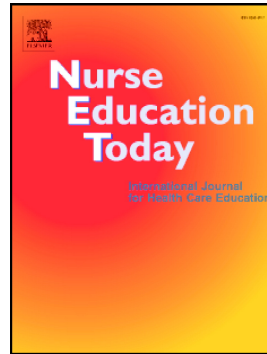


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INCIVILITY IN NURSING EDUCATION: AN INTERVENTION

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Educating nursing students on incivility and appropriate evidenced based interventions: a pre-test, post-test research study.

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Introduction

Increasingly, nurse educators and nursing students are challenged to deal with unprofessional behaviors such as academic dishonesty, bullying, and incivility in the classroom and clinical settings. The effects of incivility alone are well documented and are not limited to the halls of nursing school and often continue well into the new registered nurses' work environments. The research regarding incivility is historically and unmistakably associated with high attrition rates, errors, accidents, poor performance, absenteeism, decreased commitment, and low job satisfaction (Ceravolo, Schwartz, Foltz-Ramos, & Castner, 2012; Smith, Andrusyszyn, & Spence-Laschinger, 2010).

Research suggests nursing students and new registered nurses transitioning into practice are the most vulnerable and likely to fall prey in environments where uncivil behaviors have become widely accepted and even ritualistic in nature. With evidence of incivility beginning in nursing school, it is deeply concerning that education on its presence and prevention has not been mandated at the academic level (Sauer, Hannon & Beyer, 2017; Young, 2011). There appears to be an unlimited amount of data available regarding its occurrences, nurse experiences, contributing factors, and root causes. Unfortunately, the limitations in the literature are in its eradication. In a recent article, the authors advocate for a move beyond the description of incivility and call for the development of interventions to address it (Smith, Gillespie, Brown, & Grubb, 2016).

Disruptive behaviors are known to be counterproductive and even harmful in healthcare environments. Historically nursing literature cites many instances in which disruptive behaviors and poor communication skills have created hostile work environments negatively impacting patient safety and quality care (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). In 2008, The

Joint Commission (TJC) released a sentinel event (SE) alert identifying failed communication as the “root cause” in one-third of all reported adverse patient events or near misses (TJC, 2008).

Nurse educators being at the forefront of a nurse’s career should be expected to role model civility toward each other, toward the students, and the interdisciplinary team. Research of the literature indicates nursing students and new registered nurses transitioning into practice are the most vulnerable, and with evidence of incivility beginning in nursing school it is deeply concerning that education on its presence and prevention has not been mandated at the academic level. This research project explored incivility, its causes, how to recognize and define it, ways to combat and potentially prevent it, and the need for interventions.

Background

The incidence and prevalence of incivility has become widespread in our nation’s many health care settings. In a 2013 study, 93% of the nurses surveyed reported witnessing uncivil behaviors and 85% reported personally being the victim themselves (Coursey, Rodriguez, Dieckmann & Austin, 2013). Likewise, student and new registered nurses in similar studies indicated they have personally witnessed and experienced incivility perpetrated by their instructors, nurses in the clinical setting, preceptors, and even their peers. (Sauer et al., 2017; Clark, Nguyen, Barbosa-Leiker, 2014).

As a profession, nursing is often characterized by its compassionate and caring nature toward patients. Perhaps this is what makes reports of incivility towards other nurses, nursing students, or new registered nurses so disturbing. With this practice, one must wonder if health professionals are indirectly inflicting patient harm or directly hindering the patient safety movement by “eating our young” and future nurses. Unfortunately, the amount of research addressing incivility directed toward nursing students in practice settings is alarmingly scarce.

However, there are several studies calling for an end to incivility in nursing education, such as Altmiller's 2012 study on student perceptions of incivility in nursing school, and more recently Sauer's 2017 study on the effects of peer incivility in nursing school. Equally disappointing is the silence from legislative or regulatory fronts concerning uncivil behaviors inflicted on novice nurses transitioning into practice.

When considering the pervasive nature of workplace abuse, bullying incivility, and violence, it is distressing to discover individuals in all sectors of the nursing profession are vulnerable. Unfortunately, some individuals will become perpetrators, while others become their victims. Studies indicated nurse educators or preceptors, if left unrestrained, will later adopt the same practice of incivility they may have witnessed or even experienced (Croft & Cash, 2012). Equally disconcerting are reports by nurse educators of increasing student incivility, such as aggressive, intimidating, blaming, and shunning behaviors (Clark & Springer, 2010; Robertson, 2012). In the classroom, incivility affects both teaching and learning, with students reporting a decreased satisfaction with their program, physiological distress and a decline in their academic performance (Sauer et al. 2017). The cycle continues as clinical nurses, preceptors, and nurse educators report uncivil acts committed by supervisors, physicians, patients, and fellow nurses (Guidroz, Burnfield-Geimer, Clark, Schwetschenau, & Jex, 2010; Smith et al., 2010). However, as previously mentioned the nursing literature indicated nursing students and new registered nurses transitioning into practice are the most susceptible and likely to become victims of incivility (D'ambra & Andrews, 2014; Magnavita & Heponiemi, 2011).

Definition of Terms: Incivility

The term incivility in the literature is often used concurrently with several other related terms and has been identified as the most comprehensive descriptor for the disruptive behaviors

directly or indirectly related to medical errors and subsequent patient harm (Spence-Laschinger, 2014). However, it wasn't until the release of SE Alert #40 by TJC in 2008, the term incivility was used to encompass both lateral and horizontal violence or any other negative behavior levied on providers in health care (Burgess & Patton Curry, 2014; TJC, 2008). According to TJC (2008), disruptive behaviors were characterized as often subliminal, overt, or covert actions that undermine patient safety.

In educational settings, academic incivility is defined as any speech or behavior that negatively affects the wellbeing of students or faculty members, weakens professional relationships, and hinders the teaching-learning process (Clark & Davis- Kenaley, 2011; Marchiondo, Marchiondo, & Lasiter, 2009).

Summary

Over the past 20 years there has been numerous reports regarding the incidence and prevalence of incivility in nursing and more specifically nursing education and new registered nurses (Sauer et. Al. 2017; D'ambra, & Andrews, 2014; Magnavita & Heponiemi, 2011). Lacking are realistic and readily available solutions and interventions. Equally absent from the literature are research studies regarding incivility interventions and best practice guidelines. It is unrealistic to think everyone can or will get along, it is however, realistic to think everyone should be expected to act with civility toward colleagues/co-workers and those they serve to educate.

It is imperative for educators to understand the impact of a hostile workplace on the students' ability to learn and actually provide safe and effective care. While most university and healthcare organizations do require students and employees to sign contracts regarding codes of conduct, these contracts fail to educate on how to meet those expectations. Using an intervention like the one implemented in this study, nurse educators can show students exactly how to react if confronted with an act of incivility rather than simply stating they need to act in a civil manner.

This study was a response to the numerous calls for action in the literature asking for interventions rather than reports merely recognizing and defining the problem. Thereby, the ultimate aim of the research project was to prompt nurse educators to introduce incivility intervention competencies (IIC) in their programs of study.

Theoretical Framework

Bandura's Social Learning Theory (1997-2001) was used as the conceptual framework for this study. Bandura hypothesized that human behavior can be learned through interactions with others "modeling". His original theory focused solely on the observation that people do not need to have direct experience to learn and that much of what people learn is based on observing others through role modeling and mentorship. It is now referred to as social cognitive theory and includes sociocultural factors with an emphasis on the important role self-efficacy, as a concept, has on the learner (Butts & Rich, 2012). This research project also utilized theorist Peggy Chinn and her Critical Social Theory and Emancipatory Knowing to help explain the occurrence and potential eradication of incivility in nursing. Based on Chinn's theory schools of nursing may be guilty of fostering environments of incivility through a hierarchal mentality, and the desire to maintain social order, with potential for transformation taking place through emancipatory knowing.

This study is relevant to quality improvement efforts regarding incivility interventions, as it provides a theoretical framework for mentorship by nursing educators. With the implementation of interventions nurse educators can role model desired civil behaviors and nursing students can in turn adopt these behaviors through adopting incivility education and mere mentorship.

Methods

Design

Using the theoretical underpinnings of Bandura's platform of increased self-efficacy a pre-test/post-test was embedded into the e-Learning module with resulting statistical analysis of the qualitative data using the McNemar's test. Collecting data regarding whether the student found the information useful (increased self-efficacy) and if the student feels they will use the interventions within the academic settings including, but not limited to clinical rotation sites.

The e-learning module was uploaded onto the community colleges' Blackboard (a virtual learning environment and online course management system) account. The students' were sent an initial e-mail making them aware of the voluntary e-learning opportunity and desired participation. Second and third reminder e-mails were sent to the students a few weeks later to encourage continued participation. After four weeks the e-learning module was removed from Blackboard.

Participates

The module was available to all 154 currently enrolled junior and senior level nursing students in an associate degree program in the southeastern United States, 110 students completed the e-learning module for a 71% response rate.

IRB

A formal review process did not exist at the implementation site, consent to implement the project at the site was obtained from the program's director. Internal Review Board (IRB) was sought and approved by the researcher's University.

Implementation

Interventions to combat incivility were embedded into the e-learning module using professional standards set by TJC (2008); the Institute of Medicine (2001; 2011); the Interprofessional Education Collaborative (2011) report; the ANA's Scope and Standards of Practice (2015); the ANA's Incivility, Bullying, and Workplace Violence (2011; 2015) and the ANA's Code of Conduct (2015). Incivility and ways to intervene were presented using voiceover slides, video scenarios and embedded quizzes.

Students were provided examples of incivility in numerous formats including written, verbal and non-verbal forms. Students were given an example of a code of conduct contract. Clark's Civility Scale was used in an effort to get students to recognize their potential in encountering and participating in uncivil acts.

The module cumulated with video scenarios created to help students recognize uncivil behaviors they may encounter while in school and the clinical setting. They highlighted incivility in the academic classroom setting, specifically disruptive student behaviors, a group project highlighting student on student incivility and two scenarios taking place in the clinical environment consisting of clinical nurse on student incivility. Quizzes were embedded throughout the e-learning module to gauge student learning in regards to both recognition and proper ways to intervene when presented with acts of incivility.

Results

After the online e-learning module was completed, data was collected in the form of e-mails containing module quiz results set up using a feature in the iSpring software. A total of nine quizzes were embedded into the e-learning module. A pre-test and post-test (see Table 1) were given to acquire the student's level of self-efficacy before and after completing the e-learning module. Module three's quiz was the Clark Civility Index for Students© (see Table 4), used with written permission. The index is an evidence-based survey designed to assist in awareness, generate discussion, and to help gain insight into incivility. The index was used in this e-learning module as anecdotal information to gauge the nursing student's self-perception of their potential to engage in uncivil acts. There were also three individual module quizzes (see Tables 2, 3, & 5), with module four containing four video scenarios with each scenario containing an individual quiz (see Table 5).

For each of the nine quizzes there were 104 e-mails containing results, totaling 936 e-mails. The e-mails were separated into individual folders, each folder containing its own module quiz results. To ensure accuracy of the data the researcher compiled the data results using a self-developed template using

Microsoft Word to tally the individual results; the results were then shared with a second nurse educator who provided a second check for correctness.

The pre-test/post-test results were of greatest interest and a statistical analysis of the results was conducted (see Table 1). The results showed a significant increase in the student's self-efficacy regarding the ability to identify and respond appropriately to incivility after completion of the e-learning module (see Table 1). Since the survey responses were polytomous, a nonparametric test was a good option, therefore the McNemar statistical test was utilized. The McNemar test is a nonparametric test that evaluates whether there is a statistically significant difference in proportions for 2x2 contingency tables (Laerd Statistics, 2013, Mertler & Vannatta, 2013). The McNemar test is often used to analyze pretest-posttest study designs when there are dichotomous responses such as what was used in the e-learning module (Laerd Statistics, 2013, Mertler & Vannatta, 2013).

The three individual module quizzes were graded on a pass/fail interpretation, if students answered all questions correctly this resulting in a passing grade, anything other than 100% correctness resulted in a failing grade. Results were as follows for modules one and two, 82% of students passed module one's quiz (see Table 2); 95% of students passed module two's quiz (see Table 3). Module four consisted of the four video scenarios with coinciding quizzes, 80% of students passed module four-scenario one's quiz; 72% of students passed module four-scenario two's quiz; 66% of students passed module four-scenario three's quiz; and 96% of students passed module four-scenario four's quiz (see Table 5).

Although statistical analysis was not used for the individual module quizzes, the pass/fail results were very promising with the majority of students passing each module (see Tables 2, 3, & 5). The high passing rate suggested the students were engaged in the content with each module, paying attention, and comprehending the information. Module one and two's questions were based upon comprehension of the material presented, however, module four's questions correlated to the video scenarios and required application of the knowledge. With the majority of students' passing these quizzes, there is further

evidence of the e-learning modules' effectiveness in meeting its goals. The results seem to show the students had a more difficult time answering the questions pertaining to the video modules (see Table 5). This may be due to the necessity to apply the knowledge they had previously learned to the video scenarios versus the previous modules where students' read the information and were asked a knowledge-based question pertaining to the material immediately afterwards. It seems the question associated with video scenario three pertaining to confronting someone who displayed uncivil behaviors' proved to be especially difficult for the students (see Table 5). This result correlates to findings within the data from Clark's Civility Scale (questions 11 & 13) that suggested students are less likely to engage in confrontation when others display uncivil behaviors (see Table 4).

The information gleaned from the Clark's Civility Scale rendered interesting results. The scale was used for this project in an attempt to get student's to think about their own involvement in uncivil behaviors, however, the results appeared to show that the students rarely admitted to engaging in uncivil acts (see Table 4). The students answered the majority of the questions with, always and usually when questioned if they engaged in appropriate civil behaviors. When looking closer at the responses however, it seems there are a few patterns of civil and uncivil behaviors emerging. Question 11, for example, shows almost all students answering they avoid taking credit for someone else's work, suggesting this may be seen as taboo amongst nursing students or perhaps being in the academic realm the students are thinking more along the lines of the ramifications of plagiarism and therefore know not to participate in this behavior. Another anomaly is shown on questions four and five; the results suggested that more students admitted to the uncivil acts of making sarcastic remarks and gestures and that they participated in gossip or the spreading of rumors. Questions 11 and 13 dealt with the student's ability to address or confront others who were displaying uncivil behaviors and the results suggested students seemed less willing or capable to do so. Even though the majority of students claimed to display civil behaviors most of the time, the results of the civility scale showed students were still engaging in acts of incivility. These

results provided additional evidence that students may benefit from the education provided in the e-learning module regarding their ability to define, detect and combat academic incivility.

The statistical analysis of the pre-test/post-test was highly encouraging, showing statistical significance that the students obtained a higher degree of self-efficacy regarding their ability to define, detect, and combat incivility. With the detrimental effects the students can endure at the hands of incivility, it is with great satisfaction the e-learning module has shown to be an effective way to help the student's deal with this latent phenomenon. (Tables 1-5)

(Insert Table 1 here)

(Insert Table 2 here)

(Insert Table 3 here)

(Insert Table 4 here)

(Insert Table 5 here)

Discussion

What is different and significant about this research is students were provided clear definitions and interventions to effectively deal with incivility rather than simply being told and expected to act in a civilized manner. By providing this intervention, students showed quality improvement through an increase in their ability/self-efficacy to define, detect, and combat incivility.

A compelling report issued by the National League of Nursing (NLN, 2005) calling for transformational educational practices should serve as the impetus for schools of nursing to embrace incivility interventions. Implementing recommendations issued by the NLN, IOM as well as other nursing experts could serve to circumvent the negative impact of hostile work environments (NLN, 2005; IOM, 2011). Educators should be motivated by the groundbreaking reports from the IOM (2001; 2011) calling for healthy work environments conducive to interprofessional communication and collaboration.

This acknowledged the need to better prepare students and graduates before graduating them into complicated and potentially hostile practice settings (Agency for Healthcare Research and Quality, 2013; IOM, 2001) and expectantly calling for the incorporation of an IIC module into their nursing curricula.

With new registered nurses leaving their first jobs at disproportionate numbers and others leaving the profession all together (Fowler, 2011) the time to act is now. By implementing interventions, like the suggested IIC module, nurse educators should hold their students, themselves, and their clinical agencies nurses to the ANA's Code of Ethics and stop allowing this unethical behavior to continue. The safety of the patients, the wellbeing of new nurses, and the integrity of the profession are all at stake.

Recommendations for Improvements

The e-learning module contained video scenarios; these scenarios could be made more generalized in its content to better help students recognize more varied forms of incivility rather than a few specific cases. Specifically faculty on faculty and faculty on student incivility should be acknowledged and interventions incorporated in future training. The number of quizzes could be replaced with a single cumulative test at the end of the e-learning module. By testing at the end, one could possibly obtain information regarding content mastery rather than brief quizzes at the end of each module, which may not show a true understanding but rather an ability to memorize information for a short period of time. Another recommendation would be for students to sign a contractual agreement to act in a civilized manner and follow the chain of command for reporting acts of incivility.

Conclusion

For the sixteenth straight year, the 2017 Gallop-Poll has ranked nursing number one, as the profession having the most honest and ethical standards. However, despite this incivility continues to be an unfortunate factor in nursing and it appears to have its grip on the newest and arguably most

instrumental members of the profession. In addition, it does not appear incivility will be ended by simply acknowledging its intolerable existence. Those in a leadership, mentoring or nurse educator roles must take action towards its eradication through intervention before we change from being known for our honesty and ethics to being known publicly as the profession who eats their young.

Without proper education on ways to define, detect, and combat incivility, nursing students and new registered nurses are at risk for long lasting complications that can inevitably affect their nursing careers. Using Bandura's theory, the research showed students had an increased perception in their ability to define, detect, and combat incivility after viewing the e-learning module. With this in mind, schools of nursing should be implored to take responsibility for our future nurses and include incivility education in their nursing programs. The incivility e-learning module can serve as a model and a template for schools of nursing to help provide effective education and help in the long overdue eradication of academic incivility for the future generation of nurses.

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Table 1

Student Nurse's Perceived Self-Efficacy Pre and Post-Test

Questions	Pre-Test & Post- Test N= 110								P-Value
	Very Familiar		Familiar		Somewhat Familiar		Not Familiar		
What is your familiarity of academic civility?	<i>Pre</i> N=10	<i>Post</i> N=91	<i>Pre</i> N=56	<i>Post</i> N=19	<i>Pre</i> N=9	<i>Post</i> N=0	<i>Pre</i> N=35	<i>Post</i> N=0	$p<0.05$
How confident are you that you can identify multiple forms of academic incivility?	Very Confident <i>Pre</i> N=11	<i>Post</i> N=87	Confident <i>Pre</i> N=52	<i>Post</i> N=23	Somewhat Confident <i>Pre</i> N=6	<i>Post</i> N=0	Not Confident <i>Pre</i> N=41	<i>Post</i> N=0	$p<0.05$
When faced with academic incivility how confident are you that you can respond appropriately and effectively?	Very Confident <i>Pre</i> N=13	<i>Post</i> N=60	Confident <i>Pre</i> N=58	<i>Post</i> N=50	Somewhat Confident <i>Pre</i> N=2	<i>Post</i> N=0	Not Confident <i>Pre</i> N=37	<i>Post</i> N=0	$p<0.05$
I believe academic incivility is a serious problem in nursing?	Strongly Agree <i>Pre</i> N=13	<i>Post</i> N=66	Agree <i>Pre</i> N=66	<i>Post</i> N=44	Disagree <i>Pre</i> N=6	<i>Post</i> N=0	Strongly Disagree <i>Pre</i> N=25	<i>Post</i> N=0	$p<0.05$
I believe I can make a difference in stopping academic incivility?	Strongly Agree <i>Pre</i> N=19	<i>Post</i> N=69	Agree <i>Pre</i> N=80	<i>Post</i> N=41	Disagree <i>Pre</i> N=5	<i>Post</i> N=0	Strongly Disagree <i>Pre</i> N=6	<i>Post</i> N=0	$p<0.05$

Note. Question #1. Success = familiar and very familiar; Failure = not familiar and somewhat familiar

Question #2 and #3. Success = confident and very confident; Failure = not confident and somewhat confident. Question #4 and #5. Success = agree and strongly agree; Failure=disagree and strongly disagree

Overall Conclusion. There is enough evidence to conclude that the proportion of successful responses for the pretest is different from the proportion for the posttest for questions 1-5 after watching the e-learning module. Therefore, we can conclude that the e-learning module had a significant effect on the responses on all five questions of the survey.

Table 2

Modules 1 Assessment Questions

Module Questions	Pass/ Fail N= 110
1. Do student nurses have the ethical responsibility to uphold professional standards like the ANA's Code of Ethics? Yes/No	Pass 91 Fail 19
2. Nurses who are victims or witnesses incivility will likely become accepting of uncivil behaviors or become perpetrator themselves. True/False N=91 N=19	
3. What percentages of new graduate nurses are leaving their first jobs due to incivility? A. 20% B. 30% C. 50% D. 60%	

Note. Table 2 represents students who passed or failed the individual module quizzes. Module 1 Quiz: 82% passed.

Table 3

Modules 2 Assessment Questions

Modules Questions	Pass/ Fail N= 110	
As a student it is not my responsibility to report witnessed acts of incivility? Yes/No	Pass	Fail
Actions not taken can be considered acts of incivility? True/False		
People aren't affected by incivility unless it occurs faceto-face. True/False	N=104	N=6
Which behaviors are considered uncivil?		
A. Gossiping		
. Name calling		
. Refusing to assist a colleague		
D. Eye Rolling		
. All of the Above		

Note. Table 3 represents students who passed or failed the individual module quizzes. Module 2 Quiz: 95% passed.

Table 4
 Module 3 Clark's Civility Index

Questions	N=110				
	ALWAYS	USUALLY	SOMETIMES	RARELY	NEVER
1. Role model civility, professionalism, and respectful discourse	56	50	4	0	0
2. Add value and meaning to the educational experience	51	52	7	0	0
3. Communicate respectfully (by e-mail, telephone, face-to-face) and really listen—	71	33	6	0	0
4. Avoid gossip and spreading rumors	60	36	13	1	0
5. Avoid making sarcastic remarks or gestures (staged yawning, eyerolling)	58	39	13	0	0
6. Pay attention and participate in class discussion and activities	66	35	7	2	0
7. Use respectful language (avoid racial, ethnic, sexual, gender, religiously biased terms)	87	20	2	1	0
8. Avoid distracting others (misusing media, devices, side conversations) during class	65	40	4	1	0
9. Avoid taking credit for someone else's work or contributions	100	8	1	1	0
10. Co-create and abide by classroom and clinical norms	84	25	1	0	0
11. Address disruptive student behaviors and promote a safe, civil learning environment	56	26	23	5	0
12. Take personal responsibility and stand accountable for my actions	95	14	1	0	0
13. Speak directly to the person with whom I have an issue	53	41	15	1	0
14. Complete my assignments on time and do my share of the work	93	16	1	0	0
15. Arrive to class on time and stay for the duration	87	21	1	1	0
16. Avoid demanding make-up exams, extensions, grade changes, or other special favors	79	29	2	0	0
17. Uphold the vision, mission, and values of my organization	92	17	1	0	0
18. Listen to and seek constructive feedback from others	81	28	1	0	0
19. Demonstrate an openness to other points of view	76	32	2	0	0
20. Apologize and mean it when the situation calls for it	89	20	1	0	0

Table 5

Modules 4 (1-4) Questions for Individual Video Scenarios

Scenarios 1 - 4	Pass/Fail N=110	
Module 4 Scenario 1	Pass	Fail
1. Interrupting class is a form of academic incivility. True/False		
2. Do you believe this situation warrants an intervention? Yes/No		
3. Who do you think should have a respectful conversation with John? One of his fellow Students/Instructor	N=88	N=22
4. Validate the facts (choose only the facts). A. Traffic was terrible. B. John was late for class. C. John asked another student a question during lecture. D. The student next to John was angry.		
Module 4 Scenario 2	Pass	Fail
1. How would you show Tom empathy during the respectful conversation? A. Make sure Tom understands his actions were unacceptable. B. Repeat the situation and give specific details. C. Truly listen to Tom's point of view. D. Report the interaction to the administrator. E.	N=80	N=30
Module 4 Scenario 3	Pass	Fail
1. How would you deliver the message that you thought the interaction was uncivil? A. Immediately during report so it doesn't happen again and the nurse knows where you stand. B. Ask to speak to the nurse in private right away; you can't spend your day upset. C. Wait for a little while and reflect on the situation and then ask the nurse to speak privately if you determine it warrants an intervention.	N=73	N=37
Module 4 Scenario 4	Pass	Fail
1. The student's decision to go ahead and complete the work without the third group member can be considered inaction and is a form of incivility. True/False	N=106	N=4
2. Working in groups is an important skill and one student's need to develop in nursing school? True/False		

Note. Table 5 represents students who passed or failed the individual module quizzes Scenario 1: 80% passed. Scenario 2: 72% passed. Scenario 3: 66% passed, and Scenario 4: (96% of students passed).

Highlights

- Nursing literature is rich with the identification of incivility, lacking are the tools to eradicate it.
- Student and new graduate nurses are most often the victims of incivility.
- Students and their instructors are often ill equipped to deal with incivility.
- The successful implementation of the e-learning module provides incentive for schools of nursing to include incivility education in their curriculums.

ACCEPTED MANUSCRIPT