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Perceived Incivility and Stress of Final Year Nursing Students

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Abstract

Background: Incivility is disruptive behavior that can cause physiological or psychological distress to those involved. It can escalate into a potentially dangerous situation, such as serious suicidal tendencies and engaging in self-injury if left untreated. Incivility can be caused by various factors, one of which is stress.

Objective: This study aims to examine the relationship between incivility and stress among final-year nursing students.

Method: This study employed a correlation quantitative approach. 200 students were randomly selected to the study. The data were analyzed using descriptive statistics and the Spearman rank test. The instruments included the INE-R/Incivility in Nursing Education-Revision (Cronbach Alpha 0.881-0.876) and the PSS/Perceived Stress Scale (Cronbach Alpha 0.684). This study recruited 200 students, the majority of whom were female (87.5%).

Result: This study revealed students' perceived levels of incivility (Mean 20.93, SD 6.67); perceived frequency of incivility (Mean 18.01, SD 5.18); and perceived stress (Mean 22.01, SD 4.01). Additionally, this study discovered significant relationships between students' perceived levels of incivility and stress (p -value 0.010, r 0.283) and their perceived frequency of incivility and stress (p -value 0.001, r 0.269).

Conclusion: Incivility has been associated with stress levels in nursing students. Nursing education institution must foster a positive learning environment. This study provided evidence for a correlation between incivility and stress in nursing students transitioning from blended to fully online learning due to the Covid-19 pandemic.

Keywords: incivility; nursing; stress; student

INTRODUCTION

Incivility is unpleasant or disruptive behavior that can result in physiological or psychological disturbances for those involved. If it is left untreated, it can escalate into a potentially dangerous situation (Vuolo, 2017). Incivility is also

defined as a verbal statement and any disruptive action or behavior (Clark, 2017). In addition, interruptions in class, disrespect for students and other students, lack of concentration during the learning process, tardiness, leaving class early, and bullying are examples of incivility (Small et al., 2019).

Eka and colleagues reported that everyone has a unique perception of incivility (Eka & Chambers, 2019). According to this study, students' acts of incivility included being tardy to class, discussing topics unrelated to the curriculum, not preparing to study, being sleepy in class, leaving class before its conclusion, and not attending class (Eka & Chambers, 2019).

Three factors contribute to incivility: personal problems, situational problems, and relationship problems (Eka & Chambers, 2019). Personal problems are characterized by egocentric behavior, intolerance, blaming and intimidating others, a sense of being unappreciated, and emotional distress. Situational issues are influenced by stress and dominant attitudes; both influence them. Furthermore, relationship problems are associated with verbal communication problems, such as rude words and disturbing conversations, and non-verbal communication problems, such as being disrespectful and disrespecting others, which can lead to threatening situations if not handled properly, such as negative effects on patient care and safety (Smith et al., 2022).

Incivility can result in several negative outcomes, including time loss, delays in the educational process, and stress (Clark, 2019). Additionally, stress can be one of the triggers for incivility (Eka & Chambers, 2019). Stress levels among nursing students are elevated due to course workload, test anxiety, and fear of the unknown (Sauer et al., 2017), especially during the COVID-19 pandemic (Smith et al., 2022). Eka's research also indicated that stress could be a cause of incivility. Incivility can occur from excessive roles and tasks and exposure to incivility incidents (Eka & Chambers, 2019). Psychological tension, anxiety, depersonalization, depression, and emotional exhaustion are all symptoms of stress. Nodeh et al. also supported that stress is the primary cause of incivility behavior in students, resulting in communication barriers among students (Nodeh et al., 2020). However, few studies have shown that incivility can cause stress (Nodeh et al., 2020). Additionally, an individual's resilience and self-efficacy may moderate the relationship between stress and incivility (Hong et al., 2018; Smith et al., 2022).

According to preliminary data collected from 30 students in their final year at a private nursing school in Indonesia, incivility occurred during the

teaching-learning process. Students in their final year continued to engage in the learning process by conducting their final research. This cohort may have a more extended history of exposure to incivility and stress than others. According to a previous study conducted in the exact location (Eka et al., 2016), senior students' perspectives differed from those of their juniors due to more experiences in the classroom, laboratory, and clinical rooms. The preliminary data of 30 seniors also reported that tardiness (90.3% of cases) and being sleepy in class (90.3% of cases) were the most prevalent forms of incivility. These reports are also consistent with previous research, which found that students who are sleepy and tardy to class are two examples of disruptive behavior (Eka & Chambers, 2019).

Moreover, based on a meta-analysis of 11 qualitative studies, Park and Kang discovered that common forms of incivility include side conversations during class, tardiness or early departure, and disagreements during test reviews (Park & Kang, 2020). In addition, more severe incivility, including verbal or nonverbal threats and aggression, were reported (Park & Kang, 2020). Park and Kang also revealed that nurse educators experienced physical exhaustion, emotional stress, and psychological issues during and after incidents of student incivility (Park & Kang, 2020).

Incivility is related to individual stress for people involved, including nursing students. Since incivility occurs in nursing education, it is important to understand its impact on nursing students, especially seniors. This study aims to examine the relationship between incivility and stress among final-year nursing students at a private faculty of nursing in Indonesia.

METHOD

Design

This research employed a quantitative descriptive design with a correlational methodology (Polit & Beck, 2018). In this study, incivility is the

independent variable, while stress is the dependent variable.

Population and Sample

The total sample of 200 respondents was obtained using simple random sampling. Student inclusion criteria included enrolling in their final year of nursing school and volunteering to participate in this study. Students who were <18 years old were excluded from this study.

Instruments

The incivility in Nursing Education (INE) Survey developed by Clark (Clark et al., 2015) was used with permission. The INE-Revision questionnaire originated in the United States and has been utilized in several Asian nations, including China (Huang et al., 2020) and Indonesia (Eka et al., 2016). The incivility questionnaire consisted of 10 items divided into two main research questions: to assess the incivility level of each behavior described in the questionnaire and to determine how frequently this incivility behavior was observed over the past 12 months. The questionnaire utilized a Likert-type scale (1: Strongly disagree and Never; 2: Disagree and rarely; 3: Agree and often and 4: Strongly agree and very often).

The Perceived Stress Scale (PSS) questionnaire developed by Cohen was also employed to measure the respondent's stress levels, as this questionnaire is the most frequently used in stress studies (Purnami & Sawitri, 2019). The PSS questionnaire measured the extent to which respondents felt that their lives were predictable or not under their control. The responses to this questionnaire can represent the level of stress felt by respondents. Thus, the higher the score obtained for each respondent is, the greater the stress level will be. The PSS consisted of 10 items using a Likert-type scale (0: never; 1: almost never; 2: occasionally; 3: quite often and 4: very often). The mean value was utilized for both the INE-R and the PSS questionnaire measurement results. Data collection for this study was held in February 2021 via a google form.

Collecting Data

During February 14-28, 2021, researchers distributed online questionnaires to final students in the Faculty of Nursing at a private university in Tangerang, Indonesia. The lottery results were used to select 200 students who were then sent online questionnaires.

Analyzing Data

This study also conducted validity and reliability. Validity of the instruments was conducted in this study by recruiting 30 students from the final year outside of the sample and preliminary data collection. Results indicated that both questionnaires were valid and reliable, with the INE-R Cronbach alpha was 0.881 and 0.876, while the PSS was 0.684. The Spearman Rank correlation test was used as the data were not normally distributed (Polit & Beck, 2018).

The researcher obtained ethical approval with the number 039/RCTC-EC/R/I/2021 from the Ethical Committee of the Faculty of Nursing at Universitas Pelita Harapan.

RESULT

Table 1 reveals that most respondents were female (87.5%). Table 2 shows that the level of incivility has a mean value of 20.93 with SD 6.6671. The level of perceived stress has a mean value of 22.01 with SD 4.012 (Table 2 & 3).

Table 2 also reveals a significant correlation between the level of incivility and perceived stress (p-value 0.010), with a weak correlation. In addition, Table 3 reports that the frequency of incivility is significantly related to perceived stress (p-value <0.001) with a weak correlation.

DISCUSSION

This study's sample mainly consisted of women representing nursing students worldwide. However, gender differences in student stress and incivility were not compared in this study. Future research is required, as recommended by a previous study, to determine gender differences in stress and incivility scores among nursing students to design

interventions that reduce disparities (Smith et al., 2022).

This study reports a significant but weak correlation between incivility and seniors' perceived stress. According to Huang's research, students experience more significant psychological distress when academic stress and incivility levels are high (Huang et al., 2020). This study also reveals a significant but weak correlation between the frequency of incivility and perceived stress among seniors. The study by Smith et al. indicated that stress is associated with an increase in the frequency of incivility among nursing students (Smith et al., 2022). Using samples of junior and senior students, Hong and colleagues also discovered a significant relationship between the frequency of incivility and stress ($p = 0.001$ and $r = 0.679$), albeit with a moderate correlation (Hong et al., 2018). According to two studies, the interaction between an individual's stress and resilience has a negligible effect on their incivility, which may account for the weak correlation (Smith et al., 2022; Urban et al., 2021).

Previous research at an American university on 490 nursing students concluded that stress increased incivility in nursing students during COVID-19 (Smith et al., 2022). Smith's study further discussed that stress in nursing school is commonly viewed as part of the course, but its effects can incapacitate over time. The incapability of students to effectively manage their stress levels may cause a struggle to provide empathetic and safe care to their patients, and they may report increased peer incivility (Smith et al., 2022). Nurse educators should continue to respond to changes in education and practice brought about by COVID-19 by educating students on stress management and self-care, resilience, and responding to incivility (Smith et al., 2022).

A previous study by Urban et al. also compared the experience of incivility between faculty members and students in nursing education during COVID-19. According to Urban's research, compared to faculty members, students were significantly more stressed (Urban et al., 2021). Urban's study also discussed that while being socialized into the nursing profession during a pandemic, students may experience increased stress due to the new expectations they encounter due to joining the nursing profession and uncertainty about their academic progression.

Zhu also examined the experience of nursing students toward incivility in the context of nursing education using the systematic review method. Six main themes emerged from 18 studies, including the characteristics of incivility, its manifestations, its causes, its effects on students, its coping mechanisms, and its recommendations (Zhu et al., 2019). Zhu's study also revealed that students' negative emotions, such as low self-worth, worthlessness, and confidence, as well as stress, depression, fear, anger, upset, and anxiety, were affected by incivility. In addition, research conducted by Muliira and colleagues on the incidence and perceptions of incivility among 200 nursing students in Oman indicates that incivility can cause high-stress levels (Muliira et al., 2017). In other words, incivility is also considered a stressor for students. Additional intervention research is required to provide substantial evidence using causal analysis.

Moreover, Nodeh and colleagues conducted a qualitative study on nursing students' experiences with incivility using a sample of nursing students from two nursing schools in Iran. According to Nodeh's study, stress is the primary cause of incivility among nursing students, leading to depression, anxiety, ineffective communication, and problems with the teaching and learning process (Nodeh et al., 2020). Therefore, a nursing school's incivility management system is essential for providing a conducive learning environment, such as positive role models and civility-related policies of the institution.

Smith's study provided additional evidence that stress is one of the causes of incivility (Smith et al., 2022). The role of personal safety, economic status, competing demands, family stress, the experience of no in-person clinical, and inadequate clinical competency may contribute to student stress (Smith et al., 2022). However, according to Zhu's research on student perceptions of incivility, stress is caused by incivilities, such as lack of professionalism and disrespectful behaviors, which can lead to a serious suicidal tendency and engagement in self-injury (Zhu et al., 2019). Thus, incivility can be both a cause and an effect of stress (Eka & Chambers, 2019; Rawlins, 2017).

Some suggestions to address incivility among nursing students and faculty are positive role modeling (de Swardtet al., 2017) and developing rules or policies for undergraduate nursing programs to inform civility-related policies of the institution (Urban et al., 2021). As suggested by a previous study (Clark & Ritter, 2018), faculty and student representatives should be involved in developing the rules or policies, which should then be reviewed by the appropriate university support departments (including legal). A systematic review study further suggested that essential principles for addressing incivility included maintaining professional behavior between the educator and the students (Park & Kang, 2020). In addition, Park and Kang mentioned that a healthy relationship between educators and students is maintaining professional boundaries and demonstrating mutual respect. If this boundary were violated, incivility would increase (Park & Kang, 2020).

Some characteristics of professional role models in nursing are "leadership, willingness to help, intelligence, compassion, love, commitment, competence, integrity, Godly character, patience, and discipline" (Rumerung et al., 2022). Nursing students also reported that nurse educators demonstrated professional role-modeling behavior in nursing education settings, though few students witnessed unprofessional behavior in their educational experience (Rumerung et al., 2022).

Furthermore, blended learning can promote professional behavior, particularly during the COVID-19 pandemic (Tahulendinget al., 2021). After participating in the blended learning course, students became more aware of the expected civility of their classmates and had higher expectations for civil behavior from their peers. In addition, the role-play videos created by students demonstrated that they could demonstrate civility-incivility in nursing education (Tahulending et al., 2021). However, Fahri's study concluded that students still required adjustment and adaptation to online learning tutorials and motivation to improve learning quality (Fahri & Musharyanti, 2022).

In order to reduce instances of incivility in clinical settings, Hong et al. suggested that clinical instructors must develop an intervention, such as

clinical counseling, to help nursing students cope with negative and stressful situations and emotions during clinical practice (Hong et al., 2018). Nurse educators with a deeper understanding of clinical incivility among nursing students and aid clinical instructors and nursing educators (Hong et al., 2018) must develop appropriate interventions to combat incivility in clinical learning environments.

Furthermore, this study's limitations include recruitment at a single private nursing school at a single point in time and the absence of a causal analysis. Generalizations must be made with care. However, this study provides evidence, consistent with previous research, that student incivility is related to stress.

CONCLUSION

This study concluded that there was a correlation between incivility and stress, as perceived by senior nursing students. Nursing education should provide a positive learning environment for nursing students to combat incivilities, such as positive role models and civility-related policies of the institution. Due to the persistence of stress and incivility in undergraduate nursing programs, it is crucial to promote a culture of civility by educating all stakeholders on civil interactions. Future intervention research is recommended to investigate civility-incivility in nursing education.

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Table 1. Respondent's Distribution Based on Gender

Gender	n(%)
Male	25(12.5)
Female	175(87.5)
Total	200(100)

Table 2. The results of the Spearman Rank Test of incivility' level and stress

Variable	Mean	SD	Min	Max	Spearman Rank test
Level of incivility	20.93	6.67	10	40	p-value = 0.010
Perceived Stress	22.01	4.012	8	37	r = 0.183

Table 3. The results of the Spearman Rank Test of incivility's frequency and stress

Variable	Mean	SD	Min	Max	Spearman Rank test
Frequency of incivility	18.01	5.18	10	34	p-value = <0,001
Perceived Stress	22.01	4.012	8	37	r = 0.269