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Civility Matters: Overcoming Workplace Incivility using an Interactive Education Intervention

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CIVILITY MATTERS: OVERCOMING WORKPLACE INCIVILITY USING AN

INTERACTIVE EDUCATIONAL PROGRAM

BY

JOY LYNN STODDARD

A Scholarly Project submitted to the College of Nursing
in partial fulfillment of the requirements
for the degree

Doctor of Nursing Practice

University of New Mexico
College of Nursing
Albuquerque, New Mexico

Capstone Chair: Dr. Angeline Delucas

Capstone Committee Member: Dr. Felina Ortiz

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"Civility Matters: Overcoming Workplace Incivility using an Interactive Educational Program,"

a scholarly project prepared by Joy Lynn Stoddard, in partial fulfillment of the requirements for

the degree, Doctor of Nursing, has been approved and accepted by the following:

"Civility Matters: Overcoming Workplace Incivility using an Interactive Educational Program"

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ABSTRACT

CIVILITY MATTERS: OVERCOMING WORKPLACE INCIVILITY USING AN

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BY

JOY LYNN STODDARD

University of New Mexico

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Albuquerque, New Mexico

Dr. Angeline Delucas, Chair

Workplace incivility (WPI), a global issue, particularly affects healthcare settings due to stressful work environments and a largely female workforce. Victims of WPI have up to 33% increased turnover, with many leaving their professions entirely. The cost of turnover, particularly within the first year, may be as high as 125% of the nurse's salary.

Researchers identified the need to implement measures to prevent and manage WPI. The Joint Commission (TJC) calls for requiring hospitals to implement code-of-conduct policies defining acceptable and unacceptable behaviors. Code-of-conduct policies assist leaders in addressing offenders of WPI.

Targets of WPI typically lack the skill set and assertiveness to confront misconduct. This scholarly project focused on the interactive educational training necessary to empower targets of WPI in healthcare settings. The project utilized an established interactive educational program developed by the 2012 Robert Wood Johnson Foundation Executive Nurse Fellows Program,

PACERS. The social-ecological model (SEM) served as the foundational framework for the educational program.

A quantitative analysis was carried out, using descriptive statistics to analyze the demographic data of the voluntary participants from an adult inpatient service line at a central New Mexico hospital. Participants identified rates of WPI utilizing a Civility Index survey. Survey data was then examined, comparing rates of WPI at baseline, 2-weeks, 3-months, and 5-months post educational offering.

Results indicated that there were lower-than-expected levels of WPI reported at baseline. Civility Index scores increased post-intervention and were sustained at 3 and 5 months post-intervention. Results of the study suggested that the educational intervention increased civility awareness among healthcare workers, with sustained results over time.

DEDICATION

My scholarly project work is dedicated to my family. My father, Ellison, always taught me that I could do anything and be anyone I set my mind to. He encouraged me with a Christian love no one has replicated. I know he must be proud looking down from Heaven. My mother, Elaine, stood beside my father in support of my hopes and dreams. My husband, Dan, has always stood behind me encouraging me to follow my dreams. He is my strength in times of doubt. My continued drive and accomplishments set the example for my children – Brody and Danny. The unconditional love of my family is my True North.

I also dedicate this work to those who are afraid to chase their dreams. The first on either side of the family to attend college, a terminal degree seemed unattainable. Fortunately, my journey has been guided by many wonderful mentors over my career.   Initially, my manager and charge nurses believed in me and aided in overcoming my own challenges with workplace incivility as I began my career. As I completed my graduate degree, my advisor saw something in me I had not recognized in myself. She continued to mentor me from a distance over the years until her death. Without their mentorship and guidance, I would have never taken the step to a terminal degree.

To those afraid to take the first step, I would like to leave this quote by Dr. Steve Maraboli (n.d.): "You were put on this earth to achieve your greatest self, to live out your purpose, and to do it courageously."

ACKNOWLEDGEMENTS

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LIST OF ACRONYMS

IRB   Institutional Review Board

PACERS   *p*assionate *a*bout *c*reating *e*nvironments of *r*espect and civilitie*s*

REDCap   Research Electronic Data Capture

SEM   social-ecological model

TJC   The Joint Commission

UNM   University of New Mexico

WPI   workplace incivility

CHAPTER 1

INTRODUCTION AND BACKGROUND

Incivility in the workplace is a global problem. While *workplace incivility* (WPI) affects all occupations, healthcare professionals are particularly at risk due to a largely female population and stressful work environments (Park, Cho, & Hong, 2015). Offenders of WPI often master looking virtuous in the public's eye by showing compassion and praise for their targets (Skehan, 2014).

In a nation-wide survey of healthcare professionals conducted by the Workplace Bullying Institute (*N* = 1,000), Namie, Christensen, and Phillips (2014) found 27% of respondents suffered abusive conduct or incivility in the workplace. Another 21% witnessed uncivil or abusive behaviors and 72% reported being aware that WPI occurs. WPI negatively impacts employee commitment, satisfaction, productivity, and even personal physical and mental well-being (Skehan, 2014). According to Skehan (2014), WPI creates significant financial burdens on employers. Estimates suggest that the annual cost of lost employee productivity due to WPI may be as high as $12,000 per nurse (Lewis & Malecha, 2011). In up to 33% of cases, WPI leads to increased turnover in organizations (Skehan, 2014). Skehan found nurses who experienced or witnessed WPI were more likely to leave their jobs; further, many left the nursing profession entirely. Per Hansen (2015), the cost of turnover, particularly within the first year, may be as high as 125% of the nurse's salary.

Researchers identified the need to implement measures to prevent and manage WPI. In 2008, The Joint Commission (TJC) released a sentinel-event alert requiring hospitals to implement code-of-conduct policies defining acceptable and unacceptable behaviors by 2009. Code-of-conduct policies assist leaders in addressing offenders of WPI. However, targets of

such negative behavior typically lack the skill set and assertiveness to confront misconduct. They may need assistance in learning techniques to confront incivility (Griffin & Clark, 2014). This study will focus on the interactive educational training necessary to empower targets of WPI in healthcare settings.

Problem Statement

Nursing turnover places an enormous financial burden on healthcare organizations (Huddleston & Gray, 2016). Literature shows nursing turnover, commonly related to WPI, costs organizations upward of $60,000 per nurse (Hansen, 2015; Huddleston & Gray, 2016; Lewis & Malecha, 2011; Park et al., 2015; Skehan, 2014). Retention of nurses depends on establishing and maintaining healthy work environments. Human behaviors, including eliminating acts of bullying, can be improved and sustained when environments and policies support civility (Lewis & Malecha, 2011). The literature is replete with recommendations for measures to address WPI. In 2008, TJC released a sentinel-event alert requiring hospitals to implement code-of-conduct policies defining acceptable behavior by 2009. Code-of-conduct policies assist leaders in addressing offenders of WPI. Unaddressed WPI results in increased turnover and related cost as well as unhealthy work environments.

Study Purpose

Identifying the prevalence of workplace civility in an acute care setting before and after employees participated in an established interactive educational program served as the purpose of this study. The 2012 Robert Wood Johnson Foundation Executive Nurse Fellows Program established the educational program used in the study. The project team utilizes the acronym PACERS to describe themselves because they are *p*assionate *a*bout *c*reating *e*nvironments of *r*espect and civilitie*s*, with a focus on creating and sustaining a healthy work environment.

WPI affects patient safety and employee engagement, satisfaction, turnover, and retention, and negative implications for healthy work environments (Hansen, 2015; Huddleston & Gray, 2016; Lewis & Malecha, 2011; Park et al., 2015; Skehan, 2014). The literature calls for nursing leadership action to address WPI, but lacks specific recommendations for interventions to reduce misconduct (Clark, 2013; Namie et al., 2014; Skehan, 2014; TJC, 2008). Identifying the breadth of WPI is simply the first step in beginning to address the larger problem.

The social-ecological model (SEM) served as a theoretical framework for this study. The SEM evolved from the fields of sociology, psychology, education, and health, and focuses on the nature of people's interactions with others in their environment (Jimerson, Swearer, & Espelage, 2010). Understanding human interactions in workplace environments is critical to managing WPI. Each element of SEM underpins the concepts from which WPI occurs. Thus, the model provided a foundation for educating staff about WPI and appropriate responses.

Objectives and Goals

The objective of this study examined the effect of awareness of WPI on levels of incivility behaviors. In addition to identifying pre- and post-intervention levels of civility, three goals were defined:

1. Empower staff with tools to overcome WPI by offering an established educational session.

2. Determine whether WPI awareness would improve workplace civility.

3. Assess the long-term impact of the results at 3 and 5 months post-implementation.

Chapter 2 includes a systematic review of the literature. In particular, current discourses of WPI management will be explored. Chapter 3 describes the methodology and theoretical

framework utilized in this study. Finally, Chapter 4 presents the results, a discussion of the

findings, and recommendations for future research.

CHAPTER 2

REVIEW OF THE LITERATURE

A systematic review of the literature regarding WPI utilized the Agency for Healthcare

Research and Quality, CINAHL, Cochrane, EBSCO, and PubMed databases. Inclusion criteria

for the review required research to be peer-reviewed and published between 2000 and 2016.

Search terms derived from the literature and included combinations of the following: civility,

incivility, bullying, horizontal hostility, lateral violence, nurse-to-nurse hostility, workplace

incivility, workplace bullying, and workplace violence. Nine articles most relevant to civility

matters will be discussed in detail. Subtopics include contributors to WPI, measurement of

civility, recruitment, job satisfaction and retention, and impact on productivity.

Contributors to WPI

Hershcovis et al. (2007) conducted a meta-analysis to examine contributors to *workplace

aggression*. A review of 57 empirical studies focused on employee-initiated workplace

aggression. As defined by Hershcovis et al. (2007), workplace aggression is any behavior

initiated by employees that is intended to harm an individual within their organization or the

organization itself. The search included both published and unpublished studies on workplace

aggression using traditional search methods as well as manual searches of bibliographies of

articles relevant to the topic. The search yielded 191 relevant articles. Only correlational studies

with at least one independent variable were included. Based on the target identified in each

study, aggression was classified into four categories: (a) interpersonal aggression (coworker and

unspecified), (b) interpersonal aggression (supervisor), (c) organizational aggression, and (d)

combined interpersonal and organizational aggression.

The meta-analysis revealed the strongest predictors of interpersonal aggression were *trait anger*, or the predisposition to respond with aggression, and *interpersonal conflict*, or discrepant views between two or more coworkers (Hershcovis et al., 2007). Hershcovis et al. (2007) speculated that incivility escalates or spirals out of control when commonly violated by coworkers, thus, becoming a social norm within the work environment. Analysis revealed that situational constraints, job dissatisfaction, and interpersonal conflicts strongly predicted organizational aggression. Sex and trait anger predicted both interpersonal and organizational aggression, with males exhibiting more aggression than females. Limitations of the analysis included not clearly separating targets of aggression and not identifying patterns of aggressors.

Nielsen, Tange, Idsoe, Matthiesen, and Mageroy (2015) conducted a meta-analysis examining the relationship between bullying and post-traumatic stress disorder (PTSD). They reviewed studies on incivility, social undermining, general abuse, and aggression. A search yielding 29 studies resulted in only three meeting inclusion criteria. Only studies utilizing validated instruments of PTSD were included. All studies were cross-sectional and based on survey data.

Results of the meta-analysis demonstrated an association between bullying and symptoms of PTSD (Nielson et al., 2015). The analysis further revealed that adults bullied as adolescents were at greater risk of being bullied as adults. Early bullying can be complicated by parental maltreatment, domestic violence, and demographic factors leading to vulnerability. Unfortunately, you cannot change the pasts of the aggressors. Regardless of the origin of PTSD symptoms, findings consistently point to the role of bullying. Limitations of the analysis include a focus on survey questionnaires and a simple cause-and-effect relationship between bullying and PTSD (Nielson et al., 2015).

Measurement of Civility

Palese, Dante, Tonzar, and Balboni (2014) conducted a study in a large teaching hospital utilizing the Nurse-to-Nurse Healthy Work Environment instrument to identify factors associated with a perceived healthy work environment. Palese et al. defined *healthy work environment* as the presence of clear strategies aimed at enhancing trust, organizational culture (i.e., supporting communication and collaboration), and physical and emotional safety. Translated into Italian using a forward/backward technique, the Nurse-to-Nurse Healthy Work Environment instrument was administered to 22 units within the hospital. Nurses employed in the units for at least 6 months were eligible to participate, totally 305. A short demographic questionnaire included age, gender, nationality, years in nursing, and years working in the facility. The researchers administered 305 questionnaires; 11 were eliminated (3.6%) due to incomplete information, resulting in a total of 294 participants (96.4%); forty-three male (14.6%) and 251 female (85.4%). Participants averaged in age at 39.5 years and 16 years in the length of nursing career.

Tool content validity and reliability remained stable, with an alpha of .82 (Palese et al., 2014). Overall, only 87 nurses (29.6%) identified the work environment as healthy. The nurses overwhelmingly acknowledged their own efforts to create a healthy work environment. However, participants indicated that leadership did not value or recognize their concerns. Compared to other medical departments, the surgical departments rated themselves as healthier work environments. Limitations with the measurement instrument included the inability to identify new facility models.

Tecza et al. (2015) developed an instrument to measure both civil and uncivil behaviors among nursing students in a hospital clinical environment. Additionally, the researchers aimed to assess nursing students' perceptions of the impact of incivility on their transition to

professional practice. Tecza et al. proposed that incivility, modeled based on the behaviors of nursing instructors, subsequently perpetuates by newly graduated nurses in professional practice. Their extensive literature review revealed three student–instructor behavioral themes: mutual respect, guided participation, and student centeredness. A short instrument was developed containing 12 items (four for each theme) measured on a 4-point Likert scale.

Four-hundred, ninety-six student nurses were recruited over a period of two semesters to participate in the study. Six participants elected not to answer more than 10% of the items. Their responses were therefore removed, resulting in 490 participants. The instrument was found to be valid and reliable ($\alpha = .901$; Tecza et al., 2015). The instrument did not, however, identify the roots of incivility or the long-term impact on the work environment. Limitations of the study included that data only collected in one pediatric hospital and only following brief clinical rotations (3–16 weeks).

Recruitment, Job Satisfaction, and Retention

Hershcovis (2011) conducted a meta-analysis to examine five distinct workplace aggression constructs: abusive supervision, bullying, incivility, social undermining, and interpersonal conflict. Hershcovis began by defining each concept utilizing existing literature and following strict inclusion criteria. Correlations of data included comparisons for seven of a possible 25 characteristics. The study then took a deeper dive into victims' perceptions of the seven characteristics and identified five potential moderators of workplace aggression: intent, intensity, frequency, perceived invisibility, and perpetrator–victim relationships.

The researchers rejected the hypothesis: abusive supervision and bullying would have a stronger correlation with the outcome variables (Hershcovis, 2011). Incivility demonstrated a stronger correlation with job satisfaction and turnover intent than bullying. Bullying showed

more strong correlation with physical well-being than interpersonal conflict. Several constructs overlapped (i.e., measured the same relationship); thus, multicollinearity was a limitation of the study.

Laschinger, Wong, and Grau (2012) conducted a study to test a model linking new graduate nurses' perceptions of their immediate supervisor and authentic leadership behaviors to experiences of workplace bullying, job satisfaction, and turnover intention. The model tested a cohort of newly graduated nurses with less than 2 years' experience in acute care facilities in Ontario, Canada. Four instruments gathered information, three of which were mailed surveys. The fourth instrument used retention data from human resources in the facilities.

The Ontario registry provided a potential participant list of 907 practicing newly graduated nurses for the study (Laschinger et al., 2012). Of the 907 surveys mailed, 365 were returned; 23 of the nurses were not working in acute care settings and their responses were excluded. The final sample included 342 nurses (38% return rate); 313 female (91.5%) and 26 male (7.6%). The participants averaged in age 28 years, with 1.04 years of nursing experience. The findings pointed to the importance of authentic leadership in creating environments that discourage bullying and promote retention of new nurses.

Laschinger, Leiter, Day, and Gilin (2009) examined the impact of empowering work environments versus environments with WPI on experiences of burnout and retention. The authors proposed empowerment strategies are designed to increase employees' control over their work, increasing job satisfaction and commitment. According to Laschinger et al., the core elements of empowerment are access to opportunity, information, support, and resources. The study utilized five instruments for data collection via mailed surveys.

A total of 1,106 hospital employees from five organizations participated in the study; 612 of these employees were staff nurses (Laschinger et al., 2009). All employees received mailed surveys; however, the sample of staff nurses served as the focus of the study. Forty percent of participants responded, comprised of 95% females, 5% males, averaging 41.3 years of age. Workplace civility rates reported low for both supervisors and employees. Most nurses reported experiencing some sort of incivility from their supervisors, and 77.6% reported coworker incivility. Respondents reported moderately high levels of job satisfaction and organizational commitment, with low levels of turnover intention. Limitations include the short study time and the cross-sectional nature of the study, which impeded making strong claims of causality.

Wilson, Diedrich, Phelps, and Choi (2011) completed a retrospective descriptive cross-sectional design study to examine the degree of horizontal hostility in a facility. Further, they examined the extent to which perceptions of horizontal hostility affected call-ins and turnover intent. Researchers distributed surveys to all registered nurses within an acute care facility in the Southwest.

The study reported 130 surveys collected, representing a 26% response rate (Wilson et al., 2011). The majority of the respondents were female ($n = 98$ or 90.7%), with 58% reporting at least 10 years of nursing experience. Nearly 85% ($n = 105$) of respondents reported having witnessed horizontal hostility within the organization. Additionally, 40% conveyed a definite intent to leave or considering leaving their current position due to horizontal hostility. Limitations of the study include the small sample size and the use of a single site for data collection.

Impact to Productivity

Lewis and Malecha (2011) conducted a survey study to investigate the impact of WPI on costs and productivity among staff nurses. They defined WPI as low intensity deviant behavior with ambiguous intent to harm the target. The study design nonexperimental, correlational, and comparative, used a predictive model and a survey methodology. The Texas Board of Nursing provided researchers a mailing list for all licensed nurses in the state of Texas ($N = 95,195$). A random sample of 2,160 registered nurses received a hard copy of the survey and a prepaid return envelope. Due to the low return rate, researchers later utilized snowball sampling permitting electronically forwarding of the survey to colleagues.

The final sample size consisted of 659 participants; the majority were female ($n = 597$ or 92%) with an average age of 46 years (Lewis & Malecha, 2011). The majority of respondents ($n = 553$ or 84.8%) reported having experienced WPI in the past year; 239 respondents reported instigating WPI with a peer within the past year. Staff nurses who perceived their work environment to be healthy reported lower WPI scores than those in unhealthy work environments. Researchers reported no significant differences in productivity in healthy versus unhealthy work environments. Intensive care and medical/surgical units reported lower WPI scores than other units. Study recommendations included determining the most beneficial instrument to use in measuring WPI.

Summary

The literature demonstrated WPI as a widespread phenomenon. Despite numerous studies examining incivility, inconsistency regarding how WPI is defined remains. Commonly used terms include workplace aggression and bullying. Symptoms of PTSD were associated with bullying. Several studies identified decreased WPI in healthy work environments. The

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literature lacked recommendations for interventions aimed at reducing WPI as well as costs

associated with WPI and organizational turnover. This study will attempt to address the gap with

a focus on the implementation of an established interactive educational program aimed at

addressing WPI.

CHAPTER 3

THEORETICAL MODEL AND METHODOLOGY

Theoretical Model

The Social Ecological Model (SEM) grounded in research, includes the following: (a) Bronfenbrenner's ecological systems theory, focusing on the relationship between the individual and the environment; (b) McLeroy's ecological model of health behaviors, classifying five different levels of influence on health behavior; and (c) Stokols's social ecology model of health promotion, identifying the core assumptions underpinning the SEM (Jimerson et al., 2010). According to the SEM, human behavior does not happen in a vacuum; individuals exist and interact within a complex ecological system (Jimerson et al., 2010). Behavior is a complex interaction between individuals, their families, their communities, and the society in which they live. Figure 1 depicts the SEM.
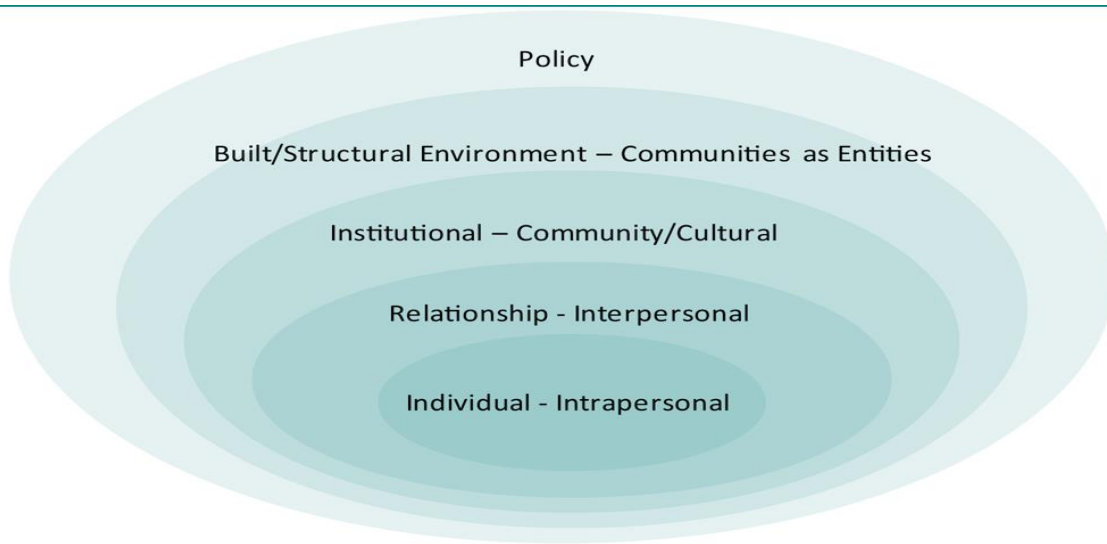
Figure 1. Social-ecological model.

Per the SEM, the natural human environment includes not only worldly surroundings, but also social forces. Thus, individual behavioral problems reflect systemic problems, not just individual characteristics. According to the model, bullying occurs not only because of the individual bully's characteristics, but also because of the actions of peers, bystanders, leaders, and environmental forces (i.e., culture, community, and society). Environmental forces serve to either reinforce or eradicate acts of bullying. Consequently, the environment is mediated by forces in the larger community and society.

Methodology

Designed to identify the prevalence of WPI in an acute care setting, this single-site quantitative study occurred within a non-profit, integrated healthcare organization in the Southwest. Identification of WPI issues by senior nursing leadership at the organization created the impetus for this study. The nursing director of the acute care service line provided senior leader-level support for the project (see Appendix A). Additionally, the organization's human resources vice president expressed an interest in supporting the study based on the need to implement interventions aimed at WPI in other departments within the organization.

Procedures for Data Collection and Project Data Collection Site

The University of New Mexico (UNM) and the organization provided Institutional Review Board (IRB) approval for the project (see Appendices B and C). The study site is a non-profit, integrated healthcare organization serving the citizens of a rural state in the Southwest. The organization consists of eight inpatient hospitals, multiple ambulatory clinics, and a health plan spanning across the state. The largest centrally based acute care facility within the system served as the setting for the study.

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The largest adult acute care service line within the organization functioned as the target population. The service line consists of seven units: one general acute care unit, two general medical units, two progressive care units, one intermediate care unit, and one adult intensive care unit. Upon IRB approval, the service line employed 395 staff members: four nurse managers, seven assistant nurse managers, 280 registered nurses, 64 nurse technicians, 29 secretary/nurse technicians, and 11 unit secretaries. The researcher conducted a power analysis using G*Power Version 3.1.9.2 to determine appropriate sample size. Results indicated that a sample size of 67 would be needed to conduct the paired-samples t tests, with a medium effect size of $dz = .35$ ($\alpha = .05$) and a power of .80.

Following IRB approval, the service line director provided email addresses for employees of the service line to serve as prospective participants. Employees of the service line received a study invitation and information sheet (see Appendix D) in person during unit meetings and via email. The information sheet outlined the intent of the study as well as the study protocol, risks and benefits, measures to ensure anonymity and confidentiality, right to withdrawal, consent procedures, and contact information for the primary investigator and coinvestigators. Participants voluntarily registered for an educational session of their choice within the organization's learning management system. Non-manager participants had the option of selecting from six sessions offered on various days of the week at various times of the day. One single session was offered for nurse managers and assistant nurse managers. Intentional segregation of the nurse managers and assistant nurse managers empowered staff to speak freely during the interactive educational offerings.

Study Population

Following a 30-day extensive recruitment period, 73 staff members registered to participate in the study. Forty-eight individuals signed informed consent forms and participated in an educational session. Participants included 44 registered staff nurses (91.7%), two assistant nurse managers (4.3%), one nurse manager (2%), and one unit secretary (2%).

Data Collection Process and Tools

Study participants provided consent prior to participation in the interactive educational program (see Appendix E). Following consent, volunteers electronically completed a simple demographic questionnaire (see Appendix F). Demographic items included current role, years working in healthcare, years working in current role, age, and gender.

Participants rated levels of civility pre- and post-program using the Civility Index (Clark, 2013; see Appendix G). The Civility Index is part of the PACERS (2014) *Stop Bullying Toolkit*. PACERS provided written permission to use the tool (see Appendix H).

The Civility Index consists of 20 brief statements. Participants answer "yes" when practicing a behavior more than 85% of the time and "no" when practiced less than 85% of the time. The "yes" responses are summed to determine the participant's level of civility (reported as a percentage; Clark, 2013; see Table 1).

Table 1

Civility Index Scoring

Number of "Yes" Responses	%	Level of Civility
18–20	90–100	Very civil
16–17	80–89	Civil
14–15	70–79	Moderately civil
12–13	60–69	Mildly civil
10–11	50–59	Uncivil
Less than 10	Less than 49	Very civil

Consistent with the SEM, PACERS conceptualize bullying as a constellation of behavioral interactions. PACERS provide guidelines in their *Stop Bullying Toolkit* to support nurse leaders in assessing, recognizing, identifying, preventing, and ultimately eliminate bullying in their organizations. Obtained from the PACERS website, the interactive educational program served as the tool for the educational sessions. PACERS gave permission to use the toolkit (see Appendix H).

The toolkit provides a systematic approach to interventions, including the appropriateness, timing, and focus of interventions. The toolkit consists of an integrated collection of four resources (Truth, Wisdom, Courage, and Renewal), used to assist nurse leaders in creating cultural norms of respect, civility, connectedness, acceptance, and support (see Figure 2). The four resources work in tandem and improve the specificity of interventions.

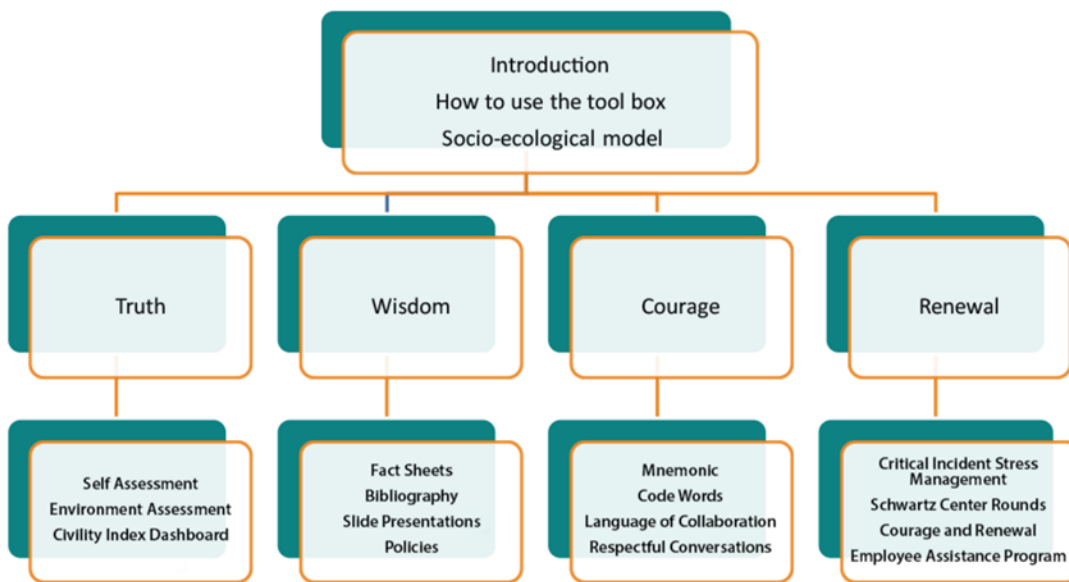*Figure 2*. PACERS civility toolkit. Retrieved from http://www.stopbullyingtoolkit.org

Truth. The Truth resource contains tools to assess the organization, the environment, and the staff. Clark's (2013) Civility Index can be found within this resource. Additionally, the

Truth resource contains a bullying assessment checklist, a civility quotient assessment, and a civility index dashboard.

Wisdom. The Wisdom resource contains tools to assist staff and leaders in obtaining knowledge and information. The resource contains sample organizational policies. It also includes slides, videos, factsheets, and other helpful links.

Courage. The Courage resource contains tools to assist leaders in addressing uncivil behaviors. Tools contained within this resource include: articles, training videos, a facilitator guide, and a mnemonic. The mnemonic provides users guidance in addressing bullying through respectful conversations.

Renewal. The Renewal resource contains tools and resources to aid in supportive healing. The resource assists leaders in critical incident stress management through the use of external assets, such as employee assistance programs.

Data Protection Plan

Data collection excluded protected health information and employee identifiers. Participant consent and study data were collected and managed using Research Electronic Data Capture v.6.15.9 (REDCap), a secure, web-based application hosted by the UNM. Designed to support data capture for research studies, REDCap provides: (a) an intuitive interface for validated data entry, (b) audit trails for tracking data manipulation and export procedures, (c) automated export procedures for seamless data downloads to common statistical packages, and (d) procedures for importing data from external sources (Harris et al., 2009). REDCap allowed data to be electronically stored in aggregate form, on a secure server behind firewalls, and within the study organization. Electronic collection and aggregation of data ensured quality control.

Timeline

Study activities included planning and development, recruitment, intervention, data analysis, and dissemination. This study spanned 15-months as indicated below:

1. Planning/development period (1/4/16 to 9/20/16):

   a. Obtain organization senior leader support.

   b. Obtain written permission to utilize established tools.

   c. Obtain IRB approval from UNM and the study organization.

   d. Arrange access to participants.

   e. Schedule educational classes.

   f. Obtain continuing education unit approval.

2. Recruitment period (9/21/16 to 10/26/16):

   a. Attend unit-based meetings.

   b. Distribute recruitment letter.

3. Intervention period (10/27/16 to 4/6/17):

   a. Offer educational interventions.

   b. Collect pre-intervention survey information.

   c. Schedule post-intervention survey collection.

   d. Arrange statistical analysis support.

4. Data analysis/dissemination (4/7/17 to 4/21/17):

   a. Complete data analysis.

   b. Write research summary.

Budget

Being a quality improvement project, there are no funds allocated to this study. All materials contained within the PACERS (2014) *Stop Bullying Toolkit* are available free of charge. Additional project costs were minimal and included:

1. The cost to set up the electronic demographic questionnaire and civility index.

2. The cost for SPSS software.

3. The cost to print classroom handout materials.

The student researcher absorbed costs of the study, totaling less than $500.

The final chapter will discuss the results of the study. The conclusion will identify implications for practice and opportunities for future research.

CHAPTER 4

RESULTS AND DISCUSSION

Results

Forty-eight of the 73 registrants volunteered to participate in the study. The sample did not meet the identified minimum sample size of 67. A quantitative analysis of the data was carried out. Frequencies and percentages were calculated for participant characteristics from the service line (see Table 2). Descriptive statistics (means and standard deviations) analyzed: (a) number of years in healthcare, (b) number of years in current role, and (c) age in years (see Table 3).

Table 2

Participant Characteristics

Characteristic	Frequency	%
Male	7	14.6
Female	41	85.4
Unit secretary	1	2.1
Registered nurse	44	91.7
Assistant nurse manager	2	4.2
Nurse manager	1	2.1

Note. $N = 48$.

Table 3

Participant Experience and Age

	M	*SD*
How many years have you worked in healthcare?	12.9	11.3
How many years have you worked in your current role?	4.7	6.1
What is your age in years?	42.7	12.6

Participants worked in healthcare from less than 1 to 40 years, with a mean of 12.9 ($SD = 11.3$), and in their current role for less than 1 to 29 years, with a mean of 4.7 ($SD = 6.1$). Participants ranged in age from 22 to 68, with a mean of 42.7 ($SD = 12.6$).

Findings

All 48 participants completed the baseline Civility Index after providing informed consent. For the purposes of comparison, the pre-educational survey served as Time 1. Following the educational intervention, participants received surveys via email at three time points: (a) 2 weeks post-education (Time 2), (b) 3 months post-education (Time 3), and (c) 5 months post-education (Time 4).

To determine the initial change in levels of civility, participants received the Civility Index 2 weeks after attending an educational session via email. Participants had 2 weeks to complete the survey. Forty-three participants (90%) completed the 2-week post-education survey. A paired-samples *t* test evaluated the impact of the educational intervention on participants' Civility Index scores. The results revealed no statistical significant increase in Civility Index scores from Time 1 ($M = 18.7$, $SD = 1.4$) to Time 2 ($M = 18.9$, $SD = 1.4$), $t(42) = -.90$, $p = .37$, two-tailed. Analysis demonstrated a mean change in Civility Index scores of -.22, with a 95% CI [-.69, .27]. The eta squared statistic ($dz = .14$) indicated a small effect size.

In order to determine retention of WPI knowledge obtained from the educational sessions, participants received the Civility Index 3 months after attending the educational session via email. Participants had 2 weeks to complete the survey. Thirty-three participants (69%) completed the 3-month post-education survey. A paired-samples *t* test evaluated the impact of the educational intervention on participants' Civility Index scores. Analysis revealed a statistically significant increase in Civility Index scores from Time 1 ($M = 18.6$, $SD = 1.4$) to

Time 3 (*M* = 19.2, *SD* = 1.1), *t*(32) = -2.8, *p* = .01, two-tailed. Results demonstrated a mean

change in Civility Index scores of -.66, with a 95% CI [-1.1, -.19]. The eta squared statistic (*dz* =

.50) indicated a medium effect size.

A final paired-samples *t* test was conducted following participants' completion of the

Civility Index survey at 5-months after attending the educational session. Participants had 2

weeks to complete the survey. Twenty-nine participants (60%) completed the 5 month post-

education survey. Analysis revealed no statistical significant increase in Civility Index scores

from Time 1 (*M* 18.6, *SD* 1.4) to Time 4 (*M* 19.3, *SD* 1.3), *t*(28) = -2.0, *p* = .06, two-tailed. The

results demonstrated a mean change in Civility Index scores of -.70, with a 95% CI [-1.4, .01].

The eta squared statistic (*dz* = .37) indicated a medium effect size.

In the current study, the Cronbach's alpha coefficient .53, indicated the Civility Index

possessed poor internal consistency reliability. However, the small sample size (*N* = 48)

indicated little variance in overall civility scores. Participants self-reported high "yes" responses

at baseline, leaving little room for improvement post-intervention. A cross-tabulation of

responses to individual items on the Civility Index assessed the greatest areas of improvement

over time (see Table 4).

Interpretation of Findings

As opposed to previous findings in the literature, participants in this study did not report

high levels of WPI at baseline. In fact, participants in this study self-reported "very civil"

behaviors, thus decreasing the opportunity for improvement following educational intervention.

However, cross-tabulation of individual survey responses revealed several areas to address in

order to reduce WPI.

Table 4

Civility Index Cross-Tabulation

Civility Index Statement	Time 1		Time 2		Time 3		Time 4	
	Count	%	Count	%	Count	%	Count	%
Assume good will & think best of others	48	100	42	97.7	33	100	28	96.6
Include and welcome new & current colleagues	47	97.9	42	97.7	33	100	29	100
Communicate respectfully & really listen	48	100	41	95.3	33	100	28	96.6
[a]Avoid gossip & spreading rumors	34	70.8	35	83.3	29	87.9	26	89.7
Keep confidences & respect others privacy	47	97.9	42	100	32	97	29	100
Encourage, support & mentor others	48	100	42	100	33	100	28	100
Avoid abusing my position or authority	47	100	43	100	32	100	27	100
Use respectful language	45	95.7	41	95.3	33	100	29	100
Attend meetings, arrive on time, volunteer, do my share	46	95.8	40	93	31	96.9	28	96.6
[a]Avoid distracting others during meetings	38	80.9	38	88.4	29	87.9	27	93.1
Avoid taking credit for others or team contribution	45	95.7	43	100	33	100	28	96.6
Acknowledge others & praise their contributions	46	95.8	39	92.9	32	97	28	96.6
Take personal responsibility & accountability for my actions	47	100	43	100	33	100	29	100

Civility Index Statement	Time 1		Time 2		Time 3		Time 4	
	Count	%	Count	%	Count	%	Count	%
[a]Speak directly with the person whom I have an issue	26	56.5	28	65.1	21	65.6	22	75.9
Share pertinent or important information with others	46	95.8	42	100	31	100	29	100
Uphold the vision, mission & values of my organization	47	100	42	97.7	32	100	29	100
Seek & encourage constructive feedback from others	42	89.4	36	87.7	31	93.9	27	93.1
Demonstrate approachability, flexibility & openness to others	44	95.7	42	97.7	32	97	29	100
Bring my A game & a strong work ethic to my workplace	48	100	43	100	32	100	29	100
Apologize & mean it when the situation calls for it	47	100	40	95.2	33	100	28	100

[a]Greatest area of opportunity

Participants reported the greatest opportunities for improvement in the following areas: (a) avoid gossip and spreading rumors, (b) avoid distracting others during meetings, and (c) speak directly with the person with whom I have an issue.

This study met its intended purpose of measuring levels of civility pre- and post-educational intervention. Staff reported increased and sustained Civility Index scores at 3 and 5 months post-intervention respectively. When compared with Time 3, Time 4 demonstrated a 9% decrease in the number of survey respondents. Without sample attrition, statistical significance might have been observed at Time 4. Though no longer statistically significant at Time 4, the results could have nonetheless been practically important given that Civility Index scores were

still greater than at pre-intervention, suggesting the sustained value of the educational offering over time.

Results of the study suggested an educational offering such as the PACERS (2014) *Stop Bullying Toolkit* increased civility awareness among healthcare workers, with sustained results over time. Awareness is the first step in overcoming incivility. The results revealed important areas of focus for the study population. Additionally, results highlighted the importance of establishing interventions to identify and overcome WPI in order to retain employees.

Discussion

Implications

Unsatisfying workplace environments serve as one of the major causes of nursing turnover (Laschinger et al., 2009). Structuring nursing workplace environments in ways that ensure nurses feel engaged in their work, resulting in retention, is a struggle for nursing leaders. Laschinger et al. (2009) described positive workplace environments as those in which staff are empowered to practice professional standards are free of uncivil behaviors. Professional practice environments foster high-quality supervisory relationships and collegial working relationships, ensuring staff remain engaged in their work and that adequate resources are in place for high-quality patient care (Laschinger et al., 2009). Nurse leaders must utilize strategies to empower their staff to overcome workplace incivilities, thus creating positive workplace environments. Nurse leaders play a key role in ensuring such strategies are implemented and enforced.

Strengths and Limitations of the Study

Strengths. This study built upon an established and validated approach to WPI. The work of Dr. Cynthia Clark has been utilized in academic settings for over 13 years (Griffin &

Clark, 2014). The 2012 Robert Wood Johnson Nurse Executive Fellows, the PACERS (2014), expanded on the work of Dr. Clark, developing the *Stop Bullying Toolkit*, utilized in this study.

Inter-professional in nature, the study included nurse leaders, staff nurses, nurse technicians, unit secretaries, and unit secretaries/nurse technicians. Nursing leaders of the organization's service line were afforded the opportunity to participate in a separate session designated for leaders. Three of the 11 nursing leaders (27%) volunteered to participate in the study.

The study was supported at an executive level within the organization. In addition to staff receiving continuing nursing education at no charge for participation, the director of the service line endorsed the study and authorized staff to receive their base hourly salary while participating. The senior vice president of human resources within the organization also endorsed the study, committing to implement the intervention system-wide pending positive results.

Limitations. This study was limited by its small sample size. Although all staff members of the service line received their base pay during participation, as well as continuing nursing education credits at no charge, only 12% of the population participated. Participants might have felt vulnerable participating in the study. This could have been due to staff unfamiliarity with WPI. Staff might have also been fearful of reprimand for reporting WPI.

The Civility Index is a self-report tool. Participants did not have access to the scoring system potentially resulting in an inflated response. Almost all participants initially scored themselves at or near the maximum value at baseline. Sixteen of the 20 survey items were endorsed by at least 95% of participants at Time 1. This allowed little variability in measurement at Time 2.

Though inter-professional by design, the study did not include physicians, nurse practitioners, or physician assistants. Largely due to the variability of provider partners within the service line, executive leaders decided not to include provider partners in this study. Additionally, nurse technicians and secretary/nurse technicians were underrepresented in this study.

Suggestions for Future Research

The study should be replicated using a larger, more representative sample of inter-professionals to further validate the intervention. To demonstrate ongoing sustainability, a longitudinal study to examine changes over a longer period of time would be valuable. Additionally, a qualitative study would provide valuable information about nurses' personal experiences with WPI. Interviews may help to discover participants' thoughts, feelings, and experiences with WPI providing more in-depth responses.

Recommendation

Based upon the results of the study, a recommendation to implement the intervention throughout the organization will be made to senior leadership. Implementation would initiate with nursing leaders, followed by unit-based staff. Anecdotal evidence offered informally by the participants during classroom discussions suggested the necessity of formal nurse leader education. Education for nurse leaders serves not only to increase WPI awareness, but also to empower nurse leaders in establishing and maintaining healthy workplace environments. Modeling of acceptable professional behaviors by nurse leaders' assists in staff sanctioning of the education.

Concluding Remarks

This study demonstrated positive participant response to an established educational intervention aimed at reducing WPI. Evidence in the literature suggests nurse leaders must be empowered to identify, manage, and prevent WPI. The unique role of nurse leaders places them in a position to identify and eliminate bullying behaviors as through their actions regarding acceptable behaviors and outcomes for inappropriate behaviors. Specifically, within healthcare organizations, nurse leaders serve as vital and credible role models upon which nurses and staff base their expectations of future interactions. Outcomes for positive behavioral change are expected to be maximized when environments and policies support respectful and civil behaviors, strengthening cultural norms and social support for civility.

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Appendix A

Organizational Letter of Support

February 25, 2016

Dear IRB and Capstone Committee,

This letter indicates support of the DNP capstone project proposed by Joy Stoddard, MSN, RN, entitled "Civility Matters: Overcoming Workplace Incivility Through an Interactive Educational Intervention". Improved teamwork and collaboration between healthcare professionals has been identified as critical to improving patient outcomes and experience. The goal of the project is to help identify workplace incivility and ways in which to overcome it.

Ms. Stoddard has permission to conduct this proposed project within the   at   . Please do not hesitate to contact me with any questions or concerns.

Sincerely,

Penny Beattie, DNP, MBA, BC-NE
Assistant Chief Nursing Officer

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Appendix B

UNM IRB Approval Letter

UNM HEALTH SCIENCES CENTER

Human Research Review Committee
Human Research Protections Office

September 19, 2016

Christine Delucas
ADelucas@salud.unm.edu

Dear Christine Delucas:

On 9/17/2016, the HRRC reviewed the following submission:

Type of Review:	Modification/Update
Title of Study:	Civility Matters: Overcoming Workplace Incivility Using an Interactive Educational Intervention
Investigator:	Christine Delucas
Study ID:	16-134
Submission ID:	MOD00004338
IND, IDE, or HDE:	None
Submission Summary:	Modification/Update #1 for Study 16-134 to revise the Protocol, Consent, Study Instruments, and Supporting Documents.
Documents Approved:	• 16-134 Email Correspondence_Pres IRB Responsibilities_09.09.16.pdf • Protocol with Modification Requests • PHS IRB Approval • Consent to Participate in Research
Review Category:	Expedited: Category (9) Convened IRB determined minimal risk.
Determinations/Waivers:	Requires a signed consent form. HIPAA Authorization Addendum Not Applicable.
Submission Approval Date:	9/17/2016
Approval End Date:	6/6/2017
Effective Date:	9/17/2016

The HRRC approved the study from 9/17/2016 to 6/6/2017 inclusive. If modifications were required to secure approval, the effective date will be later than the approval date. The "Effective Date" 9/17/2016 is the date the HRRC approved your modifications and, in all cases, represents the date study activities may begin.

Before 6/6/2017 or within 45 days of study closure, whichever is earlier, you are required to submit a continuing review. You may submit a continuing review by navigating to the active study and clicking the "Create Modification / CR" button.

Please use the consent documents that were approved and stamped by the HRRC. The stamped and approved consents are available for your retrieval in the "Documents" tab of the parent study.

This determination applies only to the activities described in this submission and does not apply should you make any changes to these documents. If changes are being considered and there are questions about whether HRRC review is needed, please submit a study modification to the HRRC for a determination. A change in the research may disqualify this research from the current review category. You can create a modification by clicking Create Modification / CR within the study.

In conducting this study, you are required to follow the Investigator Manual dated April 1, 2015 (HRP-103), which can be found by navigating to the IRB Library.

Sincerely,

Stuart S. Winter, MD
HRRC Chair

The University of New Mexico • MSC08 4560 • 1 University of New Mexico • Albuquerque, NM 87131-0001 • Phone 505.272.1129 • Fax 505.272.0803 • hsc.unm.edu/som/research/hrrc •
BMSB B71

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Appendix C

Organizational IRB Approval Letter

Office of Human Research Protections &
Institutional Review Board

August 24, 2016

Joy Stoddard, MSN, BSN

Dear Ms. Stoddard:

On August 24, 2016 the coordinator for the [   ] Institutional Review
Board (IRB) provided administrative review for the following submission:

Project Title:	[936224-2] Civility Matters: Overcoming Workplace Incivility Using an Interactive Educational Intervention
Submission Type:	Amendment/Modification
Investigator:	Joy Stoddard, MSN, BSN
Review Type:	Administrative Review
Effective Date:	August 24, 2016
Annual Update Due Date:	August 23, 2017
Project Status:	Active - Open to Enrollment
Exempt Category	45 CFR 46.101(b)(2)

Documents Reviewed:

- Informed Consent Form, V2

Applicable Regulatory Guidance/Waivers:

- Exempt, Category 2: Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior.
- Requires a signed consent form
- HIPAA Authorization Addendum Not Applicable

The IRB has acknowledged the revisions to the consent form. You may begin enrollment.

The IRB has determined that this project is exempt from the requirements of the Department of Health and Human Services (DHHS) regulations for the protection of human subjects and the Food and Drug Administration (FDA). Exempt studies are not subject to continuing review; however, the [   ] IRB requests annual updates on the progress of your study, including but not limited to modifications to the protocol, the addition or deletion of investigators and study staff, Serious Adverse Events for participants, and that you notify them when the study closes.

It is the responsibility of the Principal Investigator to inform the [   ] IRB of any changes to this project. A change in the project may disqualify it from exempt status.

Generated on IRBNet

As this is a student project the review fee is waived.

You may contact the ____ Human Research Protections Office at _____ if you have any questions. Written correspondence may be sent to the ____ IRB electronically via IRBNet Project ID # 936224.

Sincerely,

Richard Giudice, M.D., Chair
____ IRB

Appendix D

Participant Invitation and Information Sheet

Dear   Service Line Staff Member,

You are being invited to voluntarily participate in a study about workplace civility. Your participation is completely voluntary and you can withdraw at any time before, during, or after participation.   Responses will not be associated with personal identification.

The purpose of the study is to identify the prevalence of workplace incivility before and after an established interactive educational program that has the aim of decreasing workplace incivility.

Please join us in learning about Workplace Incivility. All sessions will be held
                                        . Please register in LMS for one of the following sessions. The module in LMS is titled, "Overcoming Workplace Incivility."

- Thursday, October 27th from 7:00 am to 4:00 pm
- Monday, October 31st from 8:30 am to 5:30 pm
- Tuesday, November 1st from 8:00 am to 5:00 pm
- Wednesday, November 2nd from 8:00 am to 5:00 pm
- Friday, November 4th from 8:00 am to 5:00 pm
- Tuesday, November 8th from 8:00 am to 5:00 pm (Assistant Nurse Managers/Nurse Managers only)
- Saturday, November 12th from 8:00 am to 5:00 pm

At the beginning of the session, you will be asked to read and sign a consent form. You will then be asked to complete an electronic 5-item demographic questionnaire. The information obtained in the questionnaire will be collected and reported in aggregate form only. At no time will you be asked to reveal any personal identifying information. Upon completion of the demographic questionnaire, you will be re-directed to a second electronic survey, a 20-item questionnaire about your perceptions of civility in the workplace. Both surveys should take no longer than 20 minutes to complete.

Two weeks following the end of the session, you will be asked to complete the civility questionnaire a second time. At three and five months following the educational program, you will be emailed a copy of the civility questionnaire for completion.

Thank you for your participation!

Joy L. Stoddard, DNP(c), MSN, RN

Joy L. Stoddard, DNP(c), MSN, RN
University of New Mexico DNP-NEOL Student

Consent to Participate in Research

Civility Matters: Overcoming Workplace Incivility using an Interactive Educational Program

Introduction

Joy L. Stoddard, MSN, RN, nursing student in the University of New Mexico's College of Nursing's Nurse Executive Organizational Leadership Doctor of Nursing Practice program is conducting a study of Workplace Incivility. This study is being done under the supervision and guidance of Angeline C. Delucas, DNP, MPH, RN, NEA-BC, Assistant Professor of Nursing at the University of New Mexico's College of Nursing and Felina M. Ortiz, CNM, DNP, Assistant Professor of Nursing at the University of New Mexico's College of Nursing. You are being invited to voluntarily participate in this study. Your participation is entirely voluntary and you can withdraw at any time before, during, or after the survey completion and can request that your comments be excluded from the transcript that will be prepared from the data obtained.

The purpose of the study is to identify the prevalence of workplace civility in an acute care setting before and after employees participate in an established interactive education program (using the PACERS© Stop Bullying Toolkit: http://stopbullyingtoolkit.org) to increase workplace civility.

You are being asked to participate in this study because you are currently an employee of the   Service Line at   . 395 people will take part in this study at the University of New Mexico. There are no participants across the United States.

Joy Stoddard is funding this study.

This form will explain the research study, and will also explain the possible risks as well as the possible benefits to you. We encourage you to talk with your family and friends before you decide to take part in this research study. If you have any questions, please ask one of the study investigators.

What will happen if I decide to participate?

If you agree to participate, the following things will happen:

a.   You will be invited to attend an interactive educational offering. Multiple sessions will be offered for the convenience of staff who work 12-hour shifts. You only need to volunteer to attend one (1) session as content will be the same in each session.

b.   The interactive educational offering will be eight (8) hours in length. You will receive continuing nursing education (CNE) at no charge for attending. You will also be paid your base hourly salary while attending.

c.   At the beginning of the offering, you will be asked to complete a five (5)-item demographic questionnaire followed by a pre-offering twenty (20)-question survey. The survey will take no longer than twenty (20) minutes to complete, will be completed electronically, and submitted over a secure portal to the researcher.

d.   Two weeks following the offering, you will be asked to complete a post-offering twenty (20)-question survey. The survey will take no longer than twenty (20) minutes to complete, will be completed electronically, and submitted over a secure portal to the researcher.

e.   Three (3) months following the completion of the interactive educational offering, you will receive a twenty (20)-question survey via email. The survey will take no longer than twenty (20) minutes to complete, will be completed electronically, and submitted over a secure portal to the researcher.

f.   Five (5) months following the completion of the interactive educational offering, you will receive an additional twenty (20)-question survey via email. The survey will take no longer than twenty (20) minutes to complete, will be completed electronically, and submitted over a secure portal to the researcher.

g.   Once all data has been analyzed, it will be electronically stored for a period of seven (7) years on a secure server within ⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛⬛.

How long will I be in this study?

Participation in this study will take a total of 9 hours over a period of 6 months.

What are the risks or side effects of being in this study?

You may experience some discomfort related to self-reflection when completing the online survey. This discomfort will only be known to you. Your participation is voluntary and you may choose not to answer questions which make you feel uncomfortable.

There is a minimal risk of loss of your confidentiality and privacy. These risks have been minimized by the principle investigator and student researcher in the following ways:

a. Being informed that your participation in taking the demographic questionnaire and completing the survey is voluntary and that you can withdraw at any time before, during, or after the completion of the survey.

b. Having the risk of losing your confidentiality explained to you before the start of the survey.

c. Making you aware that the questions in the survey are voluntary and you may choose not to answer questions if this makes you uncomfortable.

d. Letting you know the information will be collected and reported, but that your name and other identifying information will not be included in the final report.

e. You are being made aware that specific measures to mitigate these risks have been taken by the principle investigator and student researcher conducting the project by completing the research ethics module as part of their research training.

f. The results of this participation will not be released in any individually identifiable form. Data will be collected in aggregate form only and stored on an encrypted, password protected computer. The computer will be stored in a locked drawer in a locked office when not in use by one of the investigators.

There are risks of stress, emotional distress, inconvenience and possible loss of privacy and confidentiality associated with participating in a research study.

For more information about risks and side effects, ask the investigator.

What are the benefits to being in this study?
There are no direct personal benefits to participating in the study. However, your participation will add to the body of knowledge regarding professional relationships in the workplace. *What other choices do I have if I do not want to be in this study?*

Your participation in the study is completely voluntary. You may choose not to participate at any time. You may skip any of the questions on the Civility Index that make you feel uncomfortable.

How will my information be kept confidential?

We will take measures to protect the security of all your personal information, but we cannot guarantee confidentiality of all study data.

Information contained in your study records is used by study staff and, in some cases it will be shared with the sponsor of the study. The University of New Mexico Health Sciences Center Human Research Review Committee (HRRC) that oversees human subject research, and the Food and Drug Administration and/or other entities may be permitted to access your records. There may be times when we are required by law to share your information. However, your name will not be used in any published reports about this study.

Data will be collected in aggregate form only and stored on an encrypted, password protected computer. The computer will be stored in a locked drawer in a locked office when not in use by one of the investigators.

What are the costs of taking part in this study?

There are no costs associated with the study except for the time spent taking the demographic questionnaire and completing the survey tools. You will be permitted to complete these during worktime. If you volunteer to participate in the educational offering, you will be permitted to attend the classroom session during worktime. As the researcher is a student, there will be no additional compensation offered for participating in the study.

What will happen if I am injured or become sick because I took part in this study?

If you are injured or become sick as a result of this study, UNMHSC will provide you with emergency treatment, at your cost.

No commitment is made by the University of New Mexico Health Sciences Center (UNMHSC) to provide free medical care or money for injuries to participants in this study.

In the event that you have an injury or illness that is caused by your participation in this study, reimbursement for all related costs of care will be sought from your insurer, managed care plan, or other benefits program. If you do not have insurance, you may be responsible for these costs. You will also be responsible for any associated co-payments or deductibles required by your insurance.

It is important for you to tell the investigator immediately if you have been injured or become sick because of taking part in this study. If you have any questions about these issues, or believe that you have been treated carelessly in the study, please contact the Human Research Review Committee (HRRC) at the University of New Mexico Health Sciences Center, Albuquerque, New Mexico 87131, (505) 272-1129 for more information.

Will I be paid for taking part in this study?
You will receive your base hourly rate while completing the online survey(s) and while attending the educational offering. You will also receive Continuing Nursing Education (CNE) at no cost. *How will I know if you learn something new that may change my mind about participating?*

You will be informed of any significant new findings that become available during the course of the study, such as changes in the risks or benefits resulting from participating in the research or new alternatives to participation that might change your mind about participating.

Can I stop being in the study once I begin?

Your participation in this study is completely voluntary. You have the right to choose not to participate or to withdraw your participation at any point in this study without affecting your future health care or other services to which you are entitled.

The investigator will not withdraw participants. Participants may choose not to participate at any point during the study.

Whom can I call with questions or complaints about this study?

If you have any questions, concerns or complaints at any time about the research study, Angeline C. Delucas, or her associates will be glad to answer them at (505) 272-8241.

If you need to contact someone after business hours or on weekends, please call (505) 823-8574 and ask for Joy Stoddard.

If you would like to speak with someone other than the research team, you may call the UNMHSC HRRC at (505) 272-1129 or the   .

Whom can I call with questions about my rights as a research participant?

If you have questions regarding your rights as a research participant, you may call the UNMHSC HRRC at (505) 272-1129 or the   IRB at   . The HRRC and IRB provide independent oversight of safety and ethical issues related to research

involving human participants. For more information, you may also access the HRRC website at http://hsc.unm.edu/som/research/hrrc/.

You are making a decision whether to participate in this study. Your signature below indicates that you read the information provided. By signing this consent form, you are not waiving any of your legal rights as a research participant.

I have had an opportunity to ask questions and all questions have been answered to my satisfaction. By signing this consent form, I agree to participate in this study. A copy of this consent form will be provided to you.

_____ _____ _____

                                                        Date

Name of Adult Subject (print)   Signature of Adult Subject

INVESTIGATOR SIGNATURE

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

_____

Name of Investigator/ Research Team Member (type or print)

_____ _____

(Signature of Investigator/ Research Team Member)   Date

Demographic Questionnaire

Demographic Questionnaire

Thank you for volunteering to participate in my survey! Please take a few moments to complete the demographic information below. This information will be collected in aggregate form only and will be used to describe my sample population. At no time will personal identifying information be requested or shared. Your responses are anonymous.

Thank you!

Joy Stoddard, MSN, RN

UNM DNP Student

1)	What is your current role in the Adult Medical Service Line?	○ Unit Secretary/Nurse Techician ○ Registered Nurse ○ Assistant Nurse Manager/Nurse Manager
2)	How many years have you worked in healthcare?	_____
3)	How many years have you worked in your current role?	_____
4)	What is your age in years?	_____
5)	What is your sex?	○ Male ○ Female

Appendix G

Civility Index

Clark Workplace Civility Index

Thank you for volunteering to participate in my survey!

This survey may be completed during worktime or during your offtime. Your responses are anonymous and will be reported in aggregate only.

Dedicate sufficient time and space to complete the Clark Workplace Civility Index - find a quiet place void of distractions and carefully consider the behaviors listed below. Respond truthfully and candidly by answering "Yes" or "No" regarding each behavior.

Thank you!

Joy Stoddard, MSN, RN

UNM DNP Student

Ask yourself, do I, the majority of the time (85% or more)....

1) Assume goodwill and think the best of others? ○ Yes ○ No

2) Include and welcome new and current colleagues? ○ Yes ○ No

3) Communicate respectfully (by e-mail, telephone, and face-to-face) and really listen? ○ Yes ○ No

4) Avoid gossip and spreading rumors? ○ Yes ○ No

5) Keep confidences and respect others' privacy? ○ Yes ○ No

6) Encourage, support, and mentor others? ○ Yes ○ No

7) Avoid abusing my position or authority? ○ Yes ○ No

8) Use respectful language (avoid racial, ethnic, sexual, gender, and religiously biased terms)?

○ Yes
○ No

9) Attend meetings, arrive on time, participate, volunteer, and do my share?

○ Yes
○ No

10) Avoid distracting others (misusing media, side conversations) during meetings?

○ Yes
○ No

11) Avoid taking credit for another individual's or team's contributions?

○ Yes
○ No

12) Acknowledge others and praise their work/contributions?

○ Yes
○ No

13) Take personal responsibility and stand accountable for my actions?

○ Yes
○ No

14) Speak directly to the person with whom I have an issue?

○ Yes
○ No

15) Share pertinent or important information with others?

○ Yes
○ No

16) Uphold the vision, mission, and values of my organization?

○ Yes
○ No

17) Seek and encourage constructive feedback from others?

○ Yes
○ No

18) Demonstrate approachability, flexibility, and openness to other points of view?

○ Yes
○ No

19) Bring my "A" game and a strong work ethic to my workplace?

○ Yes
○ No

20) Apologize and mean it when the situation calls for it?

○ Yes
○ No

Appendix H

PACERS Written Permission

Beth N Bolick <Beth_N_Bolick@rush.edu>

Sat 11/28/2015 4:57 PM
To:
Joy L Stoddard;

Hi Joy

It is great to hear of your interest in using our materials for your DNP project. I have my students request permission to use materials too so that they learn the process. However, we grant permission on our site so you didn't really need to contact me.

We grant you permission to use any and all materials and videos for your project.

We would love to hear how you decide to use them and what you think of the videos if you have a chance when you are done.

Have a great holiday!

Kind regards,

Beth Bolick, DNP PPCNP-BC CPNP-AC FAAN
RWJF Executive Nurse Fellow Alumna 2012-2015 Cohort
Professor and Director Acute Care Pediatric Nurse Practitioner Program
Department of Women, Children, and Family Nursing
Rush University College of Nursing
600 S. Paulina St. Ste. 1080
Chicago, IL 60612
Beth_N_Bolick@rush.edu

Announcing the Civility Tool-kit: Resources to Empower Healthcare Leaders to Identify, Intervene, and Prevent Workplace Bullying and the FREE Respectful Conversations for Difficult Situations Training Videos & Guide
www.stopbullyingtoolkit.org