

The Effect of a Learning Strategy on Nurse Students Civility Behavior

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Abstract

Background: Various learning strategies can enhance nurse students' communication and social skills improve civil behavior **the aim:** This study aims at investigate the effect of a learning strategy on nurse students' civility behavior. **Design:** one group pretest-posttest was used in carrying out this study. **Subjects** The subjects consisted of (200) nurse students. **Tools of data collection:** two tools were used for collecting data, namely **first tool**, Knowledge questionnaire sheet pre/post-test .**Second tool:** Incivility in Nursing Education survey. **Result:** The main results of the study revealed that: slightly more than two fifth of nurse students had un satisfactory knowledge regarding civility before dimensions in preprogram phase, while all nurse students had satisfaction knowledge in post phase and slightly decline at follow up phase with highly statistically significant improvement with all the phases of intervention.. Majority of nurse students had low total perception level at preprogram phase while four fifth of them had high perception at post phase and three quarter of them had high perception level after three months of training intervention with highly statistically significant improvement in total perception level with all the phases of intervention. Improvement in total nurse students' civility perception during post and follow up phases as compared with preprogram phase. **Conclusion:** There was highly statistically significant improvement in total nurse students of civility behavior after implementation of a learning strategy. This supported the study hypothesis which stated, nurse students civility behavior will be improved after implementing the training intervention. **Recommendations:** Continuous training programs or sessions must emphasize on all aspects of nursing civility dimensions. Teaching staff have to enhance student empowerment which may lead students to have increased self-esteem, motivation and become more self-directed. Applied program for all newly nurse students for knowing about civility behavior.

Key words: civil behavior, learning strategy, nurse students.

Introduction

Strategy is a rule for making decisions under conditions of partial ignorance whereas policy is a contingent decision. Business strategy is the broad collection of decision rules and guidelines that define a business' scope and growth direction (Mintzberg & James 2015).

Learning strategies promote student achievement; enhance communication and social skills, and increase student learning and productivity. Problem-Based Learning is an example of a cooperative learning strategy whereby teachers pose a real problem for students and then have students work together to find a successful resolution to the problem (Feldman, 2011).

However, Civility also defined as authentic respect for others requiring time, presence, engagement, and an intention to see common ground. After completion of a concept analysis by the researcher, the following Evidence has suggested that incivility on American college campuses has manifested into a serious and growing concern (Merriam-Webster On-line Dictionary, 2013).

Academic incivility is a multifaceted phenomenon that includes student-to-faculty incivility, faculty-to-student incivility, student-to-student incivility, administrator-to-faculty incivility, faculty-to-faculty/administrator incivility, and incivility occurring between nurse students and or other healthcare members in the practice setting. Regardless of its

configuration, academic incivility often results in a negative impact on wellbeing, self-worth, confidence, and commitment to nursing. (Clark, 2009).

Nursing student development of ethical and moral virtues will positively impact patient outcomes. Patient safety outcomes were cited to have a positive relationship with the establishment of civility within nursing education (Watters, 2015).

Designing and implementing active learning strategies require a paradigm shift for both students and institute. Students must move from a more passive listening and note-taking role to a more active problem-solving and discovery role. Students must also learn to work in teams and communities, to collaborate with peers, and to view institute as facilitators of learning, rather than simply as imparters of knowledge and information. The institute role must change as well. (Clark, 2015).

Classroom is the most formal setting where educational processes occur. It includes the interaction phenomenon through which the teaching and learning issues are achieved and organized by teachers and students. In the classroom, both teachers and student perform a variety of different types of actions in order to accomplish classroom activities (Warayet, 2015).

Expectations of civility not only apply to students, but to faculty as well. The role modeling of respectful communication between faculty members must also become the standard. Respectful communication between faculty members must be the standard as students receive mixed messages when observing behavior between faculty to the contrary (Shanta & Eliason, 2014).

Significance of the study

Civility may also impact the learning environment. Understanding the students' perceptions of civility may allow educators to develop strategies to deal with these behaviors and promote an effective learning environment. Exploring these perceptions may aid in formulation of institute development programs

by administration to prevent, address, and manage incivility (Luparell, 2013).

The increase in incivility within the nursing education setting can place strain on the academic environment within the classroom, clinical, and distance education setting. Incivility considered as always an existing problems and issues that required attention when incivility left unaddressed it may result in an increase in frequency and severity of uncivil behavior in the classroom this study aims for developing student driven strategies to foster civility in the classroom (Suplee et al., 2013).

The first step in actively managing classroom incivilities is addressing potential misbehavior problems from the first day of class. One initial step to prevent incivility is through the establishment of a positive classroom environment when you first meet your students at the beginning of the academic term. A positive classroom environment is best characterized by the faculty's enthusiasm for the material, as well as enthusiasm and genuine interest for their students learning and academic achievement (Meyers, 2013).

Aim of the study

This study aims at the effect of a learning strategy on nurse students' civility behavior through:

1. Assessing nurse students' perception regarding civility behavior before the training intervention of learning strategy.
2. Designing and implementing the training intervention of learning strategy for nurse students about civility behavior.
3. Assessing nurse students' perception regarding civility behavior after the training intervention of learning strategy.
4. Determining the effect of training intervention of learning strategy on nurse students' civility behavior.

Research hypothesis:

Nurse students' civility behavior will be fostered after implementing the training intervention of learning strategy.

Research design:

A quasi-experimental design (one group pretest-posttest) was used in carrying out this study.

Setting:-

The study was conducted at Alzhara technical institute of Nursing affiliated to Al Azhar University. Alzhara technical institute of nursing.

Subjects:-

The subjects consisted of (200) student nurses that represent the total population at the study setting.

Tools of data collection:-

Two tools used to collect data for this study, namely: first **tool Knowledge questionnaire sheet** this tool developed by the researcher through review of related literature **Clark & Cardoni, 2010 and adopted by Gillies (2012)**. This tool consisted of two parts:

- **Part I:** It aimed to collect data related to the **demographic characteristics** of study subjects as age, gender, academic year, residence place and previous training,..etc.

- **Part II:** It was contained nine dimensions involve 33 items represent the civility behavior, it aimed to assess nurse students knowledge regarding civility behavior.

❖ Scoring system:

Nurse Student response was rated according to a 5 point Likert scale, ranging from "Strongly disagree to strongly agree, were scored from "1 to 5" respectively, negative stated had reverse score. The scores of the items were summed up and the total was divided by the number of items giving a mean score for this part. Mean score was expressed as mean percentage. the Knowledge consider satisfactory if the total scoring more than 75% and consider natural of score ranged between 60%-75% while the knowledge consider unsatisfactory if the total score less than 60%.

Second tool: Incivility in Nursing Education (INE) survey :It aimed to assess

the nurse students' perceptions regarding civility. This tool was developed by **Clark 2009, adoption by Mahmoud,2015**).

It involve list of nurse students behaviors which occurring in the academic environment that may be perceived as disruptive or threatening behavior. It aimed at assessing measures the extent and types of uncivil behaviors. This part consists of 40 statements grouped under two dimensions.

❖ Scoring system:

Nurse Student response was rated according to a 5 point Likert scale, ranging from "Strongly disagree to strongly agree, were scored from "1 to 5" respectively, negative stated had reverse score. The scores of the items were summed up and the total was divided by the number of items giving a mean score for this part. Mean score was expressed as mean percentage. the perception consider positive if the total scoring more than 75% and consider natural of score ranged between 60%-75% while the perception consider negative if the total score less than 60%.

Operational Design:

The operational design for this study involves the three phases, namely: preparatory phase, pilot study and field work phase.

1.Preparatory phase:

This phase started from the beginning of February, 2016 till September 2016, it extended for eight months, before constructing the program. This was accompanied by a review of national, international, current and past related literature, and using text books, articles, journals, and thesis concerning the topic of the study.

Based on this review, the researcher began to develop the first tool of Incivility in Nursing Education questionnaire sheet and prepared it in the preliminary form. Next translate the tool into Arabic and back retranslated to ensure proper wording.

2. Pilot study:

Upon developing the data collection tools, a pilot study was conducted in October 2016, to

examine the applicability, clarity of language, test the feasibility and suitability of the designated tools, estimate the time needed to complete the questionnaires by each nurse students and identifying potential obstacles and problem that may be encountered during the period of data collection. The questionnaire sheets were given to twenty nurse students.

They represent 10 % of subjects; these 20nurses 'students were included in the main study sample .Data obtained from the pilot study was analyzed, and no modifications were done. The time consumed in answering the questionnaires was 20 minutes for Incivility in Nursing Education questionnaire.

3. Field work:

The actual field work of the study continued for twelve months from, November 2016 to October, 2017. The study was conducted through the following five phases:

Phase I (preliminary): The researcher met the nurse students to explain the purpose and the benefits of the study. Knowledge questionnaire sheet was distributed to nurse students during time break of lectures. It started in first week of November 2016 and took about two weeks.

In the beginning, the researcher explained to the participants fill the incivility questionnaire sheet. The multiple choice incivility questionnaire sheets were distributed to the nurse students in their class in the presence of the researcher. This questionnaire was distributed three times throughout the study.

Phase II (program planning): The content of the educational program was developed based on literature review from textbooks, articles, magazines, Internet search, in addition to assessment of the study subjects . The suitable place and time for conducting the sessions was determined after took the approval with the director and study subjects agreement, as well as the program schedule was prepared accordingly.

The researcher began to design and construct the program. Different instructional strategies (as group activities, audio visual aids) were selected to suit the learner's needs, and achieve the objectives and contents of the program. It was aimed at providing nurse students with much knowledge and experience as possible. Within the available resources, a booklet was developed by the researcher.

Phase III (program implementation): the program was implemented to the nurse students learning in the study setting, from January 2017 till April 2017. Nurse students were divided into ten groups. Hence, the program was implemented through ten weeks for each group, within five days per week, for (2 - 3 hours) per day and each session was attended by 20 nurse students who were selected according to their lectures schedule to assign one group/day. The program sessions started from 9 am to 11 am / or 12 pm. The program hours for each group 22 hour.

The program was repeated 5 times. At the beginning of the first session an orientation of the training program and its aim took place. Feedback was given in the beginning of each session about the previous one while taking into consideration their nurse students level of education. Handouts were distributed as appropriate to nurse students.

The teaching methods used during the implementation of the program included; lecture, group discussion and practice sessions, as teamwork activities to apply the documentation skills program. Also, educational media as videotapes, data show, blackboard, posters, papers and pens and models of the clinical setting.

Phase IV (post program evaluation): Immediately after completion of the program collected data during March and April 2017

Phase V (follow-up): data collection was repeated three months after post intervention during September and October 2017, by using the same data collection tools .

Statistical Design:

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Qualitative categorical variables were compared using chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. Chi-square for trend was used to assess the statistical significance of trends of scales. Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables, and Spearman rank correlation for ranked ones. Statistical significance was considered at p-value <0.05.

Results:

Table (1): shows that more than half (57.5) of the study subjects had age more than <18 years. Majority of study subjects are Single and from urban residence 100 residence respectively. Finally those more than two fifth 43.3 % of them have got very good in the previous academic year grade.

Table (2) reveals that, there was a highly statistically significant improvement in the perception of nurse student regarding disruptive behavior in post intervention phase, slightly decline in follow up phase as compared with pre intervention phase ($p < 0.01$).

Table (3): shows that, nurse student behaviors regarding threatening behavior throughout the intervention phases. As simplified from the table there are highly statistically significant improvement in the perception level of nurse student behaviors regarding most dimensions of accuracy in post intervention phase, however, the more decline was (97.5%) related to Disagree able behaviors at the follow up phase as compared with pre intervention phase.

Table (4): reveals that, total disruptive behaviors level of nurse student slightly more than a quarter (30.5%) of them have a high level of perception regarding disruptive behaviors in pre intervention, while an improvement (100%) in post intervention and slightly decline (96.5%) at follow up. While there is highly statistically significant improvement in nurses' student knowledge related to all Disruptive behaviors dimensions during post intervention and follow up phase as compared with pre intervention phase ($p < 0.01$).

Table (5): shows that, no one of student nurses has a positive perception level in total threatening behaviors in pre intervention, highly increase in post intervention reached to 100%. It was 99.5% in follow up phase, while there are highly statistical improvements in total student nurses' threatening behaviors during post intervention and slightly decline in follow up phase as compared with pre intervention phase ($p < 0.01$).

Table (6): demonstrates that, Positive Perception level of Total Disruptive behaviors before the intervention(0.5%) and enhancement in post intervention reached to 100% are high level, while frequency of experiencing or observing this behavior student nurses has high total Positive Perception level in pre intervention(1.5%) and enhancement in post intervention reached to 100%,there are highly statistically significant improvement in total perception level during post intervention and slightly decline in follow up phase as compared with pre intervention phase at both($p < 0.01$).

Table (7): shows that, total threatening behaviors percent score in pre intervention, 0%, highly increase in post intervention reached to 100%. It was 99.5 in follow up phase, while there are highly statistical improvements in total student nurses' Perception level percent score during post intervention and slightly decline in follow up phase as compared with the frequency of experiencing or observing this behavior pre & follow intervention phase ($p < 0.01$).

Table (1): Demographic characteristics of nurse students (n=200).

Characteristics of the studied staff nurses		No.	%
Age	Less than 18 years	85	42.5%
	More than 18 years	115	57.5%
Academic year	First	50	25%
	Second	45	22.5%
	Third	35	17.5%
	Fourth	35	17.5%
	Fifth	35	17.5%
Marital status	Single	200	100%
Residence	Urban	200	100%
Previous academic year grade (N=150)	Excellence	44	29.3%
	Very good	65	43.3%
	Good	26	17.3%
	Acceptable	15	10.0%

Table (2): Nurse student perception regarding disruptive behavior throughout intervention phases (n=200).

Dimension (disruptive behavior)	Perception level	Intervention Phases						Pre & Post		Pre & Follow	
		Pre		Post		Follow up		x ²	P-value	x ²	P-value
		No	%	No	%	No	%				
Avoidance behavior	Negative	103	51.5%	0	0%	0	0%	384.314	<0.001**	365.342	<0.001**
	Neutral	93	46.5%	0	0%	5	2.5%				
	Postive	4	2%	200	100%	195	97.5%				
Disregards of other behavior	Negative	52	26%	0	0%	0	0%	337.327	<0.001**	321.901	<0.001**
	Neutral	131	65.5	0	0%	4	2.0%				
	Postive	17	8.5%	200	100%	196	98%				
Violation of ethic behaviors	Negative	80	40%	0	0%	0	0%	354.717	<0.001**	328.514	<0.001**
	Neutral	108	54%	0	0%	7	3.5%				
	Postive	12	6%	200	100%	193	96.5%				

(**) Highly statistically significant at P<0.01

Table (3): Nurse student perception regarding threatening behavior throughout intervention phases (n=200).

Dimension (threatening behavior)	Perception level	Intervention Phases						Pre & Post		Pre & Follow	
		Pre		Post		Follow up		x ²	P-value	x ²	P-value
		No	%	No	%	No	%				
Aggressive behavior	Negative	175	87.5%	0	0%	0	0%	396.020	<0.001**	356.22	<0.001**
	Neutral	24	12%	0	0%	17	8.5%				
	Positive	1	0.5%	200	100%	183	91.5%				
Disagree able behaviors	Negative	163	81.5%	0	0%	0	0%	392.079	<0.001**	374.581	<0.001**
	Neutral	35	17.5%	0	0%	5	2.5%				
	Postive	2	1%	200	100%	195	97.5%				

(**) Highly statistically significant at P<0.01

Table (4): Comparison between Nurse Student perception regarding total disruptive behavior throughout intervention phases (n=200).

Dimension	Perception level	Intervention Phases						Pre & Post		Pre & Follow	
		Pre		Post		Follow up		x ²	P-value	x ²	P-value
		No	%	No	%	No	%				
Avoidance behavior	Negative	103	51.5%	0	0%	0	0%	384.314	<0.001**	365.342	<0.001**
	Neutral	93	46.5%	0	0%	5	2.5%				
	Positive	4	2%	200	100%	195	97.5%				
Disregards of other behavior	Negative	52	26%	0	0%	0	0%	337.327	<0.001**	321.901	<0.001**
	Neutral	131	65.5	0	0%	4	2.0%				
	Positive	17	8.5%	200	100%	196	98%				
Violation of ethic behaviors	Negative	80	40%	0	0%	0	0%	354.717	<0.001**	328.514	<0.001**
	Neutral	108	54%	0	0%	7	3.5%				
	Positive	12	6%	200	100%	193	96.5%				
Total Disruptive behaviors	Negative	61	30.5%	0	0%	0	0%	396.020	<0.001**	369.372	<0.001**
	Neutral	138	69%	0	0%	7	3.5%				
	Positive	1	0.5%	200	100%	193	96.5%				

(**) Highly statistically significant at P<0.01

Table (5): Comparison between Nurse student perception regarding total threatening behavior throughout intervention phases (n=200).

Dimension	Perception level	Intervention Phases						Pre & Post		Pre & Follow	
		Pre		Post		Follow up		x ²	P-value	x ²	P-value
		No	%	No	%	No	%				
Aggressive behavior	Negative	175	87.5%	0	0%	0	0%	398.00	<0.001**	396.020	<0.001**
	Neutral	24	12%	0	0%	17	8.5%				
	Positive	1	0.5%	200	100%	183	91.5%				
	Positive	12	6%	200	100%	193	96.5%				
Disagreeable behaviors	Negative	163	81.5%	0	0%	0	0%	392.55	<0.001**	364.690	<0.001**
	Neutral	35	17.5%	0	0%	5	2.5%				
Total threatening behaviors	Negative	175	87.5%	0	0%	0	0%	400.12	<0.001**	400	<0.001**
	Neutral	25	12.5%	0	0%	1	0.5%				
	Positive	0	0%	200	100%	199	99.5%				

(**) Highly statistically significant at P<0.01

Table (6): Comparison between Nurse Student perception regarding total disruptive behavior and the frequency of experiencing or observing this behavior throughout intervention phases (n=200).

Dimension	Perception level	Intervention Phases						Pre & Post		Pre & Follow	
		Pre		Post		Follow up		x ²	P-value	x ²	P-value
		No	%	No	%	No	%				
Total Disruptive behaviors frequency of experiencing or observing this behavior	Negative	61	30.5%	0	0%	0	0%	396.020	<0.001**	369.372	<0.001**
	Neutral	138	69%	0	0%	7	3.5%				
	Postive	1	0.5%	200	100%	193	96.5%				
	Negative	65	32.5%	0	0%	0	0%	388.177	<0.001**	347.572	<0.001**
	Neutral	132	66%	0	0%	11	5.5%				
	Postive	3	1.5%	200	100%	189	94.5%				

(**) Highly statistically significant at P<0.01

Table (7): Comparison between Nurse Student perception regarding total threatening behavior and the frequency of experiencing or observing this behavior throughout intervention phases (n=200).

Dimension	Perception level	Intervention Phases						Pre & Post		Pre & Follow	
		Pre		Post		Follow up		x ²	P-value	x ²	P-value
		No	%	No	%	No	%				
Total threatening behaviors frequency of experiencing or observing this behavior	Negative	175	87.5%	0	0%	0	0%	400.00	<0.001**	396.154	<0.001**
	Neutral	25	12.5%	0	0%	1	0.5%				
	Postive	0	0%	200	100%	199	99.5%				
	Negative	144	71%	0	0%	0	0%	396.020	<0.001**	384.641	<0.001**
	Neutral	55	27.5%	0	0%	3	1.5				
	Postive	1	0.5%	200	100%	197	98.5				

(**) Highly statistically significant at P<0.01

Discussion

Learning strategies promote student achievement; enhance communication and social skills, and increase student learning and productivity. Problem-Based Learning is an example of a cooperative learning strategy whereby teachers pose a real problem for students and then have students work together to find a successful resolution to the problem (Feldman, 2011).

Civility does not mean we all agree. In fact, institute in higher education have a responsibility to create teaching-learning environments where lively debates and spirited discussions flourish. Using stories, real-life examples, case-based scenarios, and group discussion minimizes incivility. Because significant learning takes place outside the classroom, institute can encourage students to practice and apply what they have learned in class to their lives outside the classroom. These

strategies and interventions help to create safe, civil teaching-learning environments (Clark & Davis-Kenaly, 2015).

Incivility is the polar opposite of civility, or in other words a lack or completely without civility. Verbal or physical attacks on others, religious intolerance and discrimination are just some of the acts that are generally considered acts of incivility (Bannister et al., 2016). In recent years, there seems a growing interest on the vital place of civility and incivility in contemporary urban life (Boyd 2018).

Therefore, the present study aimed at the effect of a learning strategy on nurse students civility behavior through assessing nurse students perception regarding civility behavior before the training intervention of learning strategy ,designing and implementing the training intervention of learning strategy for nurse students about civility behavior, assessing

nurse students perception regarding civility behavior after the training intervention of learning strategy and determining the effect of training intervention of learning strategy on nurse students' civility behavior by nurse students' at Al-Zahra technical institute. Results of this study revealed that there is a highly statistically significant improvement in nurse students' perception at immediately post-intervention and follow up intervention when compared with pre-program intervention. So, that reflects improvement nurse students' perception after training program intervention.

In relation to nurse students' knowledge regarding civility behavior, the finding indicated that there are highly statistically significant improvement in nurse students' knowledge regarding all dimensions of civility in post program phase, slightly decline in follow up phase as compared with preprogram phase. This result could be attributed to nurse students' were not supported with continues educational program internally and externally, they need to have opportunities of continuing educational programs to be more knowledgeable. In congruent with finding of the present study **Taiye (2015)** found a statistically significant improvement between pre and posttest simulation in the participants' perceptions regarding the civility team.

Moreover, **Elsyed (2014)** reported that the majority of nurses were not aware of civility behavior before implementation of the program while there were statistical significant differences in two phases of the program In addition **Saad (2016)** found that there was general improvement in nurse students 'behavior related to civility behavior according to immediately post intervention.

The nurse students' in the present study sample were mostly carrying a technical degree in nursing .However, all of studied subject were Single and from urban residence. In agreement with this, **Silkens et al (2017)** in a study in the United States emphasized the characteristics of nurse student.

Regarding the avoidance behaviors, the present study the value of an assignment or

activity as due to nurse student had high awareness related to uncivil results revealed that majority of nurse student had high perception level reading questioning the value of an assignment or activity .This result may be due to nurse student had high awareness related to positive and negative value of any activity not related to lectures and it's consequence on learning environment. Also, nurse students had unaware about policies and rules of classroom management and feeling of disengagement.

This finding disagreed with **Hands, (2016)** who conduct a study carried out to assess the frequency and perception of uncivil behaviors in the classroom, and found that the lowest uncivil behaviors in the classroom were holding conversations that distract you or other students, using cell phones during class, cheating on exams, arriving late for class, and using non material such as magazine or newspaper during class for purposes not related to the class.

Regarding disregard of other behaviors, the present study intervention results revealed that the majority of nurse student had a high perception level regarding Making sarcastic remarks or gestures during lecture or clinical sessions. This result may be due to nurse student had a lack of interest and loss of concentration of lecture and lack of motivation. Faculty staff should use different learning strategies and consequence of put student in an active position and use student- centered learning strategies.

Conclusion

There was highly statistically significant improvement in total student nurses perception of civility behavior during post and follow up phase as compared with preprogram phase. This supported the study hypothesis which stated, student nurses civility behavior will be improved after implementing the training intervention.

Recommendation

- The training program of civility should be applied to all student nurses in the study setting, and should be extended to other similar settings.
- Enlightenment continues program in public seminars, awareness to student nurses about the importance of civility behavior.
- Developing student nurses driven strategies to foster civility in the classroom.
- Student nurses should be encouraged to change academic incivility behaviors often results in a negative impact on low confidence
- Continuous training programs or sessions must emphasize on all aspects of nursing civility dimensions.
- Applied program for all newly student nurses for knowing about civility behavior
- Similar study should be carried out in institutions in order to compare findings and make generalization.
- Dissemination of information and research finding should be done online to improve its utilization.

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