

# Exploring Nurse Faculty Incivility and Resonant Leadership

Katherine R. Casale

## Abstract

**AIM** The purpose of this quantitative correlational study was to explore the relationship between the frequency of interfaculty incivility among nurses in academia and observed levels of resonant leadership of immediate supervisors.

**BACKGROUND** Despite mandates to address incivility in health care, nurse faculty report high levels of horizontal incivility among their peers. No known quantitative research has measured the relationship between nurse faculty-to-faculty incivility and resonant leadership traits of leaders.

**METHOD** Nursing faculty from 17 universities ( $n = 260$ ) were emailed an anonymous link to answer survey questions about horizontal peer incivility and leaders' management styles.

**RESULTS** There was a significant inverse relationship (Pearson's  $r, -.560$ ) between the frequency of experienced faculty-to-faculty incivility and the level of observed resonant leadership behaviors of participants' immediate supervisors.

**CONCLUSION** Resonant supervisory behaviors inversely correlated with nurse faculty peer incivility, with potential to impact satisfaction, recruitment, and retention.

**KEY WORDS** Nurse Faculty – Academic Incivility – Resonant Leadership

Nursing is universally considered to be among the most trusted and caring professions (Gardenier, 2014; Olshansky, 2011). However, despite core values of integrity and caring, two recent studies reported that more than 85 percent of queried registered nurses had experienced horizontal violence or incivility in the workplace (McNamara, 2012; Wilson, Diedrich, Phelps, & Choi, 2011). Nurse scholars also report accounts of horizontal incivility prevalent among nurse faculty, the educators of the next generation of nurses (Burger, Kramlich, Malitas, Page-Cuttrara, & Whitfield-Harris, 2014; Clark, 2013; Heinrich, 2010; Luparell, 2011; Marchiondo, Marchiondo, & Lasiter, 2010; Peters, 2014).

This article discusses the process and outcomes of a quantitative correlational research study that examined the relationship between nurse faculty experiences with horizontal incivility and their perceptions of resonant leadership traits of their immediate supervisors. With society facing global shortages of nurse educators, faculty-to-faculty incivility presents a significant problem for the nursing profession (American Association of Colleges of Nursing [AACN], 2012; Amos, 2013; Berent & Anderko, 2011; Bittner & O'Connor, 2012; Kuehn, 2010; Nardi & Gyurko, 2013).

Clark defined incivility as behaviors ranging along a continuum from apathy, disrespect, and sarcasm to threatening and violent behaviors (Clark, 2013; Clark & Springer, 2007). In an interview, she noted that nurse leaders must "invest in re-engineering and transforming the organizational culture" in nursing academia (Clark & Nickitas, 2014, p. 310).

Scholars have defined resonant leadership as building reciprocal relationships with employees on a foundation of emotional intelligence

paired with coaching and mentorship (Laschinger, Wong, Cummings, & Grau, 2014). Recent studies have examined the relationship between the management style of nurse leaders and the occurrence of incivility in a variety of work environments, including academia (Laschinger et al., 2014; Wieland & Beitz, 2015; Wilkes, Cross, Jackson, & Daly, 2015). A resonant leadership style centered on relational engagement and emotional intelligence and linked to nurses' perceived healthy work environments and job satisfaction has been shown to be effective (Cummings, 2004; Laschinger et al., 2014; Read & Laschinger, 2013).

## BACKGROUND

There is a noticeable dearth of published research on nurse faculty-to-faculty incivility. A 2010 qualitative study explored perceptions of incivility among more than 126 nurse leaders, deans, department chairs, and directors from 128 nursing programs (Clark & Springer, 2010). Approximately 80 percent of respondents reported witnessing uncivil faculty behaviors toward other faculty and administrators (p. 323). These nurse leaders verbalized the importance of rewarding civility; 85 percent felt that nurse leaders must create a culture of respect and civility through coaching, mentoring, and role modeling.

Today's global health care environment presents immensely stressful challenges for academic nurse leaders. Health care demands have changed, and the leadership styles prevalent just decades ago no longer suffice. By supporting job satisfaction, appreciation, and respect, effective leadership style is a key factor in guiding nurse educators in this new environment (Duphily, 2011).

Noting the importance of confronting incivility, beginning from day one of matriculation (Clark & Davis Kenaley, 2011; Luparell, 2011), some nurse leaders have asked: "What if nurse educators, instead of fighting or fleeing when under stress, tended to and mended their professional relationships?" (Heinrich, 2010, p. 325). This background and this question, in particular, sparked the beginning of substantive research of this critical problem. Faculty-to-faculty incivility is one problem that can be addressed and corrected by nurse educators and their leaders. The defining behaviors of

**About the Author** *Katherine R. Casale, PhD, RN, is an adjunct faculty member teaching in the online MSN and DNP programs at Sacred Heart University College of Nursing, Fairfield, Connecticut. For more information, write to her at [katcasa@sbcglobal.net](mailto:katcasa@sbcglobal.net).*

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resonant leadership style — coaching, mentoring, and emotional intelligence — suggest that further research on the link between faculty-to-faculty incivility and the resonant leadership style of superiors would add additional knowledge to this subject, forming the premise for this research endeavor.

Clark, Olender, Kenski, and Cardoni (2013) were the first nurse researchers to author and use the Faculty-to-Faculty Incivility Survey to measure the incidence and intensity of faculty-to-faculty incivility as perceived by nurse educators. After gathering demographic information, Clark and colleagues asked participants to use a Likert scale to assess the level to which behaviors might be considered uncivil. They then collected quantitative information to measure frequency and intensity of incivility experienced during the past year. After pilot testing, data were gathered from 588 nurse educators from 40 states; superior reliability of the tool was evidenced ( $\alpha = .965$ ) (Clark, 2013, p. 99; Clark et al., 2013, p. 213).

## METHOD

The first and third segments of the Faculty-to-Faculty Incivility Survey were adapted to the design of the current study. This quantitative correlational descriptive study used a cross-sectional design to explore the relationship between the frequency of nurse educators' experiences with faculty-to-faculty incivility and perceived level of resonant leadership of their immediate supervisors. The primary research question was: What is the relationship between nurse educators' perceptions and experiences of faculty-to-faculty incivility and perceived resonant leadership of their immediate supervisors? Three secondary research questions were asked: 1) To what extent do nurse faculty view faculty-to-faculty incivility as a problem? 2) Which incivility behaviors have nurse faculty experienced or observed during the past 12 months? 3) What is nurse educators' perceived level of resonant leadership of their immediate supervisors?

## Conceptual Framework

The literature review conducted for this study centered on the underlying theoretical framework of Bandura's (2001) social cognitive theory. Social cognitive theory encompasses all aspects of the learning process, from intentionality and forethought through integration, mastery, and self-reflection (Bandura, 2004; Burke & Mancuso, 2012). As human agency empowers individuals to feel motivated to internalize and replicate learned behaviors and strive for self-efficacy (Bandura, 2001; Burke & Mancuso, 2012), nurse educators learn to behave within an environmental context, with input from institutional leaders, and choose whether or not to engage in meta-cognitive abilities to create a culture of civility or incivility. Resonant leadership style was selected because of its synergy with Bandura's theory and its focus toward learning through relationships with others. Relational leadership theory similarly emphasizes learning to maximize emotional intelligence through relationships.

Resonant leadership centers on the domains of emotional intelligence, described by Goleman, McKee, and Boyarzis (2004) as emotional self-awareness and self-management, sociopolitical awareness, and effective management of workplace relationships. This leadership style closely aligns with Bandura's social cognitive theory in that employees learn not only from their own experiences and endeavors but also from observing the actions of others. Resonant leadership fits within the framework of social cognitive theory as well. Nurses observe their managers building positive mentoring relationships; by seeing

positive outcomes, they learn to develop the same types of relationships with peers and patients.

With a strong emphasis on the relational aspect of resonant leadership behavior, the association enhances the work environment and promotes a climate of reciprocal trust and respect, as well as a climate of emotional and physiological safety. Once nurses internalize these professional successes, they are able to reproduce the positive behaviors and develop their professional skills. The positive outcomes lead to motivation, which reinforces the benefits of the learning (Bandura, 2001; Wong, Cummings, & Ducharme, 2013).

## Data Collection

Institutional review board exemption was granted after faculty email addresses were compiled from publicly accessible university websites. The researcher emailed an invitation to participate and a statement of consent to a convenience sample of 287 nurse faculty; 27 emails were undeliverable and culled from the list. A total of 260 faculty invitees were sent a second email containing a link to Survey Monkey® through which participants could choose to offer responses about personal experiences with incivility, incivility experienced or observed among professional colleagues, and their perceptions about the leadership style of direct supervisors; 139 faculty completed the survey, for a return rate of 53.46 percent.

## Instrument

The demographic questions that are a component of the Faculty-to-Faculty Incivility Survey were used to gather data including gender, year of birth, ethnicity, years of teaching experience, primary level of nursing education experience, primary position or track type, and current rank. Participants were then asked to indicate how often they had experienced or seen 23 uncivil faculty-to-faculty behaviors during the past 12 months. Responses included often, sometimes, rarely, and never.

Cummings developed two versions of the Resonant Leadership Scale, a component of the Alberta Context Tool (Estabrooks, Squires, Hayduk, Cummings, & Norton, 2011). The tool emerged in the late 1990s after researchers explored the influence nurses' leadership style had on organizational outcomes during Canadian hospital restructuring. Searching for key elements that contributed to a vibrant work environment for nurses, Cummings studied resonant and dissonant behaviors and created self-assessment and observer versions of a tool with 10 resonant leadership behaviors.

The tool demonstrated internal consistency reliability with a Cronbach's alpha of .95 in previous studies (Estabrooks, Squires, Cummings, Birdsell, & Norton, 2009; Laschinger et al., 2014). Cummings suggested incorporating the observer version for this research (G. G. Cummings, personal communication, October 13, 2014). Participants were asked to indicate level of agreement with 10 statements reflecting their perceptions of their direct supervisor's behaviors of resonant leadership. Responses included strongly disagree, disagree, neutral, agree, and strongly agree.

## Population and Sample

The population of the study was a convenience sample of 260 nurse educators who had worked in 1 of the 17 diploma, associate, bachelor, or graduate nursing programs during the 12 months preceding data collection. Data collection continued for three weeks until a sufficient sample size, as determined by power analysis, was achieved. This return exceeded the calculated adequate nonparametric sample

size of 100; a statistical power analysis conducted using G\*Power 3.1 software supported the likelihood of rejecting a false null hypothesis (Field, 2009).

## FINDINGS AND DISCUSSION

The survey response rate was 53.46 percent over a period of 21 days during April 2015. Data were exported into Microsoft Excel® and Statistical Package for the Social Sciences® (SPSS) version 21.0 software. To answer the primary research question (on the relationship between perceptions and experiences of faculty-to-faculty incivility and perceived resonant leadership of immediate supervisors), evaluation of the data gathered from the two surveys revealed a Pearson's correlation coefficient of  $-.560$ , significant at the  $.01$  level.

The literature varies with regard to the level of data obtained from Likert-type scales as being considered either ordinal or interval. Before selecting the Pearson  $r$ , the primary investigator researched the appropriateness of using this type of analysis when gathering Likert scale data and concluded that Likert scales produce interval data. To ensure comprehensive reporting and to maximize accuracy, the data were also analyzed using the Spearman rank-order correlation coefficient, revealing an inverse correlation coefficient of  $.488$ , significant at the  $.01$  level.

The majority of responding faculty rated horizontal incivility to be a problem: mild, 35.5 percent; moderate, 31.9 percent; or serious, 21.7 percent. Only 12 respondents, 8.7 percent, saw it as not a problem at all. Participants were asked to identify the uncivil behaviors they had experienced or witnessed during the previous 12 months. (See Table 1 for the five most frequently identified uncivil behaviors, with percentage of respondents who experienced or witnessed them.) Participants were asked about the perceived level of resonant leadership of their immediate supervisors. (See Table 2 for the five most frequently observed resonant leadership behaviors, including means and standard deviations).

In this study, the two variables are the frequency of experienced or observed faculty-to-faculty incivility and the strength of resonant leadership of the immediate supervisor as perceived by the educator. Evaluation of the data gathered from the two surveys revealed a Pearson's correlation coefficient of  $-.560$ , significant at the  $.01$  level. This relationship ( $r = -.560$ ) was found to exceed Cohen's large effect size of  $r = .50$ , accounting for more than 25 percent of the variance

**Table 1:** Frequency and Percentages of the Most Frequently Experienced Uncivil Behaviors ( $n = 138$ )

Item	Frequency	Percent
Engage in secret meetings	73	52.5
Resist or create friction	65	46.7
Fail to perform workload	64	46.1
Demonstrate entitled attitude	58	41.7
Inattentive during meetings	49	35.2

**Table 2:** Means, Standard Deviations, Frequency, and Percentages of Highest Reported Behaviors of Supervisor's Resonant Leadership ( $n = 136$ )

Item	M	SD	Frequency	Percent
Supports teamwork	3.73	1.26	87	62.6
Calmly handles stress	3.73	1.24	92	66.2
Allows freedom	3.72	1.30	94	67.7
Focuses on success	3.67	1.20	87	62.6
Actively listens	3.65	1.05	88	63.3

(in this case  $>31.36$  percent of the variance). This demonstrated a significant negative relationship between nurse educators' experiences of faculty-to-faculty incivility and their perceived level of resonant leadership qualities of their immediate supervisor (nurse leader). In other words, the higher the perceived resonant leadership qualities of their supervisor, the fewer instances of faculty-to-faculty incivility they reported.

## Detailed Analysis of Demographics

The number of nurse faculty who responded to the online survey was 139; of those, 13 submitted incomplete responses. Some respondents commented that certain responses would leave them feeling identifiable, so they declined to answer specific questions. As a power sample analysis revealed that a sample size of 97 was needed for statistical significance, the desired sample size was met and exceeded.

Descriptive analysis of the demographic data was accomplished using frequencies and percentages. The majority of participants were female (98 percent) and Caucasian (95 percent). No respondents were younger than 25, whereas the maximum age exceeded 65. Nationally, 5 percent of nurse faculty are male, and 12 percent represent minorities; the average age of full professors is 61.3, associate professors 57.7, and assistant professors 51.5 years (AACN, 2013).

Participants reported that their number of years of teaching experience ranged from under 5 to more than 40. Nurse educators teaching in diploma (5 percent), associate degree (27 percent), bachelor's degree (34 percent), master's degree (22 percent), and doctoral degree programs (10 percent) responded to the survey. Evidence suggests that representativeness of the responders is as important as response size (Baruch & Holtom, 2008); this study included representation from all levels of nursing education.

## Limitations

One limitation of the study was the use of a convenience sample of nurse faculty. Almost 10 percent of the email addresses retrieved

from the nursing program websites (27 of 287) were determined to be unusable. It was likely that email lists were not up-to-date and did not accurately reflect the current population of nursing faculty in registered nurse educational programs or include newly hired faculty. Thus, the voices of new faculty may not have been sufficiently represented in the convenience sample. A second limitation was the geographic limitation to nursing programs in a single state. Findings may not be reflective of the larger population of all nurse faculty. Potential respondents may have been too busy to complete the survey; almost half of nurse educators have reported dissatisfaction due to excessive workload (National League for Nursing [NLN], 2010).

Another limitation voiced through emails from two participants was the fear of retaliation, retribution, or the use of responses to track information back to the individual source. The survey was sent to all faculty listed on the school's website; because deans are sometimes also listed as faculty, the survey did reach some deans. At least one invitee declined to participate because of fear that her dean would see her response.

A university dean responded to the follow-up reminder email, mistakenly assuming that the researcher had emailed her specifically because she had not yet responded. Despite reassurances that a generic reminder letter had been emailed to the entire group of invitees and responses would remain confidential and anonymous, it is unknown how many educators chose not to participate, fearing reprisals. It is possible that nonresponders who feared negative consequences of participation may have introduced nonresponse bias into the study (Groves, 2006; Nir, 2011).

## IMPLICATIONS FOR NURSING EDUCATION

The public views nurses as caring and trustworthy (Olshansky, 2011; Zahasky & Collier, 2012); however, nurses do not share that opinion of their peers. To this point in time, organizations have not created effective strategies to counteract workplace incivility. Even when policies and edicts are established, their ineffectiveness is accentuated by the frequency of incivility experienced in the research findings of this study and others. Interventions must be proposed, implemented, and evaluated for effectiveness. A movement toward civility, led by nurse leaders, has the potential to significantly impact relational civil behaviors throughout nursing settings at all levels.

Faculty members who model ethical, civil behaviors and relationships are more likely to promote those behaviors and relationships among nursing students as they enter clinical practice. This becomes a critical component that must be intentionally threaded throughout the nursing curricula (Burger et al., 2014; Clark et al., 2013). Incivility perpetuates incivility; the findings of this study suggest that conscious nursing leadership behaviors promote faculty civility, which, in turn, supports future nurse civility.

When nurse educators observe incivility that is tolerated in the workplace, they learn to emulate the same behaviors. This type of learning may be particularly effective if that behavior bestows a type of power on the perpetrator. If the behavior is not challenged by workplace leaders, it may be viewed as acceptable. "Leaders are powerful role models and consistently elicit messages and clues as to what they consider to be acceptable behavior. Even when a leader does not exhibit incivility, he or she is condoning it if uncivil behaviors are left unaddressed and unabated" (Clark et al., 2013, p. 216).

Recent research posits that organizational leaders "should emphasize the value of relational leadership theories and styles and their connection to creating conditions that facilitate positive working

relationships among staff, specifically addressing the leader's role in facilitating respectful and civil work climates" (Laschinger et al., 2014, p. 13). This becomes critically important when considering the emphasis of the NLN (2010) and AACN (2013) on the use of faculty mentoring as a strategy to attract and retain expert nursing educators. Although nurse faculty-to-faculty incivility, resonant leadership, and clinical nurse incivility had been researched (Burger et al., 2014; Laschinger et al., 2014; Shanta & Eliason, 2014; Wilkes et al., 2015), no previous study was found that specifically explored the relationship between faculty-to-faculty academic nurse incivility and perceived resonant leadership of immediate supervisors.

Resonant, emotionally intelligent supervisor behaviors can have an impact on incivility. Incivility contributes to dissatisfaction, intent to leave the profession, and stress and has no place in nursing academia. Continuing research efforts are urgently needed to suggest the most prudent path toward decreasing the incidence of academic incivility and making academia more appealing to nurse leaders. Principles of civility and resonant leadership must be threaded through nursing education. Faculty and nurse administrators need to model civil behaviors and stipulate an expectation of a civil respectful culture; this is essential to the advancement of nursing.

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