

The Impact of Student Incivility on Learning Environments in Nursing Education

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ABSTRACT

The purpose of this descriptive cross-sectional survey research was to investigate how rude and disrespectful students affected the classroom climate in nursing schools. Using stratified random selection, 132 individuals were chosen to reflect different academic levels. These participants included both nursing students and instructors. A systematic questionnaire with both open-ended and closed-ended questions was used to collect data over the course of two weeks. The purpose of the questionnaire was to measure the frequency of disruptive behaviours, how they affected academic engagement, and what solutions were offered. Talking and using phones in class were the most often mentioned behaviours. In most cases, participants felt that these actions affected the classroom atmosphere to varying degrees. To examine the distribution and prevalence of answers, descriptive statistics were used. To determine if there was a correlation between rudeness type and perceived severity, we ran a Chi-square test of independence; we found no such correlation. In order to foster an environment where students may learn effectively and respectfully, the results highlight the significance of having well-defined classroom norms, providing professionalism training, and adopting supporting interventions.

Keywords: Student Incivility, Learning Environment, Academic Disruption, Professionalism in Nursing, Student Behavior.

INTRODUCITON

The core values of nursing education include the development of understanding, competence in clinical practice, compassion, and professionalism. Students are required to maintain the greatest levels of patient care and interpersonal respect throughout their academic journey, which is also a professional and ethical preparation. In this setting, the classroom has a significant impact on the mental and emotional development of both nursing students and teachers. But the increase of rudeness and disrespect among nursing school students has been a major issue in recent years. A major obstacle to productive learning and teaching is incivility, which is often understood as rude, disrespectful, or improper conduct that damages mutual respect. Academic morale, student engagement, peer relationships, and the quality of education as a whole may take a hit when this kind of behaviour shows up in the classroom.

Chronic tardiness, lack of attention in class, verbal aggression, nonparticipation, and passive-aggressive behaviours such ignoring criticism or academic duties are all examples of student incivility. Tension, distraction, and emotional discomfort are created by these behaviours, which are sometimes subtle. Such disturbances jeopardise not only academic achievement but also the development of fundamental professional principles in nursing education, whereby classroom and clinical training rely on empathy, ethical behaviour, and professional decorum. A poisonous educational culture may persist when faculty members who experience regular incivility may feel discouraged, unsupported, or hesitant to confront unacceptable behaviour. A similar pattern of negative emotions, including increased stress, decreased motivation, and distrust in the educational process, may be experienced by students who are the targets of or witness rude behaviour among their classmates. In nursing education, rude students have several root reasons. There are a lot of factors that might contribute to these issues, including generational and cultural disparities, insufficient socialisation into professional standards, personal stresses, academic pressure, and ignorance about what is considered appropriate behaviour in academic environments. In addition, students may experience animosity or disengagement due to the hierarchical and high-pressure character of nursing programmes, which may lead to rude behaviour. Institutional regulations, individual resilience, and support

networks all play a role in how faculty responds to rude students. Uncivil conduct may flourish and become the norm when there are no well-defined norms for behaviour and no regular repercussions for transgressions.

The effects of rude students on classrooms go beyond the obvious disturbances they cause. It ruins the mental space that is necessary for honest discussion, in-depth analysis, and group projects. Less room for children to ask questions, participate, and develop occurs in classrooms where they often face bullying, harassment, or other forms of disrespect. Furthermore, these settings have the potential to foster an atmosphere of dread, timidity, and avoidance, which is completely at odds with the principles of nursing as a compassionate and moral profession. Faculty fatigue, discontent with their jobs, and eventual departure from academic positions are all consequences of constant exposure to rudeness and disrespect, which in turn affects the quality of institutions and the results students achieve. There is cause for worry about the conduct of aspiring nurses in clinical settings when rudeness is prevalent in educational settings. Collaborating, communicating, and respecting one another within multidisciplinary teams is essential in the nursing profession. Patient care and workplace peace are put at risk when students are given the opportunity to act unprofessionally while in school. Therefore, combating rudeness and disrespect in nursing schools is a problem of public health and ethics as well as an academic one.

Proactive measures, well-defined regulations, and a collective effort from teachers, students, and administration are necessary to establish a safe and welcoming classroom. Institutions should provide support systems for teachers and students, teach students how to resolve conflicts and communicate effectively, and define behavioural standards from the beginning. Educators should be prepared to promote inclusive and engaging classroom environments by recognising, responding to, and documenting incidents of incivility; this should be a component of faculty development programmes. Equally important is for students to take an active role in seeing how their actions affect others and in fostering an environment where everyone is held responsible and respectful of one another. Concerning the growing number of incidents of disruptive student behaviour in nursing education, it is crucial to comprehend the causes and effects of rudeness and to establish institutional policies that foster an atmosphere of mutual respect and support among students. The purpose of this research is to investigate rudeness in nursing schools, including its symptoms, origins, and effects on classroom climate. In order to address these difficulties and promote a culture of professionalism, mutual respect, and civility in academic and clinical settings, it also suggests remedies based on research.

REVIEW OF LITERATURE

Palumbo, Ruthanne. (2018). A sad reality that impacts nursing students in every facet of their educational experience is incivility in nursing education. Because neither students nor teachers are prepared to cope with academic incivility, this problem will continue to plague the nursing profession in the years to come. There is a need for resources that can assist nursing educators in teaching their students to identify and address rude and disrespectful behaviour. Developed to educate students on the topic of academic incivility, this research project addressed these factors and put an e-learning module into action. The data was gathered utilising a pre- and post-test paradigm, and the McNemar's test was used for statistical analysis. Nursing students who saw the e-learning programme reported higher levels of confidence in their abilities to identify academic incivility, characterize it, and take action against it. Finally, nursing schools should consider include incivility teaching in their curricula after the e-learning module's successful deployment.

Vuolo, Julie. (2017). When people act in a way that is frightening, unpleasant, disruptive, or otherwise unruly, it is called incivility. Student health, the quality of the learning environment, and patient outcomes may all be affected by rudeness and disrespect in the nursing profession. In the United Kingdom, where students spend equal time on theory and practice and are assigned a nurse mentor during clinical placement, there is little known about this phenomena, despite its worldwide recognition. Ten undergraduates enrolled in a pre-registration (pre-licensure) nursing degree course had their perspectives examined using a phenomenological qualitative methodology. The data was gathered via in-depth, verbatim transcriptions of tape-recorded, in-person interviews that were semi-structured. We used Interpretative Phenomenological Analysis to guide our thematic analysis. Both academic performance and mental health might suffer when student nurses encounter rude or disrespectful patients or coworkers in clinical or classroom settings. Fifteen subthemes were found, including abuse, feeling like a burden, and positioning, while four superordinate themes were identified as Knowing-Not Knowing, The Invisible Student, and Distraction. With these results, we have a better grasp of the nature of rudeness at nursing schools and how it may affect students' mental health and ability to study. Because they provide light on a hitherto underappreciated aspect of this complicated, internationally acknowledged phenomenon, incognitivities associated with "the Invisible Student" and "Knowing-Not Knowing" need more investigation.

Schaeffer, Amy. (2013). After the tragic school shooting in Columbine and the most recent mass shooting in a Colorado movie theatre, widespread public incivility has captured the nation's attention in the last decade. Authorities in the field of higher education have a strong interest in investigating the manifestations, reasons, and remedies for disruptive conduct

among students and teachers, even as the general public tries to make sense of these violent actions. One of the goals of nursing education is to help students develop the empathy necessary to be good nurses. However, student nurses may be negatively impacted by acts of incivility, whether they are considered small disturbances or acts of serious violence. A nationwide scarcity of nurses is exacerbated by academic incivility, which may lead to bullying at work. Bullying is a known cause of employee turnover. This article explains how rudeness and other forms of disrespect may affect nursing schools and their students, as well as the nursing profession as a whole.

Gallo, Veronica. (2012). This literature review provides a definition of "incivility in nursing," outlines the many research approaches that have examined this topic, summarises the views of nursing staff and students on rude behaviour, and finally, addresses the knowledge gaps and research needs related to this topic. Reducing rudeness in nursing schools may be facilitated by raising awareness among nurse educators about the issue and calling for further study in the field.

Clark, Cynthia. (2008). An increasingly pressing issue in nursing education is the prevalence of rude and disrespectful behaviour among students and teachers, which has a negative impact on classroom dynamics and causes unnecessary stress for everyone involved. Teachers in the nursing profession who set a good example by acting politely and positively influence their pupils to do the same. Teachers who are cold, uncaring, and degrading may elicit the opposite reaction. To investigate how nursing students perceive and are affected by rude faculty members, the author performed a phenomenological research. First, teachers acting in a condescending and belittling manner; second, teachers treat students unjustly and subjectively; and third, teachers forcing students to comply with excessive faculty expectations were the three primary themes that students characterised as faculty incivility. Students consistently blamed faculty haughtiness and rankism for the issue and felt helpless to do anything about it. This article provides a description of how nursing students see rude faculty members and how Fuller's rankism theory provides an interpretation of those descriptions. An improved teaching-learning environment and stronger connections between students and teachers may be the result of an understanding of the ways in which rankism affects nursing education.

Luparell, Susan. (2007). the purpose of this research was to investigate the impact of rude interactions on 21 nursing faculty members who had taught nursing students. From moderate to very violent, including explicit threats to the safety of the teaching members, the uncivil confrontations fell into a wide spectrum. Physical and emotional reactions, low self-esteem, lack of faith in one's own teaching abilities, substantial time expenditures, and detrimental impacts on the educational process were among the long-term and short-term consequences of the rude encounters on the participating nursing faculty. The encounters that three faculty members had with students were a major role in their decision to leave nursing education.

RESEARCH METHODOLOGY

To investigate how rude students affect classroom behaviour in nursing schools, this research used a descriptive cross-sectional survey approach. This study's design made it possible to gather data all at once, allowing researchers to spot trends in student behaviour and gauge how those trends affected classroom dynamics.

A total of 132 individuals were chosen at random from a stratified random sample to guarantee that all academic levels were represented in the sample. This included both nursing students and faculty members. This method made it easier to include different points of view on disruptive classroom behaviour and learning.

A systematic questionnaire with both open-ended and Likert-scale items was used to gather data. The tool included questions on how often rudeness occurs, how it affects students' ability to study, and what solutions have been suggested to reduce rudeness. Over the course of two weeks, we collected data in accordance with all applicable ethical standards. Every participant gave their informed permission, and their privacy was protected at all times.

Results were summarised using descriptive statistics, which include percentages and frequencies, for the purpose of data analysis. To determine if there was a correlation between the various forms of rudeness and how they affected the classroom, we used a chi-square test of independence.

DATA ANALYSIS AND INTERPRETATION

Table 1: Frequency of Observed Student Incivility Behaviors

Type of Behavior	Frequency	Percentage (%)
Talking during lectures	35	26.5%
Using mobile phones in class	28	21.2%

Arriving late/leaving early	25	18.9%
Disrespectful communication	22	16.7%
Sleeping during class	15	11.4%
No response	7	5.3%
Total	132	100%

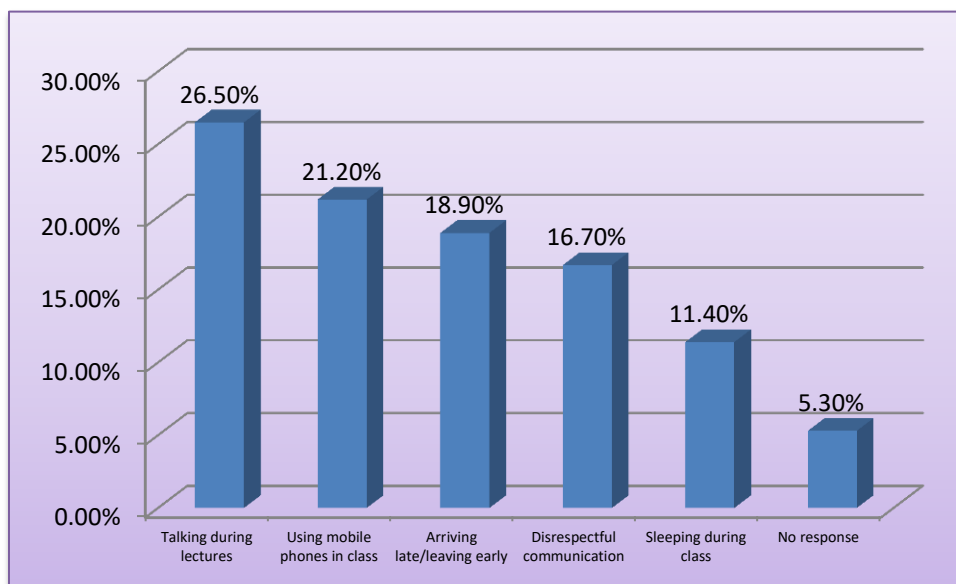


Figure 1: Frequency of Observed Student Incivility Behaviors

The following table details the many rude behaviours reported by nursing students, along with the proportion and frequency of each, based on 132 total responses. chatting on a cell phone while in class is the second most prevalent behaviour, at 21.2%, behind chatting during lectures (26.5%). Notable behaviours also include rude or disrespectful speech (16.7%), coming late or departing early (18.9%), and others. Doing nothing or dozing off in class are less common occurrences. These results show that there are many different types of classroom disruptions, and that they happen often enough to have an impact on the learning environment.

Table 2: Perceived Impact of Incivility on Learning Environment

Impact Level	Frequency	Percentage (%)
Very high	30	22.7%
High	42	31.8%
Moderate	35	26.5%
Low	15	11.4%
No impact	10	7.6%
Total	132	100%

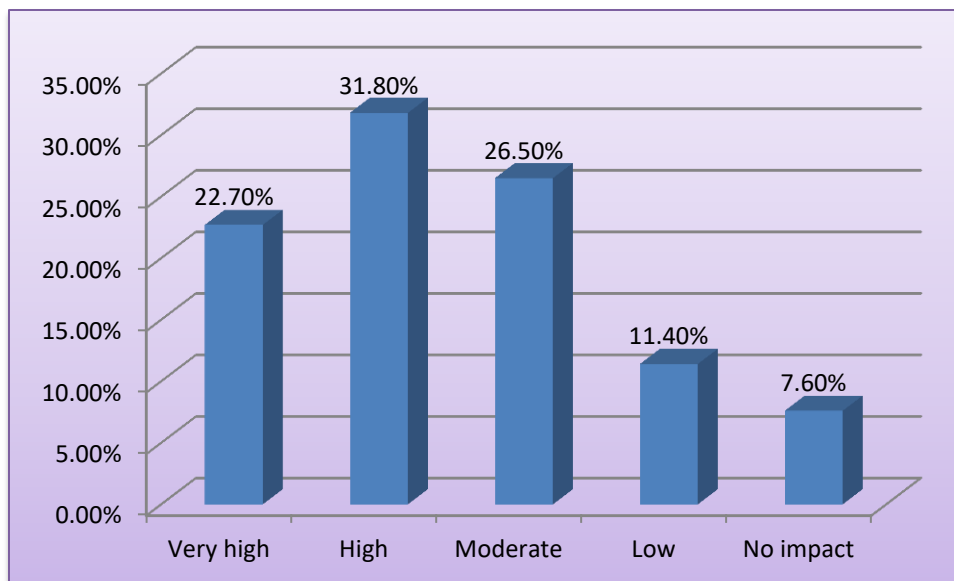


Figure 2: Perceived Impact of Incivility on Learning Environment

Perceptions of the extent to which student rudeness impacts the classroom climate are shown in this table. The negative impacts of incivility on academic engagement and the atmosphere are very concerning, since the majority of respondents (31.8% and 22.7%, respectively) see them as high. Some 26.5 percent think it will have a moderate effect, while a smaller minority says it would have little to no effect at all. In general, the majority of respondents think that rudeness and disrespect greatly disturb the classroom environment.

Table 3: Suggestions for Reducing Incivility

Suggested Action	Frequency	Percentage (%)
Establishing clear classroom rules	43	32.6%
Incorporating professionalism training	40	30.3%
Faculty modeling respectful behavior	25	18.9%
Disciplinary action for repeated issues	15	11.4%
Student counseling programs	9	6.8%
Total	132	100%

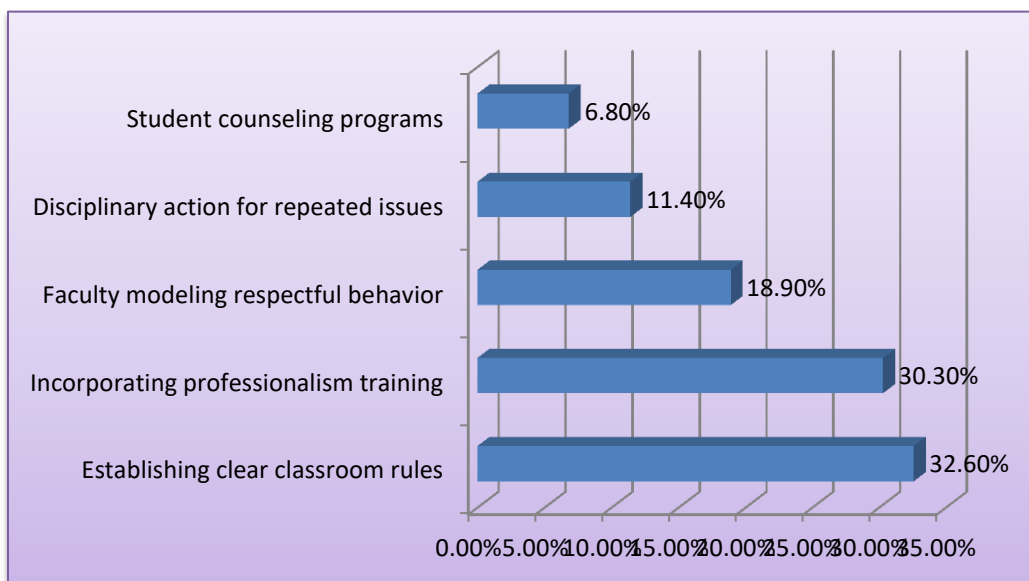


Figure 3: Suggestions for Reducing Incivility

Here we summarise the ideas participants made for reducing rudeness using percentages and frequency. Setting clear classroom norms is the most suggested step at 32.6%, with professionalism training coming in at 30.3%. Student counselling programs (6.8%), disciplinary action (11.4%) for recurring offences, and faculty modelling respectful behaviour are further methods. All of these answers point to the need for a comprehensive strategy that includes well-defined rules, training on appropriate professional behaviour, and supplementary treatments.

Table 4: Chi-Square Test Results

Observed Variables	Chi-Square (χ^2)	Degrees of Freedom (df)	p-value	Significance
Type of Student Incivility \times Impact Level	18.76	12	0.095	Not Significant

A statistical test was conducted to see if there is a correlation between the kind of student rudeness and its effect on the classroom climate. The findings are shown in the table. A p-value of 0.095 was produced using the chi-square test with 12 degrees of freedom ($\chi^2 = 18.76$), beyond the commonly accepted 0.05 criterion. Hence, there is no solid proof of a correlation between the particular forms of rudeness and the extent to which they are felt, as the outcome is not statistically significant. Incivility is widely seen as a learning inhibitor, regardless of its form, although the degree to which this is believed to be the case is not determined by any one action.

CONCLUSION

A major obstacle to creating welcoming, secure, and productive classroom settings for nursing students is student rudeness. Its negative impacts on learning and faculty mental health are only the tip of the iceberg when it comes to how it undermines the fundamental principles of nursing professionalism. It is of the utmost importance to guarantee that nursing programmes promote not just technical competence but also ethical conduct and respect for others, as the need for caring nurses is on the rise. Clear institutional regulations, good training of teachers, student participation, and constant assessment are all components of a comprehensive, multi-faceted strategy to combat incivility. To better educate students to become professionals who are both excellent clinicians and ethical and collaborative, nursing programmes should establish learning environments based on mutual respect, open communication, and responsibility. At the end of the day, a competent, caring, and respectful healthcare staff is impossible to create without first fostering civility in nursing education.

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