

## Civility Matters!

*Best Practices to Foster Healthy Academic Workplaces and Engaged Learning Environments*




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**COADN North: Faculty Conference**  
Cynthia Clark PhD, RN, ANEF, FAAN

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## Today's Objectives

- Summarize the "State of the Science" regarding civility and incivility in nursing education.
- Examine empirical studies regarding student and faculty incivility.
- Discuss rationale for preventing and addressing incivility in nursing education & practice.
- Participate in an activity to assess civility competence.
- Explore evidence-based strategies to foster healthy academic workplaces and engaged learning environments.



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## Defining Key Concepts



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Authentic *respect* for others requiring time, presence, engagement, and an intention to seek common ground.

Clark & Carnosso (2008)

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## The Academy The Last Citadel of Civility



Higher education is important in developing a civil society. Campuses must be *OPEN communities* where freedom of expression is uncompromisingly protected and where *civility is powerfully affirmed*.

Ernest Boyer, 1990 — *Campus Life: In Search of Community*

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## What is Academic Civility?



Civility is the display of consistent *respect* for others, including an effort to understand differences. Civility helps to create a learning environment where all members are valued and can be productive. *Johns Hopkins School of Education, 2019*

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## Civility In Higher Education

- Collaboration, collegiality, and teamwork
- Treating others in a professional and respectful manner
- "Stepping up" (*servicing on committees, helping colleagues, sharing the workload*)
- Constructive, supportive, and professional relationships
- Taking collective responsibility for the work that needs to be done

*Collegiality does not imply blind or mindless conformity or absence of dissent*

Cipriano 2011, 2013

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## What is Incivility?

A range of lower intensity acts of aggression (*including failing to take action when action is warranted*) which may result in psychological or physiological distress for the people involved. And, if left unaddressed, may spiral into more purposeful efforts to harm another and/or into more threatening situations.



Clark & Kinski, 2017; Porath, 2016; ANA, 2015; Clark, 2013, 2009; Pearson & Porath, 2013, 2009, 2005; Andersson & Pearson, 1999  
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## Workplace Bullying

Repeated, persistent, targeted pattern of abusive behavior designed to intimidate, degrade, and humiliate another. Usually characterized by a person asserting power over another.



The National Institute for Occupational Safety and Health ([cdc.gov/niosh](http://cdc.gov/niosh))

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## Workplace Mobbing



Leymann, 1992; Davenport, Schwartz, & Elliott, 1999; Westhues, 2005, 2006; Samier, 2008; Khoo, 2010; Faria, Mixon, Salter, 2012; Harper, 2013; ANA, 2015; Castronovo, Pullizzi, & Evans, 2016

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## Rankism

Abuse of power or position to demean, diminish, or disadvantage another



Fuller, 2003; 2006; Clark, 2008

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## Joy Stealing



Heinrich 2006, 2007, 2011, 2016

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## What is Academic Incivility?



*Rude, discourteous speech or behavior that disrupts the academic [learning] environment* Feldman, 2001

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## Incivility DOES NOT MEAN—

That college classrooms be void of lively and intense debates and spirited discussions – in fact, institutions of higher education exist to:

- Foster intellectual discovery
- Provoke critical thinking and social discourse
- Invoke questions and inspire debate
- Challenge ideas, opinions, and opposing viewpoints



Faculty, as 'social architects of the academic culture' lead the effort to foster a milieu of civility and inclusion where all members of the campus community feel safe to express themselves and are free from discrimination, harassment, threats, and intimidation.

Clark, 2017; 2019

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## Inexplicable Link Between Stress and Incivility



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- **STRESS**
- Lack of self-awareness and emotional intelligence
- Learned behavior ("it works")—because it's often left unaddressed
- Tit for Tat—'save face', retaliation, need to 'win' at all costs
- Poor communication and conflict negotiation skills
- Believe bullying is needed to change or motivate behaviors
- Institutional acceptance (or ignoring) uncivil behavior
- Social influence (online environment, reality TV)
- Aligning with those perceived to have power

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## Effects of Stress Related to Incivility

- Belly fat and obesity
- Insomnia and chronic fatigue
- Irritability and anger
- Lack of interest and apathy
- Depression, nervousness, and anxiety
- Not wanting to go to work
- Negative attitude and criticizing others (e.g. backbiting, gossiping, and put-downs, etc)
- A negative spillover into personal relationships or home life
- Alcohol or substance abuse
- Vulnerability to illnesses (hypertension, cardiac arrhythmias, PTSD, headaches, GI disturbances, etc)



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## Student Stressors



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### Today's Undergraduate Student Experience Top 5 Barriers to Student Academic Performance

- Stress
- Anxiety
- Sleep difficulties
- Depression
- Cold/flu/sore throat

Diagnosed Depression: Increased from 10% (2000) 18% (2018)

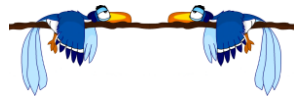
Within the past 12 months respondents reported:

- 49.7% very difficult to handle academic requirements
- 44.6% more than average levels of stress (12.4% tremendous levels of stress)
- 20.0% feeling hopeless
- 18.5% experiencing overwhelming anger
- 17.1% feeling so depressed that it was difficult to function
- 7.8% have considered suicide

ACHA-NCHA Student Health Survey Fall 2018

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- Demanding and rigorous workload (exams and assignments)
- Juggling family, work, school, personal lives
- Financial concerns; high cost of education
- Incivility (faculty, student, administrator)
- Competition for grades, deadlines, high stakes testing (NCLEX)
- Ineffective or outdated teaching strategies by faculty
- (unclear assignments, course expectations, passive methods)
- Finding a job, fear of failure, or harming a patient



Clark, 2008, 2011, 2013; Clark et al, 2014; Mor 2014; Altmiller, 2012; Marchiondo et al, 2012; Lasiter et al 2010


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### Faculty Stressors



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- Juggling home, work, family, other competing demands
- Heavy workloads and workload inequity
- Ineffective or incompetent leadership
- Advancement issues (P&T, pursuing a doctoral degree)
- Publications, grants, and other scholarly works
- Power imbalances (non-tenured, PT, adjunct, clinical)
- Maintaining clinical or practice competence (health sciences)
- Problematic students and workplace incivility
- Low salary and financial pressures
- Keeping pace with technology



Clark, 2017; Clark et al, 2013, Clark 2013; Cipriano, 2011  
Pearson & Porath, 2009, 2013

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### Incivility Is Not A One Way Street



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### Common Student Incivilities

- Displaying a sense of entitlement ('owed' a grade)
- Misusing cell phones, media devices, and social media
- Making rude remarks, using sarcasm, profanity
- Showing lack of respect and regard for others
- Academic dishonesty (clinical)
- Pressuring faculty to agree to demands
- Challenging faculty knowledge or credibility
- Speaking negatively/gossiping about others
- Rude or disrespectful communications



Clark et al 2015; Clark 2007, 2008, 2011; Clark, Ahten, & Werth, 2012; Altmiller, 2012; Luparel 2007

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## Common Faculty Incivilities

- Exerting position and power over students
- Setting unrealistic student expectations
- Assuming a “know it all” attitude
- Threatening to fail or dismiss students
- Devaluing students’ previous life, work, academic experience



Clark 2007, 2008, 2011, 2017

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## Detrimental Impact of Incivility



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## Impact of Incivility at Work

- Low morale, low productivity, high turn-over, and early retirement
- Increased absenteeism, tardiness, ‘*presenteeism*’
- Diminished quality of work (especially of once highly productive people)
- Lack of meaningful participation in governance activities
- Working at home more than usual, greater use of PTO
- Increased isolation—*flying under the radar*
- Increased illness and health issues



(Clark, 2013; Twale & DeLuca, 2008; Cipriano, 2001; Davenport, Schwartz, & Elliott 1999)

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## Negative Impact on the Practice Environment

- Patient Safety and Quality Care
- Clinical Performance, Judgment, and Patient Advocacy
- Recruitment and Retention
- Collegiality, Collaboration, and Teamwork
- Job Satisfaction—Intent to Leave
- The ‘*Bottom Line*’



Leschinger et al 2013; Brunt, 2011; DellaSera, 2008, 2011; DellaSera & Nejee, 2013; Johnston, Phankrath, & Jackson 2010; Clark & Springer, 2010; Cleary, Hunt, & Hostal 2010; Felbinger 2009; TJC, 2009; Forni 2008; Clark, 2008

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## Negative Impact on the Learning Environment

- Increases stress and anxiety
- Impairs faculty and student well-being
- Weakens relationships
- Impedes effective teaching and learning
- Decreases motivation and student engagement



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## Foster Healthy Academic Workplaces and Engaged Learning Environments



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## EVIDENCED-BASED STRATEGIES



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## Positive Role Modeling

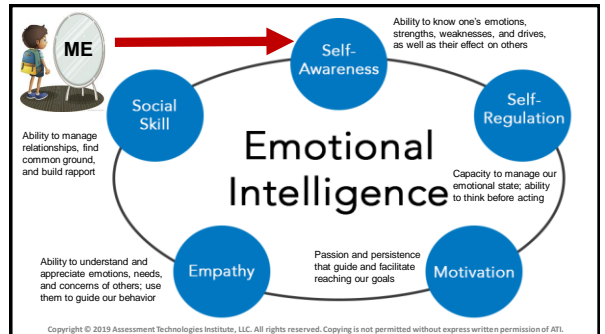


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## Emotional Intelligence and Developing Self Awareness



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## Developing and Honing Self-Awareness

- Construct and understand your life story (**Narrative identity**)
- Keep a reflection journal/Share with a mentor
- Practice self-reflection and introspection
- Complete self-assessment and aptitude surveys
- Ask for feedback



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## Self-Assessment Clark Civility Index for Faculty©



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## The Power of Mentors and Coaches



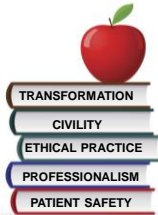
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## Creating Engaged Learning Environments



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## Integrating the Concepts of Civility, Professionalism, and Ethical Practice



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## New Student Orientation to the Campus Vision, Mission, Shared Values



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## New Student Orientation to the Profession Raising Awareness



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## Formal White Coat (or similar) Ceremony with Civility Charter/Pledge

- Rite of Passage
- Honoring the Profession
- Commitment to Quality Patient Care



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## Contact Students Before Classes Begin and Continuously Thereafter

Set a Respectful Tone  
Send a Welcoming E-mail Message



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*Dear Learners, welcome to a brand new semester filled with learning, and personal and professional growth. I trust that you each enjoyed a restful and rejuvenating break. Before you know it, we'll be back on campus and attending classes. [class title and section number] will commence on [date/time]. The online course site (with syllabus) will be available to students on [date]. Please bring a copy of the course syllabus (in hard copy or e-copy) to class on [date/time]. Be sure to purchase the text, review the course syllabi, and get excited for a great semester. If you have any questions, please contact me at [e-mail address] or [phone number]. I am very excited to meet all of you and to share an exciting semester together.*

Sincerely,  
*Dr. Clark*

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## The First Day of Class

- Establishing a Connection
- Meeting and Greeting
- Setting the Stage
- Co-creating Norms (Ground Rules)



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## Professional Role Modeling Establish a Connection



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## What's in a Name?



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Please stand, introduce yourself using your first and last name, and fill in the blank:




When I hear the words mental illness, I think of \_\_\_\_\_

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## The Syllabus is our Friend *Tool for Transparency and Conversation*



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## “Talking Points” for Syllabus Review Foundation for Co-Creating Norms

- Foundational Statements
- Codes of Conduct, Shared Values, Civility Charter
- Conflict Negotiation (**The Non-Intent of Incivility**)
- Academic Dishonesty Policies
- Professional Standards and Codes of Ethics
- Teaching Philosophies (Civil Discourse)
- Clear Objectives, Assignments, Behavioral Expectations
- Social Networking and Online Etiquette
- Course and Small Group Norms (if applicable)



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## Examples of Behavioral Course Objectives

Demonstrates accountability for one’s own personal and professional conduct which reflect the standards, values, and ethical behaviors and obligations of the profession.

Models the professional nursing role based on acceptable standards of practice and ethical principles, including being accountable for one’s personal and professional behaviors, development, and interactions.

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## Laying our Pedagogies and Teaching Philosophies Bare




Students (Learners) Can’t Read Our Minds

Brookfield, 1990, 1995, 2015, 2017

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## Be Clear About [and Share] Your Teaching Philosophy

A clear picture of why we teach, for what pedagogical purposes—and to describe the effect we hope to have on students and on their learning



Stephen Brookfield (1990, 2006, 2015, 2017)

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## The 4 W’s of Teaching

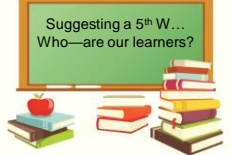
(Palmer, *The Courage to Teach*, 1998; 2017)

**Why** (do I teach?)

**Who** (am I? ...the ‘self’ that teaches?)

**What** (subjects shall I teach?)

**Which** (methods and techniques will I use?)



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### Developing a Teaching Philosophy

- What do you find enjoyable and rewarding about teaching and learning?
- What are the basic principles and tenets that underlie your teaching?
- What drives your passion for teaching and learning?
- What makes you special or unique in your role as a teacher?
- What pedagogical gifts do you bring to the academic environment?
- How do others describe your teaching?
- What aspects of teaching and learning are you really passionate about?
- How do you establish rapport with students?
- What do you want your students to learn?
- How do you evaluate the accomplishment of your teaching-learning goals?

(Clark, 2013, 2017)

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### Example of a 'Synthesized' Teaching Philosophy

I thoroughly enjoy teaching, interacting with learners, and engaging them in the learning process. I believe that all students are adult learners, capable of deep learning and achieving meaningful personal and professional goals. I believe each learner brings a wealth of life, work, and educational experience to the learning environment; thus, each individual adds value and meaning to the educational experience. This course is designed to prepare students for leadership and management roles in a variety of healthcare environments. As such, I am intentional about the relevance and practical application of the material to nursing practice and real life experiences.

As teachers and learners in higher education, we are charged with fostering debate, challenging ideas, engaging students in intellectual inquiry, and advancing discovery. *These stimulating and important discussions require all of us to bring civility to discourse and respect to our conversations and encounters. Therefore, co-creating classroom norms on the first day of class is an essential component to this course.* I am deeply committed to fostering an environment conducive to learning, meaningful engagement, and evocative dialog. As a professor of higher education and as a nurse leader, I take seriously the importance of professional role-modeling and the intentional socialization of learners into the nursing profession. (Clark, 2017)

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Take a few minutes to jot down (or add to) your teaching philosophy—consider sharing it with the group



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### Importance of Norms [Ground Rules]



Bedrock of Engaged Learning

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Make It Relevant; Show Alignment

University

College

School/Program

Course/Practice

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### Vision/Mission Statement: Exemplar


To create and sustain a campus culture that models civility, inclusion, diversity, and affirms the value of all members of the campus community.



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### Shared Values: Exemplar

- Academic Excellence and Service
- Global Citizenship and Social Justice
- Inclusion and Diversity
- Integrity and Accountability
- Civility and Respect
- Collaboration and Connectedness



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### Overarching Aspiration



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### Dr. Clark's Classroom Aspiration and Norms

**Overarching Aspiration:** Act in ways that reflect the expert, efficient, ethical nurse we each aspire to be.


- Assume goodwill; encourage and inspire each other
- Engage in respectful interactions
- Listen well while others are speaking
- Respect differences and be open to other points of view
- Make thoughtful contributions to group work
- Be on time and respect one another's time
- Use electronic and media devices for class purposes only
- Sit near the door in anticipation of phone/text message

**HAVE FUN!**

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### Dr. Clark's Clinical Norms


- Abide by the 'Golden Rule'
- Respect and Celebrate Differences
- Communicate Respectfully and Listen Carefully
- Come to Clinical Prepared & On Time  
*[Let others know right away if you need to adjust assignments or timelines]*
- Share Work Equally Among Group Members
- Resolve Conflicts Directly and with Respect
- **Work hard and have fun!!**




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### Norms (Ground Rules)

 Review

Revise 

 Reaffirm

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### Active and Engaged Teaching-Learning Activities



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### Think/Pair(Square)Share

- Think about and respond to a question
- Pair up with a partner and discuss responses
- Form a square and discuss again
- Group sharing and reporting



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### Skill Building

- Leadership
- Effective Communication
- Constructive Conflict Management



*Don't make the mistake of assuming people can "just do it." Effective organizations use training, education, 'script development' and role play to improve communication and constructive conflict negotiation skills.*

Maxfield et al. 2011

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### Cognitive Rehearsal: Evidence-Based Strategy to address uncivil behavior: Consists of 5 parts:

1. Pre-briefing and preparatory learning
2. Identifying and describing uncivil scenarios for simulation
3. Using evidence-based frameworks to role-play and rehearse responses (**creating a personalized response**)—**Scripting!**
4. Using deliberate practice to reinforce learning experience
5. De-briefing and reflection



Griffin 2004; Griffin & Clark, 2014; Sanner-Stiehr, 2017; Longo, 2017; Clark, in press

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### Examples of Scripted Responses



Uncivil nonverbal behaviors [eye rolling, making faces, head shaking, etc]

Spreading rumors, gossiping, failing to support a coworker

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### Caring Feedback Model

- State Positive Intent/Purpose
- Describe Behavior
- Explain Consequences
- Offer Pinch of Empathy
- Make Suggestion/Request



<http://www.languageofcaring.com/resource/model-for-caring-feedback-holding-each-other-accountable>

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**Nurse-to-Nurse Scenario:** Connie is an experienced nurse educator who has made it abundantly clear that she has little or no patience when it comes to dealing with new or less experienced faculty. Kim is a new faculty member and reaches out to Connie asking for her help to prepare a course that Connie has previously taught. Connie responds rudely stating "Why should I help you—I had to do it on my own, so can you."

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**State Positive Intent:** *Connie, I respect your teaching expertise and hope to learn from you.*

**Describe Behavior:** *Earlier today, when I asked for help, it didn't seem to go well.*

**Explain Consequences:** *Without support to prepare the course, I'm concerned student learning may be affected.*

**Offer Pinch of Empathy:** *I realize you're busy and have a lot going on.*

**Make Request:** *Still, I need to ask some important questions. When can we meet to discuss them?*


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## Language of Caring

Heart-Head-Heart™ Model



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 *Connie, I value the work that went into developing this course, and it's very well done.*

 *However, I'm still on a learning curve, so I'd like to discuss your ideas for preparing the course.*

 *I'd really appreciate your input.*

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## Casperson's Framework

*Resist the urge to attack* (Casperson, 2014)



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*When (the triggering event) happened,  
I felt/believed (my feeling or belief)  
because my (need/interest) is really important to me.  
Would you be willing to (request a doable) action?*

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**Student Scenario:** Carmen is consistently late and poorly prepared for her clinical experience. Lately, her clinical performance has deteriorated, patient care has suffered, and her decision-making is faulty. As her clinical instructor, you address these concerns with Carmen.

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*Carmen, when I see you arrive late for clinical and fail to deliver quality patient care, it concerns me because the role of a professional nurse includes being punctual and above all, providing safe patient care. I'd like us to discuss ways to improve your timeliness and clinical performance.*

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**Co-worker-to-Co-worker Scenario:** In the place where you work, some faculty engage in negative gossip and spreading rumors—you believe you have been the target of these behaviors, and one day when you approach the break room, you hear your name mentioned in a derogatory and negative way—as you enter the break room, your co-workers fall silent. You decide to address the situation.

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*When I approached the break room, I heard my name mentioned. Being viewed as a valued member of the team is important to me. If you have something to say about me, please speak with me directly.*

81  
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## TeamSTEPPS®

### Team Strategies and Tools to Enhance Performance and Patient Safety

**Evidence-based teamwork system** to improve communication and teamwork skills among health care professionals.



<http://teamsteps.ahrq.gov/>

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**CUS(sing):** To get attention when you really need it: **CUS!**  
I am **C**oncerned  
I am **U**ncomfortable  
This is a **S**afety issue



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## *Nursing Student: Clinical Scenario*

I was assigned to a patient recently diagnosed with diabetes. She wasn't on the list to have her glucose level drawn, so, I mentioned it to my preceptor. She rolled her eyes, told me in front of other nurses that I was completely stupid, and to stop questioning her. I didn't say anything because I was scared and didn't want to cause a bigger scene. The next day, I checked the record and saw that my patient's glucose level hadn't been drawn until several hours later on the evening shift—and it was quite high. I felt terrible for the patient and guilty for not speaking up, so I talked to my instructor about the situation—she listened, but said to forget about it, because “we are only guests” in this facility. I wish I had been a better advocate for my patient.

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### Using the CUS Model

*Mrs. Adams has been diagnosed with diabetes, and I'm **C**oncerned that she isn't on the list for glucose testing. I'm **U**ncomfortable administering insulin until her lab results are back to be sure she's receiving a **S**afe dose.*

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**Faculty Scenario:** You and your colleague, Terri are team teaching a nursing course. You vehemently disagree on the subject matter to include and ways to deliver the course. Working together is becoming very stressful...and to make matters worse, students are becoming confused and frustrated due to the ongoing conflict. You realize that something needs to be done to resolve the situation.

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### Using the CUS Model

*(For the **S**ake of ...*

*Terri, I'm **C**oncerned about our recent interactions and **U**ncomfortable with our lack of teamwork. For the **S**ake of our relationship and the success of our students, let's make a plan to work things out.*

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### Self-Care and Professional Well-Being Seeking Work-Life Integration



South Fork of the Payette River, Idaho

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*I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel. **Maya Angelou***



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Thank You



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