

Original Research



Challenging behaviors in medical students: clarification of observations of professors

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Abstract

Background: Incivility or challenging behaviors in the scientific environment are so harmful that they cannot be neglected. Therefore, these behaviors should be addressed promptly and effectively. The aim of this study was to identify challenging behaviors from other behaviors and evaluate the severity of these behaviors from the viewpoint of university professors in medical students.

Methods: This descriptive cross-sectional study was performed on a sample of 110 faculty members in Faculty of Medicine of Mashhad University of Medical Sciences. To identify challenging behaviors from other behaviors, the majority (>50%) was considered. Also, to determine the challenging intensity of each behavior, behaviors that had higher scores were regarded as very high challenging behaviors.

Results: Based on the review of external and internal resources and the viewpoints of professors, 32 behaviors were prepared in the form of a checklist for the faculty members to identify the challenge and severity of it. Behaviors such as student insolence, disturbance of class order, and non-respect of rules, as well as disruptive behavior with professors were recognized as the most challenging behaviors. Regarding the intensity of the student incivility, the disruptive behavior with professors, the non-customary jokes, the disruptive behavior with students, and the lack of compliance with the charter of patient rights were considered as very high incivility.

Conclusion: Students' challenging behaviors interferes in their own learning, others' learning, staff as well as other individuals' rights, and order and security of educational environment. Professors and instructors ought to identify these behaviors and manage them.

Introduction

In a perfect and ideal situation, all students would be fully motivated, energetic, interested, curious, and eager to learn. Many students have these characteristics. However, anyone who has taught for several years has encountered students who show incivility. Students who show incivility have one or more of these characteristics:

- Having learning problems or performing lower than expected;

- Trouble in working with others or others who do not enjoying dealing with them: for example, they may have problems regarding their views toward you, the patients, or other staff, or overly-defensive attitudes, distraction, or lack of full attention to relationships;
- Apparent lack of motivation to learn.¹

Often such challenging behaviors are synonymous with academic incivility. But it should be noted that not all challenging behaviors are considered to be unacceptable

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by instructors or students.

However, academic incivility is a serious problem in academic environments, as both instructors and students consider such behaviors problematic at least on an intermediate level² and, from the point of view of professors and students, incivility in the classroom is a major concern which is often ignored.³

Many professors believe that most of the challenging behaviors observed today in classrooms did not exist until the mid-1980s and have increased over the last two decades as a major concern in higher education throughout the world.⁴ Braxton and Bayer reported in 1999 that incivility is growing in academic environments, and these behaviors are interfering with the educational process.² The results of recent studies also show that incivility is more of a serious problem than in previous years.⁵ In this regard, Knepp believes that some characteristics of the generation of students known as “Millennials” are one of the reasons for the rise of such behaviors.⁴

Students with challenging behaviors often feel distressed and frustrated because they feel as if they are unable to do anything right. Incivility also causes emotional exhaustion, professional burnout, and physical as well as mental problems, as well as dissatisfaction with the experience of clinical practice. In addition, incivility has a negative effect on students’ self-esteem and self-efficacy. Such experiences impede both personality development and development of professional identity.⁶ Incivility in a hospital environment also has negative effects on employees’ performance and health, brings about job dissatisfaction, and, if these behaviors persist, can lead to career abandonment. Such students may drop out of educational programs, employees may leave clinical settings, and instructors may stop teaching classes, all of which affect the profession. Taken together, all these also negatively affect the community.⁷

According to a definition given by Karimi Moonaghi et al, it is not always indicated to refer to all these characteristics as incivility, because some interfere with teaching and learning, and while they are unacceptable, they are not immoral. These include: sleepiness, restlessness, laziness, irregularity (do not use time wisely), frequent repetition of a mistake, lack of initiative (expecting their work to be done by others), not respectful of time (for example, being late), being defensive (aggressiveness at the time of feedback), and inclination to become aggressive quickly.¹ Wingert and Molitor also consider cheating in examinations and plagiarizing as incivility, not as immoral, but unpreparedness for class, neglect in class, and reluctance to participate are considered incivility.⁸

Obviously, a safe learning and teaching environment is essential and necessary. Challenging or immoral behaviors in the scientific environment are more destructive if they are neglected,³ since they not only lead to job burnout among professors, accompanied by reactions such as frustration, astonishment, shock, and

concern about observing such challenging behaviors,⁹ but they also make management of students’ incivility a primary stressor for university professors, leading to further burnout.¹⁰ Additionally, such behaviors extend to the clinical and future work environments of these individuals and thus cause a risk for patients as well as people in the community.¹¹ Therefore, these behaviors should be addressed promptly and effectively. This also highlights the importance of addressing this issue in medical education. However, incivility can be measured, prevented, and managed.¹

Thus, doing research to identify challenging behaviors is the first step in reducing incidence and helping with management. Understanding students and incivility is not easy, and managing student incivility is one of the stressors which leads to burn out among university professors. Incivility is affected by the attitudes, beliefs, and perceptions of the recipient of the behavior, as well as the actual and underlying purpose. Hence, behaviors that may be perceived as incivility in one environment may be considered acceptable in another.¹⁰ Thus far, various studies have been conducted on immoral behaviors in nursing education.^{12,13} However, this issue has received little attention throughout the world. There has been no study of uncivil behaviors in medical students, especially in Iran. Therefore, considering the importance of identifying these behaviors and determining their adverse effects on the learning process, this study aims to identify students’ incivility and assess the severity from the viewpoint of faculty members.

Materials and Methods

This cross-sectional descriptive study was conducted in 2018 at the Faculty of Medicine at the Mashhad University of Medical Sciences. The study population consisted of faculty members of the Mashhad University of Medical Sciences. The study population consisted of 535 faculty members. Sample size was determined based on the researcher’s experience and taking into consideration the size and homogeneity of the study population as well as the required sample size for this research design and probable attrition, equal to 20% of the population (110 participants). Samples were selected by purposeful sampling. Inclusion criteria consisted of faculty members representing a wide and diverse range of professors, including professors from basic and clinical sciences, and males and females in a variety of disciplines with a variety of academic and professional backgrounds. Exclusion criteria consisted of desire not to participate in the study.

In order to distinguish challenging behaviors from non-challenging behaviors, internal and external sources were reviewed and a list of challenging behaviors was developed. The list was then presented to the professors to assess their opinions as to which behaviors were considered to be incivility in our educational environment. Face and content validity of the checklist was verified by ten

heads of departments of the medical school, including the Medical Education Department. The reliability coefficient, using the split-half method, was 0.89.

The professors were also asked to add to the list if they had encountered other types of incivility, and a follow-up to the checklist was also carried out. To distinguish challenging behaviors, the majority opinion was solicited: if more than 50% of professors considered a behavior to be incivility, it was included as a challenging behavior. Based on the review of external and internal resources and the input of the professors, 32 behaviors were presented in the form of a list. It took approximately 2 months to review these resources and finalize the list of uncivil behaviors.

A questionnaire containing all challenging behaviors was designed by professors using a Likert scale (very challenging, somewhat challenging, a little challenging). Designing the questionnaire for the second phase took about two weeks, and the subsequent data collection took about a month. Face and content validity of the questionnaire was also verified by ten heads of departments of the medical school, including the Medical Education Department. The reliability of the tool was estimated based on Cronbach's alpha to be 0.92. In connection with ethical considerations, the research was conducted with the approval of the medical school. Written informed consent was obtained from all participants and they were assured that confidentiality would be maintained. They were also told that they could leave the study at any time if they wished; participation was completely voluntary.

Finally, after collecting questionnaires, data were analyzed using SPSS software version 21, and results are reported descriptive statistics, percentages, and frequencies.

Results

A total of 110 participants participated in the study. Table 1 shows the demographics.

Behaviors such as student insolence (88.23%), disruption of class order and non-respect of rules / non-compliance with class order (86.76%), failure to observe ethical principles with colleagues and students (85.29%), how to sit still in class and follow Islamic ethics (85.29%), discourtesy towards other students (85.29%), and discourtesy towards professors (86.76%) were considered the most challenging behaviors.

Other behaviors, such as non-academic engagement (48.52%), unconscious modeling of the surroundings and environment (33.82%), scattered sitting (42.85%), and efforts to get scores (44.89%), were the lowest percentages of professors' responses (less than 50%).

Figure 1 indicates students' behaviors and the percentage of professors' responses in relation to the challenging features of each behavior.

Discourtesy toward professors (63.23%) was highly challenging, while 51.02% of professors regarded non-customary jokes, 48.52% discourtesy toward students, 48.52% non-compliance with the charter of the patients' rights, 48.58% student insolence, and 44.10% failure to observe ethical principles with colleagues and students, as other highly challenging behaviors.

Behaviors rated lower by professors included chewing gum in the class (27.94%), being sleepy in the class (26.53%) and scattered sitting (30.61%) with the highest response to the least challenging option.

Figure 2 shows the percentage of professors' responses regarding the intensity of the students' challenging behaviors.

Table 1. Demographic information of participants

Gender								
Male				Female				
60.61%				39.39%				
Rank								
Professor		Associate Professor		Assistant Professor			Instructor	
10.77%		18.46%		61.55%			9.22%	
Age (y)								
65-69		60-64		55-59		50-54		45-49
3.39%		3.39%		5.08%		15.25%		20.34%
								40-44
								23.74%
								35-39
								20.34%
								30-34
								6.78%
								25-29
								1.69%
Experience (y)								
35-40		30-35		25-30		20-25		15-20
4.73%		3.16%		9.41%		4.73%		9.41%
								10-15
								24.75%
								5-10
								15.65%
								1-5
								28.16%
Field								
Clinical Sciences					Basic Sciences			
24.61%					75.39%			

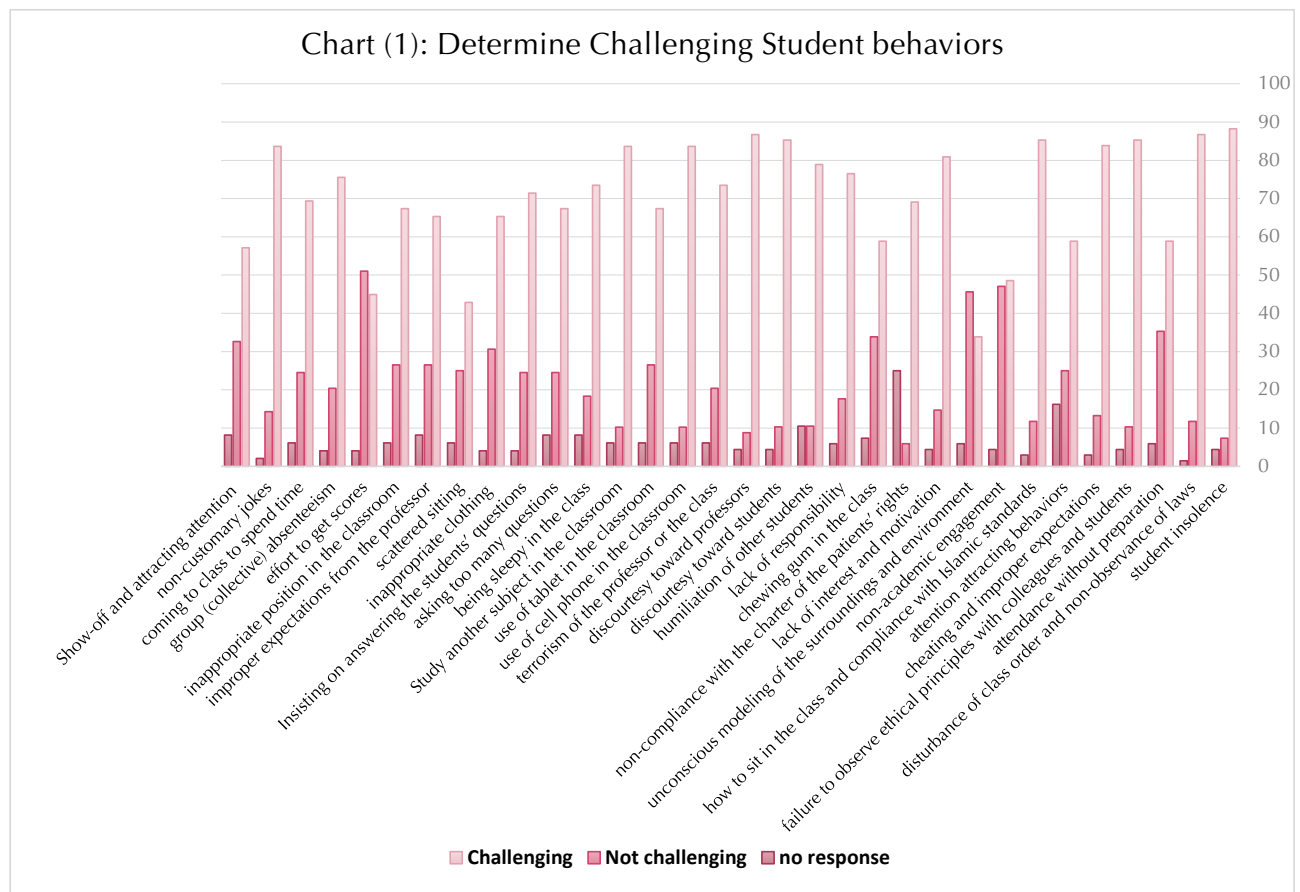


Figure 1. Determination of challenging student behaviors.

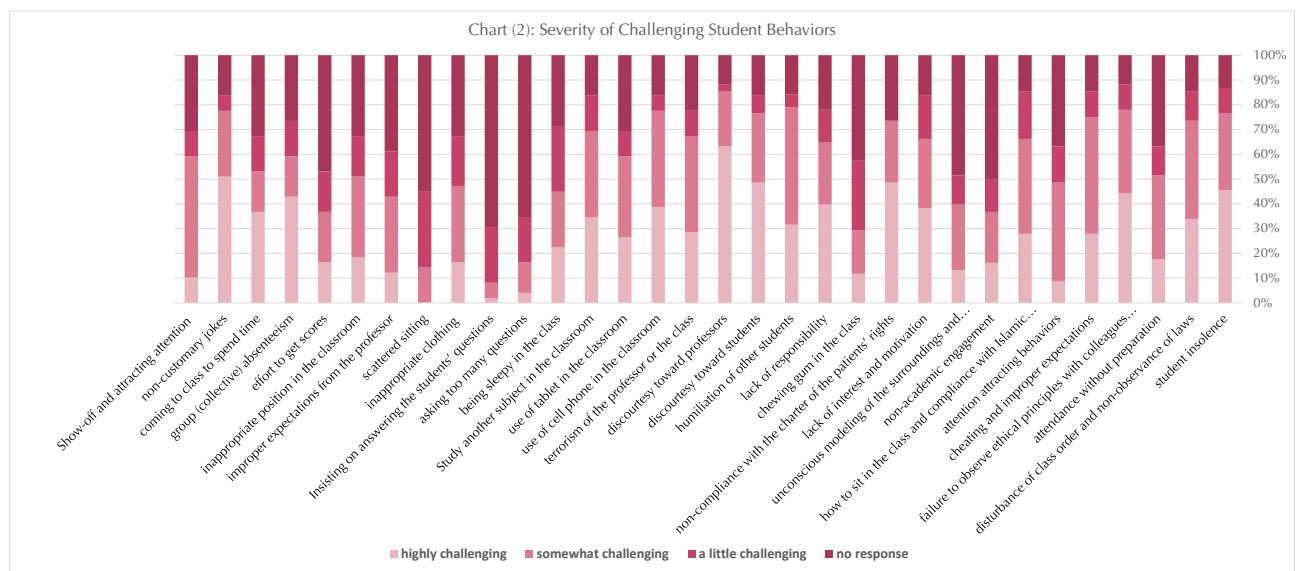


Figure 2. Severity of challenging student behaviors.

Discussion

Challenging behaviors are seen as negative around the world and in different situations, including academic and health care environments. Challenging behavior leads to negative outcomes for those involved in these behaviors as well as organizations and society.¹⁰

According to the observations of professors participating in the present study, the most challenging behaviors of students include insolence, disturbance of class order and non-observance of laws, discourtesy toward professors, failure to observe ethics with colleagues and students, how to sit in class, and discourtesy toward other students, among which discourtesy toward professors received the highest rating of challenging behaviors.

In various studies, different behaviors have been discussed as challenging, some of which are seen in the present study.^{3,14,15} Rad et al in 2014 asked 100 lecturers at the Faculty of Nursing and found that from the professors' point of view, disorder in the class, humiliation of other students, irregular presence in the class, inappropriate position in the classroom, lack of compliance with Islamic standards, and attendance without preparation were challenging behaviors that are in line with the present study.¹⁶

From the perspective of professors in the current study, discourtesy toward professors was the most severe challenging behavior, while chewing gum and scattered seating in the class were the least challenging behaviors. Since the criterion for identifying a behavior as challenging in this study required agreement by a majority of participants (more than 50%), behaviors such as non-academic engagement, unconscious modeling of the surroundings and environment, scattered seating, and effort to get scores were not considered incivility by the professors.

In the study of Swinney et al, various levels of challenging behaviors were pointed out, ranging from low to high intensities; the low levels included eating, sleeping, speaking in the classroom, and failure to perform assignments, while high levels of behaviors included physical conflicts with the professor and other students.¹⁷ Feldmann put these challenging behaviors into four categories: 1) disturbing behaviors, such as coming late or leaving the class early, 2) classroom terrorism, including destruction of the professor or other students' personality, 3) intimidation, and 4) threats of violence.¹⁸

An important point to note for all of these is the student's violation of the social standards that exist to respect one another's rights in educational settings.² The student incivility is a threat to the teaching-learning process, since such behaviors cause class time to be wasted and often prevent the teacher from engaging in essential topics and issues.¹⁹ Therefore, identifying challenging behaviors can be a major step in preventing the damage they cause.

Clark writes that stress is the most important factor in insolent behaviors, and managers must strive to

address these behaviors by thinking and presenting a positive role model for professionalism, collaboration, teamwork, and ethical behavior. Improper expectations and current values of present-day students and lack of mutual understanding between professors and students of each other's expectations are among the other factors mentioned.⁹

In their research, Rad and colleagues identified causes of challenging behaviors from the viewpoint of faculty and students as attracting or desiring attention, lack of motivation, individual personality of students, students' lack of experience, instructors' challenging behaviors, lack of professors' support, lack of instructors' skills in management of students' incivility, including inability to communicate with the student, inability to support the student, uncertain expectations and goals of students and instructors, lack of a teacher assessment system, lack of understandable rules, and organizational climate.²⁰

Managing students with uncivil behaviors include options such as continuity of behavioral problems, self-efficacy initiated by the student, being influenced by the classmates (advice or feedback from classmates triggering behavioral change), and professor's management (effort to identify and assist the student to change behavior).²¹

Limitations

Despite use of purposive sampling and maximum diversity among knowledgeable participants, this study focused on clarifying opinions of Iranian professors only. Thus, further studies in other cultures and faculties of medicine are needed to expand this body of knowledge and make the results generalizable.

Conclusion

Student incivility interferes in the learning process of students themselves and others, calls into question the rights of staff and other individuals, and disrupts the order and security of the learning environment. Professors and educators need to identify such behaviors and learn to manage them properly.

The purpose of this study was to identify challenging behaviors and determine their severity from the viewpoint of medical professors. It is suggested that further research be conducted on identifying the actions required to prevent and manage students' incivility.

Ethical approval

This article is a part of a research project, which is approved by the code of IR.MUMS.REC.1395.239 at the Ethics Committee of Medicine College of Mashhad University of Medical Sciences.

Competing interests

The authors have no conflicts of interest.

Authors' contributions

All authors designed the study and prepared the manuscript draft. All authors participated in edition of manuscript based on

editor and reviewer comments. HKM edited and approved the final manuscript. All the authors had full access to all data in the study.

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