

## **Nurse educators' experiences and perspectives of incivility among nursing students in a South African school of nursing**

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### **Abstract**

This study presents a synthesis of the experiences and perspectives of nurse educators regarding uncivil classroom behaviours of nursing students in a school of nursing. Using a descriptive, phenomenological design, 11 nurse educators were purposively sampled for their experiences and knowledge of the phenomenon under study. The participants provided data as individuals in face-to-face interviews until data were saturated. Participation was voluntary; discussions were confidential, with no names traceable to specific data. Data analysis indicated that the nurse educators had varying experiences with incivility among nursing students. Acts of incivility included coming to class late, cell phone use, noise making, sleeping in class, classroom attendance fraud, fraud in assignments, examinations and tests, direct and indirect physical aggression, intimidation and verbal aggression through disputes, confrontations, inappropriate language and verbal threats, with three resultant themes of disruptions, fraud and aggression. Discussions of the findings were on the basis of their implications for professional leadership imperatives for nursing. The described acts of incivility were believed to be affecting student-educator relationships, the quality of education and the professional future and leadership of nursing. Nurse educators or nurse leaders who may be dealing with issues of maintaining professional nursing ethics, or requiring understanding of uncivil behaviour among younger generations of nurses in schools or colleges of nursing, may significantly benefit from the information provided by the findings of this study.

**Keywords:** Civil, incivility, nursing education, nurse educator, nursing student.

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### **Introduction**

Student behaviour that has the ability to disrupt and hamper the nursing academic setting has been reported to be rising and intensifying (Schaeffer, 2013). These bad behaviours that are marked by anger are a problem in the field of nursing education, and should be handled with the necessary importance as they not only affect relationships between faculty and students, but also impact on other students who wish to learn (Schaeffer, 2013). Although nursing education incivility is said to be increasing in visibility, authors (Clark & Springer, 2010; Luparell, 2004) have raised concerns that very little empirical data exist on the phenomenon.

There is evidence of a reported increase in problematic classroom behaviours such as academic misconduct/dishonesty, absenteeism, aggression, bullying, coarse language, demands for making-up exams, hostility, inappropriate racial remarks, inattentiveness, lack of respect, late-coming, physical and verbal abuse, rudeness, tardiness, use of cell phones, threats and yelling, which are becoming the norm in some nursing schools (Ausbrooks, Jones & Tijerina, 2011; Bjorklund & Rehling, 2010; Clark & Springer, 2007; Elder, Seaton & Swinney, 2010). These behaviours are referred to as 'uncivil', which is an umbrella term that is used in the educational literature (Kolanko et al., 2006).

It is, however, important to note that student nurses also complain of nurse educators being uncivil towards them, and nurse educators (especially those that might be rank orientated) may not always be aware how students perceive their behaviour (Clark, 2008). Irrespective of who initiates it, incivility has the potential to degrade the learning environment and impacts on the delivery of quality education, and can cause students to learn less (Ausbrooks et al., 2011). Civility ensures that meaningful relationships develop between students, educators and administrators and is essential to the profession of nursing since nursing is based on the values of respect and human dignity, and it is assumed that nursing education is a place where compassionate and civilised relationships exist (Clark & Carnosso, 2008). In South Africa nurse educators' experiences and perceptions of incivility among students have not been reported in the literature. Therefore very little is known about this phenomenon of nursing students' classroom incivility in South African nursing schools.

The recruitment of people into nursing remains a concern for nursing schools and educators as the aim is to select the best individuals that possess the necessary intelligence, personal values and attributes that are required in this profession (Wynd, 2003). The assumption is that people who select nursing as a career option would hold personal values that match those which matter most in a profession of this kind. However, some nursing students have been displaying values that are not expected in a professional nursing programme, thus presenting behaviours said to be uncivil. Student incivility in the classroom has been identified as a concern for higher education institutions, although traditionally it was thought to be a problem of primary and secondary schools (Ausbrooks et al., 2011), and nurse educators themselves have not been spared from experiencing incivility among their students.

The researchers have heard of unpleasant encounters of nurse educators with students. Therefore there was a need for the nursing school management to explore the extent of the problem from the nurse educators' perspective, because many nurse educators have been shown to experience feelings of low morale and confusion due to managers' ignorance regarding troubling classroom experiences

(Schneider, 1998, cited in Kolanko et al., 2006). A better understanding of the problem may assist nurse educators who interact with younger generations of nurses to deal with issues of maintaining professional nursing ethics. The purpose of the study was therefore to describe the experiences and perspectives of nurse educators regarding uncivil classroom behaviours of nursing students in a South African school of nursing.

## **Methodology**

### *Design*

A qualitative methodology utilising a descriptive phenomenological design was adopted for this study. The researchers made use of bracketing to minimise biases so as not to affect the study (Connelly, 2010); this was done by stating and writing down own beliefs and keeping a reflective journal throughout the research process.

### *Population and setting*

The research setting was a nursing school in South Africa that offers undergraduate and postgraduate nurse training. The study population consisted of nurse educators employed at the main campus of this nursing school on a full-time basis, teaching undergraduate nursing students. This particular nursing school was selected because of the large number of nurse educators employed there and its representativeness in terms of the South African racial groups. In addition, it is one of the settings that had been identified in the past for assumed acts of incivility among the students.

At the time of data collection participants taught at the school and were therefore able to recount their experiences. In order to obtain the best results, the natural setting where the problem occurred needed to be maintained (Streubert & Carpenter, 2007). Permission to conduct the study was granted by the nursing school's interim Research Committee after the University of the Western Cape approved the methodology and ethics of the research project.

### *Sample and sampling process*

Purposive selection of nurse educators who were believed to have rich and in-depth knowledge of the phenomenon was applied through a recruitment process as a means of assisting the researchers to understand the problem and the research questions better (Creswell, 2009). The researchers informed the participants in writing of the purpose of the study, after which they indicated their interest in participating in the study or not. Initially eight participants were selected and this was gradually increased to a total of 11 to reach data saturation

and gain a clearer understanding of the phenomenon (Streubert & Carpenter, 2007).

### *Data collection and analysis*

Individual face-to-face, audio-recorded interviews were conducted with the participants in a single meeting at a time and place agreed with them. An interview guide with one main trigger question asking the participants what they consider as acts of incivility, based on their experience with nursing students in a classroom, was used. Probes such as 'Can you elaborate more on that unsettled feeling?', 'What was the experience before that?', and 'How would you explain that aggression?' were introduced during interviews. Informed consent was obtained prior to each interview, after the researchers first checked each participant's understanding of the information described on the information sheet. Participants received written information about the purpose of the study and how they would be protected during this research study.

Participants were encouraged to seek clarity and ask questions with regard to aspects of the research that they were uncertain of. Permission for audio-recording was also obtained from each participant and the reason for handwritten notes was explained. The participants had been informed that participation was voluntary and that withdrawal from the study could occur at any time if necessary. The researchers also informed participants that counselling services were available if needed, because of the sensitive nature of the study.

A code was assigned to each participant's interview protocol and the same code was used to identify each individual participant's audio-recording. All interviews were conducted over a period of three weeks and varied between 15 and 40 minutes in duration. Interviews were transcribed verbatim and a follow-up meeting was held with each participant to review and verify that transcripts were accurate descriptions of their experiences. Only minor changes were requested by some participants.

The researchers started the analysis after data were collected until saturation. The researchers became familiarised with the data through carefully listening to the audio-recordings and through repetitive reading of the individual participants' transcripts (Burns & Grove, 2007). The researchers then took one transcript at a time and identified relevant units of meaning in the form of words, phrases, sentences and paragraphs. These were made into codes that were later classified as themes, categories and patterns.

When all of the relevant units of meaning were identified from all of the interview transcripts, the researchers copied all related units of meaning onto a spreadsheet under the relevant themes. The organisation of data under the themes

assisted the researchers to look more closely at the data under each theme and to identify whether any parts were missing, what the commonalities were, what the uniqueness in content was or if there was any confusion and contradiction (Corbin & Strauss, 2008). When the researchers were satisfied that the material under each theme was relevant, categories were formulated and the researchers thereafter looked at recurrent experiences in the participants' responses to identify emerging patterns.

The main goal was to produce accurate descriptions based on the research question, and therefore quotations, comments and stories from the original data gathered from the different participants' transcripts were used (Streubert & Carpenter, 2007). This was a way of ensuring that the findings accurately related to the phenomenon under study, and it assisted in the elimination of biases from the researchers. This all aimed at ensuring rich and thick descriptions of the participants' experiences with the phenomenon being studied.

## **Results**

The potential participants in the study included 13 nurse educators that had been permanently employed at the nursing school for more than one year teaching undergraduate students. All year level educators, from first year to fourth year, were represented in the study. As such, the sample was a fair representation of the general population of nurse educators working at the nursing school. The nurse educators' experience in nursing education varied from approximately 2 to 27 years, and most of them had vast knowledge of teaching nursing students at undergraduate level. Educators also had experiences from working at other nursing schools. The researchers initially started the interview targeting eight from the 13 potential participants, and increased the total gradually until data saturation was reached at 11 participants.

### *Acts of incivility*

From analysis of the acts of incivility the following three themes emerged: disruptions, fraud and aggression. These became evident from the patterns of behaviour described by the participants in their daily encounters with students in the classroom. Late-coming to class, cell phone use, noise making, and sleeping in class were grouped as disruptive. These behaviours were described as being disrespectful, distracting, interfering and insensitive either to the educator, fellow students or the teaching and learning environment.

#### **Theme 1: Disruptions**

The most common disruptions reported by participants were late-coming to class, cell phone use, making noise and sleeping in class.

### ***Late-coming as a form of disruption***

In the experience of the participants, they encountered mostly that students came late for the commencement of classes as well as from breaks, and they were often not prepared for specific classes on the teaching programme. Some of these descriptions related directly to the Student Representative Council (SRC) as also initiating and participating in classroom disruptions. Comments from participants included the following:

*“... I think it, it actually starts at the beginning of, of the session where students come late to class and ... when you discipline them or you ask them, because some of them just walk into the class. So if you do say anything to them then ... it changes the atmosphere in the class, because then their colleagues also sometimes chip in and say that they are ... disrupting the class. Some people come a few minutes late and some people come much later ... to class.”* (Participant 1)

*“SRC members who now come in an hour late for classes and they don't have books with them and they don't know what class is on or they are the leaders of the pack ...”* (Participant 4)

Some nurse educators mentioned that students come late for various reasons, without apologising which is distressing to them. Their encounters extended into experiencing the behaviour as disruptive and interfering with the teaching process and disrespectful to educators and fellow students. Their behaviour was also perceived to be distracting and disturbing for the students who had already settled down as students would bang on the classroom doors. Some educators locked the classroom doors as a means of dealing with late-coming students, while others found this intervention to be more disruptive. Participants described it in the following manner:

*“Incivility manifests as students that just come late and they don't attempt to apologise. One can understand that the students are late and one has appreciation for all the sort of circumstances that might arise, but it's almost as if 'we late and we don't need to make any attempt to apologise.”* (Participant 5)

*“Late-coming where the student will stand outside and literally bang on the door demanding to come inside. They late, they know that, but now the door is locked, it's now like fighting with this door demanding the lecturer to open the door.”* (Participant 7)

### ***Cell phone use as a form of disruption***

Ignoring the cell phone policy that resulted in distractions was reported by participants, where students' phones would ring in class or they would be sending messages. One participant remarked as follows:

*“Cell phones going off in the classroom when the rules have been set, cell phones should be switched off.”* (Participant 8)

### ***Noise as a form of disruption***

Participants experienced noise as a lack of respect and as a disruption to the teaching and academic environment. As students disrupted classes with conversations during lectures and rowdiness, participants perceived the students' behaviour as indicating that they were disinterested and only attended classes to gain entry into examinations. Their encounters were related as follows:

*“There is also that tendency that while you are busy, the students are talking. You have to ask the student to be quiet and then in that case it is obviously also disturbing for the other students. Then obviously I have to stop my lecture and ask them to be quiet. But basically for me it boils down to respect. Not having respect for me and not having respect for the other students.”* (Participant 9)

### ***Sleeping as a form of disruption***

Sleeping in class has been identified as a form of disruption. The participants experienced students sleeping in class as rude, disrespectful and inattentive, which resulted in students losing out on valuable theoretical information required in the practice of nursing. Participants' comments included the following:

*“They sit and sleep in the class ... that I found very ... distressing for me. It's being rude. It is being disrespectful.”* (Participant 1)

*“It is either the student is tired, not paying attention, the student disrupting the class by making a noise, sleeping in between lectures.”* (Participant 10)

## **Theme 2: Fraud**

Classroom attendance fraud, fraud in assignments, examinations and tests, were categorised as fraud and identified as a form of incivility.

### ***Fraud relating to attendance and assessments***

Fraud relating to classroom attendance is a problem worth noting at this nursing school, as it was not limited to just classroom attendance. The participants described with frustration how classroom attendance fraud impacts on the teaching programme as valuable teaching time goes wasted on checking whether students are in class or not. The fraud as described by participants is also committed in tests, assignments and examinations:

*“One is the issue of fraudulent signatures where students sign for others who are not in class. I don’t know all of them and neither do I know their signatures for that matter, so the one who’s present will sign for him but also for the one who is absent, creating this fraud. The student who is absent is now falsely indicated as present.”* (Participant 7)

*“I confronted a student who had cheated in the sense that they’ve given identical assignments, and that one student was very aggressive and said but he doesn’t know how his assignment was copied, you know, and how can I say that he’s cheating, you can’t explain it. You can’t explain but it was word for word, the same mistakes and everything.”* (Participant 5)

Fraud relating to attendance in the clinical setting was also described as problematic for the modules with a theoretical and practical component. Reports were made by participants that students do not attend the clinical placement facilities, which has the potential to impact on the students’ academic development as experiential learning is lost. Concerns were also raised that students from the student body participate in such activities. Participants remarked as follows:

*“I think fraud that starts in the classroom spills over into the practical now it is continuously there, right. The lecturer is unable to pick up who actually committed this, who actually fraudulently signed for another student. Now because they got away with that they take it over into the practical environment. Because if I can do it in the classroom, what’s stopping me from doing it in practice, you see.”* (Participant 7)

### **Theme 3: Aggression**

Experiences with incidents of aggression indicated that these do occur within the nursing school classroom as well as outside of it. These incidents, whether in an office, passage or classroom, as described by participants impacted directly on the teacher-student relationship and had the potential to compromise teaching and learning. Some incidents described also related to the academic performance of students. Although very few in nature, incidents described also portrayed



students as being aggressive towards their fellow students. Extracts included physical as well as verbal aggression.

### ***Physical aggression***

Direct and indirect physical contact was reported by some participants, including intimidation. Students behaving aggressively during late-coming, banging on classroom doors when being locked out, with great frustration to the educator, who did not know how to deal with the problem. These aggressive acts also led to confrontations between student and educator which might have affected relationships. Reports of aggressive behaviour during protest actions were also made, such as students barricading the gates, trashing passages and removing fellow students from classes:

*“There was incivility before that classroom ... before the strike. The students you know I must just go back now, is it now two years, the students are now in [3<sup>rd</sup>] year or [4<sup>th</sup>] year. So that time there was this unruliness where you, you went in the class then there were meetings and the other students came in to, to come and remove the students and ... there is no way where the lecturer can go out.”* (Participant 3)

*“I can only speak for my colleague, she the next day or the previous day same thing happened and actually one of our students in [1<sup>st</sup>] year picked up a desk and threw the desk at her. Luckily one of the other students came in between and she wasn't hit with the desk, and there was no way that this lecturer could escape, could you see now.”* (Participant 3)

*“We once had an incident that there was actually a fight between two students. This is what I've experienced as incivility or what I regard as incivility.”* (Participant 10)

### ***Verbal aggression***

Incidents of verbal aggression could be identified in disputes over assessments, which would make the nurse educator uncomfortable. Verbal threats, confrontations with the lecturer in the classroom and the use of inappropriate language in and outside the classroom were also recalled by some participants in the following statements:

*“Then some other form of aggression which is few but they are quite, they make you quite tense, is when a student comes and they dispute a mark ... and I don't mind the disputing of a mark, that's not uncivil, but then they get aggressive about it. It's raising of the voice, pointing of the finger, it's ...*

*almost [silence] turning it around and blaming you for something.”*  
(Participant 5)

*“You know and it is disruptive for the other students, sometimes they swear at the other students, you know that type.”* (Participant 10)

## **Discussion**

The behaviours that nurse educators in this study perceived to be uncivil may provide insight into the experiences of nurse educators from a South African perspective, although further exploration would be needed as the findings cannot be generalised. Disruptions such as late-coming, noise making, sleeping in class and cell phone use as described in this study are in agreement with evidence from Clark and Springer (2007; 2010) and Williamson (2011). In Elder et al. (2010) these disruptions are referred to as irresponsible student behaviours. Irrespective of how the behaviour is referred to, it cannot be ignored as a positive learning environment cannot be ensured where such behaviour is present (Elder et al., 2010).

Participants in this study perceived these disruptions as interfering, disrespectful, rude and distracting to the educator, the academic environment, and to students not involved in such uncivil acts and those displaying a keen interest in learning. Results from Bjorklund and Rehling (2010) confirmed that students perceive and experience a fair amount of moderate incivilities from their fellow students.

As nurse educators in this study experienced their students as disengaging from the teaching environment, the study provided evidence that a stronger emphasis is needed on strictly applying existing policies, such as addressing cell phone use in class. However, a commitment from students will assist in rooting out the problem. Findings in Ausbrooks et al. (2011) indicated that 46.4% of social work students found that incivility occurred in classes with large student totals, and an equal percentage indicated there is no difference. A more effective system of dealing with late-comers would also prove to be beneficial, but needs to be properly investigated, as evidence from this study indicated inconsistency in dealing with the problem. It became evident in this study that interventions such as locking the classroom doors may have led to further disruptions. Evidence to support this intervention measure as being effective could not be found in the literature.

According to Luparell (2008) incivility consumes a vast amount of teaching time, and although such incidents might not occur on a frequent basis, students that are keen learners lose out on valuable learning experiences. The reports from nurse educators in this study indicated that dealing with classroom attendance fraud is one of the most time-consuming problems. Due to tendencies of students

to sign attendance registers for fellow students that are absent, nurse educators spend a vast amount of time doing roll-call of students, probably because of large student totals. The concern is that students who are absent from class lose out on academic knowledge needed to develop them into a skilful, knowledgeable and competent professional. Incivility in general has serious implications for nursing practice as patient safety may be affected negatively, since such students' nurse patients during clinical experiential learning (Clark & Springer, 2010). Fraud also compromises the ethical value of honesty and trust that forms the basis of professional development.

It seems that a more effective system of control for classroom attendance should be investigated, as well as for attendance in the clinical setting, because of reports that students seem to have carried the behaviour over into the practice area. A policy dealing with fraud relating to assignments, examinations and tests also needs to be developed, or a stronger emphasis is needed on existing policies as the problem was evident as being worrisome for nurse educators experiencing it. In a recent study conducted in a South Africa nursing education institution 88% of students reported that they do participate in cheating behaviours such as copying during tests or examinations, submitting another student's work, and not acknowledging authors when using their work, and they even reported submitting practical workbooks completed in a dishonest manner (Theart & Smit, 2012).

From the reports given by the participants it became evident that some incidents of verbal and physical aggression were experienced by nurse educators and other students. Most of the incidents described related directly to interventions used during disruptions or where fraud was suspected. Gazza (2009) similarly reported that nursing faculty do experience aggressive behaviour from students, especially in the process of maintaining high performance standards. Participants in a study by White (2011) reported that students portray more unacceptable behaviour during assessment periods, which could be attributed to increased stress or the fact that students in the changing nature of higher education regard themselves to be the customer, which makes them demanding and disrespectful of faculty.

### **Limitations**

The findings in this study only relate to nurse educators' experiences and perspectives with incivility from one institution. Therefore the findings may not be generalised to similar institutions without adequate evidence. An exploration of incivility in South Africa at a much broader level that would include different nursing education institutions at different settings in the country would be needed. Future exploration would need to include the experiences and

perspectives of students, nurse educators, clinical educators and nurse administrators.

## **Conclusion**

This study has assisted in bringing to the fore the experiences of nurse educators with incivility from students in a nursing school. Nurse educators do experience acts of incivility in the classroom, and are able to identify factors that may be contributing to students acting uncivilly. Further studies on this problem are required, particularly on developing effective measures to reduce or eliminate this problem from our nursing schools.

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