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INCIVILITY AMONG DENTAL HYGIENE STUDENTS AND
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Dissertation Committee. It is accepted by the committee members in partial fulfillment
of the requirements for the degree of Doctor of Education in the School of Education,
Concordia University Irvine.

_____ Margaret Christmas Thomas Ph.D., L.M.H.C.,
L.M.F.T., Committee Chair

_____ Michelle Hurlbutt, R.D.H., M.S.D.H., D.H.Sc.,
Committee Member

_____ JoAnn Gurenlian, R.D.H., M.S., Ph.D.,
Committee Member

The Dissertation Committee, the Dean, and Executive Director of the Doctor of Education
Program of the School of Education, as representatives of the faculty, certify that this
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_____ Kent Schlichtemeier, EdD
Dean

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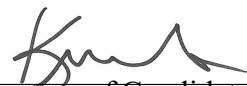and public service purposes of the Concordia University.

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5-20-20
Address   Date

Kristen.stephens@eagles.cui.edu
                    or E-mail address   City/State/Zip

VITA

Kristen Stephens

ADDRESS   1530 Concordia West
                              Irvine, CA 92612
                              Kristen.Stephens@eagles.cui.edu

EDUCATION
    EdD   2020   Concordia University Irvine
                              Educational Leadership
    MS   2017   Idaho State University, Pocatello, ID
                              Dental Hygiene
    BS   2008   California State University Long Beach, Long Beach, CA
                              Occupational Studies

PROFESSIONAL EXPERIENCE
    2015 - present   Assistant Professor, Senior Clinic Coordinator
                              Dental Hygiene
                              West Coast
                              University
    2015-2015   Adjunct Faculty
                              Dental Hygiene
                              Cerritos College

AN EVALUATION OF INCIDENCE AND PERCEPTIONS OF
INCIVILITY AMONG DENTAL HYGIENE STUDENTS AND
FACULTY/ADMINISTRATORS

by

Kristen Stephens

A Dissertation

Presented in Partial Fulfillment of
Requirements for the
Degree of
Doctor of Education
in
Educational Leadership
May 2020

ABSTRACT

There has been a documented increase in incivility throughout American culture and higher education; however, there is a lack of research exploring the existence of incivility in dental hygiene education. The purpose of this cross sectional, phenomenological study was to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions in California.

With permission, a previously designed and validated survey, the Incivility in Higher Education-Revised survey, was modified and adapted to obtain both quantitative and qualitative data regarding the incidence and perceptions of incivility among dental hygiene students and faculty/administrators. This study included 236 participants, 83.9% were dental hygiene students (n=198), 16.1% were dental hygiene faculty and administrators (n=38). ANOVA revealed statistically significant differences related to the incidence and perceptions of uncivil student and faculty/administrators' behaviors did exist. Data analysis of participant responses related to the primary reason for uncivil behavior in dental hygiene education revealed five themes including lack of consequences, personality traits, miscommunication, stress, and lack of professionalism. Upon data analysis of participant responses related to the most significant consequence of uncivil behavior in dental hygiene education five themes emerged including hostile environment, decreased student success, emotional distress, relationship damage, and professional damage.

This study confirmed the existence of incivility in dental hygiene education. If left unaddressed, these effects can radiate throughout the environment compromising the physical and emotional safety off all parties involved as well as innocent bystanders. It is clear that both faculty and students feel there is a lack of consequences for uncivil behavior and do not feel adequately equipped to manage these situations when they arise. Dental hygiene institutions and

professional organizations need to consider offering advanced training in creating a culture of

civility and preventing and addressing uncivil behaviors.

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ACKNOWLEDGEMENTS

To my dissertation chair, Dr. Christmas-Thomas, thank you for your guidance and patience throughout this program. I am lucky to have been assigned to you as my chair and can't imagine it any other way. Your support and dedication to my success will always be appreciated. Your calm nature and caring attitude will always be remembered.

Dr. Hurlbutt and Dr. Gurenlian, you have both been role models and mentors to me throughout much of my professional and personal life. I am grateful to have had you both on my dissertation committee. I will always appreciate the encouragement and support you have provided me throughout all of my endeavors, and I look forward to our future adventures in dental hygiene education.

To my parents, Gary and Betty, thank you for your endless love and support. You have always pushed me to put 110% into everything I set out to do and always encourage me to strive for my best. Your constant encouragement and enthusiasm for my accomplishments will always be remembered and appreciated. I love you both.

CHAPTER 1: INTRODUCTION

Incivility has been noted by researchers as an increasing problem in American culture and higher education (Clark, 2008a; Clark 2008b; Clark & Springer, 2010; Marchiondo, Marchiondo, & Lasiter, 2010; Thomas, 2003). Researchers have defined incivility as "rude or disruptive behavior that often results in psychological or physiological distress for the people involved (including targets, offenders, bystanders, peers, stakeholders, and organizations) and, if left unaddressed, may progress into threatening situations (or result in temporary or permanent illness or injury)" (Clark, Barbosa-Leiker, Gill, & Nguyen, 2015, p. 306). The perception of incivility has been noted to vary among individuals and some uncivil behaviors identified in previous research have included inappropriate use of digital technology, inappropriate or rude comments, or threats or acts of physical or emotional harm (Clark, 2008a).

The behaviors associated with incivility may be similar to bullying or harassment. However, in order for the act to be considered bullying there must be a target and the action must be harmful and repeated (American Nurses Association [ANA], n.d.; Thompson, 2016). Although there is a range of behavior that may be considered uncivil, these behaviors are usually considered lower level when compared to those associated with bullying (ANA, n.d.; Thompson, 2016). Harassment is defined as "unwelcome conduct based on race, color, religion, gender, national origin, disability, or genetic information" (Thompson, 2016, para 9). Therefore, although the actions associated with harassment may share similarities with incivility, but incivility may be unintentional while harassment is initiated due to these factors (Thompson, 2016).

Previous research has examined incivility in higher education and more specifically,

nursing education. This research has focused on faculty and student perceptions of incivility, incidence, implications, and interventions (Altmiller, 2012; Bjorklund & Rehling, 2010; Clark, 2008a; Clark & Springer, 2010; Marchiondo et al., 2010; Schaeffer, 2013). Additionally, as a result of the increase in documented incivility in the nursing field, associations and boards have begun to take note and release bulletins to address the problem and evaluate their code of ethics (Blevins, 2015; The Joint Commission, 2008; The Joint Commission, 2016). In the academic environment, uncivil behavior has been associated with student and faculty dissatisfaction, stress, burnout, unsafe patient encounters, and decreased learning (Altmiller, 2012; Clark & Springer, 2007b; Marchiondo et al., 2010; Schaeffer, 2013; The Joint Commission, 2016). To address this increasing problem, identification of incivility with the appropriate interventions may decrease the incidence of incivility in higher education negating the negative effects associated with this behavior.

Statement of the Problem

While there is considerable research examining incivility in various aspects of higher education and nursing education, there is a lack of research examining the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators (Rowland & Srisukho, 2009). Uncivil behavior by both students and faculty in a classroom, laboratory, or clinical setting can be disruptive and impede student learning and satisfaction (Altmiller, 2012; Clark & Springer, 2007b; Marchiondo et al., 2010). Additionally, uncivil behavior by the faculty member or acceptance of this behavior among students may led to uncivil or unprofessional behavior in future practice settings (Ballard et al., 2018).

Purpose of the Study

The purpose of this cross sectional, phenomenological study was to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions. Through extensive research in nursing education, incivility has been defined as rude or disruptive behavior resulting in psychological or physiological distress (Clark et al., 2015). There is a significant gap in evidence-based research evaluating the incidence and perception of incivility in dental hygiene education (Rowland & Srisukho, 2009). Analysis of the incidence and perceptions of this behavior in dental hygiene education may demonstrate a need for additional training among educators to prevent this behavior and promote professionalism. A high incidence discovered among students could reveal a need to add curriculum specifically related to civility as a part of professional development. These adjustments may help increase career satisfaction and longevity amongst dental hygienists.

Research Questions

1. Do perceptions of uncivil behavior in classroom, laboratory, and clinical settings differ between dental hygiene students and dental hygiene faculty/administrators?

2. What is the incidence of perceived incivility among dental hygiene students and dental hygiene faculty/administrators?

3. What do dental hygiene students and dental hygiene faculty/administrators feel is the primary reason for uncivil behavior?

4. How do dental hygiene students and faculty/administrators recommend improving the level of civility in dental hygiene education?

5. What do dental hygiene students and faculty/administrators feel is the most

significant consequence of incivility in dental hygiene education?

Theoretical Framework

In an effort to discover the motivation behind human behaviors, Albert Bandura dedicated his life to the construction of the social learning theory. More recently, the social learning theory was referred to as the social cognitive theory to better include the individual thought process behind the performance of certain behaviors (McLeod, 2016). Drawing inspiration from behaviorist learning theories, Bandura suggested that cognition of social experiences later influences an individual's behavior in certain situations. A well-known study conducted by Bandura was the famous Bobo doll experiment in which he identified the imitation of behavior by children. In this study, seventy-two children enrolled at the Stanford University Nursey School were recruited (Bandura, Ross, & Ross, 1961). A control group of twenty-four children was established while the remaining children were split into eight groups of six, and then further separated into male and female groups. Two adult role models were recruited and instructed to act aggressively or non-aggressively towards the Bobo doll for the various groups. Upon analysis of the results, it was revealed that the children who witnessed aggressive behavior towards the Bobo doll by the adult role models were more likely to imitate this behavior than those who witnessed subdued non-aggressive behavior by their adult role models (Bandura et al., 1961). This study suggested that similar imitation may be displayed when certain behaviors are modeled in the academic environment.

Bandura's theory insisted that the imitation of learned behaviors was not mechanical but rather involved a mediational process that must occur in order to transfer the observation into behavior (Grusec, 1992; McLeod, 2016). First, the observer must have paid attention to the modeled behavior; however, the amount of attention given to the behavior may have been based

on multiple factors including, but not limited to, the power demonstrated by the modeled behavior or the conditions in which the behavior took place (Grusec, 1992; Mcleod, 2016). Additionally, retention was necessary in order to later imitate (Grusec, 1992; Mcleod, 2016). Next, the ability to model the observed behavior was necessary but could have been limited by physical or mental ability in some situations (Grusec, 1992; Mcleod, 2016). Lastly, the observer was motivated to imitate the behavior (Grusec, 1992; Mcleod, 2016). This motivation was achieved after the observer had weighed the risks versus benefits of imitating the behavior and decided the benefits prevailed over the risks (McLeod, 2016).

Role modeling in an academic environment can prove to be a useful adjunctive technique in transferring learned concepts to the clinical environment. Often, students learn through observation of the role model while being unaware learning is taking place (Armstrong, 2008; Brown & Trevino, 2014). In addition to evaluating and learning processes and skills, observers learn how the role model interacts with others and how problems/conflicts are managed in various circumstances (Armstrong, 2008). The learning that takes place from a role model will vary based on the role model and the student and can be either positive or negative (Armstrong, 2008; Brown & Trevino, 2014).

In a classroom, laboratory, and/or clinical environment, dental hygiene faculty are on display and are role modeling behavior for students whether they realize it or not. Uncivil behavior by the faculty that draws the attention of the student(s) may be retained by the student(s) and imitated later in similar environments. Conversely, observed student incivility void of any consequences may also model for the student(s) that this behavior is acceptable and warrants the same reaction in similar circumstances. Similar to Bandura's Bobo doll experiment, the observation of incivility among dental hygiene faculty or other students may increase the

likelihood of the student(s) observers to imitate this behavior in the academic or professional environment.

Significance of the Study

The inevitable retirement of numerous dental hygiene faculty members, the limited number of qualified dental hygienists pursuing careers in education, and the failure of institutions to retain faculty will soon lead to a shortage of dental hygiene educators (Haj-Alim et al., 2007; Hinshaw, Richter, & Kramer, 2010; Lamoreux, 2014). Shortages among dental hygiene faculty will have negative effects on dental hygiene institutions, dental hygiene students, dental practices, patients, and those in areas where access to care is difficult. In a study conducted by Hinshaw et al., (2010), it was reported that 100% of dental hygiene educators surveyed experienced stress and this stress did have negative effects on their personal and professional lives. Many factors that contributed to this stress included but were not limited to administration (35%), other faculty and staff (35%), and students (20%). Although incivility was not included in this study, others studies have identified incivility as a stressor (Ballard et al., 2018; Clark, 2008a; Del Prato, et al., 2011; Thomas, 2003). While outside of the scope of the study conducted by Hinshaw et al., (2010), stress may contribute to faculty leaving dental hygiene education. Encounters with uncivil behavior by students, faculty and administrators that contributes to this stress may have negative effects on faculty retention. Therefore, this study supports the National Dental Hygiene Research Agenda created by the American Dental Hygienists' Association (ADHA, 2016b) by examining the dental hygienist's occupational health, specifically as it relates to methods to reduce occupational stressors, career satisfaction and longevity.

Definition of Terms

The following terms are provided with definitions to aid the reader in understanding the key terms of this study.

Academic environment: Any location or setting in which teaching and learning takes place (Clark, 2008a; Clark et al., 2015). For the purpose of this study, academic environment refers to a dental hygiene institution. This includes the classroom, laboratory, or clinical setting.

Bullying: "Repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient" (ANA, n.d., para 2).

Civility: "Treating others with dignity and respect and involves time, presence, and an intention to seek common ground" (Clark, 2008a, p. 458). In this study, civility refers to acts of kindness, respect, and compromise amongst students and faculty/administrators.

Dental hygiene administrator: For the purpose of this study, dental hygiene administrator refers to any administrator who is employed either as full-time or part-time employee at an accredited dental hygiene program. This administrator may also have teaching assignments, but the majority of their duties or time spent is in administration.

Dental hygiene faculty: For the purpose of this study, dental hygiene faculty refers to any registered dental hygienist or dentist who is employed either as full-time or part-time educator at an accredited dental hygiene program in the didactic, clinical, and/or laboratory setting.

Dental hygiene student: For the purpose of this study, dental hygiene student refers to any student enrolled in an accredited dental hygiene program.

Dental hygienist: "The dental hygienist is a primary care oral health professional who has graduated from an accredited dental hygiene program in an institution of higher education, licensed in dental hygiene to provide education, assessment, research, administrative, diagnostic,

preventive and therapeutic services that support overall health through the promotion of optimal oral health." (ADHA, 2014, p. 4). For the purpose of this study, dental hygienist refers to registered dental hygienists.

Incivility: "Rude or disruptive behavior that often results in psychological or physiological distress for the people involved (including targets, offenders, bystanders, peers, stakeholders, and organizations) and, if left unaddressed, may progress into threatening situations (or result in temporary or permanent illness or injury)" (Clark et al., 2015, p. 306). In this study, incivility refers to these types of behaviors that are perceived by a student or faculty/administrator as disruptive to the teaching-learning environment.

Harassment: "Unwelcome conduct based on race, color, religion, gender, national origin, disability, or genetic information" (Thompson, 2016, para 9).

Limitations

Some limitations existed in this study. One limitation was the use of a convenience sample of dental hygiene students, faculty and administrators in California. The use of a convenience sample may have generated bias and limited the generalizability of the results to the population of interest. By using California dental hygiene programs there could have been a bias against other dental hygiene programs in states not included in this study. These limitations along with a small sample size may have compromised the ability to generalize the results of this study to the general population. Another limitation of this study was the results did not provide evidence of causality and will only identify associations. Lastly, the use of an online survey was also be considered a limitation of this study as it may have generated a low response rate.

Delimitations

In an effort to limit the bias that may have been caused by the use of a convenience sample and the lack of generalizability to the population due to the small sample size, all dental hygiene schools in California were invited to participate in this study to obtain as many diverse perspectives as possible. Although causality was not established based on the results of this survey, a qualitative portion requesting dental hygiene students and faculty/administrators to state what they feel is the primary reason for incivility was included in order for the researchers to begin to establish a base for future qualitative research in this area.

Summary

Due to a lack of research examining incivility in dental hygiene education, the incidence of this behavior and the perceptions of incivility among dental hygiene students and faculty/administrators is unclear. It is possible, based on previous research, that uncivil behavior in dental hygiene education may affect student learning, satisfaction, and professionalism. Similar to Bandura's Bobo doll experiment, uncivil behavior on the part of the dental hygiene faculty/administrator may contribute to this behavior by students (Bandura et al., 1961). In conclusion, research in this area of dental hygiene education was necessary to assess the magnitude of incivility in dental hygiene education and assess the need for training and interventions specific to addressing this issue.

CHAPTER 2: REVIEW OF LITERATURE

Introduction

Incivility has become an increasing problem in American culture and apparent in institutions of higher learning (Clark & Springer, 2007a; Thomas, 2003). In the educational environment, incivility has been defined as "any speech or action that disrupts the harmony of the teaching-learning environment" (Clark, 2008b, p. 284). These actions can range from inappropriate use of digital technology, inappropriate or rude comments, or threats or acts of physical or emotional harm (Clark, 2008b). Considering the wide range of actions that may be perceived as uncivil, it is possible this perception could vary from one individual to another (Clark, 2008a). Clark (2008a) suggested, "in all cases of perceived incivility, one must carefully consider that context, meaning, and intent of the behavior" (p. 458). Regardless of the intent of the perceived incivility, these actions can have a negative effect on students and educators alike (Masoumpoor, Borhani, Abbaszadeh, & Rassouli, 2017).

Clark (2008a) described "incivility in the student-faculty relationship" as "a dynamic and reciprocal process" (p. 459). Dental hygienists, as health care providers, must be empathetic to the needs of their patients and exercise patience in their daily professional life. The presence of incivility in dental hygiene education as a learned behavior, may lead to future unprofessional actions that may have negative ramifications for the dental hygiene profession.

This literature review will provide a discussion regarding the perceptions of incivility among students and faculty/administrators. Subtopics include: (a) dental hygiene code of ethics (b) student perceptions of effective teachers (c) incivility in education (d) incivility in the workplace (e) implications for students (f) implication for educators (g) implications for

dental hygiene (h) strategies for incivility management and prevention. Databases searched

for this literature review included PubMed, EBSCOhost, Cochrane Library, Google Scholar,

and Google database using combinations of the following search terms: incivility, civility,

dental, dental hygiene, student, education, higher education, nursing, teaching effectiveness,

perceptions, experiences, faculty, professionalism, role modeling, management, workplace.

Dental Hygienists' Code of Ethics

The code of ethics created by the American Dental Hygienists' Association (ADHA,

2016a) "establishes concise standards of behavior to guide the public's expectations of our

profession and supports dental hygiene practice, laws, and regulations" (p. 28). As members of a

healthcare profession, it is of the utmost importance that the public views dental hygienists as

trustworthy individuals capable of providing a high standard of care in their journey towards oral

health. According to the core values of the ADHA (2016a) code of ethics, dental hygienists'

value societal trust given to the profession by clients and this trust is given based on their actions

and behaviors. Other core values include individual autonomy and respect for human beings,

confidentiality, non-maleficence, beneficence, justice, fairness, and veracity (ADHA, 2016a).

Included in the standards of professional responsibility are aspects stating all people, including

colleagues, have the right to be treated with respect and conflicts should be managed in a

constructive manner (ADHA, 2016a). Civility is not specifically addressed.

In 2005, the American Dental Education Association (ADEA, 2018) adopted a dental

faculty code of conduct and stated the essential characteristics of a dental faculty included

honesty, integrity, openness in communication, and trustworthiness. Later in 2009, ADEA

(2009) defined professionalism using six value-based statements. These statements were created

with the following themes: service-mindedness, respect, responsibility, integrity, fairness, and

competence (ADEA, 2009). ADEA makes no statements specifically related to civility.

Although the Accreditation Council for Graduate Medical Education (ACGME, 2017) does not specifically address civility in their general competencies, professionalism was included as one of their general competencies in 1999. The ACGME state that residents should demonstrate "compassion, integrity, and respect for others" (ACGME, 2017, p. 11). The movement towards implementing professionalism in medical education curriculum was in an effort to assess the noncognitive skills associated with professional behavior that are essential to being an ethical and caring medical professional (Kirk, 2007). In an effort to compare disciplinary actions taken against practicing medical professionals and their association to prior unprofessional behavior in medical school, Papadakis et al. (2005) found that "physicians who were disciplined by state medical-licensing boards were three times as likely to have displayed unprofessional behavior in medical school than were control students" (p. 2679). Due to the increased likelihood of unprofessional behavior transferring from medical school to practice, it is essential to teach professional behaviors and remediate when unprofessional behaviors are observed (Kirk, 2007).

Ballard et al. (2015) described civility as the cornerstone of professionalism making incivility a concern for both dental hygiene educators and practicing dental hygienists. Incivility among members of the dental hygiene profession can have a negative impact on the publics' view of the profession and negate aspects of the ADHA code of ethics and the ADEA code of conduct. Many behaviors are learned throughout dental hygiene education making it critical that dental hygiene educators model civility in their interactions with dental hygiene students in order to produce dental hygienists that exude civility. Furthermore, perceived incivility from dental hygiene faculty can impede teaching effectiveness.

Student Perceptions of Effective Teachers

There is limited research regarding characteristics of effective teachers as perceived by dental and dental hygiene students. Jahangiri, McAndrew, Muzaffar, and Mucciolo (2013) conducted a study to identify positive and negative characteristics of clinical dental teachers that might have been related to teaching effectiveness. Six hundred eighty-eight, third- and fourth-year dental students were recruited from New York University College of Dentistry for this qualitative study. Students were sent an email with a link to the survey which contained two open-ended questions related to what attributes the student liked most and least in a clinical teacher. At 157 replies, the data was considered saturated and the survey was closed. Three common core themes were revealed which included character, competence, and communication. Negative attributes that were identified included a lack of professionalism, lack of fairness, faculty unavailability, and judged feedback (Jahangiri et al., 2012). Although the topic of incivility was not addressed, behaviors identified as negative attributes may be perceived as uncivil behavior and, according to a study conducted by Ludin and Fathullah (2016) may decrease student learning. In this study, Ludin and Fathullah (2016) identified clinical teaching behaviors that were correlated with and influenced students' learning. These behaviors in which a strong positive association existed included being a good role model, communicated expectations of students, gave positive reinforcement, provided support and encouragement, and encouraged a climate of mutual respect. A moderate positive association to learning was identified by faculty that were accessible to students, corrected mistakes without belittling the student, and geared instructions to the students' level of readiness. Therefore, it can be assumed the negative attributes identified by Jahangiri, et al., (2012) that included a lack of professionalism and fairness, faculty unavailability, and judged feedback would lead to a

negative association with student learning based on the results acquired by Ludin and Fathullah (2016).

Another study conducted by Jahangiri and Mucciolo (2008) sought to identify the qualities students preferred their teachers possess. Two groups of participants were included in this study: group A consisted of students and residents in medicine, dentistry, and related residency programs, and group B consisted of dentists and physicians who graduated a minimum of three years prior to the study and attended a minimum two days of continuing education every year since graduation. Each group was asked to complete an open-ended survey assessing quality preferences. Results indicated current students were most concerned with content design, content organization, content development, and expertise. In contrast, professionals were most concerned with self-confidence, expertise, speaking style, and energy. The authors suggested these findings "can provide guidelines for the development of curriculum and classroom instructional techniques, enhancement of faculty teaching skills, and the design of continuing education programs for practicing professionals" (Jahangiri & Mucciolo, 2008, p. 492). Although positive attribute preferences were identified in this study, specific behaviors associated with civility were not included in this study but could further assist educators in developing teaching and feedback styles preferred and readily accepted by students.

Incivility in Education

Incivility in the dental hygiene profession is understudied. Although there are numerous studies in nursing and higher education, there is no current research regarding incivility in dental hygiene education. Studies evaluating incivility in dental education are sparse leaving a significant gap in evidence-based research in this area. Higher education faculty are charged with the responsibility of creating a learning environment that fosters collaboration, critical

thinking and deeper learning (Ballard et al., 2018). Uncivil behavior on the part of the faculty or student can inhibit both student and faculty experiences and create "a tense environment, impede learning, and encourage an escalation in aggressive behavior" (Ballard et al., 2018, p. 137). Furthermore, student-faculty relationships can be disturbed, and levels of stress can rise for both faculty and students (Clark, 2008a; Masoumpoor et al., 2017).

Among the reasons for incivility are psychological factors that may include "a need to express power over another, a need for verbal release due to frustration over an apparently unsolvable situation, or a need to obtain something of value" (Feldmann, 2001, p. 137). Some researchers have classified incivility as passive or active behaviors (Ballard et al., 2015). Examples of passive uncivil behavior include being late or talking on the phone, while active uncivil behaviors include insults and threats (Ballard et al., 2015). Other researchers have categorized uncivil behavior as annoyance, classroom terrorism, intimidation, and threats of violence (Feldmann, 2001; Rowland & Srisukho, 2009). Perceptions of uncivil behavior can vary from one individual to another; therefore, it is important that educators understand what behaviors are perceived as uncivil in the academic environment. A better understanding of perceived uncivil behavior may help educators employ measures to prevent the occurrence of incivility in their academic setting making the environment more conducive to learning. Additionally, this may help to teach students how to act professionally when faced with uncivil behavior in the workplace by colleagues or patients.

In an effort to identify behaviors that may be perceived as uncivil, Altmiller (2012) conducted an exploratory study to compare the perceptions of incivility in nursing education between students and faculty. Twenty-four students enrolled in a pre-licensure baccalaureate program, who had completed a minimum of two clinical nursing courses, were included in this

study. Analysis of focus groups transcripts was compared to the perceptions of faculty as depicted in a literature review. Nine themes of incivility were identified and included: unprofessional behavior, poor communication techniques, power gradient, inequality, loss of control over one's world, stressful clinical environment, authority failure, difficult peer behaviors, and student views of faculty perceptions. According to Altmiller (2012), students felt their own uncivil behavior was justified when this behavior was in retaliation to perceived faculty incivility. This admission by students should be concerning for professionals as these students may feel uncivil behavior is justified in the workplace when faced with perceived incivility by employers, colleagues or patients. Changing the response to uncivil behavior early in one's education should help to develop good coping habits and professional behavior.

Incivility in Dental Education

As previously mentioned, the study of incivility in dental education is sparse. One study conducted by Rowland and Srisukho (2009) investigated dental students and dental faculty members' perceptions and incidence of classroom incivility. Sixty-eight dental faculty and 127 dental students returned the completed survey and were included in this study. Results revealed significant differences in perceptions of uncivil behavior between students and faculty in 61% of the questions included in the survey. Female faculty members reported a statistically significant difference in perceptions of uncivil behavior related to missing deadlines ($p = 0.03$) and sleeping in class ($p = 0.01$) as compared to male faculty. Female dental students were more likely to view challenging authority ($p = 0.004$) and the "I paid for this" mentality ($p < 0.001$) as uncivil behavior, while male dental students viewed sleeping in class ($p = 0.001$) as uncivil more than female dental students. There was no statistically significant difference in the topics of demanding special treatment, making offensive remarks, prolonged chatting in class, talking out

of turn, and cheating as both dental students and faculty viewed these behaviors as uncivil. Dental faculty were more likely to view the use of cell phones ($p < 0.001$) and surfing the web ($p < 0.001$) in class as uncivil behavior compared to dental students. When asked to list uncivil behaviors not listed in the survey, dental faculty included the following: Discussing inappropriate topics in preclinical laboratory, repeatedly walking in and out of the classroom, forgetting assignments, missing classes for reasons considered valid but still expecting accommodations to be made, unprofessional or personal comments on faculty course evaluations, inappropriate dress or not following dress code, challenging grades, signing attendance for those not in attendance, and expecting faculty to give the students everything they need to know in a handout. One faculty member stated that "much of the uncivil behavior that is experienced in the classrooms is dependent on the culture that faculty have nurtured" and "we the faculty created the uncivil behavior" (Rowland & Srisukho, 2009, p. 124). This suggests that uncivil behavior is viewed as a learned behavior. Allowing students to participate in uncivil behavior may lead to poor decisions and/or uncivil behavior in professional practice. The authors of this study suggested faculty members need to be very specific about the behaviors expected of the students in their class and set norms early to foster a civil environment (Rowland & Srisukho, 2009).

In another study evaluating incivility in dental education, Ballard et al. (2015) aimed to investigate the differences in perceptions of incivility between dental students and faculty. Unlike the previously mentioned study, these authors evaluated perceptions between students in different courses of study and different years of their dental education (Ballard et al., 2015). This study was conducted at Louisiana State University Health Sciences Center and included dental, dental hygiene, and dental laboratory technology students, along with dental faculty and

administrators. A modified survey was used for this study after validity and reliability testing.

In this study, results demonstrated that female faculty viewed the use of a cell phone ($p = 0.008$)

in class as uncivil more than male faculty. On the other hand, male faculty viewed eating ($p = 0.002$) and drinking ($p = 0.001$) in class as uncivil more than female faculty. All students

indicated eating and drinking in clinic, the "I paid for this" mentality, being unprepared for

clinic, being late, and cheating as uncivil behaviors. Female dental students found challenging

authority in class, making offensive remarks, dominating discussion, sleeping in class, being

inattentive, challenging instructors' knowledge and credibility, and cheating as uncivil more

often than male students. Results revealed a statistically significant difference in perceptions of

uncivil behavior between students and faculty related to gender, year of study, and course of

study. The authors concluded in order to minimize uncivil behavior in the classroom, faculty

members should be aware of the make-up of their class and how this may affect perceptions of

incivility to create a comfortable and productive classroom environment. The authors also stated

understanding what students constitute as civil and uncivil can help the faculty to be more

proactive to reduce the occurrence of this behavior in their classroom.

  A more recent study conducted by Ballard et al., (2018) explored the perception of

faculty behaviors perceived as uncivil by faculty and students. Dental students, dental hygiene

students, dental laboratory technology students, and dental school faculty members and

administrators from a public U.S. dental school were recruited for this survey study. Two

hundred one student surveys and 64 faculty surveys were returned and included in this study. Of

the 33 questions related to behavior, 22 responses demonstrated significant differences between

faculty and students. Results indicated significant differences in perceived uncivil faculty

behavior between students and faculty which included items such as: cancelling class without

warning ($p < 0.001$), phone etiquette ($p = 0.004$), leaving class early ($p < 0.001$), not providing copies of the PowerPoint presentation ($p < 0.001$), not being available out of class hours ($p = 0.005$), being inflexible, rigid, and authoritarian ($p < 0.001$), subjective grading ($p < 0.001$), including students in friends on social media ($p < 0.001$), belittling or taunting students ($p = 0.035$), posting work-related matter on social media ($p < 0.001$), socializing after hours with students ($p < 0.001$), using profanity ($p < 0.001$), deviating from the course syllabus ($p < 0.001$), refusing to change grades or allow make-up exams or extensions ($p < 0.001$), refusing to answer questions ($p < 0.001$), and punishing the entire class for one student's behavior ($p < 0.001$). In conclusion, the authors of this study stated that faculty members need to be aware of their actions related to student interaction and learning as these actions can shape the perception of acceptable professional behavior in students. Faculty members are obligated to model the way for their students and set a precedent of professional behavior.

Incivility in Higher Education

Despite the limited evidence-based literature assessing incivility in dentistry, studies assessing incivility in higher education offer some knowledge in this matter which may be transferrable to dental hygiene education. Bjorklund and Rehling (2010) conducted a study to investigate students' perceptions of incivility in the classroom which generated some correlations of interest. Three thousand six hundred sixteen participants from a Midwestern public university were asked to rate behaviors on their degree of incivility and how frequently they observed these behaviors by students. Continuing to talk after being asked to stop, coming to class under the influence of drugs or alcohol, allowing the cell phone to ring, conversing loudly with others and nonverbally showing disrespect for others were reported as the most uncivil behaviors. Text messaging, packing up books before class is over, yawning, eating and drinking were the most

commonly observed behaviors according to the participants. "A Person's product moment correlation coefficient was calculated between the mean rating of the degree of incivility of student classroom behaviors and the mean ratings of the frequency of those behaviors, which was significant at -.46 (p =.02)" (Bjorklund & Rehling, 2010, pp. 16–17). In other words, behaviors seen as most uncivil were observed less frequently. However, moderately uncivil behaviors and the mean rating of the frequency demonstrated a positive correlation coefficient of .87 ($p < .01$). Although this study identified the perceptions and incidence of uncivil behavior by students, there was no indication as to how students responded to these behaviors or whether the behaviors were acknowledged by faculty. Although coming to class under the influence of drugs or alcohol was perceived as the most uncivil behavior but not observed as frequently, this should be a major concern for dental hygiene faculty as this could affect student, faculty, and patient safety if the student is under the influence in the clinical setting. The practice of a dental hygiene student under the influence can also be a liability for the institution.

Clark (2008a) investigated incivility from both student and faculty perspectives. A convenience sample of 504 attendees at a national meeting were recruited for this study. Participants completed the Incivility in Nursing Education survey instrument developed by Clark. Results indicated similarities in student and faculty perceptions of student incivility which included holding distracting conversations, using a computer in class for purposes unrelated to the class, demanding make-up exams, extensions, grade changes, being unprepared for class and making sarcastic comments or gestures. Faculty viewed students leaving class early ($p < 0.003$), dominating conversations ($p < 0.001$), and cheating ($p < 0.01$) as more uncivil while students viewed cutting class and being unprepared ($p < 0.001$), sleeping in class and arriving late ($p < 0.002$), and using a computer for other work ($p < 0.01$) as more uncivil than

faculty. Faculty reported the incidence of uncivil behavior related to acting bored and apathetic in class ($p < 0.001$) and not being prepared for class ($p < 0.001$) more often than students while students reported observed computer use, dominating conversations, and leaving class early more often than faculty. Results also indicated similarities in student and faculty perceptions of faculty incivility including making condescending remarks or put-downs, making rude gestures or displaying rude behaviors, exerting rank or superiority over others, being unavailable outside of class, and being distant and cold towards others. Similar results related to these identified behaviors were found in another mixed methods study conducted by Clark and Springer (2007b). In addition to perceptions of behaviors deemed uncivil, this study also, analyzed perceived causes of incivility which included the following: Stress, environmental factors, arrogance, sense of entitlement, lack of interest in the profession, unclear expectations, competitiveness, a lack of preparation and failure to address uncivil behaviors in a timely manner. Incivility was viewed as a moderate to serious problem among faculty and students however, there was no indication if or how this incivility was addressed by students or faculty.

Another qualitative study conducted by Clark (2008b) sought to "measure students' perceptions of faculty incivility in nursing education and students' responses to perceived incivility" (p. 285). Based on the interviews with participants, three themes emerged regarding students' perceptions of uncivil faculty behaviors: "Faculty making demeaning and belittling remarks, faculty treating students unfairly or subjectively, and faculty pressuring students to conform" (Clark, 2008b, p. 286). A similar qualitative study identified related themes such as humiliation, lack of supportiveness, distrust, coercion and aggression, and harassment (Masoumpoor et al., 2017). Anthony and Yastik (2011) discovered incivility by faculty was viewed as exclusionary, hostile or rude, and dismissive, leaving student to feel that faculty did

not care about the well-being or success and that their efforts were a waste of time and not appreciated. Further evaluation of the initial study found themes regarding students' emotional and behavioral responses to this incivility: "Feeling traumatized, feeling helpless and powerless, and feeling angry and upset" (Clark, 2008b, p. 287). While six of the participants completed the program, one decided to exit the program and change majors based on his experiences with faculty incivility. This study confirmed that students' experience with incivility had a negative effect on program satisfaction and perceptions of the nursing profession as evident by one student's decision to change careers. This should be concerning for healthcare professionals as this can tarnish the reputation of the profession which is charged with the promotion of patient safety and health (Masoumpoor et al., 2017). Student retention in academic programs may be affected which can lead to scrutiny of the academic department from the institution's administration and accrediting agencies. Additionally, the reputation of the institution and academic program may be in jeopardy as word spreads of these students' negative experiences.

A unique question posed by Clark and Springer (2007a) in their research involved the investigation of behaviors deemed beyond uncivil. Faculty and students perceived challenging faculty knowledge and credibility as beyond uncivil. Students challenging faculty knowledge or creditability was observed by 60.1% of participants and faculty challenging other faculty's knowledge or credibility was reported by 43.5% of participants. Other behaviors of students observed but reported less frequently included disrespect towards faculty (49.6%) and other students (38.3%), vulgarity directly at faculty (19%) and other students (18.5%), inappropriate emails to faculty (12.4%) and other students (21.8%), and threat of physical harm to faculty (3.9%) and other students (3.9%). Other behaviors of faculty observed but reported less frequently included disrespect to students (25.3%) and other faculty (13%), inappropriate email

to students (8.5%) and other faculty (4.1%), vulgarity directed at students (6.9%) and other faculty (3.9%), and threats of physical harm to students (0.6%) and other faculty (0.6%). Overall, 63.5% of participants felt uncivil behavior was more likely to arise from students, while 4.2% felt that this behavior was more likely to arise from faculty, and 21.3% felt the likelihood was equal among both parties. As role models, faculty should maintain civility in their interactions with colleagues. Incivility directed at other faculty may give students the impression that this behavior is acceptable leading to their justification of uncivil behavior towards faculty or other students. Clark, et al., (2013) conducted a survey in which 68% of faculty labeled faculty-to-faculty incivility as a moderate (37.5%) or serious (30%) problem. Some of the behaviors identified by faculty as uncivil included: setting a coworker up to fail, abusing positions of authority, withholding information necessary for others to perform their jobs properly, taking credit for another's work, entitled or narcissistic attitudes, breached confidence, and refusal to listen or communicate. Results indicated that unwillingness to change, unequal contribution of work, inappropriate use of media, refusal to listen or communicate, and making rude comments or putting down others were among the behaviors experienced most often. The authors concluded these behaviors must be addressed and an environment of civility "are fundamental to establishing and sustaining healthy workplaces, fostering interpersonal and intrapersonal relationships, and contributing to the ongoing success of top-performing work teams and highly effective organizations" (Clark et al., 2013, pp. 214–215). These characteristics are crucial to fostering a healthy academic environment free from incivility that may distract from student learning.

Generational Differences in Incivility.

In an effort to further explain incivility, Ziefle (2018) conducted a study aimed at

examining differences between associate degree nursing faculty belonging to the Baby Boomer and Generation X populations. Results revealed a higher percentage of Generation X participants reported all behaviors in the survey as more disruptive than the Baby Boomers. Some examples included: disapproving groans (22.8% versus 52.4%), making sarcastic comments (35.1% versus 71.4%), holding a conversation that distracts you or others (40.4% versus 76.2%), creating tension by dominating class discussion (26.3% versus 61.9%), and demanding make-up examinations, extensions, grade changes, or other special favors (50.9% versus 61.9%). Generation X faculty also reported experiencing threatening behaviors more often than Baby Boomer faculty ($p = 0.006$). In terms of faculty-to-faculty incivility there were no significant differences found between the two groups ($p = 0.299$). Ziefle (2018) stated the difference in the perception and incidence of incivility between the two groups may be a result of generational values. The Baby Boomer population valued hard work and workplace loyalty while Generation X valued independence, personal-professional balance, and self-reliance (Parry & Urwin, 2011; Twenge, Campbell, Hoffman, & Lance, 2010). Ziefle (2018) explained that Generation X individuals placed the value of the work environment higher than Baby Boomers, which may account for the difference in the perception and incidence of incivility seen in this generation. Inexperience in classroom management may also be a factor in the differences in perception and incidence of incivility which could be a result of the difference in the years of experience among the two groups (Ziefle, 2018). Despite the differences found in this study, another study assessing incivility found no statistically significant difference in the perceptions of incivility among students or faculty based on the age of the participant (Clark & Springer, 2007a).

Gender Differences Related to Incivility.

Evidence related to gender differences and perceptions of incivility is limited. In the previously mentioned study conducted by Ballard et al., (2018), results demonstrated that female faculty viewed the use of a cell phone ($p= 0.008$) in class as uncivil more than male faculty. On the other hand, male faculty viewed eating ($p=0.002$) and drinking ($p = 0.001$) in class as uncivil more than female faculty. Additionally, as previously summarized, the study by Rowland and Srisukho (2009) discovered female faculty members reported a statistically significant difference in perception of uncivil behavior related to missing deadlines ($p = 0.03$) and sleeping in class ($p = 0.01$) as compared to male faculty. Female dental students were more likely to view challenging authority ($p = 0.004$) and the "I paid for this" mentality ($p < 0.001$) as uncivil behavior, while male dental students viewed sleeping in class ($p = 0.001$) as uncivil more than female dental students. Although there were gender differences reported, there have been no studies published exploring these differences in greater detail.

Incivility in the Workplace

The practice of incivility learned in the academic environment can lead to an increase in incivility in the workplace which can lead to job dissatisfaction, turnover, stress, burnout, and emotional distress. Furthermore, the lack of consequences for uncivil behavior and/or the modeling of this behavior by faculty and administrator may give students the impression that this behavior is acceptable in the professional work environment. An exploratory, cross-sectional survey was conducted to evaluate the prevalence and frequency of exposure to uncivil behaviors in the workplace among registered nurses, respiratory therapists, and imaging professionals (Evans, 2017). Results demonstrated that 28% of the participants reported they were occasionally bullied while 11.83% reported severe bullying. Fifty percent of participants

working on the medical surgical units, 19% of respiratory therapists, and 14.28% of radiology

technicians reported occasional exposure to bullying. There were no statistically significant

differences found in relationship to unit type, age, education level, or years of service and

exposure to bullying. "Respondents who strongly disagreed with the statement 'I plan to leave

the organization as soon as possible' had a higher probability of not being bullied ($p < 0.0002$)"

along with those that strongly agreed with the statement "I would be reluctant to leave the

organization" ($p = 0.0002$) or the statement "I plan to stay with the organization as long as

possible" ($p < 0.0001$) (Evans, 2017, p. 218). Another study exploring workplace incivility in

research libraries discovered that 28.2% of administrators and 43.2% of librarians had been in

situations in which they were victims of bullying at the workplace (Freedman & Vreven, 2016).

These researchers also found that 73.4% of administrators and 54.2% of librarians reported

witnessing others being bullied. Pearson, et al., (2000) reported possible reasons for workplace

incivility as "overwhelming number, complexity, and fragmentation of workplace relationships,

facilitated by technologies such as voicemail, e-mail, and teleconferencing" (p.128). Perhaps

social reliance on these technologies have aided in the lack of recognition of social norms used to

communicate civilly and effectively with colleagues causing incivility to rise.

Implications for Students

Thomas (2003) suggested that most common sources of anger among nursing students

were faculty unfairness, rigidity, discrimination (gender, ethnicity, race, etc.), unreasonable

faculty expectations, overly critical faculty, unexpected change, and unresolved family issues.

As previously mentioned, uncivil behavior on the part of the faculty or the student can inhibit

both student and faculty experiences by creating a tense environment, inhibiting learning, lead to

an increase in aggressive behavior, strain student-faculty relationships, lower self-esteem, and

increase stress for students and faculty (Parry & Urwin, 2011).

The above study conducted by Clark (2008b) demonstrated incivility led to program and/or career dissatisfaction which can negatively affect the institution and profession. Marchiondo, et al., (2010) conducted a study to examine the nursing students' satisfaction effected by incivility. One hundred fifty-two senior nursing students from two public Midwestern universities were included in this study. A newly developed cross-sectional survey entitled the Nursing Education Environment Survey and the Incivility in Nursing Education Survey developed by Clark was modified and distributed to participants. Results indicated that 88% of students surveyed had at least one experience with faculty incivility. Incivility was noted as occurring most often in the classroom (60%), followed by clinical setting (50%), and "other" settings (14.5%). In response to faculty incivility, students most commonly talked to a friend, partner, or spouse about the incident, talked to classmates about it, or "put up with it." Thirty-five percent of students stated they had feelings of anxiety, nervousness or depression as a direct result of the incivility they experienced. There was a significant difference associated with faculty incivility and dissatisfaction noted ($p < 0.001$). Caza & Cortina (2007) indicated that student victims of incivility were left feeling socially rejected by their peers and the institution which can lead to the anxiety, nervousness and the dissatisfaction noted in the study conducted by Marchiondo et al., (2010). Often, incivility was experienced by those in leadership positions which can lead to the perception that the institution is unfair or unjust (Caza & Cortina, 2007). The same perception was noted when the uncivil behavior was displayed by peers and the institution did nothing to address the behavior (Caza & Cortina, 2007). These studies confirmed the existence of faculty incivility in nursing education and its negative effect on student well-being and satisfaction.

In a qualitative study conducted by Clark and Springer (2010), 106 academic nurse leaders recruited from a statewide nursing conference were asked to state their perception of stressors for nursing students. Data was evaluated using textual content analysis and results indicated five themes in regard to the perception of stressors for nursing students: multiple roles and responsibilities, time-management, financial pressures, lack of faculty support and incivility, and mental health issues. Stressors indicated by other researchers included academic, clinical, and personal/external in nature (Del Prato et al., 2011). Additionally, faculty and faculty evaluation of student performance was viewed as a stressor (Del Prato et al., 2011). These stressors should be acknowledged as they can lead to uncivil behavior which can be observed and imitated by peers.

Incivility as a learned behavior through the example set by faculty or the absence of consequence for the uncivil behavior may give the impression to the student that this behavior is acceptable in the workplace (Jiang et al., 2017). The transfer of this behavior to the workplace may have a negative impact on the new professional's interaction with coworkers, supervisors and subordinates which could ultimately lead to job dismissal and negative recommendations for future employment. Furthermore, the implications listed for educators in the section below might also be of concern for students as they transfer into the workplace. These implications include higher turnover rates, decreased job satisfaction, stress, burnout, and emotional distress.

Implications for Educators

In the same study by Clark and Springer (2010) mentioned above, nursing faculty stressors were also addressed. Perceptions of faculty stressors included demanding workloads, maintaining clinical competence, advancement issues, and perceived lack of administrative support. A lack of perceived support by administration when faced with student incivility

increased the stress of the faculty and this increase in stress may increase the likelihood of the faculty member participating in uncivil behavior as well. In the previously discussed study conducted by Clark et al., (2013), survey participants identified stress (72%), demanding workloads (70%), unclear role and expectations and imbalance of power (66%), volatile and stress environments (62%), attitudes of superiority (52%), and the possession of multiple roles (52%) as factors that contribute directly to uncivil behaviors by demonstrated by faculty.

Research also indicated that incivility can cause stress-related disorders and physical illness which can contribute to an individual's ability to present for their designated work hours (Blevins, 2015; The Joint Commission, 2008). One study demonstrated that student incivility was directly associated with higher levels of work strain ($p < 0.05$) and emotional exhaustion ($p < 0.05$) (Jiang et al., 2017). Furthermore, Oyeleye, et al., (2013) found correlations between stress and incivility ($p = 0.001$), stress and burnout ($p = 0.005$), and turnover intentions and burnout ($p = 0.005$). Strain and emotional exhaustion can lead to inefficiency at the workplace which may then impact the ability of the institution to reach its goals (Jiang et al., 2017). This inefficiency can result in the faculty member becoming less engaged and less approachable which can impede student learning and decreased approval of faculty in course evaluations.

In this context or the workplace, incivility directly violates "workplace norms for mutual respect, such that cooperation and motivation may be hindered broadly" (Pearson et al., 2000, p. 125). These norms consist of moral standards, tradition, and workplace culture (Pearson et al., 2000). The effects of workplace incivility spread beyond the victim of the uncivil act to colleagues, the organization, friends and family, and student when the workplace is an academic environment (Pearson et al., 2000). This can further result in decreased productivity for the organization whether monetary or intellectual. Pearson et al., (2000) identified three categories

of incivility: non-escalating, spiraling, and cascading exchanges. Non-escalating incivility refers to uncivil exchanges between two colleagues in a continual, circular fashion in which there is no increase in intensity. An escalating spiral of incivility occurs when this exchange increases in intensity. Lastly, cascading incivility occurs when an uncivil exchange between two colleagues prompts uncivil behavior of a third colleague to modeled in their interaction with another colleague. While incivility may exist according to these models, there is a reluctance of victims to report these behaviors. Clark et al. (2013) reported fear of retaliation, lack of support from administration, lack of policies to address uncivil behavior, time and effort involved in reporting, poor peer evaluations, and the lack of knowledge and skills often detoured faculty from reporting incidences of incivility. Understanding the magnitude of individuals affected by acts of incivility, which is largely underreported, and the inevitable decrease in workplace productivity, increase in stress and burnout among its victims and bystanders is the first step in decreasing its prevalence. Further understanding its implications for clinician and patient safety should be a motivator for individuals to change behaviors that directly violate their commitment to patient health and safety.

Implications for Dental Hygiene

The impact of incivility can be seen in institutional administrations, victims, patients, and innocent bystanders. Incivility research in nursing has resulted in negative effects on patient care and safety and ineffective communication (The Joint Commission, 2016; Ziefle, 2018). In fact, it has been estimated that uncivil behavior can lead to over 3,500 sentinel events over a 10-year period of time (Blevins, 2015). These events are categorized as unforeseen events in the healthcare setting resulting in death or serious injury to a patient is and is unrelated to their illness of concern. Furthermore, nursing staff turnover results in a decrease in experienced

nurses on site and general staff shortages leading to a higher patient to nurse ratio that can negatively affect patient care and outcomes (Blevins, 2015; The Joint Commision, 2016). High turnover leads to increased costs in attaining and hiring new staff, lower productivity, risks of lawsuits, compensation for disability, and a negative reputation for the institution (The Joint Commission, 2008; The Joint Commission, 2016). It has also been reported that medication safety has been compromised in instances where nurses were afraid to admit errors due to fear of gossip and retaliation (Blevins, 2015). All of these factors can have adverse effects on the coordination of patient care which can ultimately lead to poor patient outcomes (Blevins, 2015).

If incivility exists in the dental hygiene profession and is left unaddressed, the outcomes above may be seen in dentistry. Failure of the dental hygienist to work harmoniously with colleagues can lead to turnover in the workplace, causing strain on other employees and the population they serve whether in a practice setting or educational institution. Medication safety errors can result in poor patient outcomes as the dental hygienist does administer medications that can affect patient's health and well-being if not administered properly and under the appropriate circumstances. Increased costs can be incurred by the employer if the uncivil behavior leads to turnover, lawsuits, disability claims, and/or a negative reputation that can result in decreased patient visits or enrollment in the academic environment.

Due to increases in incivility in both academic institutions and the workplace, professional organization have begun to recognize the seriousness of incivility and have made efforts to address this issue. The Joint Commission (2008) issued a "Sentinel Even Alert" in 2008 in which behaviors were discussed that constituted incivility and organizations were urged to adopt zero tolerance policies to address these behaviors. In 2015 the American Nurses Association (ANA, 2015b) released a position statement that emphasized "individual and shared

roles and responsibilities of registered nurses and employers to create and sustain a culture of respect, free of incivility, bullying and workplace violence" (para. 1). Additional reference was made to incivility in the ANA (2015a) code of ethics which states nurses are obligated to "create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect" (p.4). The code goes on to state that disregard for the effects of an individual's actions linked to behaviors identified in the above studies as uncivil is "always morally unacceptable" (ANA, 2015a, p. 4). If studies confirm the existence of incivility in dental hygiene education, it might be timely for professional associations such as the American Dental Hygienists' Association and the California Dental Hygienists' Association to add verbiage related to incivility in their professional codes of ethics.

Strategies for Incivility Management and Prevention

Incivility cannot be ignored as it can escalate to aggressive behavior and dissatisfaction among faculty and students. In fact, Clark and Springer (2007b) discovered that students and faculty felt that remedies included immediate responses to incivility and a "zero-tolerance" policy. It is the responsibility of the faculty to acknowledge this behavior and take measures to prevent and/or defuse incivility in their classroom or clinical environment. Due to the increase of violence in the world, faculty must look for signs of increasingly aggressive behavior. Warning signs that may signal a violent outburst is inevitable include inflexibility, adverse reaction to criticism, blaming others for one's own actions, paranoia, use of threats, intimidation, manipulation, escalation, unreasonable expectations, sullen, angry, or depressed affect, history of grievances or violent behaviors, and hopelessness (Thomas, 2003). If these behaviors are observed, the incident(s) should be thoroughly documented and reported to the appropriate personnel at the institution to ensure the safety of those on campus (Rowland & Srisukho, 2009).

Altmiller (2012) suggested numerous strategies for diffusing and/or preventing incivility. In dental hygiene education, the faculty should be open to discussing the ADHA code of ethics with students and have a discussion about incivility (Altmiller, 2012; Rowland & Srisukho, 2009). Clearly communicating this code of ethics may help students better understand what professional behavior looks like in their new profession and how their patients and colleagues expect them to act. As professionals and educators, faculty are expected to model professional civil behavior for students (Altmiller, 2012). Whether faculty realize it or not, they are on display and constantly observed by students. Uncivil behavior by faculty sends a message to the student that this behavior is acceptable and may help the student justify their own uncivil behavior (Rowland & Srisukho, 2009). This includes setting an example of teamwork and respect with colleagues along with showing appreciation for diversity (Altmiller, 2012). A source of frustration from students often stems from unclear faculty expectations so it is important for the faculty to be clear and concise when communicating expectations early on in the course (Altmiller, 2012; Ballard et al., 2018). Checking the syllabus for accuracy and maintaining consistency in grading and expectations will help students feel informed and minimize frustration. Previous research has identified remedies endorsed by participants as "setting forth standards and norms, strengthening university policies and support for faculty, and enforcing campus codes of conduct" (Clark & Springer, 2007b, p. 96). Additional recommendations by participants of previous research also include education seminars and open forums related to incivility, modeling the way, holding individuals accountable for their actions, and policy development and implementation as strategies to create a culture of civility (Clark & Springer, 2010).

When faced with an uncivil situations, the educator should be attentive, listen, and reflect when communicating with the student(s) (Altmiller, 2012; Thomas, 2003). The utilization of active listening may show the student(s) that the faculty member is attempting to understand their point of view and cares about their feelings. This could be the first step in finding a resolution when incivility arises. It is imperative that uncivil behavior not be ignored. Uncivil behavior should be addressed promptly and in a civil manner (Altmiller, 2012). Ignoring uncivil behavior sends the message that this behavior is acceptable. The incorporation of conflict resolution strategies into the curriculum may also be helpful in preventing or minimizing incivility (Altmiller, 2012). It may also be useful for the students to be an active participant in creating a conflict resolution protocol. This can help the student feel obligated to follow protocols as they had a part in its development. It is unrealistic to think students know how to address conflict appropriately, so incorporation of conflict resolution into the curriculum could be valuable throughout their educational and professional careers. Also, according to Clark and Springer (2007b) participants in their study suggested faculty and students endorse curriculum related to conflict negotiation and mediation skills.

Since faculty evaluation of performance was perceived as a stressor for students, shifting the focus from evaluation to teachable moment may help reduce stress and increase student learning (Del Prato et al., 2011; Thomas, 2003). Mentorships programs (faculty-to-student, and faculty-to-faculty), creating caring learning environments, and using the reflective learning models as additional strategies to lower stress and enhance student learning and success may prevent uncivil student behavior resulting from frustration (Del Prato et al., 2011; Rowland & Srisukho, 2009).

Although there are many strategies that can be employed to prevent incivility, it is

important that one be prepared should incivility occur. If a situation arises in which a student is angry, the faculty should employ active listening, convey empathy, remain calm and of normal tone, insist the student remain respectful, turn the moment into a teachable moment, and in severe cases, recommend counseling if indicated (Thomas, 2003). For faculty, "when conflict remains unresolved, there may be prolonged rumination about grievances, eventually leading to such sequelae as lowered self-esteem, depression, and burnout" (Thomas, 2003, p. 21). Thomas (2008) suggested faculty exercise self-assessment, seek a colleague to talk about the situation with, and move on after the incident and avoid rehashing.

Some researchers indicated the focus should not be on creating a culture of civility but rather a culture of caring. In fact, France (2016) argued that focusing on creating a culture of civility in education is not the answer to putting an end to this trend in nursing education. Instead, France (2016) stated that "we need a culture of caring and being-in-right relationship nurtured through caring theories of nursing and grounded in caring science in the academic-practice environment" (p. 183). Watson's human caring theory states "human interaction that is guided by a caring ethic promotes knowledge, well-being and health," therefore "stress has the potential for leading to perceptions of disharmony, a lack of well-being, and difficulty in acquiring knowledge" (Del Prato et al., 2011, p. 110). This author suggests an environment focused on a caring student-faculty relationship will inadvertently prevent incivility.

Summary

Incivility can negatively affect students, faculty, patients, clinical facilities, and academic institutions. If left unaddressed, these effects can radiate throughout the environment which can compromise the physical and emotional safety off all parties involved as well as innocent bystanders. There is a lack of evidence-based research evaluating the existence of incivility in

the student-faculty relationship in the dental hygiene profession. The prevalence of incivility in

other professions, as demonstrated by research, should be alarming for dental hygienists' and

warrants a need for research in this area in dental hygiene. An increased awareness of incivility

by dental hygiene faculty can help to decrease the likelihood of their participation in uncivil

behaviors and help them to recognize these uncivil behaviors by students. This early

identification will allow the faculty to utilize strategies to effectively address these behaviors and

remediate the student in order to promote professional behavior. Faculty also have an obligation

to be models of civility in their interactions with students, other faculty and administrators,

patients, and other professionals through collaboration. The promotion of professional, civil

behavior is essential to upholding the reputation of the dental hygiene profession as viewed by

the public and other professionals.

CHAPTER 3: METHODOLOGY

Introduction

The purpose of this cross-sectional study was to investigate the incidence and perceptions of incivility among dental hygiene students and faculty/administrators. To further understand incivility in dental hygiene education, a phenomenological approach was chosen. Phenomenological studies explore what participants have experienced and "how they experienced it" (Creswell, 2013). Therefore, qualitative aspects of this survey required participant's descriptions of uncivil encounters and the perceived reasons for the uncivil behavior. The problem statement, significance of the study, purpose of the study, research questions, and a review of the literature was discussed in Chapter 1 and Chapter 2. This chapter explains the research methodology for this study including the following subtopics: (a) setting and participants, (b) sampling procedures, (c) instrumentation and measures, (d) plan for data collection, (e) plan for data analysis, (f) ethical issues, and (g) expected outcomes.

Setting and Participants

A convenience sample of dental hygiene programs in California was utilized for this study. Junior and senior dental hygiene students enrolled in an accredited dental hygiene programs in California, registered dental hygienists and dentists employed either as full-time or part-time educators at an accredited dental hygiene program in the didactic, clinical, and/or laboratory setting, and dental hygiene administrators who were employed as full-time or part-time employees at an accredited dental hygiene program were included in this study. Dental hygiene student alumni no longer enrolled in the program and dental hygiene program assistants and clinic staff were excluded from this study.

Sampling Procedures

This cross-sectional, phenomenological study was conducted in the Fall of 2019. The study utilized an online survey through an online survey tool (Survey Monkey) for faculty and administrators and a paper survey for dental hygiene students. A preliminary participation request (Appendix A) was sent to dental hygiene program directors throughout California in all accredited programs listed on the California Dental Hygienists' Educators Association website (Appendix B) requesting their initial intent to participate and to estimate a sample size. Directors were asked to nominate a faculty representative that distributed and collected the surveys from dental hygiene students. After permission was requested and granted by Cerritos College, Diablo Valley College, Taft College, University of the Pacific, West Coast University (Appendix C) and the Concordia University Human Subjects Committee (Appendix D), student, faculty, and administrator surveys were sent to program directors for distribution.

Students surveys included a letter with informed consent (Appendix E) explaining the study to the participants and also included the researchers' contact information allowing an opportunity for the participants to ask any questions related to the study. Completion of the survey signified informed consent. Faculty and administrator surveys included a letter with informed consent (Appendix F) that was forwarded to the sample population by the faculty representative explaining the study to the participants and included the researchers' contact information allowing an opportunity for the participants to ask any questions related to the study. A link to the online survey (Appendix H) was embedded in the letter and it was explained that completion of the survey signified informed consent. Additionally, resources were provided to the students and faculty/administrators to Crisis Support Helplines, Non-Crisis Behavioral & Emotional Wellness & Mental Health Services by Phone, and Behavioral & Emotional Wellness

& Mental Health Clinics in the event that the information requested by the participant caused

distress (Appendix H).

Instrumentation and Measures

With permission (Appendix I), a previously designed and validated survey, the Incivility

in Higher Education-Revised survey (IHE-R), was modified and adapted to obtain both

quantitative and qualitative data regarding the incidence and perceptions of incivility among

dental hygiene students and faculty/administrators (Clark et al., 2015). The survey (Appendix G)

was administered by a questionnaire online through Survey Monkey for faculty and

administrators and by paper for students. The survey included 24 student behaviors in which

participants were asked to rank their perceived level of incivility and how often they had

observed the behavior in the past 12 months, both utilized Likert scale responses. Some

behaviors included were expressing disinterest, boredom, or apathy about course content or

subject matter, making rude gestures or non-verbal behaviors towards others, sleeping or not

paying attention in class, holding side conversations that distract you or others, cheating on

exams or quizzes, demanding make-up exams, extensions, or other special favors, and ignoring,

failing to address, or encouraging disruptive behaviors by classmates. Another section of the

survey consisted of 24 faculty/administrator behaviors in which participants were asked to rank

their perceived level of incivility and how often they had observed the behavior in the past 12

months. Some behaviors included were refusing or reluctant to answer direct questions,

cancelling class or other scheduled activities without warning, being distant and cold towards

others, punishing the entire class for one student's misbehavior, unfair grading, making

discriminating comments directed towards others, using profanity, and allowing side

conversations by students that disrupt. Students and faculty/administrators were also asked to

identify to what extent they thought incivility was a problem in their academic program, and whether they felt that student or faculty/administrators were more likely to engage in uncivil behavior in their academic program. Demographic data related to age, gender, and ethnicity was also collected. Students were asked to identify their grade level and faculty/administrators were asked to disclose their job title, hours worked, and years of experience. Qualitative data was also be collected. Questions aimed at collecting qualitative data required the participant to describe an example of an uncivil encounter they had experienced or witnessed in the past 12 months, disclose what they felt was the primary reason for incivility in higher education, and what was the most significant consequence of incivility in higher education.

Reliability

Reliability was established during pilot testing the revision of the IHE-R survey that was used to conduct this research (Clark et al., 2015). "Cronbach's alpha was estimated for each factor and for the total scale" (Clark et al., 2015, p. 310). Results of the Cronbach's Alpha test indicated high consistency with a "total score of $\geq$0.98 for student behaviors and $\geq$0.98 for faculty behaviors" (Clark et al., 2015, p. 311).

Validity

Many strategies have been proposed to test validity which have included intensive, long term involvement, rich data, respondent validation, intervention, searching for discrepant evidence and negative cases, triangulation, numbers, and comparison (Maxwell, 2013). In this study, multiple methods were applied to promote validity. A mixed methods approach was included in the survey to collect both qualitative and quantitative data. In terms of participants, multiple dental hygiene institutions (both University and Junior College settings) were included and students, faculty, and administrators were asked to participate. Additionally, "the open-

ended questions allow for rich, detailed descriptions of perceived acts of incivility" which aided

the validity of this study (Clark et al., 2015, p. 309).

Previous content validity was established during pilot testing the revision of the IHE-R

survey that was used to conduct this research (Clark et al., 2015). The creators of this survey

conducted an exploratory factor analysis to determine if the variables related to the factors in

question. All factors were considered statistically significant ($p \le 0.05$) demonstrating strong

evidence of their linear associations to the variables (Clark et al., 2015).

Plan for Data Collection

The online survey link and paper surveys were sent to dental hygiene program directors

of the participating dental hygiene programs via mail and email and included a cover letter

asking for their participation in the survey. Additional emails with a link to the online survey

was sent out 10, 20, and 30 days after the initial email as a reminder to participate in the survey.

Paper surveys were mailed via a prepaid envelope to the primary investigator. Five days after

the third email is sent and when the last group of mailed surveys was received, data analysis

began. A timeline for this dissertation (Appendix J) and a budget (Appendix K) were created to

guide the researcher and dissertation committee.

Plan for Data Analysis

Data was collected via the online survey tool (Survey Monkey) and paper surveys, and

then imported into StatPlus to calculate quantitative statistics. General characteristics were

calculated using descriptive statistics and analysis of variance (ANOVA) was used to assess

differences in the perceptions of uncivil behavior in classroom, laboratory, and clinical settings

and the reported incidence of these behavior between dental hygiene students and dental hygiene

faculty/administrators. Chi square analysis was used to determine differences in who the faculty

and students believed were more likely to engage in uncivil behavior. Significance was set at a value of $p < 0.05$.

Qualitative data was reviewed and analyzed. Participant data was coded and analyzed and edited for redundancy. The researchers evaluated the codes for patterns and themes were identified.

Ethical Issues

A proposal for Exempt status was submitted to the Human Subjects Committee and permission was granted by the Institutional Review Board (Appendix D) to conduct the study prior to the distribution of the survey. The purpose of the study was disclosed to all participants in the informed consent (Appendix E, F). Due to the sensitive nature of the information being shared by participants, complete anonymity and confidentiality was maintained through data collection and analysis. No institutional or personal identifiers were collected on the survey. Completed surveys were placed immediately into an envelope and sealed. If the nominated faculty member was unable to mail the survey immediately following data collection, the sealed envelope containing the surveys was kept in a locked file cabinet in the faculty members office and mailed at the end of the business day. When the primary researcher received the surveys, data obtained from the survey was inputted into an excel file and saved in personal computer files allowing access only to individuals involved with the study and will be destroyed after seven years. As data entry was in progress, surveys were kept in a locked file cabinet in which in the primary researcher had access to. Once all data was entered into the excel sheet, original surveys were shredded.

Expected Outcomes

It was expected this survey would establish that incivility is a concern in dental hygiene education. As such, this study would highlight a need for further, large-scale research in this area of dental hygiene education in order to estimate the true magnitude of incivility in dental hygiene education. Based on the results of this study, the presence of incivility may necessitate a need for further training of dental hygiene faculty/administrators related to management strategies for this behavior.

Summary

This study used a previously designed survey via an online survey tool and paper surveys. Previous psychometric analysis established reliability and validity for the survey utilized in this study. A convenience sample of dental hygiene students and dental hygiene faculty/administrators was utilized through dental hygiene program directors. Data analysis consisted of descriptive statistics, ANOVA, and coding through NVivo. Following data collection and analysis, a manuscript was prepared for submission to ProQuest for publication.

CHAPTER 4: RESULTS

Introduction

The intent of this study was to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions. The purpose of this study was achieved by examining participants quantitative and qualitative responses to the Higher Education-Revised survey (IHE-R). The problem statement, significance of the study, purpose of the study, research questions, a review of the literature, and research methodology was discussed in Chapter 1, Chapter 2, and Chapter 3. This chapter discusses the results of the study including the following subtopics: (a) quantitative data analysis, (b) findings of qualitative research, (c) and summary.

Quantitative Data Analysis

The IHE-R survey included 24 student and faculty behaviors in which participants were asked to rank their perceived level of incivility and how often they have observed the behavior in the past 12 months in the dental hygiene institution, both utilized Likert scale responses. The following three research questions were used to guide quantitative data analysis:

1. Do perceptions of uncivil behavior in classroom, laboratory, and clinical settings differ between dental hygiene students and dental hygiene faculty/administrators?

2. What is the incidence of perceived incivility among dental hygiene students and dental hygiene faculty/administrators?

3. How do dental hygiene students and faculty/administrators recommend improving the level of civility in dental hygiene education?

Demographic Data

A convenience sample of five dental hygiene programs participated in this study which included 268 dental hygiene students, faculty and administrators (200 dental hygiene students, 60 dental hygiene faculty, and 8 administrators). Of the 268 surveys distributed, 244 were returned and 8 were excluded due to lack of completion of quantitative data points, yielding an 88% responses rate. Of the 236 participants, 83.9% were classified as dental hygiene students ($n = 198$), 16.1% were dental hygiene faculty and administrators ($n = 38$). Nearly all of the participants were female (92.37%) and 7.63% were male while 1.69% did not disclose their gender. A majority of the participants were White (38.98%, $n = 92$), 28.81% were Hispanic or Latino ($n = 68$), 22.03% were Asian ($n = 52$), 3.39% were African American or Black ($n = 8$), 2.12% were Native American or other Pacific Islander ($n = 5$), and 4.66% did not disclose their ethnicity ($n = 11$). All participants were aged 20-70 years, however, the range for dental hygiene students was 20-50 years with a mean age of 26 years ($SD = 4.77$). Dental hygiene faculty age ranged from 28-70 years with a mean age of 50 years ($SD = 11.2$). Of the participating faculty, 36.84% stated they worked in a full-time manner ($n = 14$), 52.63% were adjunct/part-time faculty ($n = 20$), and 10.52% were administrators ($n = 4$). The years of experience reported from faculty members ranged from 1-30 years with the majority (60.53%) possessing a master's degree ($n = 23$) as their highest degree earned. Participant characteristics are summarized in Table 1.1 and additional faculty demographic data is summarized in Table 2.1

Table 1. 1

Demographics Data (N=236)

Characteristic	Count	%
Gender		
Male	18	7.63
Female	214	92.37
Undisclosed	4	1.69
Ethnicity		
African American or Black	8	3.39
White	92	38.98
Hispanic or Latino	68	28.81
Asian	52	22.03
Native American or Other Pacific Islander	5	2.12
Undisclosed	11	4.66
Age		
20-29	141	59.75
30-39	36	15.25
40-49	11	4.66
50-59	17	7.2
60-70	8	3.39
Undisclosed	23	9.75
Position in Dental Hygiene Program		
Student	198	83.9
Part-time/Adjunct Faculty	20	8.47
Full-time Faculty	14	5.93
Administrator	4	1.69

Table 2. 1

Additional Faculty and Administrator Demographics Data (N=38)

Characteristic	Count	%
Highest Degree Earned		
Associate degree	0	0
Bachelor's Degree	11	28.95
Master's Degree	23	60.53
PhD/Doctorate	4	10.53
Years of Teaching Experience		

1-5	16	42.11
6-10	11	28.95
11-15	3	7.89
16-20	3	7.89
21-25	4	10.53
26-30	1	2.63

Perceptions of Uncivil Behavior

Student Behaviors

Of the student behaviors evaluated, results demonstrated that a majority of students and faculty/administrators agreed cheating on exams or quizzes, making condescending or rude remarks towards others, sending inappropriate or rude emails to others, making discriminating comments towards others, using profanity directed at others, threats of physical harm against others, property damage, and making threating statements about weapons is highly uncivil student behavior. A majority of students (52.02%) considered making rude gestures or nonverbal behaviors towards others as a highly uncivil student behavior whereas 47.37% of faculty rated this behavior as highly uncivil and 39.47% where neutral. Similarly, a majority of students (51.52%) rated demanding a passing grade when a passing grade was not earned as a highly uncivil student behavior while 44.74% of faculty where in agreement and 28.95% were neutral. Faculty were also neutral in regard to students expressing disinterest, boredom, or apathy about course content or subject matter (65.79%), refusing or reluctant to answer questions (65.79%), being unprepared for class or other scheduled activities (60.53%), and demanding make-up exams, extensions, or other special favors (62.63%). For these same behaviors, students rated expressing disinterest, boredom, or apathy about course content or subject matter (26.4%), refusing or reluctant to answer questions (45.46%), being unprepared for class or other scheduled activities (56.57%), and demanding make-up exams, extensions, or other special

favors (39.39%) as uncivil or highly uncivil student behaviors. Frequency data related to student

and faculty/administrator perceptions of student behaviors is depicted in Table 3.1

Table 3. 1

Student and Faculty/Administrator Perceptions of Uncivil Student Behaviors – Frequencies

(N=236)

		Student Responses (*n*=198)		Faculty Responses (*n*=38)	
		Count	%	Count	%
Expressing disinterest, boredom, or apathy about course content or subject matter	Highly Civil	24	12.12	4	10.53
		15	7.58	1	2.63
	Neutral	79	39.9	25	65.79
		52	12.26	2	5.26
	Highly Uncivil	28	14.14	6	15.7
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	Highly Civil	23	11.62	3	7.89
		11	5.56	1	2.63
	Neutral	31	15.66	15	39.47
		30	15.15	1	2.63
	Highly Uncivil	103	52.02	18	47.37
Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.)	Highly Civil	22	11.11	3	7.89
		18	9.09	0	0
	Neutral	51	25.76	18	47.37
		62	31.31	1	2.63
	Highly Uncivil	45	22.73	16	42.11
Refusing or reluctant to answer direct questions	Highly Civil	35	17.68	6	15.7
		17	8.59	0	0
	Neutral	56	28.28	25	65.79
		33	16.67	1	2.63
	Highly Uncivil	57	28.79	6	15.7
Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes	Highly Civil	31	15.66	2	5.26
		8	4.04	0	0
	Neutral	43	21.72	18	47.37
		55	27.78	1	2.63
	Highly Uncivil	61	30.81	17	44.74
Arriving late for class or other scheduled activities	Highly Civil	28	14.14	5	13.16
		12	6.06	0	0
	Neutral	44	22.22	19	50
		57	28.79	3	7.89
	Highly Uncivil	57	28.79	11	28.95
Leaving class or other scheduled activities early	Highly Civil	27	13.64	6	15.7
		14	7.07	0	0
	Neutral	59	29.8	17	44.74
		51	25.76	4	10.53
	Highly Uncivil	47	23.74	11	28.95
Being unprepared for class or other scheduled activities	Highly Civil	24	12.12	4	10.53
		11	5.56	0	0
	Neutral	57	28.79	23	60.53
		55	27.78	4	10.53
	Highly Uncivil	51	25.76	7	18.42
Skipping class or other scheduled activities	Highly Civil	36	18.18	8	21.05
		7	3.54	0	0
	Neutral	36	18.18	15	39.47
		38	19.19	1	2.63
	Highly Uncivil	81	40.91	14	36.84

Behavior	Category				
Being distant and cold toward others (unapproachable, rejecting faculty, or other student's opinions)	Highly Civil	27	13.64	8	21.05
		2	1.01	0	0
	Neutral	43	21.72	18	47.37
		36	18.18	4	10.53
	Highly Uncivil	90	45.45	8	21.05
Creating tension by dominating class discussion	Highly Civil	23	11.62	5	13.16
		4	2.02	1	2.63
	Neutral	36	18.18	19	50
		50	25.25	2	5.26
	Highly Uncivil	85	42.93	11	28.95
Holding side conversations that distract you or others	Highly Civil	17	8.59	4	10.53
		8	4.04	1	2.63
	Neutral	34	17.17	16	42.11
		56	28.28	1	2.63
	Highly Uncivil	83	41.91	16	42.11
Cheating on exams or quizzes	Highly Civil	35	17.68	5	13.16
		5	2.53	0	0
	Neutral	17	8.59	8	21.05
		9	4.55	0	0
	Highly Uncivil	132	66.67	25	65.79
Making condescending or rude remarks towards others	Highly Civil	25	12.63	5	13.16
		5	2.53	0	0
	Neutral	15	7.58	7	18.42
		23	11.62	1	2.63
	Highly Uncivil	130	65.66	25	65.79
Demanding make-up exams, extensions, or other special favors	Highly Civil	28	14.14	5	13.16
		11	5.56	1	2.63
	Neutral	80	40.4	20	52.63
		34	17.17	2	5.26
	Highly Uncivil	45	22.73	10	26.32
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	Highly Civil	26	13.13	7	18.42
		5	2.53	0	0
	Neutral	42	21.21	15	39.47
		37	18.69	2	5.26
	Highly Uncivil	88	44.44	14	36.84
Demanding a passing grade when a passing grade was not earned	Highly Civil	31	16.66	8	21.05
		2	1.01	0	0
	Neutral	29	14.65	11	28.95
		32	16.16	2	5.26
	Highly Uncivil	102	51.52	17	44.74
Being unresponsive to emails or other communications	Highly Civil	31	15.66	4	10.53
		7	3.54	2	5.26
	Neutral	47	23.74	22	57.89
		67	33.84	5	13.16
	Highly Uncivil	46	23.23	5	13.16
Sending inappropriate or rude emails to others	Highly Civil	33	16.67	5	13.16
		2	1.01	1	2.63
	Neutral	21	10.61	9	23.68
		17	8.59	1	2.63
	Highly Uncivil	125	63.13	22	57.89
Making discriminating comments (racial, ethnic, gender, etc.) towards others	Highly Civil	29	14.65	7	18.42
		4	2.02	0	0
	Neutral	24	12.12	6	15.7
		8	4.04	0	0
	Highly Uncivil	133	67.17	25	65.79
Using profanity (swearing, cussing) directed toward others	Highly Civil	25	12.63	5	13.16
		9	4.55	0	0
	Neutral	23	11.62	10	26.32
		34	17.17	1	2.63
	Highly Uncivil	107	54.04	22	57.89
Threats of physical harm against others (implied or actual)	Highly Civil	37	17.69	9	23.68
		5	2.53	0	0

	Neutral	16	8.08	4	10.53
		8	4.04	0	0
	Highly Uncivil	132	66.67	25	65.79
Property damage	Highly Civil	38	19.19	11	28.95
		2	1.01	0	0
	Neutral	17	8.59	2	5.26
		13	6.57	0	0
	Highly Uncivil	128	64.65	24	63.16
Making threatening statements about weapons	Highly Civil	38	19.19	12	31.58
		1	0.51	0	0
	Neutral	15	7.58	1	2.63
		8	4.04	0	0
	Highly Uncivil	136	68.69	25	65.79

Although there were variations in the perception of student behaviors, one-way analysis of variance (ANOVA) indicated no significant difference in the perception of these behaviors between students and faculty ($p > 0.05$) except in regard to being distant and cold toward others $F(1, 234) = 8.29, p = 0.004$, and creating tension by dominating class discussion $F(1, 234) = 4.94, p = 0.03$. In terms of being distant and cold towards others 45.45% of students considered this student behavior as highly uncivil and 47.37% of faculty/administrators were neutral. Similarly, 42.93% of students felt that creating tension by dominating class discussion was highly uncivil and 50% of faculty/administrators were neutral. One-way ANOVA results comparing the perceptions of uncivil student behavior by students and faculty/administrators is listed in Table 4.1

Table 4. 1

Comparison of Student and Faculty/Administrator Perceptions of Uncivil Student Behaviors –

ANOVA (N=236)

	SS	df	MS	F	p-value
Expressing disinterest, boredom, or apathy about course content or subject matter	0.29	1	0.29	0.22	0.64
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	0.43	1	0.42	0.22	0.64
Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.)	2.09	1	2.09	1.34	0.25
Refusing or reluctant to answer direct questions	2.44	1	2.44	1.27	0.26
Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes	2.42	1	2.42	1.33	0.25
Arriving late for class or other scheduled activities	0.5	1	0.5	0.28	0.6
Leaving class or other scheduled activities early	0.01	1	0.01	0.001	0.93
Being unprepared for class or other scheduled activities	1.71	1	1.71	1.1	0.29
Skipping class or other scheduled activities	2.31	1	2.31	1.03	0.31
Being distant and cold toward others (unapproachable, rejecting faculty, or other student's opinions)	15.75	1	15.75	8.29	0.004*
Creating tension by dominating class discussion	8.5	1	8.5	4.94	0.03*
Holding side conversations that distract you or others	2.46	1	2.46	1.56	0.21
Cheating on exams or quizzes	0.09	1	0.09	0.04	0.85
Making condescending or rude remarks towards others	0.17	1	0.17	0.09	0.77
Demanding make-up exams, extensions, or other special favors	0.00008	1	0.00008	0.00005	0.99
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	4.29	1	4.29	2.91	0.14
Demanding a passing grade when a passing grade was not earned	3.52	1	3.52	1.6	0.21
Being unresponsive to emails or other communications	3.33	1	3.33	2.03	0.16
Sending inappropriate or rude emails to others	0.39	1	0.39	0.17	0.68
Making discriminating comments (racial, ethnic, gender, etc.) towards others	0.48	1	0.48	0.22	0.64
Using profanity (swearing, cussing) directed toward others	0.04	1	0.04	0.02	0.89
Threats of physical harm against others (implied or actual)	0.56	1	0.56	0.22	0.64
Property damage	2.51	1	2.51	0.95	0.33
Making threatening statements about weapons	3.71	1	3,71	1.38	0.24

Note: Significance level p<0.05

Faculty Behaviors

Of the faculty behaviors evaluated, students and faculty/administrators were in agreement

that faculty making rude gestures or nonverbal behaviors toward others, unfair grading, making

condescending or rude remarks towards others, exerting superiority, abusing position, or rank

over others, sending inappropriate or rude emails to others, making discriminating comment

towards others, using profanity directed towards others, threats of physical harm against others, property damage, and making threatening statements about weapons was highly uncivil. When asked about faculty using ineffective or inefficient teaching methods, 55.26% of faculty/administrators where neutral and 61.61% of students rated this as uncivil or highly uncivil. Most students (54.04%) also reported punishing the entire class for one student's misbehavior, being distant and cold towards others (53.54%), and ignoring, failing to address, or encouraging disruptive student behaviors (52.53%) as highly uncivil while faculty/administrators reported lower ratings. Frequency data related to student and faculty/administrator perceptions of faculty behaviors is depicted in Table 5.1

Table 5. 1

Student and Faculty/Administrator Perceptions of Uncivil Faculty Behaviors – Frequencies (N=236)

		Student Responses (*n*=198)		Faculty Responses (*n*=38)	
		Count	%	Count	%
Expressing disinterest, boredom, or apathy about course content or subject matter	Highly Civil	34	17.17	10	26.32
		6	3.03	0	0
	Neutral	39	19.7	14	36.84
		34	17.17	3	7.89
	Highly Uncivil	85	42.93	11	28.95
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	Highly Civil	33	16.67	7	18.42
		7	3.54	0	0
	Neutral	21	10.61	10	26.32
		22	11.11	2	5.26
	Highly Uncivil	115	58.08	19	50
Ineffective or inefficient teaching method (deviating from course syllabus, changing assignment or test dates)	Highly Civil	28	14.14	7	18.42
		6	3.03	0	0
	Neutral	42	21.21	21	55.26
		58	29.29	2	5.26
	Highly Uncivil	64	32.32	8	21.05
Refusing or reluctant to answer direct questions	Highly Civil	30	15.15	10	26.32
		9	4.55	1	2.63
	Neutral	34	17.17	13	34.21
		41	20.71	2	5.26
	Highly Uncivil	84	42.42	12	31.58
Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes	Highly Civil	32	16.16	6	15.79
		10	5.05	0	0
	Neutral	45	22.73	16	42.11
		42	21.21	3	7.89
	Highly Uncivil	70	35.35	13	34.21
Arriving late for class or other scheduled activities	Highly Civil	37	18.69	8	21.05
		8	4.04	0	0

Behavior					
	Neutral	44	22.22	13	34.21
		46	23.23	3	7.89
	Highly Uncivil	63	31.82	14	36.84
Leaving class or other scheduled activities early	Highly Civil	42	21.21	7	18.42
		5	2.53	0	0
	Neutral	52	26.26	16	42.11
		37	19.19	1	2.63
	Highly Uncivil	62	31.31	14	36.84
Being unprepared for class or other scheduled activities	Highly Civil	29	14.65	10	26.32
		9	4.55	0	0
	Neutral	34	17.17	12	31.58
		45	22.73	4	10.53
	Highly Uncivil	81	40.91	12	31.58
Canceling class or other school activities without warning	Highly Civil	39	19.7	14	36.84
		4	2.02	0	0
	Neutral	45	22.73	10	26.32
		27	13.64	0	0
	Highly Uncivil	83	41.92	14	36.84
Being distant and cold towards other (unapproachable, rejecting student's opinions)	Highly Civil	26	13.13	9	23.68
		10	5.05	1	2.63
	Neutral	19	9.6	9	23.68
		37	18.69	2	5.26
	Highly Uncivil	106	53.54	17	44.74
Punishing the entire class for one student's misbehavior	Highly Civil	30	15.15	10	25.32
		5	2.53	0	0
	Neutral	25	12.63	12	31.58
		31	15.66	3	7.89
	Highly Uncivil	107	54.04	13	34.21
Allowing side conversations by students that disrupt class	Highly Civil	26	13.13	6	15.79
		9	4.54	1	2.63
	Neutral	36	18.18	16	42.11
		46	23.23	3	7.89
	Highly Uncivil	81	40.91	12	31.58
Unfair grading	Highly Civil	25	12.63	13	34.21
		9	4.54	0	0
	Neutral	29	14.65	4	10.53
		16	8.08	1	2.63
	Highly Uncivil	119	60.1	20	52.63
Making condescending or rude remarks towards others	Highly Civil	33	16.67	7	18.42
		7	3.54	1	2.63
	Neutral	21	10.61	7	18.42
		20	10.10	1	2.63
	Highly Uncivil	117	59.09	22	57.89
Refusing to discuss make-up exams, extensions, or grade changes	Highly Civil	27	13.64	9	23.68
		12	6.06	1	2.63
	Neutral	32	16.16	16	42.11
		37	18.69	1	2.63
	Highly Uncivil	90	45.45	11	28.95
Ignoring, failing to address, or encouraging disruptive student behaviors	Highly Civil	28	14.14	8	21.05
		11	5.56	2	5.26
	Neutral	22	11.11	12	31.58
		33	16.67	2	5.26
	Highly Uncivil	104	52.53	14	36.84
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	Highly Civil	31	15.66	8	21.05
		8	4.04	1	2.63
	Neutral	21	10.61	5	13.16
		21	10.61	1	2.63
	Highly Uncivil	117	59.09	23	60.53
Being unavailable outside of class (not returning calls or emails, not maintaining office hours)	Highly Civil	30	15.15	11	28.95
		6	3.03	0	0
	Neutral	39	19.7	10	26.32
		38	19.19	4	10.53

Sending inappropriate or rude emails to others	Highly Uncivil	85	42.93	13	34.21
	Highly Civil	36	18.18	13	34.21
		5	2.53	1	2.63
	Neutral	23	11.62	1	2.63
		9	4.55	0	0
Making discriminating comments (racial, ethnic, gender, etc.) towards others	Highly Uncivil	125	63.13	23	60.53
	Highly Civil	37	18.69	13	34.21
		2	1.01	1	2.63
	Neutral	26	13.13	1	2.63
		9	4.55	0	0
Using profanity (swearing, cussing) directed toward others	Highly Uncivil	124	62.63	23	60.53
	Highly Civil	36	18.18	15	39.47
		7	3.54	0	0
	Neutral	23	11.62	0	0
		17	8.59	0	0
Threats of physical harm against others (implied or actual)	Highly Uncivil	115	58.08	23	60.53
	Highly Civil	42	21.21	15	39.47
		2	1.01	0	0
	Neutral	20	10.10	0	0
		7	3.54	0	0
Property damage	Highly Uncivil	127	64.14	23	60.53
	Highly Civil	41	20.71	15	39.47
		2	1.01	0	0
	Neutral	22	11.11	1	2.63
		6	3.03	0	0
Making threatening statements about weapons	Highly Uncivil	127	64.14	22	57.89
	Highly Civil	42	21.21	15	39.47
		3	1.51	0	0
	Neutral	19	9.6	0	0
		5	2.53	0	0
	Highly Uncivil	129	65.15	23	60.53

Many statistically significant findings were recorded in relation to students and faculty/administrator perceptions of uncivil faculty behaviors. Table 6.1 reports the one-way ANOVA results related to perceptions of faculty behaviors by faculty/administrators and students. In terms of faculty expressing disinterest, boredom, or apathy about course content or subject matter, 42.93% of students reported this as highly uncivil and 36.84% of faculty/administrators were neutral and 28.95% reported this as highly uncivil demonstrating a significant difference in opinion, $F(1, 234) = 3.98$, $p = 0.05$. Results also indicated a significant difference in the perception of incivility for faculty's ineffective or inefficient teaching methods, $F(1, 234) = 4.87$, $p = 0.03$. A majority of faculty (55.26%) were neutral while 61.61% of students rated faculty using ineffective or inefficient teaching methods as uncivil or highly uncivil. Almost half of the student participants (42.42%) considered faculty refusing or being

reluctant to answer questions as highly uncivil behavior whereas 31.58% of faculty/administrators agreed and 34.51% were neutral. Results indicated the difference between students and faculty/administrators' perceptions related to faculty being reluctant or refusing to answer questions was significant, $F(1, 234) = 4.97$, $p = 0.03$. Similar results were discovered in regard to faculty being unprepared for class or other scheduled activities, with 40.91% of students rating this as highly uncivil, and 31.58% of faculty/administrators in agreement, and 31.58% neutral which generated statistically significance, $F(1, 234) = 3.79$, $p = 0.05$. Statistical significance was also found in relation to faculty canceling class or other school activities without warning, $F(1, 234) = 4.12$, $p = 0.04$. In this case, 41.92% of students felt this faculty behavior was highly uncivil and only 36.84% of faculty/administrators were in agreement. In fact, 36.84% of faculty rated canceling class or other school activities without warning as highly civil. Although a majority of students (53.54%) and almost half of the faculty/administrators (44.74%) rated faculty being distant or cold towards others as highly uncivil, the difference in these results were still significant $F(1, 234) = 4.62$, $p = 0.03$, in that 23.68% of faculty/administrators were neutral and 23.68% felt this was highly civil. Faculty punishing the entire class for one student's misbehavior generated a significant difference in opinion between students and faculty/administrators, $F(1, 234) = 6.57$, $p = 0.01$. Most students (54.04%) considered this faculty behavior as highly uncivil and 34.21% of faculty/administrators agreed, while 31.58% were neutral. Although a majority of students (60.1%) and faculty/administrators (52.63%) agreed that unfair grading by faculty was highly uncivil, results still indicated a significant difference, $F(1, 234) = 4.85$, $p = 0.03$, as 34.21% of faculty/administrators rated this behavior as highly civil. Additional areas in which significant differences were discovered were faculty refusing to discuss make-up exams, extensions, or grade changes, $F(1, 234) = 6.67$, $p =$

0.01, and ignoring, failing to address, or encouraging disruptive student behaviors, $F(1, 234) =$ 4.66, $p = 0.03$. In these areas, most students reported these behaviors as highly uncivil while faculty/administrators were neutral. Lastly, 42.93% of students rated faculty being unavailable outside of class as highly uncivil. Thirty percent of faculty/administrators also rated this behavior as highly uncivil, but 28.95% rated being unavailable outside of class as highly civil. Results demonstrated a significant difference in student and faculty/administrator perceptions of faculty being unavailable outside of class, $F(1, 234) = 3.83$, $p = 0.05$

Table 6. 1

Comparison of Student and Faculty/Administrator Perceptions of Uncivil Faculty Behaviors –

ANOVA (N=236)

	SS	df	MS	F	p-value
Expressing disinterest, boredom, or apathy about course content or subject matter	8.79	1	8.79	3.98	0.05*
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	1.54	1	1.54	0.66	0.42
Ineffective or inefficient teaching method (deviating from course syllabus, changing assignment or test dates)	8.65	1	8.65	4.87	0.03*
Refusing or reluctant to answer direct questions	10.56	1	10.56	4.97	0.03*
Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes	0.28	1	0.28	0.14	0.71
Arriving late for class or other scheduled activities	0.11	1	0.11	0.05	0.82
Leaving class or other scheduled activities early	0.03	1	0.03	0.14	0.91
Being unprepared for class or other scheduled activities	7.86	1	7.86	3.79	0.05*
Canceling class or other school activities without warning	10.02	1	10.02	4.12	0.04*
Being distant and cold towards other (unapproachable, rejecting student's opinions)	3.96	1	3.96	4.62	0.03*
Punishing the entire class for one student's misbehavior	14.41	1	14.41	6.57	0.01*
Allowing side conversations by students that disrupt class	4.46	1	4.46	2.35	0.13
Unfair grading	11.1	1	11.1	4.85	0.03*
Marking condescending or rude remarks towards others	0.5	1	0.5	0.2	0.65
Refusing to discuss make-up exams, extensions, or grade changes	13.78	1	13.78	6.67	0.01*
Ignoring, failing to address, or encouraging disruptive student behaviors	10.11	1	10.11	4.66	0.03*
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	0.67	1	0.67	0.28	0.59
Being unavailable outside of class (not returning calls or emails, not maintaining office hours)	8.18	1	8.18	3.83	0.05*
Sending inappropriate or rude emails to others	5.6	1	5.6	2.09	0.15
Making discriminating comments (racial, ethnic, gender, etc.) towards others	5.47	1	5.47	2.95	0.15
Using profanity (swearing, cussing) directed toward others	5.82	1	5.82	2.16	0.14
Threats of physical harm against others (implied or actual)	6.83	1	6.83	2.36	0.13
Property damage	8.64	1	8.64	3.03	0.08
Making threatening statements about weapons	6.98	1	6.98	2.4	0.12

Note: Significance level p<0.05

Incidence of Perceived Incivility

Student Behaviors

In terms of incidence, student behaviors that rated as highly uncivil were also reported by

a majority of students and faculty/administrators that cheating on exams or quizzes, making

condescending or rude remarks towards others, sending in appropriate or rude emails to others, making discriminating comments towards others, threats of physical harm against others, property damage, and making threating statements about weapons never occurred. Although both students and faculty/administrators reported using profanity directed towards others as highly uncivil there was disagreement in the reported incidence. Half of students (50%) reported that this never occurred while 50% of faculty/administrators reported that it occurred rarely.

Most faculty/administrators also reported students arriving late for class (55.26%), being unprepared for class or other scheduled activities (63.16%), and holding side conversations that distract themselves or others (63.16%) happened sometimes, while these were reported less frequently by students. Students felt skipping class or other scheduled activities never happened (52.53%) whereas faculty felt this happened sometimes (55.26%). A higher incidence of students being reluctant or refusing to answer questions, leaving class or other scheduled activities early, being distant or cold towards others, making condescending or rude remarks towards others, ignoring, failing to address, or encouraging disruptive behaviors by classmates, and being unresponsive to emails or other communications was also reported more frequently by faculty/administrators. Frequency data related to student and faculty/administrator rated incidence of student behaviors is depicted in Table 7.1.

Table 7. 1

Students and Faculty/Administrator Rated Incidence of Perceived Uncivil Student Behaviors –

Frequencies (N=236)

		Student Responses (*n*=198)		Faculty Responses (*n*=38)	
		Count	%	Count	%
Expressing disinterest, boredom, or apathy about course content or subject matter	Never	24	12.12	2	5.26
	Rarely	40	20.20	6	15.79
	Sometimes	95	47.98	26	13.13
	Often	39	19.7	4	10.53
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	Never	47	23.74	5	13.16
	Rarely	56	28.28	15	39.47
	Sometimes	62	31.31	16	42.11
	Often	33	16.67	2	5.26
Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.)	Never	28	14.14	3	7.89
	Rarely	49	24.75	9	23.68
	Sometimes	74	37.37	18	47.37
	Often	47	23.74	8	21.05
Refusing or reluctant to answer direct questions	Never	92	46.46	7	18.42
	Rarely	57	28.79	20	52.63
	Sometimes	36	18.18	10	26.32
	Often	13	6.57	1	2.63
Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes	Never	25	12.63	2	5.26
	Rarely	42	21.21	6	15.79
	Sometimes	56	28.28	16	42.11
	Often	75	37.88	14	36.84
Arriving late for class or other scheduled activities	Never	45	22.73	1	2.63
	Rarely	76	38.38	14	36.84
	Sometimes	51	25.76	21	55.26
	Often	26	13.13	2	5.26
Leaving class or other scheduled activities early	Never	65	32.83	6	15.79
	Rarely	93	46.97	20	52.63
	Sometimes	26	13.13	11	28.95
	Often	14	7.07	1	2.63
Being unprepared for class or other scheduled activities	Never	41	20.71	2	5.26
	Rarely	78	39.39	4	10.53
	Sometimes	59	29.8	24	63.16
	Often	20	10.10	8	21.05
Skipping class or other scheduled activities	Never	104	52.53	6	15.79
	Rarely	59	29.8	21	55.26
	Sometimes	23	11.62	11	28.95
	Often	12	6.06	0	0
Being distant and cold toward others (unapproachable, rejecting faculty, or other student's opinions)	Never	56	28.28	4	10.53
	Rarely	59	29.79	23	60.53
	Sometimes	57	28.79	11	28.95
	Often	26	13.13	0	0
Creating tension by dominating class discussion	Never	66	33.33	8	21.05
	Rarely	46	23.23	18	47.37
	Sometimes	57	28.79	11	28.95
	Often	29	14.65	1	2.63
Holding side conversations that distract you or others	Never	41	20.71	3	7.89
	Rarely	49	24.74	4	10.53
	Sometimes	64	32.32	24	63.16
	Often	44	22.22	7	18.42
Cheating on exams or quizzes	Never	151	76.26	19	50
	Rarely	25	12.63	12	31.58
	Sometimes	11	5.56	7	18.42

	Often	11	5.56	0	0
Making condescending or rude remarks towards others	Never	77	38.89	6	15.79
	Rarely	54	27.27	21	55.26
	Sometimes	41	20.71	10	26.32
	Often	26	13.13	1	2.63
Demanding make-up exams, extensions, or other special favors	Never	91	45.96	12	31.58
	Rarely	79	39.9	18	47.37
	Sometimes	18	9.09	6	15.79
	Often	10	5.05	2	5.26
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	Never	97	48.99	8	21.05
	Rarely	55	27.78	22	57.89
	Sometimes	28	14.14	8	21.05
	Often	18	9.09	0	0
Demanding a passing grade when a passing grade was not earned	Never	140	70.71	18	47.37
	Rarely	35	17.68	16	42.11
	Sometimes	13	6.57	4	10.53
	Often	10	5.5	0	0
Being unresponsive to emails or other communications	Never	83	41.92	6	15.79
	Rarely	60	30.30	22	57.89
	Sometimes	38	19.19	8	21.05
	Often	17	8.59	2	5.26
Sending inappropriate or rude emails to others	Never	163	82.32	25	65.79
	Rarely	18	9.09	12	31.58
	Sometimes	6	3.03	0	0
	Often	11	5.56	1	2.63
Making discriminating comments (racial, ethnic, gender, etc.) towards others	Never	139	70.20	22	57.89
	Rarely	30	15.15	14	36.84
	Sometimes	19	9.6	1	2.63
	Often	10	5.05	1	2.63
Using profanity (swearing, cussing) directed toward others	Never	99	50	13	34.21
	Rarely	42	21.21	19	50
	Sometimes	33	16.67	5	13.16
	Often	24	12.12	1	2.63
Threats of physical harm against others (implied or actual)	Never	170	85.86	33	86.84
	Rarely	10	5.05	4	10.53
	Sometimes	9	4.54	0	0
	Often	9	4.54	1	2.63
Property damage	Never	176	88.89	30	78.95
	Rarely	11	5.56	7	18.42
	Sometimes	3	1.52	0	0
	Often	8	4.04	1	2.63
Making threatening statements about weapons	Never	181	91.41	37	97.37
	Rarely	7	3.54	0	0
	Sometimes	2	1.01	0	0
	Often	8	4.04	1	2.63

Results indicated some significant differences related to the perceived incidence of uncivil student behaviors. Most faculty/administrators (52.26%) reported arriving late for class or other scheduled activities as having happened sometimes, while 38.38% of students reported this rarely happened and 25.76% reported this happened sometimes. Results indicated a significant difference in the perceived incidence of students arriving late for class or other scheduled activities between students and faculty/administrators, $F (1, 234) = 4.32, p = 0.04$.

Results also demonstrated a significant difference in the perceived incidence reported by students

and faculty/administrators in regard to students being unprepared for class or other scheduled

activities, $F (1, 234) = 21.57$, $p = 0.00001$. In this case, 63.16% of faculty/administrators felt this

happened sometimes and 39.39% of students felt this rarely happened, while 20.71% said it

never happened. Skipping class or other scheduled activities was another area of disagreement

as 52.53% of students stated this never happened and 55.26% of faculty stated this happened

rarely. Results demonstrated that this difference was significant, $F (1, 234) = 7.1$, $p = 0.001$.

Lastly, students holding side conversations that distract themselves or others also indicated a

significant difference in perceived incidence between students and faculty, $F (1, 234) = 3.84$, $p =$

0.05. A majority of faculty (63.19%) reported this as having happened sometimes, while 24.74%

of students stated this rarely happened and 20.71% felt it never happens. Table 8.1 reports the

one-way ANOVA results related to the rated incidence of student behaviors by

faculty/administrators and students.

Table 8. 1

Comparison of Students and Faculty/Administrator Rated Incidence of Perceived Uncivil Student

Behavior – ANOVA (N=236)

	SS	df	MS	F	p-value
Expressing disinterest, boredom, or apathy about course content or subject matter	0.26	1	0.26	0.33	0.56
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	0.01	1	0.01	0.01	0.94
Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.)	0.38	1	0.38	0.4	0.53
Refusing or reluctant to answer direct questions	2.56	1	2.56	3.05	0.08
Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes	2.03	3	0.68	0.65	0.59
Arriving late for class or other scheduled activities	3.66	1	3.66	4.32	0.04*
Leaving class or other scheduled activities early	1.83	1	1.83	2,58	0.11
Being unprepared for class or other scheduled activities	17.15	1	17.15	21.57	0.00001*
Skipping class or other scheduled activities	5.47	1	5.47	7.1	0.001*
Being distant and cold toward others (unapproachable, rejecting faculty, or other student's opinions)	0.25	1	0.25	0.26	0.61
Creating tension by dominating class discussion	1.47	1	0.47	0.43	0.51
Holding side conversations that distract you or others	4.03	1	4.03	3.84	0.05*
Cheating on exams or quizzes	2.5	1	2.5	3.71	0.06
Making condescending or rude remarks towards others	0.19	1	0.19	0.18	0.67
Demanding make-up exams, extensions, or other special favors	1.47	1	1.47	2.15	0.14
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	0.89	1	0.89	1	0.32
Demanding a passing grade when a passing grade was not earned	0.94	1	0.94	1.45	0.23
Being unresponsive to emails or other communications	1.83	1	1.83	2	0.16
Sending inappropriate or rude emails to others	0.15	1	0.15	0.15	0.7
Making discriminating comments (racial, ethnic, gender, etc.) towards others	0.03	1	0.03	0.04	0.84
Using profanity (swearing, cussing) directed toward others	0.05	1	0.05	0.05	0.83
Threats of physical harm against others (implied or actual)	0.17	1	0.17	0.29	0.59
Property damage	0.22	1	0.22	0.28	0.49
Making threatening statements about weapons	0.16	1	0.16	0.4	0.53

Note: Significance level p<0.05

Faculty Behaviors

In terms of incidence, faculty behaviors that rated as highly uncivil were also reported by

a majority of students and faculty/administrators as having never happened. These behaviors

included: Faculty making rude gestures or nonverbal behaviors toward others, unfair grading,

making condescending or rude remarks towards others, exerting superiority, abusing position,

rank over others, sending inappropriate or rude emails to others, making discriminating comment

towards others, using profanity directed towards others, threats of physical harm against others, property damage, and making threatening statements about weapons. A majority of students and faculty/administrators were also in agreement that canceling class or other activities without warning, punishing the entire class for one student's misbehavior, refusing to discuss make-up exams, extensions, or grade changes, ignoring, failing to address, or encouraging disruptive student behaviors and being available outside of class never happened. Most faculty/administrators (60.53%) reported that faculty refusing or being reluctant to answer questions never happened, whereas 40.40% of students agreed and 33.33% stated it rarely occurred. Frequency data related to student and faculty/administrator rated incidence of faculty behaviors is depicted in Table 9.1

Table 9. 1

Students and Faculty/Administrator Rated Incidence of Perceived Uncivil Faculty Behaviors –

Frequencies (N=236)

		Student Responses (*n*=198)		Faculty Responses (*n*=38)	
		Count	%	Count	%
Expressing disinterest, boredom, or apathy about course content or subject matter	Never	94	47.47	14	36.84
	Rarely	69	34.85	18	47.37
	Sometimes	25	12.63	6	15.79
	Often	10	5.05	0	0
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	Never	110	55.56	19	50
	Rarely	45	22.73	15	39.47
	Sometimes	33	16.67	4	10.53
	Often	10	5.05	0	0
Ineffective or inefficient teaching method (deviating from course syllabus, changing assignment or test dates)	Never	37	18.67	12	31.58
	Rarely	72	36.36	18	47.37
	Sometimes	63	31.82	8	21.05
	Often	26	13.13	0	0
Refusing or reluctant to answer direct questions	Never	80	40.40	23	60.53
	Rarely	66	33.33	12	31.58
	Sometimes	37	18.69	3	7.89
	Often	15	7.58	0	0
Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes	Never	115	58.08	7	18.42
	Rarely	53	26.77	16	42.11
	Sometimes	19	9.6	12	31.58
	Often	11	5.56	3	7.89
Arriving late for class or other scheduled activities	Never	90	45.45	13	34.21
	Rarely	74	37.37	16	42.11
	Sometimes	24	12.12	7	18.42
	Often	10	5.05	2	5.26
Leaving class or other scheduled activities early	Never	136	68.69	15	39.47
	Rarely	42	21.21	14	36.84
	Sometimes	12	6.06	7	18.42
	Often	8	4.04	2	5.26
Being unprepared for class or other scheduled activities	Never	89	44.95	15	39.47
	Rarely	72	36.36	18	47.37
	Sometimes	26	13.13	5	13.16
	Often	11	5.56	0	0
Canceling class or other schooled activities without warning	Never	157	79.29	27	71.05
	Rarely	29	14.65	9	23.68
	Sometimes	4	2.02	2	5.26
	Often	8	4.04	0	0
Being distant and cold towards other (unapproachable, rejecting student's opinions)	Never	89	44.95	21	55.26
	Rarely	60	30.30	14	36.84
	Sometimes	34	17.17	3	7.89
	Often	15	7.58	0	0
Punishing the entire class for one student's misbehavior	Never	121	61.11	23	60.53
	Rarely	38	19.19	12	31.58
	Sometimes	21	10.61	3	7.89
	Often	18	9.09	0	0
Allowing side conversations by students that disrupt class	Never	85	42.93	11	28.95
	Rarely	57	28.79	19	50
	Sometimes	34	17.17	8	21.05
	Often	23	11.62	0	0
Unfair grading	Never	86	43.43	21	55.26
	Rarely	55	27.78	15	39.47
	Sometimes	40	20.20	2	5.26

	Often	17	8.59	0	0
Marking condescending or rude remarks towards others	Never	123	62.12	25	65.79
	Rarely	33	16.67	10	26.32
	Sometimes	25	12.63	3	7.89
	Often	17	8.59	0	0
Refusing to discuss make-up exams, extensions, or grade changes	Never	102	51.52	25	65.79
	Rarely	43	21.72	11	28.95
	Sometimes	37	18.69	2	5.26
	Often	16	8.08	0	0
Ignoring, failing to address, or encouraging disruptive student behaviors	Never	107	54.04	22	57.89
	Rarely	44	22.22	14	36.84
	Sometimes	27	13.64	2	5.26
	Often	20	10.1	0	0
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	Never	134	67.68	23	60.53
	Rarely	30	15.15	12	31.58
	Sometimes	18	9.09	3	7.89
	Often	16	8.08	0	0
Being unavailable outside of class (not returning calls or emails, not maintaining office hours)	Never	100	50.51	19	50
	Rarely	63	31.82	17	44.74
	Sometimes	23	11.62	2	5.26
	Often	12	6.06	0	0
Sending inappropriate or rude emails to others	Never	167	84.34	33	86.84
	Rarely	14	7.07	4	10.53
	Sometimes	4	2.02	1	2.63
	Often	13	6.57	0	0
Making discriminating comments (racial, ethnic, gender, etc.) towards others	Never	162	80.81	31	81.58
	Rarely	16	8.08	5	13.16
	Sometimes	9	4.55	2	5.26
	Often	11	5.56	0	0
Using profanity (swearing, cussing) directed toward others	Never	166	83.84	35	92.11
	Rarely	15	7.58	3	7.89
	Sometimes	4	2.02	0	0
	Often	13	6.57	0	0
Threats of physical harm against others (implied or actual)	Never	182	91.92	37	97.37
	Rarely	3	1.52	1	2.63
	Sometimes	3	1.52	0	0
	Often	10	5.05	0	0
Property damage	Never	182	91.92	37	97.37
	Rarely	3	1.52	1	2.63
	Sometimes	2	1.01	0	0
	Often	11	5.56	0	0
Making threatening statements about weapons	Never	182	91.92	38	100
	Rarely	2	1.01	0	0
	Sometimes	2	1.01	0	0
	Often	11	5.56	0	0

Some significant differences related to the perceived incidence of uncivil faculty behaviors were discovered during data analysis. When reporting faculty use of ineffective or inefficient teaching methods, 31.58% of faculty/administrators felt that this never occurred and 47.37% reported this happened rarely in comparison to students, in which 36.36% reported this happened rarely and 31.82% reported it happened sometimes. Results indicated a significant difference in the reported incidence of faculty use of ineffective or inefficient teaching methods

between students and faculty/administrators, $F(1, 234) = 9.64$, $p = 0.002$. Results also indicated a significant difference between the reported incidence of faculty refusing or being reluctant to answer direct questions between students and faculty/administrators $F(1, 234) = 8.26$, $p = 0.004$. A majority of faculty/administrators (60.53%) reported this never happened and while 40.40% of students agreed, another 33.33% reported that this rarely happened. When asked about faculty using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes, 58.08% of students reported that this never happened, whereas 42.11% of faculty/administrators felt this rarely happened and 31.58% said it sometimes happened generating a significant difference in this area, $F(1, 234) = 18.42$, $p = 0.00003$. A difference of opinion also existed in regard to faculty leaving class or other scheduled activities early, as 68.69% of students felt this never happened and 39.47% of faculty/administrators were in agreement and 36.84% felt it happened sometimes. Results demonstrated a significant difference in the perceived incidence of faculty leaving class or other scheduled activities early, as reported by students and faculty/administrators, $F(1, 234) = 9.59$, $p = 0.002$. Although a majority of students and faculty/administrators were in agreement that unfair grading and refusing to discuss make-up exams, extensions or grade changes never occurred, a significant difference was still found related to unfair grading, $F(1, 234) = 6.95$, $p = 0.01$, and refusing to discuss make-up exams, extensions or grade changes $F(1, 234) = 6.69$, $p = 0.01$. In terms of faculty grading unfairly, 39.47% of faculty/administrators did feel that this happened rarely and 27.78% of students agreed. Similarly, for faculty refusing to discuss make-up exams, extensions, or grade changes, 28.95% of faculty/administrators stated this rarely happened and 21.72% of students were in agreement. Lastly, 55.26% of faculty stated that being distant and cold towards others never happened, whereas 44.95% of students agreed and 30.30%

said this rarely happened, generating a statistically significant difference, $F(1, 234) = 4.62$, $p =$ 0.02. Table 9.1 reports the one-way ANOVA results related to the rated incidence of faculty behaviors by faculty/administrators and students.

Table 10. 1

Comparison of Students and Faculty/Administrator Rated Incidence of Perceived Uncivil Faculty Behaviors – ANOVA (N=236)

	SS	df	MS	F	p-value
Expressing disinterest, boredom, or apathy about course content or subject matter	0.04	1	0.04	0.06	0.8
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	0.36	1	0.36	0.46	0.5
Ineffective or inefficient teaching method (deviating from course syllabus, changing assignment or test dates)	7.94	1	7.94	9.64	0.002*
Refusing or reluctant to answer direct questions	6.76	1	6.76	8.26	0.004*
Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes	14.02	1	14.02	18.42	0.00003*
Arriving late for class or other scheduled activities	1.03	1	1.03	1.41	0.24
Leaving class or other scheduled activities early	6.18	1	6.18	9.59	0.002*
Being unprepared for class or other scheduled activities	0.1	1	0.1	0.14	0.71
Canceling class or other schooled activities without warning	0.04	1	0.04	0.78	0.78
Being distant and cold towards other (unapproachable, rejecting student's opinions)	3.96	1	3.96	4.62	0.02*
Punishing the entire class for one student's misbehavior	1.31	1	1.31	1.47	0.23
Allowing side conversations by students that disrupt class	0.03	1	0.03	0.03	0.87
Unfair grading	6.44	1	6.44	6.95	0.01*
Marking condescending or rude remarks towards others	2.25	1	2.25	2.38	0.12
Refusing to discuss make-up exams, extensions, or grade changes	6.41	1	6.41	6.69	0.01*
Ignoring, failing to address, or encouraging disruptive student behaviors	3.46	1	3.46	3.6	0.06
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	0.37	1	0.37	0.42	0.51
Being unavailable outside of class (not returning calls or emails, not maintaining office hours)	1.09	1	1.09	1.45	0.23
Sending inappropriate or rude emails to others	0.77	1	0.77	1.27	0.26
Making discriminating comments (racial, ethnic, gender, etc.) towards others	0.36	1	0.36	0.58	0.45
Using profanity (swearing, cussing) directed toward others	1.82	1	1.82	3.1	0.08
Threats of physical harm against others (implied or actual)	1.04	1	1.04	2.19	0.14
Property damage	1.1	1	1.1	2.22	0.14
Making threatening statements about weapons	1.43	1	1.43	2.92	0.09

*Note: Significance level p<0.05

Recommendations for Improving the Level of Civility in Dental Hygiene Education

As part of the IHE-R survey, students and faculty/administrators were asked to identify to what extent they thought incivility was a problem in their academic program, and whether they felt that students or faculty/administrators were more likely to engage in uncivil behavior in their academic program. Additionally, participants were asked to identify three strategies they might suggest for improving the level of incivility in higher education. The options included the use of empirical tools (surveys, etc.) to measure incivility/civility and address areas of strength/growth, establish codes of conduct that define acceptable and unacceptable behaviors, role-model professionalism and civility raise awareness, provide civility education, integrate civility and collegiality into performance evaluations, provide training for effective communication and conflict negotiation, develop and implement comprehensive policies and procedures to address incivility, reward civility and professionalism, implement strategies for stress reduction and self-care, or take personal responsibility and stand accountable for actions.

Overall, the participants reported level of civility in their institutions ranged from 5-100 with a mean of level of civility of 77.98 ($SD = 25.11$). Students reported a range of civility from 5-100 with a mean of 79.46 ($SD = 23.43$) while faculty reported a range of civility from 5-100 with a mean of 66.67 ($SD = 34.74$). One-way ANOVA results demonstrated a significant difference in mean level of civility between students and faculty/administrators, $F (1, 214) = 7.5$, $p = .01$. Analysis revealed 48.6% of faculty ($n = 37$) felt that students were much more likely to engage in uncivil behavior, while 33.68% of students ($n = 190$) felt that faculty and students were equally likely to engage in uncivil behavior and 36.32% felt that students were a little more likely to engage in uncivil behavior; this difference was significant, $X^2(4, N = 227) = 15.38$, $p = 0.004$, according to Chi-square data analysis. Of the strategies provided to improve civility in

dental hygiene education the top three strategies chosen were to raise awareness, provide civility education ($n = 98$), to implement strategies for stress reduction and self-care ($n = 91$), and to role model professionalism and civility ($n = 86$).

Table 11. 1

Strategies to Improve the Level of Civility – Frequency (N=236)

Characteristic	Count
Use empirical tools (surveys, etc.) to measure incivility/civility and address areas of strength/growth	33
Establish codes of conduct that define acceptable and unacceptable behaviors	86
Role-model professionalism and civility	98
Raise awareness, provide civility education	43
Integrate civility and collegiality into performance evaluations	84
Provide training for effective communication and conflict negotiation	37
Develop and implement comprehensive policies and procedures to address incivility	64
Reward civility and professionalism	91
Implement strategies for stress reduction and self-care	76
Take personal responsibility and stand accountable for actions	

Findings of Qualitative Research

Questions within the IHE-R survey aimed at collecting qualitative data, required the participant disclose an example of an uncivil encounter they had witnessed or personally experienced, what they felt was the primary reason for incivility in dental hygiene education, and what was the most significant consequence of incivility in dental hygiene education. The following two research questions were used to guide qualitative data analysis:

1. What do dental hygiene students and dental hygiene faculty/administrators feel is the primary reason for uncivil behavior?

2. What do dental hygiene students and faculty/administrators feel is the most significant consequence of incivility in dental hygiene education?

Upon completion of data collection all qualitative data was input into an Excel spreadsheet to begin the coding process. First, open coding was completed to identify categories. Axial coding was then used to define relationships between codes and categories. Lastly, selective coding was completed in order to identify themes based on patterns and relationships. Throughout the process codes were evaluated and edited for redundancy.

Demographic Data

For the qualitative portion of this study, a convenience sample of 268 dental hygiene students, faculty and administrators was used for this study (200 dental hygiene students, 60 dental hygiene faculty, and eight administrators). Of the 268 surveys distributed, 244 were returned and 48 were excluded, due to lack of completion of qualitative data points, yielding an 73% response rate. Of the 196 participants, 81.63% were classified as dental hygiene students ($n = 160$) and 18.37% were dental hygiene faculty and administrators ($n = 36$). Nearly all of the participants were female (90.8%) and 7.14% were male, while 2.04% did not disclose their gender. All participants were aged 20-70 years, however, the range for dental hygiene students was 20-50 years with a mean age of 26 years. Dental hygiene faculty age ranged from 28-70 years with a mean age of 50 years. Participant characteristics for the qualitative portion of this study are further summarized in Table 12.1 and additional faculty demographic data is summarized in Table 13.1

Table 12. 1

Demographics Data (N=196)

Characteristic	Count	%
Gender		
Male	14	7.17
Female	178	90.82
Undisclosed	4	2.04
Ethnicity		
African American or Black	6	3.06
White	77	39.28
Hispanic or Latino	56	28.28
Asian	44	22.44
Native American or Other Pacific Islander	4	2.04
Undisclosed	9	4.59
Age		
20-29	118	60.2
30-39	29	14.8
40-49	9	4.59
50-59	16	8.16
60-70	7	3.57
Undisclosed	17	8.67
Position in Dental Hygiene Program		
Student	160	81.63
Part-time/Adjunct Faculty	18	9.18
Full-time Faculty	14	7.14
Administrator	4	2.94

Table 13. 1

Additional Faculty and Administrator Demographics Data (N=36)

Characteristic	Count	%
Highest Degree Earned		
Associate degree	0	0
Bachelor's Degree	9	25
Master's Degree	23	63.89
PhD/Doctorate	4	11.11
Years of Teaching Experience (faculty only, *n*=38)		

1-5	14	38.89
6-10	11	30.56
11-15	3	8.33
16-20	3	8.33
21-25	4	11.11
26-30	1	2.78

Examples of Uncivil Encounters in Dental Hygiene Education

Many responses were provided as examples of uncivil behavior witnessed and/or personally experienced in dental hygiene education. Encounters included the use of digital technology in class by both students and faculty, rude comments by both students and faculty, disruptive behavior in class by students, faculty being unprepared for class and having vague expectations, faculty and students being unresponsive to emails, and speaking about others poorly by both students and faculty. Additional uncivil encounters are listed in Table 14.

Table 14.1

Examples of Uncivil Encounters reported by Dental Hygiene Students and Faculty (N=196)

Participant ID	Encounter
14	"Allowing students to say rude things without consequence just 'meetings' to resolve conflict but no consequence for poor behavior."
21	"People in my cohort treating me inferior to other students, bullying, and spreading incorrect information of my character and person."
23	"Some students specifically continue to disrupt and disrespect professors, but nothing is done."
35	"Where do I begin…students: Rude for own personal gain, slander against culture and character, sleeping in class, on cell phones, interrupting professors; Faculty: Allowing interruptions, not stopping disruptive behavior or rude behavior, certain professors grade unfairly."
36	

"Classmates not getting along in class; racial comments about my ethnicity towards me."

47

"Students having side conversation during class time, swearing in clinic."

49

"A professor not taking accountability for ineffective teaching, refusing direct questions, and rude remarks and threatening of students with grades."

50

"I witnessed a professor snatch a tooth out of a student's hand during a mock OSCE. I also have witnessed professors roll their eyes at students when they aren't looking."

52

"Yesterday I was given condescending remarks by a male professor in clinic. I think that it is his personality, but it was extremely rude and discouraging."

56

"A professor made a physical threat to a student for being on her phone and tried to pass it off as a joke."

63

"I find that many people expect a certain grade without working for it. People are disruptive, then place blame on others."

66

"Professors taking personal emotions out on students, professors not allowing students to see exams after taking it, professors not responding to students' emails."

76

"Students coming in late and unprepared, causing distractions for other students who are ready."

93

"When someone (a student) takes or asks questions, certain students will give teacher looks of annoyance and text each other; a faculty member spoke unfavorably about a student to another student, very unprofessional; certain instructors refuse to admit wrong or acknowledge when grading was unfair"

109

"A student made a bomb threat on campus."

149

"Professors not responding to emails; its rude, countless times a female made sexual comments and disruptive outbursts in class and

	teachers said nothing; males phone would go off almost once a day and teachers said nothing."
153	"A student talking about how Chinese people are poor; same student talking about how all county patients are poor; same student talking about how Mexicans are dark skinned; same students talking about how Mexicans can be ghetto; swearing while patients are still within earshot."
165	"A professor was inconsiderate of her students and expected them to know everything she hadn't taught yet. Would tell the students 'that's common sense' when students would ask sincere questions. A student verbally attacked me when I was having a private conversation with another classmate. They overheard our conversation. We tried to talk it out with an instructor, and it didn't go their way so they decided it would be best involving the dean of students. We both ended up critical errors and it has scared me. I walk on eggshells around this person to make sure I don't say something that may offend them."
206	"Students feel they have special rights, seeing they are paying for the program. They tend to over talk faculty and question their ability. Running from faculty to faculty with questions or complaints."
212	"When certain faculty members don't follow protocol with the patients, therefore leading to confusion on the part of the patients. This usually turns into the patient blaming the next faculty member that comes along for actually maintaining our policies, which can lead to unnecessary conflict. This leads to stress for both the patient and the faculty member."
214	"Faculty member arrives to work late and leaves early, breaks departments code of conducts and policies in place, does not hold responsibility for their action, and sets a poor example for students."

Primary Reason for Uncivil Behavior

Upon data analysis of participant responses related to the primary reason for uncivil

behavior in dental hygiene education, 959 words were analyzed, and 27 codes were assigned to

the data points. From these 27 codes, five themes emerged which included lack of

consequences, personality traits, miscommunication, stress, and lack of professionalism. One

example provided by a participant that related to a lack of consequences was "some students

specifically continue to disrupt and disrespect professors, but nothing is done." In terms of

personality traits, one participant stated they had experiences with an individual who was "mean

and catty" while another student reported "yesterday I was given condescending remarks by a

male professor in clinic. I think that is his personality, but it was extremely rude and

discouraging." Another participant reported a "teacher telling some students one thing and other

students' other things" which can contribute to the perception of miscommunication. One

participant discussed a stressful situation and reported:

> When certain faculty members don't follow protocol with the patients, therefore leading
>
> to confusion on the part of the patients. This usually turns into the patient blaming the
>
> next faculty member that comes along for actually maintaining our policies, which can
>
> lead to unnecessary conflict. This leads to stress for both the patient and the faculty
>
> member.

Lastly, a participant reported "a professor talked bad about students to a representative

during class" which displayed a lack of professionalism. Emerging themes and their

corresponding codes related to the primary reason for uncivil behavior in dental hygiene

education are available in Table 15.1

Table 15.1

Primary Reason for Uncivil Behavior (N=196)

Theme	Codes
Lack of Consequences	Lack of punishment
	Not enough rules
	Lack of authority
	Ignoring behavior
	Low staff
	Lack of leadership
Personality Traits	Exerting superiority
	Competition
	Personality differences
	Morals
	Culture
	Emotional
	Personal issues
	Nonverbal behaviors
	Low confidence
Miscommunication	Miscommunication
	Gossip
	Lack of awareness
Stress	Stress
	Exhaustion
	Busy
	Lack of time
Lack of Professionalism	management
	Unfair treatment
	Lack of professionalism
	Lack of teamwork
	Favorites
	Lack of respect

Consequence of Incivility

Upon data analysis of participant responses related to the most significant consequence of uncivil behavior in dental hygiene education, 804 words were analyzed, and 24 codes were

assigned to the data points. From these 24 codes, five themes emerged which included hostile

environment, decreased student success, emotional distress, relationship damage, and

professional damage. One student described a hostile environment and stated:

> A student verbally attacked me when I was having a private conversation with another
>
> classmate. They overheard our conversation. We tried to talk it out with an instructor,
>
> and it didn't go their way so they decided it would be best involving the dean of students.
>
> We both ended up critical with errors and it has scared me. I walk on eggshells around
>
> this person to make sure I don't say something that may offend them.

An example provided that illustrates decreased student success was "a teacher has told

me I was dumb and not as good as her in front of my patient; a patient who doesn't want to come

back because of her." Another participant displayed emotional distress in their comment "I feel

like a burden to this program." Relationship damage was reported as "friend groups excluding

others." Lastly, an incident that might lead to professional damage was discussed and the

participant stated, "a black student accused instructor of racism when instructor expressed

concern about attitude. The instructor was not racist. The student was taking advantage of her

position." Emerging themes and their corresponding codes related to the most significant

consequence of incivility in dental hygiene education are available in Table 16.1

Table 16.1

Primary Consequence of Uncivil Behavior (N=196)

Theme	Codes
Hostile environment	Bad work environment
	Tense environment
Decreased student success	Disinterest in school
	Critical error
	Low grade
	Low education

	Dismissal
	Unequal treatment
	Dropout
	Low motivation
Emotional distress	Stress
	Hurt feelings
	Frustration
	Mental health issues
	Low confidence
Relationship damage	No trust
	Relationship damage
	Exclusion
Professional damage	Loss of job
	Lack of
	professionalism
	Low productivity
	Low accountability
	Poor reputation
	Poor patient care

Summary

In this chapter, quantitative and qualitative data analysis was presented to evaluate

incivility in dental hygiene education. Descriptive statistics were used to discuss participant

demographics and frequency data. Analysis of variance was used to analyze differences in

perceptions and incidence of uncivil behavior between dental hygiene students and

faculty/administrators. Lastly, open coding, axial coding, and selective coding was used to

analyze qualitative data related to the primary reason for incivility in dental hygiene education

and the most significant consequence of this behavior.

CHAPTER 5: DISCUSSION

Introduction

The purpose of this cross sectional, phenomenological study was to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions. Previous research defined incivility as rude or disruptive behavior resulting in psychological or physiological distress (Clark et al., 2015). A lack of research related to incivility in dental hygiene education exists and analysis of the incidence and perceptions of this behavior may demonstrate a need for action to both prevent and manage this behavior.

This study was conducted in the Fall of 2019 and utilized a convenience sample of five dental hygiene schools in California. With permission (Appendix I), a previously designed and validated survey, the Incivility in Higher Education-Revised survey (IHE-R), was modified and adapted to obtain both quantitative and qualitative data regarding the incidence and perceptions of incivility among dental hygiene students and faculty/administrators (Clark et al., 2015). The following research questions were used to guide data analysis:

1. Do perceptions of uncivil behavior in classroom, laboratory, and clinical settings differ between dental hygiene students and dental hygiene faculty/administrators?

2. What is the incidence of perceived incivility among dental hygiene students and dental hygiene faculty/administrators?

3. What do dental hygiene students and dental hygiene faculty/administrators feel is the primary reason for uncivil behavior?

4. How do dental hygiene students and faculty/administrators recommend improving the level of civility in dental hygiene education?

5. What do dental hygiene students and faculty/administrators feel is the most

significant consequence of incivility in dental hygiene education?

Quantitative analysis was conducted and aimed to evaluate the difference in dental

hygiene student and faculty/administrators' views related to the incidence and perception of

uncivil student and faculty behaviors. This analysis incorporated the surveys responses of 236

participants, 83.9% were classified as dental hygiene students ($n = 198$), 16.1% were dental

hygiene faculty and administrators ($n = 38$). One-way analysis of variance revealed that

statistically significant differences related to the incidence and perceptions of uncivil student and

faculty/administrators' behaviors did exist.

Qualitative analysis aimed to explore what participants felt was the primary reason for

incivility in dental hygiene education and the most significant consequence of this behavior.

This analysis incorporated the open-ended survey responses of 196 participants, 81.63% were

classified as dental hygiene students ($n = 160$), 18.37% were dental hygiene faculty and

administrators ($n = 36$). Data analysis of participant responses related to the primary reason for

uncivil behavior in dental hygiene education revealed five themes which included lack of

consequences, personality traits, miscommunication, stress, and lack of professionalism. Upon

data analysis of participant responses related to the most significant consequence of uncivil

behavior in dental hygiene education five themes emerged which included hostile environment,

decreased student success, emotional distress, relationship damage, and professional damage.

More detailed information related to the problem statement, significance of the study,

purpose of the study, research questions, a review of the literature, and research methodology

was discussed in Chapter 1, Chapter 2, and Chapter 3. Chapter 4 discussed quantitative and

qualitative analysis guided by the research questions. This chapter will focus on a discussion of

the findings of this study including the following subtopics: (a) summary of the study, (b) implications for practice (c) recommendations for future research, (d) conclusions, and (e) summary.

Summary of the Study

Data analysis related to the perceptions of uncivil student and faculty behavior revealed that differences did exist among students and faculty/administrators' perceptions. Statistically significant differences were minimal in regard to student behaviors and only reported being distant and cold towards others and creating tension by dominating class discussions. Many statistically significant differences were reported in regard to the perceptions of faculty behaviors. Demographic data displayed the average age of students was 26 years while the average age for faculty was 50 years. It is possible that these differences in perceptions related to faculty behaviors can be associated with the age differential. Additionally, a majority of the faculty/administrators reported their highest degree as being a master's degree. This knowledge differential might attribute to a difference in what they feel is civil versus uncivil behavior as compared to students in associate and bachelor's degree programs.

Ziefle (2018) conducted a study which aimed at examining differences in incivility between associate degree nursing faculty belonging to the Baby Boomer and Generation X populations. Results revealed a higher percentage of Generation X participants reported all behaviors in the survey as more disruptive than the Baby Boomers. Ziefle (2018) stated the difference in the perception and incidence of incivility between the two groups may be a result of generational values. The Baby Boomer population valued hard work and workplace loyalty while Generation X valued independence, personal-professional balance, and self-reliance (Parry & Urwin, 2011; Twenge, et al., 2010). Ziefle (2018) explained that Generation X individuals

placed the value of the work environment higher than Baby Boomers, which may account for the difference in the perception and incidence of incivility seen in this generation. Inexperience in classroom management may also be a factor in the differences in perception and incidence of incivility which could be a result of the difference in the years of experience among the two groups (Ziefle, 2018). Despite the differences found in this study, another study assessing incivility found no statistically significant difference in the perceptions of incivility among students or faculty based on the age of the participant (Clark & Springer, 2007a).

This study revealed that both students and faculty reported incidence of incivility in their dental hygiene programs therefore credence should be given, and action should be taken to address these behaviors. One of the themes related to the primary reason for incivility that emerged in this study was a lack of consequences. Faculty have a responsibility to make an effort to retain students in their classroom and their respective programs; therefore, they might be more inclined to be protective over their students and less inclined to be aggressive in addressing uncivil behaviors. The fear of being challenged by a student exhibiting uncivil behavior who is confronted with consequences may be a deterrent in faculty addressing uncivil behaviors as well. This student could report the faculty to leadership creating an investigation in which the faculty might fear consequences including loss of their position. A lack of training in managing incivility can contribute to the failure of faculty to address uncivil behaviors when encountered. Training in this area might increase the confidence of the faculty in addressing these behaviors. Additionally, support from institutional leadership in addressing incivility might increase the likelihood of the faculty managing incivility as it occurs.

Stress was identified as one of the primary reasons for uncivil behavior in this study. Dental hygiene curriculum is a highly complex curriculum that in condensed into two years.

This can cause increased stress for both students and faculty/administrators alike. Increased

levels of stress can predispose individuals to not always act as their best self which can lead to an

increased likelihood of one exhibiting uncivil behavior. In fact, a study conducted by Clark et

al., (2013), survey participants identified stress (72%); demanding workloads (70%); unclear role

and expectations and imbalance of power (66%); volatile and stress environments (62%);

attitudes of superiority (52%), and the possession of multiple roles (52%) as factors that

contribute directly to uncivil behaviors demonstrated by faculty.

Personality traits, miscommunication, and a lack of professionalism were also identified

as reasons for incivility in dental hygiene education. Being able to uphold professionalism and

high standards is essential in the professional growth of individuals and institutions. Failure to

adequately educate students in professionalism and provide them with tools to increase their

communication skills might attribute to the likelihood of their participation in uncivil behavior

which can impede their professional growth. A deficiency in faculty/administrator skill set in

handling incivility might lead to the perception of a lack of professionalism.

Decreased student success, emotional distress, and a hostile environment were identified

as three themes related to the most significant consequence of incivility in dental hygiene

education. Previous research indicated that incivility can cause stress-related disorders and

physical illness which can contribute to an individual's ability to present for their designated

work hours (Blevins, 2015; The Joint Commission, 2008). In dental hygiene education, the

intensive workload both students and faculty/administrators carry prohibits them from missing

work and school hours as this can put them extremely behind, contributing to increased levels of

stress and uncivil behavior. Oyeleye, et al., (2013) found correlations between stress and

incivility ($p = 0.001$), stress and burnout ($p = 0.005$), and turnover intentions and burnout ($p =$

0.005). Strain and emotional exhaustion can lead to inefficiency at the workplace, which may then impact the ability of the institution to reach its goals (Jiang et al., 2017). This inefficiency can result in the faculty member becoming less engaged and less approachable, which can impede student learning and decreased approval of faculty in course evaluations.

Implications for Practice

Faculty and students need to be educated on what civility is and how to manage uncivil behavior when encountered. Proper training and an increased skillset in this area can lead to a more pleasant work and school environment and increased job and school satisfaction. Previous research has identified remedies endorsed by participants as "setting forth standards and norms, strengthening university policies and support for faculty, and enforcing campus codes of conduct" (Clark & Springer, 2007b, p. 96). Additional recommendations by participants of previous research also include education seminars and open forums related to incivility, modeling the way, holding individuals accountable for their actions, and policy development and implementation as strategies to create a culture of civility (Clark & Springer, 2010).

A recurring theme through participant responses this study identified the need for institutional policies to be developed to address incivility. A lack of consequences and the inability to hold students and faculty accountable for uncivil behavior was a source of dissatisfaction among participants. It is common for institutional policies to exist for plagiarism and other forms of academic dishonesty, but there are no policies directly related to incivility. Due to increases in incivility in both academic institutions and the workplace, professional organizations have begun to recognize the seriousness of incivility and have made efforts to address this issue. The Joint Commission of Nursing (2008) issued a "Sentinel Even Alert 40" in 2008 in which behaviors were discussed that constituted incivility and organizations were urged

to adopt zero tolerance policies to address these behaviors. In 2015, the American Nurses

Association (ANA, 2015b) released a position statement that emphasized "individual and shared

roles and responsibilities of registered nurses and employers to create and sustain a culture of

respect, free of incivility, bullying and workplace violence" (para 1). Additional reference was

made to incivility in the ANA (2015a) code of ethics which states nurses are obligated to "create

an ethical environment and culture of civility and kindness, treating colleagues, coworkers,

employees, students, and others with dignity and respect" (p. 4). The code goes on to state that

disregard for the effects of an individual's actions linked to behaviors identified in the above

studies as uncivil is "always morally unacceptable" (ANA, 2015a, p. 4). This study confirms the

existence of incivility in dental hygiene education, therefore it might be timely for dental hygiene

institutions and professional associations such as the American Dental Hygienists' Association,

the California Dental Hygienists' Association, and the American Dental Education Association

to add verbiage related to incivility in their professional codes of ethics. Faculty often receive

training related to institutional policies such as academic dishonesty. Similar training related to

classroom management for uncivil encounters might help the faculty feel better prepared to deal

with these situations.

Role modeling in an academic environment can prove to be a useful adjunctive technique

in transferring professionalism and civility to the dental hygiene student. In addition to

evaluating and learning processes and skills, observers learn how the role model interacts with

others and how problems/conflicts are managed in various circumstances (Armstrong, 2008).

The learning that takes place from a role model will vary based on the role model and the student

and can be either positive or negative (Armstrong, 2008; Brown & Trevino, 2014).

In a classroom, laboratory, and/or clinical environment, dental hygiene faculty are role models for students. Uncivil behavior by the faculty that draws the attention of the student(s) may be retained by the student(s) and imitated later in similar environments. Conversely, observed student incivility void of any consequences may also model for the student(s) that this behavior is acceptable and warrants the same reaction in similar circumstances. Similar to Bandura's Bobo doll experiment, the observation of incivility among dental hygiene faculty or other students may increase the likelihood of the student(s) observers to imitate this behavior in the academic or professional environment.

Two additional themes that emerged as the most significant consequences of incivility were relationship damage and professional damage. Both relationship damage and professional damage can result in a loss of credibility for the individual or institution. Damage in these areas can lower other trust, contribute to the feeling of an unsupportive environment, lower confidence in the ability of the individual, and increase stress. This can lead to decreased student outcomes, and a decrease in job or school satisfaction. Additionally, the effected individual might have to re-earn their reputation as the incidents that cause the relationship or professional damage would most likely be shared with others.

Of the strategies provided to improve civility in dental hygiene education the top three strategies chosen were to raise awareness, provide civility education, to implement strategies for stress reduction and self-care, and to role model professionalism and civility. In this portion of the survey, participants stated the expectations for what needs to be done to address incivility as such this should not be taken lightly and should be seen as a call to action.

Recommendations for Further Research

Some limitations existed in this study. One limitation was the use of a convenience sample of dental hygiene students, faculty and administrators in California. The use of a convenience sample may generate bias and limit the generalizability of the results to the population of interest. Future research inclusive of a larger sample size will limit bias and increase the generalizability of the results to the larger population. By using California dental hygiene programs there could be a bias against other dental hygiene programs in states not included in this study; therefore, the incorporation of dental hygiene schools throughout the United States should be considered for future research. The use of an online survey for faculty and administrators could be considered a limitation of this study as it may have generated a lower response rate for these participants as compared to the student participants who completed paper surveys. The use of paper surveys in future research might help to increase the response rate for faculty and administrators.

Future research might also consider evaluating differences in demographic variables related to the perceptions and incidence of incivility among student and faculty/administrators. Questions related to experiences with institutional policies addressing incivility should also be explored. The three strategies participants chose to improve civility in dental hygiene education should also be explored. These top three strategies chosen were to raise awareness and provide civility education, to implement strategies for stress reduction and self-care, and to role model professionalism and civility. Questions assessing if these strategies have been implemented in institutions and their effectiveness should be included. These areas of research can be managed from a quantitative and qualitative perspective.

Conclusions

The purpose of this cross sectional, phenomenological study was to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions. Quantitative analysis incorporated the surveys responses of 236 participants, and one-way analysis of variance revealed that statistically significant differences related to the perceptions of uncivil student and faculty/administrators' behaviors did exist. Additionally, incidence of incivility was identified and reported.

Qualitative analysis incorporated the open-ended survey responses of 196 participants and identified five themes related to the primary reason for uncivil behavior in dental hygiene education which included lack of consequences, personality traits, miscommunication, stress, and lack of professionalism. Upon data analysis of participant responses related to the most significant consequence of uncivil behavior in dental hygiene education five themes emerged including hostile environment, decreased student success, emotional distress, relationship damage, and professional damage.

This study confirmed the existence of incivility in dental hygiene education. If left unaddressed, these effects can radiate throughout the environment compromising the physical and emotional safety off all parties involved as well as innocent bystanders. An increased awareness of incivility by dental hygiene faculty can help to decrease the likelihood of their participation in uncivil behaviors and help them to recognize these uncivil behaviors by students.

It is clear that both faculty and students feel there is a lack of consequences for uncivil behavior and do not feel adequately equipped to manage these situations when they arise. Faculty have an obligation to be models of civility in their interactions with students, other faculty and administrators, patients, and other professionals through collaboration. The

promotion of professional, civil behavior is essential to upholding the reputation of the dental hygiene profession as viewed by the public and other professionals. Dental hygiene institutions and professional organizations need to consider offering advanced training in creating a culture of civility and preventing and addressing uncivil behaviors. Further development of this skillset for both students and faculty/administrators will help to raise awareness and decrease the incidence of these behavior in dental hygiene education.

Summary

In this chapter, a summary of the findings related to incivility in dental hygiene education and their impact on dental hygiene education were discussed. Implications for practice were presented and it was suggested that training related to preventing and managing incivility be offered to faculty/administrators and students in order to increase their confidence in preventing and dealing with these situations when they arise. Recommendations for future research were provided and included a larger sample size inclusive of dental hygiene institutions across the United States, incorporating the evaluation of demographic variables, and questions related to experiences with institutional policies addressing incivility. Lastly, conclusions related to the study were discussed.

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APPENDICES

Appendix A: Preliminary Participation Request

Dear _____,

      My name is Kristen Stephens and I am a doctoral student at Concordia University in their Educational Leadership program. Throughout my coursework, I have taken a special interest in the student-faculty relationship and have decided to study incivility for my dissertation research. The purpose of my study is to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators as there is a significant gap in evidence-based research evaluating the incidence and perception of incivility in dental hygiene education.

      I am currently in the planning phases of my study and as part of my methodology, I was reaching out in hopes that I may solicit the participation of your dental hygiene program. The study will be conducted in October/November of 2019 and will consist of a survey for both students and faculty/administrators. In an effort to increase my sample size, I would like to send paper surveys for students and online surveys for faculty. As the program director, I ask that when the time comes you nominate a faculty member that I may contact to help me distribute and collect the surveys should you be willing to participate. The survey will not include participants names or institutional affiliation and results will be completely anonymous.

      I am at the point in my doctoral journey where I am required to estimate my sample size. If you foresee your school being able to participate, I ask that you reply to this email with an estimate of the number of faculty, administrators and students (three separate numbers) that would receive the survey or link. Also, in order to receive IRB approval, I need you to sign this site authorization form stating your intent to participate. Thank you for your consideration.

Sincerely,
Kristen Stephens, RDH, MSDH

Appendix B: California Dental Hygiene Programs

Cabrillo College
6500 Soquel Dr.
Aptos, CA 95003
tel: 831-479-6472
fax: 831-477-5687
Director: Noel Kelsch
nokelsch@cabrillo.edu »
Assistant Director: Bridgete Clark
brclark@cabrillo.edu »

Carrington College California
Sacramento Campus
8909 Folsom Blvd.
Sacramento, CA 95826
tel: 916-361-5163
Director: Marie Miranda
mmiranda@carrington.edu

Carrington College California
San Jose Campus
6201 San Ignacio
San Jose, CA 95119
Director: Kimberlee Clark
kclark@carrington.edu

Cerritos College
11110 East Alondra Blvd.
Norwalk, CA 90650
tel: 562-860-2451 ×2557
fax: 562-470-6067
Director: Adelle Krayer
akrayer@cerritos.edu »

Chabot College
25555 Hesperian Blvd.
Hayward, CA 94545
tel: 510-723-6900
fax: 510-723-7089
Director: Nancy Cheung
ncheung@chabotcollege.edu »

Cypress College
9200 Valley View St.
Cypress, CA 90630
tel: 714-484-7299
Director: Kendra Contreras
kcontreras@cypresscollege.edu »

Concorde Career College
Garden Grove Dental Hygiene Program
12951 Euclid Street, Suite 101
Garden Grove, CA 92840
tel: 714-703-1900 ext. 1039
fax: 714-530-1490
Director: Arezou Goshtasbi
agoshtasbi@concorde.edu »

Concorde Career College
San Bernardino Dental Hygiene Program
201 East Airport Drive
San Bernardino, CA 92408-0000
tel: 909-884-8891 x368
fax: 909-384-1768
Director: Sabrina Santucho
ssantucho@concorde.edu »

Concorde Career College
San Diego Dental Hygiene Program
4393 Imperial Avenue
San Diego, CA 92113-1964
tel: 619-688-0800 x350
fax: 619-752-3901
Director: Laurel Sampson
lsampson@concorde.edu »

Diablo Valley College
321 Golf Club Drive
Pleasant Hill, CA 95423
tel: 925-969-2636
fax: 925-689-6529
Director: Pam Powers
ppowers@dvc.edu »

Foothill College
12345 El Monte Rd.
Los Altos, CA 94022
tel: 562-860-2451 ×2557
fax: 562-470-6067
Director: Phyllis Spragge
spraggephyllis@foothill.edu »

Fresno City College
1101 East University Ave.
Fresno, CA 93741
tel: 559-244-2601
fax: 559-244-2614
Director: Joanne Pacheco
tel: 559-244-2616
joanne.pacheco@fresnocitycollege.edu »
Supporting Director: Heidi Caetano
tel: 559-244-2602
heidi.caetano@fresnocitycollege.edu »

Loma Linda University
Dental Hygiene Program
Loma Linda, CA 92350
fax: 909-558-0313
Chair: Kris Wilkins
909-558-4631 ×48234
kwilkins@llu.edu »

Moreno Valley College
16130 Lasselle Ave.
Moreno Valley, CA 92551
tel: 951-571-6431
Director: Debbie Moon
moondebbie1@gmail.com »

Oxnard College
4000 South Rose Ave.
Oxnard, CA 93033
tel: 805-678-5029
Director: Armine Derdiarian
aderdiarian@vcccd.edu »

Pasadena College
1570 E. Colorado Blvd.
Pasadena, CA 91106
tel: 626-585-7545
fax: 626-585-7537
Director: Beverly Legg
bjlegg@pasadena.edu »

Sacramento City College
3835 Freeport Blvd.
Sacramento, CA 95822
tel: 916-558-2303
fax: 916-650-2741
Director: Melissa Fellman
916-558-2096
fellmam@scc.losrios.edu »

San Joaquin Valley College
Visalia Campus
8400 West Mineral King Ave.
Visala, CA 93291
tel: 559-651-1617
fax: 559-651-0340
Director: Brenda Serpa
brendas@sjvc.edu »

San Joaquin Valley College
Ontario Campus
4580 Ontario Mills Parkway
Ontario, CA 91764
tel: 909-291-8121 x115
fax: 909-291-8164
Director: Leslie Nazaroff
leslien@sjvc.edu »

Santa Rosa Junior College
1501 Mendocino Ave
Santa Rosa, CA 95401
tel: 707-527-4583
Director: Carol Hatrick
chatrick@santarosa.edu »

Shasta College
P.O. Box 496006
Redding, CA 96049-6006
tel: 541-816-0142
fax: 530-245-7333
Director: Jana Pierce
jpierce@shastacollege.edu »

Southwestern College
880 National City Blvd.
National City, CA 91950
tel: 619-216-6665
fax: 619-216-6678
Director: Jean Honny
jhonny@swccd.edu »

Taft College
29 Emmons Park Dr.
Taft, CA 93268
tel: 661-763-7789
fax: 661-763-7808
Director: Dr. Vickie Kimbrough
vkimbrough@taftcollege.edu »

Truckee Meadows CC
7000 Dandini Blvd RDMT 417-H
Reno, NV 89512
tel: 775-673-7554
fax: 775-673-8242
Director: Lori McDonald
lmcdonald@tmcc.edu »

Herman Ostrow School of Dentistry of USC
925 W. 34th St.
University Park, CA MC0641
Los Angeles, CA 90089
fax: 213-740-1094
Director: Diane Melrose
tel: 213 740-1089
room: 4313
mmelrose@usc.edu »

University of the Pacific
3601 Pacific Ave
Stockton, CA 95211
tel: 209-946-3135
fax: 209-946-7484
Director: Deborah Horlak
dhorlak@pacific.edu »

West Coast University
1477 S. Manchester Ave
Anaheim, CA 92802
tel: 714-782-1702
fax: 714-782-1733
Dean: Michelle Hurlbutt
mhurlbutt@westcoastuniversity.edu »

West Los Angeles College
9000 Overland Ave.
Culver City, CA 90230
tel: 310-287-4464
Director: Lisa Kamibayashi RDH, MSDH
kamibal@wlac.edu »

Appendix C: Site Authorizations

Appendix J

CONCORDIA IRVINE

APPENDIX J: SITE AUTHORIZATION

Title of Study	AN EVALUATION OF INCIDENCE AND PERCEPTIONS OF INCIVILITY AMONG DENTAL HYGIENE STUDENTS AND FACULTY/ADMINISTRATORS
Researcher/s	Kristen Stephens, RDH, MSDH
Researcher/s' Affiliation with Site	None
Researcher/s' Phone Numbers	562-547-7765
Researcher/s' CUI Email (unless not from CUI)	kristen.stephens@eagles.cui.edu
Researcher/s' University Supervisor	Margaret ChristmasThomas, Ph.D., L.M.H.C., L.M.F.T.
Univ. Supervisor's Phone & Email	949-214-3361 margaret.christmasthomas@cui.edu
Location/s where Study will Occur	Cerritos College

Purpose of Study (1-2 paragraphs)

The purpose of this cross sectional, phenomenological study will be to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions. Through extensive research in nursing education, incivility has been defined as rude or disruptive behavior resulting in psychological or physiological distress. There is a significant gap in evidence-based research evaluating the incidence and perception of incivility in dental hygiene education. Analysis of the incidence and perceptions of this behavior in dental hygiene education may demonstrate a need for additional training among educators to prevent this behavior and promote professionalism.

Procedures to be Followed

This cross-sectional, phenomenological study will be conducted in the fall of 2019. The study will utilize an online survey through an online survey tool (Survey Monkey) for faculty and administrators and a paper survey for dental hygiene students. Directors will be asked to nominate a faculty representative that will distribute and collect the surveys from dental hygiene students. These surveys will then be mailed to the principle investigator. After permission is requested and granted by the dental hygiene program directors, and the Concordia University Human Subjects Committee, student, faculty, and administrator surveys will be sent to the nominated faculty representative for distribution.

Faculty and administrator surveys will include a letter with informed consent that will be forwarded to the sample population by the faculty representative explaining the study to the participants and will include the researchers' contact information allowing an opportunity for the participants to ask any questions related to the study. A link to the online survey will be embedded in the letter and it will be explained that completion of the survey signifies informed consent. Students surveys will include the same letter with informed consent explaining the study to the participants and will include the researchers' contact information allowing an opportunity for the participants to ask any questions related to the study. Completion of the survey will signify informed consent.

Time and Duration of Study

October 2019-December 2019

Benefits of Study

A high incidence discovered among students could reveal a need to add curriculum specifically related to civility as a part of professional development. These adjustments may help increase career satisfaction and longevity amongst dental hygienists.

Appendix J

CONCORDIA
UNIVERSITY IRVINE

Persons who will have access to the records, data, tapes, or other documentation (see Application Process Step C. 3 of Handbook)
Nominated site faculty

Date when the records, data, tapes, or other documentation will be destroyed: _7 years post collection_

Researcher's Signature _____   Date _8/20/19_

──────────── Authorization ────────────

I understand that participation in this study is confidential. Only the researcher, collaborators, and supervising professor will have access to participants' identities and to information that can be associated with their identities. Please check the appropriate box below and sign the form:

[✓] **I give permission** for my organization to participate in this project. I understand that I will receive a signed copy of this consent form. I have read this form and understand it.

[ ] **I do not give permission** for my organization to participate in this project.

Authorized Signature _Adelle Krayer_   Date _8/20/19_

Printed Name & Title _Adelle Krayer_
Director/Chair
Dental Hygiene Program

Appendix J

CONCORDIA
UNIVERSITY IRVINE

APPENDIX J: SITE AUTHORIZATION

Title of Study	AN EVALUATION OF INCIDENCE AND PERCEPTIONS OF INCIVILITY AMONG DENTAL HYGIENE STUDENTS AND FACULTY/ADMINISTRATORS
Researcher/s	Kristen Stephens, RDH, MSDH
Researcher/s' Affiliation with Site	None
Researcher/s' Phone Numbers	562-547-7765
Researcher/s' CUI Email (unless not from CUI)	kristen.stephens@eagles.cui.edu
Researcher/s' University Supervisor	Margaret ChristmasThomas, Ph.D., L.M.H.C., L.M.F.T.
Univ. Supervisor's Phone & Email	949-214-3361 margaret.christmasthomas@cui.edu
Location/s where Study will Occur	Diablo Valley College

Purpose of Study (1-2 paragraphs)

The purpose of this cross sectional, phenomenological study will be to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions. Through extensive research in nursing education, incivility has been defined as rude or disruptive behavior resulting in psychological or physiological distress. There is a significant gap in evidence-based research evaluating the incidence and perception of incivility in dental hygiene education. Analysis of the incidence and perceptions of this behavior in dental hygiene education may demonstrate a need for additional training among educators to prevent this behavior and promote professionalism.

Procedures to be Followed

This cross-sectional, phenomenological study will be conducted in the fall of 2019. The study will utilize an online survey through an online survey tool (Survey Monkey) for faculty and administrators and a paper survey for dental hygiene students. Directors will be asked to nominate a faculty representative that will distribute and collect the surveys from dental hygiene students. These surveys will then be mailed to the principle investigator. After permission is requested and granted by the dental hygiene program directors, and the Concordia University Human Subjects Committee, student, faculty, and administrator surveys will be sent to the nominated faculty representative for distribution.

Faculty and administrator surveys will include a letter with informed consent that will be forwarded to the sample population by the faculty representative explaining the study to the participants and will include the researchers' contact information allowing an opportunity for the participants to ask any questions related to the study. A link to the online survey will be embedded in the letter and it will be explained that completion of the survey signifies informed consent. Students surveys will include the same letter with informed consent explaining the study to the participants and will include the researchers' contact information allowing an opportunity for the participants to ask any questions related to the study. Completion of the survey will signify informed consent.

Time and Duration of Study

October 2019-December 2019

Benefits of Study

A high incidence discovered among students could reveal a need to add curriculum specifically related to civility as a part of professional development. These adjustments may help increase career satisfaction and longevity amongst dental hygienists.

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CONCORDIA
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Persons who will have access to the records, data, tapes, or other documentation (see Application Process Step C. 3 of Handbook)
Nominated site faculty

Date when the records, data, tapes, or other documentation will be destroyed: _7 years past collection_

Researcher's Signature _____ Date _8/7/19_

————————————————— **Authorization** —————————————————

I understand that participation in this study is confidential. Only the researcher, collaborators, and supervising professor will have access to participants' identities and to information that can be associated with their identities. Please check the appropriate box below and sign the form:

☒ **I give permission** for my organization to participate in this project. I understand that I will receive a signed copy of this consent form. I have read this form and understand it.

☐ **I do not give permission** for my organization to participate in this project.

Authorized Signature _Tonette Steeb_ Date _8-7-2019_

Printed Name & Title Tonette Steeb, RDH, CDA, MS
Program Director, Dental Hygiene and Dental Assisting
Diablo Valley College, Pleaant Hill, CA

Appendix J

CONCORDIA
UNIVERSITY IRVINE

APPENDIX J: SITE AUTHORIZATION

Title of Study	AN EVALUATION OF INCIDENCE AND PERCEPTIONS OF INCIVILITY AMONG DENTAL HYGIENE STUDENTS AND FACULTY/ADMINISTRATORS
Researcher/s	Kristen Stephens, RDH, MSDH
Researcher/s' Affiliation with Site	None
Researcher/s' Phone Numbers	562-547-7765
Researcher/s' CUI Email (unless not from CUI)	kristen.stephens@eagles.cui.edu
Researcher/s' University Supervisor	Margaret ChristmasThomas, Ph.D., L.M.H.C., L.M.F.T.
Univ. Supervisor's Phone & Email	949-214-3361 margaret.christmasthomas@cui.edu
Location/s where Study will Occur	Taft College

Purpose of Study (1-2 paragraphs)

The purpose of this cross sectional, phenomenological study will be to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions. Through extensive research in nursing education, incivility has been defined as rude or disruptive behavior resulting in psychological or physiological distress. There is a significant gap in evidence-based research evaluating the incidence and perception of incivility in dental hygiene education. Analysis of the incidence and perceptions of this behavior in dental hygiene education may demonstrate a need for additional training among educators to prevent this behavior and promote professionalism.

Procedures to be Followed

This cross-sectional, phenomenological study will be conducted in the fall of 2019. The study will utilize an online survey through an online survey tool (Survey Monkey) for faculty and administrators and a paper survey for dental hygiene students. Directors will be asked to nominate a faculty representative that will distribute and collect the surveys from dental hygiene students. These surveys will then be mailed to the principle investigator. After permission is requested and granted by the dental hygiene program directors, and the Concordia University Human Subjects Committee, student, faculty, and administrator surveys will be sent to the nominated faculty representative for distribution.

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Time and Duration of Study

October 2019-December 2019

Benefits of Study

A high incidence discovered among students could reveal a need to add curriculum specifically related to civility as a part of professional development. These adjustments may help increase career satisfaction and longevity amongst dental hygienists.

Appendix J

CONCORDIA
UNIVERSITY IRVINE

Persons who will have access to the records, data, tapes, or other documentation (see Application Process Step C. 3 of Handbook)
Nominated site faculty

Date when the records, data, tapes, or other documentation will be destroyed: _7 years post collection_

Researcher's Signature _____   Date _8/10/19_

———————————— Authorization ————————————

I understand that participation in this study is confidential. Only the researcher, collaborators, and supervising professor will have access to participants' identities and to information that can be associated with their identities. Please check the appropriate box below and sign the form:

[✓] **I give permission** for my organization to participate in this project. I understand that I will receive a signed copy of this consent form. I have read this form and understand it.

[ ] **I do not give permission** for my organization to participate in this project.

Authorized Signature _____   Date _8-10-19_

Printed Name & Title _DR. Vickie Kimbrough_

Appendix J

CONCORDIA
IRVINE

APPENDIX J: SITE AUTHORIZATION

Title of Study	AN EVALUATION OF INCIDENCE AND PERCEPTIONS OF INCIVILITY AMONG DENTAL HYGIENE STUDENTS AND FACULTY/ADMINISTRATORS
Researcher/s	Kristen Stephens, RDH, MSDH
Researcher/s' Affiliation with Site	None
Researcher/s' Phone Numbers	562-547-7765
Researcher/s' CUI Email (unless not from CUI)	kristen.stephens@eagles.cui.edu
Researcher/s' University Supervisor	Margaret ChristmasThomas, Ph.D., L.M.H.C., L.M.F.T.
Univ. Supervisor's Phone & Email	949-214-3361 margaret.christmasthomas@cui.edu
Location/s where Study will Occur	University of the Pacific

Purpose of Study (1-2 paragraphs)

The purpose of this cross sectional, phenomenological study will be to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions. Through extensive research in nursing education, incivility has been defined as rude or disruptive behavior resulting in psychological or physiological distress. There is a significant gap in evidence-based research evaluating the incidence and perception of incivility in dental hygiene education. Analysis of the incidence and perceptions of this behavior in dental hygiene education may demonstrate a need for additional training among educators to prevent this behavior and promote professionalism.

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Time and Duration of Study

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CONCORDIA
UNIVERSITY **IRVINE**

Persons who will have access to the records, data, tapes, or other documentation (see Application Process Step C. 3 of Handbook)
Nominated site faculty

Date when the records, data, tapes, or other documentation will be destroyed: 7 years post collection

Researcher's Signature _____ Date 8/14/19

──────────── Authorization ────────────

I understand that participation in this study is confidential. Only the researcher, collaborators, and supervising professor will have access to participants' identities and to information that can be associated with their identities. Please check the appropriate box below and sign the form:

☑ **I give permission** for my organization to participate in this project. I understand that I will receive a signed copy of this consent form. I have read this form and understand it.

☐ **I do not give permission** for my organization to participate in this project.

Authorized Signature **Lory Laughter**
Digitally signed by Lory Laughter
DN: cn=Lory Laughter, o, ou,
email=llaughter@pacific.edu, c=US
Date: 2019.08.15 07:54:20 -07'00'
Date   8/14/2019

Printed Name & Title ___Lory Laughter, RDH, MS Dental Hygiene Program Director___

Appendix J

CONCORDIA
UNIVERSITY IRVINE

APPENDIX J: SITE AUTHORIZATION

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Researcher/s' Affiliation with Site	None
Researcher/s' Phone Numbers	562-547-7765
Researcher/s' CUI Email (unless not from CUI)	kristen.stephens@eagles.cui.edu
Researcher/s' University Supervisor	Margaret ChristmasThomas, Ph.D., L.M.H.C., L.M.F.T.
Univ. Supervisor's Phone & Email	949-214-3361 margaret.christmasthomas@cui.edu
Location/s where Study will Occur	West Coast University

Purpose of Study (1-2 paragraphs)

The purpose of this cross sectional, phenomenological study will be to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators in various dental hygiene institutions. Through extensive research in nursing education, incivility has been defined as rude or disruptive behavior resulting in psychological or physiological distress. There is a significant gap in evidence-based research evaluating the incidence and perception of incivility in dental hygiene education. Analysis of the incidence and perceptions of this behavior in dental hygiene education may demonstrate a need for additional training among educators to prevent this behavior and promote professionalism.

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Time and Duration of Study

October 2019-December 2019

Benefits of Study

A high incidence discovered among students could reveal a need to add curriculum specifically related to civility as a part of professional development. These adjustments may help increase career satisfaction and longevity amongst dental hygienists.

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CONCORDIA
UNIVERSITY IRVINE

Persons who will have access to the records, data, tapes, or other documentation (see Application Process Step C. 3 of Handbook)
Nominated site faculty

Date when the records, data, tapes, or other documentation will be destroyed: _7 years post collection_

Researcher's Signature _____ Date _8/5/19_

──────────────── **Authorization** ────────────────

I understand that participation in this study is confidential. Only the researcher, collaborators, and supervising professor will have access to participants' identities and to information that can be associated with their identities. Please check the appropriate box below and sign the form:

☒ **I give permission** for my organization to participate in this project. I understand that I will receive a signed copy of this consent form. I have read this form and understand it.

☐ **I do not give permission** for my organization to participate in this project.

Authorized Signature _Michelle Hurlbutt_ Date ___8/5/19___

Printed Name & Title _Michelle Hurlbutt, Dean of Dental Hygiene_

Appendix D: Human Subjects Committee Approval

CONCORDIA
UNIVERSITY IRVINE

INSTITUTIONAL REVIEW BOARD DECISION

Review Date	**10/28/2019**
IRB#	
Category	☐ Exempt Review <u>45 CFR 46.101</u> X Expedited Review <u>45 CFR 46.110</u> ☐ Full Board Review <u>45 CFR 46</u>
Title of Project	**An Evaluation of Incidence and Perceptions of Incivility amongDental Hygiene Students and Faculty/Administrators**
Principal Investigator's Name (PI)	**Kristen Stephens**
PI's Email (use CUI email, if applicable)	**kristen.stephens@cui.eagles.edu**

X   **Approved**

Effective duration of the IRB Approval: 10/28/2019 to 10/28/2020
Comments:Congratulations! Your research proposal has been approved by Concordia University-Irvine's IRB. Work on the research indicated within the initial e-mail may begin. This approval is for a period of one year from the date of this e-mail correspondence and will require continuation approval if the research project extends beyond a year. If you make significant changes to the protocol during the approval period, you must submit a revised proposal to CUI's Institutional Review Board (IRB). Please write your IRB # and "EdD IRB Application Addendum in the subject line of any future correspondence.

Signature of IRB Reviewer: ___*Catherine Webb*_____   Date: _10/28/2019_____

Printed Name of IRB Reviewer: __Catherine Webb Ed.D_____

Appendix E: Informed Consent – Paper Survey

INFORMED CONSENT

AN EVALUATION OF INCIDENCE AND PERCEPTIONS OF INCIVLITY AMONG DENTAL HGYIENE STUDENTS AND FACULTY/ADMINISTRATORS

The study in which you are being asked to participate is designed to investigate your experiences with uncivil behaviors at your dental hygiene institution. This study is being conducted by Kristen Stephens, RDH, MSDH under the supervision of Margaret Christmas Thomas Ph.D., L.M.H.C., L.M.F.T., Assistant Dean/Director of Curriculum, Assessment and Operations, Concordia University Irvine. This study has been approved by the Institutional Review Board, Concordia University Irvine, in Irvine, CA.

PURPOSE: The purpose of this study is to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators. There is a significant gap in evidence-based research evaluating the incidence and perception of incivility in dental hygiene education; a void this study hopes to address.

DESCRIPTION: The paper survey is designed to record the responses to the survey questions for data analysis. The survey will be mailed to the primary investigator with no identifiable information related to the participants.

PARTICIPATION: Participation is completely voluntary and survey responses will be reported in aggregate form. Refusal to participate will involve no penalty or loss of benefits in which you are entitled to at your academic institution. You may discontinue your participation at any time without penalty or loss of benefits.

CONFIDENTIALITY OR ANONYMITY: Your responses to the survey will be anonymous. Your name and your educational institution will not be collected or appear anywhere on the survey and complete privacy will be guaranteed.

DURATION: The survey can be filled out in approximately 20 minutes. By completing the survey you consent to participate in the study.

RISKS: There are no foreseeable risks to your participation in this research.

BENEFITS: There are no benefits to your participation in this research.

CONTACT: If any questions arise about the research or your rights as a participant in this study you may contact Margaret Christmas Thomas Ph.D., L.M.H.C., L.M.F.T., Assistant Dean/Director of Curriculum, Assessment and Operations, Concordia University Irvine by phone at 949-214-3361or by email at margaret.christmasthomas@cui.edu.

RESULTS: The results of this study will be available on ProQuest after completion of the dissertation document.

CONFIRMATION STATEMENT:
I have read the information above and understand that by completing the survey I have agreed to participate in your study.

Appendix F: Informed Consent – Online Survey

INFORMED CONSENT

AN EVALUATION OF INCIDENCE AND PERCEPTIONS OF INCIVLITY AMONG DENTAL HGYIENE STUDENTS AND FACULTY/ADMINISTRATORS

The study in which you are being asked to participate is designed to investigate your experiences with uncivil behaviors at your dental hygiene institution. This study is being conducted by Kristen Stephens, RDH, MSDH under the supervision of Margaret Christmas Thomas Ph.D., L.M.H.C., L.M.F.T., Assistant Dean/Director of Curriculum, Assessment and Operations, Concordia University Irvine. This study has been approved by the Institutional Review Board, Concordia University Irvine, in Irvine, CA.

PURPOSE: The purpose of this study is to examine the incidence and perceptions of incivility among dental hygiene students compared to dental hygiene faculty and administrators. There is a significant gap in evidence-based research evaluating the incidence and perception of incivility in dental hygiene education; a void this study hopes to address.

DESCRIPTION: The online survey is designed to record the responses to the survey questions for data analysis. The survey will be mailed to the primary investigator with no identifiable information related to the participants.

PARTICIPATION: Participation is completely voluntary and survey responses will be reported in aggregate form. Refusal to participate will involve no penalty or loss of benefits in which you are entitled to at your academic institution. You may discontinue your participation at any time without penalty or loss of benefits.

CONFIDENTIALITY OR ANONYMITY: Your responses to the survey will be anonymous. Your name and your educational institution will not be collected or appear anywhere on the survey and complete privacy will be guaranteed.

DURATION: The survey can be filled out in approximately 20 minutes. By completing the survey you consent to participate in the study.

RISKS: There are no foreseeable risks to your participation in this research.

BENEFITS: There are no benefits to your participation in this research.

CONTACT: If any questions arise about the research or your rights as a participant in this study you may contact Margaret Christmas Thomas Ph.D., L.M.H.C., L.M.F.T., Assistant Dean/Director of Curriculum, Assessment and Operations, Concordia University Irvine by phone at 949-214-3361or by email at margaret.christmasthomas@cui.edu.

RESULTS: The results of this study will be available on ProQuest after completion of the dissertation document.

CONFIRMATION STATEMENT:
I have read the information above and understand that by completing the survey I have agreed to participate in your study.

Appendix G: Modified Incivility in Higher Education-Revised (IHE-R) Survey

Incivility in Higher Education-Revised (IHE-R) Survey (Clark © 2007, Revised 2014)

Incivility: A range of rude or disruptive behaviors as well as failing to take action when action is warranted or required. These behaviors and inactions may result in psychological or physiological distress for the people involved– and if left unaddressed, may progress into unsafe or threatening situations. (Clark, 2009, 2013, 2015).

The academic environment is defined as any location associated with the provision or delivery of **dental hygiene education,** whether on or off campus including the "live" or virtual classroom, lab or clinical setting, or any setting where **teaching and learning dental hygiene** occurs (Clark, 2006, 2013).

Listed are some **STUDENT** behaviors you may have experienced or seen in the academic environment. Please fill in the bubble regarding the level of incivility and how often each behavior occurred over the past **12 months**:

	Highly civil		Neutral		Highly uncivil	Never	Rarely	Sometimes	Often
Expressing disinterest, boredom, or apathy about course content or subject matter	O	O	O	O	O	O	O	O	O
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	O	O	O	O	O	O	O	O	O
Sleeping or not paying attention in class (doing work for other classes, not taking notes, etc.)	O	O	O	O	O	O	O	O	O
Refusing or reluctant to answer direct questions	O	O	O	O	O	O	O	O	O
Using a computer, phone, or other media device during class, meetings, activities for unrelated purposes	O	O	O	O	O	O	O	O	O
Arriving late for class or other scheduled activities	O	O	O	O	O	O	O	O	O
Leaving class or other scheduled activities early	O	O	O	O	O	O	O	O	O
Being unprepared for class or other scheduled activities	O	O	O	O	O	O	O	O	O
Skipping class or other scheduled activities	O	O	O	O	O	O	O	O	O
Being distant and cold toward others (unapproachable, rejecting faculty, or other student's opinions)	O	O	O	O	O	O	O	O	O
Creating tension by dominating class discussion	O	O	O	O	O	O	O	O	O
Holding side conversations that distract you or others	O	O	O	O	O	O	O	O	O
Cheating on exams or quizzes	O	O	O	O	O	O	O	O	O
Making condescending or rude remarks towards others	O	O	O	O	O	O	O	O	O

Demanding make-up exams, extensions, or other special favors	O	O	O	O	O	O	O	O	O
Ignoring, failing to address, or encouraging disruptive behaviors by classmates	O	O	O	O	O	O	O	O	O
Demanding a passing grade when a passing grade was not earned	O	O	O	O	O	O	O	O	O
Being unresponsive to emails or other communications	O	O	O	O	O	O	O	O	O
Sending inappropriate or rude emails to others	O	O	O	O	O	O	O	O	O
Making discriminating comments (racial, ethnic, gender, etc.) towards others	O	O	O	O	O	O	O	O	O
Using profanity (swearing, cussing) directed toward others	O	O	O	O	O	O	O	O	O
Threats of physical harm against others (implied or actual)	O	O	O	O	O	O	O	O	O
Property damage	O	O	O	O	O	O	O	O	O
Making threatening statements about weapons	O	O	O	O	O	O	O	O	O

Listed are some **FACULTY** behaviors you may have experienced or seen in the academic environment. Please fill in the bubble regarding the level of incivility and how often each behavior occurred over the past **12 months:**

	Highly civil		Neutral		Highly uncivil	Never	Rarely	Sometimes	Often
Expressing disinterest, boredom, or apathy about course content or subject matter	O	O	O	O	O	O	O	O	O
Making rude gestures or nonverbal behaviors toward other (eye rolling, finger points, etc.)	O	O	O	O	O	O	O	O	O
Ineffective or inefficient teaching method (deviating from course syllabus, changing assignment or test dates)	O	O	O	O	O	O	O	O	O
Refusing or reluctant to answer direct questions	O	O	O	O	O	O	O	O	O
Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes	O	O	O	O	O	O	O	O	O

Canceling class or other schooled activities without warning	O	O	O	O	O	O	O	O	O
Being distant and cold towards other (unapproachable, rejecting student's opinions)	O	O	O	O	O	O	O	O	O
Punishing the entire class for one student's misbehavior	O	O	O	O	O	O	O	O	O
Allowing side conversations by students that disrupt class	O	O	O	O	O	O	O	O	O
Unfair grading	O	O	O	O	O	O	O	O	O
Marking condescending or rude remarks towards others	O	O	O	O	O	O	O	O	O
Refusing to discuss make-up exams, extensions, or grade changes	O	O	O	O	O	O	O	O	O
Ignoring, failing to address, or encouraging disruptive student behaviors	O	O	O	O	O	O	O	O	O
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	O	O	O	O	O	O	O	O	O
Being unavailable outside of class (not returning calls or emails, not maintaining office hours)	O	O	O	O	O	O	O	O	O
Sending inappropriate or rude emails to others	O	O	O	O	O	O	O	O	O
Making discriminating comments (racial, ethnic, gender, etc.) towards others	O	O	O	O	O	O	O	O	O
Using profanity (swearing, cussing) directed toward others	O	O	O	O	O	O	O	O	O
Threats of physical harm against others (implied or actual)	O	O	O	O	O	O	O	O	O
Property damage	O	O	O	O	O	O	O	O	O
Making threatening statements about weapons	O	O	O	O	O	O	O	O	O

To what extent do you think incivility is a problem in your department/program?

- ○ No problem at all
- ○ Mild problem
- ○ Moderate problem
- ○ Serious problem

Based on your experiences or perceptions, do you think that students or faculty are more likely to engage in uncivil behavior in your department/program?

- ○ Faculty members are much more likely
- ○ Faculty members are a little more likely
- ○ About equal
- ○ Students are a little more likely
- ○ Students are much more likely

Overall, how do you rate the level of **CIVILITY** in your department/program on a scale of 0-100?
(0 is absence of civility, 100 is completely civil)

What *top 3* strategies do you suggest for improving the level of CIVILITY in higher education?
(Please check 3 strategies below)

- o   Use empirical tools (surveys, etc.) to measure incivility/civility and address areas of strength/growth

- o   Establish codes of conduct that define acceptable and unacceptable behaviors

- o   Role-model professionalism and civility

- o   Raise awareness, provide civility education

- o   Integrate civility and collegiality into performance evaluations

- o   Provide training for effective communication and conflict negotiation

- o   Develop and implement comprehensive policies and procedures to address incivility

- o   Reward civility and professionalism

- o   Implement strategies for stress reduction and self-care

- o   Take personal responsibility and stand accountable for actions

- o   Other: Please specify _____

Please describe an example of an **UNCIVIL** encounter you have experienced or witnessed in dental hygiene education within the past 12 months.

In your opinion, what are some reasons for **incivility** in dental hygiene education?

Of those reasons, which do you feel is the primary reason or cause for *incivility* in dental hygiene education?

In your opinion, what are some consequences of *incivility* in dental hygiene education?

Of those, which do you feel is the most significant consequence of *incivility* in dental hygiene education?

The most effective way to promote academic *CIVILITY* is to …

What is your gender?
- o   Male
- o   Female

What best describes your ethnicity?
- o   African American or Black
- o   White
- o   Hispanic or Latino
- o   Asian
- o   American Indian or Alaska Native
- o   Native Hawaiian or Other Pacific Islander

What is your age?_____

Which category best describes your position in your current dental hygiene program?
- o   Student
- o   Part-time/Adjunct Faculty
- o   Full-time Faculty
- o   Administrator

If you a faculty and/or administer:

- What is your highest degree obtained?
  - Associate's Degree
  - Bachelor's Degree
  - Master's Degree
  - PhD/Doctorate

- How many years have you been in education? _____

Appendix H: List of Resources for Participants

If you or someone you know is experiencing a mental health or substance use problem, there are many resources available to get more information and get connected with help. You can use the resources below to find help and support for you, a friend, or a family member.

Please note that these resources are for informational purposes only. Inclusion in this list does not constitute an endorsement of the services.

Crisis Support Hotlines

If you or someone you know is having a mental health emergency, call 9-1-1.

National Suicide Prevention Lifeline	Call 800-273-TALK (8255)
TrevorLifeline (primarily serving the LGBTQ community)	Call 1-866-488-7386 or text START to 678678
Mental Health Association Crisis Line	Call 1-800-273-TALK or text *MHA* to 741741
National Alliance on Mental Illness Crisis Text Line	Text NAMI to 741-741
National Domestic Violence Hotline	Call 800-799-SAFE (7233)
National Sexual Assault Hotline	Call 800-656-HOPE (4673) or chat online (http://hotline. rainn.org.s3-website-us-east-1.amazonaws.com/online)

Non-Crisis Behavioral & Emotional Wellness & Mental Health Services by Phone

Note: Resources are from MHA of OC (https://mentalhealthca.wordpress.com/about /immediate-assistance/accessing-general-mental-health-services/)

OC Links (855-OC-LINKS)	Call: (855-625-4657) or (855-OC-LINKS); (TDD Number: 714-834-2332) Open: 8am - 6pm

The OC Links information and referral line provides phone and online support for anyone seeking information or linkage to Orange County's Behavioral Health Services. These services include children and adult mental health, alcohol and drug inpatient and outpatient, crisis programs, and prevention and early intervention services. Callers can be potential mental health consumers, family members, friends or anyone seeking out information about Behavioral Health programs and services. Trained Navigators provide information, referral, and linkage directly to programs that meet the needs of callers.

2-1-1 Mental Health	Call: 2-1-1 Open: 24-hours a day

Need help with mental health counseling, psychological assessment, support group, suicide online, or other mental health service? If you live in Orange County, call 2-1-1 for assistance. If you have trouble connecting, dial "1" first. By dialing 2-1-1, you can reach a free, 24-hour information and referral helpline linking you to thousands of local health and human service programs in Orange County, California.

Administrative Services Organization	Call: (800) 723-8641 Open: 24-hours a day.

The Administrative Services Organization (ASO) provides access to mental health services for Orange County Medi-Cal beneficiaries. These services include a 24-hour Access Line and referral to outpatient mental health providers. Additionally, the ASO provides ongoing development and maintenance of the Mental Health Plan Network of Providers that meet the geographical, cultural and linguistic needs of the community. Eligible individuals are children, adolescent, and adult Orange County Medi-Cal beneficiaries who are seeking mental health services for a mental illness that is causing impairment in their community functioning. Language(s): English, Spanish, Vietnamese, and Farsi (interpretation for other languages is available upon request).

NAMI Warmline	Call: (714) 991-6412; Live Chat available at www.namioc.org Open: Mon.-Fri. 9am-3am, Sat. & Sun. 10am-3am

Provides telephone-based, non-crisis support for anyone struggling with mental health and/or substance use issues. The staff providing the services has been through a similar journey, either as a mental health or substance abuse services consumer or as a family member of an individual receiving these services. In addition, the Warmline provides outreach to increase community awareness of crisis and non-crisis services for safety concerns about mental health disorders and suicide.

Behavioral & Emotional Wellness & Mental Health Clinics

City	Clinic Name	Address	Contact Info.	Hours of Operation	Also Provides Dental Services?
Anaheim	Central City Community Health Center; Anaheim Health Center #2	2243 W. Ball Road, Anaheim	(714) 490-2750; www.centralcityhealth.org	Mon. & Fri. 8am-5pm; Tues. & Thurs. 9am-5pm	No
	ICNA Relief USA	2180 W. Crescent Ave., Suite B, Anaheim	(714) 399-4571; www.lestonnacfreeclinic.org	Tues. 9am-12pm; Wed. 9am-12pm; Sat. 9am-2pm	Yes
	Southland Integrated Services Inc.	2035 E. Ball Rd., Anaheim	714-517-6150; www.southlandintegrated.org/	Thurs. 8am-5pm; Fri. (every other Fri.) 8am-12pm	Yes
	Hurtt Family Health Clinic	947 S. Anaheim Blvd, Suite 260, Anaheim	(714) 247-0300; www.hurttclinic.org	Mon.-Fri. 8am-5pm	No
Costa Mesa	Share Our Selves (SOS) Medical & Dental Clinic	1550 Superior Ave., Costa Mesa	(949) 270-2100; www.shareourselves.org	Mon.-Wed. & Fri. 8am-5pm; Thurs. 10:30am-7pm	Yes
Fullerton	St. Jude Neighborhood Health Center	731 S. Highland Ave., Fullerton	(714) 446-5100; http://www.stjudenhc.com/	Mon.-Fri. 8am-5pm; Alternating Sat. 8am-12pm	Yes
	Central City Community Health Center	Garden Grove Health Center, 12511 Brookhurst St. 2nd Fl, Garden Grove	714) 643-7176; www.centralcityhealth.org	Mon., Wed., Fri. 8am-5pm; Tues. & Thurs. 9am-5pm	No
Garden Grove	Southland Integrated Services Inc.	9862 Chapman Ave. #B, Garden Grove	(714) 620-7001; www.southlandintegrated.org/	Mon.-Fri. 7am-7pm; Sat. 8am-5pm	Yes
	Nhan Hoa Comprehensive Health Care Clinic	7761 Garden Grove Blvd, Garden Grove	(714) 898-8888; www.nhanhoa.org/	Mon.-Fri. 8am-8pm; Sat. 9am-1pm	Yes
	Wellness Center West	11277 Garden Grove Blvd., Suite 101-A, Garden Grove	(657) 667-6455; www.wellnesscenterwest.org/		No
Laguna Beach	Laguna Beach Community Clinic	362 Third St., Laguna Beach	(949) 494-0761 x100; www.lbclinic.org	Mon.-Fri. 8am-5pm, Sat. 8am-12pm	No
La Habra	Friends of Family Health Center Adults	501 S. Idaho St., Ste 350, La Habra	(562) 690-0400; https://fofhealthcenter.org	Mon-Fri 8am-5pm; Sat. 8am-4:30pm	Yes
Lake Forest	Camino health Center	22481 Aspan St., Suite A, Lake Forest	(949) 240-2272; https://caminohealthcenter.org	Mon., Tues., & Fri. 8am-5pm; Wed. & Thurs. 8am-8pm; Sat. (1st & 3rd of each month) 8am-5pm	Yes

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City	Organization	Address	Phone; Website	Hours	
	MHA OC Wellness Center South	23072 Lake Center Drive Suite 115, Lake Forest	(949) 528-6822; www.wellnesscentersouth.org/	Mon.-Thurs. & Sat. 9am-5pm; Fri. 9am-7pm	No
Los Alamitos	Lestonnac Free Clinic	3801 Katella Ave., Ste. 301, Los Alamitos	(562) 493-4466; www.lestonnacfreeclinic.org	Mon. & Fri. 9am-12pm; Sat. 9am-12pm	Yes
Orange	St. Jude Neighborhood Health Center - La Amistad Family Health Center	353 S. Main St., Orange	(714) 771-8006; www.stjudenhc.com/about-our-services.html		Yes
	Lestonnac Free Clinic	1215 E. Chapman Ave., Orange	(714) 633-4600; www.lestonnacfreeclinic.org	Mon. & Wed. 9am-7pm; Tues, Thurs. & Fri. 9am-5pm; Sat. 8am-4pm	Yes
San Juan Capistrano	Camino Health Center	30300 Camino Capistrano, San Juan Capistrano	(949) 240-2272; https://caminohealthcenter.org/locations/san-juan-capistrano/	Mon.-Wed. 8am-9pm; Thurs.-Fri. 8am-pm; Sat. (2nd & 4th of each month) 8am-5pm	Yes
Santa Ana	Serve the People Community Health	1206 E. 17th St., Ste 101, Santa Ana	(714) 352-2911; https://serve-the-people.com /what-we-do/community healthcenter.html	Tues. - Fri. 8am-5pm; Sat. 8am-4:30pm	Yes
	Southland Integrated Services Inc.	1200 N. Main St. Suite 300, Santa Ana	(714) 480-6729; www.southlandintegrated.org/	Tues. 8am-5pm; Fri. (every other Fri.) 8am-12pm	Yes
	Hurtt Family Health Clinic	1100 B. North Tustin Avenue, Suite A, Santa Ana	(714) 247-0300; www.hurttclinic.org	Mon.-Fri. 7am-5pm	Yes
	Homeless Mentally Ill Multi-Service Center	2416 South Main Street, Santa Ana	(714) 668-1530; www.ochealthinfo.com/bhs/ homeless_multi_service_center	Mon.-Sun. 6am-3pm	No
Stanton	Central City Community Health Center	12116 Beach Blvd., Stanton	(714) 898-2222; https://centralcityhealth.org/	Mon., Wed.., & Fri. 9am-6pm; Tues., Thurs. 9am-5pm	No
Tustin	Friends of Family Health Center Adults	13152 Newport Avenue, Suite B, Tustin	(714) 263 8600; https://...healthcenter.org	Mon.-Fr. 8am-5pm	Yes
	Hurtt Family Health Clinic	1 Hope Drive, Tustin	(714) 247-0300; www.hurttclinic.org	Mon.-Fri. 7am-5pm	Yes
Westminster	Southland Integrated Services Inc.	14140 Beach Blvd. Suite 223 , Westminster, CA	(714) 934-4637; www.southlandintegrated.org/	Mon. & Wed. 8am-5pm	Yes

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Appendix I: Copyright Agreement

COPYRIGHT LICENSE AGREEMENT

This License Agreement (the "License") is made and entered into this 30ᵀᴴday of April, 2018, by and between Boise State University, hereinafter referred to as the "Licensor," and Kristen Stephens, hereinafter referred to as the "Licensee."

WHEREAS, the Licensor owns certain rights, title and interests in the Incivility in Higher Education Revised (IHE-R) Survey, hereafter called the "Licensed Works," and

WHEREAS, the Licensor desires to grant a license to the Licensee and Licensee desires to accept the grant of such license pursuant to the terms and provisions of this License Agreement for the purposes of permitting Licensee to use the Licensed Works for non-commercial purposes as outlined herein;

NOW THEREFORE, in consideration of the payment of the License fee and the other mutual promises and benefits contained herein, the parties hereto agree as follows:

1.   Grant of License. The Licensor hereby grants to Licensee, its employees, agents and contractors, a limited, non-transferrable, non-exclusive license under Licensor's copyrights to use the Licensed Works to assess the level of incivility in the following environments: multiple sites, multiple uses at various dental hygiene programs in California, USA.

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3.   License Fee. In consideration for the granting of the License, the Licensee shall pay to Licensor a one-time License Fee of US $250.00 and provide a file of the de-identified data, per environment, for a total of US $250.00 due and payable to Boise State University upon execution of this License. No other fees, royalties, expenses or amounts shall be incurred by Licensee in exchange for, or as a condition of receiving this License and the rights granted herein. The license rights set forth herein shall not become effective until payment of the License fee has been received and accepted by Licensor. All amounts remitted hereunder shall be paid in U.S. dollars.

4.   License Services. If Licensee chooses technical support, training and implementation services for each educational environment indentified above shall be pursuant to a separate services agreement.

5.   Confidentiality/Publication. Information provided by Licensee in the course of using the Licensed Work ("Confidential Information") shall remain confidential and proprietary to Licensee and Licensor shall receive and use the Confidential Information for the sole purpose of assisting Licensee in the implementation of the Licensed Works. Licensor agrees to protect the proprietary nature of the Confidential Information and agrees not to disclose the Confidential Information to any third party or parties without the prior written consent of the Licensee. Licensor reserves the right to use the numerical/statistical data generated by Licensee's use of the Licensed Works for research and education purposes. Licensee acknowledges that Licensor shall have the right to publish such research results and that Confidential Information will only be disclosed in aggregate with no Licensee identification.

6.   Liability. The Board of Regents of the University of Wisconsin System agrees to provide liability protection for its officers, employees and agents while acting within the scope of their employment. The Board of Regents further agrees to hold harmless Boise State University representatives, agents and employees from any and all liability, including claims, demands, losses, costs, damages and expenses of every kind and description (including death), or damages to persons or property arising out of or in connection with or occurring during the course of this agreement where such liability is founded upon and grows out of the acts or omissions of any of the Officers, employees or agents of the University of Wisconsin System while acting within the scope of their employment where protection is afforded by ss. 893.82 and 895.46(1), Wis. Stats.

7.   Assignment. Licensee shall not assign to, and will not permit the use of said Licensed Works by, anyone, other than Licensee, its agents, employees or contractors, without the prior written consent of the Licensor, which consent will not be unreasonably withheld or delayed.

8.   Abandonment by Licensee. In case of abandonment of this License by Licensee, Licensee shall give notice to Licensor of its intent to abandon, and the Licensed Works shall thereupon be free and clear of this License and of all rights and privileges attaching thereto.

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11. Notice. Any notice required or permitted by this License may be delivered in person or sent by registered or certified mail, return receipt requested to the party at the address as hereinafter provided, and if sent by mail it shall be effective when posted in the U.S. Mail Depository with sufficient postage attached thereto:

LICENSOR

LICENSEE

Boise State University
Office of Technology Transfer
1910 University Drive
Boise, ID 83725-2095

Kristen Stephens
5226 Autry Ave.
Lakewood, CA 90712

Notice of change of address shall be treated as any other notice.

12. Applicable Law. The License will be governed without giving effect to choice of law and conflicts of law. Licensor and Licensee agree not to designate a particular governing law.

13. Default. Any failure of either party to perform in accordance with the terms of this Agreement shall constitute a breach of the agreement. In the event of a material breach by Licensee, Licensor may, upon written notice to Licensee, declare this License Agreement terminated and may seek such other and further relief as may be provided by law, including, but not limited to, a temporary or permanent injunction against Licensee's continued use of the Licensed Works, actual and/or statutory damages, costs of suit, and reasonable attorney fees incurred by Licensor as a result of the breach, plus interest on all amounts from the date of the breach until paid in full, at the highest rate permitted by law.
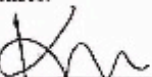
14. Complete Agreement. This License supersedes any and all prior written or oral Licenses and there are no covenants, conditions or agreements between the parties except as set forth herein. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or affect whatsoever unless embodied herein in writing. No subsequent innovation, renewal, addition, deletion or other amendment hereto shall have any force or effect unless embodied in a written contract executed and approved by both parties.

In witness whereof, the parties hereto have executed this License on the day and year first above written.

Licensee: Licensor:

By: _____   By: _____
Kristen Stephens   Katy Reuter, Director, Office of
                                                        Technology Transfer

Date: 4/30/18   Date: 4/30/18

Appendix J: Dissertation Timeline

- **June-December 2018**
  - Complete Literature Review
  - Establish Theoretical Framework
- **January-March 2019**
  - Complete Dissertation proposal
  - Obtain preliminary sample size
- **March-August 2019**
  - Get IRB approval of research proposal
  - Defend Dissertation proposal (Chapters 1-3)
- **August-October 2019**
  - Prepare online survey tool for survey distribution
- **October-November 2019**
  - Collect Data
- **December-January 2020**
  - Analyze & Write-up Data (Chapter 4)
  - Complete Chapters 1-3
  - Write Conclusions (Chapter 5)
- **January-March 2020**
  - Submit Complete Dissertation to Chair & Committee
  - Revise and Edit Dissertation
- **April-May 2020**
  - Defend Dissertation
  - Revise and Edit Dissertation
- **Summer 2020**
  - Graduate

Appendix K: Proposed Budget

Copyright for IHE-R Survey	$250
Online Survey Tool Fee (Survey Monkey)	$99/mo for 4 months = $396
Quantitative Statistics Software	$50
Qualitative Statistics Software (NVivo for Students)	$115
NVivo for MAC Essentials (book)	$50
Mailing fees	$80
Incentive/Thank you Candy (Students)	$178
Amazon Gift Card Incentive (Faculty)	$50
Total	$1,169