



## Original Article



## Investigating Faculty to Student Incivility in Nursing Education: "Impact on Students' Learning Throughout Academic Journey "Khyber Pakhtunkhwa

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## ABSTRACT

Faculty-to-student incivility is an evolving alarm in nursing education, undesirably influencing students' psychological well-being, academic performance, and professional development. Such behaviours, including impolite communication, favouritism, and lack of support, can delay students' learning environments and lead to long-term detachment from the profession. Despite its status, incivility remains underexplored in the context of nursing institutes in Khyber Pakhtunkhwa, Pakistan. **Objectives:** To explore the frequency and impact of faculty-to-student incivility on the academic journey of undergraduate nursing students in nursing colleges across different areas of Khyber Pakhtunkhwa. **Methods:** An analytical cross-sectional design was conducted. Data were collected through an online questionnaire using Google Forms. Verbal consent was obtained from participants, and the purpose of the study was clearly explained. The sample included undergraduate nursing students from various colleges across Khyber Pakhtunkhwa. Descriptive and inferential statistical analyses were conducted using SPSS version 26.0. Results: The findings revealed a high prevalence of incivility, with the most frequently reported behaviours being verbal discouragement, lack of constructive feedback, and favouritism. A significant negative correlation was found between faculty incivility and students' academic motivation, self-esteem, and classroom participation. Furthermore, female students reported experiencing higher levels of incivility compared to their male equals. **Conclusions:** Faculty incivility stances a serious challenge to student learning in nursing education. Promoting respectful faculty-student communication and implementing institutional policies against incivility can enhance educational outcomes and professional development.

## INTRODUCTION

Being courteous and pleasant in demeanor and discourse is the definition of civility. Being civil is treating others with courtesy and making sure their dignity is upheld. Establishing and promoting a safe workplace is a crucial aspect of a nurse's employment. Research indicates that rudeness and other undesirable behaviors are not unusual in the nursing field [1]. It would appear that the adage "nurses eat their young" was used to describe nurses from a previous generation. As they learn to negotiate the

complicated world of health care, many novice nurses encounter a harmful service route in their first employment [2]. Bullying, incivility, harassment, lateral/horizontal aggression, and disruptive behavior are some of the adjectives used to describe this detrimental behavior. In nursing education, faculty-to-student incivility is recognized as a universal issue that harmfully affects the learning environment and student outcomes [3]. In the dynamic site of academia, the relationship between faculty



and students holds huge significance, shaping the educational journey of learners. On the other hand, rudeness between teachers and students is seen as a mutual problem that has a detrimental effect on the learning environment. Faculty members may have emotional effects such as lower work satisfaction, nervousness, and burnout, while students may experience lowered self-esteem, a feeling of community, and an overwhelming sense of belonging [4]. Additionally, rudeness harms the organization (lower student and teacher effectiveness and higher faculty and student attrition) [5]. Faculty-to-student incivility encompasses a spectrum of behaviours ranging from dismissive attitudes and disrespectful communication to overt hostility and unfair treatment exhibited by faculty members towards students. Classroom rudeness has grown to be a major problem at universities. An atmosphere of contempt is created in the classroom by both students and staff, which lowers the standard of academic services produced for the students' business [6]. Academicians' attempts to create welcoming and encouraging learning environments are harmed by uncivilized student behavior, which can also have an impact on the standard of education provided. Instances of incivility from faculty remain prevalent, posing significant challenges to the academic community. Every educational institute needs to focus on educating faculty and staff regarding civility [7]. Research studies have frequently demonstrated that rudeness is an interaction in which both the instructor and the students engage. Of them, 88% had encountered rude behavior from faculty members [8]. Unfortunately, compared to other disciplines, nursing education appears to be seeing an increase in the occurrence of students acting rudely toward instructors. Nurse educators are concerned about this situation because a lot of Canadian nursing students reported experiencing rude behaviours like being late for class, talking in class, leaving early, general taunts or disregard for faculty, employing a computer for non-class purposes, or making disapproving groans. They concluded that an unruly student is more probability to turn into an unruly nurse, which could endanger patient safety and the atmosphere of work [9]. Even though schools try to create friendly environments, some teachers still behave badly toward students, which makes learning hard [10]. According to Zhu, more than 40% of participants reported experiencing various types of rudeness, such as disrespect, being ill-prepared for class, and abruptly canceling planned events. According to the research, rudeness is caused by several important elements [11]. Faculty-to-student incivility disrupts the transformative academic journey, fostering an atmosphere of distrust and hindering students' intellectual and personal growth, as

well as their academic performance and motivation to succeed [12]. In nursing education, students learn professional culture from their instructors, but often encounter aggression and hostility instead of support, leading to negative outcomes like dropout rates and dissension. Understanding the root causes of academic incivility is crucial for improving student experiences and patient care [13]. Addressing faculty-to-student incivility necessitates a comprehensive strategy involving both individual and institutional actions. Faculty development programs emphasizing communication skills, conflict resolution, and cultural sensitivity are essential for fostering positive faculty-student relationships. Additionally, institutions should implement policies and support systems to promptly address incivility and foster a culture of respect and professionalism in academic settings [14].

This study aims to examine the impact of faculty-to-student incivility on student learning throughout the academic year, exploring its prevalence, manifestations, consequences, and potential interventions.

## METHODS

An analytical cross-sectional study was conducted to investigate faculty-to-student incivility in nursing education and its impact on students' learning throughout their academic journey in Khyber Pakhtunkhwa, Pakistan. The study focused on nursing educational programs across various colleges in Khyber Pakhtunkhwa, including institutions in Swat, Buner, Dir, Mardan, Swabi, Charsadda, and Peshawar. The study population consisted of BSN (Bachelor of Science in Nursing) students enrolled in government, semi-government, and private institutions offering four-year nursing programs. Regular BSN students from these institutions were invited to participate. Data were collected through convenient sampling online using a Google Forms questionnaire. The link to the questionnaire was shared via WhatsApp and email with nursing colleges across the specified regions. A total of 117 students completed the survey. Participants included nursing students enrolled for more than one year in the nursing department and regularly attending classes. Exclusion criteria were students with less than one year of experience or those from non-nursing departments. and those unwilling to share information. The questionnaire, adapted and modified for this study, consisted of four sections: 1st section contains demographic data such as age, gender, GPA range, study year, and institution type. 2nd section contains yes or no questions assessing students' emotional impact on motivation, academic performance, and any support by friends or administration when experiencing faculty incivility. 3rd section consists of Measurement and Policy Implementation Suggestions that

measure to address and evaluate incivility and make policy to alleviate incivility. The 4th section contains a Likert Scale questionnaire having 11 behaviours that was handed over to the students and asked to mark the behavior of each item through a civility extent to which they agree or disagree with each from "Strongly Agree=5, Agree=4, neither agree nor disagree=3, disagree=2, Strongly Disagree=1 to assess student perceptions of incivility and its impact on their learning throughout the academic journey. The sample size was calculated using Rao-Soft software, with a 95% confidence level, a 5% margin of error, and a response distribution of 50%. And calculated a sample size of 117. Cochran's formula includes a 5% margin of error, 50% response distribution, and a 95% confidence interval; then, a sample size of 117 is appropriate. Data were analyzed using SPSS version 26.0. Frequencies and percentages were calculated for demographic characteristics and responses, with results presented in tabular form. For assessing the reliability of the questionnaire, the Cronbach's alpha coefficient was calculated. A Cronbach's alpha of 0.8 indicates a high level of internal consistency among the items in the questionnaire. This suggests that the items effectively measure the same underlying construct—faculty-to-student incivility and its impact on students' learning outcomes.

## RESULTS

The total number of participants was 117. where the number of male was 50% and 50% were female, while among the respondents, the number of Pashtun respondents was in the majority. The 71.2% participants responded that holding a GPA range was (2.6-3.0) mean that getting an average GPA indicated that their learning environment is good too much/or any factor responsible for triggering incivility that causes impairment in the academic journey while (20.3%) of participants strive to get a high GPA in any case and manage uncivil behavior of faculty and understand the reason of incivility. The participants involved in the research study were 5.1% from the government nursing institute, 22.0% from the Semi-government, and 71.2% from Private nursing institutes. The experiences of the different participants and uncivil behaviours faced by students from faculty during the academic journey (Table 1).

**Table 1:** Demographic Characteristics

Variables		n (%)
Age Group	17-19	6 (5.1%)
	20-22	110 (93.2%)
Gender	Male	50%
	Female	50%

Race	Pashtoon	112 (94.9%)
	Punjabi	2 (1.7%)
	Chitrali	2 (1.7%)
GPA Range	2.0 - 2.5	7 (5.9%)
	2.6 - 3.0	84 (71.2%)
	3.2 - 3.5	1 (20.8%)
	3.6 - 4.0	24 (20.3%)
Study Year	1st Year	12 (10.2%)
	2nd Year	36 (30.5%)
	3rd Year	10 (8.5%)
	4th Year	58 (49.2%)
Type of Institution	Government	6 (5.1%)
	Semi-Government	26 (22.0%)
	Private	84 (71.2%)
Total	117	117 (98.3%)

Results represent the response of incivility closed-ended question (15.3%) responses was yes mean that they facing incivility but cannot specify the form of incivility they faced. (36.2%) individual response was no and they did not notice any type of incivility from faculty they only focused on studying to get a high GPA and ignored uncivil behavior as they responded positively to each behavior (Table 2).

**Table 2:** Emotional Impact of Faculty Incivility on Motivation and Academic Performance: The Role of Peer and Administrative Support

Sr. No.	Variables	Response	n (%)
1	Have you ever experienced incivility from faculty members during your nursing education?	Yes	18 (15.3%)
		Ignoring Questions	11 (45.7%)
		Nothing	59 (96.6%)
		Disrespectful Language	24 (36.2%)
		No	4 (3.4%)
2	Did the emotional impact of faculty incivility affect your motivation to learn?	Yes	86 (74.1%)
		No	30 (25.4%)
3	Do you believe that faculty incivility has affected your academic performance?	Yes	74 (63.8%)
		No	42 (36.2%)
4	Do you feel supported by your peers When experiencing faculty incivility?	Yes	60 (63.8%)
		No	54 (58%)
5	Do you feel supported by the administration or Academic staff, when experiencing faculty incivility?	Yes	56 (48.3%)
		No	60 (51.7%)

The table highlights the prevalence and impact of faculty incivility on nursing students. A majority (59.8%) reported experiencing incivility at least occasionally, with 35.0% encountering it occasionally and 24.8% frequently, while only 10.3% never experienced it. Regarding its impact, 70.1% stated that incivility hindered their learning, with 40.2% reporting it as somewhat hindering and 29.9% as significantly hindering. A smaller proportion (10.2%) perceived a positive impact, while 19.7% reported no effect. These findings emphasize the need for institutional strategies to address faculty incivility and create a more

supportive learning environment for nursing students (Table 3).

**Table 3:** Prevalence and Impact of Faculty Incivility on Nursing Students' Learning Experience

Sr. No.	Variables	Response	n (%)
1	How frequently have you encountered Incivility from faculty members?	Rarely	23 (19.7%)
		Occasionally	41 (35.0%)
		Frequently	29 (24.8%)
		Always	12 (10.3%)
		Never	12 (10.3%)
2	How has faculty incivility affected Your learning experience?	Significantly Hindered	35 (29.9%)
		Somewhat Hindered	47 (40.2%)
		No Effect	23 (19.7%)
		Somewhat Enhanced	6 (5.1%)
		Significantly Enhanced	6 (5.1%)

In estimating observations of faculty dealing in nursing programs, varying points of agreement were described in several statements. For example, 4.3% of respondents strongly agreed that faculty members treat the students with respect, while 50.9% agreed. In disparity, 60.3% strongly agreed that faculty communicate clearly and efficiently. However, concerns were also manifest, with 4.3% strongly agreeing that the program unfairly fines students for minor mistakes and 4.3% representing that the experience of faculty incivility negatively impacts their learning capacity. A notable 6.9% believed the program's environment is hostile, while 2.6% felt supported by peers or administration when faced with faculty incivility. Generally, these results highlight both positive perceptions and important concerns about the faculty-student dynamic within nursing programs (Table 4).

**Table 4:** Please Indicate the Extent to Which You Agree or Disagree with Each of the Following Statements

Sr. No.	Statements	Strongly Agree	Agree	Disagree	Strongly Disagree	Neither
		n (%)				
1	Faculty members in my nursing program treat students with respect.	5 (4.3%)	54 (50.9%)	24 (71.6%)	28 (95.7%)	5 (4.3%)
2	Faculty members in my nursing program communicate clearly and effectively	70 (60.3%)	21 (78.4%)	22 (97.4%)	3 (2.6%)	0 (0)
3	Faculty members provide constructive feedback on student work	3 (2.6%)	60 (54.3%)	28 (78.4%)	23 (98.3%)	2 (1.7%)
4	Faculty members are approachable and open to students' concerns	2 (1.7%)	59 (52.6%)	29 (77.6%)	22 (96.6%)	4 (3.4%)
5	Faculty members in my nursing program show favoritism towards specific students	5 (4.3%)	39 (37.9%)	21 (56.0%)	50 (43.1%)	1 (0.9%)
6	Faculty members in my nursing program use appropriate language or tone toward students	6 (5.2%)	41 (40.5%)	43 (77.6%)	23 (97.4%)	3 (2.6%)
7	Faculty members in my nursing program unfairly fine students for minor mistakes	5 (4.3%)	48 (45.7%)	30 (71.6%)	28 (95.7%)	5 (4.3%)
8	Experiencing faculty incivility negatively impacts my ability to learn	5 (4.3%)	48 (45.7%)	31 (72.4%)	27 (95.7%)	5 (4.2%)
9	I believe my program's environment is hostile	8 (6.9%)	48 (48.3%)	31 (75.0%)	27 (98.3%)	2 (1.7%)
10	I feel supported by my peers when I experience faculty incivility.	3 (2.6%)	51 (46.6%)	29 (71.6%)	28 (95.7%)	5 (4.3%)
11	I feel supported by the administration or academic staff when I experience faculty incivility.	10 (8.5%)	20 (17.1%)	35 (29.9%)	22 (18.8%)	30 (25.6%)

Chi square test has been applied which show the result p-value: 1.62e-08 The p-value is significantly less than 0.05, indicating that there is a statistically significant association between the type of institution and the experience of faculty incivility. The observed frequencies of incivility differ from what would be expected under the null hypothesis of independence. Thus, the results suggest that the type of institution (government, semi-government, private) significantly influences the likelihood of experiencing faculty incivility in this study.

## DISCUSSION

This study examined the impact of faculty-to-student incivility on nursing students' learning experiences in Khyber Pakhtunkhwa, Pakistan. Findings highlight widespread faculty incivility, negatively affecting students' motivation, academic performance, and well-being. Faculty-student incivility remains a significant challenge in academic interactions [15]. Understanding the scope and

impact of faculty incivility is crucial for identifying challenges faced by nursing faculty and developing effective strategies to mitigate its negative effects [16]. Although some students could not identify specific instances, their acknowledgment of incivility highlights the need for greater focus on faculty-student dynamics in nursing education. Previous studies highlight faculty



incivility, including ignoring questions, using disrespectful language, and favoritism, which can damage students' self-esteem and create a disengaged, mistrustful learning environment. These behaviors align with literature indicating that faculty incivility disrupts the academic experience, leading to anxiety, stress, and reduced motivation [4, 5]. Students' decision to drop out of the nursing program was linked to their categorization of certain rude behaviors, such as bullying [17]. Furthermore, uncivil behavior might have detrimental effects that include both psychological and physical problems, such as emotional anguish and sleep disturbances [18]. According to earlier research, clinical faculty members have wrongfully accused, harassed, and intimidated nursing students. According to a study's findings, more than 70% of the 356 participants thought that rudeness in nursing school was a moderate to significant issue that had gotten worse over the previous five years [17]. According to Clark, more than 40% of participants had encountered rudeness in the form of disrespect, ill-preparedness, and abrupt cancellations. Additional instances of rudeness, including emotions of unwelcomeness, disregard, inequity, and a lack of professionalism, were brought to light by the meta-synthesis [17]. Incivility extends beyond specific behaviours, having wide-reaching implications. It adversely affects individual faculty members, strains faculty-student relationships, and negatively impacts the overall educational experience [19, 20]. Some variables, including conventional and dull teaching techniques and inadequate classroom management, contributed to ineffective teaching and learning. One of a teacher member's professional responsibilities is to possess sufficient information and the capacity to correctly impart it to pupils; failing to do so is regarded as impolite behaviour [21]. According to the current survey, faculty members' most common rude behaviours were being late for class, departing early or cancelling courses without warning, and using mobile phones in class [22, 23].

## CONCLUSIONS

It was concluded that the results of this study highlight the significant impact of faculty-to-student incivility on students' learning experiences in nursing education. The emotional, psychological, and academic consequences negatively affect students' well-being and academic achievement. Nursing programs should prioritize addressing this issue through faculty development, effective communication, and policies that promote civility, respect, and professionalism. By fostering a supportive and respectful learning environment, institutions can enhance students' academic performance and contribute to the development of knowledgeable, empathetic, and resilient healthcare professionals.

## Authors Contribution

Conceptualization: S

Methodology: S, SS, IAA, MN, TT, FR

Formal analysis: S

Writing review and editing: AR, SA, FR

All authors have read and agreed to the published version of the manuscript.

## Conflicts of Interest

All the authors declare no conflict of interest.

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