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Incivility Behavior and Engagement among Technical and Health Institute Nursing Students at the Classroom

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Abstract: Background: Incivility behaviors are the main source of dissatisfaction and frustration to keen learner students. Therefore, it is important to strengthen the interactions between the students and their nursing lecturers to increase civil culture on the university. **Aim:** The study aims to determine the relationship between incivility behavior among nursing students and their engagement at class room. **Methods:** Descriptive correlational comparative design used. The study involved 590 nursing students who enrolled in second year at both nursing technical institute which follow Mansoura University and Health Institute which follow Ministry of Health at Mansoura city. Three tools used for data collection: First: The Incivility in Nursing Education - Revised (INE-R) tool to assess student's perception about incivility. Second: Ways of Coping (Revised) Questionnaire. Third: The Community College Survey of Student Engagement (CCSSE) tool to assess engagement in the classroom. **Results:** University technical institute students expose to incivility behavior more than health technical institute students (40.11±11.13, 36.52 ±7.09) respectively. Copying strategies used by nursing students at health technical institute and university technical institute were moderate (60.4%, 48.7%) respectively. The student nurses low incivility at health technical institute than at university technical institute (93.2%, 79.4%) respectively. There were highly significant differences ($P \leq 0.01$). The student nurses moderate engagement at both university technical institute and health technical institute (43.9%, 40.7%) respectively. There were highly significant differences ($P \leq 0.01$). **Conclusion:** Majority of student nurses at technical institute and health institute were low incivility. Also About half of student nurses at university and health were high engagement. There is negative strong correlation between incivility and engagement in both setting. **Recommendation:** Optimal strategies to prevent and manage the incivility among nursing student and encourage their engagement at classroom.

Keyword: Incivility behavior, Copying Strategy, Engagement, Nursing Students

INTRODUCTION

Professionalism in nursing is achieved through conducting a legal and ethical responsibility to promote civility. So the role model for civil interactions represent in nursing faculty even with the challenges facing the students in current nursing education and practice environment. Stress in nursing practice and higher education is considered aspect contributing to appear the incivility among the students (Clark, 2013). Therefore nursing student's incivility has been gaining more attention from the faculties, (Theodore, 2015; Vuolo, 2017).

Incivility is a rude, disruptive, intimidating, and undesirable behaviors that are directed toward another person (Clark, 2011). Academic incivility can arise anywhere during teaching and learning process at classroom, laboratory, clinical training settings, hallways, offices and rest areas, which interferes the learning or clinical practice in the academic environment. These behaviors due to inability of the students to concentrate, loss of interest, increase the absent or withdrawal rates, and low grade achievements (Lombardi, et al, 2016 & Penconek, 2019)

Incivility can be either intentional or unintentional hurtful behavior that disturbs the classroom environment and the student's experience real challenging to deal with these behaviors. Moreover, it can negatively impact on their knowledge and cognitive development, clinical competence

skills, and professional skills (Ibrahim & Qalawa, 2015; Natarajan, 2017). All of the previous negative effect lead to trouble the classroom learning environment and reduced student retention rates. In addition to a negative effect on their learning process, self-confidence, emotional wellbeing and their care providing to the patients (Nutt, 2013; Vuolo, 2017).

Students behaving incivility are unaware of these negative impact on those around them. So the incivility management is considered the responsibility of the nursing faculty members. They can minimize incivility occurrence in the classroom by enhancing student interest in the class and establishing a positive classroom environment. Moreover, they can show their interest and students respect and they are trained to manage incivility in the learning environment. Also they play a crucial role to promote the civility culture among students in the classrooms and clinical settings (McNaughton-Cassill, 2013; Clark, 2013, Harris, 2013). Thus, incivility prevention and management among the undergraduate nursing students is essential before they graduated and start their career as a nurse in the health care systems (Parandeh, 2016; Di Natale, Melissa, 2017).

There are many challenging facing the students such as various roles related to work, faculty and family responsibilities and, financial burdens, time management, lack of faculty support and mental health concerns, which

lead to the incivility among them. All of these challenges should be considered from their faculty to prevent and manage the incivility among students (Clark & Springer, 2010, Altmiller, 2012; Sprunk, et al, 2014). So the challenge for the faculty members is to understand the factors contributing to the student's incivility and its reflection on their learning process and how to create optimal learning environments for the students to overcome these behaviors (Biggs & Tang, 2011 and Vuolo, 2017).

Coping is a dynamic behavioral and cognitive effort to manage the internal and external stress. Each individual commonly used problem-focused and emotion-focused coping strategies, depending on the stress situation, previous beliefs and their feedback. Nursing students used various coping strategies such as; feeling sad, crying, chatting, walking, sports engagement and ignoring the stress situation (Lazarus and Folkman 1984 cited in Pyles, 2016; Eka, 2017). Moreover, increase the students' awareness of their coping strategies and they apply different planned and adaptive coping strategies depending on their situations lead to improve positive ways for decreasing stress and helping them to exclude maladaptive coping strategies as drug consumption and avoidance by instructors. The most coping approaches used among nursing students are problem-solving, emotion-focused, transference and optimism. Therefore, identifying coping strategies of nursing students is important for early interventions (Zhao, et al., 2015; Fornés-Vives, et al., 2016; Reeve, et al, 2013; Rafati, et al, 2017).

Mindfulness-based meditation approach used by nursing educators to cope with academic incivility. Which keep them calm and aware of peace, empower them to provide self-care and maintain their emotional, physical, and spiritual health stable even with unstable work environment (Green, 2018). In addition, teaching-learning approach which enhance students' engagement in their learning process, objective evaluation methods for the students, appropriate clinical training competence skills, and student's activities and recreations ways for attraction and motivation. All of these should use as the effective strategies to prevent and manage with incivility as well as the nurse educators' behaviors as a role model. Also exposure students to incivility in the classroom can result in reduced their engagement during the learning process (Ibrahim & Qalawa, 2015; Rad, 2017).

Engagement is the degree of student's contribution or interest in their learning process as well as collaboration with others, their studies, and their institutions (Shuck and Wollard, 2010). Their engagement has many components such as activities, feeling, time, effort, and resources, which has been associated with student learning success (Hampton and Pearce, 2016). Therefore engaging students in learning environment is a vital part in their education process and has its own challenges and rewards to provide the chances to develop cognitive, psychomotor and affective skills, improve critical thinking skills, respect others' perspectives to achieve learning outcomes (D'Souza et al, 2013). Higher levels of engagement provide more information and better understanding, consequently this support for the nursing students to provide the basic element

of nursing profession "engagement demonstrates caring" as a higher standard of patient care (Hudson, 2015).

Nursing educators and preceptors perform a vital role in establishing positive interactions between the students and patients to improve patient quality care. With their continuous support provided to students during their educational process and this will be reflecting on their ability to provide patient care. Also used for stress management and relaxation techniques (Gregg and Twibell, 2016). Therefore the universities and educational training hospitals should have system to create an open communication environment to discuss the incivility prevention and management ways with nursing students confronting and. In addition, any circumstances affected negatively on this positive learning environment should be considered. So the incivility in higher education specifically nursing students, need to study to decrease burnout and leaving teaching ad education (Zhu, et al (2019).

Significant of the study:

Academic incivility behaviors sometimes happen without any previous warning, due to many factors for the students to their work, studies and family, large number of students in the classroom, lack of support from faculty. Moreover, poor teaching strategies and lack of classroom management affected negatively on the students 'engagement especially with large-group students in the classroom, this may be the root of students' incivility in the classroom (Clark and Springer, 2010). Incivility behavior is a source of dissatisfaction and frustration to keen learner students. Therefore, it is important to strength the interactions between the students and their nursing lecturers to increase civil culture on the university to keep the students engaged in their learning activities

The lecturers are responsible to power professional, ethical and civil behavior development in their students through their understanding the important of civil culture and respect each other's. This power the nursing profession among the next nurses generation who are able to lead the health care revolution in their community. So this will achieve by using planned coping strategies based upon the student's perspective to encourage their engagement in learning environment. This the main responsibility of the nursing faculty, institutes and educational training hospitals. Therefore this study shield light on relation between incivility behavior and engagement among technical and health institute nursing students at the classroom and the proper coping strategies to overcome the incivility behaviors.

Aim of study:

The study aims is to determine the relation between students incivility behavior and their engagement among technical and health institute nursing students at the classroom through the following objectives:

- Identifying incivility perception of both study subjects at class room.
- Explore coping strategies to manage incivility from student point of view at both setting.
- Assess level of engagement among both study subjects.
- Determine relation between incivility behavior and engagement among both study subjects.

Research Questions:

1. What is nursing students' perception of incivility behavior at classroom?
2. What are the most coping strategies used by nursing students to deal with incivility behaviors in classroom?
3. What is level of engagement among nursing students?
4. Is there a relationship between students' incivility behavior and their engagement at classroom?

Material and Methods:

Study Design: This study has a descriptive correctional comparative design.

Study Setting: The data collection for the study occurred at two technical nursing institutes. First is technical nursing institute which follow Mansoura University, Ministry of Higher Education. Second is technical health institute which follow Ministry of Health at Mansoura city, Egypt.

Study Sample: The study's participants were two groups from nursing students enrolled in the second year of technical nursing institutes. First group is all available second year students at technical nursing institute (n=310) at Mansoura University. Second group is all second year students at technical health institute (n=280) followed Ministry of Health.

Tools: three tools used to collect the data, namely; The Incivility in Nursing Education - Revised (INE-R) Survey, Ways of Coping (Revised)* Questionnaire, and Community College Survey of Student Engagement (CCSSE).

Tool I: The Incivility in Nursing Education - Revised (INE-R) Survey: It was adopted from Clark et al., (2015) to assess students' perception about incivility behavior. It consists into two parts.

Part I: It includes students' characteristics as type of program, gender and age.

Part II: The revised INE-R tool contains 24 students' behaviors designed on a four-point Likert-type scale as: not uncivil; somewhat uncivil; moderately uncivil; or highly uncivil. The total score computed to percentile and categories to low was <50%, moderate was 50%-75 and high was >75%, so the higher scores indicated that higher experiences of incivility behaviors.

Tool II: Ways of Coping (Revised)* Questionnaire. It was developed by (Folkman & Lazarus, 1985, Clark, 2015; Foreman, 2017). It consist of 66 items about the students' thoughts or actions as the coping strategies, which used to cope with incivility behaviors between students in nursing education. It divided into twelve dimensions which named confronter coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, playful problem-solving, positive reappraisal, problem focused, tension reduction, detachment and finally wishful thinking. The survey is self-scored using a four-point Likert scale: 0 = Not used; 1 = Used somewhat; 2 = Used quite a bit; and 3 = Used a great deal. The total scores computed to the percentile and then categories to three level: low was <50%, moderate was 50%-75% and high was >75%, therefore, the higher scores indicated that the higher coping strategies used by the students.

Tool III: The Community College Survey of Student Engagement (CCSSE): It was adapted form (Center for Community College Student Engagement, 2017) used to determine the student engagement in the classroom. It consisted of 34 items divided into six category: active and collaborative learning, student effort, academic challenge, and support for learners and student-faculty interaction. Items were rated on a 4-point Likert-type scale as follow: very often, often, sometimes, and never. Total scoring computed to percentile to classify into 3 categories as follows: low was <50%, moderate was 50%-75% and high was >75%. Higher scores indicated that high degree of students' engagement.

METHOD

An official permission was obtained from the directors of both nursing institutes before initiation of the study. The questionnaires were translated into Arabic by the authors to ensure the validity of translation, back translation technique was used by a translator from the Faculty of Education, the English Department. The two versions were reviewed by ten experts in the field of nursing and modifications were made accordingly. A pilot study was conducted on 20 students (10 students from each group) to assess the clarity and applicability of the tools, Modifications were made accordingly. Pilot study participants were excluded from the study sample. The authors explained the aim and the process of the study to the students during their lecture in the classroom. Then the questionnaires was distributed to all available students during their lecture. Students spent from 25 to 30 minutes completing the survey. In total, 610 questionnaires were distributed and 590 of them returned. The response rate from the students was 96.7 %. This due to incomplete questionnaires were excluded (n = 20) leading to a total sample size (n = 590). The questionnaire were collected back at the end of the lecture. Data collection conducted during first semester at academic year 2018-2019.

Validity and reliability:

Content validity of the tools was tested by ten experts from pediatric and administration nursing department. The pilot study was conducted on 20 students. Modifications were done accordingly. The reliability of the tools through internal consistency was done using Cronbach's alpha test and found to be 0.97 for the Incivility in Nursing Education - Revised (INE-R) Survey, 0.90 for Ways of Copying and 0.87 for Community College Survey of Student Engagement (CCSSE). This indicated that the tools were highly reliable with a Cronbach's alpha.

Ethical Considerations:

Ethical approval was obtained from the Research Ethical Committee of Faculty of Nursing. Additional permission to conduct the study obtained from the directors of Technical Health Institutes to collect data. Then verbal consent was taken from the students after the study aim and process was explained. They were assured that, their participation in the study was voluntary, so they could withdraw from completion of the surveys at any time without affect their grades or classroom standing and all information collected would be kept confidential. Confidentiality of the

information collected and anonymity were assured for students.

Statistical analysis:

Data entered to the computer and analyzed using SPSS software package version 22. Quantitative data described using mean, standard deviation and median. For comparison

between means of two groups, parametric analysis (t-test) was used. Comparison between two groups and more was done using Chi-square test (χ^2). Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance of the obtained results was set at the 5%.

RESULTS

Table (1): Demographic Characteristics of Students' participants (n=590)

Variables	University Technical Institute of nursing (n=310)		Health Technical Institute (n=280)		Total (n=590)	
	n	%	n	%	n	%
Age (years):	18.0-21.0		18.0-20.0		18.0-21.0	
Range						
Mean±SD	19.39 ±0.57		18.64±0.73		19.03±0.75	
Sex:						
Males	223	71.9	12	4.3	235	39.8
Females	87	28.1	268	95.7	355	60.2
Residence	212	68.4	164	58.6	376	63.7
Rural						
urban	98	31.6	116	41.4	214	36.3

This table showed students' demographic characteristics. Mean age of university technical institute students was significantly higher than that of health institute students (19.39 ±0.57 and 18.64±0.73) respectively. Regarding sex, the highest of student nurses were male at university

technical institute of nursing students (71.9%) on the other hand most of student nurses were female at technical institute of nursing students (95.7%). The highest percent of student nurses (68.4%) were residence in rural area.

Table (2): Perception of the Studied Nursing Students about Incivility Behaviors (n=590).

Statements	University Technical Institute of nursing (n=310)	Health Technical Institute (n=280)	t-value	P
	Mean ±SD	Mean ±SD		
1. Expressing disinterest, boredom, or apathy about course content	2.28±0.96	2.28±0.98	0.02	0.97
2. Making rude gestures or nonverbal behaviors toward others	1.53±0.85	1.22±0.56	5.13	0.000**
3. Sleeping or not paying attention in class	1.78±0.91	1.52±0.78	3.65	0.000**
4. Sleeping or not paying attention in class	2.21±0.98	2.06±0.91	1.89	0.06
5. Using a computer, phone, or other media device during class, meetings	1.91±0.95	1.56±0.81	4.83	0.000**
6. Arriving late for class or other scheduled activities	1.87±0.91	1.78±0.82	1.23	0.21
7. Leaving class or other scheduled activities early	1.70±0.92	1.47±0.70	3.30	0.001**
8. Being unprepared for class or other scheduled activities	1.80±0.87	1.79±0.88	0.04	0.96
9. Skipping class or other scheduled activities	1.53±0.74	1.46±0.73	1.10	0.27
10. Being distant and cold towards others	1.57±0.82	1.62±0.86	0.78	0.43
11. Creating tension by dominating class discussion	1.53±0.79	1.35±0.67	3.05	0.002**
12. Holding side conversations that distract you or others	1.78±0.93	1.46±0.66	4.69	0.000**
13. Cheating on exams or quizzes	1.74±0.95	1.34±0.57	6.09	0.000**
14. Making condescending or rude remarks toward others	1.67±0.85	1.54±0.71	2.01	0.045*
15. Demanding make-up exams, extensions, or other special favors	2.00±1.05	2.05±0.85	0.59	0.55
16. Ignoring, failing to address, or encouraging disruptive behaviors by classmates	1.33±0.79	1.20±0.59	2.19	0.029**
17. Demanding a passing grade when a passing grade has not been earned	1.96±1.20	2.05±1.12	0.92	0.35
18. Being unresponsive to emails or other communication	2.06±1.02	1.81±0.88	3.19	0.001**
19. Sending inappropriate or rude emails to others	1.30±0.71	1.16±0.57	2.70	0.007**
20. Making discriminating comments directed toward others	1.30±0.68	1.33±0.70	0.45	0.65
21. Using profanity (swearing, cussing) directed toward others	1.29±0.62	1.06±0.38	5.14	0.000**
22. Threats of physical harm against others (implied or actual)	1.31±0.71	1.11±0.45	4.18	0.000**
23. Property Damage	1.32±0.73	1.10±0.41	4.44	0.000**
24. Making threatening statements about weapons	1.23±0.69	1.10±0.44	2.78	0.006**
Total	40.11±11.13	36.52 ±7.09	4.61	0.000**

*Significant (P<0.05) & ** highly significant ((P<0.01)

This table showed the studied nursing students' perception about incivility behaviors. Nursing university technical institute students expose to incivility behavior more than health technical institute nursing students at (40.11±11.13, 36.52 ±7.09) respectively. Both university and health institute students was perceived the highest mean related to the item of expressing disinterest, boredom, or apathy about course content (2.28±0.96, 2.28±0.98) respectively. While

the lowest mean (1.23±0.69) at university technical institute was related to item of making threatening statements about weapons. While the lowest mean (1.06±0.38) at health technical institute related to item of using profanity (swearing, cussing) directed toward others. There were significant differences ($P<0.05$) between university and health institute student's regarding some items as shown in the table.

Table (3): Levels of Incivility among the Studied Nursing Students (n=590).

Levels of Incivility	University Technical Institute of nursing (n=310)		Health Technical Institute (n=280)		Total (n=590)	
	n	%	N	%	n	%
Low (<50%)	246	79.4	261	93.2	507	85.9
Moderate (50%-75%)	62	20.0	19	6.8	81	13.7
High (>75%)	2	0.6	0	0.0	2	0.3
χ^2	23.80					
P	0.000**					

*Significant ($P\leq 0.05$) & ** highly significant ($P\leq 0.01$)

This table showed levels of incivility behaviors among the studied nursing students. The total of students at university and health technical institute was low incivility (85.9%). The student nurses low incivility at health technical institute

than at university technical institute (93.2%, 79.4%) respectively. There were highly significant differences ($P\leq 0.01$).

Table (4): Opinion of the Studied Nursing Students about Their Incivility Coping Strategies (n=590)

Coping Strategies dimensions	University Technical Institute of nursing (n=310)	Health Technical Institute (n=280)	t-value	P*
	Mean ±SD	Mean ±SD		
A. Confrontive coping	16.39±3.30	16.97±3.16	2.15	0.032*
B. Distancing	16.88±3.31	16.37±2.90	1.95	0.05*
C. Self-controlling	20.02±4.27	20.74±3.43	2.26	0.024*
D. Seeking social support	17.34±3.54	17.28±3.01	0.19	0.84
E. Accepting responsibility	11.69±2.62	11.81±2.23	0.59	0.55
F. Escape-Avoidance	22.20±4.27	21.79±4.27	1.16	0.24
G. Planful problem-solving	17.29±3.30	17.81±3.08	1.97	0.05*
H. Positive reappraisal	20.79±4.43	22.31±3.94	4.40	0.000**
I. Problem focused	6.25±1.46	6.24±1.18	0.05	0.96
J. Tension reduction	5.40±1.60	8.83±1.50	4.48	0.000**
K. Detachment	3.09±1.02	3.30±0.92	2.63	0.01**
L. Wishful thinking	6.25±1.87	6.81±1.38	4.03	0.000**
Total coping strategies	163.62±27.72	166.31±21.62	1.30	0.193

*Significant ($P\leq 0.05$) & ** highly significant ($P\leq 0.01$)

This table showed opinion of the studied nursing students about their incivility coping strategies: Health technical institute students were using total copying strategies to incivility behavior more than university technical institute students (166.31±21.62, 163.62±27.72) respectively. The highest mean at both university and health technical institute

related to item of Escape-Avoidance (22.20±4.27, 21.79±4.27) respectively. While the lowest mean at both university and health technical institute related to item of detachment (3.09±1.02, 3.30±0.92). There a highly significance difference between certain above mentioned above table.

Table (5): Levels of Coping Strategies among the Studied Nursing Students (n=590).

Levels coping strategies	University Technical Institute of nursing (n=310)		Health Technical Institute (n=280)		Total (n=590)	
	n	%	n	%	n	%
Low (<50%)	22	7.1	8	2.9	30	5.1
Moderate (50%-75%)	151	48.7	169	60.4	320	54.2
High (>75%)	137	44.2	103	36.8	240	40.7
χ^2	10.86					
P	0.004**					

*Significant ($P\leq 0.05$) & ** highly significant ($P\leq 0.01$)

This table showed levels of copying strategies among the studied nursing students. The total of copying strategies for students at university and health technical institute was moderate (54.2%). Copying strategies used by students at

health technical institute and university technical institute were moderate (60.4%, 48.7%) respectively. There were highly significant differences ($P\leq 0.01$).

Table (6): Students' Engagement as Perceived by the Studied Nursing Students (n = 590).

Engagement domains	University Technical Institute of nursing (n=310)	Health Technical Institute (n=280)	t-value	P*
	Mean \pm SD	Mean \pm SD		
(a) Active and collaborative learning	16.57 \pm 4.41	16.70 \pm 3.85	0.39	0.69
(b) Student Effort	5.95 \pm 1.71	6.45 \pm 1.34	3.90	0.000**
(C) Academic Challenge	17.69 \pm 4.53	19.34 \pm 3.80	4.76	0.000**
(D) Student-Faculty Interaction	16.72 \pm 4.63	17.23 \pm 3.95	1.42	0.15
(E): Other items	42.91 \pm 9.16	45.53 \pm 7.47	3.78	0.000**
Total	99.86 \pm 20.36	105.27 \pm 17.09	3.48	0.001**

*Significant (P \leq 0.05) & ** highly significant ((P \leq 0.01)

This table showed students' engagement as perceived by the studied students. Total mean score for health technical institute students were engaged more than university technical institute students (105.27 \pm 17.09, 99.86 \pm 20.36) respectively The highest mean of engagement at both studied students were related to other items (45.53 \pm 7.47,

42.91 \pm 9.16) respectively. While the lowest mean of engagement for nursing students related to item of student effort at health and university technical institute (6.45 \pm 1.34, 5.95 \pm 1.71) respectively. There a highly significance difference between certain above mentioned above table.

Table (7): Levels of Engagement among the Studied Nursing Students (n=590).

Levels students' engagement	The study nursing students (n=590)					
	University Technical Institute of nursing (n=310)		Health Technical Institute (n=280)		Total (n=590)	
	n	%	N	%	n	%
- Low (<50%)	20	6.4	4	1.4	24	4.0
- Moderate (50%-75%)	136	43.9	114	40.7	250	42.4
- High (>75%)	154	49.7	162	57.8	316	53.6
χ^2 p	11.30 0.003**					

*Significant (P \leq 0.05) & ** highly significant ((P \leq 0.01)

This table showed level of engagement among the studied nursing students. The total of students at both institutes was moderate engagement (42.4.9%). The student nurses

moderate engagement at both university technical institute and health technical institute (43.9%, 40.7%) respectively. There were highly significant differences (P \leq 0.01).

Table (8): Relationship between Incivility Behaviors and Engagement level among the Studied Nursing students (n=590)

Students' engagement domains	Total students' incivility					
	University Technical Institute of nursing (n=310)		Health Technical Institute (n=280)		Total (590)	
	r	p	r	p	r	P
(a) Active and collaborative learning	-0.13	0.02*	-0.07	0.23	-0.11	0.005**
(b) Student Effort	-0.20	0.000**	-0.16	0.006**	-0.21	0.000**
(C) Academic Challenge	-0.27	0.000**	-0.25	0.000**	-0.29	0.000**
(D) Student-Faculty Interaction	-0.16	0.003**	-0.12	0.034*	-0.16	0.000**
(E): Other items	-0.27	0.000**	-0.21	0.000**	-0.27	0.000**
Total	-0.26	0.000**	-0.20	0.000**	-0.26	0.000**

*Significant (P \leq 0.05) & ** highly significant ((P \leq 0.01)

There was a significance negative relationship between incivility and students' engagement domains among university technical institute and health technical institute students.

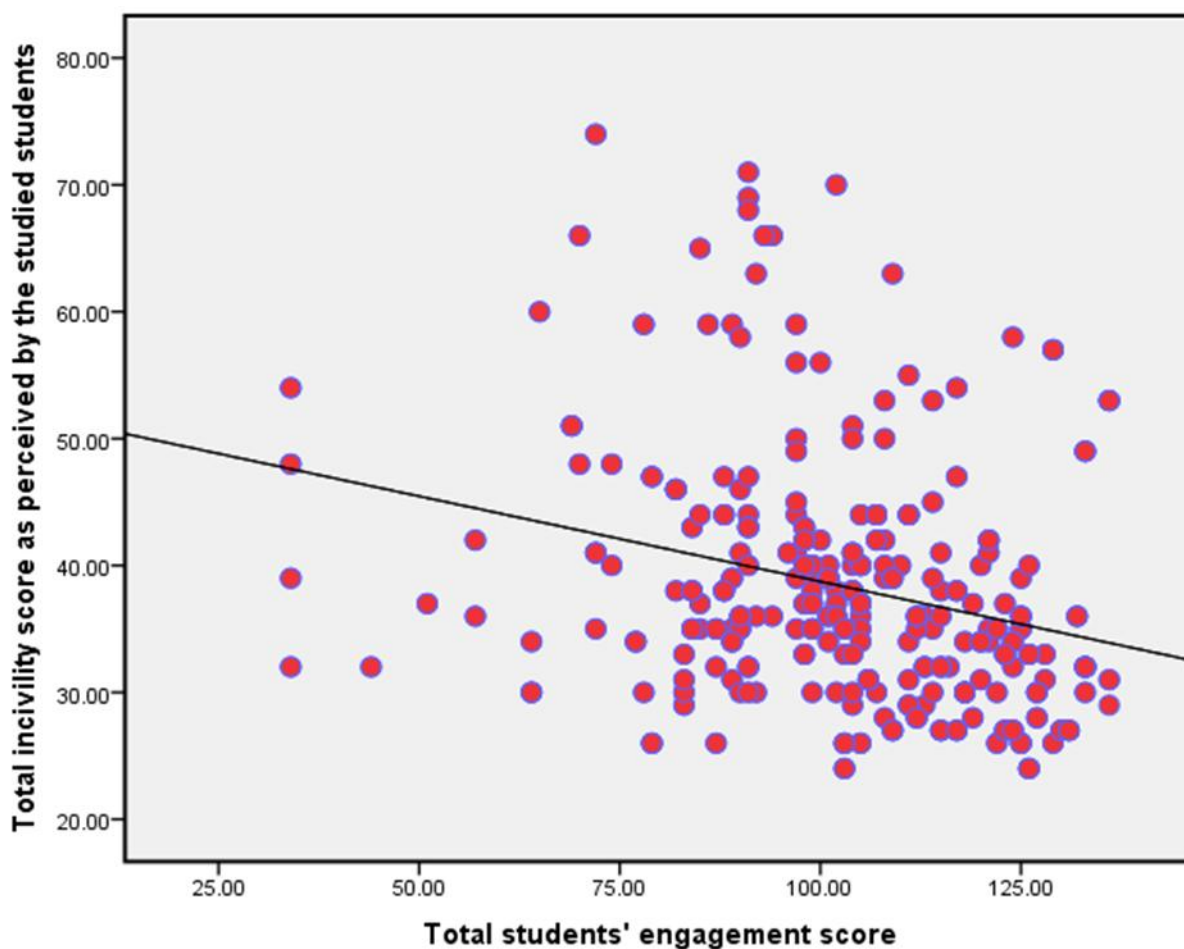


Figure (1): The relationship between Level of Incivility and Engagement level among the Study Nursing Students (n=590).

This figure illustrated that, there was a significance negative relationship between incivility level and engagement level among the studied students ($r=0.267$ $P=0.000^{**}$).

DISCUSSION

It is very difficult to define the academic incivility among students in nursing education because it depends on the students perceptions. So it is important to understand the different values and meanings of incivility from the students' perspective (Vink, & Adejumo, 2015). The results of this study showed the mean age of student's university technical institute was significantly higher than that student's health institute. And the highest of students were male at university technical institute, on the other hand the most of students were female at technical institute. In addition, the highest percent both institutes students were residence in rural area.

The current study findings revealed that the opinion of the studied students about incivility behaviors that university technical institute students expose to incivility behavior more than health technical institute students. The highest mean at both university and health technical institute related to item of expressing disinterest, boredom, or apathy about course content. While the lowest mean at university technical institute students was related to item of making threatening statements about weapons. While the lowest mean at health technical institute students was related to

item of using profanity (swearing, cussing) directed toward others.

There were significant differences ($P<0.05$) between university and health institute student's regarding some items. This disagreed with Clark, (2017), who found the severity of student incivility behaviors were share in academic dishonesty, answering and talking on a cell phone and using vulgarity among radiography classrooms and sexually harassing others. While moderate were threatening instructor or students, sexually harassing others, physically attacking others and acting under the influence of drugs/alcohol. And least severe were yawning, eating, wearing hats, unpacking or packing belongings, getting up during class, leaving, then returning. Also this disagreed with the finding of Foreman, (2017) revealed that the majority of students identified four high incivility behaviors: making threatening statements about weapons; threats of physical harm against others; property damage; and making discriminating comments, this could be a good foundation for a congruent list of uncivil behaviors to embrace across the discipline of nursing.

Regarding the behavior using a computer, phone, or other media device during class, meetings, the students at university technical institute expose to incivility behavior more than the students at health technical institute. This consistent with Foreman, (2017) who found about half of

the students reported they frequent use a computer, phone or other media device during classroom for unrelated purposes.

In the current study findings, the majority of student at technical institute and health institute were low incivility. This supported with **Foreman, (2017)** who found one third of students was the highest reported experienced incivility behavior. Also **Clark, (2017)**, who found the low incivility behaviors occurs among students in radiography classroom. Another two studies disagreed one study conducted by **Todd, et al, (2016)** in USA found that more than 50% of nursing students, and in another, 61% of students reported uncivil behaviors (**Lasiter, et al, 2012**). While the current results comparable with **Muliira et al. (2017)** findings who found that at least 35% of student experienced incivility, compared to other studies this prevalence of student's incivility is low due to the previous studies were conducted in settings where freedom of speech and expression are valued and used a different incivility measurement. Moreover, **Galo, (2012) and Rad, et, al (2015) both** studies findings showed that the students reported that the low incivility level present in the academic environment towards one another and it has a significant impact on learning process. Therefore they highly recommended to conduct further studies to prevent and manage academic incivility among nursing students.

The current study results show regarding coping strategies by students to deal with incivility. Health technical institute students were using total copying strategies to incivility behavior more than university technical institute students. The highest mean for coping way at both studied students was related to item of Escape-Avoidance. While the lowest way mean at both studied students related to item of detachment. There a highly significance difference between certain items. This disagreed with **Rad, et al (2017)** who found that guided democracy is an effective strategy to manage nursing student's incivility, which used to help students develop their professional skills. The current findings show that, the total score of copying strategies level for both studied students was moderate and there were highly significant differences. This supported by **Zhu, et al (2019)** who recommended that nursing students should try to cope with incivility positively. In addition their educators should be aware of the prevalence of incivility and apply the policies and strategies to reduce student's incivility.

Regarding to level of engagement among the studied nursing students in this study was moderate engagement. And the health technical institute students were engaged more than nursing students at university technical institute students. While the highest mean of engagement at both studied students were related to other items of the engagement as working effectively, use critical thinking, using technology in my study and other items. While the lowest mean of engagement for nursing students related to item of student effort at health and university technical institute. This consistent with **Fry, et al., (2009)** who stated that there are different types and levels of student engagement such as simple acknowledgement of the students themselves, proper communication skills between the students, interesting, enthusiastically delivered and well organized lecture. The most important aspect of student

engagement is their active participation in the lecture due to increase their attention span during the classroom. Also this congruent with **Cicotti, (2012)** found a positive relationship between the variables representing engagement and incivility. The engagement variables were active and collaborative learning, student faculty interaction, student effort, and academic challenge were positively related to the incivility variable indicating the disruptive student behavior.

The current study findings illustrated a negative relationship between degree of incivility behaviors and engagement level among the studied students. This agreed with **Galo, (2012)**, who found low incidence of academic incivility among students, which affected on their learning process. Also agreed with **Clark (2013)** -who concluded that incivility is minimized when students are engaged in the learning experience, rather than being "talked to" or "talked at." Hence, using various teaching strategies in learning process to promote students' problem solving abilities, and foster their clinical training and achieve their lifelong learning process. The nurse educators have an important role to prepare the next generation of nurses to lead the health care revolution through understanding the important of civility culture and respect each other's. This achieved by using planned coping strategies to encourage student engagement in learning environment, this the main responsibility of the nursing faculty, institutes and educational training hospitals (**Sprunk, et al, 2014, Rad, 2015**).

The challenges experienced by university students due to high academic requirements and standards with a demanding nursing curriculum may be due to their previous school backgrounds. They are not ready to cope or engage in positive and negative aspects of university life. So they struggle to cope, and feel anxiety, frustration and fear. Which makes them come across as uncivil (**Jamshidi, et al., 2016**). All the students participated in this study have the same cultural backgrounds contribute to low level of incivility among them. Both governmental institutes, so the financial pressure is not stressor for students to be uncivil this may cause for low level of incivility among the study students.

LIMITATIONS

The participants were nursing students from both technical institutes in Mansoura city in Egypt which may hinder the generalizability of the findings.

CONCLUSION

Majority of student nurses at university technical institute of nursing and health institute of nursing were low incivility. Also about half of student nurses at university and health were high engagement. There is negative strong correlation between incivility and engagement in both setting.

RECOMMENDATIONS:

- Further study about the strategies for promoting civility that are congruent with the Egyptian context and culture.

- Promoting civility culture among all academic staff and students through collaboration, teamwork and respectful relationships.
- Further research to examine contributing factors for student incivility in nursing education.
- Further research to examine the optimal strategies prevent and manage student incivility in nursing education.
- Incivility prevention strategies considered in nursing curriculums through focusing on code of conduct and respective relationship.
- Increase student engagement through motivated student and competition among students
- Study factors affecting students 'engagement and develop the strategies to increase engagement for students.
- Future studies need to conduct with larger sample of students from different universities and geographical areas.

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