

Incivility in Indonesian Nursing Education: A Qualitative Survey

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Abstract: Incivility has been increasingly acknowledged as a growing problem in nursing education. A number of studies have investigated the issue, but these have predominately been conducted from a Western perspective, whilst studies in Asian countries, such as Indonesia are limited. This study aimed to explore incivility experienced by nursing students and faculty members in Indonesia. A multiple-case study design was conducted using purposive sampling of students and faculty members from two faculties of nursing (FoN) in Indonesia. A total of 306 respondents participated in the study. Data was collected using self-reported survey (open-ended questions in an adapted Incivility Nursing Education/INE questionnaire). A cross-case analysis was conducted using three steps, which were establishing word-tables, examining disparities and similarities and integrating-interpreting the outcomes. The results identified three themes including the nature of incivility, the underlying factors that led to an act of incivility and the setting in which it took place. It is noted that incivility has occurred in Indonesia nursing education. Thus, there is a need for further research to include management of incivility and the promotion of civility in nursing education, especially in the Indonesian context, considering contextual factors such as the importance of individuals' backgrounds.

1 INTRODUCTION

Incivility is defined as any disrespectful behaviour, which happens when students or teachers break rules of conduct (Berger, 2000; Ferriss, 2002; Galbraith, 2008). Incivility is also socially and culturally determined, and as such will vary from setting to setting and could manifest in the social process (Alexander-Snow, 2004; Connelly, 2009; Holm, 2014; Moffat, 2001). This also means that people can perceive it differently according to their social groups, social collaborations and settings.

Some aspects might be related to instances of incivility. Knepp classifies three contributing aspects of incivility: students, institution and faculty staff aspects (Knepp, 2012). The student aspects include great students' expectations and a feeling of entitlement. In regard to expectations, Alberts, Hazen, & Theobald, identified a new students' generation called the 'Millennial Generation' students (born from 1997 onward) (Alberts, Hazen & Theobald, 2010). These students challenge their faculty because of their immediate gratification experiences, which has allowed them to possess a

lack of attention span and capability to multiple tasks, thus they are difficult to engage in the duration of learning.

A feeling of entitlement held by the 'Millennial Generation' students is believed to be able to influence students when working on their courses in minimum effort (Knepp, 2012). Meanwhile, faculty members perceive themselves as being responsible for the students' learning; students become passive in their learning process (Clark, 2008; Cynthia M. Clark & Springer, 2010; Eka, Chambers, & Narayanasamy, 2016; Natarajan, Muliira, & van der Colff, 2017). This passivity is against current andragogic approaches of education.

The institutional aspects have been related to a paradigm change in the last 20 years within general and higher education. To that effect, it is argued that many institutions of higher education and nursing education have been growing into the development of diverse students (Bednarz, Schim, & Doorenbos, 2010). This diversity leads to display students' attitudes and expectations of education and the educational atmosphere in a particular way. In addition, lots of students have not been knowledgeable of the good manners expected at the

university in some portions of the learning system; consequently, they might be ignorant to their deeds that might be perceived as incivility instances (Knepp, 2012).

The third aspect, as identified by Knepp, emphasizes on faculty members as the perpetrator of uncivil behaviour (Knepp, 2012). Though some faculty members were susceptible to the students' uncivil behaviour (impoliteness to physical attack), it is unexpected that they could play a major role in the incivility instance. However, according to Knepp (Knepp, 2012), this is the result of: (i) inexperienced teachers who are employed increasingly, such as graduate teaching assistants, and (ii) a number of demographic or individual characteristics of the faculty members including ethnicity, age, gender, and status of the faculty members (Clark, 2008; Clark & Springer, 2010; Eka et al., 2016; Muliira, Natarajan, & Van Der Colff, 2017).

A survey of the Indonesian nursing education institutions concluded that incivility in nursing education is a problem that has to be managed (Eka et al., 2016). The study provides a new understanding that incivility may be perceived differently according to people's social context. The study also shows that incivility was perceived differently based on people's faiths.

The aim of this study was to examine perceived incivility of nursing students and faculty members within the Indonesian context.

2 METHODS

2.1 Design

This paper revealed the findings of the open-ended questions of Eka's study (Eka et al., 2016). The study, which was conducted as a small portion of a graduate program, included a multiple-case study design (Yin, 2014). This also means that this study also used an embedded design which combined quantitative and qualitative data derived from two different groups of respondents: faculty members and nursing students at two faculties of nursing/FoNs.

2.2 Ethical Considerations

The university's Institutional Review Board issued the study ethical clearance. In addition, the faculties of nursing (private and public) and clinical settings in which the study took place provided permissions for implementing this study.

2.3 Sample

A purposive sampling method was applied for recruiting the sample. The inclusion criteria for academic staff respondents were a lecturer who had been teaching in the FoN for at least one year (in the classroom, skills laboratory and in clinical settings). For students, the inclusion criteria were an undergraduate student in the FoN in year three or four of the academic program, and students in their professional program.

A total of 306 respondents from two FoNs participated in the study. The respondents consisted of 102 people at a private faculty of nursing (students 96, academic staff 6) and 204 people at a public faculty of nursing (students 185, academic staff 19).

2.4 Instrument

The questionnaire used in the study was an adapted version of Incivility in Nursing Education/INE questionnaire (Clark, C.M., Farnworth, J. and Landrum, 2009; Eka & Chambers, 2017; Eka et al., 2016). The questions comprised four open-ended questions related to incivility experiences including examples and reasons of incivility instances and how to address them (see appendix). The INE questionnaire has been tested for its validity, reliability (Cronbach Alpha > 0.8) and readability from 20 students (Eka & Chambers, 2017). Based on the validity results, some of the questions in the questionnaire were reworded again. The rewording of the questionnaire was also to facilitate easy comprehension for Indonesians.

2.5 Procedure

Data collection started in the first FoN and finished in the second FoN in 2013. The process for collecting the data in each of the two FoNs was using a similar procedure as well as from varied resources. The researchers came to the class, skills laboratory and hospital to recruit the students. For recruiting the academic staff, the researchers came personally to the academic staff working room at nursing school.

The qualitative results of the open-ended questions were analysed using thematic analysis (Braun, V. & Clarke, 2006) of the result from the faculty members and student nurses at each FoN. The thematic analysis steps included data reading, coding, themes development and reporting.

From the thematic analysis results, a cross-case analysis (Eisenhardt, K, 1989; Stake, 2006; Yin, 2014) was applied using three steps including: first, establishing word-tables based on the two data sources (one for each FoN used in the study). Second, these data sources were then analysed by comparing and contrasting the two sources. The third or last step included integrating and interpreting the results in regard to the study questions.

3 RESULTS

3.1 Characteristics of Respondents

Characteristics of the faculty respondents at the private FoN were mostly female (83%), with age range of 31-35 years old (33%) and above 40 (33%), Christian (83%), Indo Malay ethnic group (83%), half of them had working experience between 6 to 10 years, and two-thirds (67%) had a monthly income above 6,000,000 rupiahs (500 USD). Most students were female (78%), with age range of 20-25 years old (68%), Christian (65%) and more than half (58%) Indo Malay (Batakese) ethnic background.

Most of the faculty members at the public FoN were female (79%), half (53%) with age range of 36-40 years old, Islam (89%), one hundred percent were Indo Malay, more than half (53%) have worked as lecturers with work experience range of 11 to 15 years, and had monthly income above 6,000,000 rupiahs/500 USD (42%). Most students were female (88.65%), one hundred percent with age range of 20-25 years old, half of them (51.35%) consisted of Christian believers, and Indo Malay (89.72%) with Batakese ethnic background.

3.2 Perceptions of Incivility

The perceptions of the respondents in regard with incivility in this study including: (i) the form and the causes of incidences of incivility, (ii) the dissimilarities between the locations in which the incivility occurred and (iii) recommendations for addressing the incivility instance. The results of the cross-case analysis are presented in Table 1.

3.2.1 The Form and Causes of Incivility Instances

In regard to the types of the uncivil behaviour, four categories emerged which included: unprofessional behaviour, ineffective communication and

relationship as well as teaching-learning process issues. Unprofessional behaviours were conducted by faculty members, student nurses and clinical nurses in nursing education settings. For example, faculty members were said to undermine students within the classroom, given unjustified grade and dishonoured other faculty members. The students came late, unprepared for class and engaged in acts of dominance to other students. The nurses' unprofessional behaviour was manifested by: neglecting patients, rejecting to work with students and inaccurate patient recordings.

Table 1 also reports the emerging themes regarding the causes of incidences of incivility including: issues related to professionalism, ineffective communication, inconsistency of rules application as well as individual and contextual influences. In regard to professionalism, one of the reasons, faculty members at the private FoN referred to was the overwhelming responsibilities of their roles as a cause factor to incivility. For example, one faculty respondent commented that incivility frequently occurred "Because of the demanding tasks ... that must be finished by the faculty members and students" (Student #004). In addition, only respondents at the private FoN declared ineffective communication as one of the causes of incivility.

In contrast, only respondents at the public FoN stated the implementation of ineffective rules as one of the causes of the instances of incivility. It seems that there were minor differences in opinions between the two FoNs regarding the causes of incivility. The individual conditions and background issues were also identified as some of the causes for the incivility instances. The faculty members at the private FoN reported personal stress and ineffective coping, as two reasons in regard to individual factors that might cause incivility instances. Author(s) name(s) should be aligned to the center with line space exactly at 13-point. The text must be set to 11-point.

3.2.2 The Dissimilarities between the Locations in Which the Incivility Occurred

The respondents also reported that there were differences in the instances of incivility concerning the classroom, skills laboratories and clinical practice settings. These differences were related to (1) the type of the incivility, (2) the individuals involved, (3) the areas and scope of the incivility. It is noted that most of the respondents supported the three themes. A student at the public university

Table 1: Cross-case analysis of open-ended questions findings.

| NO | Questions | Themes | Private FON | | Public FON | |
|----|--|---|-----------------|----------|-----------------|----------|
| | | | Faculty members | Students | Faculty members | Students |
| 1 | Forms of incivility | Communication issues | √ | √ | √ | √ |
| | | Interaction issues | | | | √ |
| | | Educational issues | √ | | √ | √ |
| | | Professionalism issues | √ | √ | √ | √ |
| | | Misuse of technology | | √ | | |
| 2 | Causes of incivility | Ineffective communication | √ | √ | | |
| | | Professionalism issues | √ | √ | √ | √ |
| | | Individual and contextual factors | √ | √ | √ | √ |
| | | Ineffective rules implementation | | | √ | √ |
| 3 | Dissimilarities between the locations in which the incivility occurred | Form of the incivility instances | √ | √ | √ | √ |
| | | Person involved in incivility instances | √ | √ | √ | √ |
| | | Areas or scopes of incivility | √ | √ | √ | √ |
| 4 | Recommendations for addressing the incivility | Effective communication and relationships | √ | √ | √ | √ |
| | | Effective rules implementation | √ | √ | √ | √ |
| | | Role Modelling | √ | √ | √ | √ |

mentioned that "...in the classroom, and it emphasises more on students' tardiness and schedule alterations; whereas in the skills laboratory it was more about harassing comments, such as students being called stupid" (Student #105).

The same student also stated, "In the wards, it [uncivil behaviour] is often demonstrated by using harsh words or high intonation. In the clinical unit, "...insulting words, underestimating education institution and hitting or pinching" (Student #105).

From faculty members perspective, a faculty mentioned some students' uncivil behaviour including: "In the classroom: students were noisy [disturbing noise]. In the skills laboratory: students did not attempt to practice [their] skills [passive] and improper students' attire. In the clinics: ineffective communication between students and patients (Faculty member #006)". Another faculty member said: "Actually, it is similar, the only difference is the people involved. In the laboratory, it happens between students and faculty members. In the clinics, it is uncivil behaviour towards patients" (Faculty member #007).

3.2.3 Recommendations for Addressing the Incivility Instances

This current study further identified three main strategies for addressing incivility in nurse education

including: role modelling, effective rule implementation, and effective communication and relationships. The provision of positive role modelling was by members of faculty as well as clinically based. For example, a faculty member said, "A role model is needed from the upper position [supervisor]/leaders/academics" (Faculty member #004). Indeed, positive role modelling was also expected by students, as one respondent went on to identify that in order for role modelling to be effective, it is imperative to "...appreciate dissimilarities in culture...the distinctiveness of every person that leads to a sense of respect" (Student #003).

Effective rule implementation is also required for promoting civility in the settings of nursing education. This was supported by one faculty respondent when he/she said: "All persons have to follow the rules in academic settings" (Faculty member #005). A student respondent further uttered their view that in addition to the implementation of effective rules, strong religious values were also important in maintaining civility. The student supported: "... strong faith [is also needed], not only [due to] the existing regulation..." (Student #111).

Effective communication and relationships are also essential in managing (including preventing and addressing) incivility in nursing school. One of the examples that relates to effective communication is

that nursing education should establish their ground rules within the institution's context, as a faculty member suggested: "The faculty staff members manage the class while teaching [effectively] and establish agreements with students in regard to class ground rules" (Faculty member #001). A number of illustrations related to effective relationships are encouraging, honouring others and self-reflection. A student also mentioned a need for "directness, honour and repute for each other, as well as necessity for [written] assessment for self-refinement" (Student #089).

4 DISCUSSION

This study explored perceptions of both faculty and students of incivility at two FoNs in the Western part of Indonesia. The findings revealed that incivility could be perceived differently by different people. The reason is a person's perception of incivility is determined by some reasons such as their social context, individual experiences, values and beliefs (Clark, 2013; Robertson, 2012). The doer could recognise it to be normal, meanwhile the receivers or those witnessing it could recognise it to be uncivil. Hence, the concept and perception of incivility is socially generated and can be an issue to discuss further (Moffat, 2001).

The respondents at both faculties of nursing showed some similar themes. These themes are related to the nature of the acts of incivility including communication and professional issues. What was interesting was the differences between the private and public schools with the former expressing more concerns about ineffective communication, whereas respondents at the public school were more concerned about the implementation of ineffective rules.

Effective communication and collaborations are vital in nursing (McCabe and Timmins, 2013). Nevertheless, the respondents at both FoNs showed that individuals involved in nursing education communicated and interconnected ineffectively, which led to anger, distress and frustration. These conditions may lead to withdrawal of the people involved (Budden, Birks, Cant, 2015; Luparell, 2007).

Faculty members and students in this study also perceived that incivility occurred differently based on the settings: classroom, skills laboratory and clinical settings. The differences included forms of the behaviour, the people involved, and extend of the behaviour. For instance, in the classroom, the uncivil behaviour included chatting (during lectures)

and unpunctuality to attend classes or to complete tasks by students. In the skills laboratory, the incivility instances included harsh comments by faculty members. Last but not least, in the clinical practice, nurses performed superiority attitudes; the concerns of this deprived relationship of health-care workers could involve patient safety issues (Rosenstein, A.H. & O'Daniel, 2008; Woith, Jenkins, & Kerber, 2012) and decreased standards of care (Budden, Birks, Cant, 2015).

Regarding the area and scope of the behaviour, the results of this study are in line with previous studies (Beck, 2009; Budden, Birks, Cant, 2015). The students suggested that incivility probably occurred more in the classroom; in contrast, the final year students felt that incivility happened more frequently in clinical settings (Beck, 2009). This finding may be associated with the students' conditions that the last year students spent more time in clinical settings than in the classroom. Moreover, the third-year students were in a position comparing what they described as professional or unprofessional behaviours, in the terms of civility, as they have become knowledgeable pupils who have learned better understanding of professionalism (Beck, 2009).

The characteristics of individuals involved in nursing school are also vital, and it is readily understood that there is a need for having better self-awareness and value interpretation for the purpose of understanding the influence of individual traits in cross-cultural relations. The present-day students' characteristics such as dearth of social interaction abilities and kind-heartedness as well as discourteous and self-centred behaviours may be the reasons for incivility instances (Hernandez & Fister, 2001).

Moreover, there are very diverse ethnicities, religions and SES backgrounds in Indonesia (Mandryk, 2010) and those backgrounds might be integrated in people's day-to-day lives (Kutieleh, 2011). Thus, a person's background could affect the acts of incivility, especially in the Indonesian setting.

In regard to the implementation of rules, faculty members at the two FoNs applied inconsistent rules, such as in conducting the unpunctuality policy and in rewarding and punishing behaviour. These differences may lead students to disregard rules and tolerate uncivil behaviour. Former studies showed that students' incivility perseveres when incivility is addressed poorly (Clark, 2008; Luparell, 2005). Moreover, this current study provided new insights into the strength that religious beliefs play in promoting and demonstrating civility in nursing education.

The respondents recommended role modelling, effective rules' application and effective communication and interactions to manage incivility instances in nursing education. The respondents offered some examples in regard to behaving appropriately, including honouring and understanding others, and role modelling that performs decent behavioural examples to others as approaches for decreasing incivility in nursing education (Cynthia M. Clark & Springer, 2010; de Swardt, van Rensburg, & Oosthuizen, 2017).

This current study's findings are similar to the former research in that it is important to generate effective guidelines, procedures and code of conduct to prevent and address incivility instances (Longo, 2010; Suplee, Lachman, Siebert, & Anselmi, 2008). Longo also recommended that particular policies and rules are required to manage the incivility instances effectively, for example, establishing ground rules to describe and manage the civility or incivility instances (Longo, 2010).

The finding of this study showed that effective communication is central to the promotion of civility in which it is also supported by previous studies. Effective communication between nursing students and clinical educators, and supportive climate amongst nurses, nurse educators and students (Decker & Shellenbarger, 2012) are required for promoting civility in nursing education. Not only previously mentioned strategies, providing clear discussions and positive activities that include "counselling, coaching and mentoring" in the nursing education setting could further manage incivility effectively (Clark & Springer, 2010; p.324).

This study could not be generalised due to the challenges of truly representing various backgrounds in Indonesia. Therefore, further study should be conducted in other settings of nursing schools in Indonesia.

5 CONCLUSIONS

Incivility has been identified as an actual and growing problem in Indonesian nursing schools. Faculty members and students had experienced or observed incivility in the academic environment. In addition, the data exposed differences as well as some similarities in the ways the two groups perceived incivility, which appeared to have been based on: the nature of incivility, the underlying factors that led to an act of incivility and the setting in which it took place. The results of this study suggest that if incivility in the Indonesian context is

to be addressed, there is a need to consider contextual factors such as individuals' background. The study also identifies a need for further research to include management of incivility and the promotion of civility in nursing education, especially in Indonesia.

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APPENDIX

Open-ended questions in the survey:

1. Give examples of uncivil behaviours that occurs in academic environment (classroom, skills laboratory and clinical practice).

2. In your opinion, why (reasons) do you think incivility occurs in academic environment?
3. Please describe how students, faculty members, nurses and the university/college should address incivility in the academic environment.
4. What are the differences in the uncivil behaviours seen in the traditional classroom, skills laboratory and the clinical unit?

