

Civility Behavior Guidelines and Its Effect on Nursing Students' Classroom Engagement

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ABSTRACT

Contents: Civility behavior of students is a very valuable topic in higher education. It changes the teaching and learning environment by improving both student and faculty staff engagement and has positively effect on the learning outcomes.

The aim of the study: Exploring the effect of developing of civility behavior guidelines for nursing students on classroom engagement.

Methodology: The study was conducted at Faculty of Nursing –Ain Shams University., using pre-experimental one group pretest posttest design was used in this study. Subjects are all available nursing students (200) at 1st scholar year during the data collection period at academic year (2019-2020). The data were collected by using 3 tools namely, Incivility in Nursing Education (INE) Questionnaire, National Survey of Student Engagement (NSSE): and Observation of Student Engagement Data Sheet (OSE).

Result: there was highly a statistically significant improvement in studying nursing students' knowledge about civility/engagement throughout the intervention phases regarding all civility behaviors/ engagement in the follow up phase as compared to the pre intervention phase.

Conclusion: There were highly statistically significant improvement between civility behavior guidelines and nursing students of classroom engagement. It was recommended that develop innovative teaching\learning strategies to improve the student engagement in the classroom. and conduct the orientation for newly enrolled students should include clearly civility behavior guidelines and should be reinforced each year and incorporate the civility into the syllabus and student guide booklet.

Keywords: Civility behavior, guidelines, nursing students, classroom engagement

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INTRODUCTION

Common civility is becoming a lost art. In busy and complex lives, simple gestures of politeness, such as smiling or saying, "thank you," have become uncommon occurrences. Civility is a form of goodness; it is gracious goodness. But it is not just an attitude of good and thoughtful relating to other individuals; it also entails an active interest in the well-being of our communities and even a concern for the health of the primary on which we live (Keating, 2016).

Civility must be a major characteristic of higher education, especially in nursing education. There are several examples of civility behavior in the classroom as: follow classroom conversation in good manner, ask permission to tape record and respect the faculty staff's decision to allow or disallow, avoid verbal and restrict from use the internet during classroom time. In addition, listen respectfully to each other and be ready to be actively engaged in the learning process (Estell et al, 2013).

Engagement is an important or an eminent academic orientation that accepts pig and expanded attention of learners and researchers. Engagement as a passage to better unfriendliness, to turn away learner dullness and dissatisfaction, to increase students' encouragement, push, and involvement in college regarding performance, to enhance accomplished successful learner attainment standard, and to support students' self-confident and favorable development. Engagement is also a worthy or a precious form of grasp the progressive method by which students drop out of college (Oqab et al., 2016).

. Student engagement is defined as a student's initiation of effort, action,

and persistence in schoolwork as well as his ambient emotional states during learning activities (Ouweneel, Le Blanc, & Schaufeli, 2014). Also, it's the energy and time a student devotes to educational sound activities outside and inside classrooms, and practices and policies that educational institutions use to encourage the student to participate in these activities (Mo & Singh, 2018).

Creating a culture of civility requires communication, interaction and an appreciation for the interests each student brings to the relationship. When nursing faculty and students encounter one another and take advantage of opportunities to engage, discuss, and actively listen to one another, a culture of respect and the civility are fostered. Conversely, if opportunities for student and faculty engagement are missed, avoided, or poorly managed, a culture incivility of is cultivated and the disrespect persists. Although interaction between students and faculty are constantly occurring (Clark et al , 2015).

Significance of the Study

Incivility behavior interferes with academic performance achievement and leads to a decline curve of engagement for nursing students. Based on the study findings, recommended that set and activate policies of civility behaviors and needed to make further study to explore the investigate effect of civility behaviors on student performance achievement and engagement (Mohamed, 2018).

The researcher observed that some of nursing students perform certain incivility behaviors as arriving class late, leaving class early, lack student-faculty staff interaction and using cell phone during the lecture. So, this

phenomenon should be addressed and investigated to exploring the effect of developing of civility behavior guidelines for nursing student on classroom engagement.

Aim of the study.

This Study aims at exploring the effect of developing of civility behavior guidelines for nursing students on classroom engagement

Research Hypotheses

Implementing of civility behavior guidelines can improve nursing students' classroom engagement.

SUBJECTS AND METHODS

Research design

Pre-experimental one group pretest posttest design was used in this study.

. This design is a unique research methodology because it is characterized by what is lacks, this type of research is often performed in cases where a control group cannot be created, or random selection cannot be performed. It is often the case in particular medical and psychological studies (Abraham & MacDonald, 2011).

Research setting

The study was conducted at Faculty of Nursing- Ain Shams University

Subjects

The convenient sample was utilized in conducting of this study, the subjects for the study included all available nursing students (200) at 1st scholar year during the data collection period at academic year (2019-2020).

Tools of the study

Data for this study were collected by using three tools, namely, Incivility in Nursing Education (INE) Questionnaire, National Survey of Student Engagement (NSSE): and Observation of Student Engagement Data Sheet (OSE).

Incivility in Nursing Education (INE) Questionnaire

This tool consisted of two parts. The first part was concerned with data about the sociodemographic characteristics of nursing students, such as gender, birth order, education level of both mother and father etc.,

The second part was developed by (Clark, 2009) and adopted from (Mahmoud, 2015). It aimed to assess nursing students' knowledge of civility behavior in the classroom, the frequent occurrence of these behaviors and measuring pre-post, follow up guidelines. It included of student civility behaviors and the perceived frequency of these behaviors which consisted of 40 multiple choice questions (MCQ) under two sections covering different aspects of civility behavior guidelines. They were student disruptive behaviors (24 MCQs), and student threatening behaviors (16 MCQs).

Scoring system

Each question was assigned a score of "1" if correct answer and "0" if the incorrect answer. The scores of each item were summed up and converted into percent scores for each area of knowledge. Knowledge was considered satisfactory if the percent score was 60% or more and unsatisfactory if less than 60%.

Each question was measured frequency of occurrence of these behaviors at 3 points Likert scale ranged from never, sometimes, and always. never was scored as "1", while always was scored as "3". The negative words got reversed score. the scores of each item were summed up and converted into percent scores.

National Survey of Student Engagement (NSSE):

This tool developed by (NSSE, 2017). It aimed to assess knowledge of nursing students' engagement and measuring pre-posts and after three months of the

guideline implementation. It was included (5) basic dimensions contained of 40 multiple choice questions (MCQ), distributed as following: Active and collaborative learning (7 MCQ). Student effort (10 MCQ). Academic challenge (11 MCQ) Student-faculty interaction (6 MCQ), and Support for (6 MCQ) learners

Scoring system

Each question was assigned a score of "1" if correct answer and "0" if incorrect answer. For each area of knowledge, the scores of each item were summed up and converted into percent scores. Knowledge was considered satisfactory if the percent score was 60% or more and unsatisfactory if less than 60%.

Observation of Student Engagement Data Sheet (OSE)

It used for observing the practice of nursing students' engagement. This tool developed by (OSE, 2011). It consisted of two parts:

Part I: This part collected data pertaining demographic characteristics of nursing students as code number, date, day of observation etc.

Part II: This part consisted of 20 statements grouped under two sections distributed as following: engagement (10 statements), non- engagement (10 statements).

Scoring system

Responses of participants were measured at 3 points Likert scale ranged from engaged (E), uncertain (U), and non-engaged (D). Engaged was scored as "2", while non-engaged was scored as "0" for the items of all dimensions of the present questionnaire the scores of each item were summed up and converted into percent scores.

Engagement practice level of study subject when the behaviors considered a low level if the total score was less than 25%. While it's considered a moderate level if the total score was ranged from 25-75% and it's considered a high level if the total score more than 75%.

Procedures

This phase started from May 2019 till September 2019; it covers five months. In this phase, the researcher reviewed the recent national and international literature related to various aspects of the study using textbooks, internet thesis & scientific journals on the literature review.

Administrative and ethical consideration: Before embarking on the study, official and formal letters were obtained from Dean of nursing faculty. This was done by issuing letters from the vice of the student affairs Faculty of Nursing clarifying the aim of the study to the head of medical surgical nursing department. Meetings were held between the researcher and the students in the classroom,, explaining the aim of the work, and the expected benefits to obtain their cooperation during the study and ethical approval was obtained from Scientific Research Ethical Committee of the Faculty of Nursing at Ain Shams University. Individual oral consent was also obtained from each participant in the study.

A pilot study was conducted at the end of September 2019. It was done on "20" nursing student selected randomly which represents approximately 10% of the main study subjects. A pilot study was done for testing the clarity and applicability of tools, and their relevance to study. It also helped to estimate the time needed to complete the data collection forms. Since there wasn't any change made in the tools, the study sample participated in pilot study.

The actual field work of the study continued for five months from beginning of October 2019 to March, 2020. The study was conducted through the following five phases:

Phase I (preliminary): The researcher visited a 1st scholar year classroom at the faculty of nursing, to explain the purpose and nature of the study. Before guidelines planning the researcher distributed, the two data collection tools namely: incivility in nursing education (INE) questionnaire, national survey of student engagement (NSSE), to the study subjects to assess their knowledge and attitude related to civility behavior and awareness about engagement and recording the practice of engagement by using observation of student engagement data sheet (OSE).

It started at the beginning of October 2019 and took about one week (3 days/week). The researcher divided the study subjects into three groups; each group included 65-67 students and holds the pretest to one group per day. Each student received a copy of the questionnaire sheets and took 40 minutes to answer this questionnaire. The researcher was present during this process to explain how to answer the questionnaires then sought their cooperation and give the necessary instructions. The filled forms were handed back to the researcher to check each one to ensure its completeness. The same technique was applied in all groups.

Student engagement observed three time at different time by used observation of student engagement data sheet (OSE) observed through First, all students in-class behaviors were recorded, described, and classified in (engaged behaviors) or (non-engaged behaviors) Although observation of one of these behaviors does not guarantee that the student is engaged/non-engaged, were of uncertain ("U") engagement.

The researcher wanted the observations to be as unobtrusive as possible and decided that sit in one place during the entirety of the class. Also did not want the students to notice or be distracted by the observer, so decided the observer would sit behind the group of students being observed, divided students into 10 groups each group consisted of 20 students selected according to seat line.

The researcher recorded how many of the 20 students were engaged ("E"), non-engaged ("D"), or were of uncertain ("U") engagement. If the observer's view of a student was temporarily blocked or the student's behavior was unclear, the student was entered into the uncertain category. It took approximately 3 to 10 seconds to gauge the level of engagement of each student, with a 20-student cycle taking approximately 10 minutes to complete totally (2 hours).

Three tools were collected three times throughout the study (pre, post and after three months of the guidelines implementation).

Phase II (planning): The planning phase involved revision of the designed guidelines. The content of the guidelines was developed based on review of the current and past literature, using textbooks, articles, magazines, internet search, in addition to an assessment of the knowledge, attitude and awareness of the study subjects before construction of guidelines.

Validity of guidelines:

After the construction of guidelines, two types of validity tests were used in this stage, face validity and content validity. Face validity aimed at determining the extent to which the tools represent all facets of the civility behavior. Content validity was conducted to determine whether the two tools cover the appropriate and necessary contents. The validity of the guidelines was judged by eleven jury members having experience in different specialties. They were asked to express their opinions regarding the face

and content of the proposed guidelines. These jury members were consisted of three professors of psychiatric nursing and four professors of nursing administration, one professor of community of nursing, one professor of medical surgical nursing from faculty of nursing, one professor of teaching methods and curriculum development from education of faculty Ain Shams University, and one professor of psychology from art faculty-Tabuk university.

Based on their recommendation corrections, addition and / or omission of some items was done. Then the suitable place and time were prepared for conducting the sessions based on consultation with dean of faculty and study subject agreement.

The researcher began to design and construct the civility behavior guidelines to be appropriate for implementation. Different instructional strategies were selected to suit the learner's needs and achieve the objectives and contents of the guidelines.

Phase III (guidelines implementation): the guidelines were implemented to the students in the study setting, during the ending of October 2019 till ending of November 2019. Students were divided into two groups. Hence, the guidelines were discussed with students within three days per week for (2 hours / 3 hours) per day (two weeks for each group), and each session was attended by 95-100 students who were selected to assign one group/day. The guidelines sessions started from 8.30Am to 10.30 Am and sometimes started from 12.30pm to 2.30 pm.

The total numbers of sessions were 6 sessions for each group, with 12 hours (8 theoretical sessions and 4 practical session) allowed for achieving the guidelines. Each student was informed one day before. At the beginning of the first session an orientation of the guidelines and its aim took place. Feedback was given in the beginning of each session about the previous one. Handouts, brochures were distributed as appropriate to student.

The guidelines sessions regarding; civility behaviors overview, civility behavior guidelines, university regulation act and laws for university student. The teaching methods used during the implementation of the guidelines included lecture, flipped classrooms, group discussion and practice sessions, as team-based learning, classroom gamification, and role play to apply the guidelines. Also, educational media as videotapes, data show, flipchart, blackboard, posters, mobile application, papers and pens, and taken feedback by using feedback tree.

Phase IV (post guidelines evaluation): The researcher evaluated the effect of the civility behavior guidelines on students' engagement. A post-test was done immediately after program implementation during the end of November 2019, by using the same data collection tools as in the pre planning phase. The data collection tools were distributed to all subjects of the sample and collected from them after filling up and recording the practice of engagement by using observation of student engagement data sheet (OSE).

Phase V (follow-up): follow up test was repeated three months after post intervention evaluation during March 2020, by using the same data collection tools concerning incivility in nursing education (INE), national survey of student engagement (NSSE), and recording the practice of engagement by using observation of student engagement data sheet (OSE).

Data analysis

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 deviation and median for quantitative variables. Quantitative continuous data were compared using the nonparametric kruskal wallis test. Spearman rank correlation was used for assessment of the interrelationships among quantitative variables and ranked once in order to identify the independent predictors of the scores of knowledge and multiple linear regression analysis was used and analysis of variance for the full regression models was done. Statistical significance was considered at p value < 0.05, and Highly statistically significant (HS) was considered at P<0.01.

RESULT

Table 1 shows that, 57.5% more than half of participants were female, 69% of them had the second birth order. 92.5% Majority of his/her father were employee. 77% of his/her father had high qualified education level. While 50% half of his/her mothers had middle level of education, 70% of his /her mothers were housewives and 88% majority of them had desire to enroll in faculty. Table 2 present that there was highly a statistically significant improvement in studied nursing students' knowledge about civility behavior guidelines throughout intervention phases regarding all civility behaviors in the

follow up phase $p < 0.01$ as compared to the pre intervention phase. Table 3 present that there was highly a statistically significant improvement in studied nursing students' knowledge about engagement throughout intervention phases regarding all engagement dimension in the follow up phase $p < 0.01$ as compared to the pre intervention phase. Table 4 presents that 79.5% majority of nursing student perceived disagreeable behaviors was never while 61.5% more than three fifth of them perceived disregard of other behaviors was always. Table 5 presents that there was highly a statistically significant improvement in studied nursing students' level about total practice student engagement/ non engagement throughout intervention phases regarding all practice student engagement/ non engagement in the follow up phase $p < 0.01$ as compared to the pre intervention phase. Table 6 shows that there was highly statistically significant relation between nursing students' pre-intervention engagement and all civility guidelines related to avoidance, disregard of other, aggressive, disagreeable behaviors $p < 0.01$. Table (7) shows that there was highly statistically significant relation between studied nursing students' total civility guidelines and engagement throughout intervention $p < 0.01$.

Table 1: Socio-demographic characteristics of nursing students in the study sample (n=200)

	Frequency	Percent
Gender:		
Male	85	42.5
Female	115	57.5
Birth order:		
1	62	31
2+	138	69
Range	1-6	
Mean±SD	2.2±1.3	
Median	2.0	
Father employment		
Employee	185	92.5
Unemployed	15	7.5
Mother employment		
Employee	60	30
Housewife	140	70
Fathers' education level		
High qualified	154	77
Middle level	39	19.5
Illiterate	7	3.5
Mothers' education level		
High qualified	63	31.5
Middle level	100	50.0
Illiterate	37	18.5
Have you been enrolled in faculty at your desire?		
Yes	176	88
No	24	12

Table 2: Nursing students' knowledge about civility behavior guidelines throughout intervention phases (n=200)

Satisfactory knowledge (60%+) of civility behavior guidelines	Knowledge score (max=100)						x ² (p-value) Pre-post	x ² (p-value) Pre-follow-up
	Pre		Post		Follow Up			
	No	%	No	%	No	%		
Avoidance behaviors	91	45.5	158	79	176	88	47.05 (<0.001**)	67.63 (<0.001**)

Disregard of other behaviors	126	63	135	67.5	158	79	18.75 ($<0.001^{**}$)	31.07 ($<0.001^{**}$)
Violation of ethic behaviors	75	37	153	76.5	165	82.5	39.51 ($<0.001^{**}$)	53.36 ($<0.001^{**}$)
Aggressive behaviors	50	25	139	69.5	183	91.5	30.43 ($<0.001^{**}$)	49.58 ($<0.001^{**}$)
Disagreeable behaviors	90	45	158	79	178	89	25.80 ($<0.001^{**}$)	51.38 ($<0.001^{**}$)

Table 3: Nursing students' knowledge of student engagement throughout intervention phases (n=200)

Satisfactory knowledge (60%+) of student engagement	Knowledge score (max=100)						χ^2 (p-value) Pre-post	χ^2 (p-value) Pre-follow-up
	Pre		Post		Follow Up			
	No	%	No	%	No	%		
Active and collaborative learning	126	63	184	92	196	98	27.7 ($<0.001^{**}$)	14.47 ($<0.001^{**}$)
Student effort	50	25	136	68	156	79	29.12 ($<0.001^{**}$)	27.32 ($<0.001^{**}$)
Academic Challenge	75	37.5	158	79	163	81.5	21.71 ($<0.001^{**}$)	19.95 ($<0.001^{**}$)
Student-faculty interaction	90	45	152	76	181	90.5	27.07 ($<0.001^{**}$)	15.95 ($<0.001^{**}$)
Support for learners	84	42	83	41	153	76.5	16.36 ($<0.001^{**}$)	17.88 ($<0.001^{**}$)

Table 4: Frequency occurrence of civility behaviors as perceived by studied nursing students' (n=200)

Civility behaviors	Always		Sometimes		Never	
	No	%	No	%	No	%
Avoidance behaviors	116	58	41	20.5	43	21.5
Disregard of other behaviors	123	61.5	41	20.5	36	18
Violation of ethic behaviors	119	59.5	53	26.5	28	14
Aggressive behaviors	43	21.5	13	6.5	144	72
Disagreeable behaviors	23	11.5	18	9	159	79.5

Table 5: Nursing students' practice engagement/non-engagement behavior throughout intervention phases (n=200)

practice engagement/non-engagement behavior	Behavior score (max=100)						χ^2 (p-value) Pre-post	χ^2 (p-value) Pre-follow-up
	Pre		Post		Follow Up			
	No	%	No	%	No	%		
Engagement	37	18.5	120	60	180	90	47.05 ($<0.001^{**}$)	67.63 ($<0.001^{**}$)
Non-engagement	163	81.5	80	40	20	10	18.75 ($<0.001^{**}$)	31.07 ($<0.001^{**}$)

Table 6: The relations between studied nursing students' pre intervention engagement and civility guidelines (n=200)

Civility guidelines dimensions	Engagement						χ^2 test	p-value
	High (75%+)		Moderate (25%-75%)		Low (<25%)			
	No.	%	No.	%	No.	%		
Avoidance behaviors	127	63.5	120	60	95	47.8	867	0.006**
High (75%+)	40	20	57	28.6	70	34.7		
Moderate (60%-75%)	33	16.5	23	11.4	35	17.5		
Disregard of other behaviors	134	67	57	28.6	104	52	1.78	0.003**
High (75%+)	33	16.5	56	42.8	61	30.7		
Moderate (60%-75%)	33	16.5	57	28.6	35	17.3		
Low (<60%)								

Violation of ethic behaviors	106	53	108	54	70	34.8		
High (75%+)	56	28	46	23	87	43.5		
Moderate (60%-75%)	38	19	46	23	43	21.7	4.00	0.962
Low (<60%)								
Aggressive behaviors	64	32	103	51.4	70	34.8		
High (75%+)	68	34	40	20	78	39		
Moderate (60%-75%)	68	34	57	28.6	52	26.2	1.16	0.004**
Low (<60%)								
Disagreeable behaviors	56	28	57	28.6	61	30.5		
High (75%+)	50	25	57	28.6	61	30.5		
Moderate (60%-75%)	94	47	56	42.8	78	39	35.85	<0.001**
Low (<60%)								
Total								
High (75%+)	100	50	97	48.4	87	43.5		
Moderate (60%-75%)	50	25	57	28.6	70	34.8	45.83	<0.001**
Low (<60%)	50	25	46	23	43	21.7		

Table 7: The relations between studied nursing students' total civility and engagement level throughout intervention (n=200)

Guidelines phases	Civility						x ² test	p-value
	High (75%+)		Moderate (60%-75%)		Low (<60%)			
	No.	%	No.	%	No.	%		
PRE:								
Engagement:								
High (75%+)	55	27.5	40	20	13	6.5	7.77	0.001**
Moderate (25%-75%)	12	6	19	9.5	20	10		
Low (<25%)	20	10	14	7	7	3.5		
POST:								
Engagement:								
High (75%+)	43	21.5	30	15	40	20	0.88	0.004**
Moderate (25%-75%)	19	9.5	24	12	11	5.5		
Low (<25%)	14	7	12	6	7	3.5		
FOLLOW UP:								
Engagement:								
High (75%+)	27	13.5	30	15	33	16.5	0.68	0.002**
Moderate (25%-75%)	16	8	9	4.5	33	16.5		
Low (<25%)	10	5	10	5	32	16		

DISCUSSION

Civility behavior is an important role in developing engagement, and higher education plays a special role in helping student develop a sense of civic responsibility. So, the classroom is a place where learning can take place in a positive environment, Academic institutions' primary mission focuses on learning. In addition to the relationship that civility has with learning in the academy, the consequences of nursing student civility on students and their engagement (Mohamed & Attia, 2020). The current study aimed to explore the effect of the developing of civility behavior guidelines for nursing students on classroom engagement.

Regarding the socio-demographic characteristics of nursing students, the current study revealed that more than half of participants were female, more than two third of the nursing student's birth order had the second. The majority of his/her father were employees. More than three quarters of his/her father had a high qualified education level. While half of his/her mother had a middle level of education, more than half of them were housewives and the majority of them had a desire to enroll in the faculty.

This result agrees with Mohamed, (2018) who studied faculty staff versus nurses' students' perceptions regarding uncivil behavior in the classroom and found that the majority of father were employed and highly educated, and mothers were housewives.

While, disagreeing with Nordstrom et al., (2009) who studied Predicting and Curbing Classroom Incivility in Higher Education found that students were the majority of male compared to females. Also, Joshua, (2014) who studied academic uncivil behaviors and its social and cultural context: students' and lecturer's perspectives in colleges of education in Nigeria and found that the majority of male included in the study.

Regarding nursing students' knowledge about civility behaviors guidelines, the current study revealed that there was highly a statistically significant improvement in studying nursing students' knowledge about civility guidelines throughout the intervention phases regarding all civility behaviors guidelines in the follow up phase as compared to the pre intervention phase. Might be due to improve sense of ethical obligation and students need to help develop self-awareness skills and use advanced teaching methods and well- prepared education materials in addition to interesting, motivating and high concentration of nursing students to learn about civility.

On the same line, Clark, (2017) who studied student incivility in radiography education and found that improve the knowledge of civility after intervention to create and sustain healthy workplaces and to foster an atmosphere of dignity, professionalism, and respect." Also consistent with those of Zhu, et al. (2019), who conducted a study aimed to synthesize evidence for the experiences and perceptions of incivility during clinical education of nursing students and found that the total

score of civility strategies' level for studied students was moderate.

Regarding nursing students' knowledge about the student engagement, the current study revealed that there was highly a statistically significant improvement in studying nursing students' knowledge about engagement throughout the intervention phases regarding all engagement dimensions in the follow up phase compared to the pre intervention phase. Might be due to the importance of engagement for everyone and the interesting ability of all nursing students to be dominant in their future. Understanding the importance of support and efforts and participation among other students and faculty members.

On the same level, [Taylor & Parsons, \(2011\)](#) who studied improving student engagement and found that the majority of students had improved knowledge of engagement after the intervention.

Regarding nursing students' knowledge about disruptive behaviors guidelines, the current study revealed that there was highly a statistically significant improvement in studied nursing students' knowledge about disruptive behaviors guidelines throughout the intervention phases regarding all disruptive behaviors guidelines in the follow up phase as compared to the pre intervention phase. Might be due to the majority of nursing students view that the tasks required from them were simple, there were organized of courses and the academic environment exposes them to high civility level.

This result is consistent with those of [Natarajan et al., \(2017\)](#), who conducted a study in Oman to explore the perceptions and extent of nursing faculty academic incivility in an undergraduate nursing program of a public university, found that the highest improvement civility was related to disruptive behaviors.

This result is inconsistent with that of [Caroline \(2018\)](#) who conducted a study to explore student nurses' experiences of incivility and the impact on learning and emotional wellbeing in the context of a pre-registration nursing program and found that the main civility behaviors in nursing was related to disruptive behaviors. Moreover, [Vink and Adejumo \(2015\)](#), who studied factors contributing to incivility among students at a South African, Nursing School found that the highest improvement related to the academic environment.

Regarding nursing students' knowledge about threatening behaviors guidelines, the current study revealed that there was highly a statistically significant improvement in studied nursing students' knowledge about threatening behaviors guidelines throughout the intervention phases regarding all threatening behaviors guidelines in the follow up phase as compared to the pre intervention phase. Might be due to using role playing when teaching scientific material that let the participants get involved in their roles and increase their interesting feelings.

Also, consequence of putting a student in an active position and using student- centered learning strategies. Freedom of speech and expressions are valued and used in a different measurable way and generate a civility culture among nursing student and respect each other's using planned strategies to encourage student civility behavior.

This result is in agreement with [Todd, et al. \(2016\)](#) who conducted a study in the USA, to examine the effects of faculty incivility on nursing students' satisfaction with their Bachelor of Science Nursing in a rural Southeastern state and found that more than half of students were the

highest improvement of civility behavior related to threatening behaviors. However, this result is in disagreement with [Clark \(2017\)](#) who examined the perceptions of incivility among students in radiography education in the United States and found that high threatening behaviors occur among students in the radiography classroom.

Regarding nursing students' frequency of the occurrence of civility behavior, the current study revealed that the majority of nursing students perceived disagreeable behaviors was never. While more than three fifths of them perceived disregard of other behaviors was always. Might be due to the fact that knowledge regarding all civility dimensions needs more time to control because the nursing students understand it first then try and try to comply, and finally acquire it.

This result supported by [Abd Elkader et al., \(2012\)](#) who studied that perception of unethical behaviors among nursing educators, students, and staff in Elminia, and found that the most perceived academic unethical behaviors by faculty members and nursing students were disagreeable behaviors and disregard for others. Also, [Love, \(2012\)](#) who supported the present study results and found that aggressive behavior, threatening behaviors were the least frequently occurring behaviors. Overall, less than 10% of the sample reported experiencing aggressive.

Regarding nursing students' knowledge engagement level, the current study revealed that there was highly a statistically significant improvement in studying nursing students about the engagement level throughout intervention phases regarding all engagement dimensions in the follow up phase as compared to the pre intervention phase. Might be due to the positive effect of the guidelines on nursing students' engagement that will be reflected in their performance.

This result at agreement with [Kassem and Mohammed \(2019\)](#) who conducted a study at the Faculty of Nursing, Mansoura University, Egypt, to determine the relationship between incivility behavior among nursing students and their engagement in the classroom and found that the highest mean scores of engagements were for positive at all engagement dimensions . These results were in dissimilarity to those of [Foreman, \(2018\)](#) who conducted a study at King University, USA to identify the behaviors that constituted lateral student-to-student incivility, determine the frequency of experienced student-to-student incivility and found that the highest mean scores of engagements were negative at students' support dimension.

Regarding nursing students' practice engagement level, the current study revealed that there was highly a statistically significant improvement in studied nursing students' about practice the engagement level throughout the intervention phases regarding all active and passive engagement time in the follow up phase as compared to the pre intervention phase. Might be due to nursing students' deep understanding of the importance of active/ passive engagement behavior, proper communication skills among the students, interestingly, enthusiastically delivered adding to well organized lectures. As well as feedback on academic performance from students led them to work harder to meet educators' expectations and nursing students were aware about policies and rules of classroom management and feeling of engagement.

This result is to some extent in agreement with [Kassem and Mohammed \(2016\)](#) who studied that incivility

behavior and engagement among technical and health institute nursing students in the classroom, found that the highest mean score of student engagement.

Regarding nursing students' practice non-engagement level, the current study revealed that there was highly a statistically significant improvement in studying nursing students about practice non engagement throughout the intervention phases regarding all passive task-off behaviors in the follow up phase as compared to the pre intervention phase. Might be due to a student having a willingness to respect the rule and apply ethical code conduct.

This result agrees with Popkess and McDaniel, (2011) who studied that Are nursing students engaged in learning. A secondary analysis of data from the National Survey of Student Engagement. Found that the majority of students reported a high level of non-engagement. While disagree with Bruce et al. (2010) who studied that active and emotional student engagement: A nationwide, prospective, longitudinal study of Swedish nursing students, reported that non-engagement increased significantly each year of the nursing program.

Regarding relation to nursing student's pre-intervention engagement and all civility guidelines dimensions, the current study revealed that there was highly statistically significant relation between nursing students' pre-intervention engagement and all civility dimensions. Might be explained as if civility behavior decreased, engagement decreased, and verses are right.

Regarding relation to nursing student' total civility guidelines and engagement throughout the intervention, the current study revealed that there was highly statistically significant relation between studying nursing students' total civility and engagement throughout the intervention. Might be due to explained as, when nursing students have a full view of civility behaviors leading to engagement and use the appropriate teaching strategies to deal with such behavior, will lead to encourage and improve their engagement in the classroom, and these will be achieved through understanding the importance of civility culture and respect among each other's.

This result agrees with Clark (2013) who studied that the pedagogy of civility: innovative strategies to create an engaged learning environment, concluded that incivility is minimized when students are engaged in the learning experience. While disagreement with Kassem and Mohamed (2019) and Lutz (2016) who found that there was a significant negative significant relationship between degree of incivility behaviors and engagement level among the studied students.

CONCLUSION

This study was undertaken to explore the effect of the development of civility behavior guidelines for nursing students on classroom engagement. The study findings concluded that there was a highly statistically significant improvement in nursing students' total knowledge in the post and follows up phases as compared to the pre intervention phase. Also, there was highly statistically significant improvement in nursing students' civility behaviors in the post and follows up phases as compared to the pre intervention phase. In addition to that; there was highly statistically significant improvement in nursing students' engagement in the post and follows up phases as compared to the pre intervention phase. Implementing civility behavior guidelines for nursing student is effective to improve their engagement in the classroom, this confirmed the research hypothesis.

RECOMMENDATION

Based on the findings of the present study, the following recommendations are suggested that develop innovative teaching\learning strategies to improve the student engagement in the classroom, develop collaborative committees, including students and faculty to develop ideas and strategies to improve civility, develop offering students' opportunities to participate in both academic activities and peer interaction, and incorporate the civility into the syllabus and student guide booklet.

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