

Developing Civility Behavior Guideline among Maternity Nursing Students at Class Room and Practical Engagement

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Abstract

Background: Civility behavior in classroom; Can inspire perceptions of warmth and competence, improves interpersonal relationships, productivity, Overcomes negative conflict, bullying and violence, Avoids hostile work (and academic) environments, influences whether people will trust, build relationships and support, improves customer service in the workplace, help and prepare maternity nursing students for academic and professional success. **Aim:** To evaluate the effect of developed civility behavior guideline among maternity nursing students at classroom and practical engagement. **Design:** A quasi-experimental study design was used. **Setting:** the study was conducted at Technical Institute for Nursing, Sayed Galal University Hospital, Al- Azhar University. **Sample:** A purposive sample was used to recruit 60 female maternity nursing students in the third year equal 28 and fourth year equal 32. **Data collection:** 1) Interviewing questionnaire and, 2) Attitude rating scale, 3) Student engagement scale. **Results:** Findings of the present study showed that more than three quarters of the studied student (76.7%) had poor knowledge regarding civility behavior pre intervention compared with two thirds of them (63.3%) had good knowledge post intervention with a highly statistically significant difference ($P<0.000$). Moreover, more than three quarters of the studied student (76.7%) had negative attitude pre intervention compared with most of them (95%) had positive attitude post intervention with a highly statistically significant difference ($P<0.000$). Also, the majority of the studied student (83.3%) had negative behavior pre intervention compared with most of them (88.3%) had positive behavior post intervention with a highly statistically significant difference ($P<0.000$). Finally, there was a positive correlation between total student's knowledge, total attitude and their behavior regarding civility guidelines post intervention ($P<0.05$). **Conclusion:** The majority of studied sample have satisfactory level of knowledge, attitude and behavior post intervention. **Recommendations:** 1) Application of civility behavior guidelines in maternity nursing student and also should be included in nursing curriculum. 2) Increase awareness about civility behavior in classroom & practical area among maternity nursing students. 3) Future studies should be conducted with a larger sample of students from different universities and geographical regions.

Keywords: Civility behavior, incivility behavior, instructional supportive guidelines, maternity nursing students

Introduction:

Learning and teaching process as a meaningful, dignified and respectful interaction whether it be on the simple level or a more complex one which provide an opportunity for

students to develop a strong sense of creativity, a high self-esteem, confidence, and a lifelong respect so it should be a part of everyone's life (Colo, 2021).

Learning and teaching process involve teachers and students' interactions that takes place in various settings, such as the classroom, laboratory, clinical practice area and online-learning forums which a reasonable level of civility is important in the classroom. Civility is behavior that shows respect toward another person, makes that person feel valued, and contributes to mutual respect, effective communication, and team collaboration. Civility is a polite behavior that maintain social harmony, or demonstrate respect for the humanity of an individual, important in maintaining a society (*Kassem & Mohammed, 2019*).

The concept of civility in nursing education has become important to nurse educators because of the effect that it has on the learning environment and learned nursing student behaviors. Civil behaviors acquired in the Institute of nursing carry into nursing practice and affect patient outcomes (*Clark, 2019*).

Nursing education occurs in three dynamic environments to support learning. The areas of didactic classroom, skill laboratory, and clinical experience are all equally important to the development of student nurse practice. The classroom and laboratory portions of the nursing program typically are offered on campus at the college site, with increasing numbers of classes delivered in an online format. However, clinical experiences involving direct patient care is facilitated at local healthcare agencies at off-campus locations (*Abedini et al., 2021*).

Within these inpatient and community agencies, students learn to apply the concepts learned from the classroom and laboratory for the delivery of safe patient care. It is within these three learning environments that a nursing student can be exposed to, and begin to develop, civil behaviors. The nursing student's civil behavior development is impacted by the exposure to and experience of learning within all three environments. Nurse faculty can play an integral role in assisting nursing students in

acquiring civil behaviors (*Ackerman-Barger et al., 2021*).

Incivility behavior can disrupt the learning environment, making it impossible for students to learn either through mere distraction or, in severe cases, through student psychological discomfort that may impact their ability to focus or even to attend class. Incivility behavior of maternity nursing students may be related many factors such as educational engagement One of the main causes of incivility was non-educational engagement such as matrimony, distance of living place, and involvement in other activities except studying, attracting attention. One of the other causes of incivility is attracting attentions which could interfere with class discipline and mental distraction of the teacher and other students, lack of motivation, Student personal quality, lack of experience. Teacher Related Factors as lack of expertise, Personality, teachers' uncivil behavior. Organizational Factors as lack of assessment system for teachers, lack of understanding rules and regulations (*Mohamed, & Mahdy Attia, 2020*).

Students' incivility may cause negative physical, emotional and psychological effects on faculty members, such as stress, anxiety, illness, job dissatisfaction, behavioral changes, as well as harmful impacts on work setting. In addition, the students' incivility may negatively impact the functions of college authorities. On the other hand, violent behavior that nursing education has experienced in recent years is one of the most drastic effects of incivility. Students' incivility in the classroom and practical settings disrupts the teaching or learning (*Ziefle, 2018*).

Learning and teaching strategies for creating a civil climate which inducing: Treat students with respect; Treat them as adults. Respect their ability to learn. Avoid sarcasm, dismissing their abilities, or making assumptions about them based on their age, appearance, etc. Make it clear that you value them as individuals. Establish a method for airing grievances; Set up a suggestion box or a comment space on the course web site; gather

midterm feedback; ask for student volunteers to act as liaisons. Reduce anonymity; even in large classes, encourage students to get to know one another. Visit section meetings, or schedule time for groups of students to meet with teacher. Learn as many names as possible (*Safapour et al., 2019*).

The guideline to civility behavior provides recommends practice to promote civility in the workplace. Help to maintain order. Which leads to increase productivity and a more comfortable learning environment. It helps students to be ethical agent in the most common of situations. It pronates student's learning as it enhances learning process (*Abedini & Parvizy, 2019*).

Significance of the Problem

Maternal newborn nursing is multifaceted, challenging, rewarding and endlessly varied, opportunities abound to touch lives and to make difference. Many nurses opt for career in mother- baby care and clinic or office nursing so that they can work closely with childbearing families, as these nurses continue their education, they may embrace the role of nurse practitioner, nurse midwife, genetic counselor, lactation consultant, or childbirth education, dealing with high technical situation such as high-risk pregnancy, neonatal intensive care, or working with laboring women.

Many problems of incivility/uncivil behavior have been faced maternity nursing education from disrespectful to violent behavior. Uncivil behavior in nursing education is a vital problem that needs to be prevented. New understandings for managing uncivil behavior in this context were identified. Improved understanding of individuals' backgrounds can manage uncivil behavior in nursing education. Strategies for addressing uncivil behavior in nursing education include effective communication and relationship, self-awareness, role modelling and effective rule implementation (*Abedini & Parvizy, 2019*).

Incivility behavior is a course of dissatisfaction and frustration to keen learner students. Therefore, it is important to strength the interaction between the students and their nursing lectures to increase civil culture in classroom and practical area to keep the students engaged in their learning activities (*Nawaz & Makhdoom, 2019*).

Aim of this study

The aim of the present study is to evaluate the effect of developed civility behavior guideline among maternity nursing students at classroom and practical engagement through the following:

1. Assessment of maternity nursing students' behavior.
2. Implementation of civility behavior guideline on maternity nursing students.
3. Evaluation of civility behavior guideline on maternity nursing students.

Research hypothesis

Developed civility behavior guideline among maternity nursing students will improve their behavioral class room and practical engagement.

subjects and methods

Design: A quasi-experimental design was used.

Setting: The study was conducted at the Technical Institute for Nursing, Sayed Galal University Hospital, Al-Azhar University, Egypt.

Sampling

Sample Size, type: A Purposive sample technique was used to recruit (60) female maternity nursing students. The Sample was selected according to certain criteria: female nursing students who study obstetrics and gynecological course in the third and fourth year in the academic year 2020-2021 and at the age group from 17 to 19 years old. They were distributed as follows:

- Third year female nursing students equal 28.
- Fourth year female nursing students equal 32.

Tools of data collection:

Three tools were used for data collection:

Tool I. Interviewing questionnaire

It was designed by the researcher in the Arabic language after reviewing the related literature and consisted of 37 questions. It was utilized into two parts:

Part (1): It was designed to assess personal characteristics of the studied sample.

A. Student's characteristics as {age, residence, academic year, hobbies, father's education, father's job, mother's education and mother's job}.

B. Study information as {levels in obstetrics and gynecological course, the desire of joining the institute, and interesting of studying obstetrics and gynecology}.

Part (2): It was designed to assess female maternity nursing student's knowledge regarding civility and incivility behavior which included:

A. Female maternity nursing students knowledge about civility behavior as {meaning of civility behavior, importance, element, methods of promoting the culture of civility among maternity nursing students, role of nursing teacher in promoting the culture of civility in the classroom environment, and effects and results of practicing a culture of civility on society}. It included 13 questions.

B. Female maternity nursing students knowledge about incivility behavior as {meaning of civility behavior, primary causes, kinds of uncivilized behavior in the academic environment, impacts of incivility on learning environment and clinical training and on nursing as a profession}. It included 10 questions.

❖ **Scoring system:** each question was evaluated as 2 scores for the correct answer and 1 score for incorrect answer. The total knowledge level was classified into:

- Poor knowledge: <60.0 %
- Average knowledge: 60.0% to 75.0 %
- Good knowledge: > 75.0 %

It was utilized pre-intervention and post-intervention.

Tool II: Attitude Rating Scale:

Likert Rating Scale, it was designed to assess female maternity nursing students attitude toward civility behavior at classroom and practical area. The scale was converse 34 clear simple statements.

Female maternity nursing student had five possible responses for each statement:

- Incivility response was scored by (Extremely uncivil = 1 and uncivil = 2).
- Uncertain was scored by three points (Uncertain=3) and
- Civil response was scored as (Extremely civil =5 and civil= 4).

The total score was ranged from 34-170 points. If the total score is less than less than 60%, the result was considered as negative attitude and if more than 60%, the result was considered as positive attitude.

It was utilized pre-intervention and post-intervention.

Tool III. Student Engagement scale:

It was adopted from (*Kuh, 2009*), and modified by the researcher to assess behavioral engagement of female maternity students nursing regarding civility behavior at classroom and practical area which included:

A. Female maternity nursing student's performance and cognitive skill. It included 14 questions.

B. Female maternity nursing student's emotional engagement skill. It included 14 questions.

C. Female maternity nursing student's behavioral engagement skill. It included 8 questions.

❖ **Scoring system:** each question was evaluated as (4, 3, 2, 1) scores for often repeated, rarely repeated, sometimes repeated and always repeated respectively. The total score was ranged from 36-144 points. If the total score is less than less than 60%, the result was considered as uncivil behavior and if more than 60%, the result was considered as civil behavior.

It was utilized pre-intervention and post-intervention.

Validity & reliability of the Tools:

Tools were reviewed by a panel of three experts in obstetric and gynecological nursing field to test the face and content validity. Each of the experts was asked to examine tools for content coverage, clarity, wording, length, format, and overall appearance. Modifications were done according to the comments. Reliability of tools was measured through **Cronbach's Alpha** test.

Tool	Cronbach's Alpha
Interviewing questionnaire	0.80
Attitude Rating Scale	0.85
Student Engagement scale	0.88

Ethical Considerations

The research approval was obtained from Scientific Research Ethical Committee in Faculty of Nursing at Ain Shams University before starting the study. The researcher clarified the objective and aim of the study to the participants included in the study. The researcher was assured maintaining anonymity and confidentiality of the subject data. Female maternity nursing students informed consent was obtained and they allowed participating or withdrawing from the study at any time without penalties.

Administrative design:

An official approval to conduct this study was obtained from Dean of faculty of nursing Ain Shams University, a letter containing the title and aim was directed to administrator of the previous mentioned study setting.

Statistical design:

Data were collected, coded and entered into a personal computer (P.C) IBM compatible 2.6 GHz. They were analyzed using Statistical Package for Social Science (SPSS), under windows version 18. The collected data were organized, revised, analyzed, tabulated using number and percent distribution. Proper statistical tests were used to determine whether there were statistically significant differences between the variables of the study. The statistical tests used in this study were:

- 1- Mean and standard deviation for qualitative variables.
 - 2- Correlation coefficients (r) to find correlations between quantitative data.
- $P > 0.05$ there is a statistically insignificant difference
 - $P < 0.05$ there is a statistically significant difference
 - $P < 0.01$ there is a highly statistical significant difference.

Pilot Study:

A pilot study was carried out on (10%) of Female maternity nursing students were included in the study sample as no modification done in the tools of data collection.

Field Work

An official approval letter clarifying the purpose of the present study was issued from the Dean of the Faculty of Nursing at Ain Shams University to the General Director Sayed Galal University Hospital, Technical Institute for Nursing Director, and Scientific Research Ethical Committee in the Faculty of Nursing as an approval to conduct this study. The previously mentioned setting was attended by the researcher two days/week (Sunday and Tuesday) from 9.00 a.m. to 1 p.m.

The study started from beginning of January 2021, till the end of April 2021, covering four months for data collection. Data were collected through four phases: Assessment phase (pre-test), planning, implementation, and evaluation phase (post-test).

Phase I. Assessment phase (pre-test):

Firstly, the researcher held the first meeting by interviewing each female maternity nursing student individually between and after lectures, added to after clinical training to introduce her-self and briefly explained the nature and the purpose of the study. They were informed that participation in this study was voluntary and they had the right to withdraw at any time without giving any reason. Oral approval of female maternity nursing student to share in this study was achieved.

Then, the interviewing questionnaire was distributed to each female maternity nursing student to assess female maternity nursing student's general characteristics, knowledge regarding civility and incivility behavior, attitude and behavior engagement regarding civility behavior at classroom and practical area. The questionnaire took about 20-30 minutes to be completed. The data obtained during this phase constituted the baseline for further comparisons to evaluate the effect of the developed civility behavior guideline. The assessed numbers of female maternity nursing students who participated per week ranged from 1 group each from 15 student (the phase of assessment took the first month).

Phase II. Planning phase:

Based on the needs identified in the assessment phase from the participated female maternity nursing students, and in view of the related literature, the instructional supportive guidelines booklet was developed by the researcher in the form of printed Arabic booklets to satisfy the female maternity nursing student's deficit knowledge and attitude regarding civility and incivility behavior.

Phase III. Implementation phase:

After assessing the female maternity nursing student's knowledge, attitude and behavioral engagement regarding civility behavior at classroom and practical area using the pretest interviewing questionnaire. An instructional supportive guideline regarding civility and incivility behavior was distributed to the female maternity nursing students under study to improve their knowledge. Since the

researcher is a nursing teacher at the institute, the researcher cleared to the female maternity nursing students that she is present in the nursing teacher's room throughout the study days, in case of any inquiries regarding the instructional supportive guidelines. As well, the researcher communicated with female maternity nursing students via telephone calls for instructions and reinforcement.

The content of the guide consists of four chapters, including the following: The first chapter included terminology related to civility and incivility behavior among maternity student. The second chapter included incivility behavior in the learning environment (definition, causes, predisposing factors, types and consequence). The third chapter introduced means of eliminating incivility behavior (at student, nursing educator, nursing institution and society level). The fourth chapter included promoting culture of civility among maternity nursing student (importance, method, role of nursing educator and impacts).

Phase IV. Evaluation phase (1-month post-intervention):

The effect of the developed civility behavior guideline was done through:

a. Comparing between the pretest and post-test to assess female maternity nursing student's knowledge, attitude and behavioral engagement regarding civility behavior at classroom and practical area.

b. Two evaluations were done for each female maternity nursing student. The first one was at the beginning of the study as a baseline data (pre-test). The second evaluation was conducted after the instructional supportive guidelines implementation to detect the effect of the developed civility behavior guideline on knowledge, attitude and behavioral engagement of female maternity nursing student regarding civility behavior at classroom and practical area (follow up post-test).

Results:

Table (1): Revealed that, more than half of studied sample (53.3%) had 17 years with mean score 17.46 ± 1.99 , 40 % of them were the biggest on ranking among their siblings, about two thirds (63.3%) from rural. Regarding academic year 58.3% of them on third year, the majority of them (86.7%) have hobbies, concerning their father, more than half of studied sample (53.3%) working as professional/occupational and less than three fifth (58.3%) of them had intermediate education level, moreover, 63.3% of their mother working as housewife and about half of them had intermediate education level.

Table (2): Showed that, two thirds of the studied (63.3%) had desire to join the institute, 43.3% of them had good degree in obstetrics and gynecological course, less than three quarters (70.0%) of them interesting to studying obstetrics and gynecology course (83.3%) the majority of them their interest due to the lecturer is good, on other hand, 55.6% did not interest because the material needs more effort to understand.

Figure (1): Revealed that total level of knowledge before intervention, was noticed that more than three quarters (76.7%) of studied sample had poor level of knowledge while about two thirds of them had good level of knowledge post intervention. The findings indicated that there was a high statistically significant difference in the total level of knowledge of studied sample at different periods of measurements with p-value (0.000**).

Figure (2): Indicated that, more than three quarters (76.7%) of the studied sample had negative attitude pre intervention, while post intervention, most of them had positive attitude towards civility behavior at classroom and practical area. There was a high statistically significant difference among studied sample regarding their attitude pre and post intervention at p value (.000**).

Figure (3): Showed that 83.3% of studied sample had negative behavioral engagement regarding civility behavior at classroom and practical area at pre intervention, however, majority of them had positive behavioral engagement at post intervention. There was a high

statistically significant difference among studied sample with p value (.000**).

Table (3): Revealed that there was a highly statistically significant difference between studied sample total knowledge at pre of an instructional supportive guideline and their age & academic year. Moreover, there was a statistically significant difference between total knowledge and their join the institute based on their desire & levels in obstetrics and gynecological programs. On the other hand, there was no statistically significant difference between total knowledge and their residence & interest for studying obstetrics and gynecology.

Table (4): Demonstrated that there was a highly statistically significant difference between studied sample total attitude and their join the institute based on their desire, levels in obstetrics and gynecological programs & interest for studying obstetrics and gynecology. On the other hand, there was no statistically significant difference between total attitude and their age, residence & academic year.

Table (5): Revealed that there was a highly statistical significant difference between studied sample total behavioral and their age & academic year. Moreover, there was a statistically significant difference between studied sample and total behavioral and their join the institute based on their desire, levels & interest of obstetrics and gynecological programs. On the other hand, there was no statistically significant difference between studied sample total behavioral and their residence.

Table (6): Revealed that there was a highly statistically significant difference between studied sample total knowledge and their a join the institute based on your desire & academic year, Moreover, there was a statistically significant difference between studied sample and total knowledge and their age & levels in obstetrics and gynecological programs. On the other hand, there was no statistically significant difference between studied sample total knowledge and their residence and interest for studying obstetrics and gynecology.

Table (7): Demonstrated that there was a highly statistical significant difference between

studied sample total attitude and their join the institute based on their desire, levels in obstetrics and gynecological programs & interest for studying obstetrics and gynecology. On the other hand, there was no statistical significant difference between studied sample total attitude and their age, residence and academic year.

Table (8): Revealed that there was a highly statistical significant difference between studied sample total behavioral and their Join the institute based on your desire and your levels in obstetrics and gynecological programs. Moreover, there was a statistically significant difference between studied sample and total behavioral and

their interest of obstetrics and gynecological programs. On the other hand, there was no statistically significant difference between studied sample total behavioral and their residence, age and academic year.

Table (9): Indicated that there was a highly positive association between total knowledge & total attitude, the highest positive with r (0.490**). Also, there was a highly positive association between total knowledge & total behavioral, the highest positive with r (25.70**). Moreover, there was a highly positive association between total attitude & total behavioral, the highest positive with r (0.514**).

Table (1): Distribution of the studied sample according to their personal characteristics (n=60).

Items	N	%
Age (Year)		
17	32	53.3
18	28	46.7
x S.D 17.46±1.99		
Ranking among siblings		
The biggest	24	40
The middle	20	33.3
The smallest	16	26.7
Residence		
Rural	38	63.3
Urban	22	36.7
Academic year		
Third year (maternity)	35	58.3
Fourth year (maternity)	25	41.7
Do you have any hobbies		
Yes	52	86.7
No	8	13.3
Fathers Job		
Professional/occupational	32	53.3
Manual	28	46.7
Fathers education		
Illiterate	6	10
Read and write	14	23.3
Intermediate	35	58.3
University	5	8.4
Mothers Job		
Housewife	38	63.3
Work in manual job	12	20
Work in professional job	10	16.7
Mothers education		
Illiterate	8	13.3
Read and write	17	28.3
Intermediate	29	48.4
University	6	10

Table (2): Distribution of the studied sample according to their study information (n=60).

Items	N	%
Join the institute based on your desire		
Yes	38	63.3
No	22	36.7
Your degree in obstetrics and gynecological course		
Excellent	14	23.3
Very good	20	33.3
Good	26	43.4
Studying obstetrics and gynecology course interesting for you		
Yes	42	70
No	18	30
If yes, why (n=42)		
The lecturer is good	35	83.3
Used illustrated material	7	16.7
If no, why (n=18)		
The material is boring and uninteresting	8	44.4
The material needs more effort to understand	10	55.6

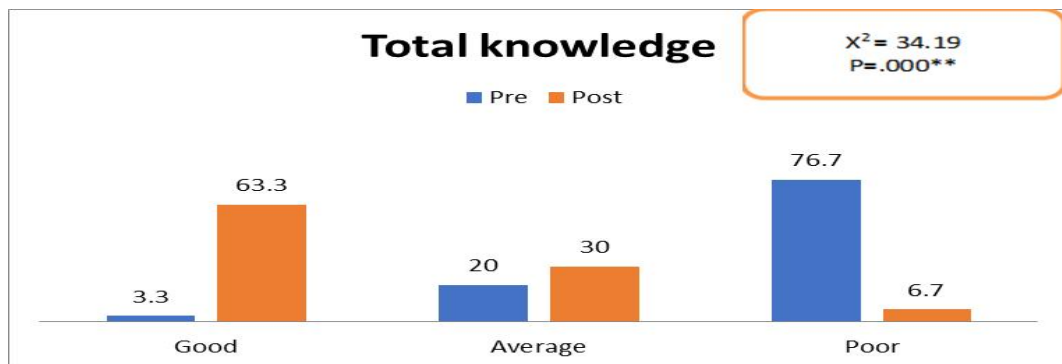


Figure (1): Distribution of the studied sample at pre and post intervention regarding to their total knowledge regarding civility and incivility behavior (n=60).

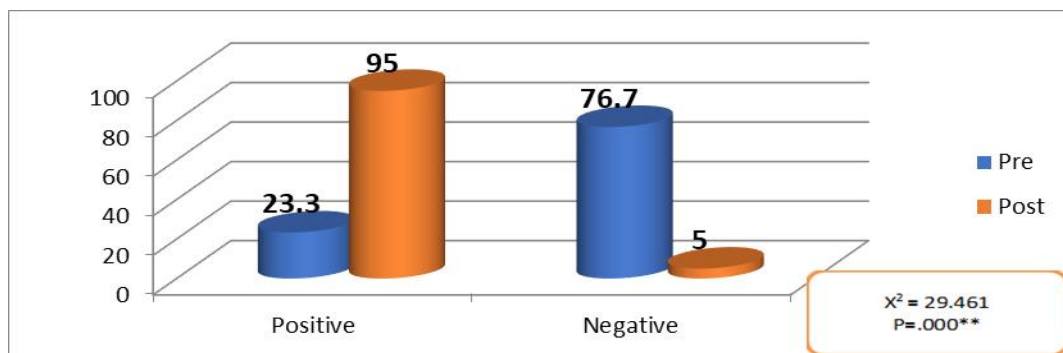


Figure (2): Distribution of the studied sample at pre and post intervention regarding to their total attitude towards civility behavior at classroom and practical area (n=60).

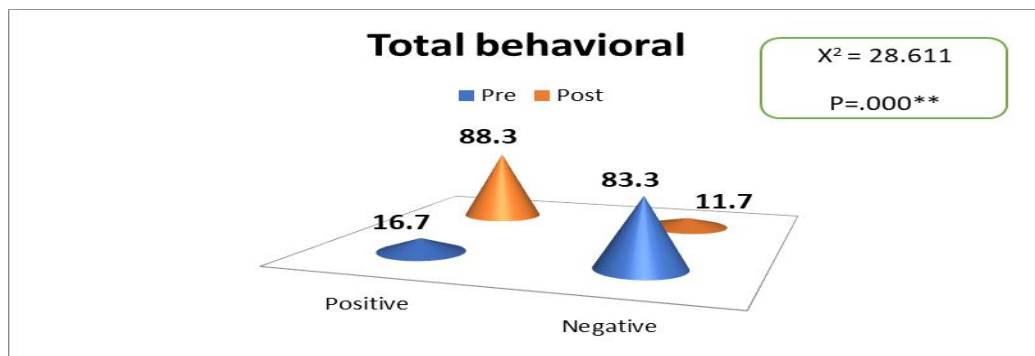


Figure (3): Distribution of the studied sample at pre and post intervention regarding to their total behavioral engagement of maternity students nursing regarding civility behavior at classroom and practical area (n=60).

Table (3): Relation between socio-demographic data of the studied sample and their total knowledge regarding civility and incivility behavior at pre of an instructional supportive guideline (n=60).

Items		Total knowledge						X ²	P-Value
		Good (n=2)		Average (n=16)		Poor (n=42)			
		No	%	No	%	No	%		
Age (year)	17	0	0	6	37.5	26	61.9	16.57	.002**
	18	2	100	10	62.5	16	38.1		
Residence	Rural	1	50	9	56.3	28	66.7	4.003	.052
	Urban	1	50	7	43.7	14	33.3		
Academic year	Third year	0	0	5	83.3	30	71.4	14.792	.001**
	Fourth year	2	100	11	16.7	12	28.6		
Join the institute based on your desire	Yes	2	100	13	81.3	23	54.8	6.899	0.023*
	No	0	0	3	18.7	19	45.2		
Your levels in obstetrics and gynecological programs	Excellent	1	50	11	68.8	2	4.8	10.664	0.011*
	Very good	1	50	3	18.7	16	38.1		
	Good	0	0	2	12.5	24	57.1		
Studying obstetrics and gynecology interesting for you	Yes	1	50	11	68.8	30	71.4	3.159	.058
	No	1	50	5	31.2	12	28.6		

*significant at p < 0.05.

**highly significant at p < 0.01.

Table (4): Relation between socio-demographic data of the studied sample and their total attitude towards civility behavior at classroom and practical area at pre of an instructional supportive guideline (n=60).

Items		Total attitude				X ²	P-Value
		Positive (n=14)		Negative (n=46)			
		No	%	No	%		
Age (year)	17	8	57.1	24	52.2	1.997	.061
	18	6	42.9	22	47.8		
Residence	Rural	9	64.3	29	63	2.066	.059
	Urban	5	35.7	17	37		
Academic year	Third year	8	57.1	27	58.7	3.608	.053
	Fourth year	6	42.9	19	41.3		
Join the institute based on your desire	Yes	10	71.4	28	60.9	15.689	.002**
	No	4	28.6	18	39.1		
Your levels in obstetrics and gynecological programs	Excellent	8	57.1	6	13.1	19.706	.000**
	Very good	5	35.7	15	32.6		
	Good	1	7.2	25	54.3		
Studying obstetrics and gynecology interesting for you	Yes	12	85.7	30	65.2	16.703	.001**
	No	2	14.3	16	34.8		

*Significant at $p < 0.05$ **highly significant at $p < 0.01$.

Table (5): Relation between socio-demographic data of the studied sample and their total behavioral regarding civility behavior at classroom and practical area at pre of an instructional supportive guideline (n=60).

Items		Total behavioral				X ²	P-Value
		Positive (n=10)		Negative (n=50)			
		No	%	No	%		
Age (year)	17	3	30	29	58	14.111	.006**
	18	7	70	31	42		
Residence	Rural	6	60	32	64	2.071	.059
	Urban	4	40	18	36		
Academic year	Third year	2	20	33	66	17.695	.001**
	Fourth year	8	80	17	34		
Join the institute based on your desire	Yes	8	80	30	60	12.417	.010*
	No	2	20	20	40		
Your levels in obstetrics and gynecological programs	Excellent	6	60	8	16	9.555	.021*
	Very good	3	30	17	34		
	Good	1	10	25	50		
Studying obstetrics and gynecology interesting for you	Yes	9	90	33	66	8.634	.033*
	No	1	10	17	34		

*Significant at $p < 0.05$. **highly significant at $p < 0.01$.

Table (6): Relation between socio-demographic data of the studied sample and their total knowledge regarding civility and incivility behavior at post of an instructional supportive guideline (n=60).

Items		Total knowledge						X2	P-Value
		Good (n=38)		Average (n=18)		Poor (n=4)			
		No	%	No	%	No	%		
Age (year)	17	18	47.4	10	55.6	4	100	8.054	.023*
	18	20	52.6	8	44.4	0	0		
Residence	Rural	24	63.2	11	61.1	3	75	3.555	.059
	Urban	14	36.8	7	38.9	1	25		
Academic year	Third year	16	42.1	18	100	4	100	16.707	.000**
	Fourth year	22	57.9	0	0	0	0		
Join the institute based on your desire	Yes	32	84.2	5	27.8	1	25	9.003	0.009**
	No	6	15.8	13	72.2	3	75		
Your levels in obstetrics and gynecological programs	Excellent	12	31.6	2	11.1	0	0	7.424	0.012*
	Very good	17	44.7	3	16.7	0	0		
	Good	9	23.7	13	72.2	4	100		
Studying obstetrics and gynecology interesting for you	Yes	28	73.7	12	66.7	2	50	2.007	.068
	No	10	26.3	6	33.3	2	50		

*Significant at $p < 0.05$ **highly significant at $p < 0.01$.

Table (7): Relation between socio-demographic data of the studied sample and their total attitude towards civility behavior at classroom and practical area at post of an instructional supportive guideline (n=60).

Items		Total attitude				X2	P-Value
		Positive (n=57)		Negative (n=3)			
		No	%	No	%		
Age (year)	17	30	52.6	2	66.7	1.254	.073
	18	27	47.4	1	33.3		
Residence	Rural	37	64.9	1	33.3	1.506	.062
	Urban	20	35.1	2	66.7		
Academic year	Third year	33	57.9	2	66.7	2.011	.081
	Fourth year	24	42.1	1	33.3		
Join the institute based on your desire	Yes	38	66.7	0	0	14.565	.002**
	No	19	33.3	3	100		
Your levels in obstetrics and gynecological programs	Excellent	14	24.6	0	0	18.773	.000**
	Very good	20	35.1	0	0		
	Good	23	40.3	3	100		
Studying obstetrics and gynecology interesting for you	Yes	42	73.7	0	0	15.333	.001**
	No	15	26.3	3	100		

*Significant at $p < 0.05$ **highly significant at $p < 0.01$.

Table (8): Relation between socio-demographic data of the studied sample and their total behavioral regarding civility behavior at classroom and practical area at post of an instructional supportive guideline (n=60).

Items		Total behavioral				X ²	P-Value
		Positive (n=53)		Negative (n=7)			
		No	%	No	%		
Age (year)	17	28	52.8	4	57.1	2.311	.067
	18	25	47.2	3	42.9		
Residence	Rural	33	62.3	5	71.4	1.976	.078
	Urban	20	37.7	2	28.6		
Academic year	Third year	31	58.5	4	57.1	3.114	.059
	Fourth year	22	41.5	3	42.9		
Join the institute based on your desire	Yes	37	69.8	1	14.3	13.006	.000**
	No	16	30.2	6	85.7		
Your levels in obstetrics and gynecological programs	Excellent	14	26.4	0	0	12.111	.009**
	Very good	20	37.8	0	0		
	Good	19	35.8	7	100		
Studying obstetrics and gynecology interesting for you	Yes	42	79.2	0	0	7.990	.020*
	No	11	20.8	7	100		

*Significant at $p < 0.05$ **highly significant at $p < 0.01$.

Table (9): Correlation between total knowledge of the studied sample and their total attitude.

Items	Total knowledge		Total attitude	
	r	P- value	r	P- value
Total attitude	0.490	.000**		
Total behavioral	25.70	.001**	0.514	.006**

r= correlation coefficient test. (*) Statistically significant at $p < 0.05$.

Discussion:

Creating a culture of civility requires communication, interaction and an appreciation for the interests each student brings to the relationship. When 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 (Clark et al., 2017). In the light of the previous, the current study conducted to evaluate the effect of developed civility behavior guideline among maternity nursing students at classroom and practical engagement.

Regarding socio-demographic characteristics of the studied students, the results of the present study revealed that more

than half of studied students were in the age group less than 20 years, with a mean age of 17.46 ± 1.99 and were on the third year. In addition, around two-thirds of them reside in rural areas.

These results were in agreement with those of Kassem and Mohammed, (2019), who conducted a study about "Incivility Behavior and Engagement among Technical and Health Institute Nursing Students at the Classroom" and mentioned that, about two third of the nursing students were in third year and resided in rural areas.

This result disagreed with Mohamed et al. (2017), who indicated that, about one third (37.7%) of the nursing students aged 21years

old or more, with a mean age of 19.977 ± 1.558 years. This result was also encountered with *Abd-Elrhaman & Ghoneimy, (2019)*, who conducted a study entitled "Effectiveness of Educational Program Regarding Professional Nursing Ethics on Workplace Civility" and showed that more than half of the studied nurses were aged from 25 to less than 35 years with mean age of 34.48 ± 8.00 .

As regard to characteristics of the studied students' family, this study revealed that less than three fifth of the studied students' fathers were working in professional/occupational jobs and had intermediate education level. In addition, around two thirds of the studied students' mothers were housewife and had intermediate education level. These results were in partial agreement with that of *Eka & Ni Gusti Ayu, (2017)*, who conducted study about "Incivility in nursing education" and found that the majority of the students came from a background where fathers have completed a university education and work in professional/occupational jobs and also, revealed that, the majority of the students came from a background where mothers have completed a high school education and work outside the home. This may be due to economic and educational level of student's family.

Concerning student's study, the present study cleared that, two thirds of the studied students would like to join the institute; about less than half of them had good levels in obstetrics and gynecological programs and more than one third of them were interested in study obstetrics and gynecology. This may be due to the studied sample were female student need gain more knowledge regarding the nature of their body as a female from studying obstetrics and gynecology. The previous result was supported by *Esawi and El -Sayed, (2019)*, who conducted a study about " The experience of Egyptian male students nurses during attending maternity nursing clinical course" and showed that, more than half of students reported that curriculum were interesting to study obstetrics and gynecology.

As regards to student's total knowledge score about civility and incivility behavior, the results of the present study showed that more than three quarters of the studied students had poor total knowledge pre intervention compared with about two thirds of them had good total knowledge post intervention, with a highly statistically significant difference. From the researcher's point of view, the finding of the present study interpreted that, implementing an instructional supportive guideline regarding civility behavior among maternity nursing students was effective in increasing the level of student's knowledge.

This result was congruent with those of *Abd Elkader et al., (2021)*, who found that, more than one third of the nursing students had unsatisfactory total knowledge pre intervention compared with about half's of them post intervention. This may be due to application civility behavior guideline.

This result was supported by *Zakaria et al. (2018)*, who conducted a study about "Effectiveness of ethical issues teaching program on knowledge, ethical behavior and ethical stress among nurses" and found that overall level of Nurses' knowledge improved after the program implementation.

Concerning to total student's attitude towards civility behavior at classroom and practical area pre/post intervention, finding of the present study illustrated that, more than three quarters of the studied students had negative attitude pre intervention compared with most of them had positive attitude post intervention, with a highly statistically significant difference. This may due to insufficient awareness related to civility behavior so implementing an instructional supportive guideline consider a method for improving the negative attitude to positive.

This result was also agreement with *Abedini, & Parvizy, (2019)*, who conducted a study entitled "The effects of group discussion and self-learning on nursing students' civility" and showed that there was a significant improvement of student's attitude towards

civility behavior at classroom and practical area post intervention.

As regards to total student's behavioral engagement of maternity nursing students regarding civility behavior at classroom and practical area pre/post intervention, finding of the present study revealed that, the majority of the studied students had negative behavioral engagement regarding civility behavior at classroom and practical area pre intervention compared with most of them had positive behavioral engagement post intervention, with a highly statistically significant difference.

These results were consistent with that of *Clark & Springer, (2019)*, who found that in their study of academic nursing leaders, the majority of the participants had negative behavioral engagement regarding civility behavior at classroom and practical area pre intervention compared to most of them had positive behavioral engagement post intervention. This result was in partial agreement with *Harper et al. (2019)*, who conducted study entitled "Student engagement in higher education" and stated that levels of student' engagement was low.

This result were in agreement with that of *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 positive at all engagement dimensions .

As regards the relation between student's characteristics and their total knowledge, the present study noticed that there were a highly statistically significant difference between student's characteristics such as age & academic year and their total knowledge. These results were in partial agreement with those of *Hassan, (2018)*, who reported that, there were statistical significant differences between students' total level of knowledge with their age.

As regards the relation between student's characteristics and their total attitude, the present study noticed that there were a highly statistically significant difference between student's characteristics such as join the institute based on their desire, levels in obstetrics and gynecological programs & interest for studying obstetrics and gynecology and their total attitude. This result was in contrast with study of *Fathalla, (2019)*, who has also found that there was no significant difference between attitudes and students' socio-demographic characteristics.

As regards the relation between student's characteristics and their total behavioral, the present study noticed that there were a highly statistically significant difference between student's characteristics such as age & academic year and their total behavioral.

This result was consistent with that of *Kassem and Mohamed (2019) and Lutz, (2018)*, who has also found that there were a highly statistically significant difference between student's characteristics namely age & academic year and their total behavioral.

As regards the relation between student's total knowledge, their total attitude, and their total behavioral engagement, results noticed that there were a highly positive correlations between total student's knowledge, their total attitude and their total behavioral engagement regarding civility behavior at classroom and practical area post intervention. This result was in agreement with that of *Clark, (2017)*, who found that there were a highly positive correlations between total student's knowledge, their total attitude and their total behavioral engagement regarding civility behavior at classroom and practical area.

From the researcher's point of view, this might be explained that when knowledge improves the attitude and behavior tend to be civil. Therefore, the implementation of an instructional supportive guideline was significantly effective as a method to improve maternity nursing student's knowledge attitude

and behavior as regards civility culture in educational nursing environment.

It is important to use various teaching strategies in learning process to promote students' problem-solving abilities, and foster their clinical training and achieve their lifelong learning process. The nurse educators have an important role to prepare the next generation of nurses to lead the health care revolution through understanding the important of civility culture and respect each other's.

The researcher used these strategies to improve the knowledge, attitude and behavior of maternity nursing students regarding the civility culture in nursing education. The results showed that the instructional guidelines largely affects positively on student's knowledge, attitude and behavior regarding civility behavior at classroom & practical area. This intervention helped maternity nursing students to learn and adopt new approaches related to civility culture in nursing education.

Conclusion:

Finding of the present study concluded that the most of maternity nursing students "intervention study group" respond positively of effect of instructional supportive guidelines and also support to hypothesis and aim of the study. There were a highly statistically significant difference ($P < 0.05$) between student's characteristics such as age & academic year and their total knowledge. There were a highly statistically significant difference ($P < 0.05$) between student's characteristics such as join the institute based on their desire, levels in obstetrics and gynecological programs & interest for studying obstetrics and gynecology and their total attitude. There were a highly statistically significant difference ($P < 0.05$) between student's characteristics such as age & academic year and their total behavioral. Furthermore, there was a positive correlation ($P < 0.05$) between total student's knowledge, their total attitude and their total behavior regarding civility guidelines post intervention.

Recommendations:

- Application of civility behavior guidelines in maternity nursing student and also should be included in nursing curriculum.
- Increase awareness about civility behavior in classroom & practical area among maternity nursing students.
- Future studies should be conducted with a larger sample of students from different universities and geographical regions.

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