

In order for nurse educators to thrive in their role and maintain positive relationships with students, it is important that they perceive themselves to be empowered. Associations between Kanter’s Theory of Organizational Empowerment (1977) and self-efficacy, job satisfaction, and overall work effectiveness, have been discussed in the literature (Siu, Laschinger, & Vingilis, 2005). By providing educators with access to resources, support, information, and opportunities for growth and development they could become better prepared to deal with challenges presented within their workplace (Laschinger, Finegan, Shamian, & Wilk, 2001). Access to these

empowerment structures is implemented through different formal and informal job characteristics, such as role visibility, flexibility, and alliances with peers and superiors (Laschinger et al., 2001). Currently, many university workplaces are coping with drastic changes and decreasing resources, which require solutions regarding structural empowerment to influence the work behaviours of educators (Orgambidez Ramos & Borrego Ales, 2014). As such, it is timely and relevant to conduct this study to analyze the influence that perceived structural empowerment has on an educators' self-efficacy for instruction and classroom management. From this study, recommendations will be put forward to develop and sustain nurse educators' self-efficacy for teaching, structural empowerment, and perceptions of civility in the classroom setting.

Theoretical Framework

Kanter's Theory of Organizational Empowerment

In her Theory of Organizational Empowerment, Kanter asserts that attitudes and behaviours related to the workplace are a result of social structures (1977). At the center of the theory is the concept of power, which is seen to be the most essential structural determinant in creating employee effectiveness (Kanter, 1977, 1998). Power in an organization is referred to as the "ability to mobilize resources to get things done" (Kanter, 1998, p. 44). Power is often misunderstood with connotations of control and dominance, but power in the structural context relates to "efficacy and capacity", which is essential in generating positive outcomes from employees (Kanter, 1998, p. 44). In workplaces, such as academia, power is often instilled in employees through access to the resources, support, information, and opportunities for growth and development to successfully complete role demands (Kanter, 1979). Overall, the presence of organizational empowerment has been associated with decreased job stress, higher job

satisfaction, organizational commitment, trust in management, and higher employee retention (Laschinger et al., 2001; Laschinger, Wong, & Grau, 2013).

In order for employees to feel empowered in their workplaces, systemic power factors must be present and mobilized within the work setting (Kanter, 1977). These systemic power factors include formal and informal job characteristics (Kanter, 1977). Formal power is produced by engaging employees in job activities that are, “highly visible, flexible, and central to the organization’s purpose” (Laschinger & Shamian, 1994, p. 38). By providing the individual with discretion, recognition, and relevance, employers can influence the employee’s perception of opportunity and other power structures within the workplace (Kanter, 1979). In conjunction with formal power, informal power structures must also be present to create an empowering workplace. Informal power relates to, “alliances with peers, sponsors, and others within the organization” (Laschinger & Shamian, 1994, p. 38). These connections inside and outside of the organization are important in maintaining employee access to the empowering structures within the employment setting (Kanter, 1979).

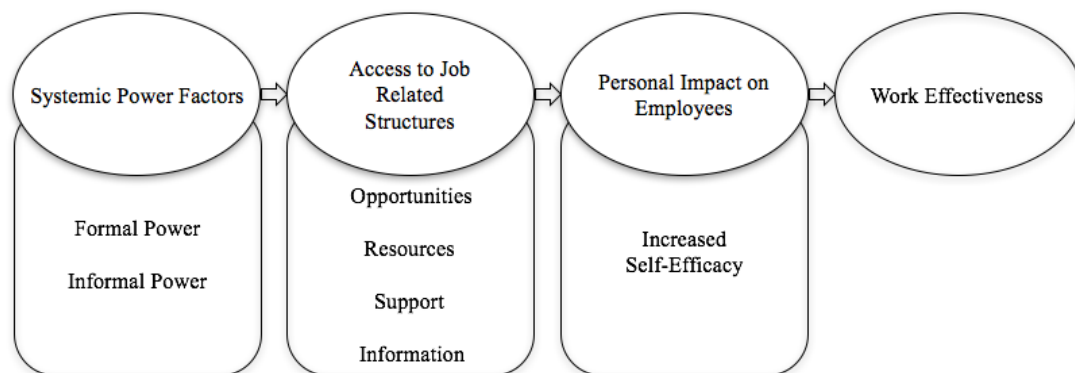


Figure 1. Theoretical Model of Kanter’s (1977) Theory of Organizational Empowerment

Bandura's Theory of Self-Efficacy

The theoretical framework of self-efficacy is a highly regarded element of Social Cognitive Theory (Bandura, 1986). The concept itself is rooted in the idea that cognitive beliefs, regardless of objective truth, can alter individual behaviours (Bandura, 1986). These cognitive beliefs, or expectations, occur at two different points between an individual's thought and a desired outcome (Bandura, 1977). Efficacy expectations lie in a person's belief that they are able to execute the behaviour necessary to create the outcome (Bandura, 1977). On the other hand, an outcome expectation relates to the belief that the specific behaviour will produce the outcome required (Bandura, 1977). The difference between efficacy and outcome expectations is that a person can believe that a certain behaviour can create a desired outcome, but whether or not they possess personal efficacy for that behaviour can ultimately decide whether they initiate the behaviour in the first place (Bandura, 1977). Therefore, without positive expectations in both categories, theoretically an outcome will not be achieved (Bandura, 1977).

Efficacy expectations can be stimulated through four sources, these include performance accomplishments, vicarious experience, verbal persuasion, and emotional arousal (Bandura, 1977). When an individual is able to personally experience mastery of a skill, this enhances the source of performance accomplishment (Bandura, 1977). By having repeated success in carrying out a specific skill, self-efficacy is increased and subsequent failures are not as impactful (Bandura, 1977). Witnessing other individuals succeed in a task, through vicarious experience, and without the occurrence of negative consequences, can also increase one's self-efficacy for a task (Bandura, 1977). In a case where personal experience cannot be obtained or visualized, verbal persuasion is often used to encourage an individual, which can increase their self-efficacy (Bandura, 1977).

Lastly, emotional arousal plays a large role in a person's ability to carry out behaviours (Bandura, 1977). It is stated that in anxiety provoking situations, an individual's emotional behaviour can impact their perceptions of personal competency, which in turn influences their self-efficacy for that behaviour (Bandura, 1977). Overall, the four sources that influence efficacy expectations provide evidence to the transformability of cognitive beliefs and their impact on self-efficacy (Bandura, 1977).

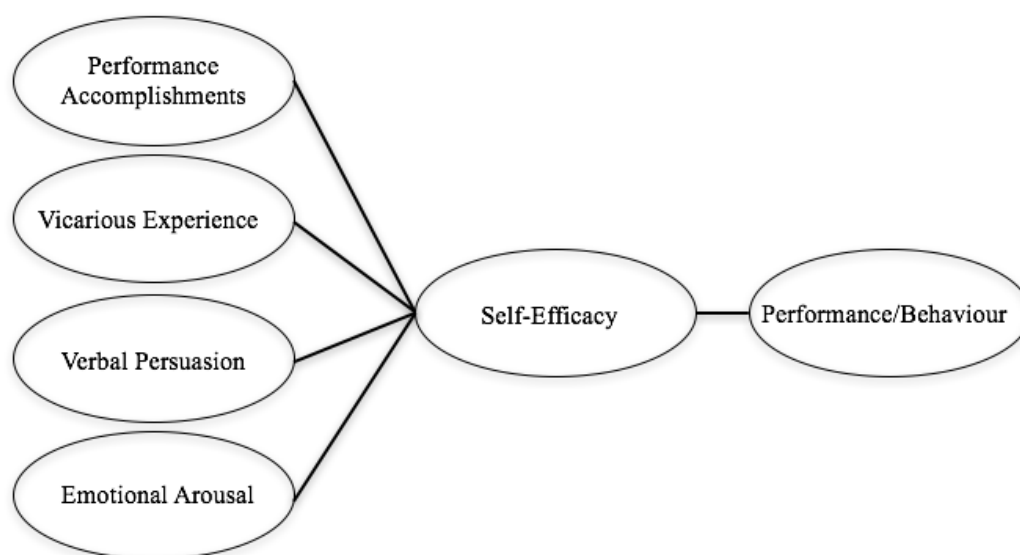


Figure 2. Theoretical Model of Bandura's (1977) Theory of Self-Efficacy

Related Literature

Structural Empowerment

Kanter's theory of structural or organizational empowerment has consistently shown that with increased levels of empowerment, employees are more likely to exhibit positive attitudes and be more satisfied and productive members of the workplace (Laschinger et al., 2001). Structural empowerment relates directly to how behaviours of employees are influenced by structural contexts within a specific place of employment

(Manojlovich, 2007). By providing employees with access to the resources, opportunities, support, and information required to be effective in the workplace, their feelings of empowerment will subsequently increase (Laschinger et al., 2001). Formal and informal power systems are known as the facilitators of empowerment and relate to visible and invisible power structures within an organization (Laschinger et al., 2001). Structural empowerment has been studied in various nursing populations and outcomes that have been associated with these populations include increased psychological empowerment (Laschinger et al., 2001), decreased burnout (Laschinger et al., 2013), and increased self-efficacy (Biron & Bamberger, 2010).

In a study by Laschinger et al. (2001), structural empowerment was examined in its relation to an individual's psychological empowerment, job strain, and job satisfaction in nursing workplace settings. The study was a predictive non-experimental design that collected data from 404 Canadian staff nurses (Laschinger et al., 2001). The data for the variables was collected using the Conditions of Work Effectiveness Questionnaire, Psychological Empowerment Questionnaire, Job Content Questionnaire, and the Global Satisfaction Scale (Laschinger et al., 2001). Psychological empowerment is noted as the, "psychological state that employees must experience for empowerment interventions to be successful" (Laschinger et al., 2001, p. 261). A component of psychological empowerment discussed in this study is competence, which refers to an individual's confidence in their roles (Laschinger et al., 2001). This concept of competence, in theory, shows similarities to one's self-efficacy. As such, psychological empowerment is the within person outcome that is expected when managers implement the resources, opportunities, support, and information included in structural empowerment (Laschinger et al., 2001). Overall, structural empowerment had a direct effect on psychological

empowerment ($\beta=0.85$) and psychological empowerment had a direct effect on job strain ($\beta=-0.57$) and job satisfaction ($\beta=0.79$) (Laschinger et al., 2001, p. 267). In the results, the study showed that although structural empowerment influenced perceptions of job strain and satisfaction, this relationship occurred through psychological empowerment as an intervening variable (Laschinger et al., 2001). This finding is important as it gives evidence of the need for changes to occur within an educator in order to see potential outcomes. This study by Laschinger et al. (2001) supports the proposition that structural empowerment may create similar within person changes regarding educators' self-efficacy for teaching.

Structural empowerment has been assessed in various employment settings, but the workplace setting of nursing education is most relevant to this paper. In a study by Hebenstreit (2012), 221 nurse educators across 150 accredited institutions were recruited to examine which components of structural empowerment increased innovative behaviours. Using the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) the study showed a moderate level of structural empowerment, with resources being the least accessible and opportunities being the most (Hebenstreit, 2012). The results show that all components of structural empowerment, except for access to resources, were positively related to innovative behaviours (Hebenstreit, 2012). The strongest relationship between structural empowerment and innovative behaviour was seen with informal power (Hebenstreit, 2012). Having a supportive network of supervisors and colleagues acts as a source of empowerment that encourages the development of innovative behaviour (Hebenstreit, 2012). It is possible that with structural empowerment, and more specifically, informal power might increase self-efficacy related to one's role in

education, which could help to foster increases in innovative behaviours for teaching and thus, classroom management.

Singh, Pilkington, and Patrick (2014) examined how structural empowerment is associated with workplace factors, such as working conditions and job satisfaction. The study included both quantitative and qualitative approaches, consisting of semi-structured interviews and online surveys (Singh et al., 2014). Overall, 45 nurse educators responded from the selected participating Canadian university nursing programs (Singh et al., 2014). Within the study, participants reported moderate levels of perceived structural empowerment ($M=19.2$) within their academic setting, as reported on the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II; Singh et al., 2014). Although educators felt that their work was meaningful and provided autonomy, many felt there were limited resources and support in the workplace and that the impact of their work was less than apparent (Singh et al., 2014). The study authors noted that the components of structural empowerment are substantial factors for choosing to stay within a specific school of nursing, as well as have an influence on the schools' ability to recruit new educators (Singh et al., 2014). These findings are important as they provide information about the association between the dimensions of structural empowerment and personal job satisfaction. Furthermore, job satisfaction has shown to be related to teacher self-efficacy (Skaalvik & Skaalvik, 2010), which gives reason to suggest a possible relationship between structural empowerment and self-efficacy for teaching.

A study by Babenko-Mould, Iwasiw, Andrusyszyn, Laschinger, and Weston (2012) surveyed 352 nursing students and 64 nursing clinical teachers to examine the effects of structural empowerment on the use of empowering teaching behaviours and student self-efficacy for professional practice. Through use of the CWEQ-II-Education

(ED), for students, and the CWEQ-II-Clinical Teacher (CT), for clinical teachers, it was found that both students and clinical teachers perceived moderate levels of structural empowerment (Babenko-Mould et al., 2012). The student perceptions of structural empowerment were also positively and directly related to student self-efficacy for professional practice (Babenko-Mould et al., 2012). This shows an individual's own perceptions of structural empowerment can impact self-efficacy (Babenko-Mould et al., 2012). Therefore, it can be suggested that nurse educators' perceptions of structural empowerment within academia may impact their own self-efficacy for teaching within the classroom setting.

Teacher Self-Efficacy

The Theory of Self-Efficacy has been applied to many different areas of research. One example being the role that self-efficacy research has had on behaviour change strategies from exercise to diet regulation (Bandura, 2004). As part of the social cognitive theory, self-efficacy along with knowledge, outcome expectations, and perceived facilitators are key components that carry into the development of new health behaviours (Bandura, 2004). Although health behaviours are the most widely researched in regards to self-efficacy, other areas of research have also utilized the concept of self-efficacy to increase individuals' likelihood of carrying out a behaviour. Some examples of these areas include: teaching (Tschannen-Moran & Woolfolk Hoy, 2001), learning (Zimmerman, 2000), athletics and sports psychology (Feltz, Short, & Sullivan, 2008), and parenting (Jones & Prinz, 2005). Since these studies solely focus on self-efficacy, they are targeted at the confidence individuals have for engaging in a behaviour as opposed to creating change in behaviour. For the purpose of this thesis, the literature about self-efficacy will be examined in regards to relationships between self-efficacy and

engaging in teaching behaviours such as classroom management and instruction in a university classroom setting.

Teacher self-efficacy is defined as, “the teacher’s belief in his or her capability to organize and execute courses of action required to successfully accomplish a specific teaching task in a particular context” (Tschannen-Moran, Woolfolk Hoy, & Hoy, 1998, p. 233). This definition is not to be confused with lecturer or professor self-efficacy, which often includes research and services delivery components (Hemmings, 2015). In addition, a great deal of the research regarding teacher self-efficacy stems from studies that take place in elementary and secondary education (Hemmings, 2015). This leaves the concept of teacher self-efficacy in higher education to have been minimally examined to date (Hemmings, 2015). From the studies that do exist, it has been noted that a teacher’s sense of self-efficacy is related to their perception of whether their teaching skills can bring out desired behaviours of their students (Tschannen-Moran & Woolfolk Hoy, 2001). These desired student behaviours include, an increase in their own self-efficacy beliefs, motivation for learning, and academic achievement (Tschannen-Moran & Woolfolk Hoy, 2001). Self-efficacy for teaching is also related to educator behaviours, which can include, enhanced instructional skills, job commitment and enthusiasm, and persistence in the academic setting (Tschannen-Moran & Woolfolk Hoy, 2001).

In a qualitative study by Hemmings (2015), 12 full time university lecturers from Australia were interviewed using a semi-structured interview process. The study showed that experience, feedback and self-reflection, support from colleagues, and professional learning were all discussed as major themes contributing to educators’ enhancement of self-efficacy for teaching (Hemmings, 2015, p. 5). For example, one participant stated, “I’m quite a confident teacher and this stems from the positive feedback I have gained

from my students” (Hemmings, 2015, p. 7). Another participant stated, when reflecting on how support in the workplace has increased their self-efficacy for classroom teaching, “...morale and confidence is high where I am situated. It can be infectious and I have benefited as a result” (Hemmings, 2015, p. 10). Within these reflections about self-efficacy, it appears that the dimensions of structural empowerment are present. For example, positive feedback can be indicative of sources of support, and high morale can relate to informal power (Kanter, 1977). This shows that educators might ultimately be crediting sources of structural empowerment as key indicators for their own self-efficacy for teaching. Therefore, it is proposed that structural empowerment within academia may be related to an educator’s self-efficacy for teaching.

Rowbotham and Owen (2015) conducted a descriptive study that looked at the association between nursing students’ perceptions of their clinical instructors’ effectiveness for teaching and nursing student self-efficacy in the clinical setting. The study involved nursing students (n=236) from an American university wherein survey data was collected using The Nursing Clinical Teacher Effectiveness Inventory and The Student Self-Efficacy Scale (Rowbotham & Owen, 2015). The results from the study showed that evaluation processes implemented by the nursing clinical instructor had the greatest impact on student self-efficacy for clinical practice (Rowbotham & Owen, 2015). In particular, when instructors engaged their students in discussions regarding areas of strength and improvement, observed students frequently, and communicated expectations; students reported higher levels of confidence in the practice setting (Rowbotham & Owen, 2015). Receiving constructive feedback can increase student empowerment, which increases student self-efficacy in the clinical setting and increases positive behaviours and initiative in achieving academic excellence (Rowbotham &

Owen, 2015). Therefore, this study shows that teaching behaviours influence student behaviours in nursing learning environments (Rowbotham & Owen, 2015) and that empowering structures can influence the self-efficacy of nursing students.

Lastly, a study by Nugent, Bradshaw, and Kito (1999) examined 346 American new nurse educators (5 or less years of teaching experience) self-efficacy for teaching. This descriptive study used a modified version of The Self-Efficacy Toward Teaching Inventory (Tollerud, 1990) to assess four domains: course preparation, instructor behaviour, evaluation and examination, and clinical skills (Nugent et al., 1999). Overall, the new nurse educators that participated in this study did show high levels of teaching self-efficacy (M=160), when rated on a scale from not confident to completely confident (M=48 to M=192, respectively; Nugent et al., 1999). The results of the study verified that demographic elements of nurse educators, such as formal education, experience in teaching in nursing, and other non-nursing teaching experiences enhanced educators' self-efficacy for teaching (Nugent et al., 1999). When analyzing the results, Nugent et al. (1999) suggested that orientation to enhance teaching skills as well as new educator mentorship programs with more experienced educators might be mechanisms that increase educator self-efficacy. These strategies involve dimensions of structural empowerment, including access to information through orientations and access to resources and informal support from mentorship programs, which shows that aspects of structural empowerment may impact educator self-efficacy towards teaching.

Incivility in Nursing Education

In higher education there are various issues that influence the learning environment, with one of the most common being the issue of incivility (Burke et al., 2014). Clark (2008a) proposed that, "academic incivility is defined as rude, discourteous

speech or behavior that disrupts the teaching-learning environment...” (p. 458). One of the most important components of this definition is that incivility has a negative influence on the classroom environment (McKinne & Martin, 2010). Incivility is known to influence the educator’s ability to teach and the student’s potential to deeply learn and retain information (McKinne & Martin, 2010). Incivility can be contrasted with the idea of creating classroom civility, which is, “treating others with dignity and respect and involves time, presence, and an intention to seek common ground” (Clark, 2008a, p. 458). When examining the definitions of civility and incivility it is assumed that they are easily differentiated. Yet many educators still possess their own ideas of what constitutes a civil versus uncivil behaviour.

In this thesis, educators’ perceived type and frequency of uncivil student behaviours that occur within the classroom setting will be analyzed. The types of uncivil student behaviours have been recently defined and classified on a spectrum (Clark, Barbosa-Leiker, Gill, & Nguyen, 2015; Feldmann, 2001). The spectrum includes a continuum from annoyances to threats (Clark et al., 2015; Feldmann, 2001). Annoyances include situations such as students’ distracting discussions in class to inappropriate cell phone use, whereas threats include actual threats or acts of physical violence (Clark et al., 2015; Feldmann, 2001). These behaviours by students have an impact on the learning environment, by diminishing the sense of community within the classroom (Braxton & Jones, 2008). The most frequent uncivil student behaviours that faculty have reported are talking in class and making disrespectful comments to faculty (Clark & Springer, 2007). Whether the uncivil behaviour is of low or high intensity or frequency, improper classroom behaviours can damage the sense of community in the classroom (Feldmann, 2001).

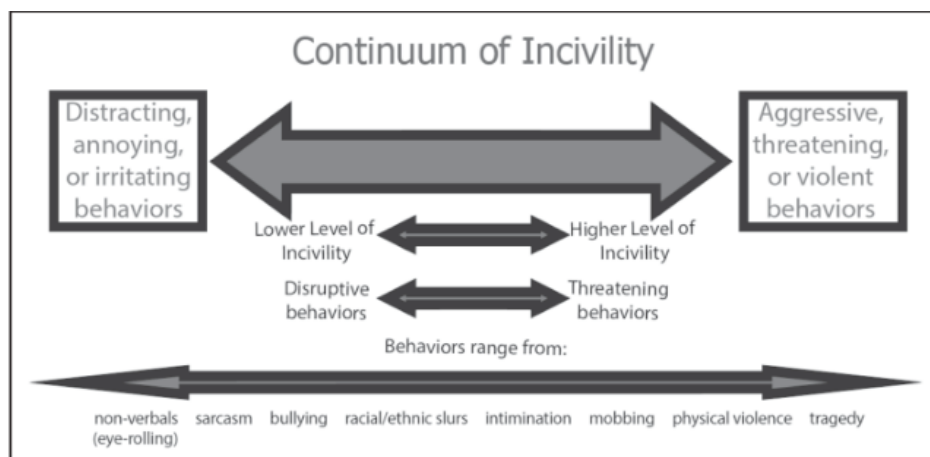


Figure 3. Continuum of Incivility. Reprinted from “Revisions and psychometric testing of the incivility in nursing education (INE) survey: Introducing the INE-R” by C. Clark et al, 2015, *Journal of Nursing Education*, 54(6), p. 309. Copyright 2009 by Clark; revised 2013, 2014.

When discussing the issue of academic incivility, it is important to note that both students and faculty play an equal role (Clark, 2008c). The relationship between faculty and students within the context of civility is, “dynamic and reciprocal” (Clark, 2008c, p. 38). Clark (2008c) noted that uncivil behaviours portrayed by faculty are often the precursor that provokes most of this negative student conduct. Therefore, the relationship can be seen as bidirectional because one is consistently influencing the other (Clark, 2008c). Clark (2008c) also created a conceptual model, which depicts how these interactions can lead to either a culture of civility or incivility. The model considers this back and forth nature of the interaction to be like a dance, more specifically a dance of civility or incivility (Clark, 2008c). It is noted that with an attitude of superiority in faculty and a sense of entitlement brought forth by students, uncivil behaviours will be nourished (Clark, 2008c). It is important to note that the main factor that distinguishes a

culture of incivility from a culture of civility is the educator's ability to appropriately respond to or manage these behaviours (Clark, 2008b).

Clark and Springer (2007) carried out a descriptive study to gain a better understanding of the definition and prevalence of incivility in nursing education. The authors gathered data from 32 nursing faculty and 324 nursing students using the Incivility in Nursing Education survey (Clark & Springer, 2007). Overall, 70% of respondents thought incivility in academia was a moderate to serious problem (Clark & Springer, 2007). Students and faculty found similarities in what student behaviours they found to be uncivil, these included, "cheating on examinations or quizzes; using cell phones or pagers during class; demanding make-up examinations, extensions, or other favours...refusing to answer direct questions" (Clark & Springer, 2007, p. 10). This descriptive study allowed researchers to gain a better understanding, increase awareness of, and encourage future research regarding incivility in nursing education (Clark & Springer, 2007).

A descriptive study by Clark (2008a) was conducted using survey data from nursing faculty (n=194) and nursing students (n=306) across the United States. To collect information regarding uncivil behaviours of students and faculty, the Incivility in Nursing Education (INE) survey was used (Clark, 2008a). Overall, the study found that nursing students and faculty were experiencing "moderate to serious problems" (p. 459) with incivility in the academic setting (Clark, 2008a). When examining student behaviours, holding conversations during class time, using computers for non-academic reasons, and demanding grade changes, were found to be the most frequently noted (Clark, 2008a). The reporting of the type and frequency of student behaviours was similar from both student and faculty participants (Clark, 2008a), which is important to consider when

developing recommendations to decrease incivility in nursing classrooms. The authors noted implications for nursing education as showing the importance of creating norms within the classroom and clinical setting (Clark, 2008a). Through setting these classroom norms more productive teaching-learning environments will be created (Clark, 2008a).

A qualitative study by Luparell (2007) consisted of interviewing 21 nursing faculty members from 6 different states in America to discuss significant encounters that these individuals had regarding student incivility. Seven themes emerged from these interviews regarding the outcomes of the faculty encounters with these students (Luparell, 2007). Of these seven themes, the impact to the educators' self-esteem and confidence (Luparell, 2007) is the most relevant to this current study. Many educators experienced issues with self-doubt as a product of uncivil student exchanges (Luparell, 2007). These educators felt that they were to blame and questioned whether it was they who caused these uncivil events to occur (Luparell, 2007). One participant even stated, "It really did make me question, you know, do I know what I'm doing?" (p. 16) when discussing the guilt that was felt after a negative student-educator interaction (Luparell, 2007). This study, although not generalizable, provided important insight as to the effects that incivility can have on an educator's confidence for teaching (Luparell, 2007).

Summary of the Literature

Incivility is an issue that continues to be of concern in undergraduate nursing classrooms (Clark & Springer, 2007). Based on current literature, it is suggested that many of these uncivil behaviours are the result of lack of confidence and experience in managing behaviours or instructing in university classroom environments (Barbetta, Norona, & Bicard, 2005; Burke et al., 2012). Previously, structural empowerment has been associated with increased self-efficacy among classroom educators (Biron &

Bamberger, 2010). Therefore, based on Kanter's (1997) theory of organizational empowerment, by increasing an educator's access to resources, support, information, and opportunities, educators should have a strong level of self-efficacy for teaching (Biron & Bamberger, 2010). An educator's self-efficacy for teaching is therefore proposed to translate into the classroom setting where educators ultimately can engage in behaviours that create and maintain an environment of civility.

Hypotheses and Rationale

Using Kanter's (1977) Theory of Organizational Empowerment, Bandura's Theory of Self-Efficacy (1977), and current literature focusing on incivility in academic classrooms, two primary hypotheses and their respective models were generated and tested.

1. Self-efficacy for teaching will mediate the relationship between structural empowerment and perceptions of the type of observed uncivil behaviors in the classroom setting.
 - a. Structural empowerment will be inversely related to the type of uncivil behaviours observed in the classroom
 - b. Structural empowerment will be positively related to educators' self-efficacy for teaching
 - c. Self-efficacy for teaching will be inversely related to the type of uncivil behaviours observed in the classroom

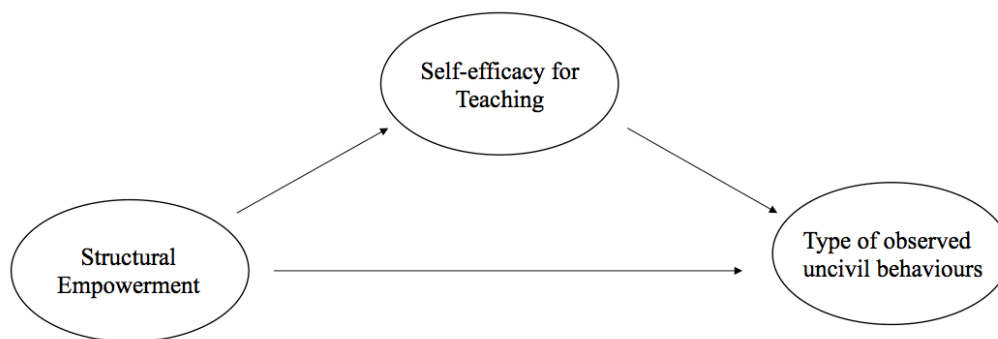


Figure 4. Model of Hypothesis One

When individuals are provided with empowering structures such as, opportunities to focus their attention on their work and given time to master tasks, self-efficacy perceptions are said to markedly increase (Babenko-Mould et al., 2012; Biron & Bamberger, 2010; Hebenstreit, 2012; Hemmings, 2015). Therefore, individuals who perceive themselves to be structurally empowered are more likely to have confidence for teaching. As such, nurse educators with higher levels of self-efficacy for teaching will also perceive most uncivil behaviours to be less uncivil. It is thought that educators with higher self-efficacy for teaching may engage in classroom management and instruction behaviours that could influence students' classroom behaviours. These educators will likely not perceive as many uncivil behaviours taking place, and therefore rate most of the negative behaviours as less uncivil than educators who perpetually experience negative behaviours within their classrooms.

2. Self-efficacy for teaching will mediate the relationship between structural empowerment and perceptions of the frequency of observed uncivil behaviours in the classroom setting.

- a. Structural empowerment will be inversely related to the frequency of observed uncivil behaviours in the classroom
- b. Structural empowerment will be positively related to an educators' self-efficacy for teaching
- c. Self-efficacy for teaching will be inversely related to the frequency of observed uncivil behaviours in the classroom

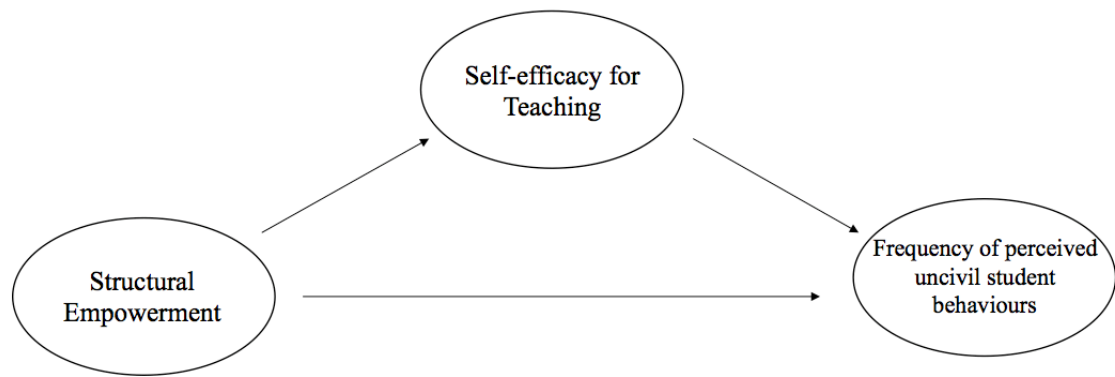


Figure 5. Model of Hypothesis Two

Both hypotheses possess similarities in that structural empowerment is hypothesized to be positively related to educators' self-efficacy for teaching (Babenko-Mould et al., 2012; Biron & Bamberger, 2010; Hebenstreit, 2012; Hemmings, 2015). The overall difference within this hypothesis is that if educators have higher self-efficacy for teaching they will be more likely to engage in teaching behaviours that are beneficial to the classroom environment (Emmer & Hickman, 1991). Since classroom instruction and management are key aspects of effective teaching and learning it is thought that individuals with higher self-efficacy for teaching will have a higher likelihood of creating supportive and engaging classroom environments (Boysen, 2012; Tschannen-Moran & Woolfolk Hoy, 2001). Based on Bandura's (1977) Self-efficacy theory, if individuals are

more self-efficacious for a specific action (i.e., classroom management) then they are more likely to actually engage in that behaviour. Therefore, educators who have self-efficacy for teaching, which includes classroom instruction and management, should find their students behaviours to be more civil.

Methods

Design and Sample

A cross-sectional survey design was used because the variables in the study cannot be manipulated and instead can only be measured to detect a relationship (Polit & Beck, 2012). The cross-sectional aspect of the study was chosen because the information was collected at one point in time.

Ethics approval was received from Western Human Research Ethics Board for Non-Medical Research Ethics in April 2016. The setting of this study was in Ontario, Canada. The purpose of choosing Ontario as the main location from which to sample, was due to the researcher's intended use of the College of Nurses of Ontario (CNO) research database. The CNO is the governing body for registered nurses in Ontario that regulates standards and maintains licensing for the province's nursing professionals. The research database allows researchers to gain contact information of nurse educators who have displayed interest in being involved as participants in research studies. The CNO releases names and home addresses of nurses who have consented to allow their contact information to be provided to researchers.

The sample size required for this study was determined through a power analysis using G*Power 3.1 (Faul, Erdfelder, Lang, & Buchner, 2007). A multiple linear regression analysis was chosen with an alpha of .05 and a power level of .80 (Faul et al., 2007). Since the researcher found no other similar studies with listed effect sizes, a

moderate effect size of .15 was chosen as per Cohen's (1988) guidelines. An estimated sample size of 55 resulted from the G*Power 3.1 analysis (Faul et al., 2007). A total of 180 surveys were distributed, 56 of those surveys were returned with completed survey responses, which made for a response rate of 31%. The final study sample size was 56 nurse educators.

Table 1

Sample Demographics

Demographic	N	Mean	SD
Age (years)	56	39.70	7.55

Demographic		Frequency (n)	Percent (%)
Sex	Female	49	87.5
	Male	7	12.5
CNO Class	General	52	92.9
	Extended or NP	4	7.1
Level of Education	College Diploma	5	8.9
	Bachelors	6	10.7
	Masters	34	60.7
	Doctorate	11	19.6
Years of Experience	Less than 5	15	26.8
	5 to 9	21	37.5
	10 to 14	16	28.6
	15 to 19	3	5.4
	20+	1	1.8
Number of courses taught in past year	One	6	10.7
	Two	6	10.7
	Three	11	19.6
	Four	14	25.0
	Five+	18	32.1
Number of students per course	Less than 50	33	58.9
	51-100	19	33.9
	101-150	2	3.6
	151-200	2	3.6
	200+	0	0

Of the 56 participants, the sample demographics in Table 1 show that the average age of respondents was 39.7 years old with 87.5% of those reporting to be female. A large majority of the sample held a general class license (92.9%) with the CNO, with 34 participants (60.7%) holding a Master's degree and 11 (19.6%) holding a Doctorate. Interestingly, 64.3% of the educators sampled stated to have taught less than ten years within undergraduate nursing education. As well, 92.8% of educators reported having class sizes of 100 or fewer students per course.

Instruments

As part of the study, four survey instruments were distributed to potential participants. These tools included: a demographic questionnaire, the *Conditions of Work Effectiveness Questionnaire-II-Education* (Siu et al., 2005), the *Self-efficacy for Teaching* tool, and *The Incivility in Nursing Education-Revised Survey* (Clark et al., 2015).

Demographic Questionnaire

A demographic questionnaire was administered as part of the survey package to examine variables such as age, sex, highest level of education, years of experience in teaching, and number of courses taught in a classroom setting in the past year. The demographic data was examined to help determine whether the participants met the eligibility criteria for the study. The data also aided the researcher in better understanding the study sample in order to examine potential associations between the demographic information and the major study variables.

Structural Empowerment

The *Conditions for Work Effectiveness Questionnaire-II-Education* (CWEQ-II-Ed) (Siu et al., 2005) is a survey that was used to assess nurse educators' perceptions of structural empowerment in the academic setting. This survey consists of six subscales,

which include opportunity, information, support, resources, formal, and informal power. Further, the tool includes a global empowerment measure consisting of two items (Siu et al., 2005). Each item within the six subscales is rated on a five-point Likert scale ranging from 1 (not at all) to 5 (a lot), when asked about how each item relates to participants' current place of employment (Laschinger et al., 2001). The survey consists of 32 items. The items within each subscale are summed and averaged to provide a total subscale score. The subscale scores are then summed to create the overall total measure of structural empowerment (Siu et al., 2005). The total structural empowerment score can range from 6 to 30 (Laschinger et al., 2001). Lower empowerment scores are indicated by scores ranging from 6 to 13, moderate scores range between 14 to 22, and high empowerment scores are from 23 to 30 (Laschinger et al., 2001). Siu et al. (2005) modified the original CWEQ-II (Laschinger et al., 2001) to form the CWEQ-II-Ed, that targeted the population of nursing students within the academic setting. With permission, the CWEQ-II-Ed was further modified to target nurse educators within the undergraduate nursing environment. In Siu et al.'s (2005) study, the overall Cronbach's alpha for the CWEQ-II-ED was 0.91. In this study, the overall Cronbach's alpha was 0.95 (Table 2).

Self-Efficacy for Teaching

In order to measure self-efficacy for teaching, the *Self-Efficacy for Teaching* tool was created based on Bandura's (1977) theory of self-efficacy, by reviewing the literature about teaching effectiveness, and was informed by the transactional model of the teaching-learning process (Huitt, 2003). Within this model the classroom process involves teacher behaviours such as planning, management, and instruction (Huitt, 2003). Since the focus of this study is about self-efficacy for teaching within the classroom setting, the tool focused on management and instruction. This unique tool was developed

by the graduate student and supervisor, as many of the self-efficacy for teaching tools are developed to target elementary and high school educators and no university-based self-efficacy for teaching instrument focused solely on within classroom teaching behaviours. The instrument consists of two subscales: classroom management and classroom instruction. The instrument includes 16 items, five items measuring classroom management and 11 items measuring classroom instruction. Participants rate their self-efficacy for each item on a scale ranging from 0 to 100, with 0 representing “not confident”, 50 representing “moderately confident”, and 100 representing “very confident”. This type of scale was used as it is proven to be a stronger indicator of performance when compared to smaller 5-interval scales (Bandura, 2006). The scale itself provides the participants with a wide range of confidence options, causing responses to be more reliable and sensitive (Bandura, 2006). Mean total scores were calculated for overall self-efficacy for teaching along with the mean subscale scores for self-efficacy in classroom instruction and classroom management. In terms of instrument development, experts in nursing education were contacted to aid in the completion of a content validity index (CVI) for the individual items. Polit and Beck (2006) stated that a score at or above 0.80 represents a tool that is highly relevant to the subject being measured. Three participants currently undergoing research in the field of nursing education responded to the request for the completion of the CVI. Out of the minimum 3 experts required for the CVI (Polit & Beck, 2006), a score of .90 was obtained for the Self-Efficacy for Teaching tool. For this study, the overall Cronbach’s alpha was .96 (Table 2).

Incivility in Nursing Education

To measure types and frequencies of incivility in the classroom, the *Incivility in Nursing Education-Revised (INE-R) Survey* was used (Clark et al., 2015). This survey includes items to measure both student and educator incivility. For this study, only items to measure student incivility, as perceived by educators, were used with permission. The INE-R instrument assesses educators' perceived type and frequency of uncivil classroom behaviours. Study participants rate 24 student types of behaviours based on the extent to which they perceive the behaviour to be uncivil. The scale for whether educators perceive these behaviours to be uncivil ranges from 1 (not uncivil) to 4 (highly uncivil). With these same 24 behaviours, educators are also asked to rate how frequently they have experienced the behaviours within the past 12 months. This frequency measure is rated on a scale ranging from 1 (never) to 4 (often). The mean scores for the extent to which an educator perceives the behaviour to be uncivil and for how frequently the educator has experienced the behaviour in the past 12 months can each be measured as two separate total scores (Clark et al., 2015). Type and frequency of uncivil behaviours are always examined independently. An exploratory factor analysis was completed on the 24 types of behaviours and showed two main factors, high-level and low-level uncivil behaviours (Clark et al., 2015). Therefore, the individual behaviour items can be analyzed using a total incivility score or a bifurcated score with 15 items relating to low-level uncivil behaviours and 9 items that examine high-level uncivil behaviours (Clark et al., 2015). Low-level uncivil behaviours include annoying and distracting student behaviours, whereas high-level includes aggressive and threatening behaviours (Clark et al., 2015). Both total and bifurcated scores were analyzed in this study. No factor analysis was completed by Clark et al. (2015) to categorize the frequency of the behaviours. The

Cronbach's alpha for the items assessing student behaviours was .96 (Clark et al., 2015). In this study, the Cronbach's alpha for the type of behaviours was .95 and the Cronbach's alpha for the frequency of behaviours was .92.

Data Collection

The sampling design for this study required a random sampling approach. As mentioned previously, the researcher utilized the CNO database to develop the sample for this study. The researcher requested from the CNO, individuals who hold a Registered Nurse or Extended Class registration status (the CNO governs both registered nurses and registered practical nurses) that are employed by Colleges/Universities, with a position as an Educator/Faculty, in the practice of Education. Once a list of 1078 randomized names and addresses were received from the CNO, they were cross-referenced through the CNO website to ensure primary employment was at an academic institution; this ensured participants were likely to meet inclusion criteria. After this process, 180 individuals on the mailing list were mailed the letter of information and survey tools. This method was chosen due to an increased response rate reported with mail out surveys when compared to email correspondence (Kawk & Radler, 2002). A follow-up was completed with those who had not responded two-weeks after the initial study package had been distributed in the form of a thank-you/reminder post card. A full replacement questionnaire and information package was mailed at 4 weeks, as per Dillman's recommendations to support study participation (Dillman, Smyth, & Christian, 2014).

Data Analysis

Data was analyzed using the Statistical Package for Social Science version 22.0 (SPSS) (IBM Corporation, 2013) software. Minimal data was missing completely at random and was handled by inputting replacement values. Self-efficacy scores were

replaced with the mean score of the other values in the same subcategory. Structural empowerment and incivility in nursing education scores were replaced with the same value as the participant's previously scored item. To analyze information from the study instruments (*Self-efficacy for Teaching, INE-R, CWEQ-II-Education*), Pearson correlation coefficients between overall instrument totals and subscale scores were completed. Analysis of variance (ANOVA) tests were used to analyze how level of education, years of teaching experience, and average class size influenced the major study variables. A Pearson correlation coefficient using the major study variables and subscales was completed to examine the strength of associations between variables. Multiple linear regression analyses were performed to allow the researcher to analyze the potential mediating effects in testing the two study hypotheses (Kellar & Kelvin, 2013). Baron and Kenny's (1986) approach to mediation analysis was used to examine whether self-efficacy for teaching was a mediator to the relationship between structural empowerment in academia and the perceived severity rating of the types of uncivil behaviours. A mediation analysis was also used to identify whether self-efficacy for teaching mediated the relationship between structural empowerment and the frequency of uncivil classroom behaviours. Lastly, internal consistency for each instrument was examined using Cronbach's alpha coefficient.

Results

Descriptive Results

Table 2 shows the means, standard deviations, Cronbach alpha values, and Pearson correlations for the major study variables and subscales. Overall, the sample of nurse educators perceived themselves to be moderately empowered ($M= 16.74$, $SD= 4.28$). The highest empowerment subscale score was related to educators' perceived

access to information (M= 3.17, SD= .78) in the academic setting. The lowest empowerment score was seen in their perceived access to resources (M= 2.65, SD= .84) within the workplace.

Table 2

Means, Standard Deviations, and Cronbach Alpha Levels for All Study Variables

Variable	Range	M	SD	α
1. Total Empowerment	(6-30)	16.74	4.28	.96
2. Support	(1-5)	2.69	.87	.89
3. Opportunity	(1-5)	2.87	.79	.85
4. Information	(1-5)	3.17	.78	.87
5. Resources	(1-5)	2.65	.84	.81
6. Informal Power	(1-5)	2.68	.91	.70
7. Formal Power	(1-5)	2.68	.93	.81
8. Total Self-Efficacy	(0-100)	81.10	10.22	.96
9. Classroom Management	(0-100)	74.88	13.08	.89
10. Classroom Instruction	(0-100)	83.94	10.01	.96
11. Type (Level) of Incivility- Total	(1-4)	2.92	.70	.95
12. Type (Level) of Incivility- High	(1-4)	3.32	1.01	.98
13. Type (Level) of Incivility- Low	(1-4)	2.68	.64	.92
14. Frequency of Incivility- Total	(1-4)	2.15	.43	.92
15. Frequency of Incivility- High	(1-4)	1.51	.42	.83
16. Frequency of Incivility- Low	(1-4)	2.53	.51	.90

Educators had a high total self-efficacy for teaching score ($M= 81.10$, $SD= 10.22$). When items were separated into subscales, educators' self-efficacy for classroom instruction ($M= 83.94$, $SD= 10.01$) was higher than their self-efficacy for classroom management ($M= 74.88$, $SD= 13.08$).

Total incivility scores based on a range of uncivil student behaviours showed that educators typically rated the type (level) of behaviours as moderately uncivil ($M= 2.92$, $SD= .70$) and experienced (frequency) them rarely ($M= 2.15$, $SD= .43$) over the past 12 months. When rating the type of incivility, high-level uncivil behaviours ($M= 3.32$, $SD= .64$) were rated as being more uncivil than low-level uncivil behaviours ($M= 2.68$, $SD= 1.01$), which is consistent with the factor analysis that was used to bifurcate the variables (Clark et al., 2015). Moreover, the behaviours that are noted as more highly uncivil ($M= 1.51$, $SD= .51$) were experienced by educators less often in the past 12 months than those that are considered to be low-level uncivil behaviours ($M= 2.53$, $SD= .42$). ANOVA analyses were completed using the categorical demographic survey data, which included level of education, years of teaching experience, number of courses taught, and class size. When these analyses were carried out, one significant difference was present, which showed that with decreased class size there was an increase in total structural empowerment ($p \leq .05$). Upon further analysis, a decrease in class size showed significant difference and increase in the structural empowerment subscales of access to resources and access to information.

Analysis of skewness and kurtosis demonstrated adequate distribution among most variables (Kellar & Kelvin, 2013). The total self-efficacy variable and self-efficacy in classroom instruction subscale variable showed acceptable skewness, but the analysis of kurtosis showed these variables as leptokurtic (Kellar & Kelvin, 2013). This result

Table 3

Pearson Correlations of Major Study Variables and Subscale Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. Total Empowerment																
2. Support	.84** (.00)															
3. Opportunity	.84** (.00)	.65** (.00)														
4. Information	.84** (.00)	.75** (.00)	.60** (.00)													
5. Resources	.87** (.00)	.66** (.00)	.64** (.00)	.72** (.00)												
6. Informal Power	.81** (.00)	.56** (.00)	.72** (.00)	.57** (.00)	.60** (.00)											
7. Formal Power	.83** (.00)	.59** (.00)	.61** (.00)	.61** (.00)	.73** (.00)	.61** (.00)										
8. Total Self-Efficacy	.15 (.26)	-.02 (.86)	.21 (.13)	.13 (.34)	.12 (.39)	.24 (.08)	.10 (.47)									
9. Classroom Management	.21 (.13)	.07 (.62)	.24 (.07)	.23 (.09)	.16 (.23)	.28* (.04)	.07 (.64)	.88** (.00)								
10. Classroom Instruction	.10 (.45)	-.08 (.58)	.16 (.23)	.06 (.68)	.08 (.57)	.18 (.18)	.11 (.43)	.96** (.00)	.72** (.00)							
11. Type of Incivility- Total	-.21 (.12)	-.17 (.21)	-.25 (.06)	-.16 (.24)	-.19 (.16)	-.15 (.26)	-.14 (.29)	-.01 (.93)	-.04 (.78)	.01 (.97)						
12. Type of Incivility- High	-.17 (.21)	-.20 (.14)	-.13 (.36)	-.21 (.13)	-.14 (.31)	-.06 (.64)	-.13 (.34)	.03 (.83)	.02 (.90)	.03 (.81)	.89** (.00)					
13. Type of Incivility- Low	-.28 (.12)	-.11 (.42)	-.32* (.02)	-.09 (.53)	-.21 (.13)	-.21 (.13)	-.13 (.36)	-.05 (.72)	-.08 (.54)	-.02 (.87)	.90** (.00)	.60** (.00)				
14. Frequency of Incivility- Total	-.23 (.10)	-.18 (.20)	-.20 (.15)	-.24 (.07)	-.20 (.14)	-.18 (.18)	-.14 (.29)	-.15 (.27)	-.26* (.05)	-.07 (.64)	.32* (.02)	.22 (.11)	.36** (.01)			
15. Frequency of Incivility- High	-.14 (.32)	-.16 (.25)	-.10 (.45)	-.15 (.28)	-.17 (.21)	-.05 (.73)	-.07 (.61)	.02 (.91)	-.10 (.49)	.08 (.55)	.32* (.02)	.24 (.07)	.33** (.01)	.81** (.00)		
16. Frequency of Incivility- Low	-.24 (.08)	-.16 (.23)	-.22 (.11)	-.26 (.06)	-.19 (.17)	-.21 (.10)	-.16 (.24)	-.21 (.12)	-.31* (.02)	-.13 (.35)	.28* (.04)	.18 (.19)	.32* (.02)	.96** (.00)	.61** (.00)	

* $p < 0.05$, two-tailed ** $p < 0.01$, two-tailed

shows that a large majority of these self-efficacy scores are found around the mean.

Although this trend was not predicted, the results are thought to be reliable and consistent in nature, due the sensitive and rigorous nature of the scale used to measure the self-efficacy items (Bandura, 2006).

Preliminary Analysis

When analyzing the Pearson correlations of the major study variables, a statistically significant positive relationship was found between the total type (level) and frequency of uncivil behaviours ($r = .32$; $p = .02$). Also, there was a positive, albeit non-significant relationship between the total empowerment score and the total self-efficacy score ($r = .15$; $p = .26$), with stronger negative (inverse) correlations being found between structural empowerment in the type (level) and frequency of uncivil behaviour scores ($r = -.21$; $p = .12$ and $r = -.23$; $p = .10$). When focusing on self-efficacy, negative and weaker correlations were found between self-efficacy the type (level) and frequency of uncivil classroom behaviours ($r = -.01$; $p = .93$ and $r = -.15$; $p = .27$, respectively).

Educators' perceptions of opportunity in the work environment were inversely correlated with the perceived types of low-level uncivil behaviours experienced (frequency) in the classroom ($r = -.32$; $p = .016$). Informal power was positively associated with educators' perceived self-efficacy for classroom management ($r = .28$; $p = .04$). Finally, there were two statistically significant relationships between self-efficacy for classroom management and the total score for frequency of uncivil behaviours, as well as a higher correlation with frequency of low-level uncivil behaviours ($r = -.26$; $p < .05$ and $r = -.31$; $p = .02$).

Test of Hypotheses

A mediator is the term used for an intervening variable that helps to explain the relationship between the independent and dependent variable (Baron & Kenny, 1986). In testing for mediation, an analysis will look at how the independent variable influences the mediator variable and how the mediator variable then influences the dependent variable, instead of proposing that a direct causal relationship exists between the independent and dependent variable (Baron & Kenny, 1986). In this study, the variable of self-efficacy for teaching was proposed to impact: a) the relationship between structural empowerment and the typing of uncivil behaviours that nurse educators perceive as taking place in the classroom and b) the relationship between structural empowerment and the frequency of uncivil behaviours that nurse educators perceive as taking place in the classroom.

The first hypothesis tested whether the relationship between structural empowerment and the type of uncivil behaviours was mediated by self-efficacy for teaching. To analyze a mediating relationship, a four-step approach was used (Baron & Kenny, 1986). First, three simple regression analyses were completed between three different model paths (Baron & Kenny, 1986). Finally, a multiple regression was conducted with the three study variables to definitively assess for mediation (Baron & Kenny, 1986).

The first path analyzed involved a simple regression analysis between the total structural empowerment score and the total type score for uncivil classroom behaviours. Upon analysis, no significant relationship between these two variables was found ($p = .12$). However, structural empowerment was shown to account for 4.5% of the variance in the reported types of uncivil behaviours. The remaining paths were also not significant, which suggests a strong likelihood that there were no mediating effect in this model

(Baron & Kenny, 1986). To gain understanding of the variance contributions, the remaining paths were examined in this study. The second path that analyzed the relationship between structural empowerment and self-efficacy for teaching also showed no significant relationship ($p = .26$). Structural empowerment accounted for 2.3% of the variance found in educators' self-efficacy for teaching. Finally, there was no significant relationship between the total self-efficacy for teaching score and the perceived types of uncivil classroom behaviours ($p = .93$). As well, 0% of the variance in the type of uncivil behaviours was created by the educator's self-efficacy in teaching. Therefore, throughout the model there were no statistically significant relationships found, this gives a high likelihood that there was no mediation effect in this model (MacKinnon, Fairchild, & Fritz, 2007).

The total model for this analysis was tested using a multiple regression analysis. Table 4 shows the results of this analysis. No significant relationships were found, which concludes that self-efficacy for teaching did not mediate the relationship between structural empowerment and types of uncivil classroom behaviours.

Table 4

Hypothesis One. Predictors of Type of Uncivil Behaviours (Dependent)

Variables	B	SE	β	t	Sig.
Total Structural Empowerment	-.04	.02	-.22	-1.58	.12
Total Self-Efficacy	.001	.01	.02	.16	.88

Total $R^2 = .045$

The second hypothesis involved analyzing the relationship between educators' structural empowerment in the academic setting, self-efficacy for teaching, and perceived frequency at which they experienced uncivil behaviours in the past 12 months.

The first path in the model involved analyzing the relationship between structural empowerment and educators' perceived frequency of uncivil behaviours in the classroom. Using a simple regression analysis, this relationship was not significant ($p=.09$) and structural empowerment accounted for 5.0% of the variance in perceived frequency of uncivil behaviours. The second path that was analyzed involved the same variables as the second path in the first hypothesis. As stated previously, there was no significant relationship between structural empowerment and self-efficacy for teaching ($p=.26$) and structural empowerment accounted for 2.3% of the variance in self-efficacy for teaching. The third simple regression analysis examined the relationship between educators' self-efficacy for teaching and the frequency to which educators experienced uncivil classroom behaviours. This analysis resulted in a non-significant relationship ($p=.27$) being found, which accounted for 2.2% of the variance in the behaviour frequency variable.

As seen in the previous hypothesis, when all simple regression analyses are non-significant it can be presumed that there is no mediation effect taking place (Baron & Kenny, 1986). Table 5 shows a multiple regression analysis of the model for hypothesis two. As suggested, there were no significant relationships found within the model, with structural empowerment and self-efficacy in teaching accounting for a combined variance of 6.4% in the perceived frequency of uncivil classroom behaviours.

Table 5

Hypothesis Two. Frequency of Uncivil Behaviours in Last 12 Months (Dependent)

Variables	B	SE	β	t	Sig.
Total Structural Empowerment	-.02	.01	-.21	-1.58	.13
Total Self-Efficacy	-.005	.006	.12	.88	.38

Total $R^2=.064$

Test of Joint Significance

Through review of the correlation matrix, further subscales were analyzed for direct and indirect effects. Upon examination of significantly correlated sub-variables, a significant indirect effect was found through testing of joint significance. The indirect effect involved the sub-variables of informal power, self-efficacy for classroom management, and frequency of low-level uncivil behaviours.

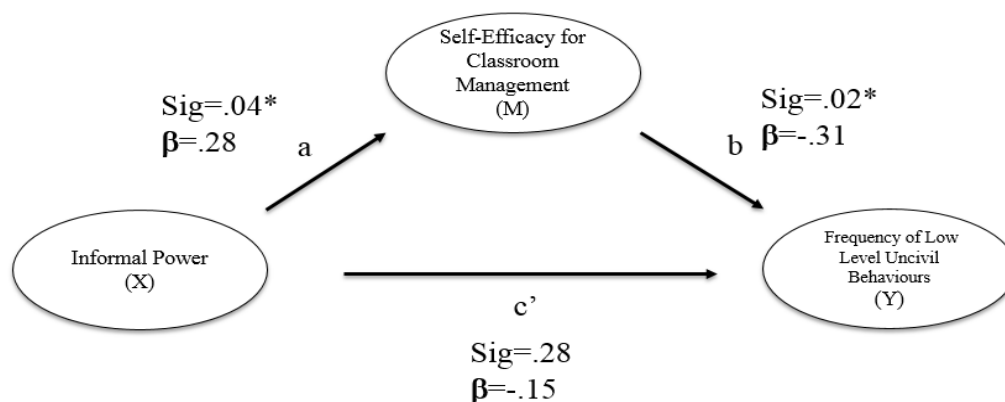


Figure 6. Model Testing Joint Significance

To test for joint significance, the coefficients and regression results of paths a and b need to be analyzed (Mallinckrodt, Abraham, Wei, & Russell, 2006). In this study, when looking at path a and the relationship between informal power (X) and self-efficacy for classroom management (M) a statistically significant relationship ($p = .04$) was found with a positive beta coefficient ($\beta = .28$). Secondly, for path b, the relationship between self-efficacy for classroom management (M) and frequency of low-level uncivil behaviours (Y), showed a statistically significant relationship ($p = .02$) and a negative beta coefficient ($\beta = -.31$). Since path a and path b were both statistically significant, this concludes that self-efficacy for classroom management had an indirect effect on the relationship between informal power and educators' frequency of low-level uncivil behaviours (Mallinckrodt et al., 2006).

When analyzing path c and c', both paths showed a non-significant relationship ($\beta = -.22$; $p = .10$ and $\beta = -.15$; $p = .28$, respectively). Once path c was examined in a multiple linear regression analysis as path c', the path was further from the significance level of .05 and the beta coefficient became closer to zero.

Table 6

Testing of Joint Significance

	β	Sig.	CI Lower Bound (95%)	CI Upper Bound (95%)	R^2
Path a	.28	.04*	.24	7.73	.078
Path b	-.31	.02*	-.02	-.002	.096

This alternative causal steps method of testing joint significance was chosen over other methods, such as bootstrapping, due to its straight forward nature and the decreased risk of type I error (Mallinckrodt et al., 2006). Mackinnon, Lockwood, Hoffman, West, and Sheets (2002) strongly recommend testing joint significance, over other methods, for investigations that involve simple intervening variables models, such as this study. The method itself is considered straight forward due to its simple linear regression analyses of path a and path b, without manipulation or bootstrapping effects (Mackinnon et al., 2002). Low levels of type I error were also reported when compared to other casual effect methods, giving evidence to the benefit of using this approach (Mackinnon et al., 2002). Mallinckrodt et al. (2006) also discuss the importance of confidence intervals and coefficients of determination (R^2) for each path when interpreting results from tests of joint significance. The R^2 values in this study show that the model (Figure 6) explains 7.8% and 9.6% of the variance for path a and b, respectively.

Discussion

The results of this study provide insights into the current state of structural empowerment and self-efficacy for teaching within nursing academia. As such, suggestions can be put forward regarding the impact of these two variables on the behaviours of students in undergraduate nursing classrooms. More specifically, an indirect relationship supports the idea that informal power sources can increase an educators' self-efficacy in classroom management, resulting in lower perceptions of low-level uncivil behaviours in the classroom.

Structural Empowerment

The results, with respect to structural empowerment in academic settings, are consistent with what has been reported in previous research about empowerment in

nursing academia, as well as within the practice setting (Singh et al., 2014; Oliver, Gallo, Griffin, White, & Fitzpatrick, 2014; Wing, Regan, & Laschinger, 2013). In this study, educators reported moderate levels of structural empowerment ($M=16.74$). There are a few demographic factors that may influence the overall scores for structural empowerment, whether it be positively or negatively. For example, the majority of study respondents were educated at a master's level or higher, which means they have more experience in the academic setting and therefore they may have access to previously established mentoring relationships and may be more comfortable and knowledgeable about where and how to access different resource and information supports (Nehls, Barber, & Rice, 2016). Class size must also be taken into account seeing as the majority of respondents work with smaller class sizes of less than 50 students. Depending on the composition of the course, smaller class sizes could come with a decreased course load as there are less students requiring feedback and support. Yet schools of nursing limit course enrollment for high work load courses, which may counteract the benefit of smaller class sizes in relation to structural empowerment (Dibiase & Rasemacher, 2005).

In particular, nurse educators rated having the most access to sources of information ($M=3.17$) in their work environment. Overall, the mean age for respondents was 39.7 years, which is significantly younger than the average nurse educator in Canada, where 60.2% of nurse educators are over the age of 50 (Canadian Association of Schools of Nursing, 2015). With this cohort of respondents being significantly younger, this increased access to information could be due to their increased comfort in using technology (Brodie et al., 2000; Henderson, Pollack, Gordon, & Miller, 2015; Spencer & McLaren, 2016). It is proposed that with an increased comfort with and use of technology in academia, information is easier to obtain and share between individuals. This can make

understanding one's role and the current nursing curriculum much easier due to the ease of communicating and accessing information documents (i.e., academic policies and procedures). Access to resources (M= 2.65) was the lowest rated category within the structural empowerment scale. This is consistently seen within the literature (Hebenstreit, 2012). Decreased access to resources suggests that nurse educators are experiencing a lack of time to complete the numerous tasks assigned to them (Hebenstreit, 2012). This may be due to increased workloads among educators and academic administrators, which may be related to the current global shortage of nurses and nursing educators (Nardi & Gyurko, 2013).

In this study regarding nurse educators, formal (M= 2.68) and informal (M= 2.68) power were found to be scored lower than in nursing research from the clinical practice setting (Laschinger et al., 2001). It has been studied by Westphal, Marnocha, and Chapin (2016) that financial resources in relation to salary/compensation may play a factor in the rewards based aspect of formal power. It is stated that nurse educators, without a doctoral degree, typically earn less than individuals in clinical practice-based settings with similar degrees (Westphal et al., 2016). Also, with a shortage of nurse educators (Nardi & Gyurko, 2013) workloads may be higher, leaving educators with less time to engage in collaborative activities decreasing their perceptions of informal power. These decreasing power scores give substance to the call for increased collaboration, remuneration, and visibility within the educator role in nursing academia (Laschinger et al., 2001).

Self-Efficacy for Teaching

In this study, undergraduate nurse educators reported a high level of self-efficacy for teaching. When the scale was further analyzed, it was found that educators' self-efficacy for classroom instruction was higher than their self-efficacy for classroom

management, these findings are consistent with the literature (Tschannen-Moran & Woolfolk Hoy, 2001). High levels of self-efficacy for classroom instruction showed that nurse educators felt prepared and confident to present material to students in the classroom environment (M=87.14). This result could be related to empowering structures, more specifically the participant's ability to access information. Through continuous learning and having information available, instructors may feel increasingly prepared to engage with students in the teaching-learning process (Hebenstreit, 2012). Within classroom instruction, educators felt they had the least amount of confidence in maintaining student attention (M=78.63) and having students participate in the teaching-learning process (M=79.64), which can potentially be the result of the prominent use of didactic teaching within the undergraduate classroom setting (Qureshi, Cozine, & Rizvi, 2013). Didactic teaching is known to be teacher centered and involves lower levels of participation from students when compared to more interactive and tutorial based approaches (Qureshi et al., 2013). A majority of the respondents also state that they have only been teaching for 10 years or less, and this could impact the level of student engagement, as with time and experience barriers to new learning activities and curriculum tend to decrease (Robb, 2012). Therefore, less experienced educators may struggle more with courses that are new to them (Robb, 2012), which may cause a decrease in student engagement.

In regards to self-efficacy for classroom management, educators felt confident in engaging students in setting classroom norms (M=82.95) and are able to recognize uncivil behaviours (M=80.89). This shows that educators understand what constitutes a negative student behaviour and that these issues must be addressed and academic policies be enforced (Luparell, 2007). Utilizing discipline strategies (M=69.02) and managing

negative classroom behaviours (M=68.21) were aspects of classroom management that educators showed the lowest self-efficacy for. This supports the literature regarding a lack of preparedness on behalf of educators in dealing with classroom behaviour issues (Billings & Halstead, 2012). Many educators fear the ramifications of confronting negative student behaviours, which include limited time and the emotional impact that these confrontations may have (Authement, 2016). Therefore, many educators can recognize the characteristics of uncivil student behaviours, but tend to avoid engaging in classroom management techniques, which increases the prevalence of negative student behaviours and decreases educator confidence or self-efficacy in classroom management.

Incivility in Nursing Education

The interaction between type and frequency of uncivil classroom behaviours perceived by educators within this study were consistent with previous research (Clark et al., 2015; Thompson, 2013). Overall, participants rated low-level uncivil behaviors as being more civil than those noted as high-level uncivil student behaviours. For example, expressing disinterest in the course material (M=2.13), leaving class early (M=2.30), and refusing to answer direct questions (M=2.25) were rated as less uncivil than behaviours such as, cheating on exams (M=3.41), threats of physical harm (M=3.38), and making discriminating comments (M=3.34). As well, low-level uncivil behaviours were experienced more often than high-level uncivil behaviours within nursing classrooms. This means that student behaviours such as, inappropriately using a computer or mobile phone during class time (M=3.36) and coming to class unprepared (M=3.04) were more frequently experienced than students making threatening statements (M=1.05) and damaging property (M=1.09). These results also supported the separation of uncivil behaviours into high and low levels as discussed in the factors analysis completed in

Clark et al (2015). The reinforcement of these results give validity to measure of student incivility while using the INE-R (Clark et al., 2015).

Informal Power, Classroom Management, and Perceptions of Student Behaviour

An indirect relationship was found during the testing of joint significance between informal power, self-efficacy for classroom management, and experiences with low-level uncivil behaviours. A relationship between informal power and educators' self-efficacy for classroom management was detected in this study, which accounted for 7.8% of the variance in the dependent variable. Evidence of this relationship has been seen in literature that examines collegiality and the influence it has on educators' performance and self-efficacy in the workplace (Shachar & Shmuelevitz, 1997). The other aspect of the indirect relationship involved the effect that nurse educators' self-efficacy for classroom management has on their experiences with uncivil classroom behaviours. This relationship accounted for 9.6% of the variance in the model. Previous research by Hicks (2012) examined the relationship between educators' self-efficacy for classroom management and perceived student behaviours. Hicks (2012) found that with increased self-efficacy there was also an increase in perceived positive student behaviours. Therefore, it can be suggested that supporting collegiality within academic workplaces, can increase educator's self-efficacy in managing classroom behaviours, resulting in decreased perceptions of low-level uncivil classroom behaviours.

The findings show that self-efficacy for classroom management was significantly correlated with low-level uncivil behaviours, but there was no significant correlation between self-efficacy and high-level uncivil behaviours. This can suggest that confidence in classroom management alone may not be effective in eliminating less frequent, but more violent uncivil student behaviours. A significant correlation was also seen between

self-efficacy in classroom management and the total frequency of uncivil classroom behaviours. Since the total perceived frequency of low-level uncivil behaviours score is included within the total frequency of uncivil behaviours score, it can be noted that the stronger relationship with the frequency of low-level uncivil behaviours may be what creates the significant relationship between classroom management and the total frequency of uncivil behaviours score. Furthermore, noting the lack of significance between self-efficacy in classroom management and the frequency of high-level uncivil behaviours solidifies that the key relationship within the total frequency score is heavily dependent on the educator's frequency of low-level uncivil behaviours in the classroom.

The significance of these findings show an increased need for collegial work environments within academia. This is made apparent through the indirect relationship that was found between informal power in academic settings, self-efficacy in classroom management, and the perceived frequency of low-level uncivil classroom behaviours. By supporting educators' relationships with colleagues, administrators can foster a workplace that is built on mutual respect and collaboration (Balsmeyer, Haubrich & Quinn, 1996). Increasing collegiality has also been shown to increase educators' self-efficacy in the classroom, specifically with managing behaviours (Skaalvik & Skaalvik, 2007). This increase in self-efficacy in classroom management, increases educator confidence in utilizing discipline strategies and managing negative behaviours in the classroom, which can decrease the amount of uncivil behaviours seen within the classroom. These findings show the impact that positive collegial relationships can have and the importance that administrators and educators hold to create an environment that fosters collegial relationships and civility.

Limitations

The limitations found in this study relate primarily to biases found in data collection and sampling. There was a potential for response bias to be present due to the use of self-report surveys (Polit & Beck, 2012). Individuals completing self-report surveys have been known to inflate their responses to portray themselves in a more positive light, this bias can potentially impact self-efficacy for teaching scores (Polit & Beck, 2012). Volunteer bias can also be a limitation of this study (Polit & Beck, 2012). When recruiting participants by mail-out survey, those who respond have the potential to be different than those who do not (Polit & Beck, 2012). The study design also comes with limitations, as there is no ability to measure temporality or incidence between the variables (Carlson & Morrison, 2009).

Implications and Recommendations for Nursing Education

The implications for nursing education begin with the impact that structural empowerment has on nurse educators. While the study identifies areas for improvement, given moderate perceived levels of structural empowerment, it does suggest that there are positive elements related to structural empowerment within nursing academia. The higher an educator's perceptions of empowerment are, the more positive views they will possess about their contributions and their role within the workplace (Laschinger et al., 2001). As such, the lower an educator's perceptions of empowerment, the less effective they feel in the workplace (Laschinger et al., 2001). To increase overall structural empowerment, educators need to feel as though their concerns are being heard, that required resources needed are made available to them, and an atmosphere of collaboration is present within the workplace (Armstrong & Laschinger, 2006). The implications of this study suggest a need for an increased focus on collegiality and interprofessional relationships, due to the

relationship seen between informal power and self-efficacy for classroom management. Informal power is rooted in the social connections that are made within the workplace (Kanter 1977). Therefore, developing strong links and positive communication with other educators and healthcare professionals (Kanter, 1977) may positively impact an educator's confidence for classroom management.

Approaches that are suggested in the literature for supporting collegiality include creating transparency within nursing faculties as to the expectations of creating a culture of civility, often completed through codes of conduct and educator retreats (Cipriano, 2011; Heinrich, 2017). Collegiality and educator training has an impact on self-efficacy for classroom management, as increased support and feedback from colleagues provides nurse educators with increased exposure to the four sources of self-efficacy (i.e., performance accomplishments, verbal persuasion, vicarious experience, and physiological response; Bandura, 1977; Skaalvik & Skaalvik, 2007).

A high level of self-efficacy in classroom management is beneficial for nurse educators as it creates protective effects against uncivil student behaviours. Having high levels of self-efficacy for classroom management means that educators will feel more confident in carrying out classroom management techniques (Bandura, 1977). Within this study, these techniques include recognizing distracting behaviours, utilizing effective discipline strategies, maintaining control of student behaviours throughout class, and engaging students in setting classroom norms. Methods for enhancing self-efficacy in classroom management include mentoring relationships (Gardiner, 2011) and classroom management training and workshops (Emmer & Stough, 2001). A relationship found in this study shows that with increased self-efficacy for classroom management there is evidence that educator perceptions of low-level uncivil behaviours will decrease. These

low-level uncivil behaviours include, expressing disinterest or boredom, arriving late for scheduled classes, skipping class, and the inappropriate use of computers and mobile phones (Clark et al., 2015). Since self-efficacy for classroom management influences the perceived frequency of low-level uncivil behaviours, it is important to consider the factors that impact educators' confidence for managing classroom behaviours.

In conclusion, the impact of increased informal power through attention to collegiality will foster educator self-efficacy for classroom management and could greatly benefit the teaching-learning environment, by decreasing educator perceptions of uncivil student behaviours. Different tools and strategies have been discussed regarding ways to increase educator perceptions of informal power and self-efficacy in classroom management. These strategies will help to decrease the repercussions of negative student behaviours, which include decreased educator job satisfaction (Clark et al., 2015; Skaalvik & Skaalvik, 2007). When educators feel confident in recognizing and deterring negative classroom behaviours, through the utilization of discipline and classroom management strategies, they will be more likely to collaborate with students in creating a positive learning environment (Allen, 2010; Billings & Halstead, 2012; Skaalvik & Skaalvik, 2007).

Conclusion

In this study, analyses provided information about the indirect relationship between informal power, self-efficacy for classroom management, and perceived frequency of low-level uncivil behaviours. These results sparked discussion as to the importance of collegiality within nursing academic environments as a means to support self-efficacy for teaching and more specifically to enhance confidence in managing negative classroom behaviours. Negative classroom behaviours knowingly impact

educator job satisfaction and job strain (Clark, 2008b; Luparell, 2007). Therefore these findings warrant further inquiry as to solutions and approaches that administrators and educators must take in order to create civil teaching-learning environments. Further research is needed in regard to the effectiveness of current approaches aimed at increased collegiality and self-efficacy for classroom management.

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PART THREE

IMPLICATIONS AND RECOMMENDATIONS

This study analyzed nurse educators' perceptions of structural empowerment, self-efficacy for teaching, and uncivil student behaviours within undergraduate nursing classrooms. The following chapter will discuss the study results in relation to implications and recommendations within academia.

Implications and Recommendations for Nursing Education

Structural Empowerment

The study results showed a moderate level of structural empowerment among nurse educators. These results are consistent with other studies that have examined structural empowerment within nursing academia (Babenko-Mould, Iwasiw, Andrusyszyn, Laschinger, & Weston, 2012; Hebenstreit, 2012; Laschinger, Finegan, Shamian, & Wilk, 2001). Upon further examination, access to information was rated as the highest dimension of structural empowerment. This dimension looks at access to information that educators have in regards to the goals of the curriculum, expectations of academia and administration, and access to knowledge that helps educators address student issues. The implications of educators having increased information regarding curriculum goals means that student learning could become more consistent between educators. This consistency allows students to make better connections between courses, increases the relevance of each course within the curriculum, and provides fairness and equality between course sections taught by different educators. In addition, educators will provide students with the information and support they require to better understand and engage in learning the skills and competencies required by nursing professionals (Frank, 2015). With increased information as to the expectations had by academic administration,

both educators and administrators will experience the benefits of effective communication and both will be more satisfied with the performance of the educator (Meyers & Sadaghiani, 2010). Without access to these kinds of information sources, educators will not feel adequately prepared to teach within the academic setting, which could have a negative impact on student achievement and learning outcomes (Boyd, Grossman, Lankford, Loeb, & Wyckoff, 2009). The recommendation for increasing access to information related to curriculum goals and role expectations is to provide all new and returning educators with the ability to access these sources of information. To increase this access, there must be an increase in transparency between educators and administrators, which may take place in comprehensive educator orientations (Baker, 2010) or through accessible online resources, such as frequently updated instructor resource websites (Fura & Symanski, 2014).

In regards to accessing information sources, the implications of increasing the educators' formal knowledge in academic teaching and resolving student issues, educators will be more confident in their role as they will feel prepared during instruction and management in the classroom (Swackhamer, Koellner, Basile, & Kimbrough, 2009). It can be recommended that strategies be implemented to increase the awareness of educators regarding the different teaching supports and professional development opportunities within the academic institution. Overall, this perception of having access to information can stem from expectations of educators to be actively engaged in continuous learning and understanding of their roles (Hebenstreit, 2012). With this increased engagement in continuing education, individuals gain new skills and therefore have access to new opportunities (Hebenstreit, 2012) and increases in self-efficacy (Swackhamer et al., 2009).

Access to resources was the lowest rated dimension, which is consistent with the literature on structural empowerment in nursing education (Hebenstreit, 2012). In this study, access to resources refers to the time available to complete work related tasks, as well as the availability of educators, administrators, and other healthcare professionals to support in the development of the educator's skills in the teaching role. Hebenstreit states that perceptions of low access to resources may be the result of the heavy workload among educators (2012). The implications regarding these lack of resources shows in educator inability or excessive stress in fulfilling workplace role expectations in relation to producing valuable research, quality teaching, and to continue their education through professional development (Durham, Merritt, & Sorrell, 2007; Hebenstreit, 2012). This leaves educators feeling as though they are unable to meet the expectations, which could decrease their perceptions of empowerment in their workplace, specifically related to accessing resources. A study by Seldomridge (2004) states that students have noticed the work demands of nursing faculty are extensive and are being completed for less remuneration compared to clinical practice roles. This has negative implications when recruiting new nurses to consider a career in the academic setting (Seldomridge, 2004). Recommendations to increase educator perceptions of resources presents a complex issue as the needs of the students will always be a priority over workload issues, especially with a nursing faculty shortage (Durham et al., 2007; Nardi & Gyruko, 2013). However, Durham et al. (2007), suggests that the creation of a workload policy that recognizes the contributions of nursing educators and fosters an academic environment of collaboration is vital in times of nursing faculty shortages. Other lower rated items in the structural empowerment survey were, rewards and recognition and rewards for innovative approaches. Fung and Gordon (2016) state, "the reward for committing seriously to

education and education leadership is perceived to be very much less than that gained through commitment to and success in research” (p.6). This leaves inadequate resources to provide reward and recognition for those with excellence in teaching (Beckmann, 2017). Without more attention given to effort-reward imbalances in nursing academia, educators will be at increased risk for job dissatisfaction and impaired well-being (Kinman, 2016). The implications to increasing rewards in nursing academia relates to the impact rewards can have on self-efficacy (Malik, Butt, & Choi, 2015). This could imply that by giving increased attention to the effort-reward imbalance of nurse educators, their self-efficacy for practices, such as classroom management and instruction, could be enhanced (Malik et al., 2015). As seen in this study, the increase in self-efficacy for classroom management could have minimizing effects on uncivil student behaviours in the academic classroom. Beckman (2017) recommends taking a collaborative rewards-based approach that encourages shared leadership, instead of a traditional top-down approach that is commonly seen within higher education. This distributive leadership approach focused on collaboration amongst educators, which results in an increased opportunity for professional recognition instead of competition for reward (i.e., promotion and research funding; Beckmann, 2017). These collaborative rewards-based activities were again supported by Bluteau and Krumins (2008), in which educators came together to create education resources from different perspectives and gave them the opportunity to learn from and recognize each other’s accomplishments and efforts.

Structural Empowerment and Class Size

A significant difference in educators’ perceived access to resources and information was found when examining the average number of students per course. This

finding suggests that with increased course enrollment educators require increased access to resources as well as support and collaboration from colleagues. With larger class sizes, educators have increased difficulty responding to student needs and demands, which is related to increased workload (Mulryan-Kyne, 2010). Since student needs often go unmet, there is a higher likelihood of the development of a poor classroom climate (Mulryan-Kyne, 2010). Secondly, educators that teach in larger sized classrooms may struggle with accessing or understanding the information sources related to structural empowerment. This can entail difficulty understanding the expectations of their role, the goals of the curriculum, and having the formal knowledge to solve student learning issues. This can be the result of the overwhelming workload that inherently comes with a large class size, such as, more student questions, higher volume of office hour visits, and increase in evaluations and grading. Although educators struggle to manage and engage large class sizes, students also find difficulty as they are less likely to achieve their learning goals within these classes (Sapelli & Illanes, 2016). Unfortunately, class sizes will continue to grow as the need to replenish and strengthen the nursing profession increases. Recommendations can be made to increase educator access to resources in the classroom, through increasing the number of teaching assistants made available or splitting up course sections into tutorial groups to allow for more student support from teaching and learning support personnel. These tutorials can be used to facilitate review of course content and allow students to ask any unanswered questions. This may also allow educators to feel supported in meeting student needs, as well as carrying out new and unique teaching strategies and evaluative processes that may not otherwise be implemented.

Self-Efficacy for Teaching

The results of the study showed a high level of self-efficacy for teaching among nurse educators. When the self-efficacy items were separated into subscales, self-efficacy for classroom instruction was rated higher than self-efficacy for classroom management, which is consistent with findings from the literature (Tschannen-Moran & Woolfolk Hoy, 2011). From these results, it is suggested that educators within undergraduate nursing education feel prepared and confident for engaging students in the classroom setting. This can be due to the expectations for continuing education and professional development in relation to teaching within the academic setting. When analyzed further, educators were found to have the most difficulty with maintaining student attention throughout lectures and involving students in the teaching-learning process. The implications regarding lack of student engagement may show as an increase in distracting behaviours within the classroom, these behaviours may include inappropriate use of technology in the classroom and participating in non-academic discussions, which results in an increased need for self-efficacy for classroom management and the intervention of management strategies (Drozdenko, Tesch, & Coelho, 2012). Drozdenko et al. (2012), also found an association between learning style and distractions within the classroom. Those with learning styles that do not match the pedagogy of the educator tend to have a higher likelihood of becoming distracted in the classroom (Drozdenko et al., 2012). This shows the importance of engaging students in the teaching-learning process to increase student engagement and interest in the course material, which may increase student attention.

Some nurse educators may struggle to understand their role in managing classroom behaviours, which is potentially due to the expectation that students will have a higher level of maturity and interest in course material when entering higher education.

Utilizing discipline strategies and managing negative behaviours were the items that educators reported the lowest self-efficacy for, showing only moderate confidence. These results suggest that educators may not feel prepared to manage classroom behaviours, which is consistent with the literature (Billings & Halstead, 2012). Educators tend not to address uncivil behaviours for a multitude of reasons, including lack of time and the emotional ramifications of confrontation (Authement, 2016). The implications of educators' poor management of uncivil behaviours are the creation of an environment where students feel as though these negative behaviours are appropriate in the classroom (Authement, 2016). It can be recommended that more attention be placed on classroom management strategies when engaging faculty through development initiatives and when hiring novice nurse educators. This would include informing educators about different strategies to manage classroom behaviours, including setting student codes of conduct (Authement, 2016). However, educators did feel highly confident in collaborating and engaging students in setting classroom norms and role modelling civility. This implies that the issue is not in the lack of understanding as to what a civil classroom resembles, but is due to a lack of comfort or self-efficacy in managing classroom behaviours. Therefore, recommendations should focus on enhancing self-efficacy for classroom management as opposed to educating on what constitutes civility.

Informal Power, Classroom Management, and Perceptions of Student Behaviour

In this study, there was an indirect relationship between informal power, self-efficacy for classroom management, and educator perceptions of the frequency of low-level uncivil classroom behaviours. To decrease educator perceptions of low-level uncivil behaviours, such as distracting classroom behaviours, informal power (through means of

collegiality) and self-efficacy for classroom management must be increased and supported.

Increasing collegiality. When stimulating change in self-efficacy for classroom management, educators can play a large role in facilitating their colleagues' positive outcomes. As previously discussed, this study has shown that increased informal power is correlated with a higher level of self-efficacy for classroom management. This shows the importance that workplace relationships have on the educator. Although positive relationships within a school of nursing can be supported by academic administration, the quality of inter-faculty collaboration relies heavily on each educator's engagement in the relational process. Educators have been known to criticize the implementation of collegial and collaborative processes in academia (Bush, 2016). Bush (2016) suggested a decline in educator popularity of collegial and collaborative processes, due to the amount of time it takes to participate in shared decision making and the grey area that is professional accountability within collaborative structures. Although collegiality may present issues such as these, it is still considered the model of good practice and has been shown to contribute to increased student achievement (Bush, 2016).

The recommendations of increasing collegiality between nurse educators is not only beneficial to educators and students, but it is also an expectation set out by the College of Nurses of Ontario ([CNO]; 2009). As stated in their *Ethics* guidelines for nursing practice, nurse educators are expected to maintain commitments to their colleagues, meaning they must work collaboratively and promote collegiality within their workplaces (CNO, 2009). The implications of a positive collegial relationship among nurse educators will involve characteristics of mutual respect, trust, support, and open communication (Mathes, 2011). Previous discussions have looked at academic

administrators as being an important factor in establishing and increasing collegiality between educators, yet there is need for a shared responsibility from all educators in the creation of a collegial work environment (Wojcieszek, Theaker, Ratcliff, MacPherson, & Boyd, 2014). It is suggested that with increased collegiality it is likely that an educators' self-efficacy for teaching can increase through vicarious experiences (Skaalvik & Skaalvik, 2007). The implications of witnessing other educators increase their own self-efficacy for teaching, through interactions with students and successes within the classroom, nurse educators can perceive an increase in their own self-efficacy for teaching (Skaalvik & Skaalvik, 2007). As such, to create a collegial work environment every educator must reflect upon their contributions to creating and sustaining such an environment.

In a dissertation by Robinson (2015), 23 full-time faculty members from different academic disciplines were interviewed to better understand what makes a coworker collegial. All 23 individuals discussed caring as a key factor in regarding their coworker as collegial (Robinson, 2015). These caring behaviours were noted to be experienced through mentorship, showing personal interest, compassion, trustworthiness, and appreciation (Robinson, 2015). Mentorship relationships were both formal and informal in structure and included helping new educators with becoming orientated, providing helpful feedback, and collaborating to improve research projects (Robinson, 2015). One of the participants explained having a mentor as, “really key especially for junior faculty members. You don't often know all the ins and outs of a particular institution or even the field at large...” (Robinson, 2015, p.38). Showing personal interest was also mentioned by most of the educators interviewed, which involves showing interest in getting to know one another (Robinson, 2015). For example, one educator explained, “we know one

another's work history, we know each other's capacity, each other's strengths...certainly those close relationships exist (Robinson, 2015, p. 40)". An implication of showing compassion can result in educators feeling accepted and understood within their workplace, which could increase the level of trust that coworkers have for one another (Robinson, 2015). Lastly, an implication of being appreciated within the workplace is that it enables educators to feel like a valued part of a team, one participant found appreciation to be the main component of collegiality and stated that, "I think collegiality is an appreciation for the performance that each person tries to put in every day (Robinson, 2015, p. 41)". Through education and becoming more aware of collegial behaviours, nurse educators will be able to modify their behaviours in order to create a more collegial environment and to increase educators' overall self-efficacy for classroom management.

Creating collegiality within a workplace environment can be extremely difficult for nurse educators and academic administrators, especially if the current culture is not positive. Since academic administrators hold a level of power within their nursing program, it is important that they act as role models and lead initiatives that can increase informal power and collegiality among their educators. There have been many recommendations in research that provide opinion as to the best method of increasing collegiality, the most commonly referenced being the creation of transparency throughout the faculty (Cipriano, 2011; Clark, Olender, Cardoni, & Kenski, 2011; Heinrich, 2017). Heinrich (2017) recommended that administrators hold retreats where educators can openly discuss what would make them feel more welcome in the academic environment. By having this openness, it is thought that a new culture can be developed, which changes the workplace culture to exhibit an increase in mutual respect (Heinrich, 2017).

Secondly, Cipriano (2011) discussed having open conversations with staff about collegiality and its importance in the workplace. From this discussion, a code of conduct may be developed to support the enactment of increased dignity, respect, and civility among educators (Cipriano, 2011). Although administrators can take a vital role, nurse educators must participate and engage in these initiatives to reap the benefits of increasing informal power structures.

Increasing self-efficacy for classroom management. This study has shown that as nurse educators' self-efficacy for teaching increases, their perceptions of the frequency of low-level uncivil behaviours within the classroom decreases. Therefore, this study not only shows a need to nurture collegiality in nursing academia, but also to foster nurse educators' self-efficacy for classroom management. Bandura (1977) states there are four different sources of information that can influence an individual's self-efficacy, these four sources are vicarious experience, verbal persuasion, emotional arousal, and enactive mastery experiences. These sources of information related to increasing self-efficacy for classroom management can be fostered through training workshops and mentoring relationships between educators.

There is no exact method to the management of classroom behaviours and therefore there are various approaches to increasing self-efficacy for classroom management (Alberts, Hazen, & Theobald, 2010). The most common recommendation for all nursing educators, regardless of experience, is to engage in knowledge development related to classroom management within higher education. This education should not focus solely on different skills required to manage student behaviour, but instead include general concepts that can be applied to the pedagogical approach used by the educator (Emmer & Stough, 2001). This is recommended because of the fluidity of an

educators' pedagogy over time, especially in the early years of teaching (Emmer & Stough, 2001). Emmer and Stough (2001) also discuss the importance of reflective practices, including journaling, throughout the development of classroom management skills. These learning sessions should be implemented upon orientation to teaching positions as well as with continued professional development within a teaching role at a specific school. The values and philosophies of the institution should be woven throughout these learning sessions in order to better match the educator's instruction and classroom management to the beliefs of the institution.

It is also recommended that educators increase their self-efficacy for classroom management through vicarious experience and verbal persuasion, which includes learning from the experience and feedback of other educators (Skaalvik & Skaalvik, 2007). This can be initiated through mentorship programs within schools of nursing that pair novice educators with more senior educators in order to support the development of self-efficacy for classroom management. Mentor-mentee relationships must be built on trust and willingness to collaborate and communicate on a continuous basis (Gardiner, 2011), therefore mentors in these programs are best selected on a volunteer basis. Through mentoring relationships, novice educators can learn from the past experiences of their mentors in order to gain confidence (Gardiner, 2011) in managing their own classrooms. These learning experiences, for example, can take place in monthly meetings in a relaxed environment where educators can engage in judgement free conversations about successes and challenges that they have experienced throughout their teaching careers. This mentorship can also be a source of positive or constructive feedback in regards to current teaching practices. Therefore, by fostering mentoring relationships between nurse

educators, schools of nursing can help to increase self-efficacy for classroom management in novice nurse educators.

Recommendations for Future Research

Initially, it would be beneficial to expand and replicate this study with a greater number of nurse educators from around Canada to gain a better understanding of the role that provincial context and curriculum may have in relation to the study results. This study could also examine different contexts of teaching in the nursing profession, such as clinical instructing, simulation and laboratory learning, as well as undergraduate and graduate nursing theory courses. This will allow for the development of a greater understanding of what aspects of structural empowerment help to determine educator self-efficacy for teaching and how this can impact student behaviours within all nursing learning environments. Similarities and differences between learning environments could also be examined to further support the educator based on the type of course being taught.

A qualitative study could be conducted to understand more about how structural empowerment and self-efficacy for teaching are experienced by nurse educators. As discussed previously, access to resources within academic environments has consistently been reported as the least accessible compared to all other components of structural empowerment. Gaining insights as to perceptions of what resources are or are not available and why, could be meaningful in carrying out other quantitative studies that can examine these issues on a larger scale. The results could support the creation of new policies and strategies within academia that provide high standards of support and resources to nursing educators. For example, policies regarding new faculty mentorship and strategies to ensure complete and comprehensive orientation for new and returning faculty should be considered. Also, within this study, nurse educators rated themselves as

lower in the self-efficacy for classroom management category. By developing qualitative questions that explore experiences of managing classroom behaviours in higher education and structural empowerment, a better understanding of how nurse educators perceive structural sources to aid or impede their overall self-efficacy for classroom management could be gained.

Conclusion

This study provides readers with implications and recommendations regarding academic incivility through dimensions of structural empowerment and educator self-efficacy for teaching. Supporting educator access to information sources was discussed to increase communication and role clarity between academic administration and nursing educations. In addition, resources, in the form of rewards and recognition, for educators was considered to be a necessary component to increasing educator empowerment in the workplace. Through analysis of these theories, connections were made between informal power, self-efficacy for classroom management, and incivility in nursing classrooms. Fostering informal power within educators through faculty mentorship programs was suggested as a way to increase self-efficacy for teaching, specifically in the domain of classroom management (Gardiner, 2011). The implications to developing these mentorship programs focused on the decreased educator perception of incivility in the classroom, creating more positive teaching-learning environments. Through engaging in further research that supports the understanding of structural empowerment, self-efficacy for teaching, and student classroom behaviours, nurse educators and researchers can discover new tools and strategies to create civil classrooms.

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APPENDICES**APPENDIX A****Study Instruments**

- A. 01 Demographic Questionnaire
- A. 02 Self-Efficacy for Teaching Tool
- A. 03 Incivility in Nursing Education-Revised (INE-R) Survey
- A. 04 Conditions of Work Effectiveness Questionnaire-II-
Education (CWEQ-II-Ed)

A. 01

Demographic Questionnaire

Participant No. _____

1. Age: _____ years old.
2. Gender:
 - Male
 - Female
3. What is your classified registration with the CNO?
 - General Class- Registered Nurse (RN)
 - Extended Class- Nurse Practitioner (NP) or RN(EC)
4. What is your highest level of education?
 - College Diploma
 - Bachelors Degree
 - Masters Degree
 - Doctorate
5. How many years of experience do you have teaching courses in a college or university classroom setting?
 - Less than 5 years
 - 5 to 9 years
 - 10 to 14 years
 - 15 to 19 years
 - 20+ years
6. How many courses have you taught in the past year?
 - 1
 - 2
 - 3
 - 4
 - 5 or more
7. How many students (on average) are enrolled in the classes you teach?
 - Less than 50
 - 51- 100
 - 101- 150
 - 151- 200
 - Greater than 200

A. 02

Self-Efficacy for Teaching

Participant No. _____

Self-efficacy is the belief or confidence that an individual can carry out a specific behaviour in order to create an outcome (Bandura, 1977). This tool was created to measure the level of self-efficacy that educators have for teaching by looking at classroom management and instruction.

Rate your degree of self-efficacy by recording a number from 0 to 100 using the scale provided below:

0	10	20	30	40	50	60	70	80	90	100
No Confidence					Moderately Confident			Highly Confident		

Please record your level of confidence for each item in the box on the right hand side labeled "Rating".

Classroom Management

	Rating
Recognize distracting behaviours within the classroom	
Utilize discipline strategies to eliminate distracting classroom behaviours	
Manage negative behaviours without disrupting student learning	
Maintain control of student behaviour throughout entire lecture	
Collaborate and engage with students to set classroom norms	

Classroom Instruction

	Rating
Engage in a teaching style that targets multiple learning styles	
Provide a safe and comfortable learning environment	
Exude confidence in presenting course material to students	
Engage in a teaching style that motivates students to be interested in class material	
Enable students to develop as learners in a way that supports their future success in the nursing profession	
Create an enjoyable classroom environment	
Maintain student attention throughout lectures	
Involve students in the teaching-learning process	
Role model civility	
Provide students with useful preparatory materials	
Effectively teach lecture material and answer student inquiries	

A. 03 **Incivility in Nursing Education-Revised Survey** (Clark et al., 2015)

Participant No. _____

Please circle the number corresponding to your perception or experience with the student behaviours listed below for the statement in both the left and right hand columns.

Rate the level of incivility for each student behaviour.				Student Behaviours	How often have you experienced or seen this in the past 12 months?			
Not Uncivil	Somewhat uncivil	Moderately Uncivil	Highly Uncivil		Never	Rarely	Sometimes	Often
1	2	3	4	Expressing disinterest, boredom, or apathy about course content or subject matter.	1	2	3	4
1	2	3	4	Making rude gestures or nonverbal behaviours towards others (e.g., eye rolling, finger pointing).	1	2	3	4
1	2	3	4	Sleeping or not paying attention in class (doing work for other classes, not taking notes).	1	2	3	4
1	2	3	4	Refusing or reluctant to answer direct questions.	1	2	3	4
1	2	3	4	Using a computer, mobile telephone, or other media device in a class, meeting, or activity for unrelated purposes.	1	2	3	4
1	2	3	4	Arriving late for class or other scheduled activities.	1	2	3	4
1	2	3	4	Leaving class or other scheduled activities early.	1	2	3	4
1	2	3	4	Being unprepared for class or other scheduled activities.	1	2	3	4
1	2	3	4	Skipping class or other scheduled activities.	1	2	3	4
1	2	3	4	Being distant and cold toward others (unapproachable, rejecting faculty or other student's opinions).	1	2	3	4
1	2	3	4	Creating tension by dominating class discussion.	1	2	3	4
1	2	3	4	Holding side conversations that distract you or others.	1	2	3	4
1	2	3	4	Cheating on examinations or quizzes.	1	2	3	4
1	2	3	4	Making condescending or rude remarks toward others.	1	2	3	4
1	2	3	4	Demanding make-up examinations, extensions, or other special favors.	1	2	3	4
1	2	3	4	Ignoring, failing to address, or encouraging disruptive behaviours by classmates.	1	2	3	4
1	2	3	4	Demanding a passing grade when a passing grade has not been earned.	1	2	3	4
1	2	3	4	Being unresponsive to e-mails or other communications.	1	2	3	4
1	2	3	4	Sending inappropriate or rude e-mails to others.	1	2	3	4
1	2	3	4	Making discriminating comments (racial, ethnic, gender) directed towards others.	1	2	3	4
1	2	3	4	Using profanity (swearing, cussing) directed towards others.	1	2	3	4
1	2	3	4	Threats of physical harm against others (implied or actual).	1	2	3	4
1	2	3	4	Property damage.	1	2	3	4
1	2	3	4	Making threatening statements about weapons.	1	2	3	4

A. 04
Conditions of Work Effectiveness Questionnaire – II – Education *(Siu et al., 2005)

Participant No. _____

Please answer the following questions as they relate to your teaching experiences in the academic setting. Indicate your choice by circling the appropriate number on the scale beside each item.

A) How much support for the following is present in the academic setting?	None		Some		A lot
Specific information and feedback about the things you do well.	1	2	3	4	5
Specific comments and feedback about things you could improve.	1	2	3	4	5
Helpful hints or problem solving advice.	1	2	3	4	5
Encouragement to pursue further education.	1	2	3	4	5
Encouragement to challenge ideas related to current teaching.	1	2	3	4	5
Assistance in getting materials and supplies needed to get the job done.	1	2	3	4	5
Open discussion of teaching concerns with an academic administrator (Director/Dean/Coordinator).	1	2	3	4	5
Reward and recognition for teaching accomplishments.	1	2	3	4	5

B) How much opportunity for each of these activities is there in the academic setting?	None		Some		A lot
Chance to gain new skills and knowledge in an educator role	1	2	3	4	5
Access to opportunities for professional development	1	2	3	4	5
Design learning experiences according to individual learning needs as an educator	1	2	3	4	5
Accomplish learning goals independently and on your own terms	1	2	3	4	5
Share with others what you have learned	1	2	3	4	5
The chance to assume different roles not related to current position	1	2	3	4	5
The chance to learn how the broader academic organization operates	1	2	3	4	5

C) How much access to information about each of the following do you have in the academic setting?	None		Some		A lot
Teaching/learning values of academic faculty	1	2	3	4	5
Goals of the curriculum.	1	2	3	4	5
Academic administrator's (i.e., Director/Dean/Coordinator) expectations of you.	1	2	3	4	5
Expertise of your peers gained from their teaching experiences.	1	2	3	4	5
Academic teaching expertise relevant to your teaching experiences.	1	2	3	4	5
Formal knowledge that helps you to solve issues in student learning (i.e., student evaluations or accommodation needs)	1	2	3	4	5

D) How much access to the following resources do you have in the academic setting?	None		Some		A lot
Time available to accomplish curricular goals	1	2	3	4	5
Academic administrators' availability for help with your learning needs about your teaching role	1	2	3	4	5
Availability of peers for sharing information about their teaching experiences	1	2	3	4	5
Availability of professionals (i.e., educators from other disciplines, nurses, doctors, and other members of health care team) for consultation on learning needs about your teaching role	1	2	3	4	5
Availability of other people to help with your learning goals as an educator (i.e., other educators, university librarian, community stakeholders, etc.).	1	2	3	4	5

E) To what extent is each of the following present?	None		Some		A lot
Visibility of my role within the institution	1	2	3	4	5
Rewards for innovative approaches to teaching	1	2	3	4	5
Flexibility allowed in the teaching process	1	2	3	4	5
Collaborating with educators about teaching strategies	1	2	3	4	5
Being sought out by educators for help with teaching	1	2	3	4	5
Seeking out ideas from professionals other than academic nurse educators (e.g., clinical teachers, educators from other academic disciplines, nurses, doctors, physiotherapists, occupational therapists)	1	2	3	4	5

Global Empowerment Scale

Please indicate the extent to which you agree or disagree with each statement.	None		Some		A lot
Overall, my current academic teaching environment empowers me to learn in an effective way	1	2	3	4	5
Overall, I consider my academic teaching environment to be very empowering	1	2	3	4	5

*This scale was derived from the Conditions of Learning Effectiveness Questionnaire (Siu et al., 2005), which is geared towards student learning effectiveness and has been modified to instead look at educator teaching effectiveness.

APPENDIX B**Letters of Information**

- B. 01 Initial Letter of Information
- B. 02 Follow-up Letter of Information

B. 01

Project Title: Undergraduate Nurse Educators' Perceived Structural Empowerment, Self-Efficacy for Teaching, and Perceptions of Uncivil Classroom Behaviours in Academic Settings

Principal Investigators: Yolanda Babenko-Mould, RN, PhD, Assistant Professor, Arthur Labatt Family School of Nursing, Western University; Molly Hunter, Master of Science in Nursing Student, Arthur Labatt Family School of Nursing, Western University

Letter of Information

1. Invitation to Participate

You are being invited to participate in this research study, which is looking to investigate the relationship between structural empowerment, self-efficacy for teaching and uncivil classroom behaviours in undergraduate nursing education. You are receiving this letter because the College of Nurses of Ontario classifies you as a nurse educator within the classroom environment as well as someone interested in participating in research.

2. Purpose of the Letter

The purpose of this letter is to provide you with information about the study in order for you to make an informed decision regarding your participation.

3. Purpose of this Study

Academic incivility is an increasing issue within today's undergraduate classrooms and is considered to be the use of discourteous speech or behaviour on behalf of the student or educator in the classroom setting. Overall, incivility has had negative impacts on the teaching-learning environment. Therefore, the purpose of the research study is to identify a relationship between structural empowerment in academic settings, nurse educators' self-efficacy for teaching, and their perceptions of the types and frequencies of uncivil classroom behaviours. It is with hopes that any relationship found can further contribute to the elimination of incivility in the classroom setting.

4. Inclusion Criteria

Individuals who are a) Registered with the College of Nurses of Ontario, b) currently working at an Ontario University or College, and c) teach undergraduate nursing students in a classroom setting.

5. Exclusion Criteria

Individuals that are not currently teaching in an academic classroom setting will be excluded from the study (i.e., clinical educators will not be included).

6. Study Procedures

If you agree to participate, you will be asked to fill out 4 short questionnaires that can be found within the same envelope as this letter. It is anticipated that this task will take approximately 15 minutes of your time. Once completed, you can place the surveys in the pre-stamped envelope and mail back to the researcher. A reminder post card will be mailed in two weeks and a full questionnaire package will be mailed again in four weeks as a follow-up for potential participants. There will be a total of 110 participants involved in the study from across Ontario.

7. Possible Risks and Harms

The researcher does not anticipate any potential risks or harms to individuals that participate in the study.

8. Possible Benefits

You may not directly benefit from participating in this study but information gathered might provide benefits to society as a whole, which include increasing our knowledge of factors that can increase student civility in the classroom. In turn, enhanced classroom civility might improve the overall teaching-learning environment, which could ultimately support learner outcomes.

9. Compensation

Compensation for participation is not included.

10. Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions with no effect on your future employment or academic status. You may withdraw from the study at any time; however, individual data can only be deleted prior to the analysis phase of the study.

11. Confidentiality

All data collected will remain confidential and accessible only to the investigators of this study. Your full name will only appear on mailing envelopes. Identification on the questionnaires will appear as a 5-digit code in order for your responses to remain anonymous to the researcher. The master study list with your name, address, and corresponding instrument code will be kept completely separate from the hard copy instrument data, and will be kept in a locked filing cabinet. The hard copy instruments will also be kept in a locked filing cabinet in the Principal Investigator's locked university office. If the results are published or presented, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database if it has not been analyzed. While we will do our best to protect your information there is no guarantee that we will be able to do so.

Representatives of The University of Western Ontario Non-Medical Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

12. Contacts for Further Information

If you require any further information regarding this research project or your participation in the study you may contact the graduate student researcher, Molly Hunter, at _____ or by email _____ or the Principal Investigator, Dr. Babenko-Mould

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics

13. Publication

If the results of the study are published, your name will not be used.

14. Consent

Completion and return of these surveys is indication of your consent to participate.

Sincerely,

Yolanda Babenko-Mould, RN, PhD
Assistant Professor
Arthur Labatt Family School of Nursing
Western University

Molly Hunter, RN
Graduate Student Researcher
Arthur Labatt Family School of Nursing
Western University

This letter is yours to keep for future reference.

B. 02

Project Title: Undergraduate Nurse Educators' Perceived Structural Empowerment, Self-Efficacy for Teaching, and Perceptions of Uncivil Classroom Behaviours in Academic Settings

Principal Investigators: Yolanda Babenko-Mould, RN, PhD, Assistant Professor, Arthur Labatt Family School of Nursing, Western University; Molly Hunter, Master of Science in Nursing Student, Arthur Labatt Family School of Nursing, Western University

Letter of Information

You are receiving this as a 4-week follow-up. If you do not wish to participate please discard this material.

1. Invitation to Participate

You are being invited to participate in this research study, which is looking to investigate the relationship between structural empowerment, self-efficacy for teaching and uncivil classroom behaviours in undergraduate nursing education. You are receiving this letter because the College of Nurses of Ontario classifies you as a nurse educator within the classroom environment as well as someone interested in participating in research.

2. Purpose of the Letter

The purpose of this letter is to provide you with information about the study in order for you to make an informed decision regarding your participation.

3. Purpose of this Study

Academic incivility is an increasing issue within today's undergraduate classrooms and is considered to be the use of discourteous speech or behaviour on behalf of the student or educator in the classroom setting. Overall, incivility has had negative impacts on the teaching-learning environment. Therefore, the purpose of the research study is to identify a relationship between structural empowerment in academic settings, nurse educators' self-efficacy for teaching, and their perceptions of the types and frequencies of uncivil classroom behaviours. It is with hopes that any relationship found can further contribute to the elimination of incivility in the classroom setting.

4. Inclusion Criteria

Individuals who are a) Registered with the College of Nurses of Ontario, b) currently working at an Ontario University or College, and c) teach undergraduate nursing students in a classroom setting.

5. Exclusion Criteria

Individuals that are not currently teaching in an academic classroom setting will be excluded from the study (i.e., clinical educators will not be included).

6. Study Procedures

If you agree to participate, you will be asked to fill out 4 short questionnaires that can be found within the same envelope as this letter. It is anticipated that this task will take approximately 15 minutes of your time. Once completed, you can place the surveys in the pre-stamped envelope and mail back to the researcher. There will be a total of 110 participants involved in the study from across Ontario.

7. Possible Risks and Harms

The researcher does not anticipate any potential risks or harms to individuals that participate in the study.

8. Possible Benefits

You may not directly benefit from participating in this study but information gathered might provide benefits to society as a whole, which include increasing our knowledge of factors that can increase student civility in the classroom. In turn, enhanced classroom civility might improve the overall teaching-learning environment, which could ultimately support learner outcomes.

9. Compensation

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10. Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions with no effect on your future employment or academic status. You may withdraw from the study at any time; however, individual data can only be deleted prior to the analysis phase of the study.

11. Confidentiality

All data collected will remain confidential and accessible only to the investigators of this study. Your full name will only appear on mailing envelopes. Identification on the questionnaires will appear as a 5-digit code in order for your responses to remain anonymous to the researcher. The master study list with your name, address, and corresponding instrument code will be kept completely separate from the hard copy instrument data, and will be kept in a locked filing cabinet. The hard copy instruments will also be kept in a locked filing cabinet in the Principal Investigator's locked university office. If the results are published or presented, your name will not be used. If you choose to withdraw from this study, your data

will be removed and destroyed from our database if it has not been analyzed. While we will do our best to protect your information there is no guarantee that we will be able to do so. Representatives of The University of Western Ontario Non-Medical Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

12. Contacts for Further Information

If you require any further information regarding this research project or your participation in the study you may contact the graduate student researcher, Molly Hunter, at _____ or by email _____ or the Principal Investigator, Dr. Babenko-Mould, at _____ or by email _____

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics

13. Publication

If the results of the study are published, your name will not be used.

14. Consent

Completion and return of these surveys is indication of your consent to participate.

Sincerely,

Yolanda Babenko-Mould, RN, PhD
Assistant Professor
Arthur Labatt Family School of Nursing
Western University

Molly Hunter, RN
Graduate Student Researcher
Arthur Labatt Family School of Nursing
Western University

This letter is yours to keep for future reference.

APPENDIX C

Content Validity Index for the Self-Efficacy in Teaching Tool

The following instrument has been created to assess the content validity of the items and scales that aim to measure self-efficacy for teaching. Please **rate the following items** in relation to their **relevance** to the underlying construct of either classroom management or classroom instruction. Each of the items can be circled or highlighted on a scale from 1 (not relevant) to 4 (highly relevant).

Construct: Classroom Management

<i>I feel confident that I can...</i>	Not Relevant	Somewhat Relevant	Quite Relevant	Highly Relevant
Recognize distracting behaviours within the classroom	1	2	3	4
Utilize discipline strategies to eliminate distracting classroom behaviours	1	2	3	4
Manage negative behaviours without disrupting student learning	1	2	3	4
Maintain control of student behaviour throughout entire lecture	1	2	3	4
Collaborate and engages with students to set classroom norms	1	2	3	4

Construct: Classroom Instruction

<i>I feel confident that I can...</i>	Not Relevant	Somewhat Relevant	Quite Relevant	Highly Relevant
Engage in a teaching style targets multiple learning styles	1	2	3	4
Provide a safe learning environment	1	2	3	4
Exudes confidence in presenting course material to students	1	2	3	4
Engage in a teaching style motivates students to be interested in class material	1	2	3	4
Enable students to develop as learners in a way that supports their future success in the nursing profession	1	2	3	4
Create an enjoyable classroom environment	1	2	3	4
Maintain student attention throughout class time	1	2	3	4
Involve students in the teaching-learning process	1	2	3	4
Role model civility	1	2	3	4
Provide students with useful preparatory materials	1	2	3	4
Effectively teach lecture material and answer student inquiries	1	2	3	4

APPENDIX D

Ethics Approval



Research Ethics

**Western University Non-Medical Research Ethics Board
NMREB Delegated Initial Approval Notice**

Principal Investigator: Dr. Yolanda Babenko-Mould
Department & Institution: Health Sciences\Nursing, Western University

NMREB File Number: 107768
Study Title: Undergraduate Nurse Educators' Perceived Structural Empowerment, Self-Efficacy for Teaching, and Perceptions of Uncivil Classroom Behaviours in Academic Settings

NMREB Initial Approval Date: April 13, 2016
NMREB Expiry Date: April 13, 2017

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Instruments	Study Instruments	2016/02/12
Western University Protocol	Received February 14, 2016	
Letter of Information	Follow-up	2016/04/02
Letter of Information	Initial LOI	2016/04/02

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

APPENDIX E

Study Tool Permission and Licensing

- E.01 Incivility in Nursing Education- Revised (INE-R) Scale
Permission
- E.02 Conditions of Work Effectiveness Questionnaire-II Permission

E.01 INCIVILITY IN NURSING EDUCATION SCALE PERMISSION

COPYRIGHT LICENSE AGREEMENT

This License Agreement (the "License") is made and entered into this 15th day of April, 2016, by and between Boise State University, hereinafter referred to as the "Licensor," and Molly Hunter, hereinafter referred to as the "Licensee."

WHEREAS, the Licensor owns certain rights, title and interests in the Incivility in Nursing Education Revised (INE-R) Survey, hereafter called the "Licensed Works," and

WHEREAS, the Licensor desires to grant a license to the Licensee and Licensee desires to accept the grant of such license pursuant to the terms and provisions of this License Agreement for the purposes of permitting Licensee to use the Licensed Works for non-commercial purposes as outlined herein;

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The License granted herein is for one-time implementation of the Licensed Works for non-commercial purposes only. The Licensed Works are more particularly described as quantitative and qualitative items and is used to gather administrator, staff, faculty and students' perceptions of uncivil, disruptive, and threatening behaviors, the frequency of these perceived behaviors and to elicit suggestions for prevention and intervention. Licensee shall not be authorized to create derivative works of the Licensed Works without the written approval of Licensor. The Licensor reserves all other rights and interest in the Licensed Works, including copyright. Each copy of the Licensed Works and every written documentation, description, marketing piece, advertisement, or other representation of or concerning the Licensed Works shall conspicuously bear a notice of the Licensor's copyright in this form "Copyright 2014 Boise State University. All rights reserved". Licensor represents and warrants that it is the rightful owner of all the rights granted herein, has obtained all required licenses, rights and permissions necessary to convey and hereby does convey the License free and clear of any and all claims, encumbrances and liens.

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8. Abandonment by Licensee. In case of abandonment of this License by Licensee, Licensee shall give notice to Licensor of its intent to abandon, and the Licensed Works shall thereupon be free and clear of this License and of all rights and privileges attaching thereto.
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LICENSOR

LICENSEE

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In witness whereof, the parties hereto have executed this License on the day and year first above written.

Licensee:

By

Date: April 15th, 2016

Date:

4/15/16

E.02

CONDITIONS OF WORK EFFECTIVENESS QUESTIONNAIRE-II PERMISSION



I request permission to copy the Nursing Work Empowerment Scale as developed by Dr. G. Chandler and Dr. Heather K. Spence Laschinger. Upon completion of the research, I will provide Dr. Laschinger with a brief summary of the results, including information related to the use of the Nursing Work Empowerment Scale used in my study.

Questionnaires Requested:

Conditions of Work Effectiveness-I (includes JAS and ORS):

Conditions of Work Effectiveness-II (includes JAS-II and ORS-II): Yes

Job Activity Scale (JAS) only:

Organizational Relationship Scale (ORS) only:

Organizational Development Opinionnaire or Manager Activity Scale:

Other Instruments: Specifically looking to use the CWEQ-II-Education

Please complete the following information:

Date: March 15, 2016

Name: Dr. Yolanda Babenko-Mould and Molly Hunter

Title: Undergraduate Nurse Educators' Perceived Structural Empowerment, Self-Efficacy for Teaching, and Perceptions of Uncivil Classroom Behaviours in Academic Settings

University/Organization: Western University

Description of Study: The proposed study is looking to examine the effect of structural empowerment on nurse educators' self-efficacy for teaching, and their perceptions of incivility in academic nursing classrooms. The population is undergraduate nursing educators in the classroom setting.

Permission is hereby granted to copy and use the Nursing Work Empowerment Scale

Date: March 17, 2016

CURRICULUM VITAE**MOLLY A. HUNTER**

Education: Western University
London, Ontario, Canada
2012-2014 BScN

University of Waterloo
Waterloo, Ontario, Canada
2008-2012 BSc Health Studies and Gerontology

Honours and Awards: Arthur Labatt Scholarship in Nursing, Western University
2014

Dr. Edith M. McDowell Award, Western University
2014

Ontario Graduate Scholarship, Western University
2014/2015

Western University Gold Medal Award, Western University
2014

Work Experience: Learning Support Technician, Western University
2016-2017

Clinical Instructor, Western University
2016-2017

Research Assistant, Western University
2016

Teaching Assistant, Western University
2014-2016

Registered Nurse
Saint Elizabeth Health Care, Seaforth, Ontario
2015-2016

Registered Nurse
London Health Sciences Centre (LHSC), London, Ontario
2014-2016