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Nursing Workplace Incivility and Mindfulness

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Nursing Workplace Incivility and Mindfulness

by

Cassandra Graham Gibson

A project submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the degree of
Doctorate of Nursing Practice

Boiling Springs

2021

Submitted by: Approved by:

_____   _____
Cassandra Graham Gibson, MSN, BS,RN   Nicole P. Waters, DNP, RN

                                                   July 24, 2021

July 25, 2021_____   _____
Date   Date

Abstract

Nurse incivility is currently prevalent in the nursing workplace. Incivility is described in the form of disrespectful attitudes and behaviors. Ethnic values may be ignored by those committing uncivil behaviors. Victims of incivility may not report uncivil incidents. Organizations and other stakeholders may discover difficulty in responding or exploring causative incivility behavior. Workplace incivility may be displayed as unsafe actions, nurse management errors, and staff dissatisfaction. Nursing staff may decide on resigning positions because of workplace incivility. Healthy, civil, caring workplace environments are imperative to patient and staff well-being.

Workplace incivility intervention may introduce a solution to uncivil behavior, rebuild working relationships, increase staff fulfillment, and restore a healthy environment. Organizational mindfulness intervention may be used to stimulate leadership on investigating incivility motives, pursuing resolutions to uncivil events, and assuring staff satisfaction. Mindfulness intervention actions may cultivate caring and perceptive behaviors. Striving on understanding others and self-reflection on moral and ethical values are activities of mindfulness intervention. Mindfulness intervention may mitigate workplace incivility.

Keywords: incivility, workplace, civil, self-reflection, caring-relationships, mindfulness, intervention

Acknowledgements

I have experienced a God-driven doctoral venture. I give all glory to God!
Biblically extoled, God stated, "I will never leave thee, nor forsake thee" (Hebrews 13:5c
King James Version).

My minister son, Lonnie, and woman-of-God, daughter, Maggie, have contributed
hours of much needed nurturing. Grandchildren, just being around, have replenished my
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Vonn and Sharon, and longtime friend, Dr. Gladys Long, rendered constant motivational
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Dr. Waters, my doctoral advisor and mentor has been all and beyond what any
student requires. Support, supervision, focus, and visionary guidance are Dr. Waters gifts
which she has afforded me with no reservation. My pastor, Dr. Sturdivant, and doctoral
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Section I

Problem Background and Significance

The Bureau of Labor Statistics indicates that 1.2 million nursing vacancies will emerge between 2014 and 2022. By 2025, the nursing shortage is expected to be twice as large as any nurse shortage since the inception of Medicare and Medicaid in the 1960's (Grant, 2016). While the nursing shortage has many contributing factors, some nurses are leaving the nursing profession because of experiences with incivility. The problem of nurse incivility remains prevalent after many years of existence (Lachman, 2015).

Nursing incivility is uncivil behavior displayed when nurse colleagues are disrespectful, rude, condescending, or acting as a bully toward another. Nursing incivility may be observed in workplace environments (Emmons, 2018). Contemplation on meaningful communication and interpersonal relationships among nurses may develop healthy workplace atmospheres (Clark, 2015). Watson's theory on human caring reflects on relational caring and incivility. The practice of mindfulness, an action of individual sensitivity and awareness, may be used as an intervention for nursing incivility (King et al., 2019).

Problem Statement

Nursing workplace incivility presented in uncivil activities may lead to negative outcomes. The negative outcomes include chronic stress, poor physical and psychological health issues, burnout, and nurse resignations (Vagharseyyedin, 2015). Nursing incivility may affect the overall well-being of nurses and organizational obligation to patient healthcare and safety (Vagharseyyedin, 2015). Nursing workplace gaps in civil behavior activeness necessitate intervention to restore and enforce

professional nursing endeavors. Civil behavior interventions are imperative. This DNP

project will explore nursing incivility intervention compared to no nursing incivility

intervention.

Section II

Literature Review

Incivility

Literature review on incivility enables the advanced nurse to unveil nurse incivility behaviors in the workplace. Incorporated themes based on nursing professionalism, ethics of caring, and components to establish, nourish, and sustain nurse relationships are achieved through literature review. Themes such as ethical standards, nursing challenges and affirmation, workplace caring, and fundamental goals to reduce incivility are explored during the literature review.

Lachman (2015) addressed the prevalence of nurse incivility as a deterrent to ethical reasoning. Nurse incivility is identified as a probable product of non-ethical reasoning, which may affect safe nursing practices (Lachman, 2015). Victims of incivility may not always report the intimidating or disrespectful experience for fear of retaliation (Lachman, 2015). Victims of nursing incivility may or may not report the experiences and struggle to move forward in the nursing profession. Nurse victims' struggle to move forward in nursing may require an unpredicted time frame of intervention (Lachman, 2015).

A healthy healthcare workplace environment exemplifies organizational safety and well-being. Nursing civility is recognized through ethical and effective leadership (Clark et al., 2016). Nursing relational and civil behaviors are embodied in ethical recognition and the creation of individual efforts to sustain civility. Nurse relationships are cultivated on the belief of respect, trust, and caring. Valued nursing collaboration on

establishing significant partnerships results in successful organizational outcomes and quality patient care (Clark et al., 2016).

Bullying among nurses is uncivil behavior which constitutes recurring undesirable harmful events. The intentional events are dishonorable and offensive which associated with incivility presents a hostile workplace environment. Bullying may include condescending, disruptive, disrespectful, and passive-aggressive behaviors (Spruce, 2019). Causes of bullying may include work culture and organizational response to bullying. Organizational leaders are responsible for establishing a bully-free environment and maintaining a safe workplace culture through policy on individual liability, intervention, effective communication, and caring (Spruce, 2019).

Relationships among workplace nurses are centered on human caring principles and ethnic values, which are elements of caring (DeIuliis & Flinko, 2016). Incivility is not an element of caring. Professional civility is emphasized in the workplace and is needed to express a sense of serving others (DeIuliis & Flinko, 2016). Ethics of caring produces an understanding of nurse professionalism in the healthcare organization. The act of forgiveness is an important element to sustain nurse relationships and encourage civil behaviors (DeIuliis & Flinko, 2016).

Nurse to nurse caring may be the first step to resolving nursing incivility. The civil behavior of caring begins with self-reflection of moral and ethical values. Enabling an optimistic healthcare workplace environment is essential to caring behaviors (King et al., 2019). Caring for another as you would have them care for you is a learned process involving self-care beliefs and ideals. The American Nurses Association Code of Ethics refers to relational boundaries as elements of integrity and ethical practices. Supportive,

respectful, and professional conduct demonstrate caring for others (King et al., 2019).

The practice of mindfulness on nurse civil relationships exhibits activity of personal

thoughtfulness, full presence, and openness to others. Personal consideration

experienced through mindfulness reduces physiological and psychological stress. Caring

through mindfulness practices may reduce workplace nursing incivility (King et al.,

2019).

Ethical issues, and impaired practice

Nursing ethical issues in the workplace may be related to individual disruptive

behaviors (Lachman, 2015). Disruptive behaviors are a violation of the Code of Ethics

for Nurses. Examples of disruptive behaviors, as defined by the Code of Ethics, are

throwing objects, banging a telephone receiver on a desk in the nursing station,

intentionally damaging care equipment, and exposing patients and staff to hazardous

fluids (Lachman, 2015).

Bullying goes beyond disruptive behaviors because the bullying individual will

mistreat and bully specific persons. Nurses are committed to caring and are advocates of

ethical nursing practices (Lachman, 2015). Nurses are expected to report unethical

concerns and practices. Incivility is considered impaired practice when work climate,

patients, nursing staff, and anyone are impacted by uncivil behaviors (Lachman, 2015).

Health care organizations, nursing practice settings, and nursing education

programs are areas where active nursing incivility occurs (Kerber et al., 2015). The

nursing work environments and classroom settings exhibiting uncivil behaviors are

contributing factors to poor nursing morale and decreased productivity (Kerber et al.,

2015). Increased absenteeism and greater nursing job turnovers are attributed to nursing

incivility behaviors. Nurses are resigning from nursing positions due to incivility experiences (Kerber et al., 2015). Reyes et al. (2015) qualitative study on nursing incivility focused on nurse resilience as a strategy to over-come incivility. Emotional resilience is imperative for nurse educators and students who are challenged with incivility in classrooms and clinical settings (Reyes et al., 2015). The study revealed when nurse educators and students used resilience in classrooms and clinical settings to confront incivility, occurrences of uncivil behaviors decrease (Reyes et al., 2015).

Newly graduated nurses in the workplace need emotional support instead of nurse incivility in practice settings (Edrahimi et al., 2016). A qualitative study was conducted to explore the experiences of nurses and their readiness to provide emotional support for newly graduated nurses (Edrahimi et al., 2016). The findings indicated that newly graduated nurses experienced disrespect and non-acceptance during their initial clinical assignments (Edrahimi et al., 2016). Newly graduated nurses had contemplated leaving because of lack of emotional support. Qualified nurses offered assistance to work with new nurses (Edrahimi et al., 2016). Qualified nurses volunteered to minimize emotional surroundings for newly graduated nurses during the clinical induction period. Graduate nurses were asked about needs and feelings. Questions concerning incivility often decrease fear, anxiety, and stress which nurses experience from uncivil behaviors (Edrahimi et al., 2016). Constructive relationships between newly graduated nurses and qualified nurses provide emotional support for nurse graduates (Edrahimi et al., 2016).

Student learning is influenced in nursing practice settings (Lekalakala-Mokgele & Caka, 2015). The clinical environment can be a source of obstruction to student learning when incivility is present. A study was conducted using focus group interviews with

nursing students enrolled in a South Africa military school of nursing (Lekalakala-Mokgele & Caka, 2015). Participant interviews provided evidence of obstructed clinical learning when nursing students are met with condescending comments and horizontal violence (Lekalakala-Mokgele & Caka, 2015). Military nurse leaders concluded that developed policies centered on learning are needed to support nurse students in clinical settings (Lekalakala-Mokgele & Caka, 2015).

Mindfulness

Mindfulness Strategies to cope with nursing problems in a healthcare workplace are intellectual, affective, and behavior developed. The strategies are perceived from experience and communication with other healthcare professionals (Alharbi & Alshehry, 2019). Workplace incivility may be motivated by lack of self-efficacy to improve job performance. Job-related fears and concerns may be consequences of perceived incivility.

Workplace nursing incivility may interfere with job satisfaction (Lin et al., 2020). The open-minded realization of mindfulness has proven beneficial on employees' health and wellness and on workplace behaviors. Uncivil nursing workplace behaviors may hinder caring nurse relationships, initiate conflicts, and decrease positive work performances (Lin et al, 2020). Focus on workplace organization, teamwork, and proficiency is disrupted in an environment of nursing incivility. Mindfulness intervention invites management psychological concentration on civil behavior and positive working attitudes which may lead to job satisfaction (Lin et al., 2020). Mindfulness association with quality performance and non-deviant tendencies may produce healthy environments and caring tools.

Caring tools are designed to assist nurses and nursing students in nursing practice. Mindfulness activities support caring tools and redirect nurse incivility actions (Clark & Gorton, 2019). Mindfulness activities may aid nurses and nurse students during stressful situations which occur in clinical environments of duress. The individual using mindfulness may willfully discard preconceptions, exercise patience, and challenge unacceptable behavior (Clark & Gorton, 2019). Mindfulness practices may assist on heightening patient caring skills and coping with uncivil differences. Uncivil differences may be caused by internal and external workplace stimuli (Burger & Lockhart, 2017). Nurse graduates may use mindfulness meditation as an educational strategy on preventing stress related to incivility behavior. Mindfulness meditation is noted to reduce stress (Burger & Lockhart, 2017).

Some organizations express the avoidance of uncivil behavior because of rapid decision making and impersonal communication styles (De Clercq et al., 2018). Workplace environments may be improved through culturally and diversely considerations on incorporating wellness interventions targeting uncivil behaviors. Self-efficacy may appear as a mediator of mindfulness when self-accomplishment is fulfilled (Firth et al., 2019). Factors of mindfulness are expressed in personal wellness. Mindfulness skills on positive mental and physical health behaviors strengthen nursing ability on coping with uncivil workplace behavior. Nurses, integrating self-motivation, emotional control, and recognition of problematic inferences, become efficient on establishing civility (Firth et al., 2019). Application of positivity in an unhealthy workplace environment affect organizational goals on lessening the occurrence of incivility.

The mind-body methodology of mindfulness is explained in the personal cognitive process (Belton, 2018). Mindfulness-based intervention for incivility affords a healthcare organization opportunity on transforming incivility attitudes. Intellectualization of civil workplace nursing relationships is attainable using mindfulness-based interventions (Belton, 2018). Guided meditations, calmness and stress reduction exercises are components of mindfulness training which may be implemented into workplace wellness programs. Caring processes including interpersonal and intrapersonal values may be experienced by nursing staff on assuring constructive and resilient outcomes (Belton, 2018). Workplace care quality may be improved through use of mindfulness-based intervention.

Workplace nurse leaders, mentors, and facilitators should conduct self-reflection on emotional capability when contemplating developing and implementing mindfulness interventions to combat incivility (Leonard, 2017). Self-awareness during self-inventory enables personal emotional response management which is recommended in nursing education. Nursing incivility behaviors may cause transmission of meaningless reasoning when interacting with patients and others (Leonard, 2017). Mindfulness training offers methods on alternative ways of reasoning and connections with in-the-moment critical self-examination on interactions and personal attitudes. Nurse caring roles may be renewed as undesired emotional encounters are defeated (Leonard, 2017). Mindfulness training encompasses observation and attention to the moment in a purposeful non-judgmental manner. Intervention of mindfulness used for incivility proposes the understanding on strength and limitation awareness established through self-caring and caring of others (Leonard, 2017).

Open-minded realization of mindfulness has proven beneficial on employees'
health and wellness (Lin et al., 2020). Focus on wellness, workplace organization,
teamwork, and proficiency is disrupted in an environment of nursing incivility.
Mindfulness intervention invites management psychological concentration on civil
behavior and positive working attitudes (Lin et al., 2020). Mindfulness association with
quality performance and non-deviant tendencies may produce healthy environments and
incivility mitigation.

One mechanism of mindfulness is detection of stress thresholds. Thresholds on
stress may enable an individual's arrangement of initial signals to a stressful moment.
Self-compassion along with averting a stressful sensation allows the individual to engage
in a coping process (Marthiensen et al., 2019). Aversion of stress gives way to
management of workplace incivility. Mindfulness used in a psychotherapeutic realm on
fostering civil behavior involves stress-reduction actions which may prevent episodic
responses to incivility. Nursing uncivil environments may rekindle civil nursing
relationships through mindfulness mechanisms on reducing anxiety, anger, and dejection
(Marthiensen et al., 2019). Well-being of a nurse occurs when potential stress is replaced
with exceptional coping skills.

Cultivating a healthy nursing workplace which includes practicing mindfulness
may influence behavioral changes and reduce incivility activity. Self-compassion in self-
care may improve mental health. Self-criticism replaced with self-warmth and
understanding may replace uncivil behavior. Self-care through mindfulness may
stimulate the mental senses on engaging in workplace behavior choices (Myers, 2017).
Spiritual wellness and decreased incivility may occur. Philosophical beliefs on

mindfulness meditation as a daily mental and spiritual exercise is instrumental to self-care and a working environment wellness (Myers, 2017).

Literature Summary

Literature reviews on incivility enable unveiling on workplace nurse incivility behaviors. Findings from literature review, incorporated themes based on nursing professionalism, caring ethics, and components to establish, nourish, and sustain nurse relationships. Nursing challenges amidst workplace uncivil behavior, community caring, regulatory standards, and basic goals to reduce incivility, were explored during literature review. Endorsement on achieving civil behaviors to reduce incivility in the workplace, and enforce professional nursing and civil behavior, are on-going endeavors. Endorsement of mindfulness intervention on engaging civil behaviors involves an establishment of organizational leadership.

Section III

Needs Assessment

Organizational leaders and staff represent stakeholders for workplace nursing population. Needs assessment for "Nursing Workplace Incivility and Mindfulness," was performed using SWOT Analysis. SWOT stands for strengths, weaknesses, opportunities, and threats as related to an educational intervention on the practice of mindfulness. Following is the analysis:

Strengths

- Healthcare organization nurse leaders receptive to mindfulness intervention education to reduce workplace incivility

- Healthcare organization is local; saves time and money

Weaknesses

- May not be able to present educational sessions to all nurses due to their working schedule

- Sessions may have to be presented via "zoom" due to Covid-19 restrictions

Opportunities

- Change noted uncivil behaviors

- Spiritual growth

- Holistic mindfulness and well-being

Threats

- Organizational policy on staff development

Section IV

Goals, Objectives, and Mission Statement

Lachman (2015) addressed the prevalence of nurse incivility as a deterrent to ethical reasoning. Nurse incivility is identified as a probable product of non-ethical reasoning which may affect safe nursing practices (Lachman, 2015). Nursing workplace incivility is an uncaring and demeaning target against professional nursing. Advanced nurses have an obligation on preserving the art and science of the nursing profession. Educational instruction using the practice of mindfulness may reduce workplace incivility.

One goal of "Nursing Workplace Incivility and Mindfulness" DNP project is to present educational instruction on mindfulness to nursing staff of a local healthcare facility. The educational project will be given in five sessions using "zoom." Another goal is that the project is a contributory factor on developing incivility solutions and resolving unethical reasoning preventing civil nurse relationships. The objectives of this project are centered on increasing the awareness of the practice of mindfulness as a workable and sustainable resolution to nursing workplace incivility. The promotion of nursing ethical integrity through the practice of mindfulness is the mission of this project.

Section V

Theoretical Underpinnings

Watson's Human Caring Theory has been chosen as the theoretical framework for this project. Watson's concepts of moral ideals and spiritual facets of life may influence nurse leaders on how to transpose workplace incivility (Watson, 2020). Watson's scientific application of transpersonal caring is performed in caritas nursing settings. Caritas nursing is observed as caring relationships that reflect personal values, caring of others, and illuminate efforts against workplace incivility (Watson, 2020).

Watson's caring theory on transpersonal caring relationships is imperative for healthy nurse to nurse relationships in the workplace. The theory provides direction to examine nurses' moral commitment to maintain dignity, implement caring interventions, and willingness to advance in knowledge of the science of caring (Watson, 2020). Watson's theory guides the practice of mindfulness on nurse civil relationships, personal thoughtfulness, full presence, and openness to others. Personal consideration experienced through mindfulness reduces physiological and psychological stress. Caring through mindfulness practices may reduce workplace nursing incivility (King et al., 2019).

Section VI

Work Planning

   Project plan. Project plan involves a zoom-communication session because of
Covid-19. One 35-minute session with 10 participants will be conducted. A PowerPoint
on the characteristics of nursing workplace incivility will be presented during the session.
Interventions for nursing incivility will be expressed during the session. Guidelines for
the zoom session will be provided along with explanation on the benefits of learning in a
protective environment (Diegel-Vacek &, Carlucci, 2020). Zoom feedback from
participants will be collected via pre/post surveys.

Section VII

Evaluation Plan

Evaluation

      Quantitative method. A quantitative method may be used to test Watson's theory and evaluating the project (McLeod, 2017). Quantitative data may categorize and measure nurse incivility according to degrees of behavior and phenomena (McLeod, 2017). Pre/post surveys are used to generate data. Survey responses may be applicable on making decisions regarding the mindfulness intervention (McLeod, 2017).

Section VIII

Program Implementation

Program Implementation

Virtual implementation of the doctoral project, due to Covid-19 guidelines, occurred with a local community healthcare church ministry. Ten participants participated during a 35-minute session. Administrator for the ministry invited the participants via email. A copy of the informed consent, for participant review, and pre/post surveys were attached to the email. Explanation of surveys was discussed at the beginning of session. Unidentified survey results were emailed to the project presenter to maintain anonymity.

Barrier to Project Implementation and Summary

Communication may be a barrier to project implementation. Remedy to the barrier of communication is knowing your audience (Broome & Marshall, 2021). The facilitator of the zoom presentation is responsible on knowing the audience and delivering a commanding opening to gain attention. Language and expressions familiar to the audience are important (Broome & Marshall, 2021). Experiences such as rudeness may be familiar. Factual evidence supporting the experiences may afford understanding workplace incivility and invite audience participation (Broome & Marshall, 2021).

Section IX

Interpretation of Data

Results and Interpretation

All ten project participants were aware of incivility definition and eager to share personal experiences. Pre-survey and post-survey were completed using the paper method. Incivility meaning, workplace incivility meaning, incivility behavior, informing workplace leaders, and request on learning more about incivility and mindfulness, were the five obtained project themes.

Pre-Presentation Survey

Pre-suvey consisted of five questions with multiple answer choices. Questions were centered on incivility meaning, workplace incivility experience, reaction to incivility, workplace leaders informed of incivility behavior, and learning about incivility and mindfulness as an intervention. Ten of ten participants (100%) understood the meaning of incivility. Nine of ten participants (90%) had experienced workplace incivility. Nine of ten participants (90%) had negative reaction to an incivility incident. Eight of ten participants (80%) informed organizational leaders about an incivility incident. Nine of nine participants (90%) requested more knowledge on incivility and mindfulness.

Post-Presentation Survey

Post-survey consisted of five questions with multiple answer choices. Five questions were related to mindfulness intervention. Example of incivility behavior, example of mindfulness intervention activity, decreased incivility, willingness on participating in mindfulness activity, and learning more about mindfulness are the

question areas. Ten of ten participants (100%) selected the choice examples for incivility

and mindfulness. Ten of ten participants (100%) answered yes to mindfulness

intervention as a solution to workplace incivility, staff mindfulness involvement, and

advanced knowledge on the value of mindfulness intervention.

Section X

Utilization and Reporting of Results

Implication for Practice

Project results indicate mindfulness intervention may be a plausible solution to workplace incivility. Organizational leadership awareness of uncivil behaviors in the workplace is a reality. Organizational willingness to restore uncivil environments to caring, healthy environments is foundational evidence on using mindfulness intervention. Efforts on increasing nursing staff retention and satisfaction is vital to current and future healthcare expectations.

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Appendix A

Springfield Baptist Church

4309 Auburn-Knightdale Road ~ Raleigh, NC 27610
Phone: (919) 772-8078 ~ Fax: (919) 772-4259
www.springfieldbaptistchurch.com

June 25, 2021

To Whom it May Concern:

I'm writing on behalf of Cassandra Gibson. She is a Doctoral Candidate and Springfield Baptist Church

will allow her to conduct her doctoral nursing project with the Health Care Ministry Members.

Please contact me if you have any questions.

Thank you,

Dr. Faith M. Clark

_____

Dr. Faith M. Clark
SBC Health Care - Chairman

Reverend Dr. Kevin D. Sturdivant
(919) 772-3616

Deacon James Gibson, II
Chairman of Deacons

Appendix B

Email Project Invitation

Cassandra Gibson, your sister-in-Christ, is requesting your participation in her Doctor of Nursing Practice project. This will include a PowerPoint presentation on **"Nursing Workplace Incivility and Mindfulness" on (insert date and time here).** I have attached an informed consent for your review. Directions for the surveys will be discussed at the beginning of the presentation; copies will be made available. Thank you in advance for your acceptance to participate.

Appendix C

Gardner-Webb University IRB
Informed Consent Form

Title of Study: Nursing Workplace Incivility and Mindfulness

Researcher:
Cassandra G. Gibson
919-264-2027
gibsonc21@yahoo.co

Purpose
This project aims to explore nursing incivility intervention, mindfulness. Nursing incivility is uncivil behavior when nurse colleagues are disrespectful, rude, condescending, or bullying one another.

Procedure
All full-time and part-time (licensed and unlicensed) nursing staff identified to be included in this project will receive an email invitation to participate (Appendix B). Informed consent will be attached to the email invitation and copies made available during the presentation (Appendix C). You may ask questions at any time during informed consent review.
The pre-survey (5-questions) will be administered prior to presentation questioning uncivil behaviors (Appendix D). The completion of the survey is approximately 5 minutes.
One 40-minute educational intervention PowerPoint presentation will be provided to all participants.
The post-survey (5-questions) will be administered to explore noted uncivil behaviors and response to intervention (Appendix D). The completion of the survey is approximately 5 minutes.
Those who choose to participate will complete the surveys anonymously and return the survey to a locked box in the ministry location at the clerical office. You may also return a blank survey if you choose not to participate.

Time Required
It is anticipated that the study will require about 40 minutes of your time.

Voluntary Participation
Voluntary Participation
Participation in this study is voluntary. You have the right to withdraw from the project and survey at any time without penalty. You also have the right to refuse to answer any question(s) for any reason without penalty. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identified state.

Confidentiality
The information that you give in the study will be handled confidentially. Your data will be anonymous which means that your name will not be collected or linked to the data. Because of the nature of the data, it may be possible to deduce your identity; however, there will be no attempt to do so, and your data will be reported in a way that will not identify you.

Risks
There are no anticipated risks in this study.

Benefits
There are no direct benefits associated with participation in this project. The project may help you to understand nursing incivility and mindfulness. The Institutional Review Board at Gardner-Webb University has determined that participation in this study poses minimal risk to participants.

Payment
You will receive no payment for participating in the study.

Right to Withdraw From the Study
You have the right to withdraw from the study at any time without penalty.

How to Withdraw From the Study
If you want to withdraw from the study, please do not submit a survey or simply submit a blank survey. There is no penalty for withdrawing.

If you have questions about the study, contact:
Cassandra G. Gibson
919-264-2027
cgibson5@gardner-webb.edu

Nicole Waters, DNP, RN
704-406-2302
nwaters@gardner-webb.edu

If the research design of the study necessitates that its full scope is not explained prior to participation, it will be explained to you after completion of the study. If you have concerns about your rights or how you are being treated, or if you have questions, want more information, or have suggestions, please contact the IRB Institutional Administrator listed below.

Dr. Sydney K. Brown
IRB Institutional Administrator
Gardner-Webb University
Telephone: 704-406-3019
Email: skbrown@gardner-webb.edu

A copy of this informed consent will be provided at your request. By completing the survey and submitting, you are implying consent.

Appendix D

Survey Questions

DNP Survey Nursing Workplace Incivility and Mindfulness Questions – Multiple Choice of three answers

Pre-Presentation

1. What is an example of incivility?

Choices   a. kindness   b. rudeness   c. loneliness

2. Has anyone in the workplace ever spoken to you in a displeasing manner?

Choices   a. No   b. Maybe   c. Yes

3. How did you feel after you were spoken to in the above manner?

Choices   a. good   b. bad   c. unsure

4. Did you tell anyone of your experience with incivility?

Choices   a. No   b. Maybe   c. Yes

5. Would you like to learn about incivility and an intervention for incivility?

Choices   a. No   b. Yes   c. Unsure

Post-Presentation

1. What is an example of incivility?

Choices   a. rudeness   b. kindness   c. loneliness

2. What is an example of mindfulness?

Choices   a. think first   b. exercise   c. read more

3. Would practicing mindfulness assist on decreasing incivility?

Choices   a. No   b. Maybe   c. Yes

4. Are you willing to use the method of mindfulness?

Choices   a. No   b. Maybe   c. Yes

5. Was this presentation helpful?

Choices   a. Yes   b. Maybe   c. No