

Incivility Behavior and Coping Strategies as Perceived by Students in Faculty of Nursing - Damanhour University

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Abstract

Background: Incivility behavior in nursing education is a serious problem that is characterized by a violation of mutual respect norms in interpersonal interactions among students, faculty members and administrators. Therefore, there is an urgent need to address incivility behavior through using effective coping strategies. **Aim:** To identify incivility behavior and coping strategies as perceived by students in faculty of nursing, Damanhour University. **Design:** A descriptive correlational research design was utilized to conduct this study. **Setting:** This study was conducted at all scientific departments at Faculty of Nursing, Damanhour University. **Subjects:** Undergraduate nursing students who were actually enrolled at 2nd, 3rd, and 4th years during the academic year 2022-2023 (n=365). **Tools:** two tools were used: incivility in nursing education - revised scale and academic coping strategies scale. **Results:** The majority (88.5%) of the studied nursing students had a high perception level toward total incivility behavior. Also, the coping strategies as perceived by the studied nursing students with different dimensions were moderate mean percent score ranked in descending order as follows: approach coping strategies, social support coping strategies and avoidance coping strategies. **Conclusion:** There were positive statistical significant weak correlations between total incivility behavior, approach coping strategies and social support coping strategies as perceived by the studied nursing students. **Recommendations:** Establishing and declaring discipline system, rules and regulations which direct professional academic behavior of nursing student and faculty member. Also, providing training programs for nursing students on adaptive coping strategies to improve their coping abilities when experiencing incivility behavior.

Keywords: Incivility behavior, Coping strategies, Nursing education, Nursing students.

Introduction

Nursing education requires a safe teaching and learning environment that is free of any distraction or disturbance to prepare nursing students for qualified practice. Incivility behavior is one of the issues affecting nursing education in various countries that has a negative impact on the nursing learning environment. (Rasheed et al., 2019). So, raising awareness of incivility behavior in nursing education and how to cope with it can reduce this behavior. (Butler & Strouse, 2022). Coping strategies can be used to deal with incivility behavior in nursing education. (Kim, 2018).

Incivility behavior was defined by Eka & Chambers, (2019) as rude speech or behavior, impoliteness, bad manners and inappropriateness. In addition, it was defined as disrespectful speech or action, such as abusive remarks or violent behavior, which can undermine self-confidence and cause doubt. (Naseri et al., 2023). In nursing education, incivility behavior was defined by Abedini et al., (2024) as "an unconventional, disrespectful, unmanaged behavior that is contrary to the academic goal of nursing education and results from individual differences, stress, improper application of technology, and inappropriate role models which by creating an unsafe learning condition leads to harming the individual, organization and profession".

Moreover, incivility behavior is characterized by low intensity than other deviant behavior such as bullying and physical violence. Also, it has ambiguous intent to harm and violates the norms of mutual respect between peers or student and faculty member. **(Bai, Liu & Kishimoto 2019; Sürücü 2021)**. In addition, incivility behavior is disrespectful, belittling, condescending, insolent, threatening or intimidating and undermining. **(Peters, 2015)**. It also involves ineffective communication in a situation that lacks respect or consideration for the other. **(Ahn & Choi, 2019)**.

Connelly, (2009) categorized incivility behavior into less serious behaviors and more serious behaviors. Less serious behaviors are such as: sleeping in class, making disapproving groans or sighs, acting bored in class, not coming to class, challenging the faculty member's knowledge, dominating class discussion and not taking notes during lectures. In contrast, more serious behaviors may involve intimidation, stalking, cheating, sending inappropriate e-mails and verbal or physical attacks against faculty member or students. **(Rad & Moonaghi, 2016)**.

Incivility behavior has negative effects on both faculty member and nursing students and also disturbs the teaching-learning environment. **(Rawlins, 2017)**. For nursing students, incivility behavior has a detrimental effect on their physical and psychological well-being such as: fatigue, sleep disturbance, headache, anxiety, depression and emotional distress. **(Penconek et al., 2024)**. Incivility behavior also is associated with distraction, failure to concentrate, and poor learning outcomes in students. **(Samman, 2021)**. It can interfere with ability to cope with stress, safe clinical practice, reduce student motivation, retention and engagement with the learning process. **(Vuolo, 2018; Holtz, Rawl & Draucker, 2018)** Related to impacts on faculty members, incivility behavior increases stress level and anxiety which causes loss of concentration and lack of creativity. **(Bailey, 2019)**. Moreover, faculty member job satisfaction

and retention is significantly decreased as a consequence of incivility which may lead to burnout, greater intent to leave and high turnover rates. **(Frisbee, Griffin & Luparell, 2019; Hines, 2021)**. In addition, the teaching and learning environment is negatively affected through disruption of the classroom dynamic and waste of time. ⁽¹⁰⁸⁾ Also, Incivility behavior endangers the integrity of nursing education and interferes with the knowledge base that is required for competent patient care. **(Natarajan, Muliira & van der Colff, 2017)**.

Coping strategies were described by **Stanislawski, (2019)** as cognitive, emotional, and behavioral reactions to stress that are related to a certain function. In addition, coping strategies were defined as the efforts to regulate emotions, behaviors, cognitions and environmental aspects in response to the stress of everyday events. **(Takács et al., 2021)**. As well, coping strategies were referred to as a collection of actions or a way of thinking used to cope with or adjust one's response to a stressful event. **(Yousif, Arbab, & Yousef, 2022)**.

Coping strategies help nursing students to be self-reliant, solve problems and make informed choices which in turn promote their physical and psychological well-being. **(Cornejo, 2020)**. Also, effective coping strategies are essential for reducing stress and its negative effects, promoting physical and emotional wellbeing and fostering academic success among nursing students. Identifying effective coping strategies is not only beneficial for students' mental health but also crucial for enhancing their resilience, their ability to manage stressors in their future nursing careers and their general readiness for the nursing field. **(Labrague, 2024; C.Samong, 2024)**.

Significance of the study

In recent years, incivility behavior in nursing education has significant upward trend. For example, **Natarajan, Muliira & van der Colff, (2017)** in Oman found that the prevalence of incivility behaviors was moderate, and more than 40% of nursing

students had experienced various forms of incivility behaviors including disrespect, cell phone use, being late and boredom in the classroom. In Egypt, **Rasheed et al., (2019)** found that the incidence of incivility behaviors was moderate level of occurrence from staff members view with (75.4%) followed by nursing students view with (49.8%).

So, the problem of incivility behavior in nursing education requires special attention to prevent these negative behaviors from progressing into potentially violent acts and extending into nursing career. Hence, addressing incivility behavior is among the basic challenges of nursing education system. This can be achieved by using adaptive coping strategies to reduce incivility related stress in the academic environment and improve nursing students' general readiness for the nursing field.

It is hoped that such study will help to increase awareness of incivility behaviors and its negative effects, enhance students' positive ways of coping with incivility behavior as well as increase professional and civil behaviors at faculty of nursing. The current study can also provide nursing faculty leaders with an opportunity to evaluate student- faculty member interactions to provide a more supportive learning environment for positive learning experience.

Aims of the Study

This study aims to identify incivility behavior and coping strategies as perceived by students in faculty of nursing, Damanhour University.

Research questions

1. What is the level of incivility behavior as perceived by students in faculty of nursing, Damanhour University?
2. What are the coping strategies used by students in faculty of nursing, Damanhour University?

3. Is there a correlation between incivility behavior and coping strategies among nursing students?

Materials and Method

Design: A descriptive, correlational research design was used to conduct this study.

Setting: This study was conducted at Faculty of Nursing, Damanhour University which includes nine scientific departments namely: Nursing Administration, Medical and Surgical Nursing, Pediatric Nursing, Gerontology Nursing, Community Health Nursing, Obstetric and Gynecological Nursing, Psychiatric and Mental Health Nursing, Critical Care and Emergency Nursing, and Nursing Education.

Subjects: Data were collected from undergraduate nursing students (n=365) enrolled in the second, third, and fourth academic year in the Faculty of Nursing, Damanhour University 2022-2023, who were available during time of data collection and willing to participate in this study. The subjects were divided based on proportional allocation method from each previously selected academic year as the following: second-year students (n=80), third-year students (n=170), fourth year students (n=115) as shown in table 1. The first year and Health Technical Institute students were excluded from the study because at least one year spent at the faculty was needed to be included in this study.

Sampling technique:

Proportional stratified random sampling was used for collecting data from study subjects.

Table (1): Sample size estimation.

Student's academic year	Total number of students/ year	Number of selected sample size
Second	548	$(365 \times 548) \div 24$ $93 \approx 80$
Third	1161	$(365 \times 1161) \div 2$ $493 \approx 170$

Fourth	784	$(365 \times 784) \div 24$ $93 \approx 115$
Total	2493	365

Tools: The study used two tools for data collection:

Tool (I): Self-administered demographic questionnaire and Incivility in Nursing Education - Revised Scale (INE-R):

This tool consists of two parts:

Part (1): Demographic characteristics questionnaire:

The demographic characteristics of the nursing students were developed by the researcher ; and included: age, gender, academic year, and working during studying in academic year.

Part (2): Incivility in Nursing Education - Revised Scale (INE-R):

It was developed by **Clark et al., (2015)** and was adapted by the researcher according to Egyptian nursing students' culture. It used to explore nursing student 's perception of incivility behavior in nursing academic environment. It includes 48 items grouped into two main parts: student incivility behavior (24-item) such as arriving late for class or other scheduled activities and faculty member incivility behavior (24-item) such as unfair grading.

Responses were measured on a 4-point likert scale ranging from (1) not uncivil to (4) highly uncivil to rate the level of incivility of each behavior. The overall score level ranged from 48 to 192 ; and was considered low perception level of incivility ranged from 48 to 96 (<50%), moderate perception level of incivility ranged from 97 to 144 (50% <75%) and high perception level of incivility ranged from 145 to 192 ($\geq 75\%$).

Tool (II): Academic Coping Strategies Scale (ACSS):

It was developed by **Sullivan, (2010)** and was adapted by the researcher according to Egyptian nursing students' culture. It used to assess faculty nursing students' coping strategies within the context of a specific academic stressor. It includes 38 items grouped into three main dimensions: approach coping strategies (16-item) such as trying to stay calm, avoidance coping strategies (12-item) such as ignoring and denying that the problem exists and social support coping strategies (10-item) such as getting advice from someone who has had the same problem. Responses were measured on a 5-point likert scale ranging from (1) never to (5) almost always. The overall mean percent score for each dimension was considered the coping strategies used by nursing students as follows: Low < 33.3%, moderate 33.3% < 66.6% and high mean percent Score ≥ 66.6 .

Method

1. An official permission was obtained from the Dean of Nursing Faculty, Damanhour University for data collection.

2. The two tools were translated into Arabic by the researcher and were submitted into both Arabic and English languages to a jury of five experts in the field of the study to test its content validity and translation. Accordingly, the necessary modifications were done based on their opinions.

3. A pilot study was carried out on 10% of the total sample size (n=36) of nursing students, who were excluded from the study subjects; to check and ensure the clarity of items feasibility of the tool and to identify obstacles and problems that may be encountered during data collection. Based on the findings of the pilot study, no modifications were done.

4. Reliability analysis: The two tools were tested for its reliability by using the Cronbach's Alpha Coefficient test for internal consistency of the items composing each dimension of the tools. The results of Cronbach's Alpha

Coefficient tests proved to be reliable, where: Incivility in Nursing Education - Revised scale (INE-R) ($\alpha= 0.955$) and Academic Coping Strategies Scale (ACSS) ($\alpha= 0.874$).

Data collection:

- Data were collected from nursing students from all scientific departments at faculty of nursing, Damanhour University through self-administered questionnaires distributed to students after explanation of the aim of the study using the previously mentioned tools. Instructions were given after obtaining informed consent from the study subjects before the distribution of the questionnaires.
- The questionnaires were completed in the presence of the researcher to ensure the objectivity of students' responses, non-contamination of their opinions and to check that all items were answered.
- The researcher divided each academic year of the nursing students into groups in their classrooms before and after lectures three days/week according to their schedule. The number of students recruited per day was about 15 students.
- Answering the questionnaires took approximately from 25-30 minutes. Data collection took about two months starting from the first of October to the end of November 2022. The researcher introduced herself to nurse students. All questions were answered and explanations were given accordingly.

Study limitation:

This research only considers the student's point of view toward incivility behavior, so future research should assess the incivility behavior from both the students' and the faculty member's perspectives.

Ethical considerations:

- The research approval was obtained from the ethical committee at the Faculty of

Nursing- Damanhour University prior to the start of the study.

- A written informed consent was obtained from the study subjects after an explanation of the aim of the study.
- Privacy and the right to refuse to participate or withdraw from the study at any time were ensured during the study.
- Confidentiality and anonymity regarding data collected were maintained.

Statistical Analysis:

The collected data were revised, coded and entered in special format to be to suitable for computer feeding. Following data entry, checking and verification process were carried out in order to avoid any errors. Data were analyzed using the Statistical Package for Social Science (SPSS) version 26. Data were presented using descriptive statistics in the form of frequencies, percentages, Arithmetic mean (\bar{x}), and Standard Deviation (SD) to describe and summarize the scale and categorical data. Pie graph was done for data visualization using Microsoft Excel. Cronbach Alpha coefficient was calculated to assess the reliability of the tools through their internal consistency.

Chi-square test was done for categorical variables, to compare between different groups. Student T-Test is a parametric statistical test that used for normally distributed quantitative variables, to compare between two studied categories. (ANOVA) is a parametric statistical test that used to is used to determine whether there are any statistically significant differences between the means of three or more independent (unrelated) groups. Pearson coefficient was done to measure the correlation between two variables. Linear regression was done to detect the predictors of incivility behavior as perceived by the studied nursing students.

Results

Table 2 shows that, the nursing students' age ranged from 18 to 24 years with the mean score of 21.04 ± 1.054 . Moreover, 57.3% of the studied nursing students were in the age group ranged from 20 to less than 22 years old, meanwhile only 7.7% were in the age group ranged from 18 to less than 20 years old. In relation to gender, 61.1% of the studied nursing students were female, while 38.9% were male. Concerning to academic year, 46.6% of the studied nursing students were in third academic year and 31.5% of them were in fourth academic year while 21.9% were in second academic year. Regarding place of residence, it was noticed that the 72.3% of the studied nursing students were from rural regions; compared to 27.7% were from urban ones. As regard to work during studying in academic year, 74.2% of the studied nursing students had no work during studying in academic year, whereas 25.8 % of them had work during studying in academic year.

Table 3 shows that, related to the perception of total incivility behavior; 88.5% of the studied nursing students had a high perception level, while only 1.9% of them had a low perception level toward total incivility behavior. Concerning incivility behavior dimensions, 91.2% of them had high perception level of faculty member incivility behavior and only 1.7% of them had low perception level of faculty member incivility behavior. Also, 84.7% of the studied nursing students had high perception level of student incivility behavior while only 1.9% of them had low perception level of student incivility behavior

Table 4 indicates that, approach coping strategies dimension had a moderate mean percent score (66.08%) with the mean score of 52.86 ± 21.72 , followed by social support coping strategies dimension had a moderate mean percent score (63.40%) with the mean score of 31.70 ± 8.213 , followed by avoidance coping strategies had a moderate mean percent score (57.13%) with the mean score of 34.28 ± 9.053 . Finally, the coping strategies used by the studied nursing students with

different dimensions were moderate mean percent score.

Figure 1 illustrates the highest percentages of the coping strategies used by the studied nursing students were ranked in descending order as follow: approach coping strategies (66.08%), social support coping strategies (63.40%) and avoidance coping strategies (57.13%).

Table 5 shows that, there was a positive statistical significant weak correlation between total incivility behavior and approach coping strategies as perceived by the studied nursing students, where ($r=0.132$, $p=0.011$). Moreover, there was a positive statistical significant weak correlation between incivility behavior dimensions namely; student incivility behavior, faculty member incivility behavior as perceived by the studied nursing students and approach coping strategies used, where ($r=0.124$, $p=0.018$), ($r=0.118$, $p=0.024$), respectively. Moreover, there was a positive statistical significant weak correlations between the studied nursing students' perception of total incivility behavior and social support coping strategies used as perceived by them, where ($r=0.132$, $p=0.012$). Also, there was a positive statistical significant weak correlation between incivility behavior dimensions namely; student incivility behavior, faculty member incivility behavior and social support coping strategies, where ($r=0.109$, $p=0.037$), ($r=0.132$, $p=0.012$), respectively.

Table 6 displays the result of multivariate regression analysis of the predictors of incivility behavior as perceived by the studied nursing students. The model had a coefficient of determination ($R^2 = 0.079$). This means that 7.9% of the variability in the outcome (incivility behavior) was explained by the studied variables/characteristics, where the model is highly significant ($F=3.393$, $p=0.001$). Moreover, the table revealed that nursing students' gender and age were predictors of the incivility behavior, where ($p=0.000$, 0.032), respectively. However, coefficients

table of regression analysis has displayed that the variables of academic year, place of residence, working during studying in academic year, approach coping strategies, avoidance coping strategies and social support coping strategies were not significant predictors of incivility behavior as perceived by the studied nursing students, where ($p>0.05$).

Discussion

Incivility behavior struggles with the ethics of the nursing profession that emphasizes the value of respecting and caring for individuals. Therefore, incivility behavior in nursing education has been gaining more attention because nursing students first observe and learn civil academic culture in the university and classroom settings. **(Park & Kang, 2021)**. Generally, incivility behavior in nursing education is associated with a negative learning environment, which contributes to nursing faculty member and student attrition. In addition, incivility behavior can be transferred to clinical settings interfering with safe clinical practice. **(El Hachi, 2020)**. Consequently, incivility behavior in the workplace can lead to unsafe working conditions, poor patient outcomes, nurses' job dissatisfaction, their intent to leave and exacerbate the national nursing shortage. **(Gawad, Saad & Hassan, 2022)**.

Therefore, there is an urgent need to address incivility behavior and its negative impacts first in the nursing education. Also, increasing the nursing students' awareness of their behavioral skills such as stress management and coping skills is a positive way to prevent or decrease incivility behavior and deal with its negative impacts. **(Mrayyan, Abunab & Algunmeeyn, 2024)**. Furthermore, coping strategies can help them to adapt with academic stressors in nursing education, enhance learning atmosphere, increase nursing student satisfaction as well as improve quality and professionalism of nursing education. Then, this study aimed to identify incivility behavior and coping

strategies as perceived by students in faculty of nursing, Damanhour University.

Regarding the nursing students' perception of total incivility behavior, the results of the current study revealed that, the majority of the studied nursing students had a high perception level of total incivility behavior. This result might be due to that, the majority of nursing students strive for graduating with high grades in each department of the nursing program to have a good job opportunity at workforce later on. So, they considered most nursing faculty member and student behaviors that interrupt their learning or education process, distract their attention during lectures, influence their ability to focus or concentrate at the classroom and negatively impact their academic achievement as highly uncivil and unprofessional.

This finding is supported by a study performed by **Wagner et al., (2019)** who reported that nursing students had the highest level of perceived incivility and there was a national awareness of incivility in nursing education. Also, it is in the same line with a study carried out by **Ali et al., (2019)** where they found that the majority of nursing students had a high perception level toward total incivility behavior. In this regard, **Rose et al., (2020)** reported that nursing students had an increase in their awareness of incivility and there was an improvement in their ability to recognize those behaviors in themselves and others after using a semi-virtual reality simulation program and also concluded that increasing one's awareness of incivility is the first step to decreasing acts of incivility. On the other hand, this result is contradicted with a study carried out by **Ali, Dhamani & Rizvi, (2022)** who reported that there was nursing students' limited understanding and awareness of incivility behavior leading the incivility to be existed among students and faculty members.

Concerning the nursing students' perception toward faculty member incivility behavior dimension, the present study demonstrated that the vast majority of the studied nursing students had high

perception level toward faculty member incivility behavior. This result may be attributed to that; nursing students may view their faculty members as role models and have high expectation of their behaviors. So, the nursing students perceive professional ideal of the faculty member versus that of a student. This result is congruent with **Mohammadipour et al., (2018)** who illustrated that nursing students perceived high level of faculty incivility and explained it to be one of the main reasons for academic failure. Also, this result is parallel with a research done by **Unim et al., (2023)** who showed that the majority of nursing students perceived high level of faculty incivility behaviors. Similarly, **Fürst et al., (2024)** stated that nursing students' perceptions of levels of faculty incivility was rated the highest.

Pertaining to the nursing students' perception toward student incivility behavior dimension, the current study demonstrated that the majority of the studied nursing students had high perception level of student incivility behavior. This may be related to that, the majority of nursing students may have high awareness and previous experience of their classmate's behaviors that violate classroom rules and regulation and considered them as highly uncivil such as sleeping or not paying attention in the classroom, arriving late for class or leaving early, expressing disinterest about course content and cheating on exams and quizzes.

This result is in accordance with a study carried out by **Rasheed et al., (2019)** mentioned that nursing students had high level of perception about student disruptive behaviors. As well, **Abd-El Basset, Shazly & Ahmed, (2022)** declared that more than three-quarters of studied nursing students had a high perception level regarding student incivility behavior. Likewise, **Diab, Abou Bakr & Ata, (2022)** stated that more than two third of university nursing students were have a high level of perceived incivility behavior. On the opposite side, this result disagrees with the results of a study performed by **Essa & Khaton, (2019)** who clearly indicated that

about half of the studied students had low perception of student incivility. Also, **Kassem & Mohammed, (2019)** found that the majority of nursing student at technical institute and health institute perceived low student incivility.

Related to coping strategies dimensions, the current study revealed that the highest mean score was for approach coping strategies which were similar to the problem-focused strategies as proposed by **Sullivan, (2010)** followed by social support coping strategies in the second rank. While the lowest mean scores were for avoidance coping strategies. Also, the coping strategies used by the studied nursing students with different dimensions were moderate mean percent score. These results were in agreement with **Thompson et al., (2016)** who reported that students had greater use of approach-oriented coping strategies than avoidant-oriented strategies. Moreover, **Kirikkanat and Soyer, (2018)** stated that students with high academic confidence had high levels of approach and social support, and low levels of avoidance academic coping strategies. As well, **Pun, Samson & Timalsina, (2018)** found that coping strategies used among bachelor nursing students were problem focused followed by social support coping and avoidance coping. Likewise, a study conducted by **Zhu et al., (2019)** revealed that many nursing students adopted positive strategies to cope with incivility such as seeking help from a trusted person and organization to be used as social support coping strategies. In addition, **Subba et al., (2020)** mentioned that nursing students were mostly used approach coping style as compared to avoidant coping style. These results were contradicted with **Kassem and Mohammed, (2019)** who mentioned that the highest mean for coping way of nursing students was related to item of Escape-Avoidance.

As regard to correlation matrix between incivility behavior and coping strategies dimensions as perceived by the studied nursing students, the current study illustrated that there was a positive statistical significant weak correlation between total

incivility behavior, its dimensions and approach coping strategies as perceived by the studied nursing students. This result indicated that when nursing students' perception of an uncivil event increased, this might activate approach coping strategies especially when they perceived themselves were able to control and solve the situation. This result may be attributed to the nature of the classroom and clinical training that depend on a number of assignments that students had to complete in a specific time, require frequent input, criticism, brainstorming and ability to manage time. Also, stress management and problem solving skills are taught in the nursing faculty courses. Consequently, this makes nursing students self-confident, able to handle misbehavior positively, make good decisions and solve problems effectively. In the same context, **Kim (2018)** found that there was a significant correlation between incivility and problem- focused coping strategies. Also, another study carried out by **Koo & Kim (2020)** revealed that incivility was correlated with problem-solving coping. Moreover, **Choi & Hwang (2023)** found that the experienced incivility showed a correlation with problem solving-oriented coping. On the other hand, this result was inconsistent with a study by **Hong, Kim & Son (2016)** revealed that there was no significant correlation between incivility and problem- focused coping strategies.

Moreover, the current study indicated that there was a positive statistical significant weak correlation between total incivility behavior, its dimensions and social support coping strategies as perceived by the studied nursing students. This result indicated that, the increased nursing students' perception of incivility behavior, the more use of social support coping strategies. This result may be due to that, faculty members and clinical instructors at the faculty try to reinforce and reward civility behavior at academic learning environment, enforce code of conduct consistently and create interactive educational that develop students' effective communication skills. In this concern, **Hong, Kim & Son (2016)** reported that, Incivility

was positively correlated with seeking social support coping.

In the matter of regression analysis of the predictors of incivility behavior as perceived by the studied nursing student, the statistical result of the regression model revealed that, 7.9% of the variability in the outcome (incivility behavior) was explained by the studied variables/characteristics (age, gender, academic year, place of residence, working during studying in academic year, approach coping strategies, avoidance coping strategies and social support coping strategies). Moreover, the present study displayed that only nursing students' gender and age were predictors of the incivility behavior as perceived by the studied nursing students. This result could be due to that, the perception level of incivility behavior was higher among female students and students with more age because female students are more sensitive than male for rude and uncivil behaviors especially females from rural areas. Also, older students may be familiar with the faculty policies and rules, have more experiences of incivility behaviors and become more respectful for their faculty member and other students.

This result was consistent with **Ruvalcaba, Welch & Carlisle (2018)** who declared that, nursing students' age and gender were significant predictors of incivility. Also, a study conducted by **Zhu et al., (2019)** revealed that, students' gender was one of the critical factors associated with incivility.

Conclusion

The findings of the study concluded that, the majority of the studied nursing students had a high perception level of total incivility behavior. Also, the mean percent score regarding coping strategies for each dimension was moderate ranked in descending order as follow: approach coping strategies, social support coping strategies and avoidance coping strategies. Moreover, there were positive statistical significant weak correlations between total incivility behavior, approach coping strategies and

social support coping strategies as perceived by the studied nursing students.

Recommendations

Based on the findings of the current study, the following recommendations are suggested:

- Establish clear discipline system, rules and regulations which direct expected professional academic behavior of nursing student and faculty member.
- Educate nursing students about importance of developing adaptive coping strategies and its relationship with their psychosocial well-being.
- Put strategies that regulate and encourage civil behaviors such as a reward system for adherence to ethical conduct at faculty of nursing.
- The faculty member should take their responsibility as counselors and academic advisors regarding incivility behaviors and positive ways of coping as well as being available in the faculty office.
- The nursing students should respect educational environment and faculty members inside and outside the classroom.
- Further study about relationship between student incivility behavior and job burnout among nursing faculty members.

Table (2): Distribution of the studied nursing students according to their demographic characteristics (n=365).

Demographic characteristics	Total n=365	
	No.	%
Age (years)		
• 18-	28	7.7
• 20-	209	57.3
• 22-24	128	35.0
Min- Max	18.0-24.0	Mean ± SD
		21.04 ± 1.054
Gender		
• Male	142	38.9
• Female	223	61.1
Academic year		
• Second	80	21.9
• Third	170	46.6
• Fourth	115	31.5
Place of residence		
• Rural	264	72.3
• Urban	101	27.7
work during studying in academic year		
• Yes	94	25.8
• No	271	74.2

Table (3): Distribution of the studied nursing students according to the levels of incivility behavior as perceived by them (n=365).

Dimensions of Incivility Behavior	Perception of Levels of Incivility Behavior					
	Low		Moderate		High	
	No.	%	No.	%	No.	%
▪ Student incivility behavior	7	1.9	49	13.4	309	84.7
▪ Faculty member incivility behavior	6	1.7	26	7.1	333	91.2
Total Incivility Behavior	7	1.9	35	9.6	323	88.5

Low: < 50 %

Moderate: 50% < 75%

High: ≥ 75%

Table (4): Ranking with mean scores and standard deviation of coping strategies dimensions among the studied nursing students. (n=365).

Dimensions of Coping Strategies	Mean Scores		Mean Percent Score	Rank
	Min -Max	Mean ± SD		
▪ Approach coping strategies	16.0-80.0	52.86±21.72	66.08%	1
▪ Avoidance coping strategies	13.0-59.0	34.28±9.053	57.13%	3
▪ Social support coping strategies	11.0-49.0	31.70±8.213	63.40%	2

Low Mean Percent Score: < 33.3%

Moderate Mean Percent Score: 33.3% < 66.6%

High Mean Percent Score: ≥ 66.6

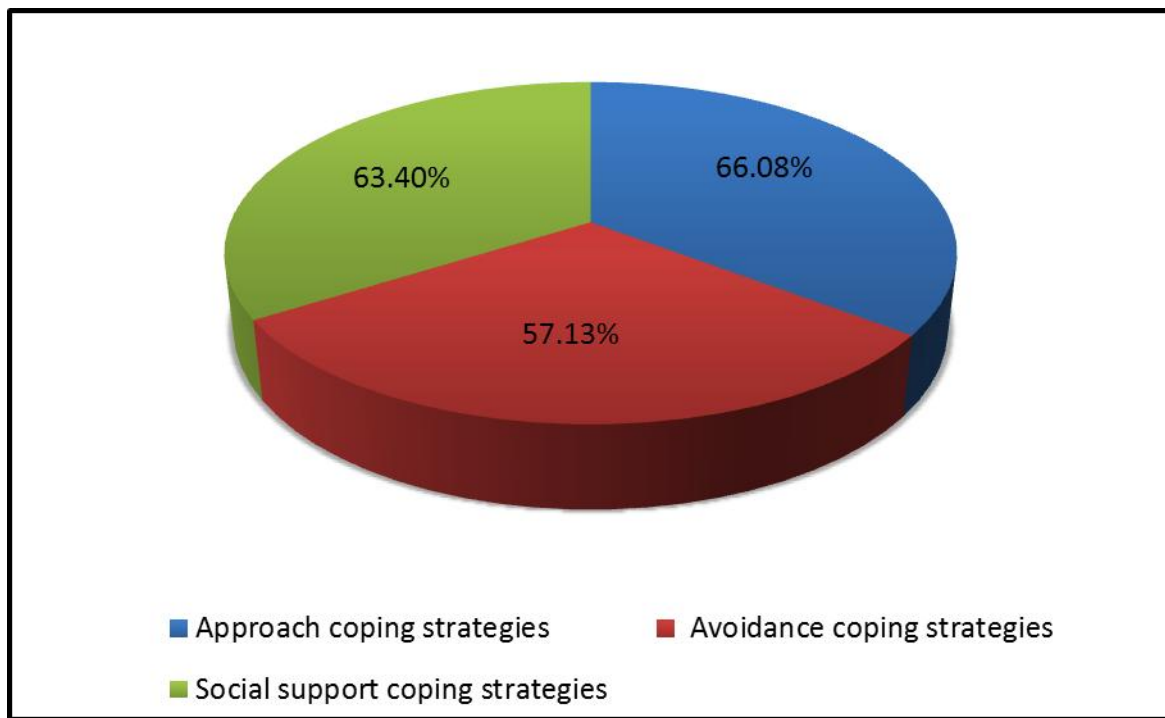


Figure (1): Mean Percent Score of coping strategies dimensions used by the studied nursing students (n=365).

Table (5): Correlation matrix between incivility behavior and coping strategies dimensions as perceived by the studied nursing students (n= 365).

Coping strategies dimensions		Student incivility behavior	Faculty member incivility behavior	Total Incivility behavior
Approach coping strategies	r	0.124	0.118	0.132
	P	0.018*	0.024*	0.011*
Avoidance coping strategies	r	-0.070	-0.053	-0.067
	P	0.182	0.311	0.200
Social support coping strategies	r	0.109	0.132	0.132
	P	0.037*	0.012*	0.012*

* Statistically significant relation at $p \leq 0.05$

r = Pearson correlation coefficient ; weak from 0.0 to 0.25; moderate from > 0.25 to 0.5; strong from >0.5 to 1.00.

Table (6): Predictors of incivility behavior as perceived by the studied nursing students through regression analysis (n= 365).

	Unstandardized Coefficients		Standardized Coefficients	T	P-value
	B	Std. Error	Beta		
(Constant)	252.139	43.743		5.764	0.000
Gender	8.479	2.170	0.201	3.907	0.000**
Age	-5.196	2.409	-0.267	-2.157	0.032*
Academic year	-0.980	1.271	-0.046	-0.774	0.450
Place of residence	-1.855	2.364	-0.040	-0.785	0.433
Working during studying in academic year	-1.987	2.506	-0.042	-0.793	0.428
Approach coping strategies	-0.581	2.047	-0.026	-0.284	0.777
Avoidance coping strategies	-2.053	2.213	-0.061	-0.927	0.354
Social support coping strategies	0.227	2.156	0.008	0.105	0.916
Model					
	R	R²	F	P	
Regression	0.281	0.079	3.393	0.001**	

R: Pearson correlation coefficient.

R²: Regression coefficient.

F: ANOVA test.

T: t-test value.

* Statistically significant at $p \leq 0.05$.

** Highly significant at $p \leq 0.001$.

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