

## Students Incivility Behavior as Perceived by Faculty Members and Nursing Students

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### Abstract

**Background:** Students' incivility behavior is any action that interferes with a harmonious and cooperative learning atmosphere in the classroom. **Aim of the study:** was to assess students' incivility behavior as perceived by faculty members and nursing students. **Subjects & methods: Research design:** A descriptive design was used. **Setting:** The study was conducted in Faculty of Nursing -Zagazig University. **Subjects:** Stratified random sample of 315 nursing students in different academic grades, and all available faculty members (n=100). **Tools of data collection:** One tool was used namely Nursing Education Incivility Questionnaire. **Results:** Results revealed that the total perception level of nursing students and faculty members toward students' incivility behavior was high (88.5% & 84 % respectively), and had average level toward frequency of students' incivility behavior (66% & 55.8% respectively). The majority of faculty members (72%) reported that the societal factors were the highest contributing factor to students' incivility behavior. While, 69.2% of the nursing students reported that factors related to academic environment were contributing to students' incivility behavior with average level. The perception of faculty members and nursing students toward strategies used for promoting civility behavior was high (92.00% & 90.48% respectively). **Conclusion:** Faculty members and nursing students had high level of perception toward students' incivility behavior and strategies used for promoting civility behavior While, they had average level of perception toward frequency of students' incivility behavior **Recommendations:** Further studies should be conducted to apply students' incivility prevention program to avoid uncivil behaviors incident in nursing education and to limit the consequences of students' uncivil behavior faculty members, administrators and nursing students.

**Keywords:** Incivility Behavior, Perceived, Nursing students, Faculty members.

### Introduction:

Classroom incivility behavior has been the focus of increased attention in higher education circles, and is commonly labeled as a growing problem. Incivility is any voluntary behavior, gesture, act or speech that is perceived as impolite, rude, discourteous or disrespectful. <sup>(1)</sup>

Uncivil behavior divided generally into disruptive and threatening behavior. Disruptive behavior: is repeated, continuous, and multiple student behaviors that hamper the ability of instructors to teach and students to learn. Student disruptive behaviors include avoidance, disregards for others, and integrity compromised. Avoidance; is limiting engagement with course content, materials and activities. Disregard for

others; are behaviors that disrespect other students and faculty. Integrity compromised; are behaviors where the ethics of nursing are breached. <sup>(2)</sup> Threatening behaviors: includes aggressive behaviors and uncongenial actions, For instance aggressive behaviors; are dominating others in a hostile fashion. Uncongenial actions; are disagreeable behaviors that challenging faculty's knowledge or credibility and showing disrespect to faculty and other students. <sup>(3)</sup>

The consequences of students' incivility behavior can be debilitating and not only impact teaching and learning, but also affects faculty members and themselves. Faculty members tend to feel frustrated, and experience distress, anxiety. Also, it

contributes to conflict in the teacher-student relationship. Students, whose interests focused on learning, expressed frustration and had negative feelings toward the university, and decreased nursing student satisfaction.<sup>(4)</sup>

There are several factors associated with an increased risk of incivility; these factors are related to academic environment such as high-stress academic environment, large classes and cultural differences.<sup>(5& 6)</sup> Factors related to students such as stress and students' sense of powerless. Factors related to faculty members such as lack of professionalism, poor communication, faculty attitude of superiority, and their personal characteristics.<sup>(7)</sup>

Factors related to teaching institution such as large enrollment classrooms and faculty members shortage. Societal factors such as lack of social skills and social acceptance of uncivil behaviors.<sup>(8)</sup> And other contributors such as generational differences: refers to differences in the academic expectations between faculty and students.<sup>(9)</sup>

Nursing students need effective strategies to successfully manage the excessive uncivil behaviors in nursing education. When uncivil behaviors are minimized and strategies are strengthened, the potential for civility and deeper learning is enhanced. The ability to foster an atmosphere of civility on college campus is often elusive. "Civility" is being polite, respectful and decent. There are two strategies to promote civility include proactive and reactive strategies.<sup>(10)</sup>

Proactive strategies refer to strategies for faculty member to use in preventing uncivil behaviors before it occur in the classroom. These measures include establish standards for students behaviors, setting clear student and faculty expectations ,fostering positive role model, creating culture of civility, using effective communication skills ,training faculty members to handle misbehaviors.<sup>(11)</sup>

Reactive strategies refer to strategies for faculty to use in addressing uncivil behaviors after the behavior had occurred in the classroom. These strategies include addressing uncivil behavior immediately, arranging a private conversation, coordinating with administration, reframing potential conflict, inspire action and catalyze change, take responsibility for creating civility.<sup>(12)</sup>

### **Significance of study**

Incivility behavior of students is very serious problem and rising in higher education especially in nursing education. Classroom incivilities change the teaching and learning environment by diverting student attention away from the coursework, disturbing topical discussions, and altering the dynamics of the learning environment, also negatively influences their allegiance to the college or university.<sup>(13) (14)</sup> So it is critical for the researcher to conduct this study to assess nurse student incivility behavior, its frequency and contributing factors for incivility behavior and how to promote civility behavior, that help to discover ways to prevent incivility behavior in nursing education in order to provide the community with the reputable qualities that the nursing profession holds.

### **Aim of the study:**

The present study aimed to assess students' incivility behavior as perceived by faculty members and nursing students in Faculty of Nursing - Zagazig University. It can be accomplished through the following objectives:

- 1- Assess perception toward nursing students' uncivil behavior.
- 2- Identify frequency of uncivil behavior among nursing students.
- 3- Determine contributing factors to students' incivility behavior.
- 4- Assess strategies used for promoting civility behavior.

### **Research Questions:**

1. What is students and faculty members' perception about student incivility behavior?
2. What is the frequency of uncivil behavior among nursing students?
3. What are contributing factors to students' incivility behavior?
4. What are strategies used to promote civility behavior among nursing students

### **Subjects and methods:**

#### **Research design:**

A descriptive design was used to achieve the aim of the current study.

#### **Study setting:**

The study was conducted at Faculty of Nursing Zagazig University which included seven scientific departments, which are: Nursing Administration, Psychiatric and Mental Health Nursing, Medical and Surgical Nursing, Maternal and Newborn Health Nursing, Pediatric Nursing, Community Health Nursing and Geriatric Nursing. The faculty consisted of five floors

#### **Study subjects:**

The present study consisted of two groups:

The first group was nursing students:

Stratified random sample of nursing students who enrolled in the different grades in the academic year 2015-2016; the required sample size was 315 Then the required number of students from each grade was chosen randomly and calculated with the following formula (number of students in each grade × required sample size / total numbers of students of the faculty) as follow:

- 1st academic year 72 from 402 students.
- 2<sup>nd</sup> academic year 82 from 450 students.
- 3<sup>rd</sup> academic year 99 from 552 students.
- 4<sup>th</sup> academic year 62 from 346 students.

Inclusion criteria:

- Nursing students who agreed to participate in the study.

The second group was faculty members:

All available faculty members; (n=100) from which 30 faculty members (5 professors, 3 assistant professors, and 22 lecturers) and 70 assistants teaching staff (31 assistant lecturers, and 39 demonstrators) working in different departments.

#### **Tools of data collection:**

One tool was used for data collection namely Nursing Education Incivility Questionnaire: It was developed by Mahmoud <sup>(15)</sup>, and divided into four parts:

**Part I.** Personal characteristics data sheet: To collect data about nursing students such as age, academic year, gender, residence, marital status, and past qualification. And to collect data about faculty members such as age, gender, position, years of experience, and specialty.

**Part II:** To assess perception of nursing students and faculty members toward students' incivility behavior and the perceived frequency of these behaviors which consisted of 40 statements grouped under two domains:

**I.** Student disruptive behaviors consisted of 24 statements grouped under three categories: Avoidance behaviors (7 statements), Disregard of other behaviors (7 statements), and Violation of ethic behaviors (10 statements).

**II.** Student threatening behaviors consisted of 16 statements grouped under two categories: Aggressive behaviors (10 statements), and Disagreeable behaviors (10 statements). The responses of the statements were measured by using five point likert scale ranging from extremely civil (5) to extremely uncivil (1), while the responses of the statements about frequency of behaviors were measured by using three point likert scale ranging from always (3) to never (1). The perception of study subjects toward students'

incivility behavior and the perceived frequency of these behaviors were considered:

- Weak if the score less than 50 %
- Average if the score range from 50% - 75 %
- High if the score more than 75%

**Part III:** To assess perception of nursing students and faculty members toward contributing factors to students' incivility behavior in nursing education which consisted of 45 statements grouped under five categories; Factors related to academic environment (8 statements), Factors related to faculty members (13 statements), Factors related to students (15 statements), Factors related to teaching institutions (5 statements), and societal factors (4 statements). The responses of the statements were measured by using five point likert scales ranging from strongly agree (5) to strongly disagree (1). The perception of study subjects toward contributing factors to students' incivility behavior was considered:

- Weak if the score less than 50 %
- Average if the score range from 50% - 75 %
- High if the score more than 75%

**Part IV:** To assess perception of nursing students and faculty members toward strategies used for promoting civility behavior among nursing students which consisted of 22 statements grouped under two strategies: Proactive strategies (17 statements), and Reactive strategies (5 statements). The responses of statement were measured by using five point likert scales ranging from extremely important (5) to unimportant (1). The perception of study subjects toward strategies used for promoting civility behavior among nursing students was considered:

- Weak if the score less than 50 %
- Average if the score range from 50% - 75 %
- High if the score more than 75%

**Content validity and Reliability:**

The reliability of nursing education incivility questionnaire was measured by using Cronbach's Alpha Test.

- Students' incivility behavior: 0.82
  - Frequency of students' incivility behavior: 0.87
  - Contributing factors to incivility behavior in nursing education: 0.92
  - Strategies for promoting civility behavior: 0.84.
- The questionnaire was translated into Arabic , and then content and face validity were established by panel of five experts: three professors from nursing administration department at the faculty of nursing, Ain Shams University, one professor of obstetrics and gynecological nursing department and one professor of community health nursing department at the faculty of nursing, Zagazig University. Experts were requested to express their opinions and comments on the tool and provide any suggestions for any additions or omissions of items. According to their opinions all recommended modifications were performed by the researcher.

**Field work:**

The data collection phase was executed in three months from the beginning of October to the end of December 2015.

The data were collected in two phases:

First phase: The final form of questionnaire sheet was given to students in their study setting by the researcher to elicit their opinions. Questionnaire sheet contents were explained to the participated students and how to fill in the sheet. It was completed in the same time of distribution and took about 20-30 minutes. The researcher checked each questionnaire sheet to ensure the completion of all information. The researcher met students three times weekly between lectures in their classrooms and after each section. The researcher collected data by herself.

Second phase: After completing the first phase the researcher began to

meet faculty members (teaching staff and their assistants) three times weekly during day duty to distribute questionnaire sheet and elicit their opinions. Components of questionnaire sheet were explained to participants and how to fill in the sheet. It was filled in the time of distribution and took about 20-30 minutes.

#### **Pilot study:**

Pilot study was carried out on 10 faculty members (teaching staff and their assistants) and 32 nursing students from different grades as follow: (7) students from 1st grade, (8) students from 2nd grade, (10) students from 3rd grade, and (7) from 4th grade to test clarity, and applicability of the tools. In addition to estimate the time required for filling the questionnaire sheet. The pilot study was conducted one week before collection of data. The results of pilot sample were excluded from the results. The necessary modifications were done.

#### **Administrative and ethical considerations:**

An official permission was obtained from the dean of the Faculty of Nursing after explaining the nature of the work. An individual oral consent was obtained from each participant in the study after explaining the purpose of the study. They were given an opportunity to refuse or to participate, and they were assured that the information would be utilized confidentially and used for the research purpose only.

#### **Statistical analysis:**

Data were organized, categorized, tabulated and statistically analyzed using SPSS (Statistical Package for Social Sciences), software program version 17. Data were presented using descriptive statistics in the form of as frequency, percentage, the mean, standard deviation. Comparison between study subjects was done by Chi-Square test. T-test or Analysis of variance [ANOVA] was used to examine relations between study subject's personal characteristics and parts of tool. Linear correlation

coefficient ( $r$ ) was used to test correlation between parts of tool.  $P < 0.05$  was considered to be statistically significant.

#### **Results:**

**Table (1):** Indicates that, 37.7% of the nursing students aged 21 years old or more. The mean age was  $19.977 \pm 1.558$  years. As regards academic year, 31.4% of the nursing students were in third year. The highest percentage of them were single, had secondary nursing school, were female, live in rural area, they didn't have work experience in private hospitals (91.7%, 86.9%, 80.9%, 80.9%, 76.1% & 72.06% respectively) and 57.9% of them who worked in private hospitals had one year of experience or less.

**Table (2):** Describes the personal characteristics of faculty members included in the study. According to the table, 39% of the faculty members were demonstrators. As regards specialty, 25% of them specialized in medical-surgical nursing. In addition, the highest percentage of them was female and had less than 5 years of experience (94% & 38% respectively).

**Table (3):** Shows level score of students' incivility behavior. Concerning disruptive behaviors, the highest percentage of nursing students & faculty members reported that the high level of students incivility behavior were related to avoidance behaviors & disregard of other behaviors (89.5%, 88%; 85% & 86% respectively). As regard threatening behaviors, the highest percentage of nursing students & faculty members reported that the high level of students incivility behavior were related to aggressive behaviors (79.6% & 75%).

**Figure (1):** Reveals that the total level score of perception of nursing students and faculty members toward students' incivility behavior was high (88.5% & 84% respectively).

**Table (4):** Shows level score of frequency of student incivility behavior, Concerning frequency of disruptive behaviors, slightly more than half of

faculty members and nursing students (51% & 56.8%) reported that the high level of frequency of students' incivility behavior were related to disregard of other behaviors, As regard frequency of threatening behaviors, more than half of faculty members and nursing students (59% & 56.1%) reported that aggressive behaviors were occur frequently with high level.

**Figure (2):** Reveals that total level score of frequency of students' incivility behaviors was average as reported by faculty members and nursing students (66% & 55.8% respectively).

**Table (5):** Shows that the majority of faculty members (72%) reported that the societal factors were the highest contributing factor to students' incivility behavior with high level. While, 69.2% of the nursing students reported that factors related to academic environment were contributing to students' incivility behaviors with average level.

**Table (6):** Shows that the highest percentage of faculty members and nursing students reported that the strategies for promoting civility behavior must be used with high level for promoting civility behavior (92.00% & 90.48% respectively).

**Table (7):** Shows that there was a negative statistically significant correlation between frequency and contributing factors to students' incivility behavior ( $r = -0.222$  &  $P < 0.001$ ).

**Table (8):** Shows that there was a negative statistically significant correlation between contributing factors and frequency of students' incivility behavior ( $r = -0.324$  &  $P = 0.001$ ), While, there was a positive statistically significant correlation between contributing factors to students' incivility behavior and strategies used for promoting civility behavior ( $r = 0.397$  &  $P < 0.001$ ).

#### **Discussion:**

Classroom students' incivility behavior is a growing challenge facing higher education. It has created a

great deal of destruction that has impacted the core purpose of nursing education. It is alarming that nursing student who exhibit uncivil behavior towards others in the academic setting will eventually care for vulnerable patients and may practice these behaviors in the practice setting

Concerning perception of study subjects toward students' incivility behavior, the present study results revealed that the highest percentage of nursing students and faculty members had high level of perception toward students' incivility behavior. In this respect Abd Elkader, Aref & Abood<sup>(3)</sup>, found that the nursing students and faculty members had high perception toward students' uncivil behavior. Also, this finding was in agreement with Herrin<sup>(16)</sup>, who found that both students and faculty members had high perception of uncivil behaviors in academic setting.

As regard of perception of study subjects to disruptive behaviors, the findings of the present study revealed that the nursing students and faculty members had high level of perception toward avoidance and disregard of other behaviors. This might be due the most perceived students' disruptive behaviors by faculty members and nursing students themselves related to they arrive class or clinical session late, leave class or clinical session early, make sarcastic remarks or gestures during lecture or clinical session and sleep in class (during lecture).

Concerning perception of study subjects to threatening behaviors, the findings of the present study revealed that the highest percentage of nursing students and faculty members had high level of perception toward aggressive behaviors. This might be due nursing students and faculty members perceived that students' behaviors such as making threats of physical harm against other students, making harassing comments directed

to nurses and faculty members were the most threatening behaviors.

This finding agreed with Hoffmann<sup>(1)</sup>, who found that the top students' behaviors that perceived uncivil by nursing students among nursing program types were arriving late and making sarcastic remarks or gestures. Additionally Kisner<sup>(17)</sup>, found that faculty members and students perceived eating in class, sleeping in class, sarcasm, violence, attacking instructors, and calling instructors by first name are the highly uncivil students' behaviors.

Regarding perception of study subjects toward frequency of students' incivility behavior the findings of the present study indicated that more than half of faculty members and nursing students asserted that the student's uncivil behaviors occur in average level. In this respect Schaeffer<sup>(8)</sup>, found that the majority of faculty members and nursing students perceived the frequency of student incivility behaviors to be moderate.

As regard to frequency of disruptive behaviors, the findings of the present study indicated faculty members and nursing students perceived the most frequent students' incivility behavior were related to disregard of other behaviors. This might be due to study subjects reported that the most frequently occurring uncivil students' behaviors were making sarcastic remarks or gestures during lecture or clinical session and refusing to answer direct questions, eating, drinking and sleeping in class.

Concerning frequency of threatening behaviors, the most frequent students' incivility behavior perceived by faculty members and nursing students were related to aggressive behaviors. This might be due to nursing students and faculty members reported that the most frequently occurring uncivil students' behaviors were slamming the door or the book and making harassing

comments directed to patients and faculty members.

The findings agreed with Walker<sup>(18)</sup>, who found that the most frequent observed uncivil students' behaviors were general taunts directed at faculty members and making sarcastic remarks or gestures. Similarly, this finding agreed with Jere<sup>(19)</sup>, who found that the most experienced students' uncivil behaviors by faculty members were students' reluctance to answer direct questions and students taunting or belittling other students.

Concerning perception of study subjects toward contributing factors of students' incivility behavior, the present study revealed that the majority of faculty members asserted that societal factors were the highest contributing factor to students' incivility behavior. While, more than half of the nursing students asserted that factors related to academic environment were contributing to students' incivility behavior. This might be due to faculty members viewed that nursing students had inflexible schedule and large number of assignments they had to complete, this lose them the social skills as well as, poor parental guidance as a result of their parents working many hours to match the life needs, also social acceptance to uncivil behaviors without punishment, especially after revolution of 25 January in 2011, the most of youth misunderstood its aim, instead of to break the barrier of fear, it broke the barrier of respect. So, there were misunderstanding in the relationship of students with their faculty members, administrators and peers in educational environment.

This finding agreed with Theodore<sup>(20)</sup>, who found that the most contributing factors to students' incivility behavior were related to societal factors such as students didn't receive proper instruction at home and hadn't been taught how to behave properly and changes in societal norms. While the same author disagreed with current study findings

which found that faculty member reported that the stress ,the number of assignments that students had to complete were contributing to students' incivility behavior.

Concerning perception of study subjects toward strategies used for promoting civility behavior, the present study revealed that the highest percentage of faculty members and nursing students perceived that proactive and reactive measures must be used with high level for promoting civility behavior. The explanation of these results is the majority of faculty members viewed that training them to handle misbehavior, reinforcing and rewarding civility, enforcing code of conduct consistently, and using effective communication skills were most important proactive strategies for promoting civility behavior. While, the majority of nursing students reported that most important proactive strategies for promoting civility behavior were creating a culture of civility, increasing faculty member's development opportunities and creating interactive educational environment.

This finding agreed with Wade <sup>(21)</sup>, who reported that faculty members viewed that reactive strategies is very effective method for dealing with classroom incivility such as addressing it as soon as it happened. Also Aul <sup>(22)</sup>, found that both nursing students and faculty members reported that important strategies for promoting civility were reactive strategies such as addressing behavior promptly and proactive strategies such as apply rules and policy for disruptive behaviors, open discussion and communication.

The study results revealed that there was a positive statistically significant correlation between perception of faculty members toward contributing factors of students' incivility behavior and strategies for promoting civility behavior. In this respect Oliver, Wehby & Reschly <sup>(23)</sup>, reported that the responsibility lies on

faculty administrators and faculty members to be aware of factors contributing to students' incivility behavior to enable them to use effective strategies to successfully manage the excessive students' uncivil behavior in nursing education.

The study results revealed that there was a negative statistically significant correlation between frequency and contributing factors to students' incivility behavior as mentioned by nursing students and faculty members. This finding agreed with Ibrahim and Qalawa <sup>(24)</sup>, who found that there was negative significant correlation between factors affecting students' incivility behavior and its occurrence as students' perceived, while the same author disagreed with current study findings which found that there was no statistically significant correlation between factors affecting students' incivility behavior and its occurrence as perceived by faculty members.

#### **Conclusion:**

The study results bring about the conclusion that faculty members and nursing students had high level of perception toward students' incivility behavior. The disregard of other behaviors and aggressive behaviors were highly frequent students' incivility behavior. Faculty members mentioned that societal factors were the highest contributing factor to students' incivility behavior, while nursing students reported that factors related to academic environment were the most contributing factors to students' incivility behavior. Both faculty members and nursing students had high level of perception toward using of strategies for promoting civility behavior.

#### **Recommendations:**

On the basis of the current study findings, the following recommendations are suggested:

- Nursing students and faculty members should conduct



conferences for discussion and increase awareness toward students' incivility behavior in nursing education and to seek effective solution, prevention and intervention and implementing training programs for them to deal wisely and effectively with students' incivility behavior.

- Develop a guide line for civil and uncivil students' behavior in class room, laboratory, and clinical setting. Also, the implementation of

faculty policies on uncivil behavior should be activated for punishment of uncivil behavior and reinforcement of civil behavior.

- Replication of the study to assess incivility behavior in workplace setting in order to determine the consequences of incivility behavior on nursing profession, patients, nurses, physicians, and other hospital staff.

**Table (1):** Personal characteristics of nursing students (n=315).

<b>Personal characteristics of nursing students</b>	<b>No</b>	<b>%</b>
<b>Age:</b>		
▪ ≤18	65	20.63
▪ 19- <20	66	20.95
▪ 20- <21	65	20.63
▪ ≥21	119	37.78
Range	18-30	
Mean±SD	19.977±1.558	
<b>Academic year:</b>		
▪ First year	72	22.86
▪ Second year	82	26.03
▪ Third year	99	31.43
▪ Forth year	62	19.68
<b>Gender:</b>		
▪ Male	59	18.73
▪ Female	256	80.95
<b>Residence:</b>		
▪ Rural	240	76.19
▪ Urban	75	23.81
<b>Marital status:</b>		
▪ Single	289	91.75
▪ Married	26	8.25
<b>Past Qualification:</b>		
▪ Secondary nursing school	274	86.98
▪ Technical Institute of health	41	13.02
<b>Past work experience in private hospitals</b>		
▪ Yes	88	27.94
▪ No	227	72.06
<b>years of experience in private hospital</b>		
▪ ≤1	51	<b>57.95</b>
▪ >1	37	42.05
Range	0-7	
Mean± SD	1.234±1.593	

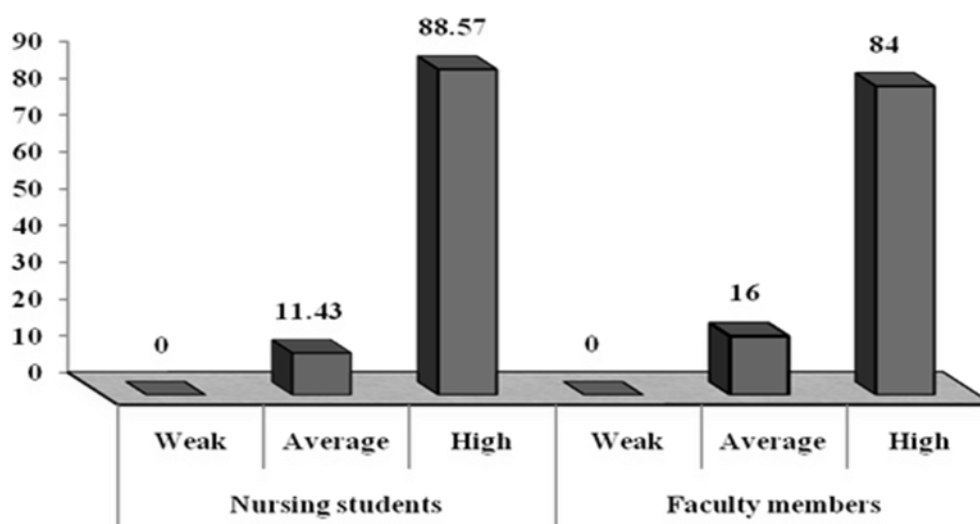
**Table (2):** Personal characteristics of faculty members (n=100).

Personal characteristics of faculty members		No	%
<b>Position:</b>			
▪	Professor	5	5.00
▪	Assistant professor	3	3.00
▪	Lecturer	2	2.00
▪	Assistant lecturer	31	31.00
▪	Demonstrator	39	39.00
<b>Specialty:</b>			
▪	Nursing Medical - Surgical	25	25.00
▪	Pediatric Nursing	15	15.00
▪	Gynecology Nursing Obstetrics &	12	12.00
▪	Nursing Gerontological	9	9.00
▪	Mental Health Nursing Psychiatric &	10	10.00
▪	Administration Nursing	14	14.00
▪	Nursing Community Health	15	15.00
<b>Gender:</b>			
▪	Male	6	6.00
▪	Female	94	94.00
<b>Experience ( years):</b>			
▪	<5	38	38.00
▪	5- <10	31	31.00
▪	10- <15	12	12.00
▪	15- <20	9	9.00
▪	20-25	10	10.00
	Range	0-44	
	Mean± SD	8.250±8.834	

**Table (3):** Level score of perception toward students' incivility behavior as reported by study subjects

Dimension of students' incivility behavior	Nursing students n =315			Faculty members n =100			Chi-square		
	Weak	Average	High	Weak	Average	High	X <sup>2</sup>	P-value	
<b>Disruptive behaviors :</b>									
<b>Avoidance behaviors</b>	<b>N</b>	2	31	282	0	12	88	1.453	0.484
	<b>%</b>	0.63	9.84	89.52	0.00	12.00	88.00		
<b>Disregard of other behaviors</b>	<b>N</b>	4	43	268	2	12	86	0.427	0.808
	<b>%</b>	1.27	13.65	85.08	2.00	12.00	86.00		
<b>Violation of ethic behaviors</b>	<b>N</b>	1	61	253	2	23	75	3.181	0.204
	<b>%</b>	0.32	19.37	80.32	2.00	23.00	75.00		
<b>Threatening behaviors:</b>									
<b>Aggressive behaviors</b>	<b>N</b>	4	60	251	4	21	75	2.860	0.239
	<b>%</b>	1.27	19.05	79.68	4.00	21.00	75.00		
<b>Disagreeable behaviors</b>	<b>N</b>	10	60	245	2	26	72	2.410	0.300
	<b>%</b>	3.17	19.05	77.78	2.00	26.00	72.00		

(\*) Statistically significant at P&lt;0.05



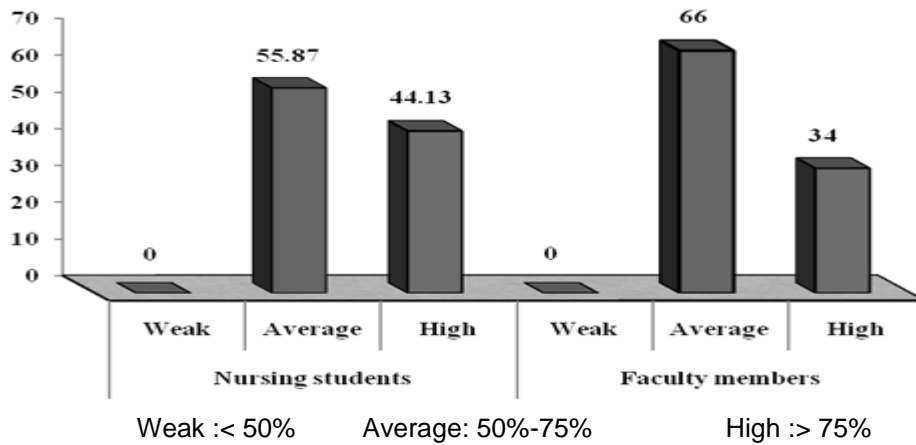
Weak :< 50%      Average: 50%-75%      High :> 75%

**Figure (1):** Total level score of perception of study subjects toward students' incivility behavior

**Table (4):** level score of perception toward frequency of student incivility behavior as reported by study subjects

Dimension of frequency of students' incivility behavior	Nursing students n =315			Faculty members n =100			Chi-square		
	Weak	Average	High	Weak	Average	High	X <sup>2</sup>	P-value	
<b>Frequency of disruptive behaviors:</b>									
<b>Frequency of avoidance behaviors</b>	N	8	181	126	4	72	24	8.940	0.011*
	%	2.54	57.46	40.00	4.00	72.00	24.00		
<b>Frequency of disregard of other behaviors</b>	N	2	134	179	0	49	51	2.278	0.320
	%	0.63	42.54	56.83	0.00	49.00	51.00		
<b>Frequency of violation of ethic behaviors</b>	N	4	194	117	1	87	12	25.709	<0.001*
	%	1.27	61.59	37.14	1.00	87.00	12.00		
<b>Frequency of threatening behaviors:</b>									
<b>Frequency of aggressive behaviors</b>	N	19	119	177	3	38	59	1.595	0.450
	%	6.03	37.78	56.19	3.00	38.00	59.00		
<b>Frequency of disagreeable behaviors</b>	N	22	153	140	4	63	33	6.611	0.037*
	%	6.98	48.57	44.44	4.00	63.00	33.00		

(\*) Statistically significant at P<0.05



**Figure (2):** Total level score of perception toward frequency of students' incivility behavior as reported by study subjects

Table (5): Level score of perception toward contributing factors to students' incivility behavior as reported by study subjects

contributing factors to students' incivility behavior		Nursing students n =315			Faculty members n =100			Chi-square	
		Weak	Average	High	Weak	Average	High	X <sup>2</sup>	P-value
Factors related to academic environment	N	11	218	86	3	57	40	5.607	0.061
	%	3.49	69.21	27.30	3.00	57.00	40.00		
Factors related to faculty members	N	136	137	42	26	51	23	11.344	0.003*
	%	43.17	43.49	13.33	26.00	51.00	23.00		
Factors related to Students	N	124	139	52	9	33	58	72.114	<0.001*
	%	39.37	44.13	16.51	9.00	33.00	58.00		
Factor related to teaching institution	N	155	93	67	10	29	61	71.889	<0.001*
	%	49.21	29.52	21.27	10.00	29.00	61.00		
Societal factors	N	116	109	90	4	24	72	75.094	<0.001*
	%	36.83	34.60	28.57	4.00	24.00	72.00		

(\*) Statistically significant at P<0.05

**Table (6):** level score of perception toward strategies used for promoting civility behavior as reported by study subjects

Strategies used for promoting civility Behavior	Nursing students n =315			Faculty members n =100			Chi-square		
		Weak	Average	High	Weak	Average	High	X <sup>2</sup>	P-value
Proactive strategies	N	2	28	285	0	6	94	2.034	0.362
	%	0.63	8.89	90.48	0.00	6.00	94.00		
Reactive strategies	N	0	38	277	3	12	85	8.614	0.013*
	%	0.00	12.06	87.94	3.00	12.00	85.00		

(\*) Statistically significant at P<0.05

**Table (7):** Correlation between total score of perception toward students' incivility behavior, its frequency, contributing factors and strategies used for promoting civility behavior as mentioned by nursing students (n= 315).

	Perception toward students' incivility behavior.		Frequency of students' incivility behavior.		Contributing factors to students' incivility behavior.	
	r	P	r	P	r	P
Frequency of students' incivility behavior.	-0.099	0.080				
Contributing factors to students' incivility behavior.	-0.027	0.635	-0.222	<0.001*		
Strategies used for promoting Civility behavior.	0.071	0.207	0.016	0.782	0.017	0.770

(\*) Statistically significant at P<0.05

**Table (8):** Correlation between total score of perception toward students' incivility behavior, its frequency, contributing factors and strategies used for promoting civility behavior as mentioned by faculty members (n= 100).

	Perception toward students' incivility behavior.		Frequency of students' incivility behavior.		Contributing factors to students' incivility behavior.	
	r	P	r	P	r	P
Frequency of students' incivility behavior.	-0.103	0.306				
Contributing factors to students' incivility behavior.	0.112	0.267	-0.324	0.001*		
Strategies used for promoting civility behavior.	0.011	0.915	-0.130	0.197	0.397	<0.001*

(\*) Statistically significant at P<0.05

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