

Nurse Teachers' Lived Experiences with Students' Impoliteness: A Qualitative Study

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Abstract: *Students impolite behavior is very interrupting in nursing education and if ignored could lead to behavioral entanglement and in due course violence and aggression in classrooms. The present study was aimed to explore the nurse teachers' lived experiences with students' impoliteness. A phenomenological design was used to examine the lived experiences. A total of 14 nurse teachers were selected through purposive sampling technique. Data was collected through semi structured interview. Interviews were audio-taped and transcribed by the researcher. The themes emerged were categorized as a) Unbecoming behavior with teachers; b) Unprofessional behavior with peers; c) Undesirable behavior in classroom; d) Academic dishonesty; and e) Aggressive non-verbal expressions. The study findings encompassed causes of impolite behavior and recommendations to overcome the same.*

Keywords: Nurse Teachers, impoliteness, qualitative, phenomenology

1. Introduction

Student incivility at odds with nursing faculty is acknowledged as a zone of huge concern in nursing education. The negative potential influence on nursing teachers is frightening [1]. A warning to psychological and physical well being may be disastrous to the recruitment and retention of faculty in the academic wing that is previously experiencing short of qualified nurse teachers [2]. When people encounter stress, uncivil behaviors becomes frequent, which in turn can aggravate into violent behavior, if not overly controlled [3].

The profession of nursing has consistently known for manifesting kind-hearted care, therefore, the prospective nurses representing anything less is apprehensive. Incivility depicts less concern for patient well-being and respect for human dignity, which is mandatory for professional nursing [4]. This problem is magnificent and worrying, not only for the representation of nursing, but the influence it has on the health care environment too.

Incivility debilitates personal relationships and results in behavioral changes like disengagement, vengeance, and possible violence. It can cause damaged relationships between student and faculty in the academic environment [5]. It is indicated that the struggle student experience during training devalues and decreases the educational experience for both faculty and students, ultimately leading to annoyance and uncivil behaviors. Each problem can be managed tactfully when it is single; it is the cumulative effect of plenty of issues and factors when intertwined that exacerbates the situation, thus ending up with incivility [6].

The most commonly observed student negative behaviors noted by researchers were late coming to class, leaving class early, not attending the class, and not paying attention to class. Other behaviors were cell phones use, sleeping in the class and cheating [7]. Contrary behaviors of student incivility encompassed vulgarity and provoking comments, defying faculty member's knowledge, teasing and disrespectful comments and warnings to physical violence [8]. There is a necessity for nursing research to throw light

on the character of the lived experience through the eyes of nursing faculty. There is very less number of empirical studies that describe faculty experiences.

Statement of problem

A phenomenological study on nurse teachers' lived experience with students' impoliteness at Bhopal

2. Objective

The present study was aimed to explore the nurse teachers' lived experiences with students' impoliteness.

3. Methodology

A phenomenological design was adopted to examine the lived experience of faculty dealing with impolite behavior among nursing students. Approval was obtained from the Institutional Review Board. Participants who were willing to take part in the study, who were available during data collection period with three years of teaching experience were the eligibility criteria for selection. Using purposive sampling technique, 14 participants were chosen. Descriptive data was gathered by one to one interview. The interview began with an open ended statement: 'Can you describe your experience with nursing students' impolite behavior?' The researcher utilized open ended cues and prompts to obtain clarification and depth. A self constructed semi structured interview was prepared to provide direction such as asking participants experience pertaining to common impolite behaviors. The interview augmented with the questions related to their perceptions related to causes of students' impolite behavior and management strategies. The average time for an interview was 35 minutes (range 22-48). Follow up clarification was obtained as required. Interviews were audio-taped and transcribed by the researcher. Data collection was done in the month of January 2019.

4. Results

Table 1 displays the characteristics of participants. Majority (64.3%) belonged to 25-35 age group; 64% were females;

86% of participants were qualified with M.Sc Nursing; and 28.6% were Assistant Professors.

Table 1: Frequency and Percentage distribution of participants according to their demographic characteristics
N=14

Variable	Frequency	Percentage
Age group		
25-35	9	64.3
35-45	3	21.5
45-55	2	14.2
Gender		
Male	5	36
Female	9	64
Qualification		
M.Sc Nursing	12	86
B.Sc Nursing	2	14
Experience		
0-10	9	64.3
Oct-20	3	21.5
20-30	2	14.2
Position		
Tutor	2	14.2
Lecturer	3	21.5
Asst.Professor	4	28.6
Assoc.Professor	2	14.2
Professor	3	21.5

Data was analyzed utilizing Colaizzi’s phenomenological analysis method. It was employed to analyze the transcribed qualitative data encompassing identification of significant quotes pertaining to students’ impolite behavior, formulating meaning by making general restatements of statements verbalized by participants, clustering themes based on the formulated statements, developing an exhaustive description of nursing students’ impolite behavior, and producing fundamental structure of the aspects to the phenomena of students’ impolite behavior.

Table 2: Main themes and subthemes categorized based on the formulated statements

Main themes	Subthemes	Number of responses	Percentage
Unbecoming behavior with teachers	• Arguing with teacher	14	100
	• Talking back	14	100
	• Do not accept corrections	12	86
	• Disobedience	10	71
	• Enter the class without permission	10	71
	• Speaks rudely	10	71
	• Threaten teachers	13	93
Unprofessional behavior with peers	• Fight between themselves	13	93
	• Forms groups and bully others	10	71
	• Pass sarcastic comments	12	86
	• Gender bias	9	64
	• Use abusive language	14	100
	• No professional values maintained	14	100
Undesirable behavior in class room	• Less manners	10	71
	• Not paying attention to class	14	100
	• Sleeping in the class	10	71
	• Not obeying orders	12	86
	• Talk between the lectures	14	100
	• Disturbs others in the	12	86

	class		
	• Not prepared for class	14	100
	• Use of mobiles during class	10	71
	• Attention seeking	10	71
	• Dominates the class	8	57
	• Formal posture not maintained	7	50
	• Ask questions inappropriately	8	57
	• Makes sounds during class	8	57
	• Come late to class	10	71
	• Destroys LCD cables	14	100
	• Destroys mike	12	86
	• Submit assignments late	14	100
Academic dishonesty	• Speak lies	10	71
	• Copy during exam	12	86
	• Copy assignments	14	100
Aggressive non- verbal expressions	• Stare at faculty	10	71
	• Stamp the foot	8	57
	• Hit the door and walk out	6	43

Table 2 summarizes the themes and subthemes extrapolated from the transcribed verbatim. The responses were clustered and classified into five themes and they were further sub divided.

a) **Unbecoming behavior with teachers:** Nurse teachers reported that unbecoming behavior with teachers is more frequently encountered. Unbecoming is described as ‘unsuitable, inappropriate and incorrect’ behavior of students. Participants interpreted unbecoming behaviors as the behaviors slated as sub themes in table 2. All participants invariably verbalized that arguing with teacher (100%), talking back (100%) were common among students. Disobedience (71%) and threatening (93%) exists among nursing students. In the perception of participants, they revealed ‘arguing with teacher’ is most unacceptable behavior from the side of student. The verbatim expressed on this aspect by all participants were 100% congruent. Sample description of participant follow:

“Students who are irregular to class always create problem in submission of assignments. They argue with teachers, also students particularly misbehave with junior teachers than with seniors. During my absence one student argued with my co-coordinator that she would not submit scholarship form and tore the papers. They do not have feeling of respect to teachers. Arguing with teacher and talking back cannot be considered even after a teacher explains everything to a student. Rest we could ignore and think of modifying”. (Teacher 13)

Some participants pointed out that students do not accept the corrections (86%) rather they do not like to be corrected and it is a rising phenomenon. Speaking rudely and entering the class without taking permission (71%) reflects disrespect towards teachers and evidence that is destroying values in nursing education. Examples follow:

“.....There are few students who were rude and speak harshly. When we give correction they oppose it. The opposing expression is not in a polite way”.(Teacher 14)
 “.....Once a student punctured the tyre of a vehicle which was similar like mine thinking it is mine but it was not mine”. (Teacher 9)

b) Unprofessional behavior with peers: Besides displaying unbecoming behavior with teachers, the participants supplemented that student behavior with peers was highly unprofessional. Those behaviors considered unprofessional are listed as subthemes in table 2. Participants reported that commonly observed behaviors among peers were fighting each other (93%), forming groups and bullying others (71%), passing sarcastic comments (86%) and shabby manners (71%). Some teachers highlighted gender bias (64%). All participants interpreted that students do not maintain professional values in their language and they use abusive words (100%). These reflect professionalism in nursing is deteriorating. It also indicates that students lacked desirable attitude and values in interprofessional as well as morality. Example follow:
 “.....Students fight between themselves. They verbally abuse each other”. (Teacher 8)

c) Undesirable behavior in class room: The behaviors considered undesirable in the classroom are shown in table 2. Participants disclosed that behaviors such as not paying attention to class (100%), asking question inappropriately (57%) were quite interrupting the classroom order. And it consumes longer time in managing classroom discipline and taking control over the class. Furthermore, some teachers revealed behaviors like attention seeking (71%), dominating the class (57%), not obeying orders (86%), use of mobile phones (71%), coming late to class (71%) interferes in teaching and learning process. They added that such behaviors disrupt the listening stream of good students. Also, few participants revealed these behaviors can influence good students as well. Participants revealed habitual failure of submitting assignments in time (100%). They unveiled students who were regular to class submits assignments in time and students who were irregular were the ones who displayed undesirable behaviors. Irregular students do not comply with deadlines in submission of assignments. Few descriptions of participants thoughts follow :

d)
 “They blink in the class and go to sleep. Sometimes I feel they are physically present but active listening is not there. Students sitting in the last rows engage in activities like writing assignments during lectures. They use mobiles sometimes and talk in between to one another get disturbed when students’ drinks water in between without permission and when they change their seats. They sit as though they sitting in a garden”. (Teacher 14)

“There was a student who asks question inappropriate to the topic. She thinks she knows everything. Another student who had clinical exposure before asked which suture needle is used during my demonstration class. I thought why he is asking this question which was irrelevant to the topic. I feel when students have little knowledge on any aspect they want to show it off and seek attention in the group”. (Teacher 10)

“....Very frequently LCD cables in the classroom are damaged, sometimes they hide the remote and manipulate during the class with the focus on interrupting the class”.(Teacher 9)

“There are about 25% of students submit as directed. Others they do not and we have to be behind them and forcing them to submit. It is not in the routine of students to take responsibility and complete their work in time”. (Teacher 5)

e) Academic dishonesty: Participants declared that students’ particularly irregular ones copy the assignments (100%) from the regular students. Also, while writing exam few students copy from others (86%) and speaking lies (71%) were common among students. Example follow:
 “.....during class test there are few students who attempt to copy the answers from other students”. (Teacher 1)

f) Aggressive non-verbal expressions: Participants (71%) stated that students stare at them for little longer time when they scold for wrong acts; Students stamp the foot when they become aggressive (57%) and kick the door (43%) and walk out of the class. Such behaviors reflect disrespecting teachers. Sample description is given below:

“When students are late to the class and they are marked absent they stare at us. They stamp their foot in the class.....When we scold students they show strange facial expressions and sometimes even walk out.....”(Teacher 4)

The responses of the participants regarding causes of impolite behavior among students are depicted in table 3.

Table 3: Causes of impoliteness as described by the participants

Causes of impoliteness as described by the participants	Number of responses	Percentage
Lack of parents guidance	14	100
Improper childhood grooming at home/school	5	36
Impact of media	3	21
No role models	2	14
Men in nursing	2	14
Single child/single parent	1	7
Peer group influence	1	7

The responses related to strategies to overcome impoliteness among students as indicated by participants are displayed in table 4.

Table 4: Strategies to overcome impoliteness

Strategies to overcome impoliteness	Number of responses	Percentage
Positive reinforcement / motivation	8	57
Counseling with professional counselors	5	36
Conduct teacher / parents meeting	5	36
Guidance and counseling	5	36
Strict rules and regulation positive reinforcement	4	28
Encourage peer help	1	7

5. Discussion

Nursing is constructed on the concept of care, concern and compassion. Though the nursing educational environment should be blended with mutual respect and civility, the sad truth is that, it is not in existence. Impoliteness among students is a troublesome phenomenon which is incompatible to the essence of nursing. One of the universal goals of higher education is to enhance civility, esteem, to generate intellectuals, and better residents and incivility is considered as a measure of deficiency in nursing education [9]. The uncivil etiquettes reported in this study are serious and can affect the learning process and professional yearning of others in the classroom in a pessimistic way [10].

As evidenced by the participants' descriptions, it is evident that nurse teachers were subjected to impolite behaviors of students. Those behaviors were categorized into five themes such as Unbecoming behaviors with teachers; unprofessional behaviors with peers; undesirable behavior in classroom; academic dishonesty; and aggressive non-verbal expressions. From the emerged theme of unbecoming behaviors with teacher, the participants considered "arguing with teacher and talking back" to be most unacceptable behavior. This finding is similar with the study where they have elicited the most unacceptable problem behavior was disrespecting teachers in terms of disobedience and rudeness and talking out of turn. "Disrespecting teachers" enfolded disobedience, means refusing or failing to perform said orders, and rudeness, which describes talking back and arguing with teachers [11].

The second theme unprofessional behavior with peers, the present study finding revealed fight between themselves, forms groups and bullying, pass sarcastic comments, gender bias, use abusive language, no professional values and less manners were identified from the experience of the participants. A study has been found with similar findings. It indicated "verbal aggression" appeared to be a well defined problem behavior which was undisciplined and hostile, such as foul language and passing insulting comments to tease and assault classmates that again lead to "quarrelling or mutual attacking" [12].

The third theme undesirable behavior in the classroom - depicted that do not follow instructions, talk between lectures, disturbs others in the class room, not prepared for class, use of mobile phones and attention seeking were the behaviors conveyed by the participants. All the participants reported invariably that destroying LCD cables, destroying mike, not prepared for class, not paying attention to class, sleeping in the class and submits assignments late. A study was consistent with the findings. It revealed non attentiveness when compared to chatting is more than an off-task behavior that affect students own learning in an unhealthy manner. It also hinders others learning in the classroom [13].

The fourth theme was academic honesty and the emerged sub themes were speaking lies, copy during exam and copying assignments. In the phenomenological Clark study, the researcher affirms to be most uncivil behavior was cheating during examination, possessing distracting

conversations, making sarcastic remarks [14]. And last theme was aggressive non- verbal expressions. The expressions described were staring at faculty, stamping the foot and kick the door and walk out.

6. Conclusion

The present study findings call for strategies that require to be installed in nursing institutions to arrest impolite behaviors of students. Nurse researchers have found that nursing student incivility has resulted in nursing faculty resigning, retiring, or withdrawing from their teaching positions. Understanding the situation in which impoliteness occurs enables the nurses' teachers to develop measures to bring down the happenings of impoliteness. Although the present study has elicited the reasons of students' impolite behavior, further research is recommended to assess the factors responsible for it and it should be mandatory for all students to comply with. Additionally, the findings reflect the contraction in the values of nursing education. Value based teaching should be inculcated and periodic measurement should be implemented to check if it has been imbibed within students, as it is essential for all nurses in their day to day practice.

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References

- [1] Sprunk EA, LaSala KB, Wilson VL. Student incivility: Nursing faculty lived experience. *Journal of Nursing education and Practice*. 2014; 4(9): 1-11.
- [2] Clark CM. Faculty and student assessment of experience with incivility in nursing education. *Journal of Nursing education*. 2008b; 47(10):458-465.
- [3] Taylor C, Bator S, Hull E, Hill JJ, Spurlock W. Incivility: the antithesis of caring. In J.T.Catalano (Ed), *Nursing Now! Today's issues, Tomorrow's Trends* (6th edition, pp.297-309). Philadelphia, PA: F.A.Davis, 2012.
- [4] Luparell, S. (2005). Why and how we should address student incivility in nursing programs. In M. Oermann & K. Heinrich (Eds.), *Annual review of nursing education: Strategies for teaching assessment and program planning* (pp. 23-26). New York: Springer.
- [5] Cortina LM, Magley VJ, Williams JH, Langhout RD. Incivility in the workplace: Incidence and impact. *Journal of occupational health psychology*. 2001; 6(1): 64-80.
- [6] Robertson JE. Can't we all just get along? A primer on student incivility in nursing education. *Nursing education perspective*. 2012; 33(1): 21-26.
- [7] Clark C. The dance of incivility in nursing education as described by nursing faculty and students. *Advances in nursing sciences*. 2008a; 31(4): E37-E 54.

- [8] Lashley FR, DeMeness M. Student incivility in nursing programs: a national survey. *Journal of Professional Nursing*. 2012; 17(2): 81-86.
- [9] Baldwin RG. Academic civility begins in the classroom. *Teaching Excell*. 1988; 1(6): 1-7.
- [10] Boice R. Classroom incivilities. *Res High Educ*. 1996; 37(4): 453-86.
- [11] Wheldall K, Merett F. Which classroom behaviors do primary school teachers say they find most troublesome. *Educational review*. 1988; 40(1): 13-27
- [12] Houghton S, Wheldall K, Merett F. Classroom behavior problems which secondary school teachers sat they find troublesome. *Journal of British Educational Research*. 1988; 14(3): 297-312.
- [13] Ding M, Li Y, Kulm G. Chinese teachers' perceptions of students' classroom misbehaviors. *Educational psychology*. 2008; 28(3): 305-324.
- [14] Clark CM, Springer PJ. Incivility in nursing education: A descriptive study on definitions and prevalence. *Journal of nursing education*. 2007; 47: 7-14.

Author Profile



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