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### Clinical Instructors' Strategies for Preventing Nursing Student Incivility during their Preparatory Training: A Qualitative Exploration

**Background:** Incivility during the learning process has consequences for instructors and learners. The purpose of this study was to explore the strategies clinical instructors use in the prevention of nursing students' incivility during their preparatory nursing training.

**Method:** This study was conducted using qualitative methods involving semi-structured interviews of clinical instructors who were selected by purposive sampling. 10 interviews were conducted and data saturation was achieved. The text of the interviews was transcribed verbatim and analyzed using thematic content analysis (Graneheim and Lundman 2004).

**Results:** In order to prevent incivility, strategies included restating the rules and boundaries, culture shaping through group work, reenergizing the students, and coordinating instruction. Incivility requires a range of active management approaches and pre-planning to reduce incidence.

**Conclusion:** Clinical instructors and educational managers should continually monitor incivility within their educational systems and seek innovative and effective approaches to address issues as they arise. Incidence of incivility is an increasing likelihood and planning is necessary to raise awareness for students and instructors of these behaviors, in order to establish a closer working relationship and become familiar with each others' perspectives. This will help foster a culture conducive to learning rather than conflict.

**Keywords:** Incivility; Nursing; Clinical practice; Qualitative Study.

### استراتیجیات المعلمین السیریین لمنع فظاظه طلاب التمريض أثناء تدريبهم التحضيري: استكشاف نوعي

**الخلفية:** الفظاظه أثناء عملية التعلم لها عواقب على المدرسين والمتعلمين. كان الغرض من هذه الدراسة هو استكشاف الاستراتيجيات التي يستخدمها المدرسون السريرون في الوقاية من فظاظه طلاب التمريض أثناء تدريبهم التمهيدي على التمريض.

**الطريقة:** أجريت هذه الدراسة باستخدام الأساليب النوعية التي تنطوي على مقابلات شبه منظمة للمدرسين السريرون الذين تم اختيارهم عن طريق أخذ العينات هادفة. تم إجراء 10 مقابلات وتحقق تشعب البيانات. تم نسخ نص المقابلات حرفياً وتحليلها باستخدام تحليل المحتوى الموضوعي (Graneheim and Lundman 2004).

**النتائج:** من أجل منع الفظاظه، تضمنت الاستراتيجيات إعادة صياغة القواعد والحدود، وتشكيل الثقافة من خلال العمل الجماعي، وإعادة تنشيط الطلاب، وتنسيق التدريس. تتطلب الفظاظه مجموعة من مناهج الإدارة النشطة والتخطيط المسبق لتقليل الإصابة.

**الخلاصة:** يجب على المدرسين السريرون والمدرسين التربويين مراقبة الفظاظه باستمرار داخل أنظمتهم التعليمية والبحث عن مناهج مبتكرة وفعالة لمعالجة المشكلات عند ظهورها. إن حدوث الفظاظه هو احتمال متزايد والتخطيط ضروري لزيادة وعي الطلاب والمعلمين بهذه السلوكيات، من أجل إقامة علاقة عمل أوثق والتعرف على وجهات نظر بعضهم البعض. سيساعد هذا في تعزيز ثقافة تقضي إلى التعلم بدلاً من الصراع.

**الكلمات المفتاحية:** الفظاظه؛ التمريض؛ الممارسة السريرية دراسة نوعية.

### راهکارهای مدرسان بالینی در پیشگیری از بی نزاکتی دانشجویان پرستاری در طول آموزش مقدماتی: یک مطالعه کیفی

**زمینه و هدف:** بی نزاکتی در طول فرآیند یادگیری پیامدهایی برای مربیان و فراگیران بدنبال دارد. هدف از این مطالعه، تبیین راهکارهای مورد استفاده مربیان بالینی در پیشگیری از بی نزاکتی دانشجویان پرستاری در طول دوره آموزش مقدماتی پرستاری بود.

**روش:** این مطالعه در سال ۱۳۹۸ با رویکرد کیفی و مصاحبه نیمه ساختارمند با مربیان بالینی که به روش نمونه گیری هدفمند انتخاب شدند، انجام شد. مصاحبه ها تا رسیدن اشباع داده ها ادامه یافت و در مجموع ۱۰ مصاحبه انجام شد. متن مصاحبه ها کلمه به کلمه پیاده و با استفاده از تحلیل محتوای درون مایه ای تحلیل شد.

**یافته ها:** راهکارهای مورد استفاده مربیان بالینی به منظور جلوگیری از بی نزاکتی، شامل بازگویی قوانین و مرزها، فرهنگ سازی از طریق کار گروهی، بازسازی انرژی دانشجویان و هماهنگی در آموزش بود. کاهش بی نزاکتی به طیف وسیعی از رویکردهای مدیریت فعال و برنامه ریزی قبلی نیاز دارد.

**نتیجه گیری:** مربیان بالینی و مدیران آموزشی می بایست به طور مستمر بی نزاکتی را در سیستم های آموزشی خود پایش کرده و به دنبال رویکردهای نوآورانه و موثر برای رسیدگی به این مسائل در صورت بروز باشند. بروز بی نزاکتی یک احتمال فزاینده است و برنامه ریزی برای افزایش آگاهی دانشجویان و مربیان از این رفتارها، به منظور ایجاد رابطه کاری نزدیکتر و آشنایی با دیدگاه های یکدیگر ضروری است. این امر به پرورش فرهنگی در یادگیری به جای تعارض کمک می نماید.

**واژه های کلیدی:** بی نزاکتی، پرستاری، عملکرد بالینی، تحقیق کیفی

### کلینیکل انسٹرکٹرز کی ان کی تیاری کی تربیت کے دوران نرسنگ طالب علم کی بے راہ روی کو روکنے کے لیے حکمت عملی: ایک کوالیٹو ایکسپلوریشن

**پس منظر:** سیکھنے کے عمل کے دوران انکساری کے انسٹرکٹرز اور سیکھنے والوں کے لیے نتائج ہوتے ہیں۔ اس مطالعے کا مقصد ان حکمت عملیوں کو دریافت کرنا تھا جو کلینیکل انسٹرکٹرز نرسنگ کے طالب علموں کی نرسنگ کی تیاری کی تربیت کے دوران ان کی بے راہ روی کی روک تھام میں استعمال کرتے ہیں۔

**طریقہ:** یہ مطالعہ معیاری طریقوں کا استعمال کرتے ہوئے کیا گیا تھا جس میں کلینیکل انسٹرکٹرز کے نیم ساختہ انٹرویوز شامل تھے جنہیں مقصدی نمونے لینے سے منتخب کیا گیا تھا۔ ۱۰ انٹرویوز کیے گئے اور ڈیٹا سیچوریشن حاصل کی گئی۔ انٹرویو کے متن کو لفظی طور پر نقل کیا گیا تھا اور موضوعاتی مواد کے تجزیہ کا استعمال کرتے ہوئے تجزیہ کیا گیا تھا۔

**نتائج:** بے راہ روی کو روکنے کے لیے، حکمت عملیوں میں قواعد و ضوابط کو بحال کرنا، گروپ ورک کے ذریعے ثقافت کی تشکیل، طلبہ کو دوبارہ متحرک کرنا، اور ہدایات کو مربوط کرنا شامل ہیں۔ غیر مہذبیت کے لیے متعدد فعال انتظامی طریقوں اور واقعات کو کم کرنے کے لیے پیشگی منصوبہ بندی کی ضرورت ہوتی ہے۔

**نتیجہ:** کلینیکل انسٹرکٹرز اور ایجوکیشنل مینیجرز کو اپنے تعلیمی نظاموں کے اندر عدم استحکام کی مسلسل نگرانی کرنی چاہیے اور مسائل کے پیدا ہونے ہی ان سے نمٹنے کے لیے اختراعی اور موثر طریقے تلاش کرنا چاہیے۔ بے راہ روی کے واقعات ایک بڑھتا ہوا امکان ہے اور ان طرز عمل کے بارے میں طلباء اور انسٹرکٹرز کے لیے بیداری پیدا کرنے کے لیے منصوبہ بندی ضروری ہے، تاکہ کام کا قریبی تعلق قائم کیا جا سکے اور ایک دوسرے کے نقطہ نظر سے واقف ہو سکیں۔ اس سے تنازعات کی بجائے سیکھنے کے لیے سازگار ثقافت کو فروغ دینے میں مدد ملے گی۔

**مطلوبہ الفاظ:** انکساری نرسنگ؛ طبی مشق؛ کوالیٹو اسٹڈی۔

## INTRODUCTION

Reducing incivility amongst students is a key objective for nursing instructors as it can have professional as well as academic implications (1). Incivility can be defined as any form of behavior that was considered unacceptable and disruptive to the instructors delivering teaching, with such behaviors not being confined to the classroom. They may also be present in other educational settings, including skill centers and clinical environments, where such behaviour can raise professional conduct concerns (2). Incivility is a common problem in nurse education (3) but appears to have been given scant regard in the education literature.

Various factors, relating to students, instructors, and the educational environment, can play a role in causing uncivil behaviors (4). Incivility is a bilateral process in which students and instructors may play a role in creating a disrespectful climate for each other or in the learning process. Today students are more diverse in terms of the entry requirements they have met to attend university, and are faced with multiple roles and pressures at university (5). Addressing uncivil and undesirable behaviors of students is important because it can have a negative effect on the instructors mental health, other students, and the educational community as a whole (6). The consequences of facing incivility can include anxiety, depression, avoidance, anger, humiliation, physical illness, absenteeism (or reduced time at work), retaliation, diminished motivation and job satisfaction, alienation, distrust, and thoughts of quitting the job (7). Incivility can also affect the culture of safety and the process of learning and teaching (8). Schaeffer (2013) found that incivility in academic nursing environments can lead to bullying and violence at work, and ultimately lead individuals to quit their job contributing further to workforce shortages. Nursing instructors, who are trying to nurture caring attitudes, are vulnerable and may face behaviors ranging from impoliteness to physical threat. Perhaps the most significant consequence of the student's incivility is the instructor's reported loss of passion and motivation to teach (9).

The approach taken toward incivility prevention is therefore essential for the well being of staff and students. It is imperative that nursing educators take steps to eliminate incivility in nursing education (3), because if not effectively managed, it can have long-lasting negative effects on the learning environment and may in turn lead to risky and even dangerous behaviors (10).

The conceptual framework of this study is based on the notion that promoting civility within nursing education can have a positive impact on the environment which in turn can foster civil behaviors amongst students. Ignoring incivility can lead to an uncivil environment for nursing students and instructors. An environment of civility results in a respectful learning and working environment. In contrast, an environment of incivility can negatively influence the quality of nursing education and working relationships. The civility in nursing education model proposed by Clark (2008) to promote civility in nursing education (11) provides a useful model but does not prescribe specific strategies in clinical

education, particularly toward prevention of incivility. Therefore, determining the dimensions of uncivil behaviors and appropriate strategies for reducing them in clinical education addresses a gap in the literature (6). This study therefore aimed to explore the strategies of clinical instructors in the prevention of nursing students' incivility and make recommendations for education providers faced with similar challenges.

## METHODS

### Design

The present research sought to answer: What strategies do clinical nursing instructors use in reducing student incivility? This study was carried out by adopting a qualitative approach using content analysis to interpret the meaning of the content of the text data (12). This study was conducted in 2019.

### Participants and Data Collection

In this study, nursing instructors participated from Kurdistan University of Medical Sciences. They had at least one year of work experience as well as willingness to participate in the research. The exclusion criteria was reluctance to continue the study. There were a range of backgrounds, genders, and educational orientations amongst participants. The research setting was a public governmental faculty of Nursing and Midwifery affiliated to Kurdistan University of Medical Sciences, Sanandaj, Iran. The instructors were faculty members who taught theoretical lessons in faculty and the internship practical education in affiliated educational hospitals. Purposive sampling was used to identify faculty members by personally asking whether they have ever had experiences of nursing students' incivility in practical and clinical training and were willing to share.

Following purposive sampling, face-to-face interviews were conducted. Interviews were conducted in a quiet room in the faculty setting. Qualitative data was collected and analysed simultaneously, which continued until data saturation was reached. Ten out of fourteen participants agreed to be interviewed. Given the fact that the researchers also had a history of teaching as a nursing instructor and were dealing with the students' incivility, in order to reduce potential bias in the collection and interpretation of data, the bracketing method was used with the researchers transcribing their own experiences prior to interviews. After providing the necessary information to the participants on the purpose of the study, informed consent form was obtained with agreement to record the interviews and assuring the confidentiality of the information obtained. The demographic data such as age, gender, and the teaching experience were gathered. Interviews were conducted in Persian by the corresponding author.

An interview guide was developed by researchers and used for data collection. All of the interviews were voice-recorded. The length of each interview varied from 30 to 50 minutes, but on average lasted 40 minutes. The interviews began with a general question about how to teach. "Please explain your experience of teaching nursing students in the clinical practice environment."

The following questions were then asked about their experience of incivility:

"What experience have you had of uncivil (define incivility if necessary) behaviors from nursing students. "

"in what situations did student's incivility typically occur?, Can you give examples?"

" Tell me about the strategies that you have used to prevent/reduce students' incivility".

"Were these strategies successful? If not what did you do"

### Data Analysis

Interviews were immediately transcribed verbatim and analyzed. To analyze the data, content analysis method by Graneheim and Lundman (2004) was used (13). The unit of analysis were individual responses in the interviews. Then, the texts of the interviews were divided into meaningful units, which were condensed in into initial codes. Initial codes were compared based on their similarities and differences and categorized in the form of subcategories which were also gathered together into broader categories. Transcripts were returned to participants for their comment.

### Rigor

In order to increase the rigor of the study, the following principles were observed:

- Choosing an appropriate research method to answer the research question,
- Ensuring familiarity with the existing culture and context,
- Achieving diversity of sampling,
- Gaining the trust of the participants to gain honest answers,
- Repeating/Clarifying the questions throughout the interview process,
- Analyzing the negative cases,
- Providing debriefing meetings between the researcher and other members of the research team,
- Using reflexive messages, background descriptions and researcher experience,
- Member check, peer check and expert check.

Member checking after data analysis was completed included sharing the findings with the participants. The researchers included a professor of nursing (ST) being the Executive Dean at Bournemouth University and an associate professor of nursing education (SV) who was the research deputy of Nursing and Midwifery Faculty of Kurdistan University of Medical Sciences at the time of the study. Data analysis was performed by the corresponding author, because the interviews were conducted in Persian. In order to increase rigor, all steps in the data analysis were checked by peers and experts. The peers were the independent researchers with a PhD in nursing and they were familiar with a qualitative study. The expert was an associate professor who checked the data analysis process until reaching a consensus.

### Ethical considerations

Ethical considerations were addressed through approval of the proposal in the research council of Kurdistan University of Medical Sciences with the number (1397.94) and obtaining the confirmation of Ethics Committee of Kurdistan University of Medical Sciences, Sanandaj, Iran (IR.MUK.REC.1397.94).

## RESULTS

Participants included 5 men and 5 women. The mean age of participants was  $31.3 \pm 3.3$  years. The average teaching history was  $5 \pm 1.69$ . From the data analysis, a total of 147 initial codes and 17 subcategories were obtained which were subsequently categorized into three categories namely: 1. Incivility Behaviours, 2. Factors underlying Incivility, and 3. Strategies for the prevention of incivility.

### Incivility Behaviours

Participants described a number of student behaviours which they considered disruptive and uncivil:

"... Students sometimes come to the intership environment late, such tardiness I consider a kind of incivility " (P2). "... Students do not comply with the rules on cell phone use in lessons and are constantly using the phone ..." (P5).

"... Students' lack of cooperation with my instructions in lectures is the most common example of incivility..." (P1).

"... a student brought the wrong authorization form on the first day and I told him that if you do not have the correct form, you will not be allowed to enter the clinical area, but the next day he came with exactly the same incorrect form..." (P8).

"... many students wear inappropriate clothes for practice, for example, their clothes are too tight for working on the wards ..." (P9).

"... interruption and whispering while the instructor is teaching I consider rude..." (P2).

"... students use slang and make sarcastic comments..." (P9)".

"... their body language can be inappropriate at times, and during teaching they introduce inappropriate topics..." (P10).

"... The laziness of the students and their frequent drowsiness suggests they are not sleeping ..." (P2).

Such behaviours were the manifestation of incivility but it was recognized there were some common underlying factors that increased the likelihood of such behaviours occurring.

### Factors underlying Incivility

Various factors were identified as underlying incivility, but it was most visible amongst new male students:

" ... most of the incivility is observed in the early semesters, and is more than common among male students ..." (P9). "... incivility is usually in the initial sessions and on the part of the male students more ..." (P1).

This was often seen to be linked to their maturity and personal background "... family issues and personality of the individual can play a role in the incidence of incivility ..." (P5). "... because the students' age is young and they have personal issues, this leads to the incidence of incivility in them..." (P6). "... the culture in which they have grown up plays a role in his or her incivility ..." (P8).

Such factors are seen to impact their motivation to engage in learning: "... in those who are not motivated, the individual typically does not know how to behave and consequently does not accept and adhere to the rules ..." (P8). Whilst sympathetic of the students' circumstances some instructors found it hard to understand: "... I accept that the uncivil

behavior of the students is related to many things and, as I said, some behaviors are natural for their age, but often seem odd to us (instructors) who are older ..." (P7). Particularly as they seemed to be more frequent: "... in the past years, these cases were much rarer, but now it seems to me that such behaviors are expected of today's generation ..." (P4). There was however recognition amongst instructors that tolerance and understanding were underlying factors, in order to reduce rather than increase such behaviour "... The late arrival of students is often linked to the behavior and reactions of instructors in previous semesters. For example, how the instructor previously dealt with late arrivals?; Have they considered giving rest time for students? and have they clearly clarified the rules around timing..." (P4).

The underlying factors contributed to the prevailing atmosphere of a session and were critical for identifying and implementing potential strategies.

#### Strategies for the prevention of incivility

The instructors had developed a number of strategies for addressing incivility, typically targeted at the first semester or term in order to set early expectations:

"My strategy was to lay ground rules on the first day, and state the consequences for the students who fail to follow those rules ..." (P1).

"In my opinion, in the first term ground rules and boundaries should be laid down for students and explained to them, and instructors should be empowered to manage the situation appropriately when faced with students' incivility ..." (P4).

Instructors also attempted to shape the culture of the learning environment by creating a safe environment for students to gain insight into their own behaviours and ethical issues:

"... a primary prevention strategy is to create a focus on the family and understanding what influences adult behaviour, since the origin of incivility is often the suppressed tendencies of childhood ..." (P7). So the aim is to help students mature into professionals who take responsibility for their behaviour. This can be enhanced through "... a workshop with the title of professional ethics for all the students, to guide them in understanding professional expectations of behavior..." (P10). Addressing the physiological needs of students was also essential as this will affect concentration and student's ability to engage in the session "... Students often say they feel tired and have not eaten breakfast or were tired yesterday, due to classes and do not have the energy to learn. That's why I always tell students to eat breakfast before attending classes and I'll give them time to rest during the internship ..." (P2)." ... I think a few minutes of rest could be useful in preventing student incivility ..." (P3).

One further strategy was the coordination of interventions among instructors and working together as a team. "Because the students are in the college for four years, the alliance between faculty members, their students and the behavioral coordination for dealing with the students behaviour can be really effective. The communication of a clearly defined plan that is shared with all instructors is vital ..." (P8)." ... The instructors themselves can also be practical role models that

demonstrate the behavior that everyone expects from students,..." (P6).

## DISCUSSION

The results of this study clearly showed that clinical instructors were routinely exposed to a range of uncivil and disruptive behaviours from nursing students during the course of their studies. The incidence of similar incivility has been reported in a number of studies. In Egypt for example, 60.2% of students displayed what was considered 'irresponsible' behaviors, 55.9% inappropriate behaviors, 47.8% aggressive behaviors and 55.4% showed disruptive uncivil behaviors (5). Incivility was regarded as a concern in the education of Indonesian nursing students, with 44.86% of the staff in the public Faculty of Nursing and 49% of the students of the private Faculty of Nursing indicating that uncivil behavior in the nursing academic environment was an increasingly serious problem that impacted on the education of students (2).

In an international review of the literature, uncivil behaviors in nursing programmes were categorised into four themes namely: 1. disruptive behaviors displayed by students in class, 2. student academic dishonesty, 3. bullying toward others, and 4. uncivil behaviors of instructors toward students (3). It is evident that incivility can mean different things in different contexts but for this study the focus was on the first theme as it is an area of growing concern that clinical instructors need to be prepared for in order to deal with, through the use of appropriate prevention strategies.

This study in many ways mirrors the findings of similar studies, which reported disruption caused by student lateness, sleeping in the classroom, addiction to cell phones, disrespectfulness (5), not listening to lessons, challenging instructor and leaving early (3). At one level these are not new problems for anyone who has worked in higher education for any length of time, but perhaps what is new is the frequency in which they are encountered, particularly cell phone use, and the growing dissonance that instructors feel when students do not display the requisite professional qualities they perhaps expect of a nurse. Those behaviours perceived by instructors as undesirable include self-neglect, lack of compliance, rudeness, and lack of motivation. It was evident that these were more frequently committed by male students. This suggests that in the planning of sessions instructors need to recognise and attend to gender differences in the learning environment. There is much written about gender differences in learning style, such as males being more achievement oriented whereas females being more socially and performance oriented. This may make male students more competitive, more challenging, and less deferential in the classroom. Therefore increasing awareness amongst instructors of the expected behaviors of male students may help them prepare better for likely disruption.

It was evident that the instructors firmly believed that setting the ground rules and boundaries early in the programme, and shaping the culture around professional and ethical attributes were helpful, along with attending to students physiological needs, such as providing rest breaks. But the

use of strategies is dependent on a number of factors, such as the type and degree of incivility and the instructors' experience and confidence in managing the classroom. There is clearly a lot to be gained from adopting more interactive and engagement strategies such as group work, role-play, encouraging responsibility in decision-making, free expression, and building strong relationships between students and the instructors in order to build an environment of trust and engagement to manage the incivility and disruption amongst students (14).

One suggested strategy in the literature is to ignore student incivility. Whilst this approach seeks to prevent distractions in the educational environment and prevent public disputes, it does not solve the problem (15) and can actually lead to further deterioration of the situation (16). Although overlooking such behaviour can be appropriate at the time of incivility to avoid humiliating the individual, overall such behaviour should not be left unaddressed. Perhaps the key message from this study is for instructors to seek to adopt more student-centred approaches that establishes a closer bond with their students. That way instructors can use their understanding of individuals to have more private conversations which have been shown to tackle workplace incivility and increase attendance (17).

The final point made by the instructors was one of pre-planning and coordination of instructors in order to prevent such behaviour arising or to have a consistent approach to incivility, so that students are clear about what is acceptable in terms of behaviour. Some studies also recommend the development and publication of codes of behavior in order to guide the class with participation and interaction (18). However it should not be forgotten that instructors themselves play a very significant role in creating an inappropriate atmosphere for learning and that disruptive behaviors in the classroom are less likely when the instructor is confident in their role, engages students effectively and has command of the situation (18). The most effective instructors are those who can be flexible, adopting different strategies to suit the situation. Some may be more rigid and some more democratic, but this will depend on the context and type of behaviour being addressed (14).

In general, incivility and the resulting disruption causes to the learning environment requires active management and planning, especially in clinical practice, as this is where the profile of the professional image of nursing is formed and is an important part of the socialization process for nursing students. Instructors need help in preparing for and managing such disruption in order to have at their disposal a range of innovative and effective solutions. Instructors sharing their experiences in a college or university will increase a sense of togetherness and awareness. They are not alone that a wide range of strategies exist to address this growing problem.

There is a limitation around the definition of terms. In this study, the focus was on students' incivility defined as behaviour that was unacceptable and disruptive to the instructors delivering teaching. However in the literature inappropriate behaviors, irresponsibility and aggressive behaviors have been examined separately. It is therefore

suggested that the definition of incivility from the teachers' viewpoint should be explored qualitatively in order to be clearer about the boundaries and focus of the phenomena under investigation. This should include students' perception of instructor incivility. Interviews were conducted in Persian and their analysis was in the same language, a limitation, in the data collection and analysis was that they were performed by a single researcher. To mitigate this, the data analysis process was checked for language accuracy by peers and experts. Despite our efforts to translate and report the findings, we recognized that there are limitations in choosing labels with the same meaning in different educational contexts. The findings are derived from one university setting in Iran, so the findings may not be generalizable to other university settings in other countries. The results of this investigation into a clinical education nursing programme in Iran indicates that instructors were faced with a range of behaviours they considered uncivil and disruptive. This included lateness, overuse of cell phones, lack of compliance with requests and instructions, rudeness and laziness and poor engagement. In order to prevent and reduce such incidents, instructors used a range of strategies including restating the ground rules and boundary setting, shaping the culture through group work, giving rest breaks and planning and coordinating a consistent approach across the team of instructors. Given there is always the possibility of such disruptive behaviour occurring, appropriate preparation in terms of instructor training and support is essential to increase awareness amongst instructors and students of these behaviors and possible causes. However, there is a need to adopt a personalised, student-centred approach aimed at establishing a closer working relationship between students and instructors in order to provide tailored support. The behavior of instructors in this regard will act as an important role-model for students to follow.

#### **Ethical considerations**

Ethical issues including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc. have been completely observed by the authors. The ethics committee of Kurdistan University of Medical Sciences approved this research, ethics code IR.MUK.REC.1397.94.

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