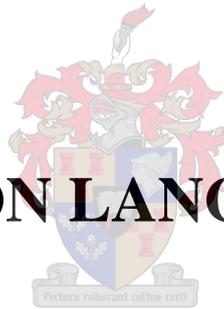


**Undergraduate student nurses' perceptions of  
classroom incivility at a Nursing Education  
Institution in the Western Cape Province of South  
Africa**

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Thesis presented in partial fulfilment of the requirements  
for the degree of

**Master of Nursing Science**

in the Faculty of Medicine and Health Sciences

**Stellenbosch University**

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## DECLARATION

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**ALLISON LANGEVELD**

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## ABSTRACT

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Uncivil behaviour is a major concern in the nursing education environment. Incivility in this study includes any rude, or disruptive behaviour that impedes the harmonious teaching and learning environments and that harms student-educator and student-student relationships. To date, few studies are available that report on the perceptions of undergraduate student nurses regarding classroom incivility in South Africa.

The aim of the study was to investigate uncivil behaviour amongst undergraduate nursing students in the classroom. The objectives were to identify:

- The types and frequency of student behaviours, perceived as uncivil by fellow students.
- Threatening behaviours that students observe their fellow students perform.
- The types and frequency of faculty staff member behaviours, perceived as uncivil by students.
- Threatening behaviours that students observe faculty staff members perform.

A quantitative descriptive study was conducted at a nursing education institution in the Western Cape. The target population included all second, third and fourth-year undergraduate student nurses (N=871), studying towards ultimate registration as professional nurses. A non-probability convenience sampling method was used to select 20% (n=174) of the total population. Data was collected, using the *Incivility in Nursing Education* survey instrument. The main study had been preceded by a pre-test which involved five participants. These results were excluded from the final data analyses. Ethical approval for conducting the study had been obtained from the University of Stellenbosch, and permission obtained from the nursing education institution's Research Ethics Committee (Reference number: S14/09/196).

An experienced statistician assisted with the data analyses, using a Statistical program for social sciences.

Those uncivil student behaviours reported most often by students included acting bored, or apathetic, making disapproving groans, making sarcastic remarks, or gestures, sleeping in class, not paying attention, having distracting conversations during lectures, using cell phones during lectures and arriving late.

The reported threatening student behaviours included general taunts, or disrespect towards fellow students and faculty staff, harassing comments (racial, ethnic, gender) directed at students, challenging the knowledge, or credibility of lecturers, and damage to property.

The uncivil faculty staff behaviours most often reported by student participants included arriving late for scheduled activities, leaving scheduled activities early, ineffective teaching styles/methods, ignoring disruptive student behaviours, being unprepared for scheduled activities, being inflexible, rigid and authoritarian, and making condescending, or humiliating remarks.

The outcomes of this study confirmed that undergraduate student nurses' had indeed experienced incivility in the classroom. A large group of student participants (n=71/37%) perceived incivility as a *moderate* problem and reported that students were more likely to engage in uncivil behaviour, than staff.

Recommendations from this study include establishing and enforcing a code of conduct, creating forums for open discussion between faculty staff and student representatives, and the development of a policy, or standard operating procedure for reporting uncivil behaviours.

It is believed that a better understanding of the occurrence of incivility may result from this study that would assist administrators and faculty staff to guide students towards appropriate classroom behaviour.

**Key terms:** incivility, civility, nursing student, nurse educator, nursing education, disruptive behaviour, classroom.

## OPSOMMING

---

Onbeleeftde klaskamergedrag is 'n groot bron van kommer in die verpleegonderrigomgewing. Onbeleeftdeheid in hierdie studie behels enige ongeskikte of ontwrigtende gedrag, wat die harmonieuse onderrig- en leeromgewing ondermyn en wat student-opvoeder en student-student-verhoudings benadeel. Weinig studies rakende die persepsies van voorgraadse studenteverpleegkundiges oor klaskameronbeleeftdeheid in die Suid-Afrikaanse konteks is tans beskikbaar.

Die doel van die studie was om onbeleeftde gedrag onder voorgraadse studenteverpleegkundiges in 'n verpleegonderrigklaskamer te ondersoek. Die doelwitte was om die volgende te identifiseer:

- Die tipes en frekwensie van studentegedrag wat mede-studente as onbeleeftde beskou.
- Dreigende gedrag wat studente hulle mede-studente sien doen.
- Die tipes en frekwensie van fakulteitspersoneelgedrag wat studente as onbeleeftde beskou.
- Dreigende gedrag wat studente fakulteitspersoneellede sien doen.

'n Kwantitatiewe beskrywende studie is by 'n verpleegonderriginstelling in die Wes-Kaap uitgevoer. Die teikenbevolking het alle tweede, derde en vierde-jaar voorgraadse studenteverpleegkundiges (N=871) ingesluit, wat vir uiteindelijke registrasie as professionele verpleegkundige gestudeer het. 20% (n = 174) van die totale bevolking is met 'n nie-ewekansige gerieflikheidssteekproef metode geselekteer. Data is met behulp van die "*Incivility in Nursing Education*" peilingsinstrument ingesamel. 'n Voortoets van vyf deelnemers het die hoofstudie voorafgegaan. Hierdie resultate was van die finale data-analises uitgesluit. Etiese goedkeuring vir die uitvoer van die studie is vooraf vanaf die Universiteit van Stellenbosch verkry en toestemming is ook vanaf die verpleegonderriginstelling se Navorsings Etiese Komitee verkry (Verwysingsnommer: S14/09/196).

'n Statistikus het die data help ontleed, deur 'n Statistiese pakket vir sosiale wetenskappe te gebruik.

Onbeleefted studentegedrag wat as mees dikwels deur studente gerapporteer is het ingesluit, verveelde of apatiese optrede, die maak van afkeurende kreungeluide, die maak van sarkastiese opmerkings of gebare, slaap in die klas, nie aandag gee nie, steurende gesprekvoering tydens lesings, die gebruik van selfone, en die laat aansluit by klasse.

Die tipes studentegedrag wat deur deelnemers as bedreigend beskou is het ingesluit, algemene spottery of disrespek teenoor mede-studente en fakulteitpersoneel, teisterende aanmerkings (rassisties, etnies, geslag) jeens studente, die uitdaging van fakulteitslede se kennis of geloofwaardigheid, en skade aan besittings.

Onbeleefted fakulteitsgedrag wat meestal deur studente gerapporteer is, het ingesluit om laat vir geskeduleerde aktiwiteite op te daag, om geskeduleerde aktiwiteite vroeg te verlaat, oneffektiewe onderrigstyle en -metodes, die ignorering van ontwrigtende studentegedrag, om onvoorbereid vir geskeduleerde aktiwiteite te wees, om onbuigbaar, rigied en outoritêr te wees, en die maak van afbrekende en vernederende aanmerkings.

Hierdie studie-uitkomstes het bevestig dat voorgraadse studenteverpleegkundiges wel onbeleeftedheid in die klas ervaar het. Volgens 'n groot groep deelnemers (n=71/37%) was onbeleeftedheid 'n *matige* probleem en was dit meer waarskynlik dat studente, eerder as personeel, onbeleefted sou optree.

Aanbevelings uit hierdie studie het die vestiging en afdwing van 'n gedragkode ingesluit, die daarstelling van forums vir openlike gesprekvoering tussen fakulteitpersoneel en studente-vertegenwoordigers, asook die ontwikkeling van 'n beleidsdokument of standaard operasionele prosedure vir die rapportering van onbeleefted gedrag.

Daar word gehoop dat beter insigte rakende die voorkoms van onbeleefted gedrag, weens hierdie studie, die administrateurs en fakulteitpersoneel sal help om studente tot toepaslike gedrag in die klaskamer te lei.

**Sleutelwoorde:** Onbeleeftedheid, beleeftedheid, studenteverpleegkundige, verpleegopvoedkundige, verpleegonderrig, ontwrigtende gedrag, klaskamer.

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## ABBREVIATIONS

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INE Incivility in Nursing Education survey

SOP Standard Operating Procedure

# CHAPTER 1

## FOUNDATION OF THE STUDY

---

### 1.1 INTRODUCTION

Incivility in nursing education refers to any speech, or action that disrupts the harmony of the teaching-learning environment (Clark, 2008c:284). In recent times, the lack of good manners in higher education has become problematic. According to Rookstool (2010:18), civility is diminishing in our schools and there appears to be a lack of respect in society as a whole. Students may furthermore not possess the required courteous skills that would allow them to engage with others in a polite and dignified manner (Rookstool, 2010:18). Although incivility has historically become a problem in schools, evidence suggests that it has become a serious occurrence in nursing education institutions which now requires ongoing attention and research (Rookstool, 2010:18; Clark, 2008a:37) in an attempt to pro-actively curb the possible negative impacts of such behaviour, if allowed to continue. The researcher, a nurse educator at a nursing education institution in the Western Cape in South Africa, had become increasingly aware of student nurses, who were exposed to disrespectful classroom behaviours, both of fellow students and nurse educators. Some students have, for example, reported their fear of specific nurse educators and have described incidents during which they had been shouted at and belittled in the classroom and of a male student nurse who had assaulted a female student in the classroom in the presence of the educator and fellow students. Such reports and observations had inspired the researcher to explore the phenomenon of incivility being experienced in a nursing education institution in the Western Cape and to establish the types of incivility that occur, as perceived by student nurses.

### 1.2 SIGNIFICANCE OF THE PROBLEM

The need to identify student perspectives of faculty and student incivility had been identified as an opportunity for research (Gallo, 2012:65). The prevalence of incivility had not yet been established as a definite reality at the nursing education institution where the researcher works and this study therefore aimed at assessing whether, or not, such a problem did exist. A better understanding of incivility may assist the management of the nursing education institution to identify strategies for combatting the problem and to provide a more effective support system to students, who experience acts of incivility towards them. Identifying and correcting uncivil faculty behaviours should furthermore decrease disrupting student

behaviours (Gallo, 2012:65) through desirable role modelling. The researcher had anticipated that this study would identify the different types of uncivil student and faculty behaviours to serve as a basis for addressing these behaviours in a systematic way.

### 1.3 RATIONALE

In nursing education, civil behaviour is necessary to maintain a safe and respectful learner-teacher relationship. Creating a culture of respect in nursing education is rooted in a deeper understanding of the concept of civility (Clark & Carnosso, 2008:14). Positive educator-student relationships are necessary for successful learning. An important aspect of developing such a relationship is the commitment by nurse educators to teach in caring ways (Bruce, Klopper & Mellish, 2011:109).

Research suggests that incivility on American campuses is a serious and growing concern for nurse educators and students alike. These acts range from insulting remarks and verbal abuse to violence (Clark & Springer, 2007:7). Examples of uncivil behaviour by students include unauthorised cell phone usage, sarcastic remarks, arriving late for class, as well as talking in class (Lasiter, Marchiondo & Marchiondo, 2012:121). In a phenomenological study done by Clark (2008b:4), students have identified uncivil faculty behaviours, such as treating students unfairly, belittling students and lecturers behaving in a demeaning manner towards learners. In 2002, a disgruntled student nurse shot and killed three nursing professors at the University of Arizona (Clark & Springer, 2007:7). Although an isolated incident, this is one horrific example of extreme incivility that may arise.

Incivility in nursing education disrupts the teaching and learning environments and results in conflict between nurse educators and students (Clark, 2008b:4). Clark (2008b:4) furthermore found that undesirable faculty behaviour resulted in students feeling powerless to address the problem and described academic arrogance and abuse of power as the main causes of faculty incivility. Classroom incivility leads to increased stress levels among students and faculty staff (Clark & Carnosso, 2008:13). Incivility by nurse educators is also challenging, as it may increase stress and anxiety among students, who are already sensitive to criticism and who may react with anger, physical or emotional withdrawal, distrust, or resentment (Lasiter *et al.*, 2012:124).

Luparell (2011:92) suggests that uncivil behaviours may significantly impact on nurses, patients and healthcare organisations. Nurses, who are victims of bullying, are more likely to resign from their jobs, or leave the nursing profession altogether. Additionally, there is

growing evidence that poor communication and unprofessional relationships among health professionals have a direct impact on patient care and safety (Luparell, 2011:92).

While it is possible that nurse educators may have to address student incivility, it is further noteworthy that students also complain of uncivil behaviour towards them by nurse educators. Although a number of past studies have focused on student incivility (Lashley & de Meneses, 2001:81; Luparell, 2004:59; Clark & Springer, 2007b:9; Vink & Adejumo, 2012:166), few studies have focused on the role that the nurse educator plays in fostering the problem of academic incivility (Lasiter, *et al.*, 2012:122). Clark (2008b:5) emphasises that faculty staff play a vital role in creating a civil learning environment. Nurse educators therefore have a responsibility to assist students with understanding and practising ethical conduct and are also responsible for keeping ethical standards relevant to existing nursing practices (Rosenkoetter & Milstead, 2010:137). This includes the teaching of the moral norms and values of nursing as part of the educational process, as well as being a positive role model for students (Rosenkoetter & Milstead, 2010:137; Clark & Springer, 2007:13). The reciprocal nature of incivility between student and nurse educator needs to be explored in a South African context. The dynamics of how individuals react to one another may be helpful in developing effective and preventative strategies to address incivility in nursing education (Clark & Carnosso, 2008:14).

#### **1.4 RESEARCH PROBLEM**

Classroom incivility in nursing education institutions is a growing problem. The effects of incivility have far reaching consequences for both student nurses and nurse educators. The consequences of classroom incivility may have possible negative implications for the teaching and learning environments, as well as for patient safety in healthcare environments. Incivility in nursing education may also contribute towards the increasing attrition of nurses from the nursing profession. Although incivility has been identified as a definite problem in nursing education abroad, very little is known about the concept in South African nursing educational institutions. Only one study has been done in the Western Cape by Vink and Adejumo (2012:166), who investigated the experiences by nurse educators of the uncivil behaviours of student nurses. Researchers suggest that further studies must be done to investigate student nurses' perceptions with regards to incivility in nursing educational settings (Vink & Adejumo, 2012:79; Lasiter *et al.*, 2012:122). It had therefore become important to explore undergraduate student nurses' perceptions of incivility in the classroom environment at a nursing education institution.

## **1.5 RESEARCH QUESTION**

What are undergraduate student nurses' perceptions of incivility in the classroom environment at a nursing education institution in the Western Cape?

## **1.6 RESEARCH AIM**

The aim of the study was to investigate the perceptions of incivility among undergraduate student nurses in a nursing education classroom environment.

## **1.7 RESEARCH OBJECTIVES**

The objectives of the study were to:

- Identify the types and frequency of student behaviours that may have been perceived as uncivil by fellow students.
- Identify threatening behaviours that students may have observed their fellow students perform.
- Identify the types and frequency of faculty staff member behaviours that may have been perceived as uncivil by students.
- Identify threatening behaviours that students may have observed faculty staff members perform.

## **1.8 CONCEPTUAL FRAMEWORK**

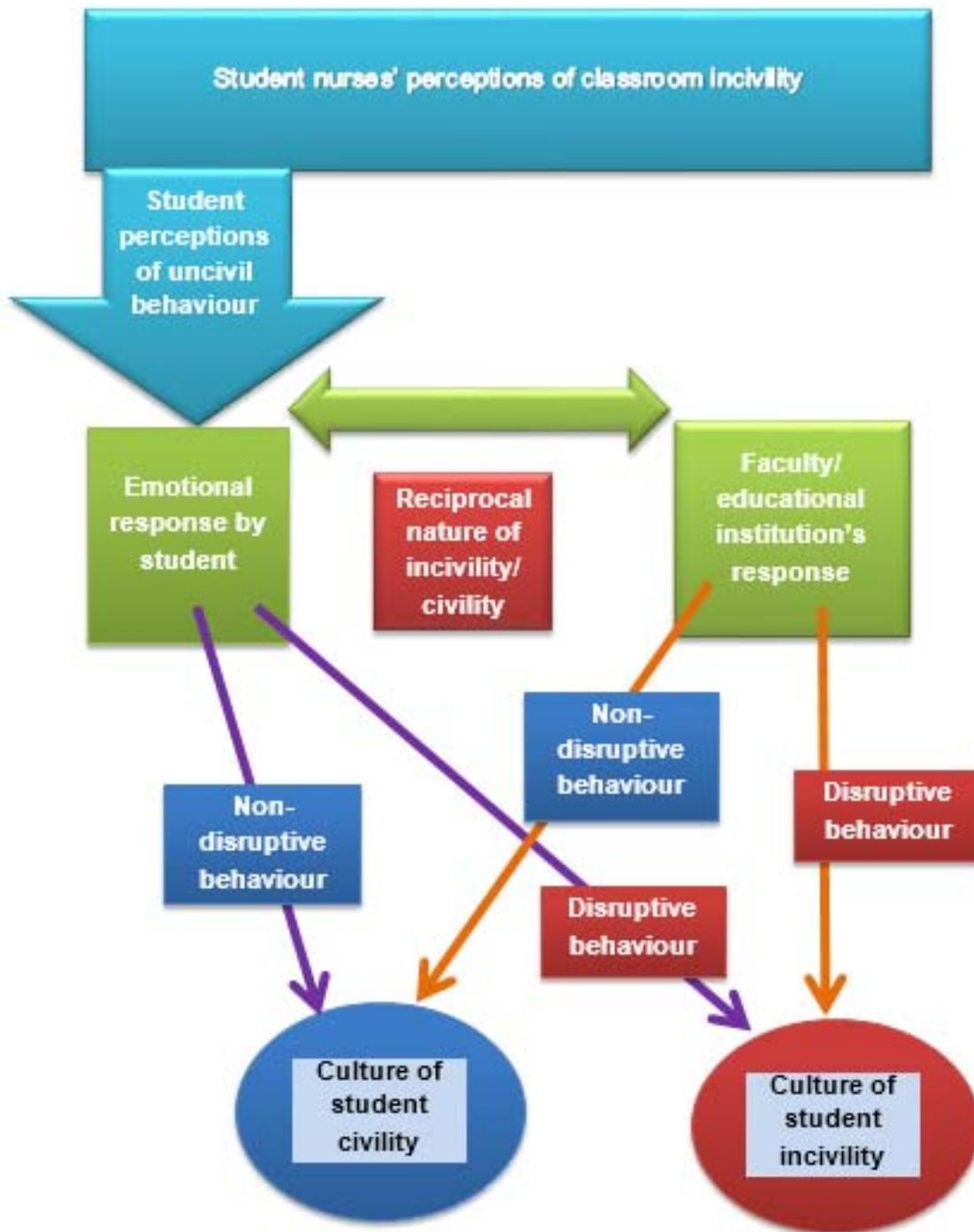
A conceptual framework is developed by the researcher through the process of identifying and defining concepts and by proposing relationships among these concepts (Brink, 2006:24). A framework assists the researcher to organise the study and to provide a context in which he/she examines the problem and collects and analyses data (Brink, 2006:24).

The conceptual framework for this study was based upon the conceptual model for fostering civility in nursing education by Clark and Kenaley (2011:159) and upon the conceptual model for incivility in nursing education by Clark (2008c:286).

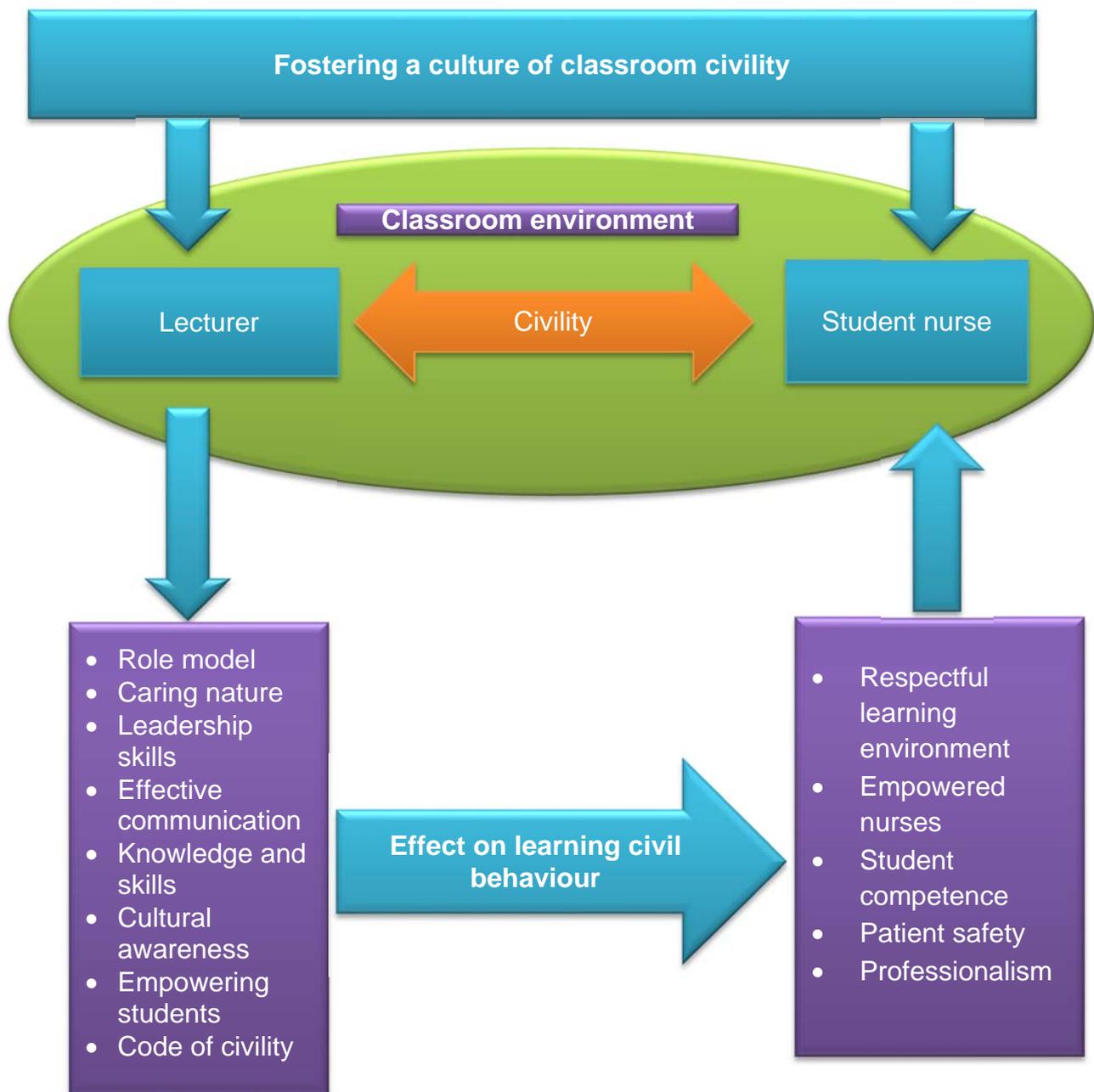
Figure 1.1 illustrates student nurses' perceptions of classroom incivility in the nursing education environment. The way in which students perceive incivility in the classroom would determine their emotional response to the behaviour. Whatever that behaviour, it would trigger an emotional response in the student, who may counteract the behaviour that he/she

has perceived. Furthermore, whatever the behaviour, students regard the nurse educator as a role model and leader for rectifying and for taking control of the situation. If the student observes that incivility is dealt with correctly and that nurse educators teach the practicing of civility and role model such behaviours, then the student is most likely to copy such behaviours, which would subsequently result in a culture of civility.

Figure 1.2 illustrates how to foster a culture of civility in the nursing education environment. The left side of the model depicts the ideal nurse educator, one who is knowledgeable, skilled and caring. The right side of the model depicts the result of civil behavior on the teaching and learning environments. Since incivility is known to disrupt the teaching and learning environments, contrary, the creation of a culture of civility would most likely result in a positive learning environment.



**Figure 1.1:** Student nurses' perceptions of classroom incivility in a nursing education conceptual model.



**Figure 1.2:** Fostering a culture of classroom civility.

## **1.9 RESEARCH METHODOLOGY**

### **1.9.1 Research design**

A quantitative descriptive research design was proposed for this study. A descriptive design was chosen for this study, as it would be the best design for determining and describing the student nurses' perceptions of incivility in the classroom environment at a nursing education institution in the Western Cape.

### **1.9.2 Study setting**

The study was conducted at a nursing education institution in the Western Cape in South Africa.

### **1.9.3 Population and sampling**

The study was conducted at a nursing education institution in the Western Cape in South Africa. The target population included all second, third and fourth-year undergraduate student nurses (N = 871). A non-probability, convenience sampling method was used to select a representative sample size of 20% (n = 174) of the total population, to explore undergraduate student nurses' perceptions of incivility in the classroom environment at the chosen nursing education institution.

#### **1.9.3.1 Inclusion criteria**

All second, third and fourth-year undergraduate student nurses were eligible for participating in the study.

#### **1.9.3.2 Exclusion criteria**

There were no exclusion criteria for this study.

### **1.9.4 Instrumentation**

The instrument (Annexure A) being utilised for this study was a self-administered *Incivility in Nursing Education* (INE) survey, using a fill-in-the-bubble Scantron format for quantitative items and a fill-in-the-blank format for open ended questions (Clark, Farnsworth & Landrum, 2009:9).

### **1.9.5 Pre-testing of the instrument**

Since the reliability and validity of the instrument had already been established previously (refer to section 3.8), a pre-test was conducted only to refine the instructions related to the data collection instrument and the demographic information, to highlight potential ambiguous questions, to observe the time it would take to complete the questionnaire, as well as to identify the practical aspects that would require adjustment by the researcher.

### **1.9.6 Validity and reliability**

Reliability and validity of the instrument were ensured by founding the questions on existing literature. The INE survey had been tested in a 2004 pilot study and was re-tested in 2006, after which revisions were made, based on the findings from these two studies (Clark *et al.*, 2009:7).

### **1.9.7 Data collection**

Questionnaires were administered by the researcher and research assistant during class placements at the nursing education institution and collected after they had been completed.

### **1.9.8 Data analysis and interpretation**

A statistical package (SPSS, Version 22) was used to statistically analyse the collected data. Since the objectives were purely descriptive, the data was analysed and reported using descriptive and inferential statistics, such as frequency tables and relative frequencies, and illustrated graphically by using bar charts.

## **1.10 DISSEMINATION OF FINDINGS**

Recommendations as a result of the research findings were made available to the educational authority and would be published in an internationally accredited journal.

## **1.11 ETHICAL CONSIDERATIONS**

The researcher has the ethical responsibility to protect the human rights of the participants, during the research study, such as their rights to autonomy, privacy, anonymity and confidentiality, fair treatment and protection from discomfort and harm (Burns & Grove, 2011:110).

Ethical approval to conduct the study was obtained from the Ethics Research Committee at Stellenbosch University (Annexure B). Permission to conduct the study was also obtained from the Research Ethics Committee of the nursing education institution (Annexure C).

### **1.11.1 Right to self-determination**

The right to self-determination implies that an individual has the right to decide whether, or not to participate in a particular study, without the risk of penalty. Furthermore, a participant has the right to withdraw from a study at any time, or may refuse to give information (Brink, 2006:32). The participants were informed that participation in the study was voluntary and that they were entitled to withdraw from the study at any time without penalty. Additionally, written informed consent was obtained from the respondents beforehand (Annexure D).

### **1.11.2 Right to confidentiality and anonymity**

Confidentiality refers to how the researcher manages private information being shared by the participants (Burns & Grove, 2011:117). The researcher maintained the principles of anonymity and confidentiality throughout the study. No personal indicators, such as contact detail, or names appeared on the measuring instruments. The researcher furthermore ensured confidentiality by taking all steps necessary that all completed questionnaires would be kept in a locked cabinet for a period of at least five years. Only the researcher, supervisor and statistician would have access to the data.

### **1.11.3 Right to protection from discomfort and harm**

The researcher must ensure that the participant is protected from any discomfort or harm, whether emotional, physically, economically, spiritually, socially, or legally (Brink, 2006:32). The researcher was also cognisant of the fact that students were considered as an example of what is referred to as a “vulnerable population” and thus the research question should have some bearing on their status as students (LoBiondo-Wood & Haber, 2010:261). The principle of non-maleficence was ensured by advising participants that they could consult with the student counsellor at the educational institution, should the completion of the questionnaire cause them any distress as a result of recalling past incidents of incivility.

## **1.12 OPERATIONAL DEFINITIONS**

### **1.12.1 Civility**

In this study, civility refers to respectful, courteous and polite behaviour among fellow students, and between students and nurse educators, while interacting in the classroom environment.

### **1.12.2 Incivility**

In this study, incivility refers to rude, disrespectful and impolite behaviour by fellow students, or nurse educators that interferes with the harmonious learning atmosphere in the classroom environment.

### **1.12.3 Nurse educator**

A nurse educator, also referred to as a lecturer, is a registered nurse employed at the nursing college to provide theoretical and practical training to student nurses with the purpose of preparing student nurses for their future duties as registered nurses.

### **1.12.4 Faculty staff**

In this study, faculty staff, also referred to as a lecturer, or a nurse educator, refers to any nurse who is involved in the teaching and mentoring of student nurses.

## **1.13 DURATION OF THE STUDY**

Ethical approval had been obtained for this study on 14 November 2014 and it was valid from 14 November 2014 to 14 November 2015. Data was collected over a period of four weeks during January and February 2015. Data was analysed during March and April 2015. The final thesis was submitted for examination in August 2015.

## **1.14 CHAPTER OUTLINE**

### **Chapter 1: Foundation of the study**

Chapter 1 describes the background and rationale for the research study, the problem statement and the research objectives, and it also offers a brief overview of the research methodology. The ethical considerations are also discussed in this chapter.

## **Chapter 2: Literature review**

This chapter comprises of an in-depth review of the relevant literature regarding the topic of incivility in nursing education.

## **Chapter 3: Research methodology**

Chapter 3 describes and discusses the research design and research methodology that were employed during this study.

## **Chapter 4: Results**

Chapter 4 describes and discusses the analysis and interpretation of the collected research data.

## **Chapter 5: Discussion, conclusion and recommendations**

This chapter discusses the results relevant to the study objectives. The researcher concludes the study and offers recommendations based on the scientific evidence obtained from this study.

### **1.15 SUMMARY**

Incivility in nursing education has become a real issue that requires urgent attention and intervention. Few studies to date have addressed the problem in South African nursing education institutions. The *Incivility in Nursing Education* (INE) survey describes a range of student and faculty behaviours (Gallo, 2012:65). Replication studies using the INE survey, such as this one, could provide a wealth of information on the prevalence of uncivil behaviours in nursing education institutions and could therefore allow educators to start with developing evidence based practices for pro-actively managing such behaviours (Gallo, 2012:65).

### **1.16 CONCLUSION**

In this chapter, the researcher described the study that was undertaken, with specific reference to the rationale for the study, the problem statement, the goal, the objectives and the research methodology that was applied. The ethical considerations relevant to the study were also discussed. The next chapter offers a detailed review of existing literature pertaining to the occurrence of incivility in nursing education institutions.

# CHAPTER 2

## LITERATURE REVIEW

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### 2.1 INTRODUCTION

In this chapter, the definition of incivility, as well as an overview of existing literature regarding the occurrence of incivility in nursing education is presented. This overview includes relevant past research on incivility in nursing education and their findings. The purpose of the literature review was to understand what is currently known about the topic of incivility and how its occurrence impacts on nursing education.

### 2.2 LITERATURE REVIEW

The search terms used in different combinations were “incivility”, “nursing education”, “bullying”, “disruptive behaviour”, “workplace violence”, “student nurse” and “nursing student”. The searches were conducted on various internet search engines, including Cinahl, Science Direct, Pubmed and Google Scholar databases.

The literature study findings in this chapter are presented according to the following framework:

- Incivility and nursing education.
- Faculty incivility.
- Factors contributing towards faculty incivility.
- Student incivility.
- Factors contributing towards student incivility.
- The impact of uncivil behaviours.
- Strategies to combat incivility in nursing education.

### 2.3 INCIVILITY AND NURSING EDUCATION

To be “civil” is “to be polite, respectful and decent” (Clark & Springer, 2007a:93). Conversely, classroom incivility refers to any action that interferes with a harmonious and co-operative learning environment and it appears to be embedded in one, or more of the following psychological factors: “(a) a need to express power over another, (b) a need for

verbal release due to frustration over an apparently unsolvable situation, or (c) a need to obtain something of value” (Feldman, 2001:137). In the past, courteous behaviour used to be the classroom norm, but in recent years, such common courtesy have become uncommon (Feldman, 2001:137). Incivility in nursing education is defined by Clark and Springer (2007a:93) as “any speech or action that disrupts the harmony of the teaching-learning environment”. Gallo (2012:62) defines incivility as “disrespect for others, the inability or unwillingness to listen to others’ points of view and seek common ground, and not appreciating relevance of social discourse”.

In recent times, incivility has become more apparent in the nursing education environment. Although there is an increasing body of literature describing workplace violence in the health care setting, not many studies are specifically directed at uncivil classroom behaviours affecting student nurses. Moreover, although nurse educators complain of student incivility, student nurses also complain of nurse educators acting uncivil towards them (Lasiter *et al.*, 2012:122). Few studies have essentially focused on the role of nurse educators in fostering an uncivil classroom environment (Lasiter *et al.*, 2012:121; Gallo, 2012:65; Shaeffer, 2013:180). It is therefore evident that further research in the area of academic incivility in nursing education is needed and that a safe teaching and learning environment is required (Clark & Springer, 2007a:94; Vink & Adejumo, 2014:170; Bjorklund & Rehling, 2010:15).

## **2.4 FACULTY INCIVILITY**

In a phenomenological study done in the United States of America (USA) by Clark (2008b:4), students had identified several aspects of what they perceived as being uncivil behaviour by faculty staff. Uncivil faculty behaviours being reported by students included the belittling of students, faculty members behaving in a condescending way, the unfair treatment of students and the forcing of students to conform to unreasonable demands. As a result, students felt incapable of addressing the problem and felt that nurse educators’ abuse of power had been the main contributing factor towards the problem.

Another study in the USA revealed that the most frequently reported bullying conduct against student nurses had included inappropriate, nasty, rude and humiliating behaviour by nurse educators towards learners (Cooper *et al.*, 2009:219). In the same study, 72% of respondents had displayed ineffective coping behaviours in dealing with and reporting such abusive behaviour by nurse educators. Students in this study had demonstrated avoidance behaviours and simply “did nothing” about the situation. These results were therefore consistent with the findings of Clark (2008b:4).

The following are examples of uncivil faculty behaviours being reported by students in a qualitative study done by Clark and Springer (2007a:96):

- Making condescending remarks.
- The use of poor teaching methods, or styles.
- The use of poor communication skills.
- Acting superior and arrogant.
- Criticising students in front of their peers.
- Threatening to fail students.

In a Turkish study regarding nursing students' perceptions of bullying, 60% of the respondents had experienced some form of bullying (Palaz, 2013:23). The most common uncivil faculty behaviours reported by these respondents were unrealistic deadlines and unmanageable workloads, as well as being given an assignment as punishment (Palaz, 2013:23). Other uncivil behaviours being reported included rudeness, shouting and the belittling of students, which were congruent with the findings of those studies done in the USA, as reported above. This study concluded that nurse to nurse bullying had been a significant problem and was it evident that younger student nurses had been subjected to bullying behaviours by more senior student nurses (Palaz, 2013:23).

#### **2.4.1 Factors contributing towards faculty incivility**

Several factors influence the nurse educator's approach towards nursing education and subsequently the fostering of uncivil behaviour towards learners. These factors include a lack of knowledge and teaching experience, and different expectations and understandings of their clinical teaching roles (Seibel, 2013:2). Although nurse educators are often specialists in a particular field of nursing, they are not always expert educators, which may result in role ambiguity (Seibel, 2013:2). According to Seibel (2013:2), another factor is favouritism of a certain type of student, which leads to the perception that some students are better than others. This can result in an over criticism of some students, which may have a negative effect on those students' confidence (Seibel, 2013:2).

Faculty member incivility may be unintended and usually results from ignorance, or a misunderstanding on the part of the nurse educator (Lasiter *et al.*, 2012:122). In other instances, faculty incivility may be caused by a genuine dislike of a student, or of a student's behaviour, or it simply may be the result of an educator having a rude personality (Lasiter *et*

*al.*, 2012:122). It is also possible that students may erroneously interpret negative feedback from educators as uncivil (Lasiter *et al.*, 2012:122).

The following possible causes of incivility were identified by students and faculty members in a qualitative study by Clark and Springer (2007a:96):

- The high stress nursing environment.
- The lack of a professional and respectful environment.
- The lack of faculty staff credibility and responsiveness.
- Faculty staff arrogance.
- A sense of entitlement among students.
- Students lacking the necessary interest in nursing.
- The faculty and students being unclear with regards to their expectations in the academic environment
- Competitiveness among students and faculty
- A lack of urgency by the faculty to address incivility.
- Distance learning (virtual) environment
- A lack of student preparation.

In the first known study that had investigated the perceptions of academic nurse educators towards student and faculty incivility, the perceived faculty stressors included pressure from several work demands, dealing with problematic students, financial problems, and stress related to faculty incivility (Clark & Springer, 2010:322). The researchers suggest that such stressors could lead to civil or uncivil behaviour by nursing educators (Clark & Springer, 2010:322).

## **2.5 STUDENT INCIVILITY**

Faculty staff members are increasingly exposed to various forms of uncivil student behaviours in the classroom. In a study conducted in the USA, Clark (2008:464) found that the level of student incivility had increased to such an extent in recent years that it had become a significant problem. In this study, the most frequently experienced uncivil student behaviours had included students arriving late for class, distracting conversations among learners during lectures, students being unprepared for class, students leaving the class early, and the forced ending of lectures because of disruptive behaviour. The majority of

students and faculty members perceived incivility as a moderate to serious problem in the nursing education environment.

The following examples of uncivil student behaviours were reported by faculty members in a study done by Clark and Springer (2007a:96):

- Students disrupting others by talking in class.
- Students making disrespectful remarks towards the lecturer.
- The unauthorised use of cell phones by learners during lectures.
- Students arriving late for class, or leaving the class early.
- Students sleeping in class, or not paying attention.
- Students bringing their children to class.
- Students dressing inappropriately.
- Students attending class unprepared.

In addition, faculty staff members also reported being shouted at by students, threatened, physically assaulted and even stalked (Luparell, 2011:92; Jenkins *et al.*, 2013:99). The murder of three professors in 2002 at the University of Arizona by a resentful student is evidence of an extreme act of incivility (Luparell, 2011:93). Student behaviours most frequently reported as uncivil include disruptive conversations by students during lectures, rudeness and sarcastic remarks (Gallo, 2012:64; Luparell, 2011:93; Clark & Springer, 2007a:96).

A study done in China revealed that 10% of the respondents perceived incivility as having become a growing problem in nursing colleges (Clark *et al.*, 2010:136). In this study, respondents had reported similar acts of incivility, as were reported in other studies, but in addition, they also regarded academic dishonesty as uncivil student behaviour. They hence reported cheating during tests and exams, as well as plagiarism as uncivil behaviour. According to Gallo (2012:64), the most frequently reported acts of academic dishonesty included plagiarism, using group work for submission of individual assignments and attaining test questions from other students. Not all students, however, regarded such behaviour as unethical (Gallo, 2012:64). A South African study, done at a nursing education institution, revealed that cheating, related to plagiarism and assignments, as well as a significantly high level of dishonesty in the completion of practical records were major areas of concern (Theart & Smit, 2012:33).

In another study done at an American university by Jenkins *et al.* (2013:165), students described uncivil student behaviours towards other fellow students. These behaviours included laughing at peers when giving a wrong answer in class, refusing to help another student, gossiping and using another student's work as their own (Jenkins *et al.*, 2013:98). Williams and Lauerer (2013:165) furthermore reported absenteeism as uncivil student behaviour.

Bjorklund and Rehling (2010:15) conducted a large scale study at a public university in the USA, aimed at providing information about students' perceptions of incivility in the classroom. The researchers recruited a total of 3,616 student participants. The study revealed that these students rated "continuing to talk after being asked to stop", "coming to class under the influence of alcohol and drugs", "allowing a cell phone to ring" and "talking loudly with others" as being the most uncivil behaviours on their list (Bjorklund & Rehling, 2010:16). Their study clearly indicated that students recognised and perceived that they had experienced incivility in the classroom. The study also revealed that students had perceived an unusual amount of moderately uncivil behaviour in the classroom on a regular basis (Bjorklund & Rehling, 2010:17).

A South African study revealed three main categories of uncivil student behaviour, namely disruptions, fraud and aggression (Vink & Adejumo, 2014:170). Examples of uncivil student behaviours ranged from tardiness, sleeping in class, to intimidation, verbal threats and physical aggression. Faculty participants perceived these disruptions as rude, disrespectful and distracting to the educator and other students not involved in uncivil behaviours (Vink & Adejumo, 2014:175). The researchers in this study believed that the described acts of incivility had affected student-educator relationships, the quality of education and the professional future and leadership of nursing (Vink & Adejumo, 2014:166).

### **2.5.1 Factors contributing towards student incivility**

Many explanations for student incivility have been suggested, including poor secondary school preparation, insufficient parenting, exposure to violence and changing student demographics (Clark & Springer, 2007a:94). The display of improper anger and violence in everyday culture, as portrayed by television, movies and video games, may contribute towards the growing occurrence of violence on college campuses (Schaeffer, 2013:178). It is also not surprising that faculty staff are encountering more outspoken and aggressive students, whose disrupting behaviour damages educator-student relationships (Thomas, 2003:17). Thomas (2003:17) identified several causes of nursing students' anger, namely perceptions of faculty unfairness, rigidity, or discrimination on the basis of ethnicity, race,

gender, or other characteristics. Further causes of student incivility included complaints by students about unreasonable faculty expectations, overly critical educators, students' reactions to unexpected changes and unresolved family issues experienced by learners (Thomas, 2003:18).

Other factors, such as the balancing of work, family and student life may also lead to a stressful class environment and may it be a possible cause of student incivility among adult learners (Gallo, 2012:65).

A study by Clark (2008a:41) revealed that both students and faculty members had identified stress as a contributing factor towards student incivility. Three major themes that relate to stress were identified by students, including (1) burnout due to demanding workloads, (2) a highly competitive academic environment, and (3) feeling obliged to cheat to compete for grades, scholarships and placement in the programme. However, burnout from demanding workloads was the highest reported cause (Clark, 2008a:41).

In a South African study, Theart and Smit (2012:37) found that the pressure to succeed academically was a major factor influencing the decision by students to engage in cheating behaviour. In the same study, most participants indicated that the fear of losing status amongst their peers would cause them to become engaged in cheating behaviour (Theart & Smit, 2012:37). These findings were therefore consistent with those of Clark (2008d:463).

## **2.6 THE IMPACT OF UNCIVIL BEHAVIOURS**

### **2.6.1 Impact of student incivility on the nursing faculty**

According to Luparell (2011:93), faculty staff had reported emotional and physical distress, a lack of self-esteem and a reduced desire to uphold high educational standards as outcomes of the uncivil behaviour by students. Some faculty members have even reported the desire to leave the teaching profession altogether, as a result of student incivility. An earlier study by Luparell (2007:16) revealed short- and long-term consequences of encounters with uncivil students among staff, such as the loss of sleep and interrupted sleep patterns, injury to self-esteem, with tendencies of self-doubt, as well as emotional distress and even post-traumatic stress. Uncivil student encounters ultimately negatively affected faculty morale and job satisfaction (Luparell, 2007:18). Vink and Adjejumo (2014:167) found that nurse educators had experienced feelings of low morale and confusion, due to the lack of intervention by management with regards to troublesome classroom experiences. In the same study,

educators had perceived student disruptive behaviours as interfering, rude and disrespectful towards the educator and fellow students, not involved in those acts of incivility.

### **2.6.2 Impact of faculty incivility on students**

In a Turkish study, students had suffered damaging physical and psychological effects as a result of faculty staff incivility. Students reported feeling angry, with reduced motivational levels, while other students considered leaving the nursing profession altogether (Palaz, 2013:27).

Student nurses, who had experienced uncivil behaviour, often reported feeling powerless and incapable of dealing with specific incidents (Del Prato, 2012:289; Clark, 2008b:4; Curtis *et al.*, 2007:159). Feelings of powerlessness and humiliation often resulted in student nurses becoming desensitised and in accepting uncivil behaviour as part of the profession (Curtis, *et al.*, 2007:159; Clark 2008b:4). Cooper *et al.* (2009:221) concluded that students had displayed ineffective coping strategies to deal with uncivil and hostile behaviour towards them.

Lasiter *et al.* (2012:124) suggest that faculty incivility could increase stress and anxiety among students, who already have to deal with significant academic stress. Students, who are particularly sensitive to criticism from faculty staff, may react with anger, mistrust, physical or emotional withdrawal, or antipathy (Lasiter *et al.*, 2012:124).

A qualitative study, during which nursing students' experiences with faculty bullies had been examined, revealed that students had reacted emotionally to faculty incivility and described emotions of fear and intimidation (Mott, 2014:145). Students during this study described how faculty incivility had affected their ability to learn. Their emotions were mainly based on their fear of failure and of being dismissed from the nursing programme (Mott, 2014:145).

### **2.6.3 Impact of academic incivility on the nursing profession**

Schaeffer (2013:178) suggests that academic incivility may contribute towards bullying in the workplace, which had been identified as a cause of attrition that would ultimately contribute towards a shortage in nursing personnel. While acts of incivility may range from minor disruptions to major violence, the effects thereof will without doubt affect the nursing student and inhibit his or her ability to become an empathetic nurse (Schaeffer, 2013:178).

In a qualitative study, which aimed at exploring the experiences of nursing students of incivility in the clinical setting, results showed that incivility towards nursing students had

indeed occurred and had significantly affected student experiences in the clinical setting (Anthony & Yastik, 2011:143). These study results suggested that negative experiences had impacted on students' self-confidence and their general attitudes toward nursing as a career (Anthony & Yastik, 2011:14). Of particular concern in this study was the difficulty of students to give report on their assigned patients. Anthony and Yastik (2011:1430) suggest that such gaps in communication could potentially affect patient safety. It can be concluded that ongoing disruptive behaviour interferes with learning and can be directly linked to the occurrences of adverse events resulting in compromises in patient safety and safe clinical performance (McNamara, 2012:538; Lasiter *et al.*, 2012:124).

## **2.7 STRATEGIES TO COMBAT INCIVILITY IN NURSING EDUCATION**

### **2.7.1 Development of a code of civility**

It is evident from recent research that nurse educators have not yet come to terms with the “new types” of students entering the nursing profession, as they still expect to find the dedicated professionalism found among nursing students in the past (Lashley & De Meneses, 2001:86). As a result, Lashley and De Meneses (2001:85) suggest that nurse educators need to be empowered with practical methods in which to deal with difficult student behaviours. This should include the clear communication of behavioural expectations in the curriculum, so that student nurses are aware of what is expected of them in the classroom. Lashley and De Meneses (2001:86) further suggest that nursing education institutions should communicate written behavioural expectations on the first day of class as part of an orientation programme. Furthermore, faculty orientation programmes have been found to be inconsistent in quality and content, and as a result, a formal process should be developed in an attempt to prevent faculty incivility (Lasiter *et al.*, 2012:125).

In their study, Vink and Addejumo (2014:175) found that existing policies, such as cell phone use during class, had to be emphasised and more firmly applied by nurse educators. It was, however, also evident that a commitment from students would largely assist in rooting out the problem of incivility (Vink & Addejumo, 2014:175). Additionally, strict policies dealing with fraud relating to assignments, tests and examinations should be developed, or at least strongly emphasised and applied (Vink & Addejumo, 2014:176).

It can be assumed that nursing students, who display disruptive behaviour in the classroom, would also do so in the clinical setting. Anthony and Yastik (2011:143) therefore suggest that students need to be made aware of the expected code of conduct in health care settings and of the impact that disruptive behaviour would have on staff morale and patient safety.

The issue of incivility should be discussed in the classroom and conflict resolution and dealing with workplace incivility should also become part of the simulation experience (Anthony & Yastik, 2011:143).

In order to combat incivility by nurse educators, nursing education institutions should provide constant mentorship of at least a year to new nurse educators, with regards to good teaching practices, including ways to combat bullying (Seibel, 2013:3). According to Jenkins *et al.* (2013:100), nursing education institutions should include civility education early in the nurse training programme. Furthermore, nursing colleges could adopt policies that support “zero tolerance” for unacceptable behaviours. Nurse educators should ensure that they are familiar with these policies, since it will assist them in identifying disruptive behaviour and guide them in the process for reporting and dealing with such incidents (McNamara, 2012:538; Gallo, 2012:66).

Nurse educators should furthermore equip student nurses with effective strategies to recognise and deal with nurse educators who display belittling behaviour, by providing learning opportunities that would help students cope in the real working environment (Clark *et al.*, 2013:81).

According to Lasiter *et al.* (2012:125), nursing schools do not necessarily have the essential policies in place to address uncivil behaviour by nurse educators, thus resulting in the affected students feeling powerless and not knowing how to deal with faculty incivility. It is therefore necessary to find ways for student nurses to report uncivil faculty behaviour, without fear of retaliation (Lasiter *et al.*, 2012:125).

Educational institutions should develop policies that would prevent acts of incivility by staff members and should develop the necessary procedures to address uncivil behaviours by faculty staff (Lasiter *et al.*, 2012:125). Faculty staff should take part in a job orientation programme, during which clear expectations of what is considered as acceptable and unacceptable behaviours are communicated. Education about appropriate interpersonal behaviour to prevent uncivil behaviour is also needed (Lasiter *et al.*, 2012:125). Furthermore, nursing education institutions should develop policies through which students should report instances of faculty incivility and it is the responsibility of the institution to make these policies known to the students (Lasiter *et al.*, 2012:125). The implementation of a civility code, as depicted by the conceptual framework in figure 1.2, could prove valuable, if continually reinforced as an important aspect of the faculty’s culture (Williams & Lauerer, 2013:169). In their study (Gallo, 2012:66), a nursing department shared their experiences of implementing a formalised civility code to address uncivil incidents in the classroom and

educational setting. Student and faculty feedback emphasised the importance of having consequences in place when the civility code had been violated. Ultimately, it is the responsibility of nurse educators to adopt anti-bullying policies, which would help foster supportive and respectful relationships both among students, and among students and nurse educators, alike.

### **2.7.2 Faculty's role modelling and effective communication**

Civility is necessary for a successful teaching-learning environment and nurse educators play a vital role in creating a respectful learning environment (Clark, 2008b:5). Faculty staff play an important role in fostering a culture of civility, as guided by the conceptual framework (figure 1.2) that underpins this. Williams and Lauerer (2013:168) emphasise that nurse educators' modelling of respectful behaviour is a significant tool in teaching students about civil behaviour. Nurse educators can do this by coaching students on how to approach each other when disruptive behaviours occur, and by role playing potential disruptive situations (Williams & Lauerer, 2013:168).

Nurse educators may improve classroom civility through role modelling, as guided by the conceptual framework (figure 1.2) that underpins respectful behaviour in this study, to ensure transparency and to facilitate open discussions in a non-discriminatory learning environment (Clark 2008b:7; Clark & Springer, 2010:324). Moreover, forums should be provided to nurse educators and students, during which the extent of incivility and strategies to overcome and prevent it can be openly and honestly discussed (Clark, 2008b:6). Channels should be created for students to report instances of faculty incivility and it is the responsibility of administrators to make these processes of communication known and accessible to students (Lasiter *et al.*, 2012:125).

Trust is established when nurse educators and students work together to create a respectful learning environment and thus a culture of civility. In the absence of trust, a culture of incivility (figure 1.1) would prevail. Williams and Lauerer (2013:168) suggest that part of role modelling should include coaching students on how to deal with disruptive behaviour. Nurse educators can assist students by role playing potential disruptive situations. Furthermore, nurse educators could attend workshops on classroom management and student centred learning techniques to help build positive educator-student relationships (Clark & Kenaley, 2011:164). Educator-student relationships can furthermore be enhanced if faculty staff are willing to accept and evaluate critical feedback from students and to change their teaching practices, if necessary, based on the objective evaluation of the feedback received (Mott, 2014:147). Nursing colleges should evaluate faculty members on their ability to interact with

students and should provide faculty workshops relating to civility to ensure positive faculty interaction with students (Mott, 2014:147).

### **2.7.3 Cultural awareness**

Cultural awareness, as guided by the conceptual framework (figure 1.2) that underpins this study, is an important component of civil behaviours in the classroom environment. A lack of cultural awareness is often also the cause of incivility and is an understanding and appreciation of different cultures. Therefore it is one of the first steps towards understanding one another, in preventing prejudice and in promoting civility (Clark & Carnosso, 2008:14). In order for students to learn civil behaviour, nurse educators must be attentive, non-discriminatory and should demonstrate open and respectful communication, and professional behaviour (Clark & Carnosso, 2008:19).

### **2.7.4 Establishing a caring learning environment**

A caring learning environment can reduce students' anxiety levels and feelings of stress (Del Prato *et al.*, 2011:113). A caring learning environment that demonstrates value, respect and support among faculty staff and students, would not only foster relationships, but also promote learning in a non-stressful manner (Del Prato *et al.*, 2011:113). Such a caring learning environment would actively involve students and faculty staff in learning through mutual respect and collaboration (Del Prato *et al.*, 2011:113). The creation of a caring learning environment can hence increase self-esteem and promote success (Del Prato *et al.*, 2011:113). Furthermore, faculty incivility towards students violates the concept of caring, which is considered a core value to the nursing profession (Lasiter *et al.*, 2012:124). A qualitative study done in the USA, aimed at investigating faculty incivility, revealed that students had expressed disappointment that some faculty staff had not modelled the caring values of the nursing profession (Del Prato, 2013:289). Consequently, Del Prato (2013:286) suggests that faculty staff should be formally prepared as educators to create respectful relationships with students. Bruce *et al.* (2011:109) believe that positive student-educator relationships are important for a successful learning environment. This can be achieved through teaching in a caring manner. A nurse educator, who has a caring relationship with his/her students, is available, approachable and supportive, is a good listener and encourages mutual respect. A caring educator respects students as human beings within a multi-cultural education context (Bruce *et al.*, 2011:109).

### **2.7.5 Faculty knowledge and skill**

Ideally, nurse educators should possess the required knowledge and skills of the nursing discipline. They should be up to date and familiar with their subject and its trends and developments (Bruce *et al.*, 2011:108). In addition to possessing sound knowledge and skills, the nurse educator should display effective communication skills and be able to encourage active learning amongst students (Bruce *et al.*, 2011:108).

A study in the USA, which aimed at investigating the preparedness of a nursing faculty for clinical teaching, revealed that many educators had not received adequate training for their assigned roles (Suplee & D'Emilia, 2014:39). In the same study, 31% of the participants reported having had no training at all, while 26% of the participants reported that they had received no training whatsoever on providing student feedback. This faculty also reported teaching challenges, such as being unprepared to work with students who had learning, social, or physical disabilities and who demonstrated acts of incivility. Suplee and D'Emilia (2014:38) therefore suggest that graduate education, comprehensive orientation programmes and continuing professional development could assist in ensuring that faculty staff are able to manage and evaluate student learning.

Although nurse educators are experts in a particular field of nursing, they very often are not skilled educators and may lack teaching experience and skills (Seibel, 2013:2). As a result, Seibel (2013:3) suggests that nursing education institutions should provide mentoring and support to new lecturers for at least a year and that such mentoring should include good teaching practices.

### **2.7.6 Empowerment of students**

Nurses who feel powerless as a result of incivility are less effective, have less job satisfaction and are more susceptible to burnout (Clark & Kenaley, 2011:162). The empowerment of nurses, as guided by the conceptual framework (figure 1.2) that underpins this study, is essential to the development of the nursing profession and is therefore essential to grow and strengthen nurse empowerment throughout the education of student nurses (Clark & Kenaley, 2011:162). According to Clark and Kenaley (2011:162), nurse educators can cultivate empowerment in nursing education through:

- **Motivation:** Nurse educators can enhance student motivation by giving clear course outcomes, assignment objectives and expectations. Faculty staff can further motivate students by being enthusiastic about subject matter and through positive recognition.

- Providing psychological safety by creating a civil classroom environment, e.g. by co-creating classroom norms, by allowing for students to be part of the decision making and governance of the institution.
- Providing students with opportunities to develop and practice problem identification and problem solving skills.

All of the above components are essential in creating a classroom environment that would foster civility amongst students and faculty staff.

## **2.8 SUMMARY**

The available literature overwhelmingly suggests that both student nurses and nurse educators are exposed to unacceptably high levels of incivility in the nursing education context. Both student nurses and nurse educators are entitled to teach and learn in a safe classroom environment. It is evident from the literature that uncivil classroom behaviour disrupts learning and affects nursing education as a whole.

A number of issues have been raised, including the impact that incivility has on nursing education. Nurse educators should explore their contributions towards the reality of incivility in nursing education and find ways to manage uncivil behaviour. It is also evident that further research is needed with regards to the perceptions of students' experiences of incivility by nurse educators and the impact that it has on their ability to learn.

## **2.9 CONCLUSION**

In this chapter, an overview of the literature, relating to incivility in nursing education, was presented. The concept of incivility was defined and the types of incivility, as well as the effect of incivility on students, faculty staff members and nursing education were explored. In the next chapter, the research methodology being employed during this study is discussed.

# CHAPTER 3

## RESEARCH METHODOLOGY

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### 3.1 INTRODUCTION

This chapter outlines the research methodology that was applied during this study to investigate undergraduate student nurses' perceptions with regards to the occurrence of incivility in the classroom environment at a nursing education institution in the Western Cape. Furthermore, the research design, population and sampling procedures, data collection and data analysis methods are also discussed.

### 3.2 AIM AND OBJECTIVES

The aim of the study was to investigate incivility among undergraduate student nurses in a nursing education classroom environment.

The objectives of this study were to:

- Identify the types and frequency of student behaviours that may have been perceived as uncivil by fellow students.
- Identify threatening behaviours that students may have observed their fellow students perform.
- Identify the types and frequency of faculty staff member behaviours that may have been perceived as uncivil by students.
- Identify threatening behaviours that students may have observed faculty staff members perform.

### 3.3 STUDY SETTING

The study was conducted at a nursing education institution in the Western Cape in South Africa.

### **3.4 RESEARCH DESIGN**

A research design is the plan, or blueprint for how a study will be conducted (Lobiondo-Wood & Haber, 2010:159). A quantitative descriptive research design was employed during this study. The quantitative approach is an objective and systematic method of generating numerical information and is conducted to describe new events, situations, or concepts (Burns & Grove, 2011:34). A descriptive study aims at gathering more information about specific characteristics within a particular field of study and at offering clarity of a situation as it naturally happens. Descriptive designs may be used to identify problems in current behaviour, or practices (Burns & Grove, 2011:256). Similar studies have utilised a quantitative descriptive design to investigate the occurrence of incivility in the nursing education environment (Clark & Springer, 2007b:8; Marchiondo & Lasiter, 2010:611; Lashley & De Meneses, 2001:81; Clark, 2008d:460; Bjorklund & Rehling, 2010:15). A quantitative descriptive design was hence chosen as the suitable design for determining and describing student nurses' perceptions of incivility, as experienced in the classroom environment at a nursing education institution in the Western Cape.

### **3.5 POPULATION AND SAMPLING**

Population refers to a particular group of individuals, or elements, who are the focus of a research project (Burns & Grove, 2011:290). The target population that had been selected for this study were all second, third and fourth-year undergraduate student nurses (N=871) at a nursing education institution in the Western Cape (table 3.1). All first year undergraduate student nurses were not invited to partake in the study, because of their limited exposure to the nursing educational classroom setting at the time of this study.

A sample is a sub-group of the population that is selected for inclusion in a specific study (Burns & Grove, 2011:51). A stratified non-probability convenience sampling method was used to select a sample size of 20% (n=174) from the total population of student nurses. This 20% sampling size had been calculated by a qualified statistician, employed at the University of Stellenbosch, to ensure adequate representation of the total population. In non-probability sampling, elements are chosen by non-random methods. Despite the shortcoming of a non-probability sampling method, being its inability to ensure that every element has a chance of being included in the sample (LoBiondo-Wood & Haber, 2010:225), it was the most practical method for the researcher to use and is commonly used in nursing research (LoBiondo-Wood & Haber, 2010:226).

A non-probability convenience sampling method was further chosen, because it is often used in convenient situations, where the researcher could easily reach participants

(LoBiondo-Wood & Haber, 2010:226). In this study, it would be easy for the researcher to reach the students in their classrooms. Furthermore, the rationale for using this sampling method was to ensure anonymity of those students participating in the study, as students were selected on the basis of being in the 'right place at the right time' (being in the classroom at the time of data collection), without having to use any form of personal identification, such as selection from class lists. Due to the nature of the research topic, anonymity was especially important in eliciting honest answers.

**Table 3.1:** Undergraduate student population at the nursing education institution being studied in 2014

Year	Total population (N)	Sample (n) = 20%
2 <sup>nd</sup> year	260	52
3 <sup>rd</sup> year	310	62
4 <sup>th</sup> year	301	60
<b>TOTAL</b>	<b>N=871</b>	<b>174</b>

### 3.5.1 Inclusion criteria

All second, third and fourth-year undergraduate student nurses of the particular nursing institution were eligible to participate in the study.

### 3.5.2 Exclusion criteria

There were no exclusion criteria for this study.

## 3.6 INSTRUMENTATION

A questionnaire is a printed, self-report form, intended to elicit information through written or verbal responses and is often used during descriptive studies to obtain a broad spectrum of information from participants (Burns & Grove, 2011:353). In addition, questionnaires are a quick way of obtaining data from a large group of people, whilst a higher sense of anonymity by participants is associated with higher levels of honesty (Brink, 2006:147).

The instrument having been utilised during this study was a self-administered "Incivility in Nursing Education" (INE) survey (Annexure A) questionnaire, using a fill-in-the-bubble scantron format for quantitative items and a fill-in-the-blank format for open ended questions (Clark *et al.*, 2009:9). The INE survey had been developed by Clark (2009:7) to describe

faculty staff and student perceptions of uncivil and disruptive behaviours in a nursing education environment. It includes quantitative and qualitative items to measure uncivil faculty staff member and student behaviours in a nursing education setting from the perspectives of both the students and faculty members (Clark *et al.*, 2009:13). For the purpose of this study, however, only student perceptions of incivility were investigated.

The INE questionnaire comprised of three sections.

### **3.6.1 Section A (questions 1 - 5)**

Section A related to the participants' biographical data in order to establish the context of uncivil behaviour among the research population. These demographics included:

- Participant academic status.
- Gender.
- Age.
- Ethnicity/Race.
- Year of study.

### **3.6.2 Section B (questions 6 - 11)**

Section B gathered information about student and faculty staff behaviours that had occurred in the academic environment and consisted of closed ended questions, including 4-point scale type questions. Closed ended questions require the participant to choose from a set of alternatives, which can be a simple 'yes' or 'no' answer, or multiple choice questions, or even checklist-type questions (Brink, 2006:148). The questionnaire being utilised in this study addressed frequency options and statements, such as 'always', 'usually', 'sometimes' and 'never'. Participants were asked to indicate the level of disruptive behaviour experienced by having to write an X in the appropriate bubble.

The behaviours in Section B were sub-divided into two categories for each number. The first category listed behaviours that may have been considered uncivil or disruptive. The participants were asked whether they considered a certain behaviour as uncivil, or disruptive and how often he/she had experienced that behaviour in the past 12 months (Clark *et al.*, 2009:7). The 4-point scale type questions identified two sets of nominal values. One set represented the consideration of the identified behaviour being uncivil as (1) never, (2) sometimes, (3) usually, and (4) always. The second set indicated the frequency of the identified uncivil behaviour as (1) never, (2) rarely, (3) sometimes, and (4) often. Question 6 specified a range of uncivil student behaviours that participants could identify, from which the

researcher would calculate a student behaviour disruptive score and a student disruptive behaviour frequency score. Question 8 specified a range of uncivil faculty staff behaviours that participants could identify, from which the researcher would calculate a faculty staff disruptive behaviour score and a faculty staff disruptive behaviour frequency score. The second category listed behaviours that are known as threatening and the participants were asked to indicate whether they or someone they knew had experienced such behaviour in the past 12 months. At question 7, participants could indicate the occurrence of threatening behaviours from students as (0) 'no', (1) 'yes', from which the researcher would calculate a student threatening behaviour score. From question 9, where participants could indicate the occurrence of threatening behaviours from faculty staff members, the researcher would calculate a faculty staff threatening behaviour score. A number was added before the start of each question under the subsections of questions 6 to 9 to enhance the analysis of data (see Annexure A).

Questions 10 and 11 consisted of one question each, with a multiple choice answer, where participants could select an answer between pre-determined ordinal-scale measurements. At question 10, participants were asked to indicate to what extent they thought incivility was a problem in the nursing academic environment. At question 11, participants had to indicate whether they would expect students, or faculty staff members to be more likely to engage in uncivil behaviour.

These numerical values were later added in a coded questionnaire, which was then used to capture the research outcomes on an MS Excel spreadsheet.

### **3.6.3 Section C (questions 12 - 15)**

Section C comprised of four open ended questions, asking the participants to describe ways in which (1) students and (2) faculty staff could contribute towards incivility in the nursing education environment, (3) how they thought incivility should be addressed, and (4) whether the respondents had any additional comments (Clark *et al.*, 2009:8). Open ended questions allowed for the participants to answer in their own words. These questions normally provide for richer, more in depth data outcomes, than could be obtained when using closed ended questions (Brink, 2006:149). Responses to these open ended questions were coded and thematically described.

The researcher obtained permission from the original author of the INE survey, Dr Clark (Clark © 2004, Revised 2007, 2009, 2010), to use the instrument in the form of a signed agreement (Annexure E).

Three adjustments were made to the original INE survey, though. The demographic section of the questionnaire was adapted to suit the demographic nature of students living in the Western Cape. The question related to ethnic/racial background was changed to include 'Black', 'White', 'Coloured', 'Indian' and 'Other' as options. Furthermore, the item asking whether the respondent was a faculty staff member, or a student, was deleted, since only students would participate in the study. As this study did not explore faculty staff perceptions of incivility, questions pertaining to faculty staff perceptions were excluded. The word "faculty" was clarified by adding the words "teaching staff" in brackets to avoid any misunderstanding thereof, as it is not a commonly used word in the nursing education context. Changes to the INE survey were reviewed by the supervisor and was also discussed with the original author through email correspondence.

The questionnaire was printed in English only, despite the first languages of some of the students being Afrikaans and Xhosa. This was done, because English is the language of academic instruction at the nursing education institution and it was therefore assumed that all students would be proficient in English.

### **3.7 PRE-TESTING OF THE INSTRUMENT**

Since the reliability and validity of the instrument had already been established previously (refer to section 3.8), the questionnaires were administered to a small representative group of students (n=5), before officially employing the proposed study. All of the five students returned the completed questionnaires. This feedback enabled the researcher to refine the instructions relating to the data collection instrument and demographic information, to clarify potentially ambiguous questions, to observe the time it would take to complete the questionnaire, as well as to identify the practical aspects that required adjustment. The instrument was refined by clarifying the word "faculty" by adding the words "teaching staff" in brackets, as mentioned in section 3.6. The participants and the data being gathered from the pre-test were excluded from the main study. Content and face validity of the instrument was ensured by pre-testing the instrument before applying the instrument to the main study.

### 3.8 VALIDITY AND RELIABILITY

The reliability of the research instrument is defined as the extent to which the instrument would produce the same results during repeated measures (Lobiondo-Wood & Haber, 2010:295). Validity therefore is the extent to which the instrument accurately measures the attributes of a concept (Lobiondo-Wood & Haber, 2010:286).

The reliability and validity of the instrument were ensured by founding the questions upon the available literature. The INE survey had been tested during a 2004 pilot study and re-tested in 2006, after which revisions were made, based upon the findings from these two studies (Clark *et al.*, 2009:7). Cronbach's alpha inter-item coefficients were calculated for the 2006 data set to assess the extent to which each item had related to the rest of the items in the questionnaire. Student behaviour inter-item coefficients ranged from 0.80 to 0.88, demonstrating high inter-item reliability. In addition, faculty staff behaviour inter-item coefficients ranged from 0.91 to 0.95, demonstrating very high inter-item reliability (Clark *et al.*, 2009:9). The INE survey therefore is a proven reliable tool that had been used in various countries and had it even been translated into Farsi, Hebrew and Chinese (Clark *et al.*, 2009:15). As was mentioned in section 3.7, the only adjustments made to the instrument were changes to the demographic section. Reliability scores for the six sub-sections were calculated, giving a Cronbach's alpha value of between 0.88 and 0.90. Any changes to the INE survey were scrutinised by the supervisor of this study.

### 3.9 DATA COLLECTION

Data collection is the specific, systematic gathering of information, relevant to the research purpose of the study (Burns & Grove, 2011:52). Written permission from the Research Ethics Committee of the nursing education institution (Annexure C) had been obtained before proceeding with any data collection.

The researcher, with the assistance of a research assistant, administered the questionnaires to willing participants during their class placements at the nursing education institution. The time and place had been arranged previously through email communication between the lecturer and researcher. It is important to note that the total population (N) of students for each year level were divided into different classes, according to a 'block system' being used at the nursing institution and therefore not all students of any specific study year would be in a class at the same time. To ensure that the entire student population of second, third and fourth-year students would be reached, data collection was extended over a period of four weeks, from 19 January 2014 to 12 February 2015. In larger classes, the lecturer assisted as a research assistant.

A brief explanation, including the aim of the study was explained to the participants before obtaining their individual informed consents (Annexure D). Participants were assured of anonymity by re-assuring them that no personal information would be required on the questionnaire and that consent forms would be kept in a locked cabinet to which only the researcher would have access to ensure confidentiality of the information.

Students were requested to complete the questionnaires after class, or during tea, or lunch breaks and to deposit them into a labelled container that was made available for that purpose. Participation was voluntary and all responses were collected anonymously. Informed consent forms were collected separately from the questionnaires, by requesting the participants to deposit the informed consent forms and questionnaires into two separately labelled boxes. A copy of the informed consent form was given to each participant. The researcher and research assistant personally collected the container with submitted questionnaires, by waiting for the participants to complete and deposit them. A total of 225 questionnaires were distributed to ensure the return of a 20% representative sample of n=174. A total of n=219 (97%) questionnaires were returned, of which 23 were discarded, due to incomplete sections on those questionnaires (table 3.2). Questionnaires were regarded as incomplete if a student had not fully completed any section of the questionnaire. A total of n=196 (100%) of questionnaires were finally used for data analysis.

**Table 3.2:** Summary of the number of questionnaires being distributed and returned

Year of study	Questionnaires distributed	Questionnaires returned	Questionnaires discarded
2 <sup>nd</sup> year	70	67	7
3 <sup>rd</sup> year	70	68	7
4 <sup>th</sup> year	85	84	9
<b>TOTAL</b>	<b>225</b>	<b>219 (97%)</b>	<b>23</b>

### 3.10 DATA ANALYSIS

Data analysis is the ability to reduce, organise and give meaning to collected data. In research, quantitative data can be analysed manually, or by computer (Burns & Grove, 2011:52). A qualified statistician, employed by the Stellenbosch University was consulted throughout the study, and also assisted with the data analysis.

Each questionnaire was given an identification number after its return by the participant. The raw data was captured on an MS Excel spreadsheet. As mentioned, all questionnaires

with incomplete sections were discarded. A statistical package (SPSS) was used to statistically analyse the data. Data was analysed and reported on by using descriptive and inferential statistics, such as frequency tables and relative frequencies, and graphically illustrated by using bar charts. Descriptive statistics are used to describe and summarise numerical data obtained from populations and samples (Brink, 2006:201). Inferential statistics is, however, concerned with the characteristics of a population and uses sample data to make an inference, or suggestion about the population (Brink, 2006:203). Continuous variables were summarised, using means and standard deviations. Scale variables were treated as continuous variables and summarised, using mean and standard deviations, since they were normally distributed. Scale questions were measured on a 4-point ordinal scale. Associations between age and perceptions of incivility were measured, using one way analysis of variance (ANOVA), with age as the continuous variable and categories of perceptions as the factor. Mean and standard deviations of age were reported per category of response.

If a significant ANOVA p value was obtained, post-hoc Bonferroni adjusted multiple comparisons were performed to determine the pairwise differences in the mean age. Study levels were cross tabulated, with the response variable and the association being assessed, using a Pearson's chi square test. Row percentages were used to interpret where the differences related to a significant association. A paired t-test was used to compare results of participants' perceptions regarding student disruptive scores with faculty staff disruptive scores, and to compare student threatening scores with faculty staff threatening scores. These scores were in turn compared to gender, using t-tests. Associations between age, race and year of study and students' perceptions of student and faculty staff incivility were measured, using one way ANOVA.

The following statistical tests were utilised to analyse the collected data.

### **3.10.1 Analysis of variance**

ANOVA is a statistical test method, used to identify differences among two or more groups, by comparing the variability among groups with the variability within each group (Burns & Grove, 2011:532). The following ANOVA statistical tests were applied to analyse the data.

#### **3.10.1.1 T-test**

A t-test is a parametric analysis technique, used to establish differences between measures of two samples (Burns & Grove, 2011:552).

### **3.10.1.2 Mean**

The mean refers to the arithmetic average of all scores, which is a measure of central tendency (LoBiondo-Wood & Haber, 2010:581).

### **3.10.1.3 Standard deviation**

The standard deviation is a measure of the average deviation of scores from the mean (LoBiondo-Wood & Haber, 2010:586).

### **3.10.1.4 Post-hoc analysis**

Post-hoc analysis is a statistical technique, performed with more than two groups, to determine which groups are significantly different (Burns & Grove, 2011:544).

### **3.10.1.5 Chi-square test**

The chi-square test is a non-parametric statistic that is used to determine whether the frequency found in each category is different from the frequency that would be expected by chance (LoBiondo-Wood & Haber, 2010:575).

### **3.10.1.6 Frequency distribution**

The frequency distribution is a descriptive statistical method, used to summarise the occurrences of events being studied (LoBiondo-Wood & Haber, 2010:578).

### **3.10.1.7 P-value (level of significance)**

The level of statistical significance is the probability level at which the results of a statistical analysis are judged to indicate a statistically significant difference among groups (Burns and Grove, 2011:377). In most nursing studies, the level of significance has been reported as 0.05. If the level of significance found in a statistical analysis is therefore 0.05 or less, the compared groups would be considered as being significantly different (Burns & Grove, 2011:377).

## **3.10.2 Open ended questions**

The raw data being generated from the open ended questions in the questionnaire was intended to complement the quantitative data and was not analysed as true qualitative data. The responses from the open ended questions were hence coded through aliases and coded according to themes. The data was carefully re-examined for more subtle themes to

ensure that important information was not overlooked. Furthermore, the coded information, embedded in each theme, was examined and compared with information underlying the other themes, in order to determine whether any relationships existed among the various themes. A supervisor experienced in qualitative data analysis, was also consulted during this process.

### **3.11 SUMMARY**

In this chapter, the research methodology, i.e. the population, sampling, data collection and data analysis methods were discussed. In the next chapter, the results and interpretation of the collected and analysed data are presented and discussed.

# CHAPTER 4

## RESEARCH FINDINGS

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### 4.1 INTRODUCTION

In this chapter, the research study results are presented and the analysed outcomes are summarised in tables and histograms. The data in this study was analysed with the support of an experienced statistician, by using computerised data analysis software, i.e. the Statistical program for social sciences (SPSS). The quantitative data was captured on a Microsoft Excel spreadsheet that had been customised by the statistician for the purpose of this study, and care was taken to accurately capture the data. The qualitative data was provided in the spaces allowed for the responses on the questionnaire. Data for this study was predominantly presented in a quantitative format, whilst the responses to the few open ended questions were presented in a narrative form.

### 4.2 SECTION A: BIOGRAPHICAL DATA

This section aimed at collecting the personal information of the participants from the educational institution, which consisted of five questions regarding the status, gender, age, race and current year of study of each participant.

#### 4.2.1 Variable A1: Status (Indicate your status at your college/university)

All participants (n=196, 100%) were undergraduate nursing students and faculty/teaching staff were excluded from participating in this study.

#### 4.2.2 Variable A2: Gender (Indicate your gender)

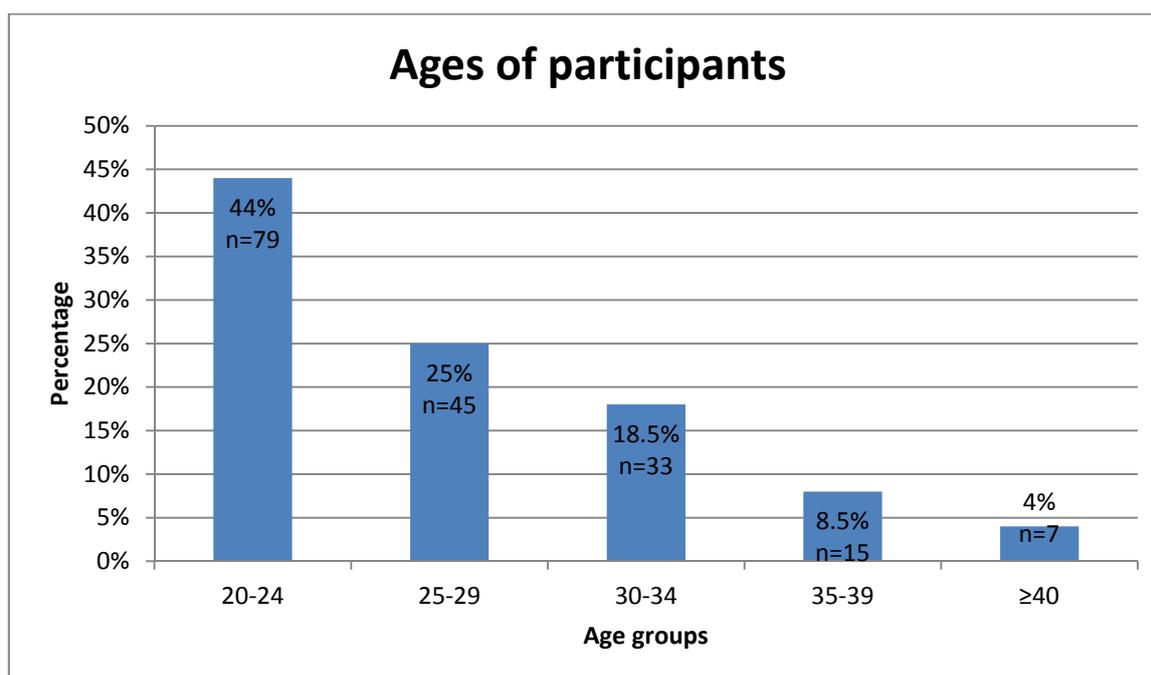
Four participants did not indicate their gender. As indicated in table 4.1, the majority of participants who completed the questionnaire were female (n=158, 82%), compared to some male participants (n=34, 18%).

**Table 4.1:** Gender distribution of participants (n=192)

Gender	n	%
Male	34	18
Female	158	82
<b>TOTAL</b>	<b>192</b>	<b>100</b>

#### 4.2.3 Variable A3: Age (In what year where you born?)

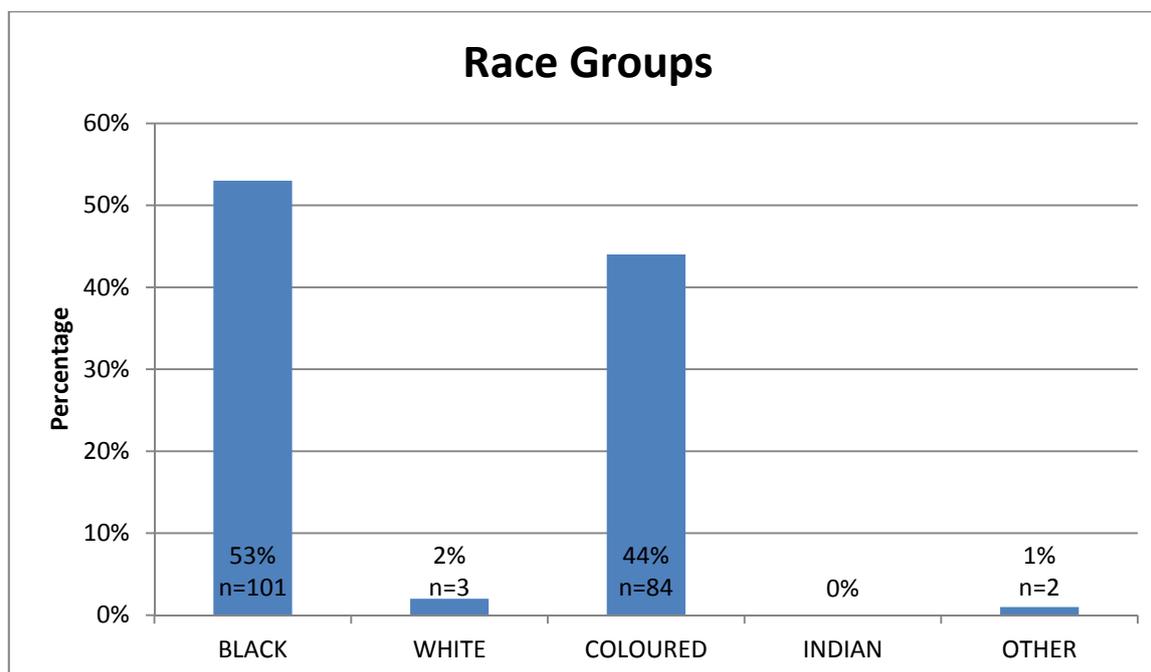
Seventeen participants did not answer this question and were hence excluded from the analysis with regards to this variable. Figure 4.1 indicates that the largest group of participants, who completed this section of the questionnaire, were in the age group of 20 - 24 years (n=79, 44%). Seven participants were 40 years and older (n=7, 4%), with the oldest participant being 55 years of age. The mean age was 27.49, with a standard deviation of 6.17.

**Figure 4.1:** Age distribution of participants who completed this section (n=179).

#### 4.2.4 Variable A4: Race (What is your ethnic/racial background?)

As reflected in figure 4.2, the majority of participants were Black (n=101, 53%), followed by Coloureds (n=84, 44%) and very few Whites (n=3, 2%). In the 'Other' category, one of the two participants indicated that their ethnic group was Portuguese, whilst the other did not

specify his/her race. Six participants did not indicate their ethnical background and were therefore excluded from analysis with regards to this variable.



**Figure 4.2:** Race distribution of participants (n=190).

#### **4.2.5 Variable A5: Year of study (If you are a student, please indicate your year of study in the undergraduate program)**

The distribution of the participants according to year of study, largely represented the distribution of the college year groups in the target population. As indicated in table 4.2, the fourth year participants (n=75) represented 38% of the total number of participants, whilst the third year (n=61) and second year participants (n=60) each represented 31% of the total population. Although all student groups had been approached in a similar manner to take part in the study, it was evident that the fourth year students showed more interest in the topic.

**Table 4.2:** Year of study distribution of participants (n=196)

Year of study	n	%
2 <sup>nd</sup>	60	31
3 <sup>rd</sup>	61	31
4 <sup>th</sup>	75	38
<b>TOTAL</b>	<b>196</b>	<b>100</b>

### **4.3 SECTION B: PERCIVED UNCIVIL STUDENT BEHAVIOURS AND FACULTY STAFF BEHAVIOURS AND CLASSROOM INCIVILITY SCORES**

#### **4.3.1 Question B 6: Disruptive student behaviours and scores**

Participants were asked to consider the list of sixteen possible student behaviours and to indicate which of those they would consider as being disruptive (column A). They were further asked to indicate how often they had experienced, or observed such behaviour in the preceding 12 months (column B). The Cronbach's alpha coefficient for those sixteen questions, relating to possible disruptive student behaviour (A) was 0.89, and 0.88 for how often participants had experienced such behaviour (B). These were indicative of the scales being adequately reliable, because according to LoBiondo-Wood and Haber (2010:295), the closer to 1 the coefficient is, the more reliable the instrument. A reliability coefficient of 0.89 meant that the error variance was small and that the instrument therefore had little measurement error (LoBiondo-Wood & Haber, 2010:295). All the individual behaviour results are discussed below and reports on behavioural scores are presented after each subsection.

##### **4.3.1.1 Disruptive student behaviour (A)**

Participants indicated the following student behaviours as being disruptive, as summarised in table 4.3. A discussion of the findings presented in the table follows.

##### **4.3.1.2 Frequency of disruptive student behaviours (B)**

Participants indicated how often they had experienced the following disruptive student behaviours in the prior 12 months, as summarised in table 4.4.

**Table 4.3:** Disruptive student behaviours (Variables 6A: 1-16)

Disruptive behaviour	Always	Usually	Sometimes	Never	TOTAL Total %
1. Acting bored, or apathetic	n=31 (16%)	n=34 (17%)	n=120 (61%)	n=11 (6%)	n=196 (100%)
2. Making disapproving groans	n=34 (17%)	n=43 (22%)	n=78 (40%)	n=40 (21%)	n=195 (100%)
3. Making sarcastic remarks, or gestures	n=38 (19.5%)	n=36 (18.5%)	n=79 (40%)	n=43 (22%)	n=196 (100%)
4. Sleeping in class	n=46 (23%)	n=45 (23%)	n=82 (42%)	n=23 (12%)	n=196 (100%)
5. Not paying attention in class	n=45 (23%)	n=38 (19%)	n=68 (35%)	n=43 (23%)	n=194 (100%)
6. Holding conversations that distract you, or other students	n=96 (49%)	n=45 (23%)	n=40 (20%)	n=15 (8%)	n=196 (100%)
7. Refusing to answer direct questions	n=22 (11%)	n=36 (19%)	n=65 (33%)	n=72 (37%)	n=195 (100%)
8. Using a computer during class for purposes not related to the class	n=28 (14%)	n=15 (8%)	n=27 (14%)	n=126 (64%)	n=196 (100%)
9. Using cell phones, or pagers during class	n=87 (44.5%)	n=36 (18.5%)	n=53 (27%)	n=20 (10%)	n=196 (100%)
10. Arriving late for class	n=94 (48%)	n=41 (21%)	n=48 (24%)	n=13 (7%)	n=196 (100%)
11. Leaving class early	n=24 (12%)	n=30 (15.5%)	n=79 (40.5%)	n=63 (32%)	n=196 (100%)
12. Cutting class	n=29 (15%)	n=34 (17%)	n=69 (35%)	n=64 (33%)	n=196 (100%)
13. Being unprepared for class	n=41 (21%)	n=57 (29%)	n=70 (36%)	n=28 (14%)	n=196 (100%)
14. Creating tension by dominating class discussion	n=38 (19%)	n=43 (22%)	n=54 (28%)	n=61 (31%)	n=196 (100%)
15. Cheating on exams, or quizzes	n=33 (17%)	n=9 (4%)	n=21 (11%)	n=133 (68%)	n=196 (100%)
16. Demanding make-up exams, extensions, grade changes, or other special favours	n=32 (16.5%)	n=19 (10%)	n=32 (16.5%)	n=112 (57%)	n=195 (100%)

**Table 4.4:** Frequency of disruptive student behaviours (Variables 6B: 1-16)

Disruptive behaviour	Often	Sometimes	Rarely	Never	TOTAL Total %
1. Acting bored, or apathetic	n=59 (30%)	n=95 (49%)	n=34 (17%)	n=8 (4%)	n=196 (100%)
2. Making disapproving groans	n=47 (24%)	n=76 (39%)	n=35 (18%)	n=37 (19%)	n=195 (100%)
3. Making sarcastic remarks, or gestures	n=52 (27%)	n=74 (38%)	n=36 (18%)	n=34 (17%)	n=196 (100%)
4. Sleeping in class	n=71 (36%)	n=66 (34%)	n=41 (21%)	n=66 (34%)	n=196 (100%)
5. Not paying attention in class	n=57 (29%)	n=56 (29%)	n=46 (23%)	n=37 (19%)	n=196 (100%)
6. Holding conversations that distract you, or other students	n=113 (58%)	n=45 (23%)	n=28 (14%)	n=10 (5%)	n=196 (100%)
7. Refusing to answer direct questions	n=26 (13%)	n=54 (28%)	n=50 (25%)	n=66 (34%)	n=196 (100%)
8. Using a computer during class for purposes not related to the class	n=20 (10%)	n=20 (10%)	n=33 (17%)	n=123 (63%)	n=196 (100%)
9. Using cell phones, or pagers during class	n=108 (55%)	n=47 (24%)	n=22 (11%)	n=47 (24%)	n=196 (100%)
10. Arriving late for class	n=120 (61%)	n=34 (17%)	n=25 (13%)	n=17 (9%)	n=196 (100%)
11. Leaving class early	n=28 (14%)	n=59 (30%)	n=57 (29%)	n=52 (27%)	n=196 (100%)
12. Cutting class	n=40 (20%)	n=56 (29%)	n=43 (22%)	n=56 (29%)	n=195 (100%)
13. Being unprepared for class	n=38 (19%)	n=70 (36%)	n=64 (33%)	n=24 (12%)	n=196 (100%)
14. Creating tension by dominating class discussions	n=34 (17%)	n=48 (24.5%)	n=48 (24.5%)	n=66 (34%)	n=196 (100%)
15. Cheating on exams, or quizzes	n=11 (6%)	n=20 (10%)	n=26 (13%)	n=139 (71%)	n=196 (100%)
16. Demanding make-up exams, extensions, grade changes, or other special favours	n=22 (11%)	n=20 (10%)	n=34 (18%)	n=118 (61%)	n=194 (100%)

a. *Variables 6A and 6B (1): Acting bored, or apathetic*

Table 4.3 shows that the majority (n=120, 61%) of participants *sometimes* considered fellow students acting bored, or apathetic in class as disruptive, while table 4.4 reveals that this behaviour had been a common occurrence, with nearly half (n=95, 49%) the participants reporting that they had *sometimes* experienced such behaviour. While a third (n=59, 30%) of the participants had *often* experienced students acting bored, or apathetic (table 4.4), only some (n=31, 16%) participants *always* considered such behaviour as disruptive (table 4.3), whereas a few (n=11, 6%) *never* considered students acting bored and apathetic as disruptive behaviour.

b. *Variables 6A and 6B (2): Making disapproving groans*

One participant did not complete this question. As indicated in table 4.3, when students make disapproving groans in class, many participants (n=78, 40%) *sometimes* considered their behaviour as disruptive, while some (n=34, 17%) participants *always* considered this behaviour as disruptive. Some (n=40, 21%) participants indicated that they had *never* felt disrupted when fellow students would make disapproving groans. According to table 4.4, many (n=76, 39%) participants had *sometimes* experienced the behaviour as disruptive, while some (n=47, 24%) had *often* experienced it as such and some (n=37, 19%) *never*.

c. *Variables 6A and 6B (3): Making sarcastic remarks, or gestures*

As indicated in table 4.3, when fellow students make sarcastic remarks, or gestures, a large number (n=79, 40%) of the participants only *sometimes* considered such behaviour as disruptive, while some (n=38, 19.5%) participants *always* considered such remarks and sarcastically gestured behaviours (like staged yawning and eye rolling) as disruptive. According to table 4.4, many of the participants (n=74, 38%) had *sometimes* experienced this type of disruptive behaviour, while many (n=52, 27%) had *often* experienced it, whereas some (n=34, 17%) participants reported that they had *never* experienced such type of disruptive behaviour.

d. *Variables 6A and 6B (4): Sleeping in class*

The results in table 4.3 show that while some (n=46, 23%) participants *always* considered fellow students sleeping in class as disruptive, a large number (n=82, 42%) of participants *sometimes* considered such behaviour as disruptive to them. According to table 4.4, students' responses were almost equally split with regards to their experiences of this behaviour pattern. Many (n=71, 36%) of the participants had *often* experienced fellow

students sleeping in class, while many (n=66, 34%) of the participants had also *sometimes* experienced it, whereas many (n=66, 34%) participants reported having *never* experienced such behaviour in class.

*e. Variables 6A and 6B (5): Not paying attention in class*

Two participants did not complete this question. As shown in table 4.3, many (n=68, 35%) of the participants *sometimes* considered students not paying attention in class (doing work relating to other subjects, reading a newspaper, or not taking notes) as disruptive behaviour, while some (n=45, 23%) *always* considered the behaviour as disruptive, whereas some (n=43, 23%) *never* considered the behaviour as disruptive. According to table 4.4, many (n=57, 29%) participants had experienced such behaviour *often*, while a similar portion (n=56, 29%) had *sometimes* experienced students not paying attention in class. Surprisingly, some (n=37, 19%) participants reported that they had *never* experienced this behaviour.

*f. Variables 6A and 6B (6): Holding conversations that distract you, or other students*

As per table 4.3, a large number of participants (n=96, 49%) *always* considered distracting conversations by their classmates as disruptive, while only a few (n=15, 8%) *never* considered this behaviour as being disruptive. Table 4.4 demonstrates that this distracting behaviour had *often* been experienced by a majority of participants (n=113, 58%), with some (n=45, 23%) participants having experienced this behaviour *sometimes*, while only a minority (n=10, 5%) of participants claimed *never* having experienced such behaviour. The results were similar to the findings of Bjorklund and Rehling (2010:16), who found that their students had rated “conversing loudly with others” as being one of the most uncivil behaviours on their list. Similarly, Clark (2008d:461) found that having distractive conversations were also one of the most frequently experienced (86%) uncivil student behaviours according to the participants in that study.

*g. Variables 6A and 6B (7): Refusing to answer direct questions*

One participant did not complete this question. As indicated in table 4.3, many participants (n=72, 37%) *never* considered the refusal to answer direct questions as disruptive behaviour, while some (n=36, 19%) *sometimes* and a small number (n=22, 11%) *always* considered such behaviour as disruptive. According to table 4.4, it appeared as common behaviour for undergraduate students to answer questions being posed to them in the

classroom environment, since many (n=66, 34%) participants reported that they had *never* experienced students refusing to answer direct questions in the previous 12 months, while only a few (n=26, 13%) participants reported having experienced, or observed that *often*.

*h. Variables 6A and 6B (8): Using a computer during class for purposes not related to the class*

According to table 4.3, not many (n=28, 14%) participants considered this behaviour as being disruptive *always*. Although only few (n=20, 10%) participants each (table 4.4) had *often*, or *sometimes* experienced, or observed the use of a computer during class for a purpose unrelated to the class, the majority of participants (n=126, 64%) *never* considered this behaviour to be disruptive (table 4.3). Furthermore, table 4.4 shows that the majority (n=123, 63%) of participants had *never* experienced such behaviour at all, which may be because students at this particular nursing education institution do not have access to computers in the classroom.

*i. Variables 6A and 6B (9): Using cell phones, or pagers during class*

Table 4.3 shows that a large number (n=87, 44.5%) of the participants reported that the use of cell phones during class was *always* disruptive and similarly, according to table 4.4, a majority (n=108, 55%) of participants had *often* experienced such behaviour during class. Contrary, only few (n=20, 10%) participants *never* considered this behaviour as disruptive (table 4.3), whereas some (n=47, 24%) participants reported that they had *never* been exposed to this behaviour at all (table 4.4).

*j. Variables 6A and 6B (10): Arriving late for class*

Arriving late for class seems to be common practice at this training institution, since a large number (n=94, 48%) of participants, according to table 4.3 *always* considered late coming as disruptive behaviour, with the majority (n=120, 61%) of participants (table 4.4) having confirmed that they had *often* experienced and observed students arriving late. Only a few (n=13, 7%) participants *never* considered arriving late for class as disruptive and did only a few (n=17, 9%) participants (table 4.4) claim to have *never* experienced fellow students arriving late for lectures.

*k. Variables 6A and 6B (11): Leaving class early*

Table 4.3 shows that a large portion (n=79, 40.5%) of participants *sometimes* considered this behaviour as disruptive, while a third (n=63, 32%) *never* considered students leaving a

class early as disruptive behaviour. Although a small portion (n=24, 12%) of the participants *always* considered this behaviour as disruptive, students leaving classes early appeared to be a less common occurrence, since almost a third (n=59, 30%) of the participants reported having experienced it *sometimes*, while many others (n=57, 29%) had *rarely* experienced it, whereas another substantial portion (n=52, 27%) of participants reported that they had *never* experienced students leaving class early in the prior 12 months (table 4.4).

*l. Variables 6A and 6B (12): Cutting class*

Participants seemed to have struggled perceiving not attending lectures as a disruptive behaviour, since more than a third (n=69, 35%) of the participants, according to table 4.3, only *sometimes* considered this as disruptive behaviour, while another third (n=64, 33%) of the participants *never* considered it as disruptive, with only a small group of participants (n=29, 15%) *always* considering such behaviour as disruptive. Similarly, with regards to the frequency at which participants had experienced, or observed students not attending classes, as per table 4.4, many (n=56, 29%) participants each reported having only *sometimes*, or *never* experienced students not joining lectures. Contrary, in the study by Clark (2008d:461), who had also used the INE survey, the study outcomes revealed that not attending classes was one of the most frequently experienced student behaviours (62.1%).

*m. Variables 6A and 6B (13): Being unprepared for class*

As per table 4.3, a large portion (n=70, 36%) of participants reported that students being unprepared for class were *sometimes* considered as disruptive, while some (n=41, 21%) participants *always* considered this behaviour as being disruptive. According to table 4.4, a large number of participants (n=70, 36%) had only *sometimes* experienced, or observed students being unprepared for class and a third (n=64, 33%) had *rarely* experienced students being unprepared for class. These undergraduate nursing students hence seemed quite committed to learning, since only a small number (n=24, 12%) of the participants claimed having neither experienced, nor seen students being unprepared for lectures.

*n. Variables 6A and 6B (14): Creating tension by dominating class discussion*

According to table 4.3, almost a third (n=61, 31%) of the participants *never* considered fellow students creating tension by dominating class discussions as disruptive behaviour, while an almost equal amount (n=54, 28%) of participants *sometimes* did, whereas some (n=38, 19%) participants *always* considered it as being disruptive. Only some (n=34, 19%) participants (table 4.4) had *often* experienced this type of disruptive behaviour, while a third (n=66, 34%) of the participants claimed having *never* experienced, nor seen such behaviour,

whereas quite a number (n=48, 24.5%) of participants each reported having only *sometimes*, or *rarely* experienced this behaviour.

*o. Variables 6A and 6B (15): Cheating on exams, or quizzes*

As indicated in table 4.3, the majority of participants (n=133, 68%) *never* considered students cheating during exams, or quizzes as disruptive behaviour, compared to a small number of participants (n=33, 17%) who *always* considered such behaviour as disruptive. Similarly, table 4.4 shows that the majority (n=139, 71%) of participants reported that they had *never* experienced, nor observed any cheating by students, whereas, fortunately, only a few (n=11, 6%) participants claimed to have experienced such behaviour *often*.

*p. Variables 6A and 6B (16): Demanding make-up exams, extensions, grade changes, or other special favours*

One participant did not complete this question. Table 4.3 indicates that a majority (n=112, 57%) of participants *never* considered the demands made by students for follow-up exams, extensions, grade changes, or other special favours as disruptive behaviour, while an equal number (n=32, 16.5%) of participants each reported having *always* and *sometimes* considered such behaviour as disruptive. Similarly, the majority (n=118, 61%) of participants reported that they had *never* experienced such behaviour, while only a small group (n=22, 11%) of participants reported that they had *often* experienced, or witnessed such behaviour.

#### **4.3.1.3 Student disruptive behaviour and frequency scores**

The scores for the sixteen items under subsections 6A and 6B were calculated. Scores were statistically converted to represent a total score out of 100 as indicated below.

Total student disruptive behaviour and disruptive frequency scores were calculated for both subsection 6A and 6B for n=196 (100%) participant scores. In subsection 6A, the total student disruptive behaviour mean score was 65.94 with a standard deviation of 16.22. The median score was 65.63 and ranged from 25-100.

In subsection 6B, which comprised the total disruptive behaviour frequency score, the mean score was 61.29 with a standard deviation of 14.89. The median was 59.38 with the lowest score 25, and the highest score 100.

#### 4.3.2 Question B 7: Threatening student behaviours and scores

Participants were provided with a list of student behaviours that may be considered as threatening. Participants also had to indicate whether they, or someone they knew within the academic nursing environment, had experienced any of the listed threatening student behaviours during the course of the prior 12 months.

**Table 4.5:** Threatening student behaviours (Variables 7: 1-13)

Threatening behaviour	No	Yes	TOTAL TOTAL %
1. General taunts, or disrespect to other students	n=71 (36%)	n=125 (64%)	n=196 (100%)
2. General taunts, or disrespect to faculty	n=108 (55%)	n=88 (45%)	n=196 (100%)
3. Challenges to faculty knowledge or credibility	n=114 (59%)	n=79 (41%)	n=193 (100%)
4. Harassing comments (racial, ethnic, gender) directed at students	n=114 (58%)	n=82 (42%)	n=196 (100%)
5. Harassing comments (racial, ethnic, gender) directed at faculty	n=138 (70%)	n=58 (30%)	n=196 (100%)
6. Vulgarity directed at students	n=123 (63%)	n=72 (37%)	n=195 (100%)
7. Vulgarity directed at faculty	n=150 (77%)	n=44 (23%)	n=194 (100%)
8. Inappropriate e-mails to other students	n=178 (91%)	n=17 (9%)	n=195 (100%)
9. Inappropriate e-mails to faculty	n=183 94%	n=12 (6%)	n=195 (100%)
10. Threats of physical harm against other students	n=129 (66%)	n=66 (34%)	n=195 (100%)
11. Threats of physical harm against faculty	n=176 (90%)	n=19 (10%)	n=195 (100%)
12. Property damage	n=119 (61%)	n=77 (39%)	n=196 (100%)
13. Statements about having access to weapons	n=175 (89%)	n=21 (11%)	n=196 (100%)

#### 4.3.2.1 Threatening student behaviour (Variables 7: 1-13)

Participants indicated that they, or someone they knew, had experienced the following threatening student behaviours in the previous 12 months, as summarised in table 4.5.

- a. **Variable 7.1 (n=196):** According to table 4.5, the majority of participants (n=125, 64%) had experienced general taunts, or disrespectful behaviour occurring amongst fellow students.
- b. **Variable 7.2 (n=196):** Compared to their high experience of threatening student behaviour amongst fellow students (variable 7.1), more than half (n=108, 55%) the participants claimed that they had not experienced general taunts, nor disrespectful behaviours from students towards faculty staff within the prior 12 months.
- c. **Variable 7.3 (n=193):** Three participants did not answer the question. A majority (n=114, 59%) of participants claimed that they had not experienced students challenging the knowledge and credibility of faculty staff, while an alarming number (n=79, 41%) of participants reported that they had experienced such type of threatening student behaviour towards faculty staff.
- d. **Variable 7.4 (n=196):** From the results in table 4.5, students seemed to have fairly appreciated the diversity amongst the students population at the particular nursing education institution, as most (n=114, 58%) of the participants reported that they had not experienced harassing comments about race, ethnicity and gender from, or amongst fellow students in the prior 12 months.
- e. **Variable 7.5 (n=196):** The students at this nursing education institution furthermore expressed their respect for the faculty's diversity, because the large majority (n=138, 70%) of participants reported that they had *never* experienced fellow students making harassing comments about race, ethnicity and gender towards faculty staff. Contrary, a third (n=58, 30%) of participants claimed that they had indeed experienced such threatening student behaviours towards faculty staff in the academic environment.
- f. **Variable 7.6 (n=195):** One participant did not answer the question. Peers seemed to respect each other in the academic environment, according to the outcomes in table 4.5 that indicates that the majority of participants (n=123, 63%) had not experienced students expressing vulgarity towards fellow students. Nevertheless, a large portion (n=72, 37%) of participants claimed that they had seen, or had been exposed to such type of threatening student behaviour amongst students in the prior 12 months.

- g. **Variable 7.7 (n=194):** Two participants did not complete the question. Table 4.5 indicates that student vulgarity towards faculty staff had been less prevalent, as a large majority of the participants (n=150, 77%) claimed to have neither experienced, nor were they aware of other students being guilty of such threatening student behaviours towards faculty staff. Consequently, the remaining portion (n=44, 23%) indicated that they, or fellow students had experienced this type of threatening student behaviour towards faculty staff in the preceding 12 months in the academic setting.
- h. **Variable 7.8 (n=195):** One participant did not complete the question. This threatening behaviour appeared to be quite rare at the teaching institution, with the large majority of participants (n=178, 91%) reporting not having experienced, nor having been aware of students sending inappropriate e-mails to fellow students. However, this type of threatening student behaviour did exist, as expressed by a small group of participants (n=12, 6%) having claimed to have experienced, or having been aware of someone who had experienced this behaviour amongst fellow students within the past 12 months.
- i. **Variable 7.9 (n=195):** One participant did not complete the question. As indicated in table 4.5, very few participants (n=12, 6%) reported that they, or someone they knew had experienced inappropriate e-mails being sent to faculty staff by students. The large majority of participants (n=183, 94%) reported that inappropriate e-mails by students to faculty staff had been an uncommon occurrence and that they had not experienced, nor witnessed such threatening behaviour towards faculty staff happen in the preceding 12 months.
- j. **Variable 7.10 (n=195):** One participant did not answer the question. Table 4.5 shows that although the majority of participants (n=129, 66%) had not experienced threats of physical harm towards fellow students, a third of the participants (n=66, 34%) reported that they, or someone they knew had indeed experienced this type of threatening student behaviour amongst fellow students in the academic environment in the preceding 12 months.
- k. **Variable 7.11 (n=195):** As per table 4.5, one participant did not answer the question. Respect for faculty staff had been more revered at this nursing education institution, as the large majority of the participants (n=176, 90%) reported that they had not experienced, nor were they aware of someone who had experienced threats of physical harm by students towards faculty staff. Although only a relatively small group of participants (n=19, 10%) reported having experienced, or having been aware of

such behaviour, it is quite unsettling that such type of threatening behaviour towards faculty staff could indeed occur in the academic environment.

- l. **Variable 7.12 (n=196):** The education environment should be conducive to learning, yet according to table 4.5, a large group of participants (n=77, 39%) reported that they had experienced, or were aware of someone with knowledge of students, guilty of causing damage to property in this environment. Most participants (n=119, 61%) had fortunately not experienced property damaging behaviour by fellow students within the past 12 months.
- m. **Variable 7.13 (n=196):** As per table 4.5, a large majority of participants (n=175, 89%) had not experienced fellow students making statements about having access to weapons. Of concern, however, was that a small group of participants (n=21, 11%) had indeed witnessed such statements, which is a cause of concern for the safety of students and faculty staff.

#### **4.3.2.2 Threatening student behaviour scores**

The scores for the thirteen items under subsections 7 were calculated. Scores were statistically converted to represent a total score out of 100 as indicated below.

Total threatening student behaviour scores were calculated for n=196 (100%) participant scores. The total student threatening behaviour mean score was 29.82 with a standard deviation of 23.45. The score ranged from 0 to a maximum of 100.

### **4.4 QUESTION B 8: DISRUPTIVE FACULTY STAFF BEHAVIOUR AND SCORES**

Participants were asked to consider the twenty listed faculty staff behaviours and to indicate which of those they considered as being disruptive. Students were further asked to indicate how often they had experienced, or witnessed such faculty staff behaviours in the preceding 12 months. The Cronbach's alpha coefficient for those twenty questions, related to possible disruptive faculty staff behaviour (A) was 0.96 and 0.93 for how often participants had experienced such behaviour (B).

#### 4.4.1 Faculty staff behaviours regarded by participants as being disruptive

Participants indicated the following faculty staff behaviours as being disruptive, as summarised in table 4.6.

**Table 4.6:** Disruptive faculty staff behaviours (Variables 8 A: 1-20)

Disruptive behaviour	Always	Usually	Sometimes	Never	TOTAL Total %
1. Arriving late for scheduled activities	n=34 (17%)	n=16 (8%)	n=88 (45%)	n=58 (30%)	n=196 (100%)
2. Leaving scheduled activities early	n=24 (12%)	n=14 (7%)	n=70 (36%)	n=88 (45%)	n=196 (100%)
3. Cancelling scheduled activities without warning	n=33 (17%)	n=11 (6%)	n=40 (20%)	n=112 (57%)	n=196 (100%)
4. Being unprepared for scheduled activities	n=30 (15%)	n=17 (9%)	n=59 (30%)	n=90 (46%)	n=196 (100%)
5. Not allowing open discussion	n=23 (12%)	n=18 (9%)	n=47 (24%)	n=108 (55%)	n=196 (100%)
6. Refusing to allow make-up exams, extensions, or grade changes	n=25 (13%)	n=15 (8%)	n=38 (19%)	n=118 (60%)	n=196 (100%)
7. Ineffective teaching styles/methods	n=37 (19%)	n=32 (16.5%)	n=65 (33.5%)	n=61 (31%)	n=195 (100%)
8. Deviating from the course syllabus, changing assignments, or test dates	n=34 (17%)	n=14 (7%)	n=46 (24%)	n=102 (52%)	n=196 (100%)
9. Being inflexible, rigid and authoritarian	n=29 (15%)	n=20 (10%)	n=56 (29%)	n=89 (46%)	n=194 (100%)
10. Punishing the entire class for one student's misbehaviour	n=34 (17.5%)	n=18 (9%)	n=44 (22.5%)	n=100 (51%)	n=196 (100%)
11. Making statements about being disinterested in the subject matter	n=27 (14%)	n=19 (9.5%)	n=41 (21%)	n=109 (55.5%)	n=196 (100%)
12. Being distant and cold towards others	n=36 (18%)	n=16 (8%)	n=47 (24%)	n=97 (50%)	n=196 (100%)
13. Refusing, or reluctant to answer questions	n=34 (17%)	n=18 (9%)	n=35 (18%)	n=109 (56%)	n=196 (100%)
14. Subjective grading	n=33 (17%)	n=19 (10%)	n=41 (21%)	n=99 (52%)	n=192 (100%)

15. Making condescending remarks or put downs	n=33 (17%)	n=22 (11%)	n=53 (27%)	n=88 (45%)	n=196 (100%)
16. Exerting superiority, or rank over others	n=36 (19%)	n=22 (11%)	n=45 (23%)	n=91 (47%)	n=194 (100%)
17. Threatening to fail student for not complying to faculty's demands	n=40 (20%)	n=15 (8%)	n=31 (16%)	n=110 (56%)	n=196 (100%)
18. Making rude gestures, or behaviours toward others	n=37 (19%)	n=15 (8%)	n=34 (17%)	n=108 (56%)	n=194 (100%)
19. Ignoring disruptive student behaviours	n=44 (22%)	n=35 (18%)	n=60 (31%)	n=57 (29%)	n=196 (100%)
20. Being unavailable outside of class	n=46 (23%)	n=13 (7%)	n=41 (21%)	n=96 (49%)	n=196 (100%)

#### 4.4.2 Frequency of disruptive faculty staff behaviours

Participants indicated the frequency at which they had experienced the identified disruptive faculty staff behaviours in the prior 12 months, as summarised in table 4.7.

**Table 4.7:** Frequency of disruptive faculty staff behaviours (Variables 8 B: 1-20)

Disruptive behaviour	Often	Sometimes	Rarely	Never	TOTAL Total %
1. Arriving late for scheduled activities	n=24 (12%)	n=43 (22%)	n=76 (39%)	n=53 (27%)	n=196 (100%)
2. Leaving scheduled activities early	n=11 (6%)	n=50 (25.5%)	n=48 (24.5%)	n=86 (44%)	n=195 (100%)
3. Cancelling scheduled activities without warning	n=12 (6%)	n=30 (15%)	n=43 (22%)	n=111 (57%)	n=196 (100%)
4. Being unprepared for scheduled activities	n=13 (7%)	n=44 (22%)	n=43 (22%)	n=96 (49%)	n=196 (100%)
5. Not allowing open discussion	n=15 (8%)	n=31 (16%)	n=44 (22%)	n=106 (54%)	n=196 (100%)
6. Refusing to allow make-up exams, extensions, or grade changes	n=20 (10%)	n=21 (11%)	n=38 (19%)	n=117 (60%)	n=196 (100%)
7. Ineffective teaching style/methods	n=22 (11%)	n=60 (31%)	n=45 (23%)	n=67 (35%)	n=194 (100%)

8. Deviating from the course syllabus, changing assignments, or test dates	n=13 (7%)	n=33 (17%)	n=39 (20%)	n=110 (56%)	n=195 (100%)
9. Being inflexible, rigid and authoritarian	n=14 (7%)	n=29 (15%)	n=52 (27%)	n=98 (51%)	n=193 (100%)
10. Punishing the entire class for one student's misbehaviour	n=14 (7%)	n=27 (14%)	n=45 (23%)	n=109 (56%)	n=195 (100%)
11. Making statements about being disinterested in the subject matter	n=7 (3%)	n=23 (12%)	n=47 (24%)	n=119 (61%)	n=196 (100%)
12. Being distant and cold towards others	n=17 (9%)	n=26 (13%)	n=45 (23%)	n=107 (55%)	n=195 (100%)
13. Refusing, or reluctant to answer questions	n=13 (7%)	n=21 (11%)	n=42 (21%)	n=119 (61%)	n=195 (100%)
14. Subjective grading	n=9 (4%)	n=30 (16%)	n=45 (24%)	n=107 (56%)	n=191 (100%)
15. Making condescending remarks or put downs	n=13 (7%)	n=33 (17%)	n=43 (22%)	n=105 (54%)	n=194 (100%)
16. Exerting superiority, or rank over others	n=16 (8%)	n=32 (17%)	n=47 (24%)	n=99 (51%)	n=194 (100%)
17. Threatening to fail student for not complying to faculty's demands	n=19 (10%)	n=26 (13%)	n=30 (15%)	n=120 (62%)	n=195 (100%)
18. Making rude gestures, or behaviours toward others	n=15 (8%)	n=24 (12%)	n=37 (19%)	n=118 (61%)	n=194 (100%)
19. Ignoring disruptive student behaviours	n=32 (16%)	n=45 (23%)	n=56 (29%)	n=62 (32%)	n=195 (100%)
20. Being unavailable outside of class	n=24 (13%)	n=29 (15%)	n=43 (22%)	n=97 (50%)	n=193 (100%)

a. *Variables 8A and 8B (1): Arriving late for scheduled activities*

Table 4.6 indicates that a large number (n=88, 45%) of participants considered faculty staff arriving late for scheduled activities as *sometimes* disruptive, while some (n=34, 17%) participants considered it as being *always* disruptive. According to table 4.7, many (n=76, 39%) participants had *rarely* experienced such behaviour, while some (n=43, 22%) participants had *sometimes* experienced faculty staff arriving late, whilst a significant few (n=24, 12%) participants reported that they had experienced this behaviour *often*.

*b. Variables 8A and 8B (2): Leaving scheduled activities early*

As per table 4.6, a large portion (n=88, 45%) of participants *never* considered the early leaving of scheduled classes by faculty staff as disruptive behaviour, while a few participants (n=24, 12%) *always* found such behaviour disruptive. Fortunately, a large group (n=86, 44%) of participants indicated that they had *never* experienced faculty staff leaving scheduled activities early (table 4.7).

*c. Variables 8A and 8B (3): Cancelling scheduled activities without warning*

It appeared that the cancellation of scheduled activities by staff, without prior warning was a less common occurrence at this nursing training institution. Table 4.6 shows that a majority (n=112, 57%) of participants *never* considered this behaviour as disruptive, while an equal majority (n=111, 57%) of participants, according to table 4.7, reported that they had *never* experienced faculty staff cancelling scheduled activities without warning.

*d. Variables 8A and 8B (4): Being unprepared for scheduled activities*

Table 4.6 indicates that a large group (n=90, 46%) of participants *never* considered faculty staff being unprepared for class as disruptive, while many (n=59, 30%) participants *sometimes* considered such behaviour disruptive. Fortunately, it appeared that it had been a less common occurrence for faculty staff to arrive at class unprepared, with almost half (n=96, 49%) of the participants reporting that they had *never* experienced faculty staff being unprepared for class, while a few participants (n=13, 7%) unfortunately indicated that they had experienced such behaviour *often* (table 4.7).

*e. Variables 8A and 8B (5): Not allowing open discussion*

According to table 4.6, a majority (n=108, 55%) of participants *never* considered faculty staff not allowing open discussion and students verbalising their opinions as disruptive, while some (n=47, 24%) participants *sometimes* did regard this behaviour as disruptive. As per table 4.7, such behaviour was a rare occurrence, with a majority (n=106, 54%) of participants reporting that they had never experienced this type of faculty staff behaviour and with some (n=44, 22%) participants reporting that they had *rarely* experienced such behaviour.

f. *Variables 8A and 8B (6): Refusing to allow make-up exams, extensions, or grade changes*

Table 4.6 indicates that a majority (n=118, 60%) of the participants *never* considered faculty staff refusing to allow make-up exams, or grade changes, as disruptive behaviour. Such faculty behaviour also appeared to rarely occur, as the majority of participants (n=117, 60%) reported that they had *never* experienced such faculty staff behaviour, whereas some (n=38, 19%) participants had *rarely* experienced it.

g. *Variables 8A and 8B (7): Ineffective teaching style/methods*

One participant did not complete section A of this question, whilst two participants did not complete section B thereof. As per table 4.6, a third (n=65, 33.5%) of participants indicated that they considered faculty staff, who used ineffective teaching methods as *sometimes* disruptive, while some (n=37, 19%) participants *always* considered such behaviour as being disruptive. Table 4.7 indicates that a large group of participants (n=67, 35%) expressed that they had *never* experienced faculty staff employing ineffective teaching methods, while a third (n=60, 31%) of participants indicated that they had *sometimes* experienced this behaviour.

h. *Variables 8A and 8B (8): Deviating from the course syllabus, changing assignments, or test dates*

A majority of the participants (n=102, 52%) *never* considered faculty staff, who deviated from the course syllabus, changed assignments, or test dates as disruptive behaviour, but some (n=46, 24%) participants did claim having considered such behaviour as disruptive *sometimes* (table 4.6). The majority (n=110, 56%) of the participants indicated that they had *never* experienced faculty staff deviating from planned course dates, whereas some (n=39, 20%) participants had experienced it *rarely*, while only a few (n=13, 7%) participants claimed that they had experienced such behaviour *often*.

i. *Variables 8A and 8B (9): Being inflexible, rigid and authoritarian*

Two participants did not complete section A of this question, whereas three participants did not complete section B thereof. While a majority (n=98, 51%) of participants claimed that they had *never* experienced inflexible and rigid faculty staff behaviour (table 4.7), a large group (n=89, 46%) of participants reported that they *never* considered such behaviour as disruptive (table 4.6).

*j. Variables 8A and 8B (10): Punishing the entire class for one student's misbehaviour*

According to table 4.6, the majority of participants (n=100, 51%) *never* considered it as disruptive behaviour when faculty staff punished the entire class for the misbehaviour of one student. Furthermore, the majority (table 4.7) of participants (n=109, 56%) had *never* experienced this type of faculty staff behaviour.

*k. Variables 8A and 8B (11): Making statements about being disinterested in the subject matter*

Table 4.6 indicates that the majority of participants (n=109, 55.5%) indicated that they *never* considered it as being disruptive when faculty staff made statements about being uninterested in the subject matter, while many (n=41, 21%) participants *sometimes* considered such behaviour as disruptive. Fortunately, according to table 4.7, the majority of participants (n=119, 61%) had *never* experienced faculty staff being uninterested in the subject matter.

*l. Variables 8A and 8B (12): Being distant and cold towards others*

One participant did not complete section B of this question. Table 4.7 indicates that half (n=97, 50%) the participants *never* considered faculty staff being cold and distant, as disruptive behaviour. Moreover, was this confirmed by the results in table 4.7, according to which the majority of participants (n=107, 55%) had *never* experienced faculty staff being distant, nor cold towards others.

*m. Variables 8A and 8B (13): Refusing, or reluctant to answer questions*

One participant did not complete section B of this question. As per table 4.6, the majority (n=109, 56%) of participants indicated that they *never* considered faculty staff, who were reluctant to answer questions, as being disruptive, whereas some (n=34, 17%) participants *always* considered such behaviour as disruptive. Table 4.7 shows that most of the participants (n=119, 61%) had *never* experienced faculty staff being reluctant to answer students' questions.

*n. Variables 8A and 8B (14): Subjective grading*

Four students did not answer section A of this question, whereas five participants did not answer section B thereof. The majority of participants (n=99, 52%) *never* considered subjective grading as disruptive behaviour (table 4.6), probably because most of the

participants (n=107, 56%) had *never* experienced this type of faculty staff behaviour, while some (n=45, 24%) participants reported having *rarely* experienced such faculty staff behaviour (table 4.7).

*o. Variables 8A and 8B (15): Making condescending remarks or put downs*

Two participants did not complete section B of the question. It appears that faculty staff express a level of respectful behaviour towards students at this nursing education institution, according to the results in table 4.6. A large group (n=88, 45%) of participants *never* considered faculty staff making condescending remarks as disruptive, while many (n=53, 27%) participants *sometimes* considered this behaviour as being disruptive. Table 4.7 indicates that most of the participants (n=105, 54%) had *never* experienced this behaviour in the preceding 12 months, while some (n=33, 17%) had *sometimes* experienced such behaviour. The role modelling of respectful faculty staff behaviour is essential to a respectful learning environment and hence establishes a culture of civility, as demonstrated by the conceptual framework of this study (figure 1.2).

*p. Variables 8A and 8B (16): Exerting superiority, or rank over others*

Two participants did not complete the question. As per table 4.6, almost half (n=91, 47%) the respondents *never* considered faculty staff abusing their power as disruptive, while some (n=45, 23%) participants *sometimes* considered such behaviour as disruptive. Table 4.7 indicates that the abuse of power by faculty staff was quite rare, with most of the participants (n=99, 51%) reporting that they had *never* experienced this behaviour, while many (n=47, 24%) participants had *rarely* experienced such behaviour.

*q. Variables 8A and 8B (17): Threatening to fail student for not complying to faculty's demands*

One participant did not complete the question. Table 4.6 indicates that although the majority (n=110, 56%) of participants indicated that they *never* considered faculty staff threatening to fail students as disruptive, some (n=40, 20%) participants *always* considered such behaviour as being disruptive. Fortunately, this behaviour of threatening to fail students appeared to be a rare occurrence, as indicated in table 4.7, according to which the majority (n=120, 62%) of participants had *never* experienced such behaviour.

*r. Variables 8A and 8B (18): Making rude gestures, or behaviours toward others*

Two students did not complete the question. Table 4.6 indicates that the majority of participants (n=108, 56%) *never* considered faculty staff, who made rude gestures as disruptive, and as per table 4.7, most participants (n=118, 61%) had *never* experienced such behaviour in the prior 12 months.

*s. Variables 8A and 8B (19): Ignoring disruptive student behaviours*

One participant did not complete the question. Table 4.6 indicates that a third (n=60, 31%) of the participants *sometimes* considered faculty staff, who ignored disruptive fellow students, as disruptive behaviour by faculty staff, while some (n=44, 22%) participants *always* considered such behaviour as disruptive. Table 4.7 indicates that a third (n=62, 32%) of the participants reported that they had *never* experienced such staff behaviour, while another third (n=56, 29%) of the participants had *rarely* experienced such behaviour.

*t. Variables 8A and 8B (20): Being unavailable outside of class*

Three participants did not answer the question. Table 4.6 indicates that almost half (n=96, 49%) the participants *never* considered faculty staff, who were unavailable to students outside of class, as disruptive behaviour. This may have been, because half (n=97, 50%) the participants had *never* experienced faculty staff being unavailable outside of class (table 4.7). It therefore appears that such behaviour by faculty staff is a less common occurrence at this nursing education institution.

#### **4.4.3 Faculty staff disruptive behaviour and disruptive frequency scores**

The scores for the twenty items under subsections 8A and 8B were calculated. Scores were statistically converted to represent a total score out of 100 as indicated below.

Total faculty staff disruptive behaviour and disruptive frequency scores were calculated for both subsection 8A and 8B for n=196 (100%) participant scores. In subsection 8A, the total faculty staff disruptive behaviour mean score was 48.69 with a standard deviation of 21.49. The median score was 40.00 and ranged from 25 -100.

In subsection 8B which comprised the total faculty staff disruptive behaviour frequency score, the mean score was 45.18 with a standard deviation of 15.99. The median was 42.50 with the lowest score 10 and the highest score 96.25.

#### 4.5. QUESTION B 9: THREATENING FACULTY STAFF BEHAVIOURS AND SCORES

Participants were asked to consider the listed faculty staff behaviours that may be considered as threatening. They had to further indicate whether they, or someone they knew within the academic nursing environment, had experienced any of the listed behaviours during the preceding 12 months.

##### 4.5.1 Threatening faculty staff behaviour (Variable 9: 1 - 13)

Participants indicated the following as representing threatening faculty staff behaviours that they, or someone they knew, had experienced in the prior 12 months, as summarised in table 4.8.

**Table 4.8:** Threatening faculty staff behaviours (Variable 9:1 - 13)

Threatening behaviour	No	Yes	TOTAL Total %
1. General taunts, or disrespect to other students	n=142 (72%)	n=54 (28%)	n=196 (100%)
2. General taunts, or disrespect to faculty	n=175 (89%)	n=21 (11%)	n=196 (100%)
3. Challenges to faculty knowledge or credibility	n=155 (80%)	n=39 (20%)	n=194 (100%)
4. Harassing comments (racial, ethnic, gender) directed at students	n=164 (84%)	n=32 (16%)	n=196 (100%)
5. Harassing comments (racial, ethnic, gender) directed at faculty	n=174 (89%)	n=22 (11%)	n=196 (100%)
6. Vulgarity directed at students	n=160 (82%)	n=36 (18%)	n=196 (100%)
7. Vulgarity directed at faculty	n=179 (91%)	n=17 (9%)	n=196 (100%)
8. Inappropriate e-mails to students	n=188 (96%)	n=8 (4%)	n=196 (100%)
9. Inappropriate e-mails to faculty	n=188 (96%)	n=8 (4%)	n=196 (100%)
10. Threats of physical harm against other students	n=181 (92%)	n=15 (8%)	n=196 (100%)
11. Threats of physical harm against faculty	n=185	n=11	n=196

	(94%)	(6%)	(100%)
<b>12. Property damage</b>	n=178 (91%)	n=18 (9%)	n=196 (100%)
<b>13. Statements about having access to weapons</b>	n=187 (96%)	n=8 (4%)	n=195 (100%)

- a. **Variable 9.1 (n=196):** Table 4.8 indicates that a large majority of participants (n=142, 72%) reported that they had not experienced general taunts, nor disrespectful behaviour by faculty staff towards students, while many of the participants (n=54, 28%) reported that they had indeed witnessed, or experienced disrespectful faculty staff behaviour towards fellow students in the preceding 12 months.
- b. **Variable 9.2 (n=196):** A relevant culture of respect amongst faculty staff at this nursing education institution appears to be the norm. As per table 4.8, a large majority (n=175, 89%) of participants indicated that they had not experienced faculty staff behaving disrespectful towards each other, while a small group (n=21, 11%) unfortunately affirmed that they had indeed witnessed such behaviour in the prior 12 months.
- c. **Variable 9.3 (n=194):** Two participants did not complete the question. The large majority of participants (n=155, 80%) reported that they had not experienced faculty staff challenging the knowledge, or credibility of other faculty staff members, while some (n=39, 20%) participants indeed reported having witnessed such threatening behaviour in the prior 12 months.
- d. **Variable 9.4 (n=196):** The large majority of participants (n=164, 84%) indicated that they had not experienced harassing comments about race, ethnicity and gender from faculty staff, therefore it appears as though faculty staff at this nursing education institution are also fairly appreciative of the diversity amongst students (table 4.8).
- e. **Variable 9.5 (n=196):** The large majority of participants (n=174, 89%) claimed that they had not experienced faculty staff making harassing comments about race, ethnicity and gender towards other faculty staff, while a few participants (n=22, 11%) alarmingly claimed having observed such behaviour.
- f. **Variable 9.6 (n=196):** The large majority of participants (n=160, 82%) indicated that they had not experienced faculty staff making vulgar remarks towards students.

However, an alarming number (n=36, 18%) of participants indicated that they had experienced faculty staff vulgarity directed at students in the preceding 12 months.

- g. **Variable 9.7 (n=196):** Table 4.8 indicates that the large majority of participants (n=179, 91%) claimed that they had not experienced, nor were aware of faculty staff members making vulgar remarks towards other staff. It appeared as though faculty staff vulgarity towards other staff is quite rare at this nursing education institution, although a few (n=17, 9%) participants confirmed that they had indeed encountered such threatening behaviour.
- h. **Variable 9.8 (n=196):** It appears that this behaviour was a rare occurrence, as the large majority of participants (n=188, 96%) denied having experienced, nor having been aware of inappropriate emails being sent by faculty staff to fellow students. However, the remaining portion (n=8, 4%) of participants confirmed that they had experienced such behaviour in the last 12 months.
- i. **Variable 9.9 (n=196):** This question revealed the same results as the previous question, with almost all (n=188, 96%) participants having never experienced inappropriate emails being sent by a faculty staff member to another, while a few (n=8, 4%) participants confirmed having been aware of such behaviour.
- j. **Variable 9.10 (n=196):** Although the large majority (n=181, 92%) of participants claimed having never heard, nor having been unaware of faculty staff making threats of physical harm towards fellow students, a worrisome number (n=15, 8%) of participants affirmed that they had experienced such threatening behaviour in the past 12 months.
- k. **Variable 9.11 (n=196):** The large majority of participants (n=185, 94%) reported that they had not experienced faculty staff making threats of physical harm towards other staff. A few participants (n=11, 6%), however, confirmed having witnessed, or having been aware of faculty staff making threats towards another.
- l. **Variable 9.12 (n=196):** Faculty staff are responsible for the resources used within the learning environment. However, according to table 4.8, a few (n=18, 9%) participants stated that they had seen, or were aware of faculty staff causing damage to property. Nonetheless, most participants (n=178, 91%) indicated that they had no knowledge of faculty staff causing damage to any property.

- m. **Variable 9.13 (n=195):** One participant did not complete the question. Despite the large majority of participants (n=187, 96%) claiming that they had not experienced faculty staff making statements about having access to weapons, surprisingly, a few participants (n=8, 4%) revealed that they had witnessed such threatening faculty staff behaviour. This is distressing, as the safety of students and faculty staff may be compromised.

#### **4.5.2 Threatening faculty staff behaviour scores**

The scores for the thirteen items under subsections 9 were calculated. Scores were statistically converted to represent a total score out of 100 as indicated below.

Total threatening faculty staff behaviour scores were calculated for n=196 (100%) participant scores. The total faculty staff threatening behaviour mean score was 11.34 with a standard deviation of 19.45. The score ranged from 0 to a maximum of 100.

### **4.6 STATISTICAL COMPARISONS OF PERCEIVED CLASSROOM INCIVILITY SCORES**

#### **4.6.1 Comparisons of student and faculty staff disruptive, threatening and frequency scores**

Statistical comparisons were performed to compare participants' perceptions regarding disruptive and threatening behaviours by student and faculty staff, and the frequencies thereof. Paired t-tests were carried out, using the means of the aggregate scores of the responses to disruptive and threatening behaviours by student and faculty staff, and the frequencies thereof. The results are summarised in table 4.9 below. There were highly statistically significant differences between student and faculty staff scores with regards to all three domains ( $p < 0.001$ ). The student scores were higher than those of the faculty staff in all three domains, which were confirmation thereof that according to the experiences of undergraduate student participants, student nurses had tended to engage in uncivil classroom behaviours much more than faculty staff members.

**Table 4.9:** Paired t-tests to compare mean student and faculty staff disruptive, threatening and frequency scores

		Paired Samples Tests							t	df	Sig. (2-tailed)
		Paired Differences									
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference						
					Lower	Upper					
<b>Pair 1</b>	Student disruptive score vs Faculty disruptive score	10.25191	17.56374	1.25455	7.77768	12.72615	8.172	195	<0.001		
<b>Pair 2</b>	Student frequency score vs Faculty frequency score	18.36735	16.04069	1.14576	16.10767	20.62703	16.031	195	<0.001		
<b>Pair 3</b>	Student threatening score vs Faculty threatening score	18.48509	21.91803	1.56557	15.39746	21.57272	11.807	195	<0.001		

## 4.6.2 Comparisons of student and faculty staff disruptive, threatening and frequency scores across variable demographic categories

Faculty staff and student scores were compared across variable demographic categories.

Significant differences were identified, which are presented (tables 4.10, 4.11, 4.12, 4.13, 4.14) and discussed below.

### 4.6.2.1 Comparisons of student and faculty staff disruptive, threatening and frequency scores with regards to gender

A t-test on independent samples was done to compare student and faculty staff scores amongst gender. Table 4.10 below indicates that only the student frequency score differed significantly among males and females ( $p=0.012$ ), with females scoring higher than males.

**Table 4.10:** Outcomes of t-test on independent samples to compare scores amongst gender

Score Type	Group Statistics					p value
	Gender	n	Mean	Std. Deviation	Std. Error Mean	
Student disruptive score	Male	34	56.76	17.390	2.982	0.383
	Female	158	59.47	16.251	1.293	
Student frequency score	Male	34	57.67	15.028	2.577	0.012
	Female	158	64.75	14.789	1.177	
Student threatening score	Male	34	27.6018	22.09387	3.78907	0.564
	Female	158	30.1850	23.97477	1.90733	
Faculty staff disruptive score	Male	34	46.0294	20.91077	3.58617	0.380
	Female	158	49.6282	21.76045	1.73117	
Faculty staff frequency score	Male	34	43.3456	15.63589	2.68153	0.425
	Female	158	45.7753	16.17579	1.28688	
Faculty staff threatening score	Male	34	11.76	21.277	3.649	0.920
	Female	158	11.39	19.272	1.533	

#### **4.6.2.2 Comparisons of student and faculty staff disruptive, threatening and frequency scores with regards to age**

To assess the correlations amongst all scores and the participants' ages, a Pearson's correlation analysis was done (table 4.11). Positive correlations were found among all of the domain scores, as indicated in table 4.11. There was a strong positive correlation between student disruptive scores and student frequency scores ( $r=0.781$ ,  $p<0.001$ ). Therefore, students, who reported high student disruptive scores, also reported high frequency scores. Furthermore, there was also a strong positive correlation between student disruptive scores and faculty staff disruptive scores ( $r=0.598$ ,  $p<0.001$ ). Therefore, students, who reported high student disruptive scores, also reported high faculty staff disruptive scores. Another strong positive correlation was found between faculty staff disruptive scores and faculty staff frequency scores ( $r=0.633$ ,  $p<0.001$ ). Therefore, students, who reported high faculty staff disruptive scores, also reported high faculty staff frequency scores. However, a negative correlation was found between age and the faculty staff frequency score ( $r=-0.179$ ,  $p=0.16$ ), meaning that, as the participants' ages decreased, the faculty staff frequency scores also decreased.

#### **4.6.2.3 Comparisons of student and faculty staff disruptive, threatening and frequency scores with regards to race**

One-way ANOVA analysis was performed to compare the mean scores of the racial groups. Student disruptive, threatening and frequency scores significantly differed among the race groups (tables 4.12 and 4.13). Black students had the lowest mean scores with regards to all three student score domains. Coloured students had the highest mean scores in the student disruptive score (62.52) and student threatening score (35.80) domains. White and Other students had the highest mean scores in the student frequency score (68.13) domain. Furthermore, Black student participants generally tended to have lower scores in all of the domains.

**Table 4.11:** Pearson correlations between all student and faculty staff disruptive, threatening and frequency scores and participants' ages

Score Type and Statistical Indicator		Correlations						
		Age	Student disruptive score	Student frequency score	Student threatening score	Faculty disruptive score	Faculty frequency score	Faculty threatening score
Age	Pearson Correlation	1.000	-0.075	-0.089	-0.052	-0.132	-0.179*	-0.055
	Sig. (2-tailed)	0.000	0.321	0.238	0.491	0.079	0.016	0.462
	n	179	179	179	179	179	179	179
Student disruptive score	Pearson Correlation	-0.075	1.000	0.781**	0.371**	0.598**	0.362**	0.160*
	Sig. (2-tailed)	0.321	0.000	0.000	0.000	0.000	0.000	0.025
	n	179	196	196	196	196	196	196
Student frequency score	Pearson Correlation	-0.089	0.781**	1.000	0.482**	0.425**	0.463**	0.202**
	Sig. (2-tailed)	0.238	0.000	0.000	0.000	0.000	0.000	0.005
	n	179	196	196	196	196	196	196
Student threatening score	Pearson Correlation	-0.052	0.371**	0.482**	1.000	0.210**	0.369**	0.491**
	Sig. (2-tailed)	0.491	0.000	0.000	0.000	0.003	0.000	0.000
	n	179	196	196	196	196	196	196
Faculty staff disruptive score	Pearson Correlation	-0.132	0.598**	0.425**	0.210**	1.000	0.633**	0.236**
	Sig. (2-tailed)	0.079	0.000	0.000	0.003	0.000	0.000	0.001
	n	179	196	196	196	196	196	196
Faculty staff frequency score	Pearson Correlation	-0.179*	0.362**	0.463**	0.369**	0.633**	1.000	0.467**
	Sig. (2-tailed)	0.016	0.000	0.000	0.000	0.000	0.000	0.000
	n	179	196	196	196	196	196	196
Faculty staff threatening score	Pearson Correlation	-0.055	0.160*	0.202**	0.491**	0.236**	0.467**	1.000
	Sig. (2-tailed)	0.462	0.025	0.005	0.000	0.001	0.000	0.000
	n	179	196	196	196	196	196	196

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Table 4.12:** ANOVA correlations between student scores and race

Race		Student disruptive score	Student frequency score	Student threatening score
Black	Mean	55.82	59.30	24.3717
	n	101	101	101
	Std. Deviation	16.512	15.402	21.64997
Coloured	Mean	62.52	67.99	35.8059
	n	84	84	84
	Std. Deviation	15.893	13.222	24.77514
Other	Mean	61.88	68.13	33.8462
	n	5	5	5
	Std. Deviation	17.315	16.261	23.45839
Total	<b>Mean</b>	<b>58.94</b>	<b>63.37</b>	<b>29.6761</b>
	<b>n</b>	<b>190</b>	<b>190</b>	<b>190</b>
	<b>Std. Deviation</b>	<b>16.513</b>	<b>15.060</b>	<b>23.69385</b>

**Table 4.13:** Cross tabulation of student scores and race groups

Score Type	ANOVA					
		Sum of Squares	df	Mean Square	F	Sig.
Student disruptive score	Among Groups	2103.980	2	1051.990	3.980	0.020
	Within Groups	49429.750	187	264.330	---	---
	<b>Total</b>	<b>51533.730</b>	<b>189</b>	<b>---</b>	<b>---</b>	<b>---</b>
Student frequency score	Among Groups	3578.913	2	1789.456	8.517	0.000
	Within Groups	39289.406	187	210.104	---	---
	<b>Total</b>	<b>42868.318</b>	<b>189</b>	<b>---</b>	<b>---</b>	<b>---</b>
Student threatening score	Among Groups	6084.997	2	3042.498	5.688	0.004
	Within Groups	100019.332	187	534.863	---	---
	<b>Total</b>	<b>106104.329</b>	<b>189</b>	<b>---</b>	<b>---</b>	<b>---</b>

#### 4.6.2.4 Comparisons of student and faculty staff disruptive, threatening and frequency scores with regards to study year

One-way ANOVA was done to compare mean scores among the study years of the participants. Student disruptive and student frequency scores significantly differed ( $p < 0.05$ ) among the study year groups (tables 4.14 and 4.15). Fourth year students had the highest mean student disruptive and student frequency scores (62.69 and 66.65). Second year students had the lowest mean student disruptive (54.27) and student frequency (58.65) scores. There was a gradual increase in the means of the student disruptive and student frequency scores, starting from the second year to the fourth year.

**Table 4.14:** Cross tabulation of student scores and study year

Study Year		Student disruptive score	Student frequency score
2 <sup>nd</sup>	Mean	54.27	58.65
	n	60	60
	Std. Deviation	16.717	16.487
3 <sup>rd</sup>	Mean	58.94	64.57
	n	61	61
	Std. Deviation	16.526	14.174
4 <sup>th</sup>	Mean	62.69	66.65
	n	75	75
	Std. Deviation	15.011	13.252
Total	<b>Mean</b>	<b>58.94</b>	<b>63.55</b>
	<b>n</b>	<b>196</b>	<b>196</b>
	<b>Std. Deviation</b>	<b>16.316</b>	<b>14.904</b>

**Table 4.15:** ANOVA correlations between student scores and race

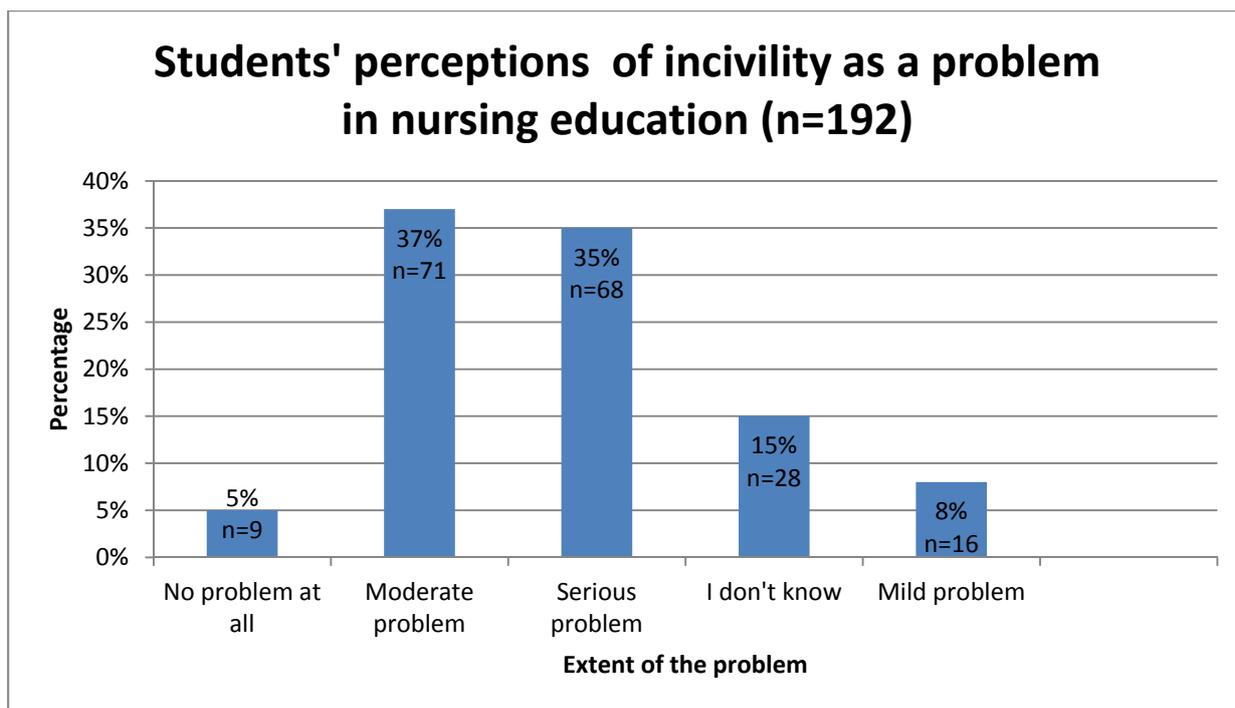
Score Type	ANOVA					
		Sum of Squares	df	Mean Square	F	Sig.
Student disruptive score	Among Groups	2361.345	2	1180.672	4.599	0.011
	Within Groups	49550.575	193	256.739	---	---
	<b>Total</b>	<b>51911.920</b>	<b>195</b>	---	---	---
Student frequency score	Among Groups	2225.926	2	1112.963	5.228	0.006
	Within Groups	41087.311	193	212.888	---	---
	<b>Total</b>	<b>43313.237</b>	<b>195</b>	---	---	---

## 4.7 SECTION B: MULTIPLE CHOICE QUESTIONS

This section comprised of two multiple choice questions that were posed to the participants, based upon their experiences, and participants were required to choose one answer among ordinal-scale measurements. The first question elicited to what extent the participants thought incivility had been a problem in the academic nursing environment. The second question asked whether the students, or faculty staff, were more likely to engage in uncivil behaviour in the academic nursing environment, based on the participants' experiences.

### 4.7.1 Question 10: Students' perceptions of incivility as a problem in the nursing education environment (n=192)

Students were asked to indicate the extent to which they thought that incivility had been a problem in their nursing education setting. Four participants did not answer the question. As illustrated by figure 4.3, many (n=71, 37%) participants perceived incivility in the nursing education setting as a *moderate problem*, while an almost equal number (n=68, 35%) of respondents perceived it as being a *serious problem*.



**Figure 4.3:** Graphic representation of the outcomes regarding students' perceptions of incivility as a problem in the nursing education environment (n=192).

#### 4.7.2 Question 11: Students' perceptions of who would be more likely to engage in uncivil behaviour in the academic nursing environment

Participants indicated the following as to who they thought would be more likely to engage in uncivil behaviour, as summarised in table 4.16.

**Table 4.16:** Students' perceptions of who would be more likely to engage in uncivil behaviour (n=191, 100%)

Students' perceptions of who would be more likely to engage in uncivil behaviour	n	%
Students are much more likely	61	32
Don't know	49	26
About equal	43	22
Students are a little more likely	28	15
Faculty staff members are a little more likely	6	3
Faculty staff members are much more likely	4	2
<b>TOTAL</b>	<b>191</b>	<b>100</b>

Five participants did not complete this question. Students were asked to indicate whether they thought that students, or faculty staff were more likely to engage in uncivil behaviour. As indicated in table 4.16, about a third (n=61, 32%) of the participants indicated that *students were much more likely* to engage in uncivil behaviour in the academic nursing environment, compared to only individual (n=6, 3%) participants having indicated that *faculty staff members were a little more likely* to engage in uncivil behaviour. However, some participants (n=43, 22%) reported that there was *about an equal* likelihood for students and faculty staff members to engage in uncivil behaviour in the academic environment. The occurrence of any uncivil behaviour by either faculty staff and/or students has detrimental effects on teaching and learning in the classroom environment (sections 2.6.1 and 2.6.2).

#### 4.8 SECTION C: OPEN ENDED QUESTIONS

Section C comprises of the four open ended questions to which participants were requested to answer in their own words and to give a narrative report of their experiences.

##### 4.8.1 Question 12: In your opinion, “WHY do students and/or faculty contribute to incivility within the academic environment?”

**Table 4.17:** Reasons as to why students and/or faculty staff contribute towards incivility (n=88, 100%)

Reasons as to why students and/or faculty staff contribute towards incivility	n	%
Lack of respect for one another	25	28.5
Lack of communication, or information sharing by the faculty	22	25
Academic workload and stress of students	17	19
Personal problems of both staff and students	10	11.5
Student boredom	8	9
Racial issues	6	7
<b>TOTAL</b>	<b>88</b>	<b>100</b>

Of all of the participants (n=196, 100%), less than half (n=88, 45%) responded to the question as to why students and/or faculty staff contribute towards incivility within the academic environment. Their responses were thematically categorised (table 4.17) and are discussed next.

#### **4.8.1.1 Lack of respect for one another**

The conceptual framework (figure 1.2) illustrates how the presence of reciprocal respectful behaviours in the classroom environment would ensure student and faculty staff civility. Less than a third of the participants (n=25, 28.5%) related to *lack of respect for one another* as the strongest reason for causing uncivil behaviours. Participants were of the opinion that this lack of respect by students is behaviour that is learned at home and which is then extended to the classroom. Participants also claimed that such a lack of respect for one another may arise from misunderstandings, as a result of cultural differences amongst students and faculty staff.

#### **4.8.1.2 Lack of communication, or information sharing by the faculty**

A quarter of the undergraduate nursing student participants (n=22, 25%) were furthermore of the opinion that a *lack of communication, or information sharing* by the faculty may account for students and faculty staff behaving uncivil in the academic environment. The conceptual framework (figure 1.2) and literature discussion (section 2.7.2) underpin the need for effective communication strategies to ensure civil behaviours in the classroom environment. Participants referred to the management of this educational institution as being administratively disorganised, as avoiding addressing students' concerns, which result in students becoming frustrated, due to a lack of information, which may hence result in uncivil student behaviour. Another concern raised by the participants was that students had not felt free, or at ease to report uncivil acts, possibly because of a lack of any clear protocol in this regard, and as a result, steps are rarely taken to address such offences and to resolve the problem.

#### **4.8.1.3 Academic workloads and stress of students**

Some of the participants (17, 19%) referred to academic workload and stress as further contributing factors that could lead towards academic incivility. Participants indicated that they find it difficult to cope with the increasing academic workload, which results in students feeling stressed and which culminates into students acting out and behaving in an uncivil manner.

#### **4.8.1.4 Personal problems of students and staff**

A small number of participants (n=10, 11.5%) suggested that *personal problems amongst* students and faculty staff could give rise to incivility. Participants suggested that these personal problems may include financial worries and demanding family responsibilities, and

hence students may find it difficult to find a balance between their academic and personal lives.

#### **4.8.1.5 Student boredom**

Few participants (n=8, 9%) suggested that students could become disruptive, as a result of boredom. Participants claimed that the content of some lectures were boring and that faculty staff sometimes used out-dated teaching methods, which could lead to students becoming bored in the classroom environment. Participants also felt that the lack of recreational facilities on campus may further contribute towards boredom. The participants alluded that students who were bored, would be more likely to engage in uncivil behaviour. Participants also suggested the inclusion of more recreational activities outside of the classroom, such as the establishment of a health and fitness centre, while extended library hours may further help to alleviate boredom.

#### **4.8.1.6 Racial issues**

A few (n=6, 7%) participants also alluded to *racial issues* that, in their opinion, could contribute towards the occurrence of incivility in the academic environment. Cultural awareness (figure 1.2, section 2.7.3) and a non-discriminating learning environment would enhance civil behaviours and instil respect amongst all faculty staff and students. Participants in this study suggested that racial intolerance could lead to a lack of respect towards one another. Participants referred to the racial tension on campus as tangible, especially amongst the student population. A few of these participants stated that faculty staff even favoured, or treated certain race groups differently than others. One participant stated that faculty staff disrespected certain race groups by teaching in Afrikaans, which is not an official language of instruction at this nursing education institution.

#### **4.8.2 Question 13: In your opinion, “HOW do students and/or faculty contribute to incivility within the academic environment?”**

Of all of the participants (n=196, 100%), less than the previous participants (n=74, 38%) reacted to this question as to how students and/or faculty staff contribute towards incivility within the academic environment. Their responses were thematically categorised (table 4.18) and are discussed next.

**Table 4.18:** Ways in which students and/or faculty staff contribute towards incivility (n=74, 100%)

Ways in which students and/or faculty staff contribute towards incivility	n	%
Rude and disrespectful behaviour by both students and staff	29	39
Students talking in class during lectures	15	20
Unauthorised cell phone use by students	14	19
Arriving late for class	7	9.5
Staff allowing, or ignoring uncivil student behaviours	5	7
Strike actions by students	4	5.5
<b>TOTAL</b>	<b>74</b>	<b>100</b>

#### **4.8.2.1 Rude and disrespectful behaviour by both students and staff**

A large portion of the participants (n=29, 39%) related *rude and disrespectful behaviours* as the strongest ways in which faculty staff, or students would contribute towards incivility in the academic environment. Participants provided numerous examples of such disrespectful behaviour by both faculty staff and students. Some examples included inappropriate comments, rude, uncivil and racist remarks, and not respecting each other's opinions. Other examples included damage to property, due to frustration and the theft of personal belongings. One participant further explained how students would make fun of, laugh and ridicule fellow students when experiencing difficulty with understanding the course work. Some participants described how students and faculty staff had made them feel inferior to others and had not been allowed freedom of expression, while other participants described the belittling of students by faculty staff, by "treating them like children". A caring learning environment is highly recommended by the researchers to help combat incivility in the nursing education setting (section 2.7.4).

#### **4.8.2.2 Students talking in class during lectures**

Some participants (n=15, 20%) rated *talking in class* as another way in which students contribute towards incivility within the academic environment. Participants described students who had engaged in uncivil behaviour by constantly engaging in private conversations, while the educator was teaching. Student participants found this behaviour distracting, especially if they were trying to pay attention. One participant even described how students had become aggressive when asked to keep quiet.

#### **4.8.2.3 *Unauthorised cell phone use by students***

Unsurprisingly, approximately the same number (n=14, 19%) of participants considered *unauthorised cell phone use* as another major way in which students would contribute towards incivility in the academic environment. Participants described students, who had constantly played on their phones, or had sent text messages while in class. Another endless distraction had been cell phones ringing in class, despite the educator having asked students to switch their cell phones off. It is clear from these comments that the cell phone policy of the institution is not being adhered to by all students. The findings here were consistent with the study outcomes of Vink and Adejumo (2014:170), during which the participants also reported cell phone use as one of the most common disruptions in the classroom.

#### **4.8.2.4 *Arriving late for class***

A few of the participants (n=7, 9.5%) were of the opinion that students *arriving late for class* had contributed towards incivility in the academic environment. Participants commented that it was very distracting when students had arrived late for class and even more so, because these late-comers usually were students living on campus. Moreover, educators also allowed such disruption, by allowing these students to enter the classroom, which ultimately contributed towards classroom incivility.

#### **4.8.2.5. *Staff allowing, or ignoring uncivil student behaviours***

Interestingly, some individuals (n=5, 7%) were of the opinion that faculty staff had themselves contributed towards incivility in the academic environment, by *allowing, or ignoring uncivil student behaviours*. Participants felt that educators had allowed students to behave in an uncivil manner and that staff had very often failed to discipline disruptive students. Participants felt that educators, who allowed disruptive students to remain in class, had themselves contributed towards incivility, by ignoring such disruptive behaviour. Participants called for the stricter punishment of repeated offenders.

#### **4.8.2.6 *Strike actions by students***

A few participants (n=4, 5.5%) even cited *strike action* as a way in which students contributed towards incivility in the academic environment. Strike action by students had often resulted in classes being suspended and those students, who wished to attend classes, had often been threatened, or intimidated by their fellow class mates.

### 4.8.3 Question 14: “Please describe how students, faculty, and the university/college should address incivility in the academic environment”

**Table 4.19:** Ways in which faculty staff, or students could address incivility (n=83, 100%)

How students/faculty staff/college could address incivility	n	%
Enforce the code of conduct and discipline	43	52
Create forums for open discussion between faculty staff and students	37	44
Establish channels through which to report acts of uncivil behaviour	3	4
<b>TOTAL</b>	<b>83</b>	<b>100</b>

Of all of the participants (n=196, 100%), again, less than half (n=83, 42%) of the participants responded as to how students and/or faculty staff and/or the college should address incivility within the academic environment. These responses were thematically categorised (table 4.19) and discussed next.

#### 4.8.3.1 ***Enforce the code of conduct and discipline***

The conceptual framework (figure 1.2) illustrates how the presence of a code of conduct could improve and maintain classroom civility in the nursing education setting. Moreover, the majority of participants (n=43, 52%) were of the opinion that the *code of conduct should be enforced*, as many students asked for stricter punishment of those guilty of uncivil behaviour, with emphasis on the request that faculty staff should enforce discipline in the classroom setting. Participants suggested that disruptive students should be sent out of the classroom and that educators should not tolerate such behaviour. Some participants even suggested some forms of punishment, namely disciplinary hearings and even the suspension and expulsion of repeat offenders. Additionally, participants suggested that educators should communicate clear ground rules to students with regards to their expected classroom behaviour. A small number of participants also suggested that class norms should be established during orientation programs, so that students know what is expected of them. The suggestions made by the participants during this study were consistent with similar recommendations made by student and faculty participants during a study by Clark (2008a:47).

#### **4.8.3.2 Create forums for open discussion between faculty staff and students**

Almost half (37, 44%) the participants suggested that the college should *create forums to allow for open discussions between faculty staff and students* in order to deal with and find solutions to the problem of incivility in the academic environment. Participants suggested regular meetings between academic management staff and students to discuss acts of incivility and to resolve problems. Other participants suggested dealing with and discussing the matter immediately, when it occurs. The suggestions made by the participants were aligned with the proposed conceptual framework (figure 1.1) of this study and with the literature discussion (section 2.7.2), in which effective communication and active engagement by faculty staff and students had been suggested as necessary in creating a culture of civility in the classroom environment.

#### **4.8.3.3 Establish channels through which to report acts of uncivil behaviour**

A few individuals (n=3, 4%) suggested that clear guidelines should be in place of how to report uncivil behaviours when they occur. The findings here were consistent with those by Clark (2008a:47), during which participants had similar suggestions. Furthermore, the compilation of guidelines for behavioural expectations from students and faculty staff is essential to ensure civility in the nursing education classroom environment (section 2.7.1).

#### **4.8.4 Question 15: "Is there anything else you would like to add?"**

**Table 4.20:** Additional comments (n=7, 4%)

<b>Additional comments</b>	<b>n</b>	<b>%</b>
Unacceptable facilities	4	57
Medical care needed for resident students	2	29
High student numbers in classrooms	1	14
<b>TOTAL</b>	<b>7</b>	<b>100</b>

Of all of the participants (n=196, 100%), only a few individuals (n=7, 4%) offered additional comments, by adding further issues, or suggestions, which were not addressed in the above open ended questions. Four of these participants (n=4, 57%) commented about the unacceptable conditions of the classrooms, bathrooms and residences and even complained about leaking roofs.

Two of these participants (n=2, 29%) also emphasised the need for medical care for those students living on campus, while also raising concerns with regards to the general safety of students living on campus, who had been threatened by students being under the influence of alcohol, as well as personal belongings that were also stolen. Lastly, one participant (n=1, 14%) suggested that the large number of students in the classroom may further contribute towards the problem of incivility, since educators may find it difficult to maintain discipline in such circumstances.

#### **4.9 SUMMARY**

In this chapter, the data being collected during this study was analysed, summarised, interpreted and discussed. The researcher succeeded in exploring, investigating and successfully addressing the research question, i.e.:

***“What are undergraduate student nurses’ perceptions of incivility in the classroom environment at a nursing education institution in the Western Cape?”***

By employing scientific, investigative techniques, the perceptions of student nurses regarding incivility in the classroom environment at a nursing education institution in the Western Cape, were successfully identified.

The following objectives were hence achieved during the field study:

1. Identify the types and frequency of student behaviours that may have been perceived as uncivil by fellow students.
2. Identify threatening behaviours that students may have observed their fellow students perform.
3. Identify the types and frequency of faculty staff member behaviours that may have been perceived as uncivil by students.
4. Identify threatening behaviours that students may have observed faculty staff members perform.

In the final chapter, conclusions and recommendations, based upon the study outcomes being generated during this research, are made and discussed.

# CHAPTER 5

## DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

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### 5.1 INTRODUCTION

In chapters 1 and 2, the rationale for this study and an in depth literature review with regards to uncivil behaviour in the nursing education environment, were discussed. In chapters 3 and 4, the research methodology, as well as the analysis and interpretation of the collected data were presented and discussed.

In this chapter, the conclusions drawn from the interpretations made from the analysed research findings are summarised and are recommendations, based upon the findings of this study, made. The limitations of the study, as well as the final conclusions are further presented.

### 5.2 DISCUSSION

The aim of the study was to investigate incivility among undergraduate student nurses in a nursing education classroom environment. A brief discussion of the findings of this study, as they relate to the following study objectives, follows:

- The types and frequency of student behaviours that may have been perceived as uncivil by fellow students.
- Threatening behaviours that students may have observed their fellow students perform.
- The types and frequency of faculty staff member behaviours that may have been perceived as uncivil by students.
- Threatening behaviours that students may have observed faculty staff members perform.

The achievement of each of these objectives is subsequently discussed.

### **5.2.1 Objective 1: The types and frequency of student behaviours that may have been perceived as uncivil by fellow students**

This first research question examined the types and frequency of uncivil student behaviours. From the data being presented in Chapter 4, it was clear that students had indeed experienced rather high levels of student to student incivility at the studied nursing education institution. The student behaviours having been reported most often as uncivil by fellow students included acting bored, or apathetic, making disapproving groans, making sarcastic remarks or gestures, sleeping in class, not paying attention in class, having distracting conversations during lectures, using a cell phone during class and arriving late for class (table 4.3). The majority of student participants reported that such uncivil student behaviours had *often*, or *sometimes* occurred (table 4.4).

Cell phone use in class and having conversations, distracting to others, during lectures, were cited as the most frequently experienced uncivil student behaviours by the participants (tables 4.3 and 4.4). The findings of this study were consistent with those of Clark and Springer (2007b:12), and Bjorklund and Rehling (2010:15), during which their participants had also rated these two student behaviours as uncivil. Furthermore, similar to the findings of Clark and Springer (2007b:12), not attending lectures, had been cited as one of the student behaviours *not* being considered uncivil by most participants during this study (table 4.3). This possibly was, because not attending classes, was not experienced as being disruptive to others in the classroom. Surprisingly, the majority of participants in this study had never considered students cheating during exams, or quizzes, as disruptive behaviour. Yet, in a study done previously at the same nursing education institution, Theart and Smit (2012:1) had found that academic dishonesty had been an escalating problem (section 2.5).

The conceptual framework (figure 1.1) illustrates that disruptive student behaviours may contribute towards a culture of student incivility in the classroom environment. Interestingly, it had been found that nurse educators at the same nursing education institution had also regarded arriving late for class, cell phone use, sleeping in class, noise making, intimidation and verbal aggression as acts of incivility (Vink & Adejumo, 2014:170). Yet, unlike the feedback by the nursing students in this study, nurse educators had further considered fraud during assignments, examinations and tests as uncivil behaviour (Vink & Adejumo, 2014:166).

What was unique to this study, as it had not been evident in the available literature during the review, was that fourth year student participants had experienced the highest mean student disruptive (62.69) and student frequency scores (66.65), compared to second year

student participants who had the lowest mean student disruptive (54.27) and student frequency (58.65) scores (tables 4.14 and 4.15). This may have stemmed from the fact that because fourth year students had been exposed to the classroom environment for a longer period of time, they may have experienced higher stress levels, resulting in a higher incidents of uncivil behaviour in the classroom environment. Elevated stress levels had indeed been identified as a contributing factor towards student incivility by the participants during this study (section 2.5.1).

### **5.2.2 Objective 2: Threatening behaviours that students may have observed their fellow students perform**

The second research question focused on identifying the types of threatening student behaviours. The top five threatening student behaviours being reported by participants included general taunts, or disrespect towards fellow students, general taunts, or disrespect towards faculty staff, harassing comments (racial, ethnic, gender) directed at fellow students, students challenging faculty staff with regards to their knowledge, or credibility, and damage to, or theft of property (table 4.5). The findings in the current study were consistent with those of Clark and Springer (2007b:10), whose participants had also rated the challenging of faculty staff knowledge and credibility, and general taunts, or disrespect towards faculty staff, as the most frequently observed threatening student behaviours.

A respectful learning environment had been identified as a key ingredient of the conceptual framework of this study (figure 1.2, section 2.7.2), as a means of ensuring civility in the classroom environment. It became evident from the collected data that students had indeed experienced threatening behaviours from fellow students. Such threatening behaviours had mostly been experienced with regards to disrespectful, harassing comments, whereas, although not in the top five identified threatening behaviours, students had even experienced threats of physical harm amongst students (n=66, 34%). Even more distressing was that students (n=21, 11%) had experienced fellow students making statements about having access to weapons (table 4.5). This was confirmed in the responses to the open ended questions, in which students again alluded to issues with regards to the general safety of students on campus (table 4.20). Similar to the findings of this study, de Villiers *et al.* (2014:671), who had investigated nursing students' experiences of violence in a nursing education institution, also found that a lack of protection on campus had been a cause of anxiety and concern for student residents.

Cultural awareness (figure 1.2, section 2.7.3) in the nursing education classroom environment is essential to ensure a culture of civility among faculty staff and students.

However, the existence of racial tension among students at this nursing education institution had become evident from the outcomes of this study and the data suggests that it may have been a possible cause of student incivility on campus (tables 4.5 and 4.17). In a recent South African study that had also been performed at a nursing education institution in the Western Cape, nursing students' experiences of violence, racial discrimination and intolerance among students had been investigated and it had also been perceived as being a particular issue amongst students (de Villiers *et al.*, 2014:672).

### **5.2.3 Objective 3: The types and frequency of faculty staff member behaviours that may have been perceived as uncivil by students**

The third research question attempted at identifying the types and frequency of uncivil faculty staff behaviours. The conceptual framework (figure 1.1) illustrates that disruptive faculty staff behaviours would contribute towards a culture of student incivility in the classroom environment. The faculty staff behaviours most often being reported as uncivil by student participants, included arriving late for scheduled activities, leaving scheduled activities early, ineffective teaching styles/methods, ignoring disruptive student behaviours, being unprepared for scheduled activities, being inflexible, rigid and authoritarian and making condescending remarks or put downs (table 4.6). The majority of student participants reported that these uncivil faculty staff behaviours had occurred *sometimes*, or *rarely* (table 4.7). The findings from the current study were consistent with those of Clark and Springer (2007b:10), whose participants had also rated such faculty staff behaviours as being uncivil.

Although student participants had indeed reported disruptive faculty staff behaviours, it was evident from the data, as presented in table 4.9, that student disruptive scores were higher than those of faculty staff, which hence confirmed that according to the experiences of undergraduate student nurse participants, students had tended to engage in uncivil classroom behaviours more often than faculty staff members. The data therefore suggested that some faculty staff members had been demonstrating positive behaviours in the classroom, which is essential for creating a culture of civility, as suggested in the conceptual framework of this study (figures 1.1 and 1.2). Positive faculty staff role modelling and effective communication were discussed as two of the required strategies to assist with combatting uncivil behaviour in the nursing education setting (section 2.7.2).

#### **5.2.4 Objective 4: Threatening behaviours that students may have observed faculty staff members perform**

Although students did report threatening faculty staff behaviours (table 4.8), those scores were significantly lower than those of the students (table 4.5), which was indicative thereof that faculty staff had been less likely to engage in threatening behaviour, compared to the students. Cultural awareness and ensuring a caring environment (figure 1.2, sections 2.7.3 and 2.7.4) should be important driving forces of faculty staff behaviour on campus. However, the top five threatening faculty staff behaviours being reported by student participants included general taunts, or disrespect towards students, the challenging of fellow faculty staff's knowledge, or credibility, vulgarity directed at students, harassing comments (racial, ethnic, gender) directed at students, and harassing comments (racial, ethnic, gender) directed at fellow staff members (table 4.8). Although the findings about threatening faculty staff behaviours had been much less frequently observed, than threatening student behaviours, the fact that these behaviours had been observed by student participants was disturbing. As demonstrated in the conceptual framework of this study (figure 1.1), this reciprocal nature of incivility among students and faculty staff could lead to a culture of incivility.

Faculty staff incivility towards students portrays the nursing education environment as uncaring and such attitudes could perpetuate the problem of abuse, as the abused are likely to become the abusers (Lasiter *et al.*, 2012:125). In addition, many educational institutions have no pro-active policies in place to address aberrant faculty staff behaviour, and as a result students therefore often take no action, because of fear of unfavourable consequences (Lasiter *et al.*, 2012:125). Students' reluctance to report incivility became apparent from this study, since student participants suggested that there should be clear channels in place for reporting acts of incivility (table 4.19).

### **5.3 LIMITATIONS OF THE STUDY**

This study only explored the perceptions of undergraduate student nurses with regards to uncivil classroom behaviours. The opinions of faculty staff were excluded. Furthermore, this study measured the perceptions of student nurses from only one nursing educational institution, and may limit the generalisation of these study outcomes to other nursing educational institutions, without sufficient scientific evidence.

## 5.4 CONCLUSIONS

The discussions in this final chapter were based upon the achievement of the set objectives of this study. The results confirmed that undergraduate student nurses indeed experienced incivility in their academic environment. Similar to the findings of Clark and Springer (2007b:11), the majority of students (n=71, 37%) perceived uncivil behaviour as a *moderate* problem in the nursing education environment (figure 4.3). Furthermore, the majority of student participants felt that students were much more likely to engage in uncivil behaviour, than faculty staff members (table 4.16).

These study outcomes furthermore supported the researcher's pre-assumption that student nurses were experiencing incivility in the classroom environment, from both fellow students and faculty staff members. The study outcomes also provided answers in terms of the types of behaviours that students were experiencing as most disruptive and students were able to identify factors that may contribute towards student and faculty staff incivility. As a result of the findings of this study and the suggestions by the student participants, the researcher has identified several possible strategies through which the problem of uncivil behaviour at this nursing education institution could be addressed.

It can therefore be concluded that the research question, i.e. "*What are undergraduate student nurses' perceptions of incivility in the classroom environment at a nursing education institution in the Western Cape?*" has been answered.

## 5.5 RECOMMENDATIONS

The following recommendations, based upon the scientific evidence being generated during this study, are discussed below:

- Enforce the code of conduct and discipline.
- Create forums for open discussion between faculty staff and students.
- Establish channels through which to report acts of uncivil behaviour.

### 5.5.1 Enforce the code of conduct

This study's outcomes revealed that students encountered and were affected by incivility from both fellow students and faculty staff members in the academic nursing environment of the specific nursing education institution. Furthermore, current disciplinary measures with regards to uncivil behaviours appeared to be ineffective. Student participants in this study suggested stricter punishment for perpetrators guilty of engaging in uncivil behaviours (table

4.19). A comprehensive code of conduct therefore needs to be established that would address the occurrence of acts of uncivil behaviours by both staff and students. This code of conduct should clearly define the concept of what the faculty regards as uncivil, hence disruptive and threatening behaviour, and should identify specific types of acts by students and faculty staff, as well as outline the consequences of such behaviours. Furthermore, the code of conduct should be clearly communicated to students and faculty staff during orientation programs, so that the expected behaviour on campus is clear to all. It is recommended that this academic nursing institution should adopt a “zero tolerance” policy with regards to uncivil behaviours and that transgressors be disciplined appropriately and consistently, according to the policy guidelines (section 2.7.1).

### **5.5.2 Create forums for open discussion between faculty staff and students**

The lack of open, transparent and appropriate platforms for discussion amongst the role-players in the nursing educational environment, has been identified as a significant shortcoming on campus. The results from this study have implications as to how faculty staff and the administrators of this nursing educational institution should guide students towards appropriate and civil behaviour. This could be accomplished by creating forums for open discussion with representative faculty staff members and students, aimed at identifying disruptive behaviours and possible solutions, so as to further establish ways of preventing and penalising such behaviours. Regular workshops to raise awareness about uncivil behaviours and role play could assist students and faculty staff to avoid, or address problematic situations effectively as they occur. Furthermore, professional values should be reiterated during the new student orientation phase and at all academic year levels. The outcomes from this study furthermore also raised the apparent occurrence of racial tension at this nursing education institution (tables 4.5 and 4.17), and it is therefore recommended that faculty administrators embark upon raising cultural awareness to prevent racial intolerance and bullying.

The findings from this study also offered clear guidelines with regards to existing disruptive faculty staff behaviours. Faculty staff members should therefore also be aware of their own limitations and be sensitive towards how their own behaviour and example could contribute towards a culture of student incivility. Faculty staff should hence also engage in open discussions with fellow staff, or seek professional guidance as to how they could change their behaviour to help create and maintain a culture of civility on campus. Training programs could be introduced to assist faculty staff in effectively managing disruptive classroom situations and hence improve student-to-student and student-to-educator relationships.

### **5.5.3 Establish channels through which to report acts of uncivil behaviour**

It has become apparent during this study that there was a lack of guidelines for reporting acts of uncivil behaviour on campus. Students were unsure about how to go about to report uncivil behaviours (table 4.19) hence a policy document of standard operating procedures (SOP) should therefore be developed for the reporting of such undesirable behaviours. This policy document should be part of the established code of conduct document and should be made known and visible to all faculty staff, students and support staff.

## **5.6 FUTURE RESEARCH**

Due to the nature of the questionnaire, some qualitative data was collected and is presented in the thesis. The qualitative findings were explored through open ended questions and not interviews. Open ended questions in a questionnaire limit the ability of the researcher to further explore a research topic in one's study. Future pure qualitative studies are therefore recommended, as it would result in more rich and deep qualitative findings that can be obtained through interviews or focus groups, to explore the experiences of undergraduate students and uncivil classroom behaviours.

The following topics for possible future research are proposed:

- Investigation of student nurses' and faculty staff's perceptions of effective ways through which to prevent and address uncivil classroom behaviour.
- Identification of the effects of uncivil classroom behaviour on students' abilities to learn.
- Investigation of the relationship between uncivil classroom behaviour and the occurrence of uncivil behaviour in the clinical environment.

## **5.7 DISSEMINATION**

The recommendations, made as a result of the research findings will be made available to the educational authority and the results published in the form of this thesis through the University of Stellenbosch, and research findings will be further published in an accredited journal.

## **5.8 CONCLUSION**

Clear and purposeful recommendations, pertaining to the occurrence of uncivil behaviour in the nursing education classroom environment were made throughout the discussion. The theoretical framework is illustrative of student nurses' perceptions with regards to classroom

incivility in the nursing education conceptual model (figure 1.1) and of ways to foster a culture of civility in the nursing education setting (figure1.2). It is believed that the recommendations made with regards to ways in which to address future incivility in the nursing education environment, would assist nursing education training institutions and other higher education institutions alike in providing a classroom environment that would be conducive to active learning. The recommended strategies should help ensure a classroom environment that would be engulfed in civil behaviours by all and that would enhance and strengthen reciprocal relationships between all faculty staff and students. Consequently, it is hoped that as a result, both faculty staff and students would engage in co-operative learning behaviour, while displaying mutual respect in the classroom environment that would stimulate a desire for lifelong learning.

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# ANNEXURE A

## DATA COLLECTION INSTRUMENT: QUESTIONNAIRE

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Page 1 of 9

### Annexure A



### **Undergraduate student nurses' perceptions of classroom incivility at a Nursing Education Institution in the Western Cape Survey Questionnaire**

#### **Study Aim**

The purpose of the study is to investigate incivility in nursing education at this nursing education institution.

There is no right or wrong answers to this questionnaire. Your information is of importance for the success of this study and to help students in the future. Therefore it is important that you answer honestly and accurately.

All information will be treated as confidential and the researcher undertakes not to reveal any individual information that appears in this questionnaire. Do not record your name or any form of identification on this questionnaire.

It will take no longer than 15 - 20 minutes to complete this questionnaire.

All you need to do is to read the instructions at the start of each question and mark off with a cross (x) in the bubble, under the question with your most appropriate response(s).

**Thank you for agreeing to partake in this survey.**

**A Langeveld**

**Researcher**

**Tel: 0845833178**

**Incivility in Nursing Education Survey (Clark © 2004, Revised 2007, 2009, 2010)**

Incivility in nursing education is defined as rude or disruptive behaviors which often result in psychological or physiological distress for the people involved and if left unaddressed, may progress into threatening situations (Clark, 2009). The nursing academic environment is defined as any location associated with the provision or delivery of nursing education, whether on or off campus including the "live" or virtual classroom or clinical setting (Clark, 2006). Faculty staff also referred to as lecturer or nurse educator in South Africa, refers to any nurse who is involved in the teaching and mentoring of nursing students.

1. **Please indicate your status at your college/university:**
  - Faculty (Teaching staff)
  - Student
  
2. **Please indicate your gender:**
  - Male
  - Female
  
3. **What year were you born?**  

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4. **Your ethnic/racial background is:**
  - Black
  - White
  - Colored
  - Indian
  - Other: \_\_\_\_\_
  
5. **If you are a student, please indicate your year of study in the undergraduate program:**
  - 1<sup>st</sup> year
  - 2<sup>nd</sup> year
  - 3<sup>rd</sup> year
  - 4<sup>th</sup> year

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6. Listed are some **STUDENT behaviors** you may have experienced or seen in the nursing academic environment. Please fill in the bubble regarding the level of "disruption" and how often each **behavior** occurred over the past 12 months.

<b>Students ...</b>	<b>Do you consider this behavior disruptive?</b>				<b>How often have you experienced or seen this in the past 12 months?</b>			
	<b>Always</b>	<b>Usually</b>	<b>Sometime</b>	<b>Never</b>	<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
6.1 Acting bored or apathetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.2 Making disapproving groans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.3 Making sarcastic remarks or gestures (staged yawning, eye rolling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.4 Sleeping in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.5 Not paying attention in class (doing work for other classes, reading a newspaper, not taking notes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.6 Holding conversations that distract you or other students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.7 Refusing to answer direct questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.8 Using a computer during class for purposes not related to the class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.9 Using cell phones or pagers during class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.10 Arriving late for class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.11 Leaving class early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6.12 Cutting class	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6.13 Being unprepared for class	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6.14 Creating tension by dominating class discussion	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6.15 Cheating on exams or quizzes	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6.16 Demanding make-up exams, extensions, grade changes, or other special favors	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

<p>7. Listed below are some <b>STUDENT behaviors</b> that may be considered <b>threatening</b>. Please indicate whether this <b>behavior</b> has happened to you or someone you know within the nursing academic environment in the past 12 months. If you are unsure, please leave the item blank. <b>Has this happened to you or someone you know in the past 12 months?</b></p>		
<b><i>Students ...</i></b>	<b>Yes</b>	<b>No</b>
7.1 General taunts or disrespect to other students	<input type="radio"/>	<input type="radio"/>
7.2 General taunts or disrespect to faculty	<input type="radio"/>	<input type="radio"/>
7.3 Challenges to faculty knowledge or credibility	<input type="radio"/>	<input type="radio"/>
7.4 Harassing comments (racial, ethnic, gender) directed at students	<input type="radio"/>	<input type="radio"/>
7.5 Harassing comments (racial, ethnic, gender) directed at faculty	<input type="radio"/>	<input type="radio"/>
7.6 Vulgarity directed at students	<input type="radio"/>	<input type="radio"/>
7.7 Vulgarity directed at faculty	<input type="radio"/>	<input type="radio"/>

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7.8 Inappropriate e-mails to other students	<input type="radio"/>	<input type="radio"/>
7.9 Inappropriate e-mails to faculty	<input type="radio"/>	<input type="radio"/>
7.10 Threats of physical harm against other students	<input type="radio"/>	<input type="radio"/>
7.11 Threats of physical harm against faculty	<input type="radio"/>	<input type="radio"/>
7.12 Property damage	<input type="radio"/>	<input type="radio"/>
7.13 Statements about having access to weapons	<input type="radio"/>	<input type="radio"/>

8. Listed are some **FACULTY (teaching staff) behaviors** you may have experienced or seen in the nursing academic environment. Please fill in the bubble regarding the level of "disruption" and how often each behavior occurred over the past 12 months.

<i>Faculty ...</i>	Do you consider this behavior disruptive?				How often have you experienced or seen this in the past 12 months?			
	Always	Usually	Sometimes	Never	Often	Sometimes	Rarely	Never
8.1 Arriving late for schedule activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.2 Leaving scheduled activities early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.3 Canceling scheduled activities without warning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.4 Being unprepared for scheduled activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.5 Not allowing open discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.6 Refusing to allow make-up exams, extensions, or grade changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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8.7 Ineffective teaching style/methods	<input type="radio"/>								
8.8 Deviating from the course syllabus, changing assignments or test dates	<input type="radio"/>								
8.9 Being inflexible, rigid and authoritarian	<input type="radio"/>								
8.10 Punishing the entire class for one student's <u>misbehavior</u>	<input type="radio"/>								
8.11 Making statements about being disinterested in the subject matter	<input type="radio"/>								
8.12 Being distant and cold towards others (unapproachable, reject students opinions)	<input type="radio"/>								
8.13 Refusing or reluctant to answer questions	<input type="radio"/>								
8.14 Subjective grading	<input type="radio"/>								
8.15 Making condescending remarks or put downs	<input type="radio"/>								
8.16 Exerting superiority or rank over others	<input type="radio"/>								
8.17 Threatening to fail student for not complying to faculty's demands	<input type="radio"/>								
8.17 Making rude gestures or <u>behaviors</u> toward others	<input type="radio"/>								
8.19 Ignoring disruptive student <u>behaviors</u>	<input type="radio"/>								
8.20 Being unavailable outside of class (not returning calls or e-mails, not maintaining office hours)	<input type="radio"/>								

9. Listed below are some <b>FACULTY (teaching staff) behaviors</b> that may be considered <b>threatening</b> . Please indicate whether this <b>behavior</b> has happened to you or someone you know within the nursing academic environment in the past 12 months. If you are unsure, please leave the item blank. <b>Has this happened to you or someone you know in the past 12 months?</b>		
<i>Faculty ...</i>	Yes	No
9.1 General taunts or disrespect to other students	<input type="radio"/>	<input type="radio"/>
9.2 General taunts or disrespect to faculty	<input type="radio"/>	<input type="radio"/>
9.3 Challenges to faculty knowledge or credibility	<input type="radio"/>	<input type="radio"/>
9.4 Harassing comments (racial, ethnic, gender) directed at students	<input type="radio"/>	<input type="radio"/>
9.5 Harassing comments (racial, ethnic, gender) directed at faculty	<input type="radio"/>	<input type="radio"/>
9.6 Vulgarity directed at students	<input type="radio"/>	<input type="radio"/>
9.7 Vulgarity directed at faculty	<input type="radio"/>	<input type="radio"/>
9.8 Inappropriate e-mails to other students	<input type="radio"/>	<input type="radio"/>
9.9 Inappropriate e-mails to faculty	<input type="radio"/>	<input type="radio"/>
9.10 Threats of physical harm against other students	<input type="radio"/>	<input type="radio"/>
9.11 Threats of physical harm against faculty	<input type="radio"/>	<input type="radio"/>
9.12 Property damage	<input type="radio"/>	<input type="radio"/>
9.13 Statements about having access to weapons	<input type="radio"/>	<input type="radio"/>

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**10. To what extent do you think incivility in the nursing academic environment is a problem?**

- No problem at all
- Moderate problem
- Serious problem
- I don't know/can't answer
- Mild problem

**11. Based on your experiences or perceptions, do you think that students or faculty are more likely to engage in uncivil behavior in the nursing academic environment?**

- Faculty members are much more likely
- Faculty members are a little more likely
- About equal
- Students are a little more likely
- Students are much more likely
- Don't know

**12. In your opinion, WHY do students and/or faculty contribute to incivility within the academic environment?**

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13. In your opinion, HOW do students and/or faculty contribute to incivility within the academic environment?

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14. Please describe how students, faculty, and the university/college should address incivility in the academic environment.

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15. Is there anything else you would like to add?

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**Thank you for your consideration in taking this survey!**

*Questionnaire as amended with permission from original author [Clark, C.](#) 2010.*

# ANNEXURE B

## ETHICAL APPROVAL FROM STELLENBOSCH UNIVERSITY

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UNIVERSITEIT • STELLENBOSCH • UNIVERSITY  
Jou kennisvenoot • your knowledge partner

### Approved with Stipulations New Application

14-Nov-2014  
Langeveld, Allison A

Ethics Reference #: S14/09/196

Title: Undergraduate student nurses' perception of classroom incivility in nursing education in the Western Cape.

Dear Mrs Allison Langeveld,

The New Application received on 29-Sep-2014, was reviewed by members of Health Research Ethics Committee 1 via Expedited review procedures on 14-Nov-2014.

Please note the following information about your approved research protocol:

Protocol Approval Period: 14-Nov-2014 -14-Nov-2015

The Stipulations of your ethics approval are as follows:  
Update Helsinki to 2013 in the ICF, not 2008.

If students are required to complete the questionnaire in class time it may not be voluntary participation. It is suggested that it is done at some other time.

Please remember to use your protocol number (S14/09/196) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

#### After Ethical Review:

Please note a template of the progress report is obtainable on [www.sun.ac.za/rds](http://www.sun.ac.za/rds) and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372  
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

#### Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health ([healthres@pgwc.gov.za](mailto:healthres@pgwc.gov.za) Tel: +27 21 483 9907) and Dr Helene Visser at City Health ([Helene.Visser@capetown.gov.za](mailto:Helene.Visser@capetown.gov.za) Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.  
For standard HREC forms and documents please visit: [www.sun.ac.za/rds](http://www.sun.ac.za/rds)

If you have any questions or need further assistance, please contact the HREC office at 219389156.

**Included Documents:**

Protocol

CV O Khondowe

CV L Furst

Incivility in Nursing Education Survey

Information Leaflet and Consent

CV A Langeveld

Protocol Synopsis

Declaration O Khondowe

Informed Consent General (English)

Checklist

Declaration L Furst

Application form

Declaration A Langeveld

Agreement INE\_Lic\_Langeveld\_Western Cape

Sincerely,

Franklin Weber

HREC Coordinator

Health Research Ethics Committee 1

## Investigator Responsibilities

### Protection of Human Research Participants

Some of the responsibilities investigators have when conducting research involving human participants are listed below:

1. Conducting the Research. You are responsible for making sure that the research is conducted according to the HREC approved research protocol. You are also responsible for the actions of all your co-investigators and research staff involved with this research.

2. Participant Enrolment. You may not recruit or enrol participants prior to the HREC approval date or after the expiration date of HREC approval. All recruitment materials for any form of media must be approved by the HREC prior to their use. If you need to recruit more participants than was noted in your HREC approval letter, you must submit an amendment requesting an increase in the number of participants.

3. Informed Consent. You are responsible for obtaining and documenting effective informed consent using only the HREC-approved consent documents, and for ensuring that no human participants are involved in research prior to obtaining their informed consent. Please give all participants copies of the signed informed consent documents. Keep the originals in your secured research files for at least fifteen (15) years.

4. Continuing Review. The HREC must review and approve all HREC-approved research protocols at intervals appropriate to the degree of risk but not less than once per year. There is no grace period. Prior to the date on which the HREC approval of the research expires, it is your responsibility to submit the continuing review report in a timely fashion to ensure a lapse in HREC approval does not occur. If HREC approval of your research lapses, you must stop new participant enrolment, and contact the HREC office immediately.

5. Amendments and Changes. If you wish to amend or change any aspect of your research (such as research design, interventions or procedures, number of participants, participant population, informed consent document, instruments, surveys or recruiting material), you must submit the amendment to the HREC for review using the current Amendment Form. You may not initiate any amendments or changes to your research without first obtaining written HREC review and approval. The only exception is when it is necessary to eliminate apparent immediate hazards to participants and the HREC should be immediately informed of this necessity.

6. Adverse or Unanticipated Events. Any serious adverse events, participant complaints, and all unanticipated problems that involve risks to participants or others, as well as any research-related injuries, occurring at this institution or at other performance sites must be reported to the HREC within five (5) days of discovery of the incident. You must also report any instances of serious or continuing problems, or non-compliance with the HREC's requirements for protecting human research participants. The only exception to this policy is that the death of a research participant must be reported in accordance with the Stellenbosch University Health Research Ethics Committee Standard Operating Procedures: [www.sun025.sun.ac.za/portal/page/portal/Health\\_Sciences/English/Centres%20and%20Institutions/Research\\_Development\\_Support/Ethics/Application\\_package](http://www.sun025.sun.ac.za/portal/page/portal/Health_Sciences/English/Centres%20and%20Institutions/Research_Development_Support/Ethics/Application_package) All reportable events should be submitted to the HREC using the Serious Adverse Event Report Form.

7. Research Record Keeping. You must keep the following research-related records, at a minimum, in a secure location for a minimum of fifteen years: the HREC approved research protocol and all amendments; all informed consent documents; recruiting materials; continuing review reports; adverse or unanticipated events; and all correspondence from the HREC

8. Reports to the MCC and Sponsor. When you submit the required annual report to the MCC or you submit required reports to your sponsor, you must provide a copy of that report to the HREC. You may submit the report at the time of continuing HREC review.

9. Provision of Emergency Medical Care. When a physician provides emergency medical care to a participant without prior HREC review and approval, to the extent permitted by law, such activities will not be recognised as research nor will the data obtained by any such activities should it be used in support of research.

10. Final reports. When you have completed (no further participant enrolment, interactions, interventions or data analysis) or stopped work on your research, you must submit a Final Report to the HREC.

11. On-Site Evaluations, MCC Inspections, or Audits. If you are notified that your research will be reviewed or audited by the MCC, the sponsor, any other external agency or any internal group, you must inform the HREC immediately of the impending audit/evaluation.

## ANNEXURE C

### PERMISSION OBTAINED FROM INSTITUTION

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DIRECTORATE: WESTERN CAPE COLLEGE OF NURSING

[Teresa.bock@westerncape.gov.za](mailto:Teresa.bock@westerncape.gov.za)

Enquiries: Ms T M Bock

Date: 2014/12/11

---

Ms Langeveld

Student no 15874710

Stellenbosch University

**RE: Your study titled "Undergraduate student nurses' perception of classroom incivility in a Nursing Education Institution in the Western Cape.**

Your application for the research project to be conducted at the Metro West Campus of WCCN refers.

The Institutional Research Ethics Committee grants the necessary approval for you to conduct your research at the Metro West Campus, based on your compliance with the following requests.

1. Any reference to Nursing college being replaced with the wording 'Nursing Education Institution'.
2. Data collection will be totally voluntary and not interfere with the academic programme of the Institution

The Research Ethics committee wishes you all success in this research project.

Sincerely

A handwritten signature in black ink, appearing to be 'T M Bock', written in a cursive style.

TM Bock

Acting Chair WCCN Research Ethics Committee

Phone: 021 648 1202; 021 638 6899 (fax)

Klipfontein Road, Sunwell, Athlone 7764

## ANNEXURE D

### PARTICIPANT INFORMATION LEAFLET AND DECLARATION OF CONSENT BY PARTICIPANT AND INVESTIGATOR

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#### PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT:|

Undergraduate student nurses' perceptions of classroom incivility at a Nursing Education Institution in the Western Cape

REFERENCE NUMBER: S14/09/196

PRINCIPAL INVESTIGATOR: Mrs Allison Langeveld

ADDRESS: Western Cape College of Nursing, Klipfontein Road, Athlone, 7764

CONTACT NUMBER: CELL: 0845833178  
OFFICE: 021 6841266  
E-MAIL: [allisonlangeveld1@gmail.com](mailto:allisonlangeveld1@gmail.com)

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

#### **What is this research study all about?**

Very few studies are available pertaining to the perceptions of undergraduate student nurses towards classroom incivility in the South African context. The aim of the study is to investigate undergraduate student nurses' perceptions of classroom incivility in a class room environment at this nursing education institution. The prevalence of incivility is not known at this nursing education institution. A better understanding of incivility may assist the management of the nursing education institution to identify strategies to combat the problem and to provide a more effective support system to students who experience incivility.

All second, third and fourth-year undergraduate student nurses will be invited to participate in the study. Your participation requires the completion of a questionnaire which will take approximately 15 minutes of your time.

**Why have you been invited to participate?**

As a student, you may have experienced or witnessed incivility in the classroom. Your feedback could make a valuable contribution to the understanding and management of the problem of classroom incivility in nursing education.

**What will your responsibilities be?**

- Read this leaflet.
- Think about and reflect honestly on your understanding and experiences of classroom incivility in nursing education at this institution.
- Complete and sign this consent form in duplicate. Keep one form for yourself and give the other one to the researcher.

**Will you benefit from taking part in this research?**

As a student nurse you will have the opportunity to express what you feel. The researcher will gain an understanding of undergraduate student nurses' perceptions of classroom incivility. Future student nurses may directly benefit from the findings in understanding the problem of classroom incivility.

**Are there any risks involved in your taking part in this research?**

There are no risks involved in this study.

**If you do not agree to take part, what alternatives do you have?**

There are no alternatives, either you participate or not. You may withdraw your consent at any time and discontinue participation without penalty. Participation is voluntary.

**Who will have access to your medical records?**

There will be no access to your medical records. All information collected with the survey will be treated as confidential. The identity of the participant will remain anonymous at all times, including in any publication or thesis resulting from the study. All data will be locked up in a safe for a period of five years and will only be made available to the supervisor, co-supervisor and research ethics committee upon request.

**Will you be paid to take part in this study and are there any costs involved?**

No, you will not be paid to take part in the study. There will be no costs involved for you if you do not take part.

**Is there any thing else that you should know or do?**

- You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your researcher.

- If you have any questions regarding your rights as a research participant, contact Mrs Laetitia Furst ([lfurst@sun.ac.za](mailto:lfurst@sun.ac.za); 021 938 9822) at the Division of Nursing, Stellenbosch University.
- You will receive a copy of this information and consent form for your own records.

### Declaration by participant

By signing below, I ..... agree to take part in a research study entitled "Undergraduate student nurses' perceptions of classroom incivility at a Nursing Education Institution in the Western Cape."

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ..... 2015.

.....  
Signature of participant

.....  
Signature of witness

### Declaration by investigator

I Allison Langeveld declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above

- I did/did not use a interpreter. *(If a interpreter is used then the interpreter must sign the declaration below.*

Signed at (*place*) ..... on (*date*) ..... 2015.

.....  
**Signature of investigator**

.....  
**Signature of witness**

### **Declaration by interpreter**

I (*name*) ..... declare that:

- I assisted the investigator (*name*) ..... to explain the information in this document to (*name of participant*) ..... using the language medium of Afrikaans/Xhosa.
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) ..... on (*date*) ..... 2015

.....  
**Signature of interpreter**

.....  
**Signature of witness**

# ANNEXURE E

## COPYRIGHT LICENSE AGREEMENT

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### COPYRIGHT LICENSE AGREEMENT

This License Agreement (the “License”) is made and entered into this 11th day of August, 2014, by and between Boise State University, hereinafter referred to as the “Licensor,” and Allison Langeveld, hereinafter referred to as the “Licensee.”

WHEREAS, the Licensor owns certain rights, title and interests in the Incivility in Nursing Education (INE) Survey, hereafter called the “Licensed Works,” and

WHEREAS, the Licensor desires to grant a license to the Licensee and Licensee desires to accept the grant of such license pursuant to the terms and provisions of this License Agreement for the purposes of permitting Licensee to use the Licensed Works for non-commercial purposes as outlined herein;

NOW THEREFORE, in consideration of the payment of the License fee and the other mutual promises and benefits contained herein, the parties hereto agree as follows:

1. Grant of License. The Licensor hereby grants to Licensee, its employees, agents and contractors, a limited, non-transferrable, non-exclusive license under Licensor’s copyrights to use the Licensed Works to assess the level of incivility in the following environments: single site, single use at Western Cape College of Nursing, Klipfontein Road, Athlone, Cape Town, South Africa.

The License granted herein is for one-time implementation of the Licensed Works for non-commercial purposes only. The Licensed Works are more particularly described as quantitative and qualitative items and is used to gather administrator, staff, faculty and students’ perceptions of uncivil, disruptive, and threatening behaviors, the frequency of these perceived behaviors and to elicit suggestions for prevention and intervention. Licensee shall not be authorized to create derivative works of the Licensed Works without the written approval of Licensor. The Licensor reserves all other rights and interest in the Licensed Works, including copyright. Each copy of the Licensed Works and every written documentation, description, marketing piece, advertisement, or other representation of or concerning the Licensed Works shall conspicuously bear a notice of the Licensor’s copyright in this form “Copyright 2009 Boise State University. All rights reserved”. Licensor represents and warrants that it is the rightful owner of all the rights granted herein, has obtained all required licenses, rights and permissions necessary to convey and hereby does convey the License free and clear of any and all claims, encumbrances and liens.

2. Term. The term of this License shall commence on the date set forth first above and shall terminate on a date eighteen (18) months after commencement.

3. License Fee. In consideration for the granting of the License, the Licensee shall pay to Licensor a one-time License Fee of US \$0.00 and provide a file of the de-identified data, per environment, for a total of US \$0.00 due and payable to Boise State University upon execution of this License. No other fees, royalties, expenses or amounts shall be incurred by Licensee in exchange for, or as a condition of receiving this License and the rights granted herein. The license rights set forth herein shall not become effective until payment of the License fee has been received and accepted by Licensor. All amounts remitted hereunder shall be paid in U.S. dollars.

4. License Services. If Licensee chooses technical support, training and implementation services for each educational environment identified above shall be pursuant to a separate services agreement.
5. Confidentiality/Publication. Information provided by Licensee in the course of using the Licensed Work ("Confidential Information") shall remain confidential and proprietary to Licensee and Licensor shall receive and use the Confidential Information for the sole purpose of assisting Licensee in the implementation of the Licensed Works. Licensor agrees to protect the proprietary nature of the Confidential Information and agrees not to disclose the Confidential Information to any third party or parties without the prior written consent of the Licensee.
6. Liability. To the extent authorized by law, Licensee shall indemnify, defend, and hold harmless the Licensor, its officers, employees and agents against any and all claims, damages, liability and court awards including costs, expenses, and attorney fees incurred as a result of any act or omission by Licensee, or its employees, agents, subcontractors, or assignees, arising from Licensee's use of the Licensed Works or any act or omission of Licensee under the terms of this License. Licensee shall pay for all costs arising out of its activities under this License including but not limited to all costs of copying and distribution.
7. Assignment. Licensee shall not assign to, and will not permit the use of said Licensed Works by, anyone, other than Licensee, its agents, employees or contractors, without the prior written consent of the Licensor, which consent will not be unreasonably withheld or delayed.
8. Abandonment by Licensee. In case of abandonment of this License by Licensee, Licensee shall give notice to Licensor of its intent to abandon, and the Licensed Works shall thereupon be free and clear of this License and of all rights and privileges attaching thereto.
9. Captions, Construction and License Effect. The captions and headings used in this License are for identification only and shall be disregarded in any construction of the provisions. All of the terms of this License shall inure to the benefit of and be binding upon the respective heirs, successors and assigns of both the Licensor and Licensee. If any portion, clause, paragraph, or section of this License shall be determined to be invalid, illegal, or without force by a court of law or rendered so by legislative act, then the remaining portions of this License shall remain in full force and effect.
10. Consent. Unless otherwise specifically provided, whenever consent or approval of the Licensor or Licensee is required under the terms of this License, such consent or approval shall not be unreasonably withheld or delayed, and shall be deemed to have been given if no response is received within thirty (30) days of the date the request was made. If either party withholds any consent or approval, such party on written request shall deliver to the other party a written statement giving the reasons therefore.
11. Notice. Any notice required or permitted by this License may be delivered in person or sent by registered or certified mail, return receipt requested to the party at the address as hereinafter provided, and if sent by mail it shall be effective when posted in the U.S. Mail Depository with sufficient postage attached thereto:

LICENSOR

LICENSEE

Boise State University  
Attn: Office of  
Technology Transfer  
1910 University Drive  
Boise, ID 83725-1135

Allison Langeveld  
31 Topsham Road  
Plumstead  
7800  
Cape Town, South Africa

Notice of change of address shall be treated as any other notice.

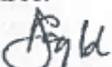
12. Applicable Law. The License shall be governed by Idaho law. All construction pursuant to or interpretation of this License shall comply with and conform to all applicable state, federal and local laws, regulations, rules and orders.

13. Default. Any failure of either party to perform in accordance with the terms of this Agreement shall constitute a breach of the agreement. In the event of a material breach by Licensee, Licensor may, upon written notice to Licensee, declare this License Agreement terminated and may seek such other and further relief as may be provided by law, including, but not limited to, a temporary or permanent injunction against Licensee's continued use of the Licensed Works, actual and/or statutory damages, costs of suit, and reasonable attorney fees incurred by Licensor as a result of the breach, plus interest on all amounts from the date of the breach until paid in full, at the highest rate permitted by law.

14. Complete Agreement. This License supersedes any and all prior written or oral Licenses and there are no covenants, conditions or agreements between the parties except as set forth herein. No prior or contemporaneous addition, deletion, or other amendment hereto shall have any force or effect whatsoever unless embodied herein in writing. No subsequent innovation, renewal, addition, deletion or other amendment hereto shall have any force or effect unless embodied in a written contract executed and approved by both parties.

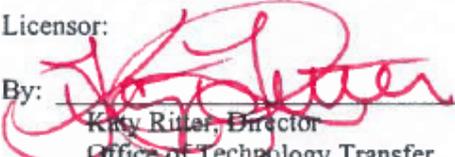
In witness whereof, the parties hereto have executed this License on the day and year first above written.

Licensee:

By:   
Allison Langeveld

Date: 12 August 2014

Licensor:

By:   
Kitty Ritter, Director  
Office of Technology Transfer

Date: 8/12/14

## ANNEXURE F

### LETTER OF REQUEST TO CONDUCT RESEARCH AT NURSING EDUCATION INSTITUTION

---

31 Topsham Road  
Plumstead  
7800  
17 November 2014

Mr D. Govin  
Head of College  
Western Cape College of Nursing  
Private Bag X2  
Surwell  
7762

Dear Mr Govin

#### **Permission to conduct a study at the Western Cape College of Nursing**

I am currently registered for the Master's in Nursing (MCUR) at Stellenbosch University and therefore request permission to conduct a research project at the Western Cape College of Nursing, Athlone campus. The topic of my study is entitled: **Undergraduate student nurses' perceptions of classroom incivility in nursing education in the Western Cape.**

My research proposal for the above research topic has been approved by the Committee for Human Research at Stellenbosch University (Ethics reference number: S14/09/196). See attached letter.

I would like to proceed with data collection in the form of questionnaires which will be distributed to students during class placements in January 2015.

My supervisor is Ms L. Furst at Stellenbosch University. She can be contacted at 021 938 9628/ 083 9951977.

Thanking you in anticipation.

Yours sincerely,

Ms A. Langeveld

## ANNEXURE G

### DECLARATION BY LANGUAGE AND TECHNICAL EDITOR

---

I, Julia Handford, herewith declare that I have language edited and technically edited the thesis of **Allison Langeveld** that is entitled: “***Undergraduate student nurses’ perceptions of classroom incivility at a Nursing Education Institution in the Western Cape***”.

Yours truly,

*Julia Handford*

---

**JULIA S HANDFORD**

[MBA | BCom (Acc) | BSc (Hons) | HED]

Date: **30 August 2015**