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Incivility among nursing faculty: A multi-country study

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ABSTRACT

Background: In nursing programs, incivility can be a main issue affecting future registered nurses, and this may threaten patient safety. Nursing faculty play an important role in this scenario to reduce incivility.
Purpose: The aim of this study was to assess incivility among nursing faculty in different countries.
Method: This descriptive (cross-sectional) study was conducted to assess the extent of incivility among nursing faculty by using Incivility in Nursing Education-Revised tool and a non-probability (convenience) sampling method was used. Three hundred ninety-five nursing faculty in 10 countries distributed in four continents participated in this study.
Results: The results indicated that levels of incivility among participants in different countries were significantly different. Also, there was a significant difference (F = 9.313, P value = 0.000) among the nursing faculty concerning the behaviours that have been rated as disruptive. Furthermore, there was a significant difference (F = 6.392, P value = 0.000) among participants regarding uncivil behaviours that have occurred during the past 12 months.
Conclusion: Regular assessments are needed to highlight uncivil behaviours and reduce them by making policies and rules in order to enhance academic achievement in nursing education.

Introduction

Incivility in academic environment, a multidimensional problem, is receiving much attention currently and globally with the contribution to the body of knowledge from United States, Egypt, Iran, Korea, Indonesia, South Africa, Oman, United Kingdom, Nigeria, Iraq and Canada (Al-Jubouri, Samson-Akpan, & Jaafar, 2019; Clark, 2017; Clark, Barbosa-Leiker, & Nguyen, 2015; Eka, Chambers, & Narayanasamy, 2016; Ibrahim & Qalawa, 2016; Ildarabadi, Moharreri, & Moonaghi, 2015; Kim & Son, 2016; Natarajan, Muliira, & van der Colf, 2017;

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Samson-Akpan, John, Uka, & Osuchukwu, 2017; Vink & Adejumo, 2015; Vuolo, 2018). This is because incivility negatively impacts the academic environment affecting effective teaching, students' learning, and faculty-students' rapport together with the interference with the serenity of the classroom environment (Ibrahim & Qalawa, 2016) and it is also linked to physical and psychological exhaustion (Babenko-Mould & Laschinger, 2014). Faculty academic incivility interrelated to student academic incivility. For instance: when students feel they are stressed, discriminated, victimised for unequal treatment and unprofessionally treated by the faculty, they consequently lose control of their emotions, and become uncivil (Muliira, Natarajan, & Van der Colf, 2017). A pilot study conducted in the United States by Todd, Byers, and Garth (2016) to examine effects of faculty incivility on nursing program satisfactions indicated that more than one third of nursing students (35%) experienced at least one faculty, who was patronizing them during the academic years, "put them down or was condescending toward them". Academic incivility is also associated with maltreatment or intimidation in a work environment because today's undergraduate nurses become future registered nurses and nurse educators. Furthermore, nursing students and new graduate nurses' attrition which are connected to dearth of nursing workforce are equally linked with incivility (Schaeffer, 2013).

Incivility is defined as rude or troublesome activity that leads to distresses for involved individuals which may grow into intimidating states or result in momentary or enduring ailment and multifaceted damage if incivility left unmanaged (Clark, 2013a; Clark, 2013b; Clark et al., 2015; Griffin & Clark, 2014). Incivility can happen for nursing students or faculties, and it can occur in any setting such as classroom, laboratory or clinical (Clark & Kenaley, 2011; Fowler & Davis, 2013; Yastik, 2011). Several factors are instrumental to incivility namely outsized class, improper evaluation of the students, multiple tasks associated with work, studies and family. Moreover, some other factors responsible for incivility are as follows: financial burdens, issues related to time-management, support deficiency of both faculty member and family, faculty member incivility, psycho-social or personal health-related problem (Clark & Springer, 2007). Clark (2008) maintains that the level of stress experienced by nursing students, perceptions of the students and the and the dominating role of the faculty fuel the increasing incivility in nursing education. However, the act of incivility can occur without any cause or being associated with any incident. The fundamental forces behind incivility are multidimensional, so according to Clark (2013a) it may occur in the following situations: student–faculty member, student–student, faculty member–student, and faculty member–faculty member; as well as managers.

Background

Despite international standards for zero tolerance for incivility, university policies and code of conduct to guide faculties and students' behaviour including nursing, however, incivility is still a challenging issue. Incivility in nursing world is not a new phenomenon. Yet, it has been in the forefront more as a direct result of its negative impact on nursing retention and working environment (Alshaikly & Ruhaima, 2017; Razzi & Bianchi, 2019). In a profession like nursing, whereas caring is the essence of the professional identity, it is remarkable how so many incidences of incivility occur. This justifies conducting a multi-country study to address this challenging issue. Searching the published literature in the past seven years reveals that there are many articles focusing on civility in the clinical setting. However, very limited number of articles had focused on the incivility in academia. There is no study on incivility among nursing faculty using a multi country approach. Therefore, it is important to assess the extent of incivility in nursing faculty in different countries in order to have a broad base evidence on incivility in nursing education, and if necessary, an appropriate intervention can be developed based on the findings of this study. Interventions should focus on academic achievement improvement, academic environment enhancement; focusing both on teaching and learning, student learning outcomes upgrading, faculty member-student rapport advancement, increasing or at least maintaining faculty member and students' retention rates, along with supporting the positive change the nursing practice culture change (Clark et al., 2015). This study revealed incivility among nursing faculty in different countries as well as swell the database on incivility.

As many international students study nursing in different universities across the world, maintaining an ideal academic environment can be the key to enhance academic achievements. Low incivility among nursing faculty is one of the factors that maintains this ideal academic environment. In this study, researchers determined uncivil behaviours among nursing faculty in different countries with different cultures. This can create awareness in nursing faculty about their behaviours in order to enhance academic achievements. Therefore, the need to assess the prevalence of academic incivility in nursing education in order to be able to be prevented, led the authors to conduct the current study to document the nursing faculty academic incivility in various countries.

The purpose of the study

The main purpose of the study was to assess the extent of incivility in nursing education in various countries participating in the study via determining the extent of disruptive behaviours among nursing faculty. Researchers hypothesized that the level of incivility among different countries participating in the study is not significantly differ. Also, there is no significant difference in socio-demographic characteristics (age, gender, marital status, educational level, and academic position) of nursing faculty with regards to disruptive behaviours.

Materials and methods

Research design and settings

This study is a descriptive cross-sectional design, to assess incivility among nursing faculty at 21 different universities in 10 countries: Chile, Iraq, Italy, Nigeria, Philippines, Saudi Arabia, Serbia, Thailand, Turkey, and Kenya.

Population and sample

A non-probability (convenience) sampling method was used to select the sample for the study. The timetable of the academic year is not similar in countries around the world. Indeed, nursing faculty members in some countries may be busy with the exams, and in other countries may take their vacation, and others may teach their usual courses. Therefore, the convenience sampling method is an appropriate method for this study to collect the data from nursing faculty who were conveniently available to participate in the study. The estimate population size is 1400 nursing faculty at the 21 target universities. With the confidence level of 95% and 5% margin of error, the minimum sample size would be 302 (Cohen, Cohen, West, & Aiken, 2013). All nursing faculty who teach in nursing schools with master or doctorate degree were included in this study. Exclusion criteria were faculty who are diagnosed with mental illnesses and not have a postgraduate degree as nurses with Bachelor degree can be faculty in some countries.

Instrument for data collection

The Incivility in Nursing Education-Revised (INE-R) survey is a valid and reliable tool (Clark et al., 2015) that was used in this study to assess incivility among nursing faculty. Exploratory Factor Analysis was confirmed the contrast validity for INE-R, and the reliability was tested using the Cronbach's alpha for the faculty behaviours that showed 0.98 (Clark et al., 2015). To obtain the permission to use INE-R in this study, a copyright license agreement has been signed by the copyright owner.

The INE-R is a 48-item, Likert-type questions consisting of 24 student behaviours and 24 faculty behaviours. In this study, only the items that related to nursing faculty were used. Participants were asked to rate the level of incivility of each behaviour with a Likert 4 scale (1 = *not uncivil*, 2 = *somewhat uncivil*, 3 = *moderately uncivil*, and 4 = *highly uncivil*). Participants were also asked with a Likert 4 scale (1 = *never*, 2 = *rarely*, 3 = *sometimes*, and 4 = *often*) to indicate how often each behaviour occurred in the past 12 months. Moreover, INE-R includes a question regarding extending of incivility in participants' program that can be answered in a Likert 4 scale (1 = *no problem at all*, 2 = *mild problem*, 3 = *moderate problem*, and 4 = *serious problem*). Participants were also asked to choose one from five choices (1 = *faculty members are much more likely*, 2 = *faculty members are a little more likely*, 3 = *About equal*, 4 = *Students are a little more likely*, 5 = *Students are much more likely*) to give their opinions about students or faculty are more likely to engage in uncivil behaviour. Furthermore, participants were questioned to rate the level of civility in their program on a scale of 0–100 (0 is the absence of civility and 100 is completely civil). Also, they answered a question to choose three strategies to improve the level of civility in nursing education. Demographic information includes gender, age, marital status, country of living, years of experience, educational level, and the academic position. The survey was in English as all nursing faculty in the different countries can read and write in English.

Data collection

It was started with 32 universities and ended up with 21 because researchers had to withdraw from the study as their universities did not agree to give the IRB approval. At the beginning, researchers from 14 countries started the process of data collection. However, four researchers had to withdraw from the study as they could not get the IRB approval from the target universities, or they could not collect the data because of nursing faculty's refusal to participate in the study. A total of 395 samples were collected from different universities in 10 countries on four continents in the world. The data collection started from April 1st, 2019 till 15 of July 2019. It was started in each university after getting the IRB approval. Filling the survey took about 10–15 min by each participant. Each participant was given the option of filling the paper-based instrument in a neutral place, in their offices, or any agreed space between the participant and the researcher in charge. They also could submit the survey online.

Ethical consideration

The study protocol was approved by the research committee or Institutional Review Board (IRB), in each of the target universities. Getting the IRB approval was not easy in some universities as they were concerned about mentioning the name of the university in the study, and this may affect their ranks. However, researchers ensured that universities' names will be anonymous in this study. Permission to conduct the study was sought from and approved by the Dean of the Nursing College or Faculty. Adequate information about the study, as well as their expected participation, was explained to the respondents. The participants were also informed about their right to refuse participation without any consequences. A written informed consent was solicited from each respondent to signify voluntary participation. Confidentiality of the respondents was maintained throughout the research process. Permission to use the scale was sought via email.

Analysis of data

The data were analysed using Statistical Package for the Social Sciences (SPSS) for MAC version 23.0.0.2. Both inferential (Chi-Square-test, Kruskal-Wallis H test, and One-way ANOVA test) and descriptive (frequency, percentage, cumulative percentages, mean of score, and standard deviation) were used to analyse the data. Cronbach's ɑ of the scale was calculated to demonstrate its internal consistency reliability (**α** value $\geq$0.70). The item-total correlation (ITC) was calculated to establish internal construct validity. The items with corrected ITC value between 0.30 and 0.80 and corrected ITC that did not cause $\geq$10% drop in the computed Cronbach's alpha of the instrument if the item is deleted were retained (Cruz, Machuca Contreras, Ortiz Lopez, Zapata Aqueveque, & Vitorino, 2018). ANOVA with Tukey honest significant difference test were employed to examine the association of the demographic characteristics and level of incivility and behaviour occurrence score, accordingly. The level of significance was set at $P < 0.05$.

Results

Three hundred ninety-five nursing faculty agreed to participate in this study. However, 70 of the participants (four in Philippine, nine in Iraq, four in Serbia, 28 in Saudi Arabia, six in Thailand, four in Turkey, five in Chile, 0 in Nigeria, 0 in Italy, 10 in Kenya) did not fill the questionnaire completely, and they were excluded from the study. The total response rate was 82.2%. The total of 325, who filled the questionnaire completely, were included in the data analysis. Most of the study sample were female (73.2%), and 26.8% were male. The mean of their age was 43.21 years old with standard deviation of 10.366. Regarding their educational level, about half of the participants (50.5%) had Master's degree in nursing, and the other half (49.5%) held Doctorate degree in nursing. More than half (54.5%) of the nursing faculty in this study were Lecturer in their academic positions; and Assistant Professor, Associate Professor, and Professor are in the following percentages 24.9%, 8%, and 12.6% respectively. About 58% of these nursing faculty members had >10 years of experience in teaching in nursing education. The mean of the educational experience was 13.13 years with standard deviation of 9.715 in the study sample. Regarding their marital status, 72.3% of the study sample were married, and 24.3% were single. The study sample distributed in 10 countries as Iraq 15,7%, Saudi Arabia 15,7%, Chile 11.1%, Turkey 11,1%, Philippines 9.5%, Italy 8,6%, Nigeria 8,6%, Serbia 8,3%, Thailand 8,3%, and Kenya 3,1%.

The Cronbach's alpha calculated for the level of incivility was 0.977 (the Cronbach's alpha if item deleted ranged from 0.978 to 0.976) and for the behaviour occurrence was 0.938 (the Cronbach's alpha if item deleted ranged from 0.938 to 0.934). The computed corrected ITC for the level of incivility ranged from 0.572 to 0.909 and for behaviour occurrence ranged from 0.370 to 0.715. In both cases, none of the items causes $\geq$10% drop in the Cronbach's alpha of the INE-R if the item is deleted. Although in the ITC of the level of incivility the upper limit is 0.909 (see Table 1).

The participants' answers to questions regarding incivility indicated different opinions based on the countries. As general, 29.9% of the nursing faculty in the 10 countries considered incivility as a moderate or severe problem. Based on the participants' answers, 52% stated that nursing students are more likely to engage in uncivil behaviours than nursing faculty. While 26.5% declared that nursing student and faculty are about equal to engage in uncivil behaviours. The mean rate of incivility among participants in different universities was 65.5 (SD = 27.7), considering that 0 is the absence of civility and 100 is completely civil. The overall rate of incivility was significantly high in Chile with the mean of 90.5 and standard deviation of 4.7, and it was low in Saudi Arabia with the mean of 38.9 and standard deviation of 30.8. A Kruskal-Wallis H test was used to determine the differences among countries and the incivility rates of the study sample. The Kruskal-Wallis H test result showed that there is a statistically significant difference in overall rate of incivility among the different countries ($\chi^2(2) = 95.44$, $P = 0.000$). Based on the mentioned results, the first hypothesis is not supported in this study as levels of incivility among different countries participating in the study were significantly different.

Chilean faculty reported a significantly higher level of incivility than Iraqis, Saudi Arabian, Serbian and Filipino faculties. Contrarily, the faculty of Saudi Arabia reported a significantly lower level of incivility

Table 1
Items means, SD, corrected item-total correlation and Cronbach's Alpha if item deleted (n = 325).

Items	Level of incivility				Behaviour occurrence			
	Mean	SD	Corrected item-total correlation	Cronbach's alpha if item deleted	Mean	SD	Corrected item-total correlation	Cronbach's alpha if item deleted
Expressing disinterest, boredom, or apathy about course content or subject matter	2,52	0,993	0,639	0,978	2,15	0,915	0,572	0,936
Making rude gestures or nonverbal behaviours toward others (eye rolling, finger pointing, etc.)	3,06	1,010	0,751	0,977	2,06	0,896	0,600	0,936
Ineffective or inefficient teaching method (deviating from course syllabus, changing assignment or test dates)	2,58	1,00	0,625	0,978	1,99	0,855	0,650	0,935
Refusing or reluctant to answer direct questions	2,70	1,028	0,709	0,977	1,98	0,817	0,658	0,935
Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes	2,90	1,096	0,658	0,977	2,46	1,027	0,484	0,938
Arriving late for class or other scheduled activities	2,78	1,058	0,684	0,977	2,39	1,001	0,586	0,936
Leaving class or other scheduled activities early	2,71	0,991	0,572	0,978	2,23	0,927	0,607	0,936
Being unprepared for class or other scheduled activities	2,91	1,027	0,700	0,977	2,09	0,909	0,609	0,936
Canceling class or other scheduled activities without warning	2,99	1,146	0,843	0,976	1,69	0,843	0,669	0,935
Being distant and cold toward others (unapproachable, rejecting student's opinions)	2,80	1,126	0,835	0,976	1,76	0,823	0,707	0,934
Punishing the entire class for one student's misbehaviour	2,79	1,214	0,822	0,976	1,5	0,703	0,629	0,936
Allowing side conversations by students that disrupt class	2,77	1,116	0,753	0,977	1,89	0,833	0,553	0,937
Unfair grading	3,10	1,156	0,858	0,976	1,67	0,772	0,673	0,935
Making condescending or rude remarks toward others	3,12	1,093	0,844	0,976	1,78	0,813	0,715	0,934
Refusing to discuss make-up exams, extensions, or grade changes	2,79	1,068	0,717	0,977	1,69	0,810	0,603	0,936
Ignoring, failing to address, or encouraging disruptive student behaviours	2,89	1,128	0,827	0,976	1,70	0,813	0,657	0,935
Exerting superiority, abusing position, or rank over others (e.g., arbitrarily threatening to fail students)	3,10	1,198	0,896	0,976	1,60	0,781	0,665	0,935
Being unavailable outside of class (not returning calls or emails, not maintaining office hours)	2,79	1,151	0,819	0,976	1,83	0,845	0,664	0,935
Sending inappropriate or rude emails to others	3,03	1,287	0,909	0,976	1,34	0,657	0,591	0,936
Making discriminating comments (racial, ethnic, gender, etc.) directed toward others	3,08	1,282	0,900	0,976	1,42	0,747	0,687	0,935
Using profanity (swearing, cussing) directed toward others	3,04	1,295	0,906	0,976	1,35	0,653	0,609	0,936
Threats of physical harm against others (implied or actual)	3,07	1,33	0,893	0,976	1,21	0,533	0,558	0,937
Property damage	2,98	1,353	0,901	0,976	1,20	0,516	0,477	0,938
Making threatening statements about weapons	3,02	1,349	0,893	0,976	1,16	0,497	0,370	0,938

than all countries except Iraq, Serbia, and Thailand. Faculties with a Master degree rated the level of incivility significantly higher than faculties with a doctorate degree. Otherwise, the faculties with the academic position of Associate Professor reported higher level of incivility than Assistant Professor. Regarding years of teaching experience, faculty with 11 to 15 years of experience reported a significantly lower level of incivility than faculty with lower and higher years of teaching experience. On the other hand, faculty with 31 to 35 years of experience reported higher significantly level of incivility than others (see Table 2). Regarding behaviours that have been occurred over the past 12 months, faculty of Chile reported significantly lower behaviour occurrence than Iraq, Turkey, Nigeria, and Kenya. As opposed, the faculties of Kenya reported significantly higher behaviour occurrence than others over the past year. On the other hand, faculties who think that incivility is not a problem at all reported significantly lower behaviour occurrence than all other participants. Furthermore, participants who stated that faculty are more likely to engage in uncivil behaviours than nursing students reported significantly higher uncivil behaviours that have been occurred over the past 12 months (see Table 3).

Participants stated the following behaviours as the most uncivil and disruptive behaviours in nursing faculty in their universities: "*Making rude gestures or nonverbal behaviours toward others*", "*Unfair grading*", "*Making condescending or rude remarks toward others*", "*Exerting superiority, abusing position, or rank over others*", "*Sending inappropriate or rude emails to others*", "*Making discriminating comments directed toward others*", "*Using profanity directed toward others*", "*Threats of physical harm against others*", *and* "*Making threatening statements about weapons*". "*Expressing disinterest, boredom, or apathy about course content or subject matter*" was the item with lower mean punctuation. In this study, there was a significant difference (F = 9.313, P value = 0.000) among nursing faculty regarding the behaviours that have been rated as disruptive (see Table 2).

With regards to the behaviours that have been occurred over the past 12 months; "*Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes*", "*Arriving late for class or other scheduled activities*", "*Leaving class or other scheduled activities early*", "*Expressing disinterest, boredom, or apathy about course content or subject matter*", "*Making rude gestures or nonverbal behaviours toward others*", and "*Being unprepared for class or other scheduled activities*" were the most uncivil behaviours that have been stated by the study sample, respectively. "*Making threatening statements about weapons*" was the item with lower mean punctuation. Additionally, there was a significant difference (F = 6.392, P value = 0.000) among participants regarding uncivil behaviours that have been occurred for them during the past 12 months (see Table 2).

On the other hand, there were no significant differences in sociodemographic characteristics of nursing faculty (age, gender, and marital status) with regards to rating the disruptive behaviours, which it supports the second hypothesis in this study. Though, there were significant differences (F = 9.290, P value = 0.002 and F = 3.109, P value

Table 2
ANOVA of the dimensions of the instrument and the six factors under study (n = 325).

Factor	Dimensions		Sum of squares	df	Mean SQUARE	F	Sig.*
Country	Rating behaviours	Between groups	34,231,912	9	3803,546	9313	0,000
		Within groups	128,246,838	314	408,429		
		Total	162,478,75	323			
	Occurrence of behaviours	Between groups	7665,928	9	851,770	6392	0,000
		Within groups	41,440,577	311	133,249		
		Total	49,106,505	320			
Gender	Rating behaviours	Between groups	28,942	1	28,942	0,057	0,811
		Within groups	162,449,808	322	504,503		
		Total	162,478,75	323			
	Occurrence of behaviours	Between groups	45,329	1	45,329	0,295	0,588
		Within groups	49,061,176	319	153,797		
		Total	49,106,505	320			
Educational level	Rating behaviours	Between groups	4556,111	1	4556,111	9290	0,002
		Within groups	157,922,639	322	490,443		
		Total	162,478,75	323			
	Occurrence of behaviours	Between groups	24,342	1	24,342	0,158	0,691
		Within groups	49,082,162	319	153,863		
		Total	49,106,505	320			
Academic position	Rating behaviours	Between groups	4601,033	3	1533,678	3109	0,027
		Within groups	157,877,717	320	493,368		
		Total	162,478,75	323			
	Occurrence of behaviours	Between groups	770,466	3	256,822	1684	0,170
		Within groups	48,336,038	317	152,48		
		Total	49,106,505	320			
Civil status	Rating behaviours	Between groups	783	3	261,000	0,517	0,671
		Within groups	161,695,75	320	505,299		
		Total	162,478,75	323			
	Occurrence of behaviours	Between groups	213,329	3	71,110	0,461	0,710
		Within groups	48,893,176	317	154,237		
		Total	49,106,505	320			
Teaching experience	Rating behaviours	Between groups	43,000,792	38	1131,600	2699	0,000
		Within groups	119,477,958	285	419,221		
		Total	162,478,75	323			
	Occurrence of behaviours	Between groups	7660,56	38	201,594	1372	0,080
		Within groups	41,445,945	282	146,971		
		Total	49,106,505	320			
To what extent do you think incivility is a problem in your department/ program?	Rating behaviours	Between groups	2712	3	904,000	1811	0,145
		Within groups	159,766,75	320	499,271		
		Total	162,478,75	323			
	Occurrence of behaviours	Between groups	11,617,779	3	3872,593	32,746	0,000
		Within groups	37,488,725	317	118,261		
		Total	49,106,505	320			
Do you think that students or faculty are more likely to engage in uncivil behaviour in your department/program?	Rating behaviours	Between groups	2116,028	4	529,007	1052	0,380
			160,362,722	319	502,704		

(*continued on next page*)

Table 2 (*continued*)

Factor	Dimensions		Sum of squares	df	Mean SQUARE	F	Sig.*
		Within groups					
		Total	162,478,75	323			
	Occurrence of behaviours	Between groups	6056,193	4	1514,048	11,113	0,000
		Within groups	43,050,312	316	136,235		
		Total	49,106,505	320			
How do you rate the level of civility in your nursing program on a scale of 0–100?	Rating behaviours	Between groups	18,395,046	4	4598,762	10,182	0,000
		Within groups	144,083,704	319	451,673		
		Total	162,478,75	323			
	Occurrence of behaviours	Between groups	8140,901	4	2035,225	15,699	0,000
		Within groups	40,965,603	316	129,638		
		Total	49,106,505	320			

* P value 0,05.

Table 3
Multiple comparisons with Tukey HSD of variables with P-value < 0,05 in ANOVA (n = 325).

Dependent variable	(I)	(J)	Mean difference (I-J)	SD	Sig.	95% confidence interval	
						Lower bound	Upper bound
Rating behaviours	Chile	Iraq	23,569*	4399	0,000	9,55	37,59
		Saudi Arabia	27,941*	4399	0,000	13,92	41,96
		Philippines	10,591	4952	0,501	-5,19	26,37
		Serbia	17,111*	5145	0,033	0,72	33,51
		Thailand	22,148*	5145	0,001	5,75	38,54
		Turkey	0,190	4797	1000	−15,10	15,48
		Italy	8298	5092	0,833	−7,93	24,53
		Nigeria	6226	5092	0,968	−10,00	22,45
		Kenya	4433	7224	1000	−18,59	27,45
Occurrence of behaviours	Chile	Iraq	−9771*	2513	0,005	−17,78	−1,76
		Saudi Arabia	−6984	2534	0,156	−15,06	1,09
		Philippines	−5975	2828	0,520	−14,99	3,04
		Serbia	−2000	2939	1000	−11,37	7,37
		Thailand	−2407	2939	0,998	−11,77	6,96
		Turkey	−10,698*	2,74	0,005	−19,43	−1,97
		Italy	−1448	2909	1000	−10,72	7,82
		Nigeria	−15,370*	2939	0,000	−24,74	−6,00
		Kenya	−17,156*	4126	0,002	−30,31	−4,01
Rating behaviours	11 to 15 years	1 to 5 years	−19,444*	3409	0,000	−30,09	−8,80
		6 to 10 years	−10,557	3462	0,062	−21,37	0,26
		16 to 20 years	−17,335*	4431	0,004	−31,18	−3,49
		21 to 25 years	−4008	4824	0,996	−19,08	11,06
		26 to 30 years	−16,623	6163	0,153	−35,87	2,63
		31 to 35 years	−27,487*	6832	0,002	−48,83	−6,15
		36 to 40 years	−24,552	8358	0,084	−50,66	1,56
		41 and more years	−4790	12,444	1000	−43,66	34,08
Occurrence of behaviours	Faculty members are much more likely	Faculty members are a little more likely	5059	2893	0,406	−2,88	13,00
		About equal	10,886*	2582	0,000	3,80	17,97
		Students are a little more likely	14,298*	2482	0,000	7,49	21,11
		Students are much more likely	11,985*	2819	0,000	4,25	19,72

* The mean difference is significant at the 0.05 level.

= 0.027) in study sample's educational levels and academic positions, respectively, with regards to rating most of the disruptive behaviours, except four of them: "*Making rude gestures or nonverbal behaviours toward others*", "*Using a computer, phone, or another media device in faculty meetings*", "*Arriving late for class or other scheduled activities*", and "*Leaving class or other scheduled activities early*".

In this study, the study sample suggested four top strategies from ten to improve the level of civility in nursing education. Nursing faculty in this study rated "*establishing codes of conduct that define acceptable and unacceptable behaviours*", "*using empirical tools* (*surveys, etc.*) *to measure incivility/civility and address areas of strength/growth*", "*role-modelling professionalism and civility*" and "*developing and implementing comprehensive policies and procedures to address incivility*" as the best strategies that can reduce incivility in nursing education.

Discussion

In this study, there were significant differences among nursing faculty regarding the behaviours that are uncivil and disruptive. A survey in a public university in Oman explored nursing students' academic incivility from the perspective of nursing students and nursing Faculty with a sample of 155 nursing students and 40 nursing faculty. The instrument

for data collection was Incivility in Nursing Education Survey. Behaviours such as acting bored or apathetic in class, holding conversations that distract others in class, using cell phones during class, arriving late for class, and being unprepared for class were some of the common uncivil behaviours that were identified by nursing faculty (Natarajan et al., 2017). These behaviours are different than the behaviours that have been mentioned as uncivil by the participants in this study. Faculty members in this study rated incivility, in their nursing programs, differently from each other. Also, participants from the 10 countries had different rates regarding the behaviours that are disruptive. Furthermore, the results in this study showed that the levels of incivility among different countries participating in the study significantly differ. This can be related to cultural diversities among countries across the world and how each faculty consider a specific behaviour as civil or uncivil. A society may consider a behaviour as an uncivil while others may not, and this was supported by many studies. Welbourne, Gangadharan, and Sariol (2015) in a sample of university employees found that ethnicity and cultural values can be predictors of the occurrence of incivility. In another study, Ruvalcaba, Welch, and Carlisle (2018) declared that incivility was significantly different among nursing students with different cultures and societies. On the other hand, faculties' satisfactions toward the work environment, colleagues, or students can play a role to guide a faculty rating the incivility in their nursing program, and this was supported by Welbourne et al. (2015).

Based on the results of this study; age, gender, and marital status did not affect faculties' rates regarding uncivil and disruptive behaviours. This result is not surprising because when uncivil and disruptive behaviours are exhibited irrespective of age, gender, and marital status of the faculty member it will be perceived negatively. This is supported by some studies (Beckmann, Cannella, & Wantland, 2013; Clarke, Kane, Rajacich, & Lafreniere, 2012; Gallo, 2012) which concluded that gender, age, and marital status are not related to uncivil behaviour. However, the educational level and the academic position can play a significant role to rate a behaviour as uncivil. Faculty with higher educational levels and academic positions, which may go with authority, are expected to be respected more than those with lower educational levels and academic positions (Caplow, 2017). For this reason, faculties rating of uncivil behaviours may differ based on educational levels and academic positions. This result highlights the need for mutual respect which is indisputable for civil behaviour to thrive. This importance of respect is also embedded in Ethics of Nursing where it is one of the principal elements (International Council of Nurses [ICN], 2012). Nursing faculties are expected to be the first role models of nursing to future graduates because it is important for them to set, create, and maintain a culture of civility (Mott, 2014).

Participants in this study declared some uncivil behaviours ("*Expressing disinterest, boredom, or apathy about course content or subject matter*", "*Using a computer, phone, or another media device in faculty meetings, committee meetings, other work activities for unrelated purposes*", "*Arriving late for class or other scheduled activities*", *and* "*Leaving class or other scheduled activities early*") that has occurred most often over the past 12 months in their universities, but most of them rated these behaviours as somewhat or moderately uncivil actions. Although those behaviours are uncivil based on the literature (Clark et al., 2015), participants rated them as low levels of incivility. Indeed, as those uncivil behaviours have happened many times during a year, they become less uncivil for nursing faculty. The revelation here may also be related to culture of the participants as earlier noted. However, the findings are in consonance with other studies that have identified similar uncivil behaviours although from students to faculty (Ingrahama, Davidsonb, & Yongec, 2018; Kim & Son, 2016; Natarajan et al., 2017; Samson-Akpan et al., 2017; Vink & Adejumo, 2015; Vuolo, 2018). This is a crucial problem that if uncivil behaviours are kept unaddressed and not solved, they may turn into usual actions and habits which will surely affect nursing students' achievements. There should be zero tolerance for incivility regardless of its level. Therefore, tackling incivility by arming self with the professional courage is the recommended ethical position which is in consonance with Code of Ethics of American Nurses Association (2015) and ICN (2012). To make a civil environment, ICN in collaboration with WHO campaign to promote a positive practice environment by fruitful practice settings and highlighting their influence on workers' welfare, efficiency, outcomes, and retention (Global Health Workforce Alliance, 2019).

Conclusion

The main purpose of the study has been achieved by assessing the extent of incivility in nursing education in various countries participating in the study via determining the extent of disruptive behaviours among nursing faculty. The main finding that has been highlighted in this study is that incivility is a problem in nursing academia. Of equal importance, the results showed that there were significant differences among nursing faculty and the level of incivility in different countries participating in the study. Also, there were significant differences among the study samples regarding the behaviours that are disruptive. Moreover, there were significant differences among nursing faculty regarding uncivil behaviours that have occurred during the past 12 months. Furthermore, there were no significant differences in participants' age, gender, and marital status with regards to rating the disruptive behaviours. However, educational levels and academic positions played a significant role on rating disruptive behaviours.

Limitation

The process of data collection was so hard as many universities did not give their IRB approvals because they were concerned about mentioning their names in the study and this may affect their accreditation. However, the researchers approved that the name of the universities will be anonymous in this study. Also, many nursing faculty members did not wish to participate in the study because of the subject of incivility. Due to the small sample size from some participating countries (e.g. Kenya), the results cannot be generalized, and the convenience sampling method did not represent the entire population in this study. However, this is the first study considering differences in incivility among nursing faculties through a multi-country approach and provides data on the issue from different cultural perspectives. Furthermore, cultural differences among countries participating in the study may have influenced the results of the study.

Recommendation

In this study, the study sample suggested four top strategies from ten to improve the level of civility in nursing education. Nursing faculty in this study rated "establishing codes of conduct that define acceptable and unacceptable behaviours", "using empirical tools (surveys, etc.) to measure incivility/civility and address areas of strength/growth", "role-modelling professionalism and civility" and "developing and implementing comprehensive policies and procedures to address incivility" as the best strategies that can reduce incivility in nursing education. Regardless of nursing faculty's nationality, applying these strategies in the 10 mentioned countries can reduce the level of incivility in nursing education. Furthermore, nursing schools can apply clear guidelines and policies to reduce incivility.

Moreover, regular assessments are needed to highlight uncivil behaviours and address them in order to enhance academic achievement in nursing education.

Indeed, the nursing education process encompasses three main pillars, which are faculty, students and patients. It is a challenge to maintain the professional relationship between these three pillars as some unexpected and challenging behaviours or attitudes could raise from any, which can lead to incivility. Certainly, nursing faculty, who considered the role model, have more responsibilities to make more

effort to avoid or minimize the occurrence of incivility in the teaching – learning process and in the clinical placement. Accordingly, nursing faculty need to be supported to deal with incivility and to build a community of civility in nursing education.

Implication

The findings of this study have essential implications for nursing education, research, and practice. For nursing education, it is essential for nursing faculty to have open communication with their students to establish the roles and regulations for the classroom and clinical practice. Students should be informed that incivility is not acceptable in nursing education and there will be consequences when it happens. Also, students should be aware of the roles and regulations to prevent incivility or to deal with it when occurs. These strategies can promote professional relationship between faculties and students and enhance productive teaching-learning environment. Regarding nursing research, more studies need to be conducted using qualitative and quantitate methods to gain deeper understanding of incivility in nursing education and its impact on the teaching-learning process. As a result, this will impact on patient safety in clinical practice.

Declaration of competing interest

None.

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