

Faculty incivility: lived experiences of nursing graduates in the United Arab Emirates

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Aim: This study explored the lived experiences of baccalaureate nursing graduates with faculty incivility in nursing education in the United Arab Emirates.

Background: Despite the consistent results regarding the prevalence of incivility in nursing education worldwide, less focus has been placed on faculty incivility and little is known about this phenomenon in the Arab world.

Introduction: Incivility in nursing education is correlated with a negative learning–teaching environment contributing to faculty and students' attrition. Incivility can be transferred to clinical settings interfering with safe clinical practice.

Methods: Applying the descriptive phenomenological approach and guided by Clark's conceptual model for fostering civility in nursing education, the experiences of nine nursing graduates with faculty incivility were examined through semi-structured face-to-face interviews. Data were analysed following Colaizzi's seven-step process.

Findings: Data analysis yielded six major themes: an emotionally traumatic experience, unengaged faculty, decreased motivation to learn, displaying favouritism, displaying culturally and sexually inappropriate behaviour, and coping behaviours.

Discussion: Faculty incivility results in tribulations and sabotages open and constructive communication between students and faculty. Faculty poor teaching skills, lack of preparation and teaching competence were also considered as acts of incivility towards students.

Conclusion: The findings illuminated the faculty incivility phenomenon in nursing education from the informants' perspective which may assist in generating strategies to promote a positive learning environment as endorsed by the local nursing and midwifery council.

Implications for nursing education and policy: In addition to adopting a civility policy, incorporating civility in the curriculum and crafting a procedure to report faculty incivility anonymously, clear educational qualifications that align with the World Health Organization requirements for nurse educators must be enacted by the local regulatory bodies.

Keywords: Descriptive Phenomenology, Faculty Incivility, Nursing Education, United Arab Emirates

Introduction

Incivility in nursing education is correlated with a negative learning–teaching environment contributing to faculty and

students' attrition (Clark 2008a; Marchiondo et al. 2010; Sprunk et al. 2014). Uncivil behaviour in the academic setting is of particular concern since it can be transferred to the

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clinical setting interfering with safe clinical practice (Clark 2008a). Uncivil behaviours and incivility are umbrella terms used to describe behaviours labelled as rude, disruptive, discourteous, unprofessional, disrespectful, aggressive, bullying and potentially violent behaviours (Clark & Springer 2010; Sprunk et al. 2014). For at least a decade, research completed around the world has revealed 60 to 70% of nursing faculty and students perceive incivility to be a moderate to serious problem in academia (De Villiers et al. 2014; Natarajan et al. 2017; Palaz 2013). International research on incivility in nursing education showed consistent results regarding the prevalence of incivility. However, very few studies on incivility in nursing education were conducted in the Arab world, and little is known about this phenomenon in the United Arab Emirates (UAE). Anecdotal comments about uncivil behaviours from nursing students and faculty suggest incivility is an overlooked issue in the UAE academic setting.

Background

The UAE, a federal union of seven emirates, is an Islamic multicultural country. Four nursing programmes offer a bachelor's degree in nursing in the UAE. The country relies on an expatriate workforce including healthcare workers and faculty members in higher education among others. One of the top priorities of the UAE Nursing and Midwifery Council (2013b) strategic goals is to increase the total number of graduates from the UAE nursing programmes, through establishing a supportive environment conducive to learning in the academic and clinical setting, thus improving recruitment and retention.

The literature on incivility in nursing education demonstrates that the nursing codes of ethics and professional standards are overlooked in the nurse-to-nurse interaction and teaching-learning environment (Russell 2014). Incivility has been addressed in terms of student-to-faculty, student-to-student, faculty-to-student and faculty-to-faculty. Research has focused on identifying behaviours perceived as uncivil by students and faculty, contributing factors, incidence of uncivil behaviours, interventions to curb incivility and relationship between students' satisfaction with the nursing programme and faculty incivility. Examples of uncivil behaviours exhibited by students are coming late to class, leaving early, inappropriate use of electronic devices, acting bored, conducting distracting conversations and making sarcastic comments (Clark 2008a; Natarajan et al. 2017; Sprunk et al. 2014). More disruptive behaviours included shouting at faculty, threats of physical violence and tarnishing faculty reputation through social media (Sprunk et al. 2014). Students reported faculty members contribute to academic incivility by making condescending remarks, using inappropriate communication skills,

acting superior and reprimanding students publicly (Del Prato 2013; Muliira et al. 2017; Seibel & Fehr 2018). The literature has focused mostly on students' incivility towards faculty. Recently, more studies started to concentrate on faculty incivility; however, few studies explored the lived experiences of nursing students with faculty incivility, and few were conducted in countries outside the United States. Exploring nursing students' experiences with faculty incivility in the UAE can illuminate this phenomenon and enrich the knowledge base on this topic from a cultural context. The findings may offer nursing leaders the opportunity to evaluate faculty-student interactions to provide a learning environment more conducive to positive learning experiences.

Aim of study

This study explored the lived experiences of baccalaureate nursing graduates with faculty incivility in nursing education in the UAE.

Method

Design

The Husserlian descriptive phenomenological design was employed to unravel the meaning and experiences of the participants with faculty incivility in nursing education. Although phenomenology is viewed as a philosophy, a framework and a research method, the conceptual model for fostering civility in nursing education was employed to augment the researcher's understanding of the incivility phenomenon and to structure the inquiry. The model explains the complexity of the incivility phenomenon and illustrates how the continued faculty-student interaction interplays with other factors in the educational setting to promote either civility or incivility (Clark 2013).

Sample and setting

Purposive and snowball sampling was used to recruit nurses who graduated in 2012 through 2016 from the UAE baccalaureate nursing programmes. The sample was recruited from a hospital located in the capital of the UAE by an email inviting nurses who experienced faculty incivility in nursing education to participate in the study. The age of the participants in the study ranged from 23 to 28 years ($M = 25$). The majority of participants (six of nine) graduated within six months of the data collection start date. The participants graduated from three different nursing programmes in the UAE, were all Muslim, from three different emirates, and different nationalities (Table 1). Data saturation was achieved after the ninth interview. The sample consisted of eight females and one male ($n = 9$).

Table 2 Examples of formulated meanings extracted from significant statements

Significant statements	Formulated meanings
She came after half an hour (late). She rushed through the lecture like...just reading because there is no time. Like I said earlier, some faculty members do not care if the student understood the material. They just want to give the material and go (Wardah, p. 5, lines 157–158)	Faculty was not really teaching; she was going through the motions
Her shouting and yelling [at me] in class was not necessary at all and hurt me; I felt humiliated and belittled. 'It was, wallahi [I swear by God], difficult for me to be yelled at in front of my friends.' (Zahra, p. 2, lines 76–74)	It was an emotionally traumatic experience
We (a group of four students) were not the top students in his class and not his favorite type (lines 86)... He expressed that he likes girls with light skin color and everybody knows that (Yasmine, p. 3, lines 91–93)	Faculty favoring students based on academic performance, and appearance (skin color, prettiness)

Table 3 Example of a theme created from formulated meanings

Formulated meanings	Emergent theme
Faculty was not really teaching; she was going through the motions	Unengaged faculty
Faculty coming late and dismissing students early from clinical	
Faculty coming unprepared to class and using ineffective teaching techniques and no interaction	
Faculty displaying discontented behaviour in class; long sighs	
Faculty does not provide feedback on examinations and assignment in a timely manner	
Faculty neglecting to address the student's concern	
Faculty displaying an indifferent attitude towards students 'learning; using poor teaching practices	

and nursing staff in the educational settings. Jory described her traumatizing and humiliating experience stating:

I have never experienced something like this; I was yelled at in front of the nursing staff and a patient. She [faculty member] belittled me saying I know nothing, I am not qualified to talk and on top of that, she said that I am stupid.

Feeling afraid

The emotion of fear was described by six of nine participants. The expressed fears were as follows: fear of the uncivil act and being embarrassed in public, fear of faculty retaliation and fear of losing grades. Faculty public embarrassment evoked heightened levels of anxiety and precipitated anger, sadness and depression. Fullah said, 'I felt I am scared all the time'. She explained, fearing the faculty member's reaction or

anticipated uncivil behaviour made her nervous and was adversely affecting her clinical performance. Other participants feared expressing their honest opinions on the faculty evaluation dreading faculty retaliation and lowered grades.

Feeling low self-confidence

Five of the nine participants felt their self-confidence decreased as a result of faculty incivility. Fullah described her experience stating, 'The way she addressed me in front of the patient and his family made me feel completely incompetent, my self-esteem went down; I became less confident in my abilities'. Jory described both the short and long-term effects of faculty incivility; she shared, 'The way some teachers treated me made me feel less confident and having fear of the coworkers' reaction if I express my opinion honestly'.

Unengaged faculty

All participants shared experiences discussing how some faculty members seemed to be unengaged in their role as educators. Four subthemes emerged from this theme: disregard for classroom rules, displaying an indifferent attitude towards students' learning, devaluing students and ignoring their concerns and exhibiting a rigid behaviour.

Disregard for classroom rules

Seven of the nine participants discussed faculty disregard to classroom rules like tardiness, cancelling classes without notice and the use of cell phones in class. Nessrine discussed the repeated tardiness of some faculty members and stated, 'When the teachers are late no one asks them about it, but when we (students) come late it is a different story'. Participants questioned the double standards at their colleges regarding classroom rules and stipulated faculty should be the role model for their students. They explained these

behaviours reflected the faculty member's lack of respect for the students' learning time.

Displaying an indifferent attitude towards students learning

Six participants shared experiences reflecting the indifferent attitude of faculty towards students learning. These behaviours included making discontented groans, coming unprepared to class, presenting outdated information, not assessing the students' learning needs and learning, and using ineffective teaching skills. Experiencing such faculty behaviours made the students distraught for not getting the quality education they aspire. Rose stated, 'Some teachers, they lecture, explain, and explain, but don't take the time to check if we understood. They just want to finish the presentation and go'. Participants stipulated that nursing faculty should be formally prepared to assume their role as educators.

Devaluing students and their concerns

Five of nine participants shared how the faculty treated them as unimportant and ignored their concerns. This was manifested by neglecting to provide timely feedback on examinations and assignments, degrading students and their work, and showing that students are not on the faculty priority list. Wardah discussed how the faculty member made her feel not worthy enough to deal with her concerns by dismissing her and other students repeatedly saying, 'I am busy with other students', or 'I have more important things to do here'.

Exhibiting a rigid behaviour

Five of nine participants shared experiencing faculty members' rigid attitude such as refusing to consider the students' point of view, forcing students to conform to their rules and not admitting to being wrong or offering an apology when required. Fullah reflected on these behaviours stating that the faculty was not respecting the students' right to be involved in taking responsibility for their learning; instead, 'She was just giving orders without any discussion'. Other participants described the defensive attitude some faculty display if given comments or alerted about a mistake.

Decreased motivation to learn

Seven participants noted how faculty incivility stifled their enthusiasm and motivation to learn. After describing the uncivil encounter, Nessrine added, 'I did not feel like working or learning following that encounter'. 'Her behaviour [faculty] made me hate the clinical and the ward and the cases or the topic we discussed'. Similarly, other participants expressed their demotivation and how their grades 'went down' in that faculty member's course, unlike other courses.

Displaying favouritism

Five of nine participants described experiencing faculty favouritism in class and clinical settings. Faculty behaviours included favouring students based on appearance, physical attractiveness, skin colour, academic performance and students' nationality. Yasmine stated, 'He [faculty] expressed that he likes girls with light skin colour and everybody knows that'. Nessrine shared that students with low academic performance were the target of questions and ridicule by the faculty. Favouring students based on their nationality, mainly the same nationality of the faculty member was reported by Camellia, Fullah, and Adam. Favouritism, as described by participants in this context, destroys fair treatment and provides non-deserving students with greater advantages.

Displaying culturally and sexually inappropriate behaviour

Two of the nine participants shared experiences related to a faculty member's inappropriate cultural behaviour. Participants were upset by the sarcastic tone the faculty used when asking questions or commenting on the students' religion and culture. Yasmine stated, 'He used to ask why you have to wear the hijab [head cover]? You cannot relax with this hijab...and other inappropriate comments about the way we dress'. Joury discussed an encounter where the faculty asked the Muslim students about their alcohol consumption and sarcastically doubted their abstinence. The participants stipulated faculty members should possess the cultural knowledge and sensitivity and model culturally appropriate behaviours. The same participants shared experiences of faculty exhibiting indecent behaviour in the classroom setting. The sexually inappropriate behaviours included touching students' bodies, asking students if they were naked under their Abayas (a loose, full-length outer garment to hide the curves of the body) and discussing the female students' personal life, or sending private messages.

Coping behaviour

All nine participants shared their responses to faculty incivility and the coping techniques they used. Passivity, confrontation and perseverance to succeed were coping behaviours used by students to deal with the uncivil faculty behaviour.

Passive behaviour

The majority of the participants (seven of nine) assumed a passive attitude towards the uncivil faculty behaviour and reported not taking any 'official' action. The participants shared the faculty behaviour with colleagues, but avoided reporting it to seniors either out of fear of the consequences or the perceived uselessness of such an act. Using avoidance coping and tolerating the behaviour through finding ways to

please the faculty were techniques applied by some students to survive in the programme and to preserve their psychological well-being.

Confronting the faculty

Two of the nine participants confronted the faculty about their rude behaviours and reported them to seniors, but they commented, 'nothing changed; seniors are always at the faculty sides, not the students'. Yasmine added that uncivil faculty behaviour justifies similar behaviour from students. She shared her encounter saying, 'She [the faculty member] was shouting first. This is why I was angry, and I shouted and raised my voice too'.

Perseverance to succeed

Two of the nine participants who initially adopted a passive behaviour towards faculty incivility implemented a plan and new learning strategies to improve their academic performance and prove to the faculty they were worthy of teaching. Camellia, who was humiliated for asking questions in class, started to read more and sought knowledge from external resources and passed the course with flying colours.

Discussion

This study explored the lived experience of nursing graduates with faculty incivility in the UAE. Although the participants' uncivil encounters with faculty differed, feeling emotionally traumatized, humiliated and belittled were common among all the shared experiences. This finding is congruent with what previous research discovered about the psychological distress experienced by students exposed to the uncivil faculty behaviour (Altmiller 2012; Holtz et al. 2018; Mott 2014). Feelings of anxiety, fear and nervousness experienced by participants were also the most commonly shared emotions by students (Clark 2008c; Vuolo 2018). Participants in this study asserted faculty incivility is a significant source of stress for students, a finding supported by Clark et al. (2014) study.

Being subjected to uncivil behaviour during nursing education affected the participants' self-confidence and performance, and influenced their ability, as novice nurses, to deal confidently and assertively with seniors at the workplace. Similarly, Del Prato's study (2013) revealed low self-confidence resulting from faculty incivility hindered the students' development and professional formation.

Unengaged faculty is a novel theme that emerged in this study describing faculty members who displayed an array of behaviours demonstrating indifference towards their obligation as nursing educators and lacking enthusiasm. Faculty un-engagement in the UAE may be attributed to unappealing

work environments, salary structures, inadequate programme resources and development opportunities for faculty (UAE NMC 2013b). Findings on faculty lack of punctuality, cancelling classes without prior notice and using phones in class were mostly in line with previous studies on incivility in nursing education. Participants suggested that nursing programmes enforce classroom policies and hold all parties equally accountable for not abiding by these rules.

Being unprepared for class, ineffective teaching style and poor classroom management were considered uncivil behaviours by the participants and reported by different studies (Clark 2008a, 2008b; Clark & Springer 2007; Muliira et al. 2017). Lack of educators' training in classroom management, poor teaching skills and lack of experience were found to contribute to the frustration and dissatisfaction with the teaching-learning experience for both faculty and students (Rad et al. 2016; Vink & Adejumo 2015). Nurse educators are entering the academic setting without teaching experience or formal preparation for the role contributing to the incivility problem in academia (Clark 2008b; Seibel, 2014). Participants in this study suggested having competent, formally prepared educators capable of providing student-centred learning, to deal with different students' learning styles and abilities, and to manage the learning environment properly.

Participants perceived the rigid faculty behaviour as oppressive and depriving the students of their right to be involved in taking responsibility for their learning. Being inflexible, rigid or authoritarian were among the most reported uncivil faculty behaviour by both faculty and students (Clark 2008a, 2008b; Muliira et al. 2017). Demonstrating 'caring, confidence, patience, integrity, and flexibility to facilitate learning' and 'Be considerate of power relations' are some characteristics included in a list of core competencies for nurse educators developed by the World Health Organization (WHO 2016).

In this study, faculty incivility stifled the participants' enthusiasm and motivation to learn and created a passive learning environment. Palaz (2013) noted that students exposed to faculty bullying experience loss of concentration, decreased motivation and suboptimal performance. In line with these findings, Masoumpoor et al. (2017) revealed faculty emotional support to students, and positive faculty-student relationships promote students' self-esteem and motivation to learn.

Favouring students based on appearance, skin colour, academic performance and ethnicity were findings consistent with previous research (Altmiller 2012; Clark 2008b; Del Prato 2013). The UAE NMC code of conduct (2013a) stipulates nurses should demonstrate respect in their interactions

and avoid discriminating against individuals or groups 'on the basis of race, nationality, religion, gender, socioeconomic level, health status, or any other attribute' (p. 8). This ethical principle should be enforced in the nursing teaching–learning environment in the UAE. Unlike the cited literature, the current study did not identify gender bias among the other forms of faculty favouritism in the nursing educational setting in the UAE. The reason may be because some college campuses were strictly for female students and probably because of the low number of enrolled male students in other mixed gender nursing programmes in the UAE. Being biased and giving special treatment to students belonging to the same nationality or country of the faculty member was emphasized by participants, something that was not explicitly addressed in previous nursing literature. Such a behaviour was described by Culpeper et al. (2010) as an impoliteness offense where the equity rights of the individual are violated.

Faculty displaying culturally and sexually inappropriate behaviour is a novel theme related to faculty incivility. Although two participants shared this experience, it is significant because of the Muslim cultural context of this study. Nursing educators in the UAE are multicultural; it is possible the exhibited culturally inappropriate behaviour might have been due to lack of cultural awareness, members' carelessness or ethnocentricity. The literature reflects nursing educators are inadequately prepared for intercultural interactions; training programmes on diversity, cultural competence and mentoring programmes are lacking in the academic settings (Austin et al. 2014). Simsek et al. 2017 noted that faculty cultural sensitivity can be improved through cultural encounters, acquiring cultural knowledge, attending exchange programmes and following mass media of foreign countries. Nursing programmes must assess the cultural knowledge of faculty members and provide appropriate orientation and training on cultural issues in the UAE.

Nursing researchers discovered students were subjected to inappropriate sexual behaviours in the educational settings including sexist remarks and suggestive sexual gestures. The majority of studies on incivility in nursing education did not address sexually inappropriate behaviour or sexual harassment although incivility and sexual harassment fall under the same category of interpersonal mistreatment (Lim & Cortina, 2005). Studies on bullying and sexual harassment in nursing showed the incidence of sexual harassment by faculty in Australia as well in Turkey was low (Budden et al. 2017; Celik & Bayraktar 2004). Although the report of sexual harassment by faculty in this study was low, such behaviour should not be tolerated and should be addressed and investigated in any inquiry on incivility in nursing education.

The avoidance coping behaviours adopted by participants in this study were echoed in similar nursing studies (Clark 2008a; Del Prato 2013; Marchiondo et al. 2010; Vuolo 2018). Lack of effective communication and intentional engagement are contributors to incivility in nursing education, as described in Clark's model for fostering civility in nursing education. The participants who confronted the faculty about their rude behaviour acted in an aggressive manner claiming the faculty behaviour justifies students' incivility (Cooper et al. 2011; Mott 2014). Faculty role modelling of civil behaviour is one of the strategies suggested by many previous studies to foster civility in nursing education. Few studies on incivility in nursing education addressed perseverance to succeed or resilience to overcome the uncivil faculty behaviour, probably because the majority of the students adopted mainly passive coping behaviours. These findings suggest that nursing programmes are not preparing students to respond appropriately to negative behaviours. The literature recommends using cognitive rehearsal to prepare nurses for uncivil encounters through different instructional methods. Being well prepared, speaking up and facing uncivil acts professionally can empower nurses and help in curbing workplace incivilities (Clark 2019).

Limitations

This study was delimited to nursing graduates' lived experiences with faculty incivility and did not include the faculty perspective limiting a more comprehensive understanding of the academic incivility in nursing education in the UAE. The participation of one Emirati and one male graduate nurse represented also a limitation; however, this reflects the low number of enrolled Emirati and male students in baccalaureate nursing programmes in the UAE.

Conclusion and recommendations

Uncivil faculty behaviour can have a detrimental effect on the students' morale, adversely affecting their motivation and ability to learn. These findings and the literature suggest faculty incivility is experienced similarly by nursing students globally. Behaviours exhibited by multicultural faculty members of different religions suggest incivility is a phenomenon that cannot be attributed to a particular cultural group more than another group; however, further studies are needed to provide a broader understanding of the incivility phenomenon in nursing education in this region. Exploring the faculty perspective on students' incivility, investigating the nursing faculty work satisfaction level in the UAE and identifying factors that may contribute to faculty disengagement are critical to understanding the nuances and ramifications of faculty incivility.

Implication for nursing education and policy

The findings provided support to previous research conducted on incivility in nursing education internationally. These findings may assist nursing leaders in generating strategies to promote a positive learning environment as endorsed by the local nursing and midwifery council. Some of these strategies include enforcing the nursing code of ethics, adopting a civility policy and incorporating civility into the curriculum through cognitive rehearsal. Developing clear procedures for students to report faculty incivility anonymously (Holtz et al. 2018) and providing students counselling services are equally important. Faculty members are advised to create an environment where students feel respected by engaging them in value clarification activity and involving them in co-creating classroom norms and policies (Clark 2008b).

The findings of this study and the literature support the need to have formally prepared nursing educators. Formal teaching preparation either before or immediately after employment and acquiring the educator core competencies are requirements set by the WHO (2016) for becoming a nurse educator. Providing novice and seasoned faculty with professional development programmes and creating mentorship programmes is a necessity in the UAE. It is advised that the UAE NMC establishes educational qualifications for nurse educators that align with WHO (2016) requirements and the Ministry of Higher Education. Nursing faculty in the UAE and students can also benefit from receiving training and education regarding cultural humility. Such training clarifies expectations and improves understanding of what behaviours are tolerated within a specific culture (Milesky et al. 2015). Finally, faculty modelling of civil behaviour is one of the strategies suggested by many previous studies to foster civility in nursing education. Winning the battle against workplace incivility should start in academia.

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