The Effect of Incivility among Undergraduate Healthcare Students in Saudi Arabia: An Exploratory Study

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Abstract

Purpose: Academic incivility negatively impacts the learning process; however, the potential impact of uncivil behaviors on students’ attitudes and interactions in the applied medical sciences has not been comprehensively explored. Therefore, this study aimed to explore the academic incivility as reported by undergraduate students from nine allied health academic programs in Riyadh, Saudi Arabia.

Methods: A cross-sectional descriptive study design consisting of two parts was used. The pre-test part intended to provide content validation for the major questionnaire study. The full-scale study addressed the aim. An electronic questionnaire was prepared and disseminated. The questionnaire contained 11 questions distributed into five sections: students' demographic information, frequency of exposure to incivility, perception of predefined uncivil behaviors when performed by faculty members and classmates, effect of uncivil behaviors on specified everyday aspects, and typical reaction when facing an uncivil behavior. Independent t-test was used to compare the differences in mean scores of uncivil behaviors by gender.

Results: A total of 42 and 254 students completed the questionnaires for both parts, respectively. Most of the participants were male aged between 21 and 23 years. Uncivil behaviors conducted by faculty (e.g., threatening to fail students) or conducted by classmates (e.g., taking credit for classmate’s work) were considered very serious. These uncivil behaviors were found to be seriously affecting students' mental and physical wellbeing, their academic performance, and their attendance and punctuality. No statistically significant mean scores of uncivil behaviors by gender were found. It was surprising that most of the participants in our study ignored the incident.

Discussion: A blame-free environment should be established where students are able to report uncivil behaviors without fear of rebuke or punishment. Future research should explore effective approaches to reduce incivility to inform the development of further faculty and students training strategies and provide opportunities to address academic incivility due to its potential impact on learning and harm to emotional wellbeing.

Keywords: Education, Health, Incivility, Medical sciences, Students, Wellbeing
1. Introduction

 Civility is defined as any behavior that assists in keeping the standards for mutual respect between individuals, such as treating people with care and dignity. The phenomenon of incivility can be any behavior that causes disregard and offensiveness toward others, creating an environment of conflict, stress, and disrespect [1]. Incivility in the field of health sciences has received great attention in recent years, particularly in nursing and medical education [1–3]. Incivility in the academic field is a global issue that negatively influences both learning and teaching methods and leads to impolite speech or behaviors that harm the student–faculty relationship and disrupt the educational process entirely [4–6].

Several studies indicate students' perceptions of what could be considered as uncivil behaviors performed by faculty members. For example, students reported short notice in class cancellation, being unprepared or delivering fast-paced lectures, unavailability during office hours, posting grades late, and providing students with inadequate feedback as uncivil behaviors [3,7]. Incivility in the academic field is not limited to faculty and students, but it could happen between classmates as well which may affect the individual's productivity and commitment. In a study by Vuolo, students felt that entering the class late, inconsiderate use of personal technologies, and talking in class are student-led behaviors that can cause noise, frustration, and irritation and interrupt the learning process [8].

The consequences of academic incivility disrupt the learning environment and cause reduced engagement in the learning process [9]. Exposure to incivility can also negatively affect the emotional well-being of students [8]. An individual who experiences disrespectful behavior tends to negatively react, which might escalate into violent and offensive behaviors [10].

Despite the growing awareness of the seriousness of student incivility, the literature lacks studies investigating the perception and effects of incivility among students of applied medical sciences. The diversity of the professions of the applied medical sciences could impact the students' attitudes and interactions. This study aimed to explore academic incivility as reported by undergraduate students from different allied health academic programs. The current study may offer a knowledge base for academic incivility in the applied medical sciences to provide direction for evidence-based strategies aimed at developing optimal teaching and learning environments.

2. Methods

This a cross-sectional descriptive study was approved by the Institutional Review Board (IRB) of the King Abdullah International Medical Research Center (Protocol# RC20/028/R). The study was conducted at the College of Applied Medical Sciences (COAMS), King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) in Riyadh region.

2.1. Participants

Third- and fourth-year male and female students from all nine programs at COAMS, KSAU-HS, Riyadh: Respiratory Therapy (RT), Emergency Medical Services (EMS), Occupational Therapy (OT), Clinical Lab Sciences (CLAB), Anesthesia Technology (ANTC), Radiological Sciences (RAD), Invasive Cardiovascular Technology (ICVT), Echocardiography Cardiovascular Technology (ECT), and Clinical Nutrition (CN) were included. The study excluded students in the first two years (i.e., pre-professional students), and internship year students due to the difficulty in communication and the placement of interns at different hospitals. With a population of 745 students at the college, a 5 % margin of error, and 95 % confidence level, the minimum required sample size for this study was 254 students using Raosoft software (Raosoft, Inc., United States).

2.2. Procedures

This study was conducted in two parts. The first was a pilot study that aimed to provide valuable content validation for the major questionnaire study. The second part was a full-scale study designed to assess the perceptions of uncivil behaviors and the effects of academic field incivility among the college students. After a review of the literature, the need for developing a reliable data collection tool that reflects the culture and experiences of the students was emphasized. Therefore, a self-administered English questionnaire was developed by a panel of experts to document the perceptions about uncivil behaviors and the effects of academic field incivility among students. To establish initial content validity, experts with experience in student and faculty incivility defined topics with details of the information that is needed to answer the study questions. The newly developed questionnaire was reviewed, and the content was compared to themes found in the literature [11–14]. Then, the panel of experts established a meaningful order and format of the questionnaire. Consequently, the questionnaire was tested for
readability and revisions were made to the wording of questions.

This questionnaire consisted of 11 questions distributed into five sections: students’ demographic information, frequency of exposure to incivility, perception of predefined uncivil behaviors when performed by faculty members and classmates, the effect of uncivil behaviors on specified everyday aspects, and typical reaction when facing an uncivil behavior.

2.3. The pilot study

The questionnaire was piloted on 42 students from the College of Medicine, College of Pharmacy, College of Dentistry, and College of Nursing, excluding students from COAMS, to eliminate duplication with the full-scale study later. All participants completed the informed consent form which addressed the voluntary nature of participation, contact information for any questions regarding the research project, the promise of confidentiality, an overview of possible risks associated with participation, and the benefits of participating in the survey. The pilot participants agreed to participate and had the correct understanding of the questions. When they were asked to comment if any question was ambiguous, no comments were received. Additionally, to establish the face validity and internal consistency of the final version of the questionnaire, the data of 42 participants were analyzed by using Statistical Package for Social Sciences (SPSS) for Windows v. 25.0 (IBM SPSS Statistics, IBM Corporation, Armonk, NY, USA). Cronbach’s a score of (0.856) was obtained and Kaiser-Meyer-Olkin (KMO) and Bartlett’s test results depicted that variables were significantly correlated on Principal Components Analysis (PCA). No changes were made on the final version of the questionnaire.

2.4. The full-scale study

Based on results from the pilot study, the content of the questionnaire was not modified. Neither the stratified random sampling technique nor quota non-random sampling technique were used due to the varied academic scheduling among all nine programs. Therefore, a convenient sampling technique was used to obtain a sample from the targeted population. The questionnaire was distributed in both hard copy and soft copy formats using Google Forms (Google LLC, Mountain View, California, USA) to reach a larger number of participants. A similar process of informed consent used in the pilot study was also implemented in the full-scale study.

Participation was voluntary, and no names or ID numbers were required to complete the data collection form. Following the collection of questionnaires, data was entered, re-coded, and manipulated using Microsoft Excel to ensure that there was no duplication or missing information. Participants’ data was accessed by the research team members only and remained confidential. SPSS software was used for data analysis by reporting frequency, percentages for categorical data, and descriptive statistics for primary objectives. Independent t-test was used to compare the differences in mean scores of uncivil behaviors by gender.

3. Results

A total of 254 participants (146 males and 108 females) in age ranging from 18 to 26 years were included in the study based on the inclusion criteria. The participants were students from nine different college programs with 69.3 % of them from fourth year. It was noted that 48.4 % of the participants (n = 123) were exposed to uncivil behaviors during their study at the college. In terms of frequency, the study found that 19 % of the participants were exposed to uncivil behaviors at least once a week, and 26–28 % of them experienced such behaviors at least once a month, once in six months, or once a year.

The perception and effects of incivility among the participants were studied by gender under two scenarios with the unfriendly behavior coming from either a faculty (Table 1) or a classmate (Table 2). “Submitting grades late” by the faculty was perceived to be slightly serious by 32.4 % of the participants, meanwhile the faculty “providing inadequate feedback” and “providing destructive criticism in front of peers” were considered very serious uncivil behavior by 26.4 % and 34.3 % of the participants, respectively.

The majority of the participants (41.3 %) considered “threatening to fail students” as very serious. “Mocking students” was perceived to be not serious by 35.4 %, as against 31.5 % of the participants who thought it was very serious. Although male students were the majority, the mean cumulative score was higher in female students and was statistically insignificant (p-value> 0.05). Independent t-test was used to compare the differences in the mean score of uncivil behavior by gender, and no significant difference was found.

Uncivil behaviors performed by classmates are discussed in Table 2. It was observed that the majority of the participants considered the behaviors “mocking/telling offensive jokes” (35 %), “asking
Table 1. The seriousness of how male and female participants consider uncivil behaviors when performed by faculty (n = 254 for each response category).

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Not Serious</th>
<th>Slightly Serious</th>
<th>Moderately Serious</th>
<th>Very Serious</th>
<th>Extremely Serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncivil faculty behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submitting grades late</td>
<td>22.0%</td>
<td>32.4%</td>
<td>29.9%</td>
<td>15.7%</td>
<td>0%</td>
</tr>
<tr>
<td>Being unavailable during office hours</td>
<td>31.1%</td>
<td>24%</td>
<td>28%</td>
<td>16.9%</td>
<td>0%</td>
</tr>
<tr>
<td>Short notice delay/cancel class</td>
<td>26.8%</td>
<td>24.8%</td>
<td>25.6%</td>
<td>22.8%</td>
<td>0%</td>
</tr>
<tr>
<td>Failing to learn/mispronouncing students names</td>
<td>50.4%</td>
<td>25.6%</td>
<td>13.4%</td>
<td>9.4%</td>
<td>0%</td>
</tr>
<tr>
<td>Preferring some students over the rest</td>
<td>33.9%</td>
<td>16.9%</td>
<td>18.9%</td>
<td>30.3%</td>
<td>0%</td>
</tr>
<tr>
<td>Providing inadequate feedback</td>
<td>25.2%</td>
<td>21.7%</td>
<td>26.8%</td>
<td>26.4%</td>
<td>0%</td>
</tr>
<tr>
<td>Destructive criticism in front of peers</td>
<td>33.1%</td>
<td>16.1%</td>
<td>16.5%</td>
<td>34.3%</td>
<td>0%</td>
</tr>
<tr>
<td>Threatening to fail students</td>
<td>37%</td>
<td>9.1%</td>
<td>12.6%</td>
<td>41.3%</td>
<td>0%</td>
</tr>
<tr>
<td>Mocking students</td>
<td>35.4%</td>
<td>13.8%</td>
<td>19.3%</td>
<td>31.5%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Table 2. The seriousness of how male and female participants consider uncivil behaviors when performed by a classmate (n = 254 for each response category).

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Not Serious</th>
<th>Slightly Serious</th>
<th>Moderately Serious</th>
<th>Very Serious</th>
<th>Extremely Serious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncivil classmate behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mocking/telling offensive jokes</td>
<td>35%</td>
<td>19.7%</td>
<td>17.3%</td>
<td>28%</td>
<td>0%</td>
</tr>
<tr>
<td>Asking personal questions</td>
<td>39.8%</td>
<td>21.7%</td>
<td>22.4%</td>
<td>16.1%</td>
<td>0%</td>
</tr>
<tr>
<td>Gossiping about classmates/faculty</td>
<td>35.8%</td>
<td>18.5%</td>
<td>24.4%</td>
<td>21.3%</td>
<td>0%</td>
</tr>
<tr>
<td>Absence of teamwork</td>
<td>31.9%</td>
<td>18.1%</td>
<td>22%</td>
<td>28%</td>
<td>0%</td>
</tr>
<tr>
<td>Taking credit for classmate work</td>
<td>30.3%</td>
<td>18.1%</td>
<td>19.3%</td>
<td>32.3%</td>
<td>0%</td>
</tr>
<tr>
<td>Disruption during class</td>
<td>27.2%</td>
<td>20.9%</td>
<td>22.8%</td>
<td>29.1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

personal questions” (39.8 %), “gossiping about classmates/faculty” (35.8 %), “absence of teamwork” (31.9 %) and “taking credit for classmate’s work” (30.3 %) as not serious. “Disruption during classes” was considered to be very serious uncivil behavior by 29.1 % of the participants. The mean cumulative scores were higher among females than males and were statistically insignificant with a p-value of more than 0.05.

The extent to which the incident of uncivil behavior negatively affected the participants is described in Table 3. It was found that the participants agreed to the following aspects as very serious: “mental wellbeing” (26.8 %), “attendance and punctuality” (25.6 %), and “class enthusiasm and attentiveness” (25.6 %). The participants also opined that the “academic performance” (32.7 %), and “participation in volunteer work/activities” (23.2 %) as very serious while “relations within the academic field” (27.6 %) as moderately serious, and “physical wellbeing” (29.1 %), “dropping or switching the program” (29.5 %) and “social life outside the academic field” (29.1 %) as not serious. The cumulative scores for the uncivil behavior were almost higher in females than males and were not statistically significant p-value > 0.05.

Figure 1 illustrates how the participants reacted when experiencing uncivil behavior. It was observed that the majority (51.2 %) ignored the incident, while 29.1 % discussed the incident with the offender privately. In the “others” section one participant said that “I will start crying” and another participant stated that “it depends on the situation of the uncivil behavior and the person who did it”. Thirty-three percent of the participants said that they emotionally got over the incident.

4. Discussion

This study aimed to investigate how undergraduate students perceive and experience classroom incivility when conducted by their classmates or instructors to lay the groundwork for the development of strategies to lower disruptive behaviors and enhance academic achievement. To the best of our knowledge, this is the first study to explore the phenomenon of academic incivility within the diverse fields of applied medical sciences. Our
study confirms the findings of previous work that showed incivility as an issue that is persistent, permanent, and frequently underreported across the health sciences’ education field [3,5,15]. Students claim that incivility has a profound negative impact on their emotional health and the learning process [8].

Differences in perceiving uncivil behaviors based on characteristics (e.g., year of study) have been reported as insignificant, which is similar to previous studies [16,17]. Most students perceived that threatening to fail students, providing destructive criticism in front of peers, and mocking students are serious and very serious uncivil behaviors. These findings correspond with others in the literature [7,12,13,18]. According to the “continuum of incivility” concept, these behaviors are at a higher level of incivility [19]. The consequences of such uncivil behaviors include feeling disrespected, powerless, helpless, upset, and loss of self-esteem and confidence [20,21].

According to other studies, one of the most common uncivil behaviors conducted by faculty is unfair treatment [18,22]. This is reflected in our results as a third of the students felt that preferring some students over the rest was a very serious uncivil behavior. Such treatment can occur unconsciously by the faculty or when the faculty is not mindful enough of how students may perceive their behaviors [23]. It is noteworthy to say that being fair does not necessarily mean treating all students the same; making exceptions to students’ unique needs and considering individual evaluations and circumstances is recommended. However, faculty need to take the time to reflect on their teaching behaviors and personal biases and how they might be perceived by their students [24].

Incivility can occur horizontally in the classroom [9,25]. Students reported that taking credit for classmate’s work, mocking, gossiping about other students or faculty, and absence of teamwork as uncivil behaviors. Students in nursing programs...
reported that peer incivility was due to the high-stress and competitive nature of the education program [26]. Disruption during classes was considered a very serious uncivil behavior by the participants. Classroom disruption involves students entering late to class, inconsiderate use of technology during lectures, and talking in class. Such behaviors were considered uncivil because they lead to a “ripple effect,” causing the instructor to repeatedly stop which interrupts the learning process [8]. Findings revealed that classroom uncivil behavior, whether it was faculty-to-students or student-to-student, negatively affected the students in many aspects, including mental wellbeing, academic performance, class enthusiasm and attentiveness, and participation in volunteer work/activities. These results confirm what is found in the literature about the consequences of academic uncivil behaviors [7,18,21].

Despite having a critical negative effect on the wellbeing and professional performance, when the students were asked about how they reacted to the uncivil incident, some students reported the incident while others sought help from other faculty members or staff on the campus. However, it was shocking to find that the majority of students simply ignored the incident. Students may feel afraid of being reprimanded for reporting or addressing these incidents with their faculty [23]. Whether the uncivil behaviors are perceived as serious or mild, they must be addressed and handled accordingly to avoid the negative impact they can have on the student’s health and academic progress.

4.1. Limitations

The evaluation process was limited to the students’ perception of incivility within nine academic programs at one college in one region. Future research will investigate the perceptions of incivility among faculty. Although the adequate sample size was gained, the numbers of students based on their professions were not equal. Finally, our questionnaire was professionally prepared, evaluated, and validated; however, it is a new instrument that has yet to be evaluated in other settings or cultures.

5. Conclusion

Incivility is a persistent problem in higher education, and the findings of this study add to the empirical evidence for the understanding of the nature of classroom incivility. Uncivil behaviors conducted by faculty (e.g., threatening to fail students, providing destructive criticism in front of peers, and mocking students) or conducted by classmates (e.g., taking credit for classmate’s work, mocking, gossiping about other students or faculty, and absence of teamwork) were considered very serious. These uncivil behaviors were found to be seriously affecting students’ mental and physical wellbeing, their academic performance, and their attendance and punctuality. It was surprising that most of the participants in our study ignored the incident. A safe culture (or a blame-free environment) should be established where students can report uncivil behaviors without fear of rebuke or punishment. Future research should explore effective approaches to reduce incivility to inform the development of further faculty and student training strategies and provide opportunities to address academic incivility, as there is evident potential for impact on learning and harm to emotional wellbeing.

Ethical approval

The study was approved by the Institutional Review Board (IRB) of the King Abdullah International Medical Research Center (Protocol# RC20/028/R).

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Author contributions

Conceptualization, A.A.A., W.E.A., S.A.A., A.AR., and N.N.M; Methodology, A.A.A., W.E.A., S.A.A., A.AR., and N.N.M; Formal analysis, A.A.A. and W.P.; Investigation, A.A.A. and A.A.Ab.; Writing—original draft, A.A.A., W.E.A., S.A.A., A.AR., and N.N.M; Writing—review & editing, A.A.A. and A.A.Ab.; Supervision, A.A.A. All authors have read and agreed to the published version of the manuscript.

Informed consent statement

Informed consent was obtained from all participants involved in the study.

Data availability statement

Data are presented in Tables 1–3 and Fig. 1.

Conflicts of interest

The authors declare no conflict of interest.

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References


