



## Perceived uncivil behaviour in Indonesian nursing education



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### ABSTRACT

Uncivil behaviour is a phenomenon that has attracted a growing number of investigations, particularly in Western based nurse education. Unlike the West, uncivil behaviour is a relatively new field of study to Indonesia. However, with the incidence of incivility becoming a growing problem within Indonesian nurse education it is one that warrants investigation. This study investigated; the construct of uncivil behaviour and how it is perceived by students and faculty within the Indonesia context. The impact that socio economic status may play in its manifestation is also explored. The study was conducted in two faculties of nursing in the west of Indonesia. Findings suggest that religion is strongly implicated in the way that uncivil behaviour is perceived.

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### 1. Introduction

Indonesia is a developing country that has more than 700 ethnicities and diverse socio-economic backgrounds and has six officially recognised religions (Mandryk, 2010). Although its diversity enriches the country it has been argued that its multiple ethnicities and religions, coupled with economic factors, have led to conflicts (Chowdhury and Rammohan, 2006; Rahmawati, 2001). These factors have led to moderate-intensity conflicts such as those that occurred in the regions of Maluku, Aceh, Papua, Poso and Sampit (Purnomo and Septina, 2004).

Habibie (2012; p.10) a former Indonesian president, proposed that “culture, religion or beliefs influence the behaviour and character of humans” in Indonesia. Significantly, ethnicity, religion and socio-economic status (SES) have influenced the social dynamic of the citizens in Indonesia. These factors intersect in all aspects of life, including the social transactions that occur in the Indonesian Higher Education system such as the universities where this study took place.

As with many other countries (Nilson and Jackson, 2004) one of the main challenges currently facing Indonesia's Higher Education system is the growing incidence of uncivil behaviour in the learning

environment particularly: academic plagiarism (Adiningrum, 2011), cheating in examinations (Rangkuti, 2011) and bullying (Lai et al., 2008; Rangkuti, 2011). All of which have been described, along with a host of other behaviours, as uncivil behaviour (Clark, 2006; Alexander-Snow, 2004; Tiberius and Flak, 1999). However, most incivility studies, including those in nursing education, have been conducted in Western countries which are culturally very different to Indonesia. Consequently their findings have been difficult to apply to the Indonesian context. In addition those investigations that have been undertaken have tended to focus on the manifestation of uncivil behaviour (Luparell, 2007) with relatively little attention being given to the factors that may influence such behaviour including ethnicity, religious faith and socio-economic status (Anthony and Yastik, 2011; Beck, 2009; Marchiondo et al., 2010). Yet all of these factors appear to contribute to uncivil behaviour in nursing education in Indonesia. For instance, Sutantoputri and Watt (2013) found that religion plays an important aspect of the academic environment in Indonesia to the extent that it might be one predictor of motivational goals in higher education. Thus Sutantoputri and Watt (2013) suggest that a students' religious background could influence the lengths they will go to in order to attain high marks in their degree in the form of plagiarism. Such behaviour could, therefore, encompass both uncivil as well as civil behaviour.

The few studies that have investigated the role that ethnicity, religious faith and SES play in uncivil behaviour have found a correlation between them (Abbotts et al., 2004; Altmiller, 2012; Alexander-Snow, 2004; Ellison et al., 1996; Chaux et al., 2009; Due

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et al., 2009; Thomas, 2003). But again the relationship between these factors and incivility have not been fully explored or developed within the Indonesia context and particularly not in nursing education.

Uncivil behaviour in nursing education is probably a microcosm of uncivil behaviour problems in Indonesian society generally. If these problems could be managed, uncivil behaviour may be minimised. Hence, there is a need for more empirical studies exploring uncivil behaviours in Asian countries generally including Indonesia.

## 2. Indonesia's professional body requirements

Within Indonesia Registered nurses are required to follow the Indonesian Nursing Code of Practice (Indonesian National Nurses Association/INNA, 2014). As future registrants, students of nursing are expected to follow the student nurses' conduct of practice which has similarities with the Nurses' Code of Practice. As such they are expected to display civil behaviour in both the classroom and clinical placements.

## 3. Review of the literature

### 3.1. Defining the term uncivil behaviour

As identified above the term uncivil behaviour has been used to describe a set of behaviours deemed to be unacceptable within an education setting and have raised growing concerns in nursing education settings globally (Hunt and Marini, 2012; Eka, Sitompul and Solely, 2013; Clark and Springer, 2010; Clark et al., 2010; Marchiondo et al., 2010; Randle, 2003; Lashley and de Meneses, 2001).

Forms that uncivil behaviour can take vary and include inappropriate communication, professional relationship issues, self-management issues, and general lack of regard for others (Altmiller, 2012; Clark and Springer, 2007b; Lashley and de Meneses, 2001; Thomas and Burk, 2009). Uncivil behaviour can encompass some behaviours (Table 1) that many academics and students may not find disruptive, such as acting bored or disinterested, fidgeting (Bjorklund and a Rehling, 2010), failing to take notes in a lecture and dominating discussions (Rowland and Srisukho, 2009).

Within nursing, these forms of uncivil behaviour are not confined to the classroom but have also been found to be present within other learning environments such as skills laboratories and clinical practice. The impact that uncivil behaviour has on those subjected to them can be severe with victims experiencing psychological symptoms such as emotional stress, physical attack or both (Longo, 2010; Luparell, 2007).

Within the literature, uncivil behaviour is also known as incivility, disturbing behaviour, lateral or horizontal violence and bullying (e.g. Hunt and Marini, 2012; Clark, 2008; Randle, 2003; Lashley and de Meneses, 2001). Within nurse education, incivility has been defined as 'rude or disruptive behaviours which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations' (Clark et al., 2009, p.7).

For this study, the terms uncivil behaviour and incivility are used interchangeably to describe all forms of unacceptable behaviour within the learning context. But in doing so, it is acknowledged that differing forms of uncivil behaviour will require different strategies to address them. Moreover the main concern of this study was to explore students and faculty perceptions of incivility, it was, therefore, felt important not to limit the behaviours that constitute it to those in the literature.

### 3.2. The role of demography in uncivil behaviour

Previous studies have endeavored to identify the factors that may contribute to incivility in the classroom. Beckmann et al. (2013), Clarke et al. (2012) and Marchiondo et al. (2010) suggest that race, gender, age, year of study and institution size are not significantly related to uncivil behaviour. Support for these findings come from a study undertaken by the Incivility in Nursed Education (Gallo, 2012), which also found that no significant correlations existed between incivility and demographic characteristics. This is further supported by Daniel et al. (1994) and Clark and Springer (2007a, 2007b). Daniel et al. (1994) reported that age, marital status, application to learning and the cognitive ability of students were not related to academic misconduct.

Studies that have investigated perceptions of uncivil behaviour have produced conflicting results. For example Clark and Springer (2007a, 2007b) found that younger and older respondents' perceptions of uncivil behaviour were similar at a public university in the north-western United States. However, other studies have found the converse to be true (Robertson, 2012). For example, a study by Leiter et al. (2010) compared two generations: Generation X (born 1961–1981) and 'baby boomers' (born 1943–1960). The Generation X nurses reported a greater incidence of uncivil behaviour in the workplace than the 'baby boomers'. Incivility included 'disrespectful, rude or condescending behaviour' (p. 974).

These inconsistencies have raised important questions about the role that demographic factors play in the manifestation and perceptions of uncivil behaviour and there has subsequently been a call from nurse authors to further investigate the relationship (Anthony and Yastik, 2011; Beck, 2009; Marchiondo et al., 2010; Olive, 2006). Given the growing incidence of phenomena in nurse education, it is important to determine to what extent demography plays in uncivil behaviour if it is to be understood and better managed.

Thus the research question that guided this study was "How do Indonesian nursing students and faculty perceive uncivil behaviour in the context of their ethnicity, religious faith and socio-economic backgrounds?"

The proposition developed for the study is: "There are different perceptions of uncivil behaviours between academic staff and students based on their ethnicity, religious beliefs and socio-economic status".

## 4. Methods

A case study methodology was selected to achieve the aims of the study in order to provide an in-depth understanding of the phenomena (Yin, 2009; Stake, 2006). The study was conducted as part of an ongoing doctoral program Ethical approval for the study was obtained from the university's Institutional Review Board and the faculties of nursing in which the study took place.

Nursing students and academic staff at two Faculties of Nursing (one private and one public university) in the western part of Indonesia took part in the study. The private faculty of nursing is a part of private Christian university, whilst the public faculty of nursing is a part of non-specific religion based university. The private universities recruit two types of nursing students: students from upper secondary education ('regular' cohorts) and nurses with a diploma qualification (conversion cohorts) who intend to upgrade their nursing diploma to a degree in nursing. Both faculties of nursing deliver academic and professional programs. The academic program covers seven to eight semesters for the 'regular cohorts' and two to three semesters for the conversion cohorts to achieve the Academic Degree: Bachelor of Nursing/Sarjana. The professional program covers two semesters to obtain a Professional

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