



# **Nurse educators' experiences of incivility among nursing students in Calabar, Nigeria**

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# INTRODUCTION

- Incivility in academic settings interferes with the teaching-learning process, staff-student relationship, and nursing students' ability to become empathetic nurses.
- It may also contribute to bullying in the work place resulting in attrition and nursing workforce shortage (Schaeffer, 2013).

## **INTRODUCTION Cont.**

- Incivility in nursing education is described as 'discourteous or disorderly actions which frequently produce psychosocial or physiological distress for the parties involved and if not addressed, may progress to antagonistic atmosphere'.
- Some of the contributory factors to incivility are large class size, unacceptable assessment grades for the students, multiple roles related to work, studies and family.



## The Incivility Continuum

### Negative Behavior

- Rude comments
- Insensitive actions
- Unintentional slights
- Complaining
- Gossip/rumors
- Cultural bias
- Crude jokes
- Profanity

### Verbal Aggression

- Yelling / loud voice
- Belittling comments
- Intimidation / threats
- Discriminatory comments
- Cursing at someone
- Humiliation

### Physical Aggression

- Assault / Battery
- Throwing objects
- Violent outbursts  
(e.g., hitting the wall)
- Inappropriate touching
- Harassment

Fig. 1: Incivility pictures from the internet.

## **INTRODUCTION Cont.**

- Furthermore, other contributory factors were economic burdens, time-management issues, lack of support from faculty and family, incivility from faculty, personal or psychological health problems (Clark & Springer, 2010)
- Nevertheless, act of incivility can occur without any trigger or being linked to any event.

# **OBJECTIVE OF THE STUDY**

- Therefore, the main aim of the study was to describe nurse educators' experiences of incivility among nursing students in Calabar, Nigeria.

# **MATERIALS & METHODS**

**Design:** A descriptive phenomenology design was adopted for the study.

**Sample:** A purposive sample of thirty (30) nurse educators who were willing to participate in the study was used because of their experience and knowledge of the phenomenon under study.

# SETTING

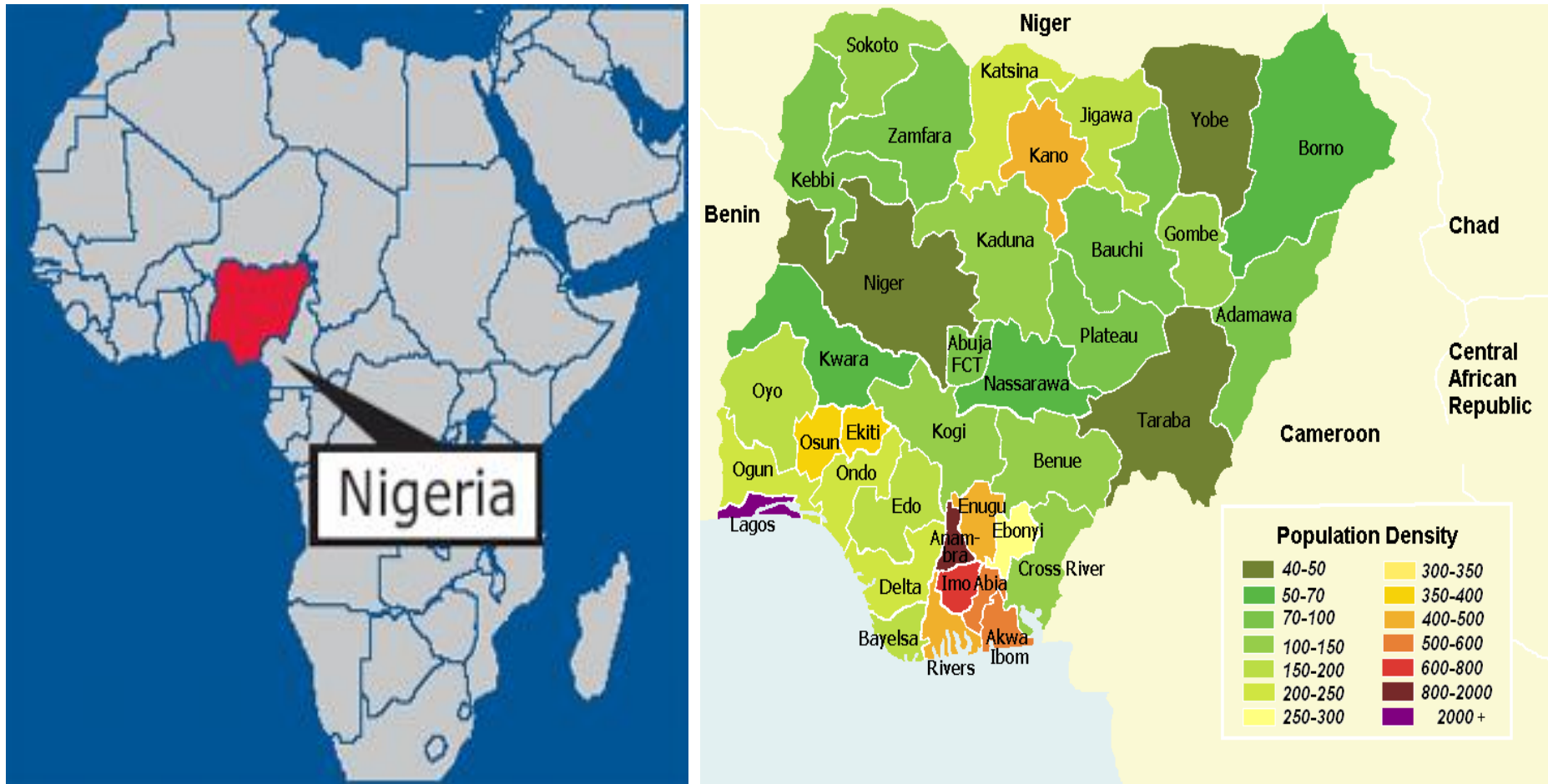


Fig. 2: Showing Nigeria and Cross River State (Study area)



# DATA COLLECTION

- An in-depth interview and focus group discussion served as methods of data collection which were taped-recorded and written as field notes.
- Data collection ended with data saturation.

# DATA ANALYSIS

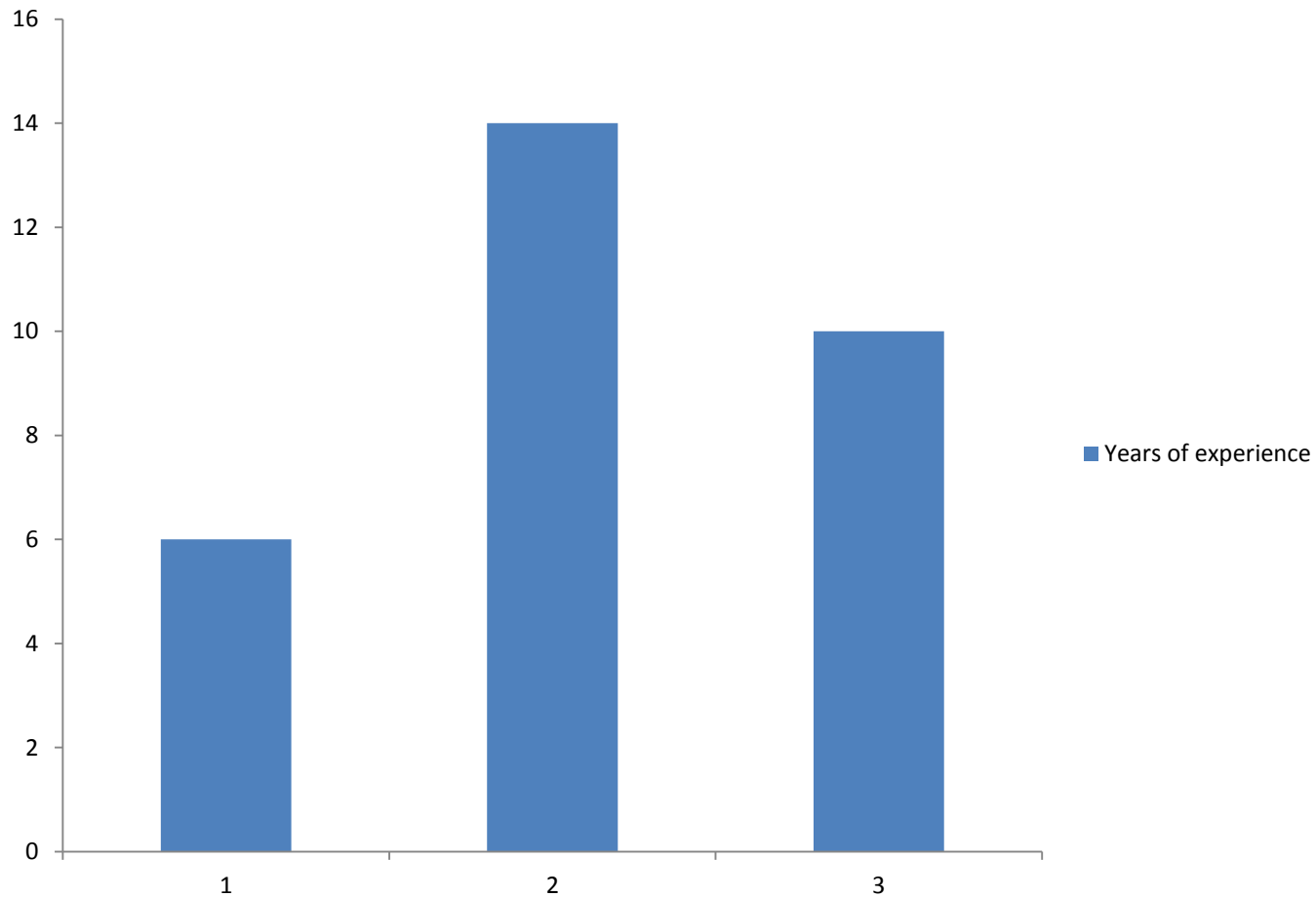
- Data were manually coded, analysis was facilitated through the process of hermeneutic circle.
- Audit trail and member-checking were used to establish the credibility and trustworthiness of the data.

# ETHICAL CONSIDERATION

- Ethical approval was given by the University of Calabar Teaching Hospital Health Research Ethics Committee.
- Permission was obtained from the University of Calabar, Calabar, and State Ministry of Health, Calabar, Cross River State .
- Informed consent was obtained from the participants who were lecturers and Nurse Educators in Nursing educational institutions in Calabar.
- Study processes adhered to ethical protocols (confidentiality and anonymity)

# RESULTS/DISCUSSION

# Socio-demographic characteristics



**Fig. 3** Years of experience of participants

# Socio-demographic characteristics

Characteristics	Frequencies	Percentages
<b>Age</b>		
26-35	4	13.3
36-45	6	20.0
46-55	9	30.0
56+	11	36.7
<b>Total</b>	<b>30</b>	<b>100</b>
<b>Marital status</b>		
Single	1	3.3
Married	25	83.4
Separated	4	13.3
<b>Total</b>	<b>30</b>	<b>100</b>
<b>Religion</b>		
Christianity	30	30
Islam	0	0
<b>Total</b>	<b>30</b>	<b>100</b>

# RESULTS/DISCUSSION

Nurse educators narrated their experiences of incivility among nursing students.

Forms of incivility included disobedience/stubbornness, use of cell phone in the class, truancy in attending lectures and clinical posting, lateness to classes and during clinical experiences.

Other forms of incivility include eating during lectures, noise making, threatening text messages, direct and indirect physical aggression, disruptive behaviour, examination misconduct, confrontational behaviour, verbal aggression, negative and insanitary behaviour among others.

# RESULTS/DISCUSSION

- The emerging themes were “disruptive behaviour, “aggression/threat to lecturers”, “insubordination” “unruly behaviour” “disappointment and frustration”.
- These findings are supported by Clark and Springer (2007).
- Incivility triggers were attributed to poor parental socialization, peer group influence, environmental factors, psychological and intrapersonal factors.



# RESULTS/DISCUSSION contd.

- The findings are supported by Vink and Adejumo (2015) who identified academic, and psycho-pathological and social factors as themes that emerged in their study of factors contributing to incivility among nursing students in a South African school.
- Nurse educators viewed the general behaviour of some nursing students as unruly and unsatisfactory and this impacts negatively on job satisfaction and performance.

# **RESULTS/DISCUSSION contd.**

- The prevalence of incivility among nursing students is worrisome in view of the leadership and professional role which starts from the school.

# CONCLUSION

- Incivility interferes with student–educator relationship casting doubts on the quality of education, professional future and leadership in nursing.
- Therefore, there is need for inclusion of topics on civility in the curriculum of nursing in Nigeria. Interventions and administrative policies to enable faculty staff deal with incivility are advocated.

# REFERENCES

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