Incivility, also known as bullying or horizontal violence, can take many forms from derogatory statements to physical harm. Incivility can create physical, emotional, and psychological symptoms leading to job dissatisfaction and increased turnover. Incivility can impact patient care and patient safety. Organizational impacts include: increased turnover and decreased productivity. Regulatory and professional agencies have issued recommendations for leaders of organizations to address incivility in the workplace. The purpose of the study was to determine if an educational program for nurse leaders can improve the perceived ability of the leaders to act with moral courage to address uncivil behavior. Two theories, identified as relevant to incivility in the workplace, Freire’s Oppression Theory and Kanter’s Structural Theory of Power guided this quasi-experimental design. A one group pretest-posttest was used. The study took place in a 363-bed tertiary care facility. A convenience sample of nurse leaders completed a pre-survey, education and a post-survey. Analysis was conducted on 37 matched pairs of surveys. The tool that was used was the Professional Moral Courage (PMC) Scale. It is comprised of fifteen statements divided into five themes with three statements per theme. Three areas of statistical significance were found using a paired t-test comparing the pre-survey to the post-survey scores. The results indicated improvement in two of five themes, acting morally and using a proactive approach, and in the overall score. The researcher concluded that leaders need to utilize moral courage and address incivility. By witnessing the leaders’ role modeling civil behaviors and taking action in the face of incivility, staff should also demonstrate the same behaviors.