Doctor of Nursing Practice Scholarly Projects   Health Sciences Center Student Scholarship

Spring 5-4-2023

Civility Intervention in a Private Ambulatory Clinic

Steve D. Fusselman
sfusselman@unm.edu

Recommended Citation

Civility Intervention in a Private Ambulatory Clinic

Steve Fusselman

N797: Scholarly Project

Mentor: Dr. JoEllen Schimmels

May 5, 2023

Abstract

Healthcare workers commonly face incivility in the workplace. This quality improvement project aimed to employ evidence-based practices to help improve self-perception about workplace civility using Dr. Cynthia Clark's Workplace Civility Index (WCI)© 20-item Likert questionnaire and an educational intervention on civility. The impact of incivility in the workplace is undeniable, contributing to lower morale, absenteeism, decreased productivity, impaired communication, job burnout, and resignations. An exploratory factor analysis confirmed the reliability of WCI© as a beneficial instrument for measuring a company's capacity for civility. Finally, this project revealed that incorporating the WCI© with an educational intervention had a significant impact and increased employees' confidence and self-perception regarding civility.

Keywords: civility, bullying, workplace incivility, lateral violence, horizontal violence, perceptions, workplace civility index

Acknowledgments

Table of Contents

Civility Intervention in a Private Ambulatory Clinic

Healthcare work is demanding, with long hours and high stress. Nursing shortages make these working conditions worse. Additionally, the number of nurses practicing in New Mexico fell by 14% in a recent 4-year period, from about 18,200 in 2017 to 15,600 in 2020, according to the New Mexico Board of Nursing (McKay, 2022). Although the decline in the number of nurses may not be directly related to incivility, nursing as a profession can ill afford to see its numbers continue to shrink if it is to remain a viable profession. Even compassionate healthcare staff can display unkind behavior toward coworkers. Incivility can lead to problems for both the individual and the healthcare organization. In a study of employed Americans, 39% of respondents reported having experienced abusive workplace behavior, 22% reported having witnessed uncivil behaviors, 61% reported having been affected by it, and 73% were aware that it exists (Namie, 2021). In sum, incivility contributes to lower morale, decreased productivity, impaired communication, job burnout, and resignations (Howard and Embree, 2020; Xia et al., 2022).

Problem Statement

Incivility is a form of workplace violence. Bullying is "endemic to the nursing profession" (Arnetz et al., 2019, p. 346) and poses a risk to the workplace. Often, incivility manifests as bullying, lateral violence, and horizontal violence. Dr. Cynthia Clark of Boise State University (2017) defined incivility as verbal and nonverbal behaviors that are rude or disruptive, such as sighing, harsh comments, negativity, and withholding information. Arnetz et al. (2019) highlighted bullying (uncivil) behaviors ranging from overt or covert actions to intentionally spreading false rumors, excluding someone, and/or giving unsolicited criticism. Lasater et al. (2014) illustrated workplace violence from nonverbal innuendo, withholding information,

infighting, scapegoating, and backstabbing. On the other hand, Clark (2017) defined civility as an authentic respect for others that requires time, presence, willingness to engage in genuine discourse, and an intention to seek common ground.

The Joint Commission (TJC; 2021b) reported that 44% of nursing staff have been bullied. In 2021, TJC issued a safety alert pertaining to these issues. The writers of the alert identified disrespect, horizontal (lateral) or vertical (top to bottom) violence, psychosocial harassment, and intimidating or disruptive behavior as examples of uncivil or bullying actions (TJC, 2021a). The report also stated that slandering others, refusing to assist peers, using nasty language, referring to peers incorrectly, and publicly criticizing others are additional uncivil behaviors. While the majority of existing research, including this project, has aimed to discover the impact of incivility on nursing, the problem of incivility itself is not exclusive to nursing.

In 2015, the American Nurses Association (ANA) recognized that this issue was so prevalent that it published a position statement titled *Incivility, Bullying, and Workplace Violence.* Although the position statement itself pertained to registered nurses, the principles apply to all healthcare workers. Incivility, bullying, and workplace violence have affected the nursing profession for a century or more (ANA, 2015). The prevalence of incivility permeates nursing and infiltrates the entire healthcare workforce, affecting workers and patients and posing serious risks.

In a recent issue of *The New Mexico Nurse*, Blizzard (2022) contended that reducing incivility and bullying needs to start in the classroom. Although Blizzard referenced incivility in nursing academia, her research found incivility extends from the classroom into the nursing workforce. Her final takeaway was that when incivility in the workforce is unaddressed, whether in New Mexico or anywhere else, incivility will fester. Moreover, healthcare workers protect the

public's health, and having an uncivil workforce threatens the health of society. The current DNP project focused on uncivil workplace behaviors, their impact, and how to work toward changing them.

PICO Question

For this project, the PICO question was: For employees in an ambulatory clinic setting (P), what effect does an educational intervention about civility (I) have on their perception of civility in the workplace (C/O)?

Literature Review

Utilizing the databases Cumulative Index to Nursing and Allied Health (CINAHL), Cochrane Database of Systematic Reviews, and PubMed, a systematic literature review was conducted to access articles published between 2014 and 2022. The PRISMA for this review is given in Appendix A. Boolean limiters, date limiters, and peer review parameters were used to narrow the search. The search explored available articles pertaining to educational interventions dealing with civility in the workplace. The search was filtered and limited to studies published within the last 7 years, in English, and with participants aged 19 and older. Key terms searched were *civility, incivility*, *workplace bullying*, and *educational interventions*. An additional search in PubMed located articles on the effects of educational interventions on incivility. The former search produced 15 results in PubMed, and the latter produced 10 results. This literature review suggests that different measures and interventions exist to help identify and address workplace incivility. Additionally, research articles' reference lists were utilized to locate related articles (Appendix B).

Arnetz et al. (2019) conducted a qualitative study in a multihospital system in the U.S. Midwest. This study recruited 15 registered nurses to participate in a focus group. The focus

groups explored interventions for education about workplace incivility. The study found four main themes: bullying characteristics, facilitators, consequences, and organizational interventions. Similar to Arnetz et al.'s (2019) research for organizational intervention, Gillen et al. (2017) conducted a systematic review that yielded similar results. Their review examined multiple databases, and through a selection and review process, five studies involving 4,116 participants met the inclusion criteria. Gillen et al. found that both organizational and individual interventions can help to prevent workplace bullying. However, because their evidence was of low quality, the investigators suggested that additional research utilizing better methods to assess the efficacy of various interventions to prevent bullying was needed.

Lasater et al. (2014) conducted a three-part educational series delivered in a 6-month period. The first part of the educational series was a 1-hour didactic presentation and discussion on incivility. The educational series was supported by evidence-based research done by Martha Griffin. Griffin's list of the 10 most common types of workplace violence was used for the purposes of Lasater et al. study and included effects on individual health and patient safety. Lasater's part two was conducted 30 days after part one and included a didactic portion with a session for role-playing. Finally, part three took place 30 days after part two and included a didactic educational portion with simulation sessions. Lasater et al.'s research implemented different measurement tools including the Nurse Incivility Scale (NIS), which uses a 5-point scale to measure incivility. The study achieved statistical significance in a negative linear slope, attaining a $p < 0.001$. In the conclusion of their research, Lasater et al. reported that decreased self-perception of workplace incivility was achieved in this study. While the NIS instrument is different than Clark's Workplace Civility Index© (WCI), Laster et al. established effectiveness with the NIS.

Howard and Embree (2020) used an asynchronous educational intervention in conjunction with Clark's WCI© tool. The goal of the Howard and Embree study was to increase self-awareness about incivility in the workplace. It was conducted at an academic medical center and sought to determine whether an educational intervention could increase nurses' awareness of and knowledge of incivility. The authors used *Bullying in the Workplace: Solutions for Nursing Practice*, an online learning activity developed by Sigma Theta Tau International Honor Society of Nursing. Forty-nine of 168 nurses agreed to participate. Of the 49 nurses, 21 were placed in the experimental group, and 28 were placed in a control group. Participants took the WCI© before and after the learning activity. The mean for the experimental group increased from 91.6 to 95.4, and the mean for the control group decreased from 88.2 to 80.2. The mean was calculated by adding all numbers in the data set and dividing by the number of values. The Cronbach alpha score was .82. The changes in both scores represent a statistical significance. The authors hypothesized that the decrease in scores in the control group was related to an increase in self-perception of incivility among the nurses (Howard & Embree, 2020).

Synthesis

Different interventions have been used to measure incivility. Interventions examined in this literature review included educational interventions and survey tools. Lasater et al. (2014) developed their own educational intervention, and Howard and Embree (2020) utilized an existing online module. Lasater et al. used the NIS instrument to gauge workplace incivility, whereas Howard and Embree used the WCI©. In sum, different survey tools exist; a commonly used tool is the WCI©. Surveys and educational interventions help to stop incivility in the workplace by bringing about increased awareness of it.

Definitions

Research for the current project focused on a tool and an intervention to help increase self-perception of incivility. Studies by other researchers have used the terms *self-perception* and *self-awareness* interchangeably. In general, self-perception is the way we see ourselves, in terms of our personality, appearance, abilities and more. Understanding self-perception is essential for personal growth. For this project, self-perception was defined in accordance with the American Psychological Association's (APA; n.d.-b) definition: "a person's view of him or her self or of any of the mental or physical attributes that constitute the self. Such a view may involve genuine self-knowledge or varying degrees of distortion." Conversely, APA (n.d.-a) defines self-awareness differently, stating it is concerned more with mental and physical traits, talents, abilities, and roles.

Theoretical Framework: Evidence Based Practice Model

The Stetler (2001) model (Table 1), a framework to utilize research and apply evidence, inspired this research project. The Stetler model helps to incorporate research findings and evidence into practice. It comprises five phases: preparation, validation, comparative evaluation, translation into practice, and evaluation. Together, those phases structure critical thinking. Due to the size of the current study and the size of the healthcare practice in which it took place, the phases seemed to merge. The Stetler model uses evidence-based research, practices, and tools to help create a more employee-focused healthcare system (Stetler, 2001).

Table 1

Stetler Model Plan

	Action in the Phase	Results
Phase 1: Preparation phase	This phase helps delineate the need for clarity in the project purpose and defines a clinical question.	PICO question formed based on review of literature.

		Identify and barrier.
		Identify strengths of EBP change.
Phase 2: Validation phase	Involves critiquing and summarizing evidence, internally and externally. Selection of evidence in this phase.	Literature review
Phase 3: Comparative phase / decision making phase	Evidence is judged.	Article and model selection. Identify stakeholders.
Phase 4: Translation / application phase	Evidence is interpreted and accepted. Evidence is applied to practice.	Meet with the CEO to discuss evidence/tool and educational intervention. Clark Workplace Civility Index© (WCI) used. Study implemented through UNM Qualtrics® Generalize finding and determine if results can be applied to work settings. Plan dissemination.
Phase 5: Evaluation / decision making phase	Formal and informal processes delineated at the individual or organizational level. Outcomes evaluated.	Research project finalized. Meeting with CEO to discuss results for project and share the findings.

Project Design

This DNP project was designed to encourage and promote respect across healthcare

professions and work environments. By facilitating an opportunity for participants to do the

WCI© and watch the educational intervention, this project aimed to increase self-perception about one's own civility in the workplace.

This quality improvement project looked at workplace incivility using an evidence-based educational intervention. The WCI© was used to measure self-perception about workplace incivility. The WCI© is a validated instrument with a proven history of gauging self-perceptions of workplace civility. Like the Howard and Embree (2020) study, this project deployed the WCI© in conjunction with an educational intervention to help with self-perception of workplace incivility.

The first survey administered in the project collected demographic data followed by responses to the WCI© tool (Appendix C). The demographic questions asked for participants' gender identity: male, female, or prefer not to answer. Participants were then asked to give consent to participate in the study. After granting consent, the educational intervention was launched.

For this study, the student researcher developed a PowerPoint presentation (Appendix D) to discuss civility in the workplace. This presentation utilized evidence-based research material in conjunction with observations from F. M. Forni's (2002) book *Choosing Civility: The Twenty-Five Rules of Considerate Conduct*. Forni's work delivers clear lessons on civility and how to bring more civility and compassion to our lives. The presentation was pre-recorded, lasted 35 minutes, and was shared internally on the study site's SharePoint platform. A link was also provided in the initial, follow-up, and final emails to participants.

After the educational intervention, the student researcher sent a follow-up (second) survey (Appendix E), and participants were invited to complete four questions regarding the benefits they perceived from viewing the intervention. This survey was qualitative in nature to

help facilitate growth at the practice. Participants were asked about the relevance of WCI© and the educational intervention. The survey summed up how a participant can put the education into practice, personally or professionally, and the final question sought to find out what was most important to the participant.

Implementation

The project started with obtaining appropriate approvals. First, the student researcher sent an email to Dr. Clark seeking permission to use the WCI© (Appendix F); permission was granted to use the WCI© (Appendix G). Next, the student researcher made contact with the chief executive officer (CEO) of the practice where the research was to take place to arrange a time to meet and discuss this DNP project. After the meeting with the CEO, a timeline (Appendix H) was established for securing permissions to conduct this research and implementing the intervention.

The CEO requested the project be open to all employees in the practice, not just to the oncology nursing staff. IRB approval was obtained with full CEO support (see Appendix I). The University of New Mexico Health Sciences Center Institutional Review Board (UNM HSC IRB) gave this research final approval on October 31, 2022 as an exempt project (Appendix J). The project started on December 21, 2022 and concluded on January 20, 2023.

After receiving the CEO and HSC IRB approvals, the student researcher sent an email (Appendix K) to managers to notify them of the project and to confirm that the survey had been approved. Finally, the student researcher sent an email to the entire practice describing the instructions for participation (Appendix L). That email also contained anonymous links to the first survey with the WCI©, the educational intervention, and the follow-up survey. Two

additional follow-up emails were sent to encourage participation (Appendix M), as well as a

follow-up email to managers (Appendix N). All participants signed a consent (Appendix O).

Project Site, Setting, and Population

The setting for this study was a private ambulatory practice that includes oncology,

primary care, urology, pulmonary, rheumatology, radiation, and radiology services. Healthcare

workers include patient care coordinators, medical assistants, nurses, radiology technicians,

nurse managers, directors, advance practice providers, and physicians. This healthcare setting

employs approximately 255 people in two locations.

Inclusion Criteria

During a meeting with the student researcher, the CEO expressed a strong belief that

every employee could benefit from this project and asked that all employees be invited to

participate. As a result, the inclusion criteria for this project included that all employees were

invited through their work email to participate.

Exclusion Criteria

This project did not exclude any employees at the study site. However, new hires and

employees on personal leave between the winter holidays of December 22, 2022, to January 20,

2023, may not have participated. Additionally, any individual who did not have access to work

email would have been excluded from this project.

Budget

The letters of support from the CEO of the study site and other management officials

show that most of the project's funding was in the form of in-kind contributions. These in-kind

contributions (computers, software, office equipment, and company time) added value to this

project without the student researcher incurring any additional monetary cost. Essentially, the in-kind contributions showcased the practice's investment in the project's success.

UNM provided access to the electronic data capture tool Qualtrics® for no fee. Participants were recruited using workplace email, and management allowed participation during work hours. The student researcher purchased the WCI© (Civility Matters[TM]) through the Boise State University Office of Technology Transfer for $19.99.

Methods

Measurement Instruments

The WCI© was used in the first survey. The WCI© is a psychometrically sound, evidence-based instrument that contains 20 items to measure civility self-perception (Clark et al., 2018; Howard & Embree, 2020). In 2018, the WCI© yielded a Cronbach's alpha score of .82 in research conducted by Clark et al., demonstrating a relatively high level of internal consistency and reliability for the tool. In other words, the WCI© has been deemed accurate and consistent in measuring the construct (perceptions on civility) that it was designed for. The WCI© uses five Likert responses to measure and assess self-perception and covers 20 key aspects of workplace civility and respectful interactions. The responses to estimate the frequency of civil workplace interactions denotations are 1) never, 2) rarely, 3) sometimes, 4) usually, and 5) always. Overall, scores may range from 20 to 100. Ninety to 100 is considered very civil, 80 to 89 is considered civil, 70 to 79 is considered moderately civil, 60 to 69 is considered minimally civil, 50 to 59 is considered uncivil, and less than 50 is very uncivil.

This study's review of literature review found no established definitions for workplace civility. Through email correspondence, Dr. Clark stated there are no established definitions (C. Clark, personal correspondence, April 6, 2023). Merriam-Webster Dictionary (n.d.) offers a

starting definition for civility as being a "polite act or expression." The literature review for this project suggested that very civil refers to being exceedingly or exceptionally civil, civil refers to being reasonably civil, moderately civil refers to being somewhat courteous or civil, rarely or minimally civil refers to being marginally civil, uncivil refers to being faintly civil and ill-mannered, and very uncivil refers to not civil at all or completely impolite. These definitions serve as a starting point for an understanding of the various WCI© levels.

In addition to the WCI©, a recorded educational intervention was used in this project to educate participants about workplace civility. Evidence culled from the literature review and other searches helped to develop this intervention. In addition, Forni's (2002) *Choosing Civility: The Twenty-Five Rules of Considerate Conduct* contributed to the educational intervention. The PowerPoint presentation covered civility definitions, the incivility continuum, effects and examples of workplace incivility, why workplace civility is essential, showing empathy, healthy work relationships, paying attention, good listening skills and paying attention to others, not gossiping, and speaking well and praising others. The educational intervention was delivered through a recorded PowerPoint presentation, made available through the study site's Microsoft SharePoint. The PowerPoint contained presentation slides with talking points recorded into an MP4 video file. Table 2 summarizes the stages of this study.

Table 2

Project Implementation Process

First Survey	Educational Intervention	Follow-Up (Second) Survey
WCI© (20 questions) Tool through UNM Qualtrics®	Recorded PowerPoint presentation through workplace SharePoint	Qualitative questions through UNM Qualtrics®

Data Collection

This project consisted of two surveys. Both were administered through UNM Qualtrics®. Qualtrics® is a secure, web-based software platform designed to support data capture for research studies. The first survey began with a consent and a gender demographic question, followed by the WCI© questions. Participants answered the WCI© questions prior to watching the educational intervention. In the first email to participants, instructions with hyperlinks to each part of this project were provided. After participants watched the educational intervention, the second survey began with a consent and ended with four qualitative questions. In total, participants were sent three emails with reminders and encouragement to participate; each email contained the hyperlinks needed to complete the surveys.

Study data were collected and managed using the Qualtrics® electronic data capture tool hosted by the UNM. All data were encrypted and stored within the UNM and Qualtrics® databases.

Data Analysis Tools

Completed survey data were collected from the UNM Qualtrics® spreadsheet and analyzed. Statistical analyses was completed using both the results tools in UNM Qualtrics®, the descriptive statistics function within Microsoft Excel, and Exploratory© software to perform exploratory factor analysis (EFA). Additionally, aggregate data (total numbers and percentages) were calculated for both surveys.

Ethical Considerations

Because the study site of this project was the student researcher's workplace, clear boundaries needed to be established. These boundaries ensured this research was conducted in a responsible and ethical manner, avoiding conflicts of interest. Importantly, participants also

needed to feel confident they would be able to complete the training with anonymity in a non-retaliatory, safe environment. Conducting research in the setting of one's place of employment can present biases that influence the research. To help minimize that possibility, this project placed high importance on collecting information anonymously. The participants in this study were at minimal risk because it was set up as two single, optional, anonymous surveys. However, the anonymous emails were filtered out by some employees who thought the email might be part of spam or phishing. Finally, informed consent was obtained from all participants prior to both surveys; participation was voluntary.

<div align="center">**Project Results**</div>

Ninety-four employees (36.7%) of the 255-employee workforce participated in the first survey, and 73 (29%) participated in the follow-up survey. Of the 94 who responded to the invitation email, two chose not to participate in the survey. Eighty-six percent ($n = 79$) of the participants were women; 13% ($n = 12$) were men; one participant preferred not to identify their gender. Sixteen responses were incomplete and so were eliminated from the data analysis; these were not included in the total of 92 participants. Descriptive statistics for the first survey are shown in Table 3.

Table 3

Descriptive Statistics (n = 92)

	Standard Error	Mean	Median	Mode	Standard Deviation	Range	Min	Max	Sum
1	0.075	4.20	4	4	0.715	3	2	5	386
2	0.054	4.67	5	5	0.516	2	3	5	430
3	0.066	4.50	5	5	0.638	3	2	5	414
4	0.075	4.17	4	4	0.720	3	2	5	384
5	0.065	4.63	5	5	0.624	2	3	5	426
6	0.060	4.60	5	5	0.575	2	3	5	423
7	0.045	4.83	5	5	0.435	2	3	5	444

8	0.069	4.63	5	5	0.658	3	2	5	426
9	0.066	4.45	5	5	0.635	3	2	5	409
10	0.064	4.54	5	5	0.619	2	3	5	418
11	0.052	4.87	5	5	0.497	4	1	5	448
12	0.060	4.61	5	5	0.573	2	3	5	424
13	0.055	4.74	5	5	0.532	3	2	5	436
14	0.091	4.03	4	4	0.870	4	1	5	371
15	0.079	4.46	5	5	0.762	4	1	5	410
16	0.060	4.58	5	5	0.579	2	3	5	421
17	0.084	4.26	4	5	0.810	3	2	5	392
18	0.073	4.45	5	5	0.701	3	2	5	409
19	0.058	4.58	5	5	0.559	2	3	5	421
20	0.061	4.64	5	5	0.585	2	3	5	427

Table 4 shows the breakout of how each participant scored overall on the survey. These survey results show that 94.6% rated high on the Likert scale as civil or showing very civil behaviors in the workplace.

Table 4

Results of First Survey (n = 92)

WCI© Scoring	Range	Percentage	Number
Very civil	90-100	59.80%	55
Civil	80-89	34.80%	32
Moderately civil	70-79	3.30%	3
Minimally civil	60-69	2.20%	2
Uncivil	50-59		
Very uncivil	<50		
		Mean = 90.45	SD = 7.1

Follow-Up Survey Results

The follow-up survey asked four qualitative questions to help implement research findings in practice. Of the 94 participants who completed the first survey, 73 participated in the

second survey. Two participants declined to give consent to participate further. Eighty-two

percent (82.3%; *n* = 51) responded that they watched the educational intervention; 11 stated they

had not watched the educational intervention. Fifty-four (*n* = 54) participants said both the

survey and educational tool were helpful in understanding their self-perception of civility, and 8

said the survey and tool were not helpful. Figure 1 shows respondents' answers to question 3 of

the second survey by percentage. Overwhelmingly, participants found the information valuable

and said they could use the information in their personal or professional lives to help better

themselves. Some themes emerged in the final survey question (Appendix P): incorporating

empathy respect (*n* = 9), active listening (*n* = 7), self-perception/introspection/mindfulness (*n* =

8), and establishing healthy boundaries (*n* = 4).

Figure 1

Responses to Question 3 in the Second Survey

Lessons Learned that Participants Felt They Could Incorporate Into Their Clinical Practice

- Personal-helping myself (35)
- Personal-helping friends / family (18)
- Professional-helping colleagues (32)
- Professional-to teach others (students, mentors, preceptees) (20)
- Professional clinical-teaching patients/families (14)
- Other: (2)
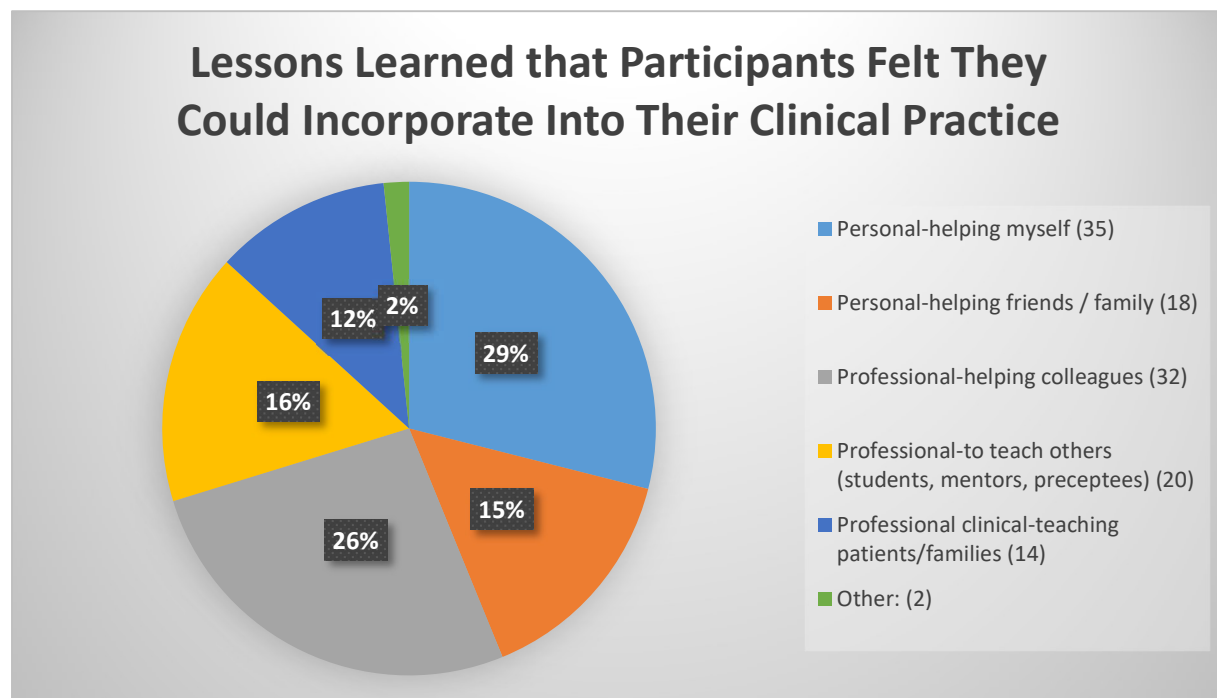
Data Analysis

Table 3 is a visual summary of the project's statistical data. The data collected seem to suggest respondents answered the WCI© primarily with responses of 4 or 5. In the table, the calculated mean, median, and mode of the civility scores establishes the central tendency of the data, and the range, minimum, and maximum scores give a sense of the spread for the data. Additionally, the standard deviation gives a glimpse of how the scores varied from the mean. Overall, the data distribution has a negative skew, meaning that the majority of the data lie toward the higher end of the scale.

The student researcher used EFA to identify the underlying structure of a set of variables or questions. EFA is a statistical method that helps researchers understand patterns among observed variables. The student researcher then examined relationships between different items in the assessment to determine whether any patterns or correlations emerged.

Figure 2 is a plot of the variance explained by each factor in the EFA. The x-axis shows the factor number, and the y-axis shows the proportion of variance in the data that is explained by each factor. For this project, there are three factors. This plot shows that the first factor explains the most variance of 17.4%, the second factor of 12.9%, and the third factor of 11.7%.

Figure 2

Variance Plot
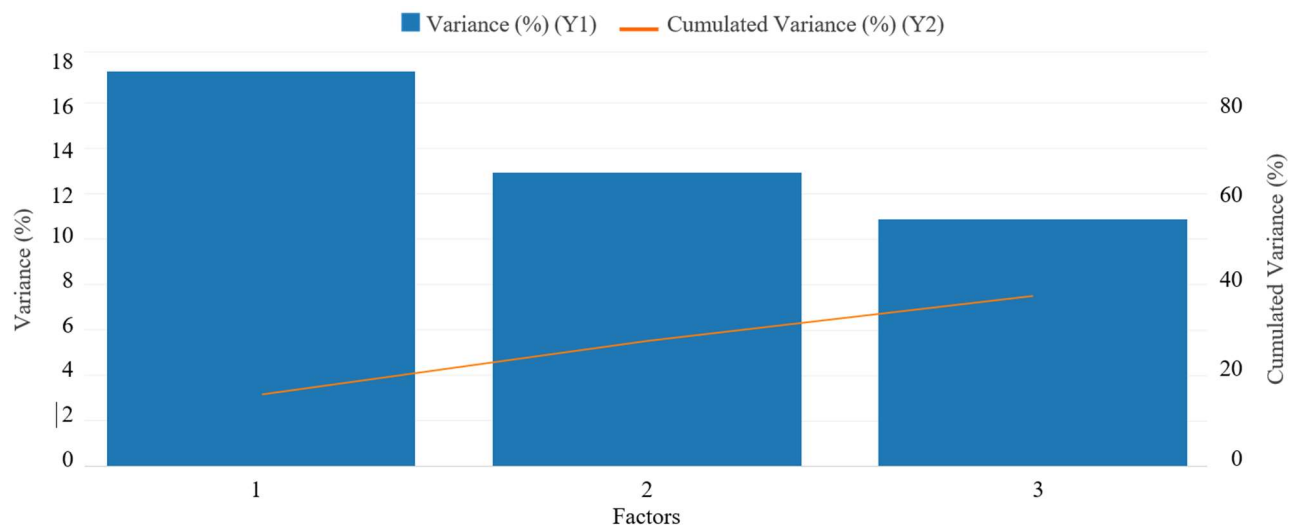
Figure 3 shows the scree plot that determined the number of factors to retain for the

analysis. The x-axis shows the number of factors, and the y-axis shows the eigenvalues, or the

amount of variance explained by each factor. In Figure 3, the third factor is the level-off point, so

the first three factors account for the majority of the data variance.

Figure 3

Scree Plot
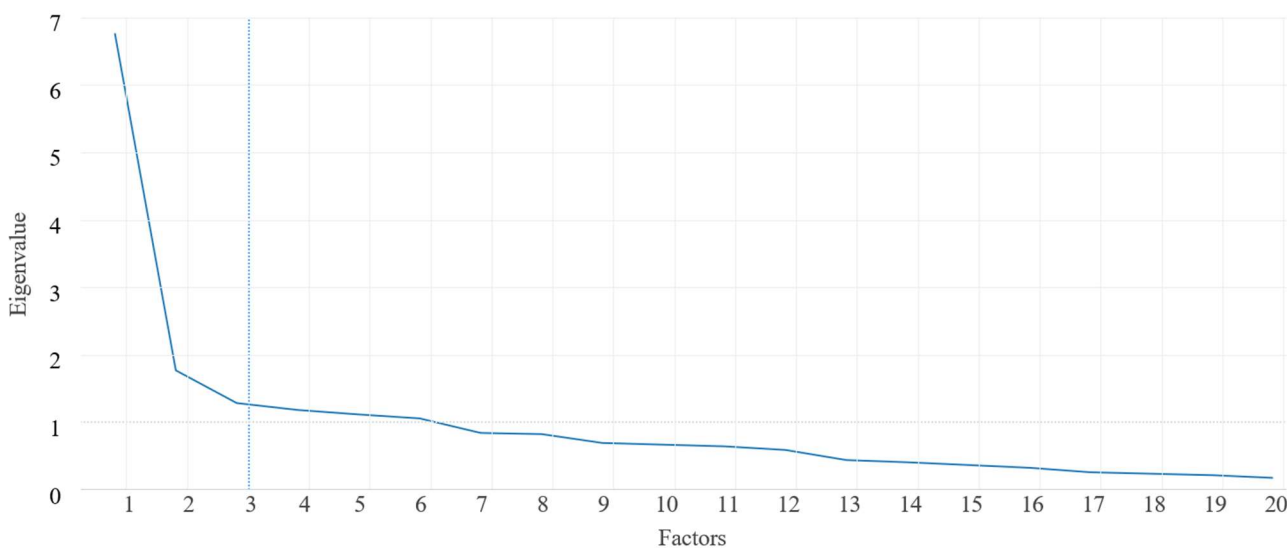
Table 5 shows the weighted results of a factor analysis performed on the variables listed in the variables column. The analysis extracted three factors, represented in the columns Factor 1, Factor 2, and Factor 3. The values in each factor column represent the correlation coefficients between the variables and the factors. The Communality column shows the proportion of variance in each variable that is explained by the factors. The higher the value, the more the variable is related to the factors. The Uniqueness column shows the proportion of variance in each variable that is not explained by the factors and which is unique to that variable. The first seven variables are explained by Factor 1. In sum, 63% of the variance can be explained by Factor 1.

Table 5

Weighted Results

WCI© Question (variables)	Factor 1 ($\lambda = 6.75$)	Factor 2 ($\lambda = 1.76$)	Factor 3 ($\lambda = 1.2$)	Communality	Uniqueness
Q3	0.76	0.09	0.22	0.63	0.37
Q1	0.60	0.04	-0.08	0.37	0.63
Q18	0.59	0.24	0.27	0.48	0.52
Q16	0.57	0.42	0.11	0.52	0.48
Q2	0.55	0.05	0.32	0.41	0.59
Q17	0.53	0.45	0.35	0.61	0.39
Q19	0.47	0.26	0.05	0.29	0.71
Q8	0.33	0.17	0.11	0.15	0.85
Q9	0.28	0.26	0.19	0.18	0.82
Q13	0.24	0.64	0.35	0.59	0.41
Q4	0.15	0.60	0.19	0.42	0.58
Q20	0.46	0.52	-0.11	0.49	0.51
Q14	0.08	0.45	0.12	0.22	0.78
Q10	0.05	0.31	0.25	0.16	0.84

Q15	0.20	0.29	0.19	0.16	0.84
Q7	0.31	0.15	0.66	0.56	0.44
Q6	0.49	0.21	0.58	0.63	0.37
Q11	-0.10	0.19	0.57	0.37	0.63
Q5	0.20	0.43	0.53	0.50	0.50
Q12	0.36	0.36	0.40	0.42	0.58

Summary of Findings

EFA explored underlying relationships between variables. Items ranged from 4.03 (SD = .87) to 4.87 (SD = .497), and the mean score for the scale was 90.45 (SD = 7.1). Table 3 presents the mean and standard deviation of each item. The eigenvalue for Factor 1 was 6.75 and explained 17.4% of the variance. The distribution of the results appears to have a negative skew with a range of −0.45 to −5.78. Additional results ($\chi2$ = 164.23 and p = .0034) indicate that a survey and educational tool improves self-perception on civility in the workplace. Finally, Table 5 suggests four areas to work on or for greatest potential growth: communicate respectfully (by email, telephone, face-to-face) and really listen (0.75); assume goodwill and think the best of others (0.63); demonstrate approachability, flexibility, and openness to other points of view (0.59); and uphold the vision, mission, and values of my organization (0.57).

Discussion

Limitations and Strengths of the Project

The limitations and strengths of this project influenced its outcomes. The sample size was moderate. Although all participants were paid during participation (because the project was done at work), only 36.7% of the workforce participated, despite leadership encouragement. Participants might have felt vulnerable by taking part. They might have suspected their participation was not anonymous. The WCI© is a self-report tool, which means the truthfulness

of the participants is essential to the research. Participants had access to the scoring system, which could have contributed to inflated responses. An inflated response would result from participants rating themselves higher than they would have had they not had access to the scoring system. An additional limitation was not being able to conduct the WCI© in a pre- and a post-survey, due to the value placed on anonymity. Finally, the timing of the study (which took place over the winter holiday from December 22, 2022, to January 20, 2023) could have limited the number of participants.

Confounding factors can have a significant impact on the validity of survey results regarding incivility. The presence of bullies or victims of bullying can cause individuals to respond differently based on their personal experiences, resulting in inaccurate conclusions about the population. Controlling these factors is crucial when conducting any research to ensure that findings accurately represent the attitudes and experiences of the study population. This project was restricted to a few participants within a single private ambulatory clinic, presenting challenges to its internal validity. Although the outcomes may display positive results, it is crucial to exercise caution when attempting to apply these findings to broader populations. The project's internal validity could be fortified by replicating the study with more comprehensive sample sizes and more diverse demographics.

Compared to the 94 participants in the first survey, the lower number of participants in the follow-up survey could be attributed to any number of factors, including time, trust, and familiarity with technology. Only 51 of 94 participants (54%) acknowledged watching the educational intervention. Holiday timing and lack of familiarity with SharePoint could explain the follow-up survey's meager response rate. The student researcher expected more participants to watch the educational intervention. Participants might have felt a lack of trust in the surveys'

anonymity or perhaps did not make time to watch the video. Finally, the video was linked

internally on the study site's SharePoint system; some individuals informed the student

researcher that they had difficulty logging into SharePoint.

This project had three major strengths: the WCI© survey tool, a relatively high

participation rate, and universal support from the participating institution. This project built upon

an established and validated approach to workplace incivility using a tool created by Dr. Clark

(Griffin & Clark, 2014). Institutional support helped provide a broad group of people to include

in this project. Overall, 87 participants (94.6%) responded they were "usually" or "always" civil

in the workplace. These responses suggest a moderately civil workplace; however, they may also

reflect a lack of insight among participants into their own incivility.

Dissemination

The results of this project will be discussed with management at the private ambulatory

clinic. Additionally, there could be future plans for using the WCI© within each department to

create more team cohesion and a better work environment. Finally, the project results will be

shared within the UNM College of Nursing as part of the DNP program.

Conclusion

This research project was inspired by evidence-based literature. The WCI©, a validated

instrument, has been used successfully in academic and work settings to help assess perceptions

of workplace civility (Clark et al., 2018). Collectively, both organizations and leaders share

responsibility for creating and nurturing a respectful and safe work culture (Lasater et al., 2014).

A civil workplace requires self-reflection prior to an employee acting, speaking, or sending an

email (Clark, 2020). A civil work environment can be created through empathy and through the

encouragement of coworkers. However, leaders and employers must have educational tools

available and must enforce zero-tolerance policies toward these types of behaviors. Research by

Lynette et al. (2016) found that the first step to addressing incivility is acknowledging it exists

and that workplaces have nowhere to hide on this issue.

      The intent of this project was to impart evidence-based information that might influence

how people felt about themselves at work. One participant stated it best in an email to the student

researcher:

> A very excellent presentation. Insightful. My only wish is that I, and many of my
>
> previous colleagues, might have been exposed 40 years ago as we entered the healthcare
>
> work environment. We were clueless and emulated the authoritarianism of our elders. I
>
> came to understand, too slowly I suspect, that any lack of civility on my part was directly
>
> related to personal insecurity and inexperience. Once realized, I improved.

If others felt the same, then this project's goal may have been met. Civility begets civility and

improves through one act at a time.

References

American Nurses Association. (2015). *Incivility, bullying, and workplace violence* [Position

    statement]. https://www.nursingworld.org/practice-policy/nursing-excellence/official-

    position-statements/id/incivility-bullying-and-workplace-violence

American Psychological Association. (n.d.-a). Self-awareness. In *APA dictionary of psychology*.

    Retrieved April 5, 2023, from https://dictionary.apa.org/self-awareness

American Psychological Association. (n.d.-b). Self-perception. In *APA dictionary of psychology*.

    Retrieved April 5, 2023, from https://dictionary.apa.org/self-perception

Arnetz, J. E., Fitzpatrick, L., Cotten, S. R., Jodoin, C., & Chang, C.-H. (2019). Workplace

    bullying among nurses: Developing a model for intervention. *Violence and Victims*,

    34(2), 346–362. https://doi.org/10.1891/0886-6708.VV-D-17-00211

Blizzard, Linda. (2022). Incivility and bullying in nursing academia: What is the effect on the

    profession? *The New Mexico Nurse*, *28*(2).

Clark, C. M. (2017). *Creating and sustaining civility in nursing education* (2nd ed.). Sigma

    Theta Tau International Publishing.

Clark, C. M. (2020). The imperative of civility in uncertain times. *Nurse Educator*, *45*(4), 173.

    https://doi.org/10.1097/NNE.0000000000000874

Clark, C. M. (2022). *Core competencies of civility in nursing and healthcare* (1st ed.). Sigma

    Theta Tau International Publishing.

Clark, C. M., Sattler, V. P., & Barbosa-Leiker, C. (2018). Development and psychometric testing

    of the Workplace Civility Index: A reliable tool for measuring civility in the workplace.

    Journal of Continuing Education in Nursing, *49*(9), 400–406.

    https://doi.org/10.3928/00220124-20180813-05

Forni, P. M. (2002). *Choosing civility: The twenty-five rules of considerate conduct* (1st ed.). St. Martin's Press.

Gillen, P. A., Sinclair, M., Kernohan, W. G., Begley, C. M., & Luyben, A. G. (2017). Interventions for prevention of bullying in the workplace. *Cochrane Database of Systematic Reviews*, Article CD009778. https://doi.org/10.1002/14651858.CD009778.pub2

Griffin, M., & Clark, C. M. (2014). Revisiting cognitive rehearsal as an intervention against incivility and lateral violence in nursing: 10 years later. *Journal of Continuing Education in Nursing*, *45*(12), 535–542. https://doi.org/10.3928/00220124-20141122-02

Howard, M. S., & Embree, J. L. (2020). Educational intervention improves communication abilities of nurses encountering workplace incivility. *Journal of Continuing Education in Nursing*, *51*(3), 138–144. https://doi.org/10.3928/00220124-20200216-09

Lasater, K., Mood, L., Buchwach, D., & Dieckmann, N. F. (2014). Reducing incivility in the workplace: Results of a three-part educational intervention. *Journal of Continuing Education in Nursing*, *46*(1), 15–24. https://doi.org/10.3928/00220124-20141224-01

Lynette, J., Echevarria, I., Sun, E., & Ryan, J. G. (2016). Incivility across the nursing continuum. *Holistic Nursing Practice*, *30*(5), 263–268. https://doi.org/10.1097/HNP.0000000000000167

McKay, D. (2022, January 27). NM lawmakers eye $50M for nursing shortage. *Albuquerque Journal*. https://www.abqjournal.com/2465096/nm-lawmakers-eye-50m-for-nursing-shortage.html

Merriam-Webster. (n.d.). Civility. In *Merriam-Webster.com dictionary.* Retrieved April 7, 2023, from https://www.merriam-webster.com/dictionary/civility

Namie, G. (2021). *2021 WBI U.S. workplace bullying survey*. Workplace Bullying Institute.

> https://workplacebullying.org/2021-wbi-survey/

Stetler, C. B. (2001). Updating the Stetler Model of research utilization to facilitate evidence-

> based practice. *Nursing Outlook*, *49*(6), 272–279.

> https://doi.org/10.1067/mno.2001.120517

The Joint Commission. (2021a, June 18). Behaviors that undermine a culture of safety. *Sentinel*

> *Event Alert*, *40*, 1–4. https://www.jointcommission.org/-

> /media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-40-intimidating-

> disruptive-behaviors-final2.pdf

The Joint Commission. (2021b, June). *Quick safety 24: Bullying has no place in health care*.

> https://www.jointcommission.org/resources/news-and-

> multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-24-bullying-has-no-

> place-in-health-care/bullying-has-no-place-in-health-care/

Xia, B., Wang, X., Li, Q., He, Y., & Wang, W. (2022). How workplace incivility leads to work

> alienation: A moderated mediation model. *Frontiers in Psychology*, *13*, Article 921161.

> https://doi.org/10.3389/fpsyg.2022.921161

Appendix A

PRISMA

Identificatio

Records identified through data base searches.

CINAHL, PUBMED:

Terms used and Boolean Limiters used.

Search educational intervention and nursing and incivility, perceptions.

Records identified through other sources, e.g. (References)

Filters: in the last 7 years, English, Adult: 19+ years, Duplicates removed

Screening

Records screened for relevance.

Records excluded; Reports not retrieved.

Records screened for relevance to this project.

More records excluded & reports not retrieved.

Include

Research included in final project.

Appendix B

Literature Review Matrix

Citation	Purpose/ Design/ Method	Level of Evidence	Sample/ Setting	Major Variables and Definitions	Measurement	Data Analysis	Findings	Appraisal: Worth
Arnetz, J. E., Fitzpatrick, L., Cotten, S. R., Jodoin, C., & Chang, C. D. (2019). Workplace Bullying Among Nurses: Developing a Model for Intervention. *Violence and victims*, *34*(2), 346–362.	Explores bullying experiences and interventions to help prevent it Qualitative Study	Step 1	15 Registered nurses in a multi-hospital system in the Midwest	N/A	N/A	None	Conceptual model to help prevent nurse bullying	Study from one hospital system; Focus groups may have limited self-express
Clark, C. M., Sattler, V. P., & Barbosa-Leiker, C. (2018). Development and Psychometric Testing of the Workplace Civility Index: A Reliable Tool for Measuring Civility in the Workplace. *Journal of continuing education in nursing*, *49*(9), 400–406.	Evaluate the Workplace Civility Index© Tool created by Dr. Clark.	Step 2	393 faculty and practice based nurses Nursing Faculty	DV Responses by responders / attendees IV – Workplace Civility Index©	Kaiser-Meyer-Olkin measure of sampling adequacy Bartlett's test of sphericity was significant (p < .05). Cronbach's alpha - .82 (the scale was considered reliable if Cronbach's alpha was greater than .70) Pairwise deletion	Initial data screening of the WCI© included an assessment of the mean and standard deviation of each scale item and the total score Item mean 3.42 to 4.64 Item SD=.78 to SD .52 Mean score was 85.66 (SD=6.34) Kurtosis	Sound instrument to measure perceptions of workplace civility	The study may be limited by confidential response (or lack of confidentiality). Participants may have underreported or exaggerated responses.

Citation	Description	Step	Sample	Variables	Analysis	Design	Findings	Notes
						(7.95 to --.56) skewness (.01—2.84)		
Clark C. M. (2020). The Imperative of Civility in Uncertain Times. *Nurse educator*, *45*(4), 173.	Editorial that being civil is a choice. This is an editorial based on authors research and expertise.	Step 5	N/A	N/A	N/A	N/A	Civility is about self-monitoring behaviors	No research
Ebberts, M., & Sollars, K. (2020). Educating nurses about incivility. *Nursing*, *50*(10), 64–68.	Civility Index Dashboard emailed to float nurses. Managers with low scores (Less than 3.5) schedule a civility workshop	Step 3	155 Completed Surveys monthly Health system in the Midwest (10 hospitals) with 300 nurses.	DV – Perceptions / Attitudes IV-Workshop	NA	Qualitative	Group discussions with nurses asked to identify own uncivil behaviors and personal strategies to change. Developing better self-awareness. Improving communication skills	It's not clear if workshop were voluntary or mandatory.
Gillen, P. A., Sinclair, M., Kernohan, W. G., Begley, C. M prevention of bullying in the workplace. *The Cochrane database of systematic reviews*, *1*(1), CD009778.	Explore the effectiveness of workplace interventions to prevent bullying in the workplace. Randomized controlled trials (RCT); controlled before	Step 1	Five studies with 4116 participants Screened 19,544 references	DV – Outcomes IV – Study Factors / Research	GRADE approach, & GRADE Pro GDT software		Systematic review that shows that organizational and individual interventions may prevent bullying in the workplace, albeit with very low	Systematic Review Good overall review of differed research on bullying Overall low quality of the

	and after (CBA) studies; interrupted time-series (ITS) studies of organizational interventions							quality of evidence	evidence provided was determined to be very low. High risk of bias from a lack of randomization and blinding, Limited sample available for outcome measurement Need large well-designed controlled trials
Howard, M. S., & Embree, J. L. (2020). Educational Intervention Improves Communication Abilities of Nurses Encountering Workplace Incivility. Journal of continuing education in nursing, 51(3), 138–144.	Pretest/posttest quasi-experimental mixed method design. The purpose was to determine if an asynchronous educational activity helped in decreasing incivility and increase awareness	Step 2	168 invited/49 participated. 21 experimental group. 28 control Group. 46 Females; 3 males, n = 49	DVs Perceptions IVs Bullying in the Workplace: Solutions for Nursing Practice / Asynchronous educational activity	Workplace Civility Index© (5 Likert scale)	Descriptive statistics Paired two sample T test Cronbach Alpha 0.82	Mean for experimental group increased from 91.6 to 95.4 Mean for control group decreased from 88.2 to 80.2 t=-6.16, p<.00001; t=3.99, p=.000227	Strength was support from institution Using Sigma Theta International educational tool was strength. Small sample size. 29% response rate. Recruitment was difficult. Same facility, so participants may have felt obligated.
Krakar, Michelle. (2021) *Teaching Nurses Cognitive Rehearsal Training to Confront Bullying and Lateral Violence*	Utilized tools were the Negative Acts Questionnaire-	Step 5	Midsize hospital in the SE United States	DV-Perceptions,	Clark Workplace Civility Index©,	Cohort quasi-experimental, non-randomized	Paired t tests; WCI© had aa p-value < 0.05	Statistical significance

[Doctoral scholarly project, University of Missouri, Kansas City) https://hdl.handle.net/10355/83041	Revised, the Clark Workplace Incivility Index		34 Nurses	Cognitive rehearsal training IV Pre / Post Surveys	Negative Acts Questionnaire-Revised (NAQ-R)	intervention with a pre- and post-intervention survey design	Mean score of the CWI pre-intervention was 94. Adjusted mean CWI score post-intervention decreased significantly to 86.35 ($p <$ .005). Adjusted mean NAQ-R pre-intervention was 29.09. Adjusted mean NAQ-R post-intervention 32.32 ($p <$ .005)	Nurses feeling empowered and confident to address bullying and lateral violence
Lasater, K., Mood, L., Buchwach, D., & Dieckmann, N. F. "Reducing Incivility in the Workplace: Results of a Three-Part Educational Intervention." *The Journal of Continuing Education in Nursing* 46, no. 1 (January 2015): 15–24.	The 3-phase educational intervention sought to connect if an educational intervention help in reducing incivility and whether or not a relationship exists between workers perceived incivility, self-efficacy and collective efficacy in the workplace. Each was measured after a didactic and 2 follow up sessions.	Step 2	N=94, Attrition rate did result in missing date in NIS results. Sampling:(Unit A=63) and (Unit B=31); 80% RNs, 13% technicians/support staff, 7% leader ship	DVs – Perceptions IVs – Didactic Session, Measurement Tools	NIS, NGSE, WGSE measurement tools utilized	ANOVA Linear mixed methods model Cronbach's Alpha	Decreased perception on incivility and increasing self efficacy among participants. Possibly increasing workplace satisfaction	Loss of participants over time decreased sample size

	24-month period Mixed methods utilizing quantitative with qualitative features							
Smith, C. R., Palazzo, S. J., Grubb, P. L., & Gillespie, G. L. (2020). Standing up against workplace bullying behavior: Recommendations from newly licensed nurses. *Journal of nursing education and practice*, *10*(7), 35.	Students emailed a survey with 3 open ended questions: What do you think could be done to prevent a future similar incident? If you or someone else attempted to stop the incident of bullying behavior please describe the actions that were taken to stop the action. If you or someone else did not attempt to stop the incident of bullying behavior, please state what would need to happen for you to intervene on behalf of yourself or someone else to stop the incident.	Step 2	Qualitative Design. 185 out of 335 junior & senior nursing students participated. Out of 185, 79 submitted responses. 75% (n=61) self-reported experiencing bullying	DV - Answer to questions / Strategies to stop bullying incident. Preventions / Interventions Behaviors IV – Qualitative questions and process of reviewing responses	Qualitative data analyzed in 3 phases. 1.Read and reread responses 2. Identify phrases 3. Research meet to discusses and make decision on phrases and themes. Social Ecological Model followed	Strategies on an organizational level may help to stop bullying Individual wellbeing is tied to organizational well being	Pursue strategies to prevent and intervene with workplace bullying in new nurses.	Study done at Midwest hospital and most nurses graduated form 1 of 3 universities in the area. So is results unique to the area?

Stoddard, J. L. (2019). *Civility matters: Overcoming workplace incivility using an interactive education intervention* [Doctoral scholarly project, University of New Mexico]. University of New Mexico Digital Repository. https://digitalrepository.unm.edu/dnp/1	DNP project at UNM using Clark's WCI© as part of Stop Bullying Toolkit/PACERS Stop Bullying Toolkit program.	Step 5	48 signed consents out of 73 registered to participate. Prevention / Intervention At baseline, 2 weeks, 3 months, & 5 months	DV Answers to the WCI© IV PACERS WCI©	Workplace Civility Index©	Paired t test. the Cronbach's alpha coefficient .53	Interventions work and help to increase awareness	Positive response to the WCI© & educational intervention
Wilson J. L. (2016). An exploration of bullying behaviors in nursing: a review of the literature. *British journal of nursing (Mark Allen Publishing)*, 25(6), 303–306.	Literature review looking bullying behaviors in nursing in the UK and other countries to understand the problem and develop some prevention techniques. to prevent or combat it	Step 2	28 articles reviewed and selected From 422 articles from CINAHL, 317 from MedLine, 756 from PsycINFO	NA	NA	Articles rejected if they were repetitions in other databases	Incidents of Bullying, Targets, Bullying Behaviors, Impact of Bullying, Root Causes, Interventions for bullying 20–25% of report that they have experienced bullying behaviors Behaviors identified are being humiliated, having information withheld needed to perform their work, and being given unreasonable targets and deadlines to meet	Good in isolating categories for bullying

Appendix C

First Survey—Clark's Workplace Civility Index©

SOURCES:
Clark, C.M., Sattler, V., & Barbosa-Leiker, C. (2018). Development and psychometric testing of the Workplace Civility Index: A reliable tool to assess workplace civility, *Journal of Continuing Education in Nursing,* 49(9), 400-406.

Clark, C.M. (2017). *Creating and sustaining civility in nursing education,* 2nd ed, Sigma Theta Tau International Publishing.

The Clark Workplace Civility Index is copyrighted material and should not be reproduced in any form without expressed written permission from Dr. Cynthia Clark or the publisher.

Completing the Clark Workplace Civility Index: Carefully consider the behaviors below. Respond as truthfully and as candidly as possible by answering 1) never, 2) rarely, 3) sometimes, 4) usually, or 5) always regarding the perceived frequency of each behavior. Circle a response for each behavior, and then add up the number of 1-5 response to determine the overall civility score. Scores range from 20-100.

Ask yourself, how often do I: 1) never, 2) rarely, 3) sometimes, 4) usually, or 5) always					
Assume goodwill and think the best of others	1	2	3	4	5
Include and welcome new and current colleagues	1	2	3	4	5
Communicate respectfully (by e-mail, telephone, face-to-face) and really listen	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
Uphold the vision, mission, and values of my organization	1	2	3	4	5
██████████	1	2	3	4	5
Demonstrate approachability, flexibility, and openness to other points of view	1	2	3	4	5
██████████	1	2	3	4	5
██████████	1	2	3	4	5
Scoring Workplace Civility Index: Add up the number of 1–5 responses to determine your 'civility' score:					

Scoring Workplace Civility Index: Add up the number of 1–5 responses to determine your 'civility' score:
- 90–100—Very civil
- 80- 89—Civil
- 70-79 --Moderately Civil
- 60-69—Minimally Civil
- 50-59 --Uncivil
- Less than 50 – Very Uncivil

Appendix D

Educational Intervention PowerPoint

Introduction

Steve Fusselman, MSN, RN, OCN

DNP-NEOL Graduate Student

College of Nursing

University of New Mexico

Appendix E

Follow-Up Survey

1. Were you able to able to watch the workplace civility training video?

   o Yes or No

2. Were the survey and educational tools beneficial to your perception of workplace civility?

   o Yes or No

3. Were there any particular lessons learned that you would think about incorporating into your

   own clinical practice?

   o Personal-Helping myself

   o Personal -helping friends / family

   o Professional-helping colleagues

   o Professional-to teach other (students, mentors, preceptees)

   o Professional clinical-teaching patients/families

   o Other:

4. Were there any particular lessons learned that you would think about incorporating into your

   own clinical practice?

Appendix F

Request for Permission to Use Clark's Workplace Civility Index©

On Fri, Mar 11, 2022 at 11:05 AM Steven D Fusselman <SdFusselman@salud.unm.edu> wrote:

Cynthia Clark, PhD, RN, ANEF, FAAN
Boise State University
Professor Emeritus and Founder of Civility Matters™
1910 University Dr.
Boise, Idaho 83725

Dear Dr. Clark:

Good morning! I am a doctoral student from University of New Mexico, College of Nursing, doing my Doctor of Nursing Practice (Nurse Executive Organizational Leadership) on civility in the workplace under the direction of JoEllen Schimmels, DNP, RN, PMHNP-BC, CNE, FAAN. Dr. Schimmels can be reached by email at jschimmels@salud.unm.edu. In my literature review, I frequently have come across your Clark Workplace Civility Index© tool being used to measure civility in the workplace.

My plan is to administer the Clark Workplace Civility Index© tool prior to an educational intervention with a follow up with the tool at designated timeframe, e.g., one month.

I am writing to request permission to utilize the Clark Workplace Civility Index© tool in my project.

Warm Regards,

Steve Fusselman
University of New Mexico
College of Nursing
Student, Doctor of Nursing Practice

Appendix G

Permission to Use Clark's Workplace Civility Index©

Clark Workplace Civility Index attached.

From: Cynthia Clark cclark@boisestate.edu Sat 11/26/2022 10:02

To: Steven D. Fusselman<SdFusselman@salud.unm.edu

Cc: Tech Transfer <techtransfer@boisestate.edu>

1 attachment (306 KB)
Clark Workplace Civility Index© .pdf;

[[-- External – this message has been sent from outside the University --]]

Dear Mr. Fusselman, thank you for your interest in my work. As requested, I have a ached the Clark Workplace Civility Index©. This purchase allows you to make and distribute copies or administer the index online using a secure web-based system. If using print copies, I ask that you collect the copies to protect the copyright. The license is effective for 18 months. If you need the index beyond 18 months, it will require an additional fee and/or a licensing extension. We wish you all the best with your project,

Dr. Cynthia Clark
Cynthia Clark PhD, RN, ANEF, FAAN Professor Emeritus

Founder of *Civility Matters*™
https://www.boisestate.edu/research-ott/civility-matters/

https://www.linkedin.com/in/cynthia-clark-rn-phd-anef-faan/cclark@boisestate.edu (she/her)

Author of Core Competencies of Civility in Nursing & Health Care
https://www.sigmamarketplace.org/core-competencies-of-civility-in-nursinghealthcare
and Creating and Sustaining Civility in Nursing Education

https://www.sigmamarketplace.org/creating-sustaining-civility-in-nursingeducation-second-edition-

Appendix H

Project Timeline

GAANT	2022											2023				
	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May
DNP Proposal Approval / Presentation	X	X	X	X	X											
HSC IRB Approval						X	X	X	X							
Meet with CEO								X	X							
Email to Managers										X	X					
First Survey using WCI©											X	X				
Educational Intervention											X	X				
Follow up Survey											X	X				
Data Analysis												X	X	X	X	
Recommen-dations													X	X	X	
Complete DNP Project / Presentation													X	X	X	
Dissemination															X	X

Appendix I

Study Site CEO Letter of Support

August 23, 2022

University of New Mexico Health Science Center
Institutional Review Board

To the Health Science Center IRB,

As the CEO of ████████████████████████████████ Ltd. practicing at New Mexico Cancer Center we are very pleased to support Steve Fusselman, MSN, R.N., OCN and his proposed project for a Doctor of Nursing practice.

Mr. Fusselman's project involves training personnel on civility which is the cornerstone of customer service. Because healthcare depends on the relationship between the caregiver and the patient, having a mindset of customer service and rapport with a patient is essential to the delivery of good care. Unfortunately, in this day and age we find that that civility and ability to empathize with the situation of the patient is often lacking. Under the stress of getting a complicated job completed, civility and compassion sometimes drop by the wayside.

I was therefore very pleased and very supportive when I found that Mr. Fusselman's plan was to train staff on civility and compassion as I think this will improve the service that we deliver to all our patients.

I wholeheartedly support this project.

Sincerely,

Barbara McAneny MD, FASCO, MACP
████████████████████████████████

Appendix J

University of New Mexico Health Sciences Center Institutional Review Board Approval

HEALTH
SCIENCES
OFFICE OF RESEARCH

Human Research Protections Program

October 31, 2022
JoEllen Schimmels
jschimmels@salud.unm.edu

Dear JoEllen Schimmels:

On 10/31/2022, the HRRC reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	Looking at incivility in an Ambulatory Oncology Setting
Investigator:	JoEllen Schimmels
Study ID:	22-278
Submission ID:	22-278
IND, IDE, or HDE:	None
Submission Summary:	Initial Study
Documents Approved:	• Clark Workplace Civility Index Assessment Tool
	• Email for incivility project recruitment
	• HRP – Exempt Category 2 Protocol v03.16.2021-Steve Fusselman-9
	• HRRC ID 22-278: Looking at Incivility in an Ambulatory Oncology Setting
	• Informed Consent Form: Looking at Incivility in an Ambulatory Clinic
	• Letter of Support
	• Outline - Traning
Review Category:	EXEMPTION: Categories (2)(i) Tests, surveys, interviews, or observation (non-identifiable)
Determinations/Waivers:	Employees.
	Provisions for Consent are adequate.
	HIPAA Authorization Addendum Not Applicable.
Submission Approval Date:	10/31/2022
Approval End Date:	None
Effective Date:	10/31/2022

The HRRC approved the study from 10/31/2022 to inclusive. If modifications were required to secure approval, the effective date will be later than the approval date. The

505.272.1129 | The University of New Mexico Health Sciences Office of Research Human Research Protections Program
1 University of New Mexico | MSC08 4560 | Albuquerque, NM 87131
hsc.unm.edu/research/hrpo

HEALTH SCIENCES
OFFICE OF RESEARCH

Human Research Protections Program

"Effective Date" 10/31/2022 is the date the HRRC approved your modifications and, in all cases, represents the date study activities may begin.

Because it has been granted exemption, this research is not subject to continuing review.

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

If the study meets the definition of an NIH Clinical Trial, the study must be registered in the ClinicalTrials.gov database. Additionally, the approved consent document(s) must be uploaded to the ClinicalTrials.gov database.

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 these must be submitted for review in a study modification to the HRRC for a determination prior to implementation. If there are questions about whether HRRC review is needed, contact the HRPO before implementing changes without approval. A change in the research may disqualify this research from the current review category. You may submit a modification by navigating to the active study and clicking the "Create Modification/CR" button.

If your submission indicates you will translate materials post-approval of English materials, you may not recruit or enroll participants in another language, until all translated materials are reviewed and approved.

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

Sincerely,

Thomas F. Byrd, MD
HRRC Executive Chair

Abbreviated Investigator Responsibilities
NOTE: For a full unabbreviated version of the Investigator Manual, please visit the HRPO website at https://hsc.unm.edu/research/hrpo/.

What will happen after HRRC review?

505.272.1129 | The University of New Mexico Health Sciences Office of Research Human Research Protections Program
1 University of New Mexico | MSC08 4560 | Albuquerque, NM 87131
hsc.unm.edu/research/hrpo

Appendix K

Email to Managers

From: Steve Fusselman
Sent: Tuesday, December 6, 2022 2:51 PM
To: Managers <Managers@█████.com>
Subject: DNP Project – Civility in the Workplace

Everyone:

I just wanted to send a brief email about my DNP project on civility in the workplace. Dr. ██████ mentioned it in her November 11th email. I had hoped to get it out before Thanksgiving, but I had a couple technical difficulties with the online survey that set me back a few weeks. I will be sending the email out this week.

This survey is completely anonymous. I want to emphasize this. I ask only one demographic question and did so intentionally. Since the respondents being also my fellow co-workers, I am blind to any connections between the respondent and the responses. The study consists of a 5–10-minute 20 item questionnaire, a 35-minute PowerPoint training, and a follow up questionnaire that will take 1-2 minutes to complete. How can you help? When work time permits, encourage your staff to do the questionnaire and training.

My hope is that through the questionnaire and PowerPoint training there is an increase in self-perception concerning civility in the workplace.

All the best,

Steve Fusselman, MSN, RN, OCN

Appendix L

Email Inviting Participation

From: ▓▓▓▓ Survey <▓▓▓▓Survey@▓▓▓▓.com>
Sent: Wednesday, December 21, 2022 9:24 AM
To: Everyone <Everyone@▓▓▓▓.com>
Subject: Civility in the Workplace – Steve Fusselman's DNP Project

Season greeting to everyone!

You are being invited to participate in a study on workplace civility – HRRC ID 22-278. Participation is voluntary, anonymous, and can be withdrawn at any time. Responses will not be associated with any personal identification or personal information. This study is approved by the University of New Mexico Health Science Center Institutional Review Board (UNM HSC IRB). The study's goal is to educate and determine the prevalence of workplace incivility. The educational intervention is aimed at educating on workplace civility and reducing workplace incivility. Through participation in the survey tool and educational program, this DNP study hopes to increase and raise self-perception about workplace civility.

In the first step, and prior to beginning, you will be asked to read and acknowledge a consent form. You will then be asked to complete an electronic questionnaire/survey tool. The information obtained in the questionnaire will be collected and reported in aggregate form only. Throughout the study, no personal identifying information will be collected. The 20-item survey tool will help with identifying your perceptions of civility in the workplace. The survey should not take longer than 20 minutes.

After the survey, I would like you to complete an educational program, attached PowerPoint mp4 Video, that lasts approximately 35 minutes. Finally, after completing the PowerPoint, there is a brief post-survey with four questions.

> **First step**: This is an anonymous link
>
> https://survey.az1.qualtrics.com/jfe/form/SV_3UHPTg1VBCYHNsO
>
> **Second step**: Workplace Civility – Steve Fusselman's DNP Presentation1.pptx.mp4
>
> **Third step**: This is an anonymous link
>
> https://survey.az1.qualtrics.com/jfe/form/SV_abdOZALZVctNWIu

In advance, thank you for taking the time to participate.

All the best,
Steve Fusselman
College of Nursing
Doctor of Nursing, MSN, RN, OCN

Appendix M

Follow-Up Emails Inviting Participation

From: Steve Fusselman on behalf
of ████████Survey@████.com <███████Survey@█████.com>
Sent: Tuesday, December 27, 2022 2:33 PM
To: Everyone <Everyone@█████.com>
Subject: 1st Week Follow-Up: Civility in the Workplace - Steve Fusselman's DNP Project

Hello everyone!

First, I hope everyone had a wonderful holiday.

I wanted to take a few minutes to discuss an email you received last week from ███████*Survey*.
As I mentioned in the attached email, I am a DNP graduate student at UNM's College of
Nursing. I am in the research phase of my program, and last week an email went out that might
have been confusing. The ███████*Survey* email was **not spam**; it was an approved
email inviting you to participate in my research project. As with any research, the more
participants the better. So, if you choose to participate, you will need to click the link to
access the both the survey and educational PowerPoint through the ***web version*** of Microsoft
Outlook; the desktop app version for Outlook will not work for the educational PowerPoint.

Participation is completely voluntary and anonymous. Finally, I would like to thank
you in advance for participating. If you have any questions, please let me know.

Have a wonderful short week!

Steve Fusselman
College of Nursing
Doctor of Nursing , MSN, RN, OCN
University of New Mexico

From: ▮▮▮▮▮ Survey <▮▮▮▮▮Survey@▮▮▮c.com>
Sent: Wednesday, January 18, 2023 11:05 AM
To: Everyone <Everyone@▮▮▮.com>
Subject: FINAL .... FINAL Follow-Up: Civility in the Workplace - Steve Fusselman's DNP Project

Good day and Happy Wednesday to all -

I intended to close out my survey yesterday, but I noticed that I had a few new responses over the weekend or on Monday/Tuesday.

I am very thankful and appreciative of the 71 participants so far. I am looking for 78 respondents, which would be 30% of our workforce. I have decided to keep the survey open until this Friday with the hope that 7 more people will decide to participate.

So, if you have not participated in the study, please consider doing so.

For convenience, here are the links again -

> **First step**: This is an anonymous link
> https://survey.az1.qualtrics.com/jfe/form/SV_3UHPTg1VBCYHNsO

> **Second step (<u>Since this is on SharePoint, it only can be accessed through the web version of Outlook</u>):**
> Workplace Civility- Steve Fusselman's DNP Presentation1.pptx.mp4

> **Third step**: This is an anonymous link
> https://survey.az1.qualtrics.com/jfe/form/SV_abdOZALZVctNWIu

All the best,

Steve Fusselman, MSN, RN, OCN

Appendix N

Follow-Up Email to Managers

From: Steve Fusselman
Sent: Friday, January 6, 2023 12:10 PM
To: Managers <Managers@█████.com>
Subject: DNP Project - Civility in the Workplace

Good afternoon.

I just wanted to follow up about my DNP project. I will be closing the survey out next Friday. So far, I have had 48 responses to the study. I would appreciate if you could remind and encourage your staff to participate in the DNP study.

Dr. Cynthia Clark's Workplace Civility Tool is a proven method to assess civility competency and the one's perceived level of civility in a workplace. Healthcare organizations and hospitals have used this survey tool to help build and improve on teamwork. So, the first survey in itself is a great way for individuals to assess their level of civility in our workplace.

Like I mentioned a month ago, my hope is quite simple. I want to increase a self-awareness concerning civility in the workplace.

All the best,

Steve Fusselman, MSN, RN, OCN
Infusion Nurse Manager

Appendix O

Consent

Dear Prospective Participant,

You are being invited to participate in a research project about civility in the workplace conducted by Steve Fusselman, MSN, RN, OCN, graduate student in the College of Nursing at the University of the New Mexico. This study has been approved by the UNM HSC IRB (HRRC ID 22-278). Your participation is voluntary and can be withdrawn at any time. Your acknowledgment indicates that you have read the information provided.

The study's goal is to provide education and determine the prevalence of workplace incivility before an educational intervention. The time to complete the educational program will be about 45 minutes. Through participation in the educational program and survey tools, this DNP study hopes to raise self-perception about workplace civility.

Prior to beginning, you will be asked to read and acknowledge this consent form in UNM Qualtrics. You will then be asked to complete an demographic questionnaire. The information obtained in the questionnaire will be collected and reported in aggregate form only. Throughout the study, no personal identifying information will be collected. Upon completion of the demographic questionnaire, you will be directed to complete a 20-item questionnaire about your perceptions of civility in the workplace. The survey should not take longer than 10 minutes to complete. After the survey, you will be asked to participate in a recorded educational program intervention that will last no more than 45 minutes. A month following the educational program, you will be asked to complete the workplace civility questionnaire a second time with a few additional questions at the end of the survey.

By acknowledging this form, you consent to participating in this research. If you decide to withdraw or discontinue your participation at any time, there will be no penalty or negative ramifications for you, and you have the right to withdraw or discontinue participation at any time. I have had an opportunity to ask questions and all questions have been answered to my satisfaction. If you have any questions regarding this project, you may contact the researcher at sdfusselman@salud.unm.edu or ▮▮▮▮▮▮▮▮▮.

If you have questions regarding your rights as a research participant or any concerns regarding this project, you may contact my advisor, JoEllen Schimmels, DNP, RN, PMHNP-BC, CNE, FAAN, at email jschimmels@salud.unm.edu, or by phone at ▮▮▮▮▮▮▮▮.

Please be aware, while we make every effort to safeguard your data once received on servers via UNM Qualtrics, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while being transmitted to us.

If you have questions about the study, please feel free to ask; my contact information is given below. If you have questions regarding your legal rights as a research subject, you may call the UNM Human Research Protections Office at (505) 272-1129.

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

- o   I consent, begin study.

- o   I do not consent; I do not wish to participate.

Sincerely,

Steve Fusselman, MSN, RN, OCN

Appendix P

Second Survey—Responses to Question #4

Were there any lessons learned that you would think about incorporating into your own clinical practice?			
Active Listening (7)	Self-perception/ Introspection/ Mindfulness (8)	Setting healthy boundaries (4)	Incorporating empathy/ Respect (9)
Having good definitions and understanding or civil and uncivil behavior in the workplace. It helps to listen to employee perception of interactions and their reactions to a situation and then to view from the other persons perspective and their view of the interaction. And, be able to point out where the aberrant interaction develops. Then, point out how the uncivil interactions can be corrected from both perspectives.	Speaking volume and tone. Sometimes I am just passionate but perceived as angry simply because of my volume and tone.	Learning how to say no.	All very good reminders -- good to take the time to remember how we need to be treating one another in the workplace.
Focusing on active listening and taking one thing at a time to give the most effective attention to issues.	I was reminded to be present in conversations and to not attempt multi-tasking	Incorporating restraint, respect, and concern	To make sure I always have empathy, even in frustrating situation.
I would like to focus more on my active listening skills, and ensure that I am giving my coworkers and patients my full attention, ensuring proper listening is taking place	Self-awareness	To ask for a minute to think, rather than responding.	Being less critical and less sensitive to others behavior.

Listen-Empathize-Positive	I appreciated the reminder that civility begets civility. That by improving my own personal mindfulness has the power to project to others and in turn result in a more enjoyable energy and space in which to perform the job I love.	The importance of healthy boundaries to foster civility.	Respecting and appreciating everyone on the work team
Listening more	I will take what I learned about saying no- and use some of the suggestions that I learned in the presentation.		Exceptionally well presented. Very insightful. In my experience, lack of civility in a healthcare environment is frequently driven by insecurity, particularly on the part of those in places of responsibility. Realization is a powerful corrective force. Thanks!
All applied and useful	Already incorporating what i was taught		Be sensitive to others & their circumstances
Yes: to stop doing whatever it is I'm doing to actively listen (not to think I can listen while multitasking)	It was a good overview on what to do and what not to do in the workplace.		All applied and useful
	I don't think an apology implies weakness, I think it implies the willingness to own an issue		Show compassion, even in stressful circumstances
			Incorporating restraint, respect, and concern