Original Research Article

Perception of nursing faculty regarding nursing student incivility in academia

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Abstract

Introduction: Incivility is mistreatment that may lead to disconnection, breach of relationships and erosion of empathy[1].The present study aimed to find perception of nursing faculty regarding the nursing student incivility in academia.

Materials and Methods: A quantitative approach with descriptive design was used. 80 nursing faculties were selected using total enumerative sampling technique. Data was collected using structured rating scale to find the perception of nursing faculty regarding nursing student incivility in academia using self-report.

Results: The study revealed that half of the subjects sometimes reported incivil behaviors that affects the teaching learning experience in classroom such as undermining others status and continuing to talk after being asked to stop, 51.25% of the subjects sometimes perceived late arrival and 52.5% of the subjects reported unnecessary yawning during class. 43.75% of the nursing faculty had sometimes reported the incivil behavior of late submission and 41.25% had rarely reported incomplete submission and lying in assessment and evaluation. Ignoring instructions is the most perceived incivil behavior among general behavior as reported by 45% of the nursing faculty and avoiding eye contact 42.5% of the faculty rarely reported in general behavior.

Discussion: It is alarming that nursing student who exhibit incivil behaviour towards others in the academic setting will eventually fail to care for vulnerable patients and may practice these behaviours in the practice setting. Even a slight incivil behaviour of nursing students in academia exerts a great influence in the professional behaviour of nurse in the clinical setting. It can be a great threat to her patients, co-workers, family, and the society also. Techniques for reducing incivil behaviour and promoting a climate of civility and mutual respect can be used with classroom management techniques and well prepared for their class. Nursing colleges and universities should continue to recognize incivility in their campuses and seek out new and effective strategies to combat it.

Keywords: Incivility, Nursing students, Nursing faculty, Perception, Ccademia

1. Introduction

Incivility is mistreatment that may lead to disconnection, breach of relationships and erosion of empathy.[1] Incivility might be found in student-student, faculty-student or faculty-faculty relations. The impact can be emotional for faculty (decreased job satisfaction, anxiety, and burnout) and students (diminished self-esteem, sense of belonging, and community).[2] Acts of incivility include name calling, criticizing, intimidating, gossiping, blaming, insulting, making unfair assignments, refusing to help, sabotaging, making lewd and demeaning gestures or facial expressions, or diminishing an individual's reputation. There are mainly two types of incivilities: 1) Physical incivilities and 2) Social incivilities.

According to the 'study on faculty and student incivility in nursing education' conducted by Latoya Rawlins in 2017, incivility has harmful physical and psychological effects on both faculty and students, and also disturbs the teaching - learning environment. Causes of incivil acts have been highlighted to provide groundwork for colleges of nursing to implement strategies for mitigating incivility.[3]

Nursing faculty contends that the prevalence and severity of student incivility are increasing, as in Rafiee Vardanjani's study, the prevalence of incivility to be 55.10% (95%, CI: 48.05, 62.06). Due to the high prevalence of incivil behaviour, especially of the verbal type, nursing managers should identify risk factors in the workplace. Understanding the prevalence, source and forms of incivility in nursing

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education is critical because of its implications for learning outcomes and the well-being of nursing faculty. Incivility in nursing education undermines the culture of safety, and the intimidation created by such behaviours leads to an environment of hostility and disrespect.[4] A number of nursing faculty experienced or witnessed incivil behaviours such as arriving late for class (93.6%), holding conversations in class (86.2%), leaving class early (80.9%), general taunts or disrespect to faculty (69.2%), using a computer during class for purposes not related to the class (64.5%), or making disapproving groans (50.9%).[5]

Another consequence of incivility in academia is that it would interrupt discipline and learning atmosphere, especially in team-based and contributive educations. Today's student will be tomorrow's nurse and failing to identify and control his incivility would eventually produce an incivil employee. If students come up with a weak personality, they can cause many costly and irreversible damages. Problems in interaction with co-workers, patients (customers of nursing services), clients, and organizations are among such damages.[3]

This problem should get more attention since it will become a great concern in the future. Even though nursing student incivility draws much attention, a study on this topic hasn't yet conducted in India till now. Therefore, the investigator felt that, it is essential to tackle incivility in nursing programs before newly graduated nurses continue this conduct in the health care environment.

2. Materials and Methods

The study was conducted as a part of the research project, as partial fulfillment of the requirement of completion of the academic degree course in the Bachelor of Science in Nursing Program. A quantitative approach with descriptive design was selected for the present study. The study was conducted at selected nursing colleges at Ernakulam among 80 faculties selected using total enumerative sampling. The nursing faculty who are present on the day of data collection and nursing faculty who have minimum one year teaching experience in BSc. Nursing course were selected. Participants were excluded who are presently tutoring in nursing school rather than a nursing college and who are sick at the time of data collection. The purpose of the study was explained to the subjects and informed consent was obtained. Prior permission was sought from each college authorities.

2.1. Tool for data collection

The following tool was used for data collection

1. Demographic data which included age, gender, educational qualification and year of experience.
2. Structured rating scale for assessing the perception of nursing faculty regarding the incivil behavior of nursing students in academia divided it into incivil behavior in classroom with 32 items, which included

malicious personal attacks, belittling comments, verbal threats, unnecessary interruptions, eye rolling, rude & angry outburst, swearing, throwing objects, shaming, refusal to do the activity that is asked to do, ignoring behavior ,undermine other's status or value late arrival, early leaving, sluggish response to request and commands, non-participatory in improvement efforts, eating or drinking during class, chatting with peers during class, continuing to talk after being asked to stop, coming to class under the influence of alcohol or drugs etc., packing up book before the class is over, sleeping during class, non-verbally indicating dissatisfaction, fidgeting that distracts others, displaying inattentive postures or facial expressions, doing homework for others, questioning the value of an assignment or an activity, reading non class materials, yawning, nose blowing, nodding or smiling in response to others comments, passing chit paper during class, incivil behavior in assessment and evaluation with 16 items which include late submission, recklessly writing, incomplete submission, plagiarism, copying from others, usingunauthorizedaids,falsifyingdata,embezzlement,bribery,alteringresults, lying, forgery, writing pleading words in examsheets, fake certificates, submitting incomplete data, arguing for better scores and incivility in general behavior with 12 items including use of inappropriate language, making derogatory comments, spreading rumors, ignoring instruction, talking back, challenging their decision, disregarding their guidance, not acknowledging the teachers presence, avoiding eye contact, using disrespectful language when addressing teachers, calling teachers by the name which they have given, writing about teachers on media. Total consisted of 60 items and it was rated on a five point scale as always, usually, sometimes, rarely, never.

The test-retest reliability of the tool was established and the tool was found to be reliable.

2.2. Data collection process

After obtaining formal permission from college authorities the data collection was done on 27/10/23, 28/10/23and 01/11/23 at the selected College's of Nursing Ernakulam. The researchers selected 80 faculties from nursing colleges who fulfilled the inclusion criteria. The purpose of the study was explained to the subjects and informed consent was obtained. Permission was obtained prior to the data collection from each college. The faculty took approximately 10 min to complete the structured rating scale. The subjects themselves filled the tool and returned to the researchers. The completed rating scales were collected by the researchers.

3. Results

3.1. Sample characteristics

In the sample characteristics out of 80 participants, majority (60%) of the nursing faculties were within the age group 36 to 45 years, 28.75% were between 25 to 35 years, 10% were between 46 to 55 years and the remaining 1.25% were above 56 years. Most of them were females (92.5%) and 7.5% were males. Based on the educational qualification, majority (76.25%) of them were with M Sc. nursing, 15% were with B.Sc nursing, 7.5% have PhD and the remaining 1.25% were with M.Phil. Among the subjects, 30% had an experience of 9 to 12 years, 26.25% had an experience of 1 to 3 years, 25% had an experience above 13 years and 18.75% had 4 to 8 years of experience.

3.2. Incivil behavior that affects the teaching learning activity in classroom.

Table 1: Percentage and frequency distribution of occurrence of incivil behavior that affects the teaching learning activity in classroom. N=80.

Items	Always f (%)	Usually f (%)	Sometimes f (%)	Rarely f (%)	Never f (%)
Malicious personal attacks	0(0)	0(0)	7(8.75)	7(8.75)	66(82.5)
Belittling comments	0(0)	2(2.5)	12(15)	25(31.25)	41(51.25)
Verbal threats	0(0)	3(3.75)	6(7.5)	21(26.25)	50(62.5)
Unnecessary interruptions	2(2.5)	6(7.5)	25(31.25)	26(32.5)	21(26.25)
Eye rolling	0(0)	7(8.75)	16(20)	24(30)	33(41.25)
Rude & angry outburst	1(1.25)	2(2.5)	11(13.75)	29(36.25)	37(46.25)
Swearing	2(2.5)	4(5)	10(12.5)	23(28.75)	41(51.25)
Throwing objects	0(0)	1(1.25)	2(2.5)	10(12.5)	67(83.75)
Shaming	0(0)	2(2.5)	7(8.75)	19(23.75)	52(65)
Refusal to do the activity that is asked to do	0(0)	9(11.25)	22(27.5)	32(40)	17(21.25)
Ignoring behavior	4(5)	3(3.75)	26(32.5)	31(38.75)	16(20)
Undermine another's status or value	2(2.5)	3(3.75)	19(23.75)	19(23.75)	37(46.25)
Late arrival	4(5)	11(13.75)	41(51.25)	18(22.5)	6(7.5)
Early leaving	2(2.5)	4(5%)	25(31.25)	18(22.5)	31(38.75)
Sluggish response to request and commands	0(0)	8(10)	24(30)	30(37.5)	18(22.5)
Non participatory in improvement efforts	0(0)	3(3.75)	34(42.5)	28(35)	15(18.75)
Eating or drinking during class	2(2.75)	5(6.25)	17(21.25)	19(23.75)	38(47.5)
Chatting with peers during class	6(7.5)	9(11.25)	32(40)	25(31.25)	8(10)
Continuing to talk after being asked to stop	1(1.25)	7(8.75)	26(32.5)	26(32.5)	26(32.5)
Coming to class under the influence of alcohol or drugs etc.	0(0)	0(0)	5(6.25)	5(6.25)	70(87.5)
Packing up book before the class is over	0(0)	3(3.75)	14(17.5)	32(40)	31(38.75)
Fidgeting that distracts others	0(0)	7(8.75)	24(30)	21(26.25)	28(35)
Displaying inattentive postures or facial expressions	2(2.5)	11(13.75)	18(22.5)	35(43.75)	14(17.5)
Doing homework for others	1(1.25)	4(5)	18(22.5)	34(42.5)	23(28.75)
Questioning the value of an assignment or an activity	1(1.25)	2(2.5)	13(16.25)	25(31.25)	39(48.75)
Reading non class materials	1(1.25)	4(5)	12(15)	26(32.5)	37(46.25)
Yawning	7(8.75)	9(11.25)	44(55)	16(20)	4(5)
Nose blowing	0(0)	5(6.25)	30(37.5)	24(30)	21(26.25)
Nodding or smiling in response to others comments	1(1.25)	11(13.75)	24(30)	31(38.75)	13(16.25)
Passing chit paper during class	1(1.25)	5(6.25)	13(16.25)	26(32.5)	35(43.75)

3.3. Perception of nursing faculty on incivil behavior associated with assessment and evaluation.
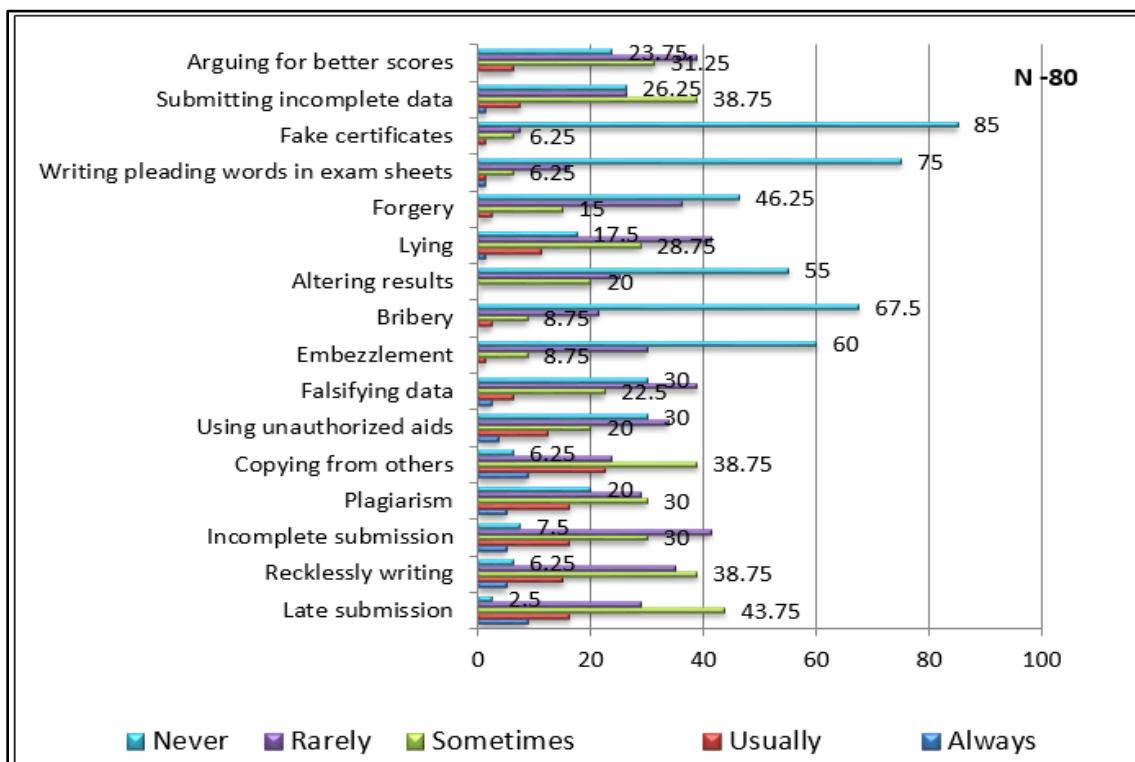

Figure 1: Percentage of occurrence of incivil behaviors associated with assessment and evaluation.

3.4. Perception of nursing faculty regarding nursing student incivility in general behavior in academia.
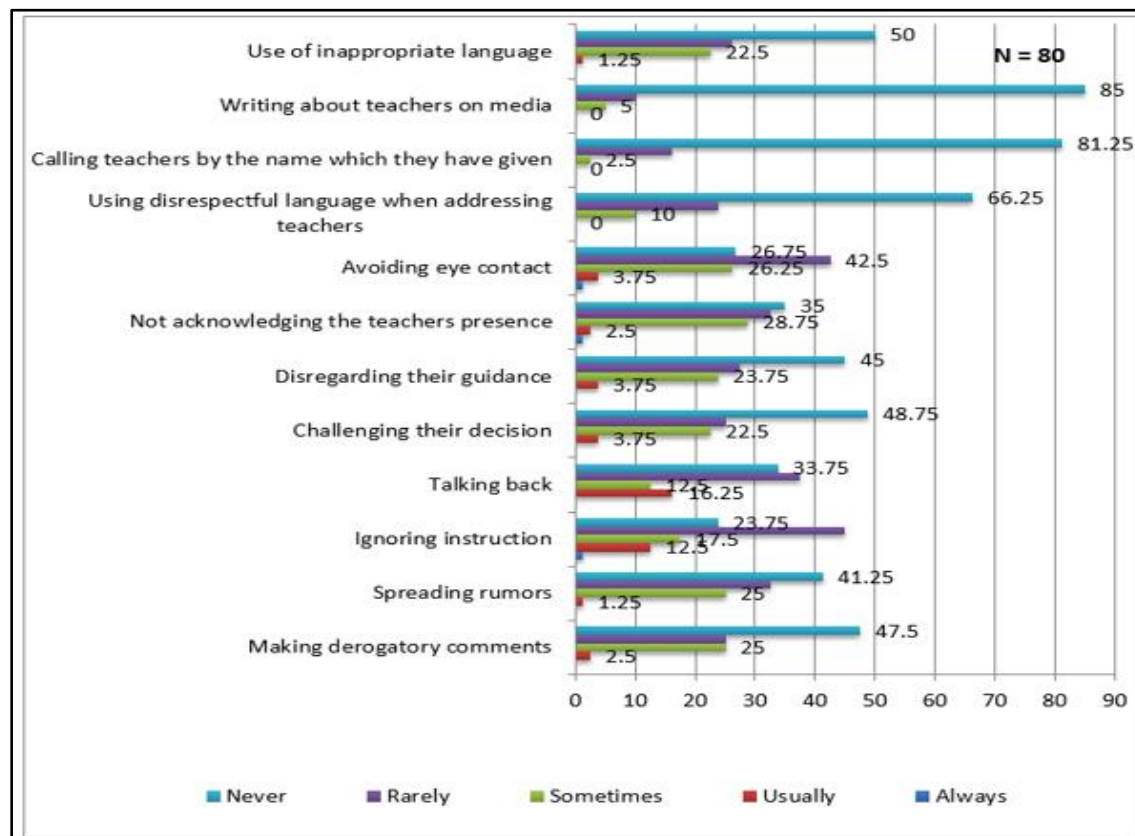

Figure 2: percentage of occurrence of incivil behaviours associated with general behavior in academia.

The most common incivil behaviors are late arrival (51.25% sometimes), yawning (55% sometimes), non-participatory in improvement efforts (42.5% sometimes), chatting with peers during class (40% sometimes), sleeping during class (50% sometimes) and ignoring behavior (32.5% sometimes). More serious disruptive behaviors like malicious personal attacks, verbal threats, throwing objects, and coming to class under the influence of drugs or alcohol are reported much less frequently. A significant number of respondents indicate behaviors that suggest apathy or disengagement, such as: Sluggish response to requests (37.5% sometimes), displaying inattentive postures or facial expressions (43.75% sometimes) and questioning the value of assignments (31.25% sometimes).

Further analysis revealed that average of the participants never reported bribery(67.5%),embezzlement(60%),altering results(55%), making fake certificates (85%) and writing pleading words in exam(75%).They rarely reported late submission(28.75%) and plagiarism(28.75%) and sometimes perceived lying (28.75%).Late submission(8.75% always) and copying from others (8.75% always). Incivil behaviours usually reported are late submission (16.25%), copying from others (22.5%) lying (11.25%), using unauthorized aids (12.5%). Arguing for better scores was observed rarely by 38.75% of the subjects, 31.25% at sometimes, 23.75% had never perceived any and 6.25% usually.

Results shows that more than half of the participants never reported the act of writing about teachers on media(85%,)using disrespectful language when addressing teachers (66.25%),calling teachers by the name which they have given(81.25%).Among them 25% rarely perceived challenging their decisions and making derogatory comments, sometimes reported spreading rumors and making derogatory comments. Only 1.25% among them always reported avoiding eye contact, ignoring instructions and acknowledging teachers' presence usually reported spreading rumors and use of inappropriate language. Among the subjects, 2.5%, 15%, 38.75% and 43.75% perceived lack of consideration from the side of student for the authority and position as usually, sometimes, rarely and never respectively.

4. Discussion

The present study throws light on the perception of nursing faculty regarding nursing student incivility in academia.

The demographic data of the nursing faculty reveals that the majority (28.75%) are within the age group of 25-35 years, while only small percentages (1.25%) are above 56 years. The profession is predominantly female (92.5%), with only 7.5% being male. Regarding educational qualifications, most faculty members (76.25%) hold an M.Sc. in Nursing, followed by 15% with a B.Sc. in Nursing, 7.5% with a Ph.D., and a minimal 1.25% with an M.Phil. In terms of professional experience, a significant proportion (30%) have 9-12 years of experience, while 26.25% have 1-3 years. Additionally, 25% of the faculty have over 13 years of experience, and 18.75% have been in the field for 4-8 years.

A comparison with Anahitha Masoumpoor's[6]study highlights some differences. In her study, most faculty members (78.1%) were above 46 years, whereas the current study has a younger faculty population. Additionally, in Masoumpoor's study, 43.8% had less than five years of experience, while 33.3% had 5-15 years, and 15.7% had 16-25 years. The gender distribution in both studies is similar, with females forming the vast majority, it may be because of the profession of nursing and nursing faculty is a traditionally female dominated profession.

The current study highlights several forms of student incivility observed by nursing faculty, Leaving Class Early: 31.25% of faculty observed this behavior occasionally, 22.5% rarely, 2.5% always, while 38.75% never witnessed it, Sluggish Responses to Requests: 37.5% of faculty reported this rarely, 30% sometimes, 22.5% never, and 10% usually and Sleeping During Class: 50% of faculty observed this sometimes, 25% rarely, 15% usually, 6.75% always, and 3.75% never.The frequent occurrence of students sleeping during class suggests a need for more engaging and innovative teaching methods, such as the use of audiovisual aids, to maintain student attention.

Comparatively, a study conducted in Oman by Jansi Natarajan, Joshua Kanaabi Muliira, Jacoba van derColf[7] found that 44.7% of nursing faculty reported students leaving class early, and 49.7% observed reluctance to answer questions. Additionally, research by Keely Wilkins Paul,[8] Calderalla Rachel, E. Crook lyon, K. Richard Young[8]revealed that 12.46% of students misused electronic devices or vandalized property. These findings underscore the prevalence of academic incivility in nursing education across different regions, highlighting the importance of implementing strategies to foster a respectful and conducive learning environment.

The study by Emine Akkaş Baysal[9] and Gürbüz Ocak examined student misbehaviors during online courses, identifying several prevalent issues like Indifference to the Course: Many students displayed a lack of interest, with some not attending classes or turning off their webcams during sessions. Distractibility: Teachers reported that students often appeared distracted and disengaged, affecting the learning environment. Disrespectful Behavior: A notable portion of students behaved disrespectfully during online classes. Other Misbehaviors like additional issues included students being late to class, eating or chewing gum during sessions, neglecting homework, attending classes with webcams off, and making disruptive noises.

These findings align with the present study, which also observed student incivilities such as leaving class early, sluggish responses to faculty requests, and sleeping during class. The concurrence between these studies suggests that

student misbehaviors are prevalent in both online and in-person educational settings.Addressing these behaviors is crucial, as they can disrupt the learning environment and hinder educational outcomes. Implementing strategies like engaging teaching methods, clear communication of expectations, and fostering a respectful classroom culture may help mitigate such issues.

In this study faculty observations indicate that 38.75% of students engage in copying behaviors occasionally, 23.75% rarely, 22.5% usually, 8.75% always and 6.25% never. These findings align with Wondifraw D.[10] Chala's research, which reported that approximately 93% of students allowed others to copy their answers during tests or examinations, and a similar percentage admitted to completing assignments for peers. Additionally, over 91% confessed to whispering answers to friends during examinations. These statistics underscore a pervasive issue of academic dishonesty among students.

The current study reveals that 43.75% of faculty reported students submitting assignments late occasionally, 28.75% rarely, 16.25% usually, 8.75% always and 2.5% never. This behavior is indicative of procrastination, a common challenge among students. Supporting this, Nordby,[11] Klingsieck, and Svartda found that approximately 70% of college students identify as procrastinators. Further research indicates that 80% to 95% of college students engage in procrastination, particularly concerning coursework.

In terms of understanding plagiarism, the study by Apatsa Selemani[12,13] and Winner Dominic Chawinga found that a significant majority of students recognized various forms of plagiarism. Specifically, 84.9% agreed that using someone's ideas without citation constitutes plagiarism, 86.5% acknowledged that copying and pasting from books or internet sources without citing is plagiarism, and 84.6% recognized that using someone's words without citation is also plagiarism. Despite this awareness, prevalent forms of plagiarism included inadequate acknowledgment after paraphrasing (69.8%), summarizing (64.1%), and using quotation marks (56.6%).

These findings collectively highlight the persistent challenges of academic dishonesty and procrastination in educational settings. Addressing these issues requires comprehensive strategies, including promoting academic integrity, enhancing student engagement, and implementing effective time management interventions.

A significant portion of faculty (66.25%) reported never encountering students using disrespectful language towards teachers, 23.75% observed it rarely, and 10% sometimes. These findings contrast with a study by Ayesha Habib and Abdul Manan13, where 49.6% of faculty experienced general taunts or disrespectful behavior from students.

In the current study, 45% of faculty noted that, students rarely ignored instructions, 23.75% never observed this

behavior, 17.5% sometimes did, 12.5% usually, and 1.25% always. This aligns with research by Rachel C. F. Sun[14] which identified "talking out of turn" and "non attentiveness" as common disruptive behaviors, with "disrespecting teachers" through disobedience and rudeness being particularly unacceptable.

The study found that 43.75% of faculty never observed a lack of consideration for authority among students, while 38.75% reported it rarely, 15% sometimes, and 2.5% usually. Sun's study also highlighted that behaviors violating implicit norms or expectations, such as disrespecting teachers, were deemed highly unacceptable by educators.

These findings suggest that while overt disrespectful behaviors may not be prevalent, subtle forms of incivility, such as ignoring instructions and a lack of respect for authority, persist in educational settings. Addressing these issues is crucial, as they can disrupt the teacher-student relationship and hinder the learning experience. Implementing clear behavioral expectations and fostering a culture of respect within the classroom may help mitigate these challenges.

In the study by Natarajan6, more than 75% of nursing educators considered the demand for make-up exams, class extensions, and grade changes as destructive behaviours, whereas only about 60% of nursing students considered these behaviours as incivil. This difference of opinion can be confirmed from another perspective, as students believe that the rejection of their requests by faculty is a symbol of their incivil behaviour; however, most nursing faculty do not hold the same opinion. Not at all considering the guidance of teachers or even not acknowledging their presence is also increasing, which will disrupt the teacher and student relationship and learning experience. The emergence of such nurses will be threat to the future of healthcare.

4.1. Strengths and limitations of the study

The instrument used relies on faculty to report their perceptions without identifying time which could be less reliable than observation during a specific period. This study fails to include incivil behaviours seen during online classes. While using years of teaching experience in a college, it may also miss experience that contributes to a positive classroom experience. When comparing the results of this study with other incivility studies, we do not know whether the perception of incivility is greater or whether faculties are experiencing more incivility than at other times. There were chances for discussion among the subjects because the tool was not distributed to the study subjects simultaneously hence the data could be contaminated.

5. Conclusion

Incivility among nursing students in academic settings is a pressing concern, as even minor unprofessional behaviours can significantly impact their future clinical practice,

potentially jeopardizing patient safety, team dynamics, and public trust. Addressing these behaviors during nursing education is crucial to prevent their perpetuation in healthcare environments.

These findings align with previous research indicating that incivility in nursing education is a significant problem. Clark and Springer[15,16] found that over 70% of participants believed incivility in nursing education is a serious issue. The transition of uncivil behaviours from academic settings to clinical practice is well-documented. Woodworth stated that behaviours learned in nursing schools are often transferred to the workplace, influencing nursing culture. Such behaviours can lead to medical errors, compromised patient care, and increased burnout among healthcare professionals. The Joint Commission reported that uncivil behaviour in healthcare settings could result in medical errors, poor clinical outcomes, and low patient satisfaction.

To mitigate these issues, nursing programs must proactively address incivility by fostering a culture of respect, implementing clear behavioural expectations, and providing support systems for both students and faculty. Early intervention is essential to ensure that future nurses uphold the highest standards of professionalism, thereby safeguarding patient well-being and maintaining the integrity of the healthcare system.

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