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Jessica Marie Stamey
East Tennessee State University

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Nursing Students' Perceptions of Uncivil Behavior in the Classroom Setting

Jessica M. Stamey

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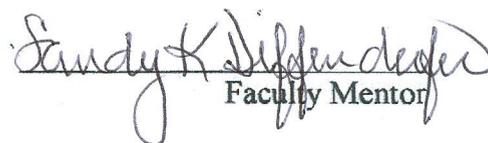
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Abstract

There is an increase in uncivil student behaviors in the classroom setting including inattention, lying, cheating, and plagiarism. The purpose of this quantitative descriptive study was to determine behaviors that undergraduate nursing students perceived as uncivil in the classroom. The research question was, "How do undergraduate nursing students perceive uncivil behavior in the classroom?" A convenience sample using cluster sample method of all five undergraduate baccalaureate nursing student cohorts from a College of Nursing in Appalachia were invited to complete the researcher's edited version of the *Incivility in Nursing Education (INE)* survey. There were 526 undergraduate nursing students enrolled in the program. Power analysis estimate of sample size was 222 with a 95% confidence interval; 372 students completed the survey which demonstrated an adequate sample. The sample consisted of 276 females (74.2%) and 84 males (22.6%). Participant ages ranged from 19 to 53 years. The majority of students, 333 (89.5%) were Caucasian. The primary behavior that students perceived as uncivil was holding distracting conversations, 285 (76.6%). The most common uncivil behavior experienced by students was acting bored or apathetic, 318 (85.5%). Challenging faculty, 232 (62.4%) was the most common uncivil behavior reported by students. Students perceived academic incivility as a problem, 260 (69.9%). Data from this study support previous findings that incivility in the nursing academic environment is a serious and growing problem. These findings are important because the instructor is responsible for providing a classroom environment that is conducive to learning. Classroom interventions are suggested to provide a healthier learning environment.

Keywords: classroom behavior, uncivil, incivility, student, nursing student, unsafe, classroom setting, academic setting

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Nursing Students' Perceptions of Uncivil Behavior in the Classroom Setting

Researchers have reported uncivil nursing students' behavior for several years (Clark & Springer, 2007; Luparell, 2004; McCabe, 2009). There is concern that the level of incivility in nursing students is increasing (Clark & Springer, 2007). Clark and Springer (2007) documented uncivil classroom behaviors such as inattention, lying, cheating, and plagiarism. These behaviors are of concern because Rosenstein & O'Daniel (2005) found a strong association between "disruptive behavior and the occurrence of adverse events and errors, as well as the negative effects of disruptive behavior on patient safety, the quality of care, patient mortality, and patient satisfaction" (p. 25). Understanding student perceptions of uncivil classroom behaviors provides insight into the need for a healthier learning environment. The research question was, "How do undergraduate nursing students perceive uncivil behavior in the classroom setting as measured by the *INE* survey?" The purpose of this study was to determine classroom behaviors that undergraduate nursing students at a College of Nursing in Appalachia perceived as uncivil.

Uncivil behaviors that are not addressed during the educational process may transfer into healthcare settings (Suplee, Lachman, Siebert, & Anselmi, 2008). Thus there is concern that classroom behaviors may be an indicator of the quality of care that will be provided by future nurses. Some potential uncivil classroom behaviors associated with inattention are linked to the use of technology. Nursing students are generally allowed to use personal computing devices to enhance learning in the classroom including the use of laptop computers, tablets, and iPads. However, students often use technology for activities not related to class activities such as accessing the Internet for personal reasons, checking email, or sending messages to each other. Likewise, the use of cell phones during class to text, talk, listen to music, or access the Internet unrelated to the course can be distracting and other students in the class may follow the example and exhibit similar behaviors. Nursing students who exhibit uncivil classroom behaviors may be

unsafe in the practice arena. It is postulated that if uncivil behaviors in the classroom are not addressed during the nursing student's academic experience, these behaviors may carry over to the workforce. These behaviors are also of concern because there may be a corresponding lack of nursing knowledge which could result in conflict in the nurse-patient relationship, safety issues, or in the most severe case, cause a patient's death.

Literature Review

Several definitions of incivility are important to consider related to classroom behaviors. According to Merriman-Webster's Online Dictionary (2012) incivility is, "the quality or state of being uncivil, a rude or discourteous act." Synonyms of incivility include, "discourteousness, disrespect …, impertinence …, impoliteness, impudence, discourtesy …, inconsiderate, insolence, rudeness, and ungraciousness" (para 4). Student academic incivility is defined as rude or disruptive behaviors in the teaching-learning environment which often result in psychological or physiological distress for the people involved and if left unaddressed may progress into threatening situations (Clark, 2007). According to Clark and Springer (2007) uncivil classroom behaviors include students using cell phones during class, arriving late, making crude and sarcastic remarks, and cheating on exams. There may be a general consensus that aggressive behaviors such as lying and cheating are considered uncivil; however, perceptions of less aggressive forms of uncivil behavior such as disrupting class and cell phone use are unclear.

Uncivil behaviors are found in both the classroom and clinical settings. Killam, Luhanga, & Bakkar et al. (2011) stated that there is a risk that students who exhibit incompetent clinical nursing practice such as inappropriate behavior, knowledge and skill incompetence, and violating unit procedures during clinical course work may progress through the nursing program and graduate to become unsafe nurses. Unprepared graduate nurses may lead to poor nursing

care, increased patient safety hazards, and a lack of confidence in the nursing profession by the public. Baxter & Boblin (2006) noted, "Academic dishonesty in the clinical setting is often less evident until a negative patient outcome occurs (p. 20)." It is important that these behaviors be detected early in the academic program of study in order on to promote patient safety. Therefore, uncivil behavior must be addressed in the academic nursing program before it is carried into the workforce (Rosenstein & O'Daniel, 2005).

Quality healthcare is a priority for all healthcare professionals in every clinical specialty and practice environment (Lenburg et al., 2009). Nursing students who exhibit uncivil behaviors may graduate lacking the skills required of professional nurses. Several researchers have focused on uncivil behavior in the clinical setting (Baxter & Boblin, 2006; Killam, 2010; Rosenstein & O'Daniel, 2005); however, additional research is needed related to uncivil nursing student behaviors in the classroom setting.

Luparell's (2004) qualitative study of 21 nursing faculty found 36 incidents of student incivility ranging from rude remarks, foul language, to taping an exam review and selling the tape to future students. Reasons for unprofessional behavior cited by this researcher included low self-esteem, lack of confidence, the amount of time put into their classes, and being emotionally and physically exhausted. Luparell (2004) also found high stress and anxiety often lead to the expression of uncivil behaviors in the academic setting.

Further, more than half of the nursing undergraduates and almost half of the nursing graduates in a self-reported survey conducted by Killam et al. (2010) engaged in one or more behaviors of classroom cheating. These behaviors included receiving help not permitted on an assignment, copying sentences from a source without citing it, or turning in work completed by

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someone else (Killam et al., 2010). These behaviors are of concern in a profession where human lives depend on the ability of nurses to accurately perform their jobs (McCabe, 2009).

The possibility that uncivil behavior demonstrated in nursing school is a precursor to uncivil behavior in a profession in which someone's life or health may be at stake is of utmost concern (McCabe, 2009). It is crucial that nurse educators understand that students who cheat in the classroom may continue to do so in their clinical practice (Lewenson et al., 2005). Dishonestly in the practice setting is unsafe and has the potential to result in adverse patient outcomes. Student nurse incivility is unfortunate because nurses outranked other professions in Gallup's annual *Honesty and Ethics* survey for the past 11 consecutive years. Eighty-one percent of Americans agree that nurses have "very high" or "high" honesty and ethical standards, a greater percentage than for other high-rated professions such as military officers, pharmacists, and teachers (Jones, 2010, para 1).

Additional uncivil behaviors such as plagiarism during course work in a nursing program have the potential to negatively affect practice after graduation. Plagiarism is a serious issue for students who are undertaking training to enter a profession where integrity, honesty, and trustworthiness are paramount to the nurse-patient relationship (Ganske, 2010). The nurse patient relationship may also be undermined by dishonesty because it can lead to doubt and mistrust. Students who plagiarize classroom assignments are also undermining the opportunity to receive an adequate education which could result in harm to self, the nursing profession, and future patients.

Several research studies have focused on uncivil behavior in the classroom setting (Baxter & Boblin, 2006; Clark, 2007; Suplee, 2008). However, research in the classroom setting in different regions of the United States, specifically undergraduate nursing students in

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Appalachia was needed. It is important that uncivil behaviors be identified early in the student's program of study in an attempt to deter progression of these behaviors into the workplace. Early intervention may lead to a better teaching-learning environment.

Research Method and Analysis

The purpose of this quantitative descriptive study was to determine the behaviors that undergraduate nursing students in a College of Nursing in Appalachia perceived as uncivil in the classroom setting. All undergraduate students who attended class the day the survey was distributed were invited to complete the researchers' edited version of the *INE* survey developed by Clark and Springer (2005). Descriptive analysis was completed by the researcher using Statistical Package for the Social Sciences (SPSS) version 20.0 (IBM, n.d.). Power analysis sample size was calculated to be 222 with a 95% confidence interval and 5% error.

Sample Participants

Approval from the university's institutional review board was obtained prior to conducting this study. Cluster sample method of a convenience sample of all five cohorts of undergraduate baccalaureate nursing students in a College of Nursing in Appalachia was used. During fall 2012, there were 526 undergraduate nursing students in the program: 106 were second semester sophomores, 111 were first semester juniors, 97 were second semester juniors, 78 were first semester seniors, and 134 were second semester seniors. All nursing students who attended class on the day the survey was distributed were invited to participate. Inclusion criteria were all undergraduate nursing students at one College of Nursing in Appalachia who attended class on the day the survey was administered. The exclusion criteria were minors under the age of 18 years old and students not enrolled as an undergraduate in the College of Nursing. No potential participants met the exclusion criteria.

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Data Collection

The researcher secured permission from course faculty in each nursing student cohort to administer the survey during one class time in a one-week period near the end of the fall 2012 semester. The researcher read the entire survey cover sheet aloud to students with an emphasis that participation in the study was voluntary. Implied informed consent was obtained through the participant's completion of the researchers' edited version of the *INE* survey developed by Clark & Springer (2005). All undergraduate students were invited to participate; however, participants were allowed to end their participation for any reason, at any time, without consequences. The researcher emphasized that the student's participation decision did not influence the student's course grade, and that there was no penalty for nonparticipation. There were no participant identifiers on the survey instrument. Study data were confidential and were stored in a locked file cabinet maintained by the researchers; only aggregate data was reported.

Every effort was made to maintain participant privacy. A blank cover sheet was provided with each survey, and the researcher requested that participants keep their survey covered with the blank sheet of paper at all times. Students who elected to participate completed the survey and inserted their completed survey written side down into an envelope that was sealed by the researcher in the presence of participants. Those who did not wish to participate also submitted their survey blank, incomplete written side down.

Instrumentation

All participants submitted the researchers' edited version of the *INE* survey developed by Clark and Springer (2005). The researcher obtained written permission to edit and use the survey instrument. The survey instrument queried student perceptions and experiences of uncivil, disruptive, and threatening behaviors. The edited version of the *INE* survey instrument consisted

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of three sections. The first section requested demographic data which included gender, year of

birth, and ethnic/racial background. Section 2 included behaviors that students may have

experienced or had seen in the academic environment. This section listed 16 behaviors that may

be considered disruptive with instructions to rank their perceptions on a four part scale: always,

usually, sometimes, and never. For each behavior, the participant was queried regarding how

often they had experienced or had seen this behavior in the past 12 months. Section 3 contained

13 student behaviors that may be considered threatening and requested whether the student or

someone they knew experienced the behavior in the past 12 months. The final question requested

the extent to which students perceive incivility to be a problem in the nursing academic

environment (Clark et al., 2009).

Results

Sample

A total of 372 students completed the *INE* survey. There were 82 (22%) sophomores, 88

(23.7%) first semester juniors, 75 (20.2%) second semester juniors, 72 (19.4%) first semester

seniors, and 55(14.8%) second semester seniors. Demographic data consisted of 276 (74.2%)

females and 84 (22.6%) males. The average age was 27 years with a range between 19-52 years.

Age categories for participants were 211 (56.7%) between 19-25 years old, 70 (18.8%) between

26-32 years old, 40 (10.8%) between 33-39 years old, 26 (7.0%) between 40-46 years old, and 9

(2.4%) between 47-53 years old. Regarding ethnicity, 333 (89.5%) were Caucasian, 10 (2.7%)

were Asian, 9 (2.4 %) were African- American, 1 (0.3%) was Native American, and 1 (0.3%)

was Pacific Islander. A total of 12 (3.2%) students who were asked to participate in the study

returned the survey blank, thus did not participate in the study.

Student Uncivil Behaviors

Section 2 of the survey listed 16 student behaviors to determine nursing students'

perception of uncivil behavior in the academic environment. A four-point scale of always,

usually, sometimes, and never was used to indicate to what extent participants perceived certain

behaviors as disruptive as well as how frequently they had experienced or had seen the behavior

in the past 12 months. The student behaviors and data for this section are found in (Table 1). The

primary behaviors reported as always and usually uncivil included holding distracting

conversations 285(76.6%), cheating on exams or quizzes 254(68.3%), creating tension by

dominating class discussions 211(56.8%), making sarcastic remarks/gestures 190(51.1%), and

demanding make up exams 190(51.1%). The data for the same 16 student behaviors which

queried how often participants had experienced or had seen this behavior in the past 12 months

are found on Table 2. The primary behaviors experienced by students often and sometimes were

acting bored or apathetic 318(85.5%), holding distracting conversations 297(79.8%), using a

computer unrelated to the class 293(78.8%), being unprepared for class 291(78.2%), and not

paying attention in class 291(78.2%).

Section 3 of the *INE* survey listed 13 student behaviors that may be considered

threatening and queried participants whether the behavior had happened to them or someone they

knew in the past 12 months. This data are displayed in Table 3. The most reported threatening

behaviors participants experienced were challenges to faculty members 232(62.4%), general

taunts or disrespect to faculty 209(56.2%), and general taunts or disrespect to students

153(41.1%).

The final question asked participants' for their perceptions regarding the extent to which incivility is a problem in the nursing academic environment. The majority of participants perceived incivility in the nursing academic environment to be a mild problem, 157 (42.2%). Data for this question are illustrated in Figure 1.
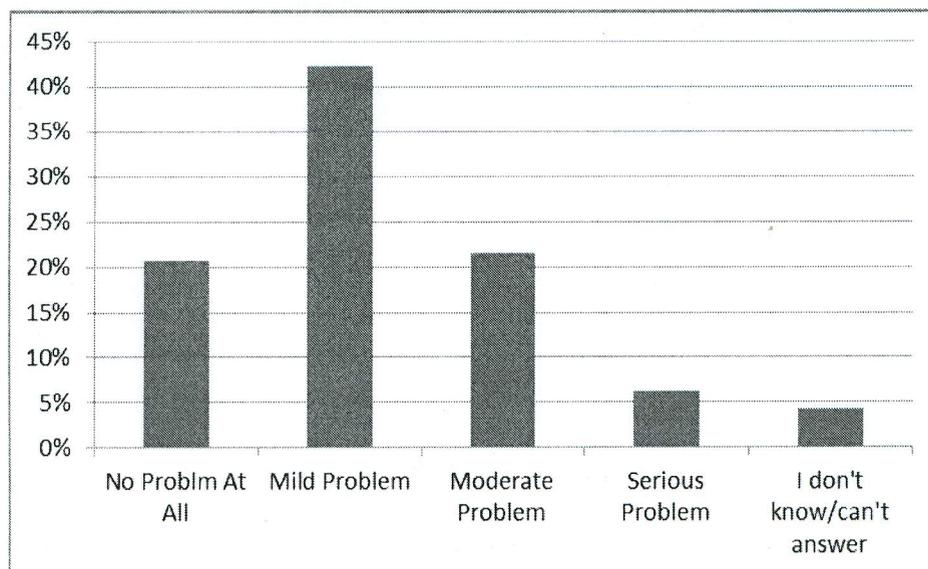

Figure 1: "To what extent do you think incivility in the nursing academic environment is a problem?

Discussion

The researcher's personal experiences resonated with the classroom behaviors that participants in the study perceived to be uncivil. Some of the findings from this study were similar to those of previous researchers (Clark, 2007; Clark & Springer, 2007), and some results were different (Clark, 2007; Clark & Springer, 2007).

Similarities with Previous Research

Clark & Springer (2007) reported that cutting class was the most frequently reported behavior perceived to never be uncivil (69.2%). Likewise, participants in this study perceived that cutting class was never uncivil (63.4%). It is postulated that this is because students view

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cutting class as a personal decision, and further that students deem that cutting class is not disruptive to classmates or faculty.

Similar results were also noted between this study and Clark's (2007) study regarding distracting conversations. Clark (2007) documented that participants in her study perceived distracting conversations to be usually and always uncivil 243 (79.9%) whereas this study found distracting conversations to be usually and always uncivil 285 (76.6%). Distracting conversations are disruptive to students and faculty because students may not be able to hear material that could affect their grade or that may be detrimental to patient or nurse safety. Likewise faculty may become distracted and omit significant material.

Differences from Previous Research

Clark (2007) reported that using a computer unrelated to the class was perceived to be usually and always uncivil by 246 (81.5%) of participants while results from this study revealed that using a computer unrelated to the class was perceived to be usually and always uncivil by 134 (36.0%) of participants. Likewise, Clark (2007) found using a cell phone in class to be uncivil by 198 (54.5%) of participants compared to the results of this study in which 148 (39.8%) participants perceived using a cell phone to be uncivil. The variation in the results related to the use of computers and cell phones in the classroom may be due to the four year time difference between studies. Technology including laptop computers, tablets, iPads, Wi-Fi, social media, and smart phones grew exponentially during these years. Also, students often view technology as an extension of self, and thus they may not consider the use of technology in the classroom as uncivil. Differences in the study results may also be related to diversity in student or faculty cultural norms or the manner in which the classroom was conducted.

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Recommendations

Data from this study support the findings of previous authors who proclaimed that incivility in the nursing academic environment was a serious and growing problem (Baxter & Boblin, 2006; Clark, 2007; Lewenson, 2005). Several strategies may afford a healthier classroom environment for nursing students. The instructor is responsible for providing a learning environment that is conducive to learning. On the first day of class faculty and students need to engage in an open dialog regarding perceptions of uncivil classroom behaviors. It is important that faculty clarify acceptable classroom behaviors as well as penalties for noncompliance. Faculty should emphasize the importance of civil classroom behavior through documentation of acceptable behaviors in the course syllabus and by serving as role models through demonstration of civil behaviors. Faculty must also hold students accountable for their actions based on the policies for the college.

The use of technology has become mainstream, thus faculty should consider using technology in order to actively engage students. An example is the "flipped classroom" (Educause, 2012, para 1) in which the typical format of a course is reversed. In a "flipped classroom" (Educause, 2012, para 1) faculty post online lectures or digital media such as podcasts or videos that students complete prior to class. This method allows students to complete their pre-class assignments on their schedule and at their own pace rather than frantically taking notes during class. Class time is then spent in interactive dialog and exercises with a goal of better understanding and collaborative learning. Examples of interactive class work include case studies, concept mapping, debates, Socratic questioning, and the use of "clickers". These activities may be completed using technologies such as tablets, iPads, laptop computers, and cell phones thus integrating the use of technology through student-centered learning rather than

faculty-centered teaching. This represents a shift in the relationship between students and faculty, and a change from the traditional activities in academic classroom settings.

Uncivil behaviors by nursing students are unfortunate because society holds nurses at a higher standard of moral and ethical behaviors than other professions (Jones, 2010). Behaviors such as cheating, holding distracting conversations during class, and sleeping in class may place a patient's life in jeopardy because students may graduate, yet lack critical nursing knowledge. If uncivil classroom behaviors are not addressed, students may view these actions as acceptable ways of life which unfortunately may carry over to their practice in the workforce. This could result in patient harm or in severe cases, cause a patient's death.

Limitations

There were several limitations of this study. The primary limitation was the small convenience sample of undergraduate nursing students at one College of Nursing in Appalachia. The survey data was self-reported by participants. Participants also completed the survey while seated alongside each other, and privacy may have been a concern. In addition, the class format on the day the survey was distributed to second semester seniors was a conference setting which was different from the classroom setting in which the survey was distributed to the remaining four cohorts. The return rate for second semester seniors was lower (41%) than other cohorts. The return rates for the remaining cohorts were first semester seniors (92%), second semester juniors (77%), first semester juniors (79%), and second semester sophomores (77%). It is unknown whether the responses from those who were asked to participate, but returned the survey blank would be different from those who participated. Finally, the researcher administered the surveys and analyzed the results.

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Summary

This study explored the viewpoints of undergraduate nursing students related to uncivil behavior in the classroom setting. The purpose of the study was to determine behaviors that nursing students perceive to be uncivil. The researcher administered the survey in a specified week near the end of the fall 2012 semester. Data were entered into SPSS 20.0 software and analyzed by the researcher. Implications and recommendations related to the results of the survey were provided. The outcome of this study provided a better understanding of a healthy teaching-learning environment which may lead to safer nursing practice.

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Table 1: Participants' Perceptions of Disruptive Student Behaviors (n=372)

Behavior	Students n (%)	Usually/Always n (%)	Sometimes n (%)	Never n (%)	Missing n (%)
Acting bored or apathetic	369 (96.8)	71 (19.1)	172 (46.2)	117 (31.5)	12 (3.2)
Making disapproving groans	360 (96.8)	178 (47.8)	155 (41.7)	27 (7.3)	12 (3.2)
Making sarcastic remarks/gestures	355 (95.4)	190 (51.1)	144 (38.7)	23 (6.2)	15 (4.0)
Sleeping in class	360 (96.8)	103 (27.6)	110 (29.6)	147 (39.5)	12 (3.2)
Not paying attention in class	360 (96.8)	113 (30.4)	144 (38.7)	103 (27.7)	12 (3.2)
Holding distracting conversations	360 (96.8)	285 (76.6)	69 (18.5)	6 (1.6)	12 (3.2)
Refusing to answer direct questions	357 (96.0)	114 (30.7)	147 (39.5)	96 (25.8)	15 (4.0)
Using a computer during class unrelated to class	356 (95.7)	134 (36.0)	141 (37.9)	81 (21.8)	16 (4.3)
Using cell phones	355 (95.4)	148 (39.8)	147 (39.5)	60 (16.1)	17 (4.6)
Arriving late	360 (96.8)	145 (39.0)	168 (45.2)	47 (12.6)	12 (3.2)
Leaving class early	359 (96.5)	127 (34.1)	162 (43.5)	70 (18.8)	13 (3.5)
Cutting class	357 (96.0)	53 (14.3)	68 (18.3)	236 (63.4)	15 (4.0)
Being unprepared for class	356 (95.7)	85 (32.9)	173 (46.5)	98 (26.3)	16 (4.3)
Creating tension by dominating class discussion	358 (96.2)	211 (56.8)	117 (31.5)	30 (8.1)	14 (3.8)
Cheating on exams/quizzes	354 (95.2)	254 (68.3)	38 (10.2)	62 (16.7)	18 (4.8)
Demanding make-up exams	353 (94.9)	190 (51.1)	102 (27.4)	61 (16.4)	19 (5.1)

Note: Numbers and percentages may not always equal 372 or 100% due to missing responses.

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Table 2: Participants' Experience of Disruptive Student Behaviors/Past 12 Months (n=372)

Behavior	Students n (%)	Often/Sometimes n (%)	Rarely n (%)	Never n (%)	Missing n (%)
Acting bored or apathetic	358 (96.2)	318 (85.5)	30 (8.1)	10 (2.7)	14 (3.8)
Making disapproving groans	359 (96.5)	205 (55.1)	115 (30.9)	39 (10.5)	13 (3.5)
Making sarcastic remarks/gestures	355 (95.4)	206 (55.3)	112 (30.1)	37 (9.9)	17 (4.6)
Sleeping in class	355 (95.4)	151 (40.6)	130 (34.9)	74 (19.9)	17 (4.6)
Not paying attention in class	357 (96.0)	291 (78.2)	50 (13.4)	16 (4.3)	15 (4.0)
Holding distracting conversations	358 (96.2)	297 (79.8)	53 (14.2)	8 (2.2)	14 (3.8)
Refusing to answer direct questions	354 (95.2)	99 (26.7)	135 (36.3)	120 (32.3)	18 (4.8)
Using a computer during class unrelated to class	355 (95.4)	293 (78.8)	46 (12.4)	16 (4.3)	17 (4.6)
Using cell phones	355 (95.4)	283 (76.5)	56 (15.1)	16 (4.3)	17 (4.6)
Arriving late	358 (96.2)	269 (72.3)	78 (21.0)	11 (3.0)	14 (3.8)
Leaving class early	356 (95.7)	230 (61.8)	106 (28.5)	20 (5.4)	16 (4.3)
Cutting class	353 (94.9)	201 (54.1)	114 (30.6)	38 (10.2)	19 (5.1)
Being unprepared for class	355 (95.4)	291 (51.4)	138 (37.1)	26 (7.0)	17 (4.6)
Creating tension by dominating class discussion	356 (95.7)	193 (51.8)	118 (31.7)	45 (12.1)	16 (4.3)
Cheating on exams/quizzes	355 (95.4)	61 (16.4)	139 (37.4)	155 (41.7)	17 (4.6)
Demanding make-up exams	355 (95.4)	149 (40.1)	153 (41.1)	53 (14.2)	17 (4.6)

Note: Numbers and percentages may not always equal 372 or 100% due to missing responses.

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Table 3: Participants' Experience of Threatening Behaviors/Past 12 Months

Behavior	Students n (%)	Yes n (%)	No n (%)	Missing n (%)
General taunts or disrespect to students	351 (94.4)	153 (41.1)	198 (53.2)	21 (5.6)
General taunts or disrespect to faculty	353 (94.9)	209 (56.2)	144 (38.7)	19 (5.1)
Challenges faculty	350 (94.1)	232 (62.4)	118 (31.7)	22 (5.9)
Harassing Comments to students	349 (93.8)	33 (8.9)	316 (84.9)	23 (6.2)
Harassing comments to faculty	351 (94.4)	34 (9.1)	317 (85.2)	21 (5.6)
Vulgarity directed to students	349 (93.8)	62 (16.7)	287 (77.2)	23 (6.2)
Vulgarity directed to faculty	350 (94.1)	79 (21.2)	271 (72.8)	22 (5.9)
Inappropriate emails to other students	350 (94.1)	37 (9.9)	313 (84.1)	22 (5.9)
Inappropriate emails to faculty	351 (94.4)	48 (12.9)	303 (81.5)	21 (5.6)
Threats of physical harm against other students.	350 (94.1)	15 (4.0)	335 (90.1)	22 (5.9)
Threats of physical harm against faculty	350 (94.1)	11 (3.0)	339 (91.1)	22 (5.9)
Property damage	350 (94.1)	19 (5.1)	331 (89.0)	22 (5.9)
Statements of having access to weapons	350 (94.1)	18 (4.8)	332 (89.2)	22 (5.9)

Note: Numbers and percentages may not always equal 372 or 100% due to missing responses.