



## Factors affecting nursing students' incivility: As perceived by students and faculty staff



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### SUMMARY

**Backgrounds:** Students' incivility in institutions of higher education is a serious issue that faces educators in performing their teaching duties. The negative impacts associated with uncivil classroom behaviors have been found to contribute to the disruption of the learning process and the classroom learning environment, and the deterioration of the faculty–student relationship.

**Objectives:** This study assays the incivility level among nursing students, investigates factors affecting student nurses' incivility, and explores the relationship between students' uncivil behavior and factors affecting its occurrence based on the perceptions of students and faculty staff. A descriptive comparative research design included all nursing students ( $n = 186$ ) and faculty staff ( $n = 66$ ) in the Faculty of Nursing, Port Said University. A structured questionnaire was used to collect the data.

**Results:** The results of the study reflected that less than two thirds of students (60.2%) reported irresponsible behaviors, more than half (55.9%) expressed that they behave inappropriately, and 47.8% of them believed that they behave aggressively. The highest percentage of students (55.4%) recorded a high level of uncivil behavior, while faculty staff recorded a lower level regarding aggressive uncivil student behaviors. Both faculty staff and students agreed that a high level of incivility is affected by the studied factors, including issues related to environmental and study climate, faculty policies, political atmosphere, and faculty staff.

**Conclusion:** Uncivil students' behavior interferes with academic achievement and leads to a declined curve of ethics for nursing students, who are to be considered a symbol of ethics when dealing with their patients. Based on the study results, activated implementation of faculty policies on uncivil behaviors is recommended. Also, there is an obvious need to train faculty staff members to deal with uncivil and bullying students.

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In recent years, the faculty has seen an increase in latecomers, sleepers, cell phone addicts, and downright discourteous students in their courses. Classroom incivility is disruptive behavior that occurs in higher education learning environments, and it is increasing at an alarming rate. Incivility is often a reciprocal process; both students and faculty members may contribute to a climate of disrespect for one another or the learning process as a whole. University students are increasingly diverse, unprepared for college-level work, juggling multiple life roles, and facing tremendous pressures to perform in large, impersonal classes. Faculty members are often trained as researchers and struggle to effectively manage their classrooms (Knepp, 2012).

Incivility in higher educational contexts is commonly grouped into categories, although the categorical labels vary. For example, experts have grouped uncivil behaviors into more serious and less serious behaviors. Less serious behaviors are simply annoyances to most instructors, although it is important to note that labeling the severity of such behaviors is a subjective task. In other words, a behavior that

one instructor considers rude and disruptive (e.g., a student eating his or her lunch during class) may not bother—or even enter the awareness of another instructor (Connolly, 2009).

Incivility in healthcare can lead to unsafe working conditions, poor patient care, and increased medical costs (Clark et al, 2011). Incivility and bullying in nursing are complex problems that have gathered much attention in recent years. Emerging evidence suggests that incivility in the workplace has significant implications for nurses, patients, and health care organizations. Because today's students are tomorrow's colleagues, conversations regarding how to address incivility and bullying should include specific aspects of nursing academia and the preparation of new nurses (Luparell, 2003).

Regarding factors affecting student incivility, Rowland and Srisukho (2009) suggested five key variables: gender, class standing, cumulative grade point average, informal faculty member–student interactions, and academic achievement. They found that students who were victims of classroom incivilities spent less time thinking critically in class and were less engaged with the course material afterward. In addition, classroom incivilities also led to frustration and isolation, as students felt that their values, beliefs, and attitudes were not integrated with

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those of others, which led to a decline in students' persistence to continue their studies. Incivilities related to social environment and interpersonal relations include all forms of disorderly manners, behaviors, and deteriorated social exchanges resulting from involvements with strangers. Those behaviors are deviations from the norms of living together, and they involve reduced helping behaviors, behaviors leading to insecurity, fear, and acts of criminality (Mugan, 2009).

Additionally, Thomas (2003) and Cicotti (2012) studied aggressiveness in students and concluded that hostile and inappropriate behavior may be related to perceived unfairness, reactions to unforeseen changes, unsettled family problems, and unrealistic expectations by rigid professors. Ehrmann (2005) observed that student anger and classroom aggression is linked to the rise in anger in society as a whole, which is then transformed into anger directed against the college or university and faculty staff.

Classroom incivility is classified into three categories of behaviors viewed as disruptive or disrespectful by the faculty members: aggressive student behaviors, ranging from insensitivity to the feelings of others to physical altercations; irresponsible student behaviors, related to actions indicating that the student has failed to take responsibility for personal learning; and inappropriate student behaviors, described as behaviors felt to erode a healthy classroom environment. These behaviors are considered incivilities because they indicate a lack of respect toward the instructor charged with helping students meet the course requirements, and a lack of respect for the class, since the student will not be able to contribute to class discussion. On the other hand, irresponsible student behaviors may be exhibited by students who are very prepared but who prevent others from participating in the learning process by dominating class discussion (Swimney et al, 2010).

Nursing faculty members are vulnerable to the effects of student incivility as well, ranging from rudeness to actual physical assault and loss of life. Clark and Springer (2007) list various ways that they encounter incivility, most of them being non-physically violent, but considered uncivil nonetheless, such as arriving to class late, leaving class early, refusing to answer questions, rudely contesting test answers, and being unprepared for class. These factors have been shown to significantly invoke anxiety, self-doubt, and anger in nursing faculty members. While many factors related to academic incivility have been cited, including desensitization to violence via media, inadequate secondary school education, and absent or inadequate parenting, faculty members have rarely viewed themselves as a source of conflict (Schaeffer, 2013).

Nursing students who demonstrate disruptive and at-risk behaviors in the classroom and clinical area compromise the learning environment and are unable to provide safe, quality client care. They require early and swift identification, consultation, sanctions, or possible referral into treatment to protect themselves and public safety. The authors describe the evolution of a comprehensive policy for faculty members' intervention with at-risk students and provide an exemplar of a situation illustrating the use of the policy. Disruptive behaviors and incivility in nursing education, regardless of the cause, are serious concerns (Clark et al, 2008).

Furthermore, the outcomes of incivility can include elevated stress levels, headaches, inability to sleep, and a weakened immune system, leading to illness. Common examples of emotional effects are erosion of self-esteem, self-doubt, anxiety, and depression. In addition, incivility may lead to impairment of cognition, resulting in an inability to concentrate or learn. Incivility may lead to behavioral changes, such as withdrawal, retaliation, and potential violence. Incivility also weakens personal relationships. In the academic setting, this could lead to impaired relationships between students and faculty members, as well as between faculty members themselves. In the academic setting, incivility may also impact recruitment and retention of faculty members and students, hinder job satisfaction, increase absenteeism of faculty members and students, and interfere with communication and collaboration (Sprunk et al, 2014). To overcome uncivil behavior in the

classroom, AlKandari (2011) specified that the availability of several factors in the classroom environment can positively affect students' active learning and their interactions with faculty members. These factors include: enthusiastically engaging students in the learning process (i.e., they are not bored), valuing students and their comments, strategically creating racially ethnically structured student groups, and allowing students the opportunity to constructively challenge professors' ideas.

The effects of uncivil encounters on the nursing faculty members involved were significant and included both short-term and long-term impacts, such as physical and emotional reactions, decreased self-esteem, and loss of confidence in teaching abilities, significant time expenditures, and negative effects on the educational process. (Luparell, 2007). Thus, exposure to incivility in nursing begins in undergraduate education and, if not addressed, it may move with the students into practice and end with violating the Code of Ethics, which mandates that nursing faculty members not only be civil themselves, but also ensure that students who graduate will have appropriate knowledge of civility, including effective communication skills, respect for others, and a collaborative relationship with other professionals (Cicotti, 2012).

The objectives of this study are to:

1. Determine students' uncivil behavior levels as perceived by nursing students and faculty staff
2. Investigate factors affecting student nurses' incivility as perceived by nursing students and faculty staff.
3. Identify the relationship between students' uncivil behavior and factors in the occurrence of uncivil behavior.

## Subjects and Methods

A descriptive comparative research design was utilized. This study was carried out in the Faculty of Nursing, Port Said University, Egypt. Subjects of the study included two groups. The first group included all nursing students from fourth grades in the second semester of academic years 2013/2014, with a total number of 186 students. The second group is composed of all faculty staff working at the Faculty of Nursing during the time of data collection. Data were collected using a structured questionnaire for both faculty staff members and nursing students and was developed by the researchers based on previous literature (Clark and Springer, 2007; AlKandari, 2011; Hoffman, 2012; Nutt, 2013). It contains three parts:

**Part I.** Contains items related to socio-demographic data of faculty staff and students.

**Part II.** *Perception towards students' incivility* contains 29 items regarding staff members' and students' perceptions of student attitudes in some situations, how many they faced, and their features. It was classified into three categories of behaviors viewed as disruptive or disrespectful by the faculty members. First, aggressive student behaviors included nine items ranging from refused comments from faculty staff members to threats by physical altercations. Second, irresponsible student behaviors included 17 items: sleeping in class or cheating on exams or quizzes. Finally, inappropriate student behaviors included three items, for example, bringing foods during the lecture, lab, or fieldwork.

**Part III.** *Factors affecting students' civility* contained 21 items divided into five main dimensions to explore the factors affecting students' civility as perceived by faculty staff members and students: environmental factors (six items such as spoiled home education without follow up, impolite colleagues, lack of professionalism, respectful environment). Studying factors included four items such as study climate, uncommitted to nursing career, and lack of desire to study nursing. Faculty policies factors contained four items such as unassertive decisions regarding students' uncivil behavior, paying attention to uncivil behavior declined, and inactivated academic supervisors' role. Faculty staff factors included four items such as lack of training for faculty staff to manage bullying

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