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Civility among Nursing Students: Insights from a Quantitative Study in Kerala

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Abstract

Background:

Civility is a cornerstone of nursing education, forming the foundation for professionalism, ethical practice, and compassionate patient care. It promotes mutual respect, effective communication, and collaboration among students, educators, and healthcare teams. A culture of civility not only enhances learning outcomes but also prepares future nurses to navigate the interpersonal and ethical challenges of clinical environments with integrity. However, despite its importance, incivility remains a persistent concern in nursing institutions worldwide. Behaviors such as disrespect, bullying, and lack of collegiality can disrupt the educational climate, lower morale, and compromise both academic and clinical performance. In the Indian context, research on civility and incivility within nursing education is still limited, underscoring the need for systematic exploration of its prevalence, underlying causes, and consequences for student well-being and professional development..

Aim:

To assess civility behaviours among nursing students in a selected colleges in Kerala.

Methods:

A descriptive research design was employed to assess the level of civility among fourth-semester B.Sc. Nursing students. The study sample comprised 99 participants, selected through convenient sampling. Data were collected using a structured self-report civility scale that encompassed five key domains: classroom behavior, respect toward peers and faculty, professional communication, accountability, and adherence to ethical standards. The instrument measured students' perceptions and self-reported behaviors reflecting civility in both academic and clinical contexts. The collected data were systematically organized and analyzed using descriptive statistics, including frequency and percentage distribution, to determine the prevalence and patterns of civil and uncivil behaviors among the respondents.

Results:

The findings revealed that students demonstrated an overall moderate to high level of civility across the assessed domains. A substantial proportion of respondents exhibited commendable behavior in areas such as punctuality (86.8%), communication skills—with 51.5% reporting that they were always polite in their interactions—and adherence to professional conduct. These findings indicate that most students recognize and practice behaviors that reflect respect, discipline, and accountability within the academic environment.

However, certain dimensions of civility showed greater variability. Only 40.4% of students consistently admitted their mistakes, suggesting hesitancy in acknowledging errors or accepting constructive feedback. Similarly, challenges were observed in emotional regulation and teamwork, reflecting the need for strengthened interpersonal skill development. A particularly concerning finding was the low level of gossip avoidance, highlighting the persistence of unprofessional peer interactions that can negatively affect the learning climate. Overall, the results suggest that while nursing students uphold civility in observable professional behaviors, there remains scope for improvement in self-awareness, emotional control, and collaborative communication.

Conclusion:

Findings highlight the need for structured interventions to improve feedback receptiveness, conflict management, and collaborative behaviour, fostering a more professional academic environment.

Key Words:

Civility, Nursing Students, Professionalism, Communication, Incivility

Introduction

Civil behavior among nursing students refers to conducting oneself with respect, courtesy, and authenticity in all interactions within academic and clinical settings. It forms the cornerstone of a positive learning environment and plays a pivotal role in shaping the professional values essential for high-quality nursing care. Cultivating civility among nursing students promotes mutual respect, fosters effective communication, and encourages collaboration, all of which are vital for safe and compassionate patient care. In essence,

civility is not just about good manners—it reflects the moral and ethical framework upon which professional nursing practice is built[1].

Key aspects of civil behavior in nursing education include respectful communication, professional conduct, constructive collaboration, and adherence to ethical principles. Respectful communication involves using polite language, actively listening, and considering diverse viewpoints to foster understanding and cooperation. Professional conduct demands that students adhere to established codes of ethics and institutional policies, demonstrating punctuality, responsibility, and accountability in both academic and clinical environments. Constructive collaboration emphasizes teamwork, empathy, and shared responsibility during classroom and clinical activities. Upholding ethical principles such as honesty, integrity, and respect for human dignity ensures that students provide care that reflects the core values of the nursing profession[1].

However, promoting civility within nursing education is not without challenges. Both students and faculty may experience or contribute to uncivil behaviors, such as disrespect, lack of responsibility, or disruptive attitudes. Such behaviors negatively impact the academic climate, erode trust, and hinder the emotional well-being and professional growth of students. Persistent incivility in the learning environment can lead to stress, burnout, and reduced motivation among students, ultimately compromising the development of professionalism and effective patient care skills[2].

Empirical studies have highlighted the strong link between civility and professional values among nursing students. Naseri, Boozari Pour, Atashzadeh-Shoorideh, and Emami revealed a statistically significant negative correlation between incivility behaviors and professional values among nursing students ($r = -0.150$, $p = 0.003$). Lower levels of incivility were associated with stronger professional values, particularly in caring and activism, and the mean incivility score among students was relatively low (1.76 out of 4)[3]. Similarly, Mohamed, Shazly, and Hassan found that fewer than one-third of nursing students consistently demonstrated civil behavior, while more than half reported incidents of incivility. Their study revealed a significant relationship between civility levels and classroom engagement, suggesting that enhancing student engagement through interactive

teaching and civility-focused orientation programs can foster more respectful and supportive academic environments[4].

Assessing and addressing incivility among nursing students is therefore essential. Uncivil behaviors—ranging from indifference, irresponsibility, and gossip to open disrespect and disruptions—can create unsafe learning environments and hinder students' personal and professional development. Such behaviors affect teamwork, communication, and ethical reasoning, all of which are fundamental to nursing competence. Continuous exposure to incivility may also lead to psychological distress, decreased self-esteem, and poor interpersonal relationships among students[2].

Despite growing global awareness of incivility in nursing education, research on this issue within the Indian context remains limited. Cultural diversity, hierarchical relationships in nursing education, and varying institutional climates may influence how civility and incivility manifest among Indian nursing students. Understanding these dynamics is critical, as incivility not only affects individual learners but also compromises the overall quality of nursing education and clinical care delivery. Educators and administrators have a responsibility to identify uncivil behaviors early and introduce preventive and corrective measures that promote respect, empathy, and professionalism[2].

Creating a culture of civility requires a collective effort from students, educators, and administrators. Faculty members should model civil behavior, maintain open communication, and address conflicts promptly and fairly. Institutions should establish clear behavioral policies, offer workshops on ethics and communication, and provide safe mechanisms for students to report concerns. Encouraging reflection, empathy-building exercises, and peer mentoring can also help instill lasting professional values. When nursing schools embed civility into their culture, they not only enhance learning outcomes but also prepare students to function effectively as ethical, compassionate, and competent nurses[1].

The civil behavior is the foundation of professional nursing practice and education. It nurtures respect, collaboration, and ethical awareness—qualities indispensable to high-quality patient care. Recognizing and addressing incivility among nursing students is crucial to safeguarding academic integrity, promoting well-being, and ensuring the development of

competent, compassionate healthcare professionals. Considering the limited research in the Indian nursing education context, the present study seeks to assess the level of incivility among nursing students in selected settings, contributing to the creation of strategies that foster civility, respect, and professionalism in nursing education and practice[2].

Methodology

A **quantitative research approach** with a **descriptive design** was adopted for the present study to assess the level of incivility among nursing students. The study was conducted in a selected nursing college in Kerala, encompassing a total of **99 nursing students** who were chosen through **total enumerative sampling**. The inclusion criteria comprised nursing students who were present on the day of data collection and had completed a **minimum of two years** in the B.Sc. Nursing program. Students who were unwell at the time of data collection were excluded from the study to ensure reliability and accuracy of responses.

Before data collection, the **purpose of the study** was clearly explained to all participants to ensure transparency and voluntary participation. **Informed consent** was obtained from each participant, emphasizing confidentiality and anonymity of their responses. Additionally, **prior permission** was secured from the concerned **college authorities** to conduct the study in an ethical and organized manner. The researcher ensured that all ethical considerations—such as respect for participants' rights, privacy, and institutional protocols—were duly followed throughout the research process.Tool for data collection

The following tools were used for data collection.

1.Demographic data which included gender, semester of study, type of family and area of

residence

2.Structured rating scale for assessing the civil behaviour among nursing students in academia divided it into 5 sections including respectful communication, accountability and responsibility, professional conduct, team work and peer interaction and emotional

regulation and conflict management with 3-4 items each. Total consisted of 18 items and it was selfrated on a five point scale as always, usually, sometimes, rarely, never.

Content validity and reliability of the tool was established.

Data collection

After obtaining formal permission from the respective college authorities, data collection was carried out on 10/06/2025 and 17/06/2025 at the selected Colleges of Nursing in Kerala. A total of 99 nursing students who met the inclusion criteria were selected to participate in the study. The purpose of the study was clearly explained to all participants to ensure voluntary participation and informed understanding of the research objectives. Informed consent was obtained from each student prior to data collection, ensuring that ethical standards were maintained throughout the process.

During the data collection, participants were provided with a structured rating scale designed to assess the level of incivility among nursing students. Each participant took approximately 10 minutes to complete the tool. The data collection was self-administered, wherein the participants independently filled out the questionnaire and subsequently returned it to the researcher. This method ensured accuracy, confidentiality, and unbiased responses, contributing to the reliability of the study findings

Results

Sample characteristics

Among the 99 participants included in the study, all were fourth-semester B.Sc. Nursing students. The demographic data revealed that the majority of the participants were females (92.9%), while males constituted 7.07% of the total sample, reflecting the gender distribution commonly observed in nursing education. In terms of residential background, more than half of the students (53.6%) were from semi-urban areas, whereas 20.2% belonged to urban regions and 23.2% hailed from rural areas. With respect to family structure, the findings indicated that a significant proportion of students (76.8%) lived in nuclear families, followed by those from joint families (18.1%) and extended families (5.1%). These demographic details provided a comprehensive understanding of the participants' background, which may influence their perceptions and behaviors related to civility in nursing education.

Table 1. Percentage and frequency distribution of civility behavior related to communication N=99

Items	Never f (%)	Rarely f (%)	Sometimes f (%)	Usually f (%)	Always f (%)
I communicate respectfully with faculty/peers (e.g., using polite language).			22 (22.2%)	30 (30.3%)	51 (51.5%)

I listen actively without interrupting others.		14 (14.1%)	16 (16.2%)	73 (73.7%)	
I respond to feedback without becoming defensive.			21 (21.2%)	20 (20.2%)	62 (62.6%)
I avoid using offensive or sarcastic language.					103(100%)

Table 1 presents the frequency and percentage distribution of civility behaviours related to communication among nursing students (N = 99). The findings indicate that more than half of the respondents (51.5%) reported that they always communicate respectfully with faculty and peers, while 30.3% stated that they usually do so. In terms of active listening, a majority of the students (73.7%) reported that they usually listen attentively without interrupting others, whereas 16.2% admitted to doing so sometimes.

Regarding their response to feedback, 62.6% of the students indicated that they always respond without becoming defensive, while 21.2% and 20.2% mentioned that they sometimes and usually respond appropriately, respectively. It is noteworthy that all participants (100%) stated that they never use offensive or sarcastic language, reflecting a high degree of civility in verbal interactions.

Overall, these results highlight that nursing students demonstrated strong adherence to civil communication practices, marked by respectful dialogue, active listening, and receptive feedback behavior—key attributes essential for fostering a professional and positive learning environment.**Table 2. Percentage and frequency distribution of civility behaviour related to accountability and responsibility**

N=99

Items	Never f (%)	Rarely f (%)	Sometimes f (%)	Usually f (%)	Always f (%)
I arrive on time to classes, labs, and clinical postings.				17(17.17%)	86(86.8%)
I complete assignments and responsibilities promptly.				49(49.4%)	54 (54.5%)
I take responsibility for my actions and their consequences.			20 (20.2%)	49 (49.4%)	34 (34.3%)
I admit mistakes without blaming others.	10(10.1)	13(13.1)	22(22.2%)	18 (18.8%)	40(40.4%)

Table 2 Table 2 presents the nursing students' civility behaviours related to accountability and responsibility. The data reveal that a large proportion of students exhibited a high degree of accountability in their academic and clinical responsibilities. Specifically, 86.9% of the participants reported that they always arrive on time for classes, laboratory sessions, and clinical postings, while 17.2% stated they usually maintain punctuality.

In terms of assignment completion, the responses were slightly more varied. A little over half of the students (54.5%) reported that they always complete assignments promptly, whereas 49.5% stated that they usually do so, indicating occasional lapses in consistency. Regarding taking responsibility for one's actions, nearly half of the respondents (49.5%) reported doing so usually, 34.3% reported always, and 20.2% indicated they sometimes take responsibility, suggesting a moderate but developing sense of professional accountability.

When asked about admitting mistakes without blaming others, the responses were less uniform. Only 40.4% of the students reported that they always admit mistakes, while 18.2% do so usually, 22.2% sometimes, 13.1% rarely, and 10.1% never acknowledge their mistakes. These findings suggest that while the majority of students demonstrate punctuality and task responsibility, there remains scope for improvement in fostering honesty and self-reflection—essential components of professional integrity in nursing practice.

Table 3. Percentage and frequency distribution of civility behaviour related to professional conduct

N=99

items	Never f (%)	Rarely f (%)	Sometimes f (%)	Usually f (%)	Always f (%)
I maintain professional appearance and attire.				11(11.1%)	92(92.9%)
I avoid using mobile phones in class/clinical areas unless permitted.					99(100)
I uphold patient confidentiality and ethical standards.				29(29.3%)	74(74.7%)
I treat patients and staff with dignity and respect.			16(16.%)	41(41.4%)	46(46.5%)

Table 3 Table 3 presents the nursing students' civility behaviours related to professional conduct. The findings indicate that most students consistently adhered to professional norms and ethical standards expected within nursing education and practice. A vast majority of respondents (92.9%) reported that they always maintain a professional appearance and attire,

while 11.1% stated that they usually do so, reflecting a strong sense of professionalism in outward demeanor.

Mobile phone usage policies were followed diligently, as 100% of the participants indicated that they always avoid using mobile phones during academic or clinical hours unless explicitly permitted, demonstrating awareness of institutional rules and respect for the learning environment.

In terms of adherence to patient confidentiality and ethical standards, a commendable 74.7% of students reported that they always uphold these principles, and 29.3% stated they usually do so. However, when it came to respectful treatment of patients and staff, some variation was observed—46.5% reported always demonstrating respect, 41.4% usually, and 16.2% sometimes showing this behavior.

Overall, these results reveal that nursing students possess a strong foundation of professional conduct, particularly in appearance, ethical behavior, and compliance with institutional policies. Nonetheless, continued emphasis on interpersonal respect and consistent professionalism in patient and staff interactions is recommended to strengthen the culture of civility in nursing practice

Table 4. Percentage and frequency distribution of civility behaviour related to teamwork and peer interaction

N=99

items	Never f (%)	Rarely f (%)	Sometimes f (%)	Usually f (%)	Always f (%)
I collaborate well with classmates in group tasks.		26 (26.2%)	35(35.3%)	9(9%)	33(33.3%)
I support peers when they are stressed or overwhelmed.				40 (40.4%)	63(63.6%)
I avoid gossiping or creating conflict among peers.		56(56.5%)	23(23.2%)	24 (24.2%0	

Table 4 Table 4 depicts the nursing students' civility behaviours regarding teamwork and peer interaction. The results indicate mixed levels of collaboration and peer support among the participants. With regard to collaboration in group tasks, only 33.3% of the students reported

that they always collaborate effectively, while 9.1% stated they usually do so. A larger proportion (35.4%) indicated they sometimes collaborate well, and 26.3% admitted they rarely engage effectively in teamwork, suggesting the need for improvement in cooperative learning dynamics.

In contrast, peer support demonstrated a more positive trend. A significant majority of students (63.6%) reported that they always support peers experiencing stress or difficulties, while 40.4% stated they usually offer such support. This finding reflects empathy and solidarity among nursing students—key traits essential for fostering a supportive professional community.

However, civility in avoiding gossip or conflict among peers revealed less favorable results. More than half of the respondents (56.6%) admitted they rarely refrain from gossip or peer conflicts, 23.2% reported doing so sometimes, and only 24.2% indicated they usually maintain positive peer relations. These results suggest that while students show compassion and willingness to support one another, challenges remain in consistently upholding civility in peer communication and conflict management. Enhanced mentoring, team-based activities, and reflective discussions may help nurture more respectful and cooperative peer interactions among nursing students.

Table 5. Percentage and frequency distribution of civility behaviour related to emotional regulation and conflict management

N=99

items	Never f (%)	Rarely f (%)	Sometimes f (%)	Usually f (%)	Always f (%)
I remain calm during stressful situations.		30(30%)	30(30%)	43(43.4%)	
I seek constructive solutions during disagreements.		20(20.2%)	14(14.1%)	69(69.6%)	
I use coping strategies to manage anger and frustration.	24(24.2%)	16(16.1%)	41(41.4%)	22(22.2%)	

Table 5 Table 5 illustrates the nursing students' civility behaviours regarding emotional regulation and conflict management. The findings indicate varying levels of emotional control and conflict-handling skills among the participants. When asked about their ability to remain calm during stressful situations, 43.4% of the students reported that they usually maintain composure, while 30.3% stated they do so sometimes, and an equal 30.3% admitted they rarely remain calm, reflecting the need for improved emotional regulation under pressure.

In terms of seeking constructive solutions during disagreements, the responses were relatively more positive. A majority of 69.7% of students reported that they usually employ constructive strategies when resolving conflicts, whereas 14.1% indicated they do so sometimes, and 20.2% rarely seek positive resolution methods. This suggests that most students prefer diplomacy and problem-solving approaches when faced with interpersonal challenges.

However, findings related to coping strategies for managing anger and frustration were more diverse. 41.4% of the respondents reported using coping mechanisms sometimes, 22.2% stated they usually do so, while 16.2% admitted they rarely, and 24.2% reported they never use coping strategies to manage such emotions. These results highlight variability in students' emotional self-regulation and suggest the importance of incorporating structured stress management and emotional intelligence training into nursing curricula to promote civility, empathy, and professionalism in high-pressure environments.

Discussion

The present study contributes valuable insights to the expanding body of research on incivility among nursing students, emphasizing its persistent nature and its far-reaching implications for professional development, psychological well-being, and the overall learning environment. Consistent with previous studies, the findings indicate that most nursing students exhibit moderate to high levels of civil behaviour, particularly in domains such as communication, punctuality, and professional appearance. However, challenges persist in areas such as receptiveness to feedback, teamwork, avoidance of gossip, and emotional regulation during conflict, highlighting key opportunities for educational and institutional interventions.

Civility in communication was generally found to be moderate to high. More than half of the participants (51.5%) reported that they always communicate respectfully with faculty and peers, and 73.7% stated that they usually listen actively without interrupting others. Nevertheless, only 62.6% indicated that they always respond constructively to feedback, suggesting that some students may struggle with maintaining professionalism when receiving corrective input. This finding resonates with Naseri et al.[3], who reported that lower levels of incivility correlate with higher professional values—particularly caring and activism (r =

−0.150, p = 0.003)—implying that promoting respectful communication can strengthen internalization of professional values and ethical attitudes among nursing students.

With regard to accountability and responsibility, the results demonstrated encouraging trends. Most students (86.8%) reported that they always arrive on time for classes and clinical postings, reflecting strong time management and discipline. However, the willingness to accept mistakes without assigning blame was less consistent—only 40.4% of participants always admitted errors. This variation underscores the need for further encouragement of self-awareness and accountability as integral components of professional growth. Professional conduct remained an area of relative strength, particularly in maintaining professional attire and adhering to mobile phone restrictions during clinical hours. Yet, the data revealed variability in respectful treatment of patients and staff, suggesting a need for reinforcing patient-centered ethics and interpersonal respect. These findings echo Pinchera et al.[5], who emphasized that adherence to professional values is fundamental to ensuring safe clinical practice and high-quality patient care.

The findings related to teamwork and peer interaction indicated moderate levels of civility. While collaboration in group tasks was variable, peer support was a notable strength—63.6% of students reported that they always support peers under stress. However, avoidance of gossip or conflict remained an area of concern, as more than half admitted to occasionally engaging in or tolerating such behaviour. Similarly, emotional regulation and conflict management were moderate overall, with only 43.4% consistently remaining calm during stressful situations, though a positive 69.7% usually sought constructive solutions to disagreements. These patterns align with Mohamed et al.[4], who found that higher levels of civility are significantly associated with greater classroom engagement, suggesting that improving civility could enhance both academic participation and professional competence.

Existing literature supports the notion that incivility negatively affects clinical experiences, increases psychological stress, and impedes the formation of a strong professional identity[6–8].

The findings of Naseri et al.[3] further demonstrate that higher levels of incivility are linked to lower professional value scores—particularly in caring and activism—mirroring the current study's observations of moderate emotional regulation and feedback receptivity. Likewise, Mohamed et al.[4] reported that less than one-third of nursing students consistently displayed civil behavior, while uncivil students exhibited lower engagement in classroom learning. These findings collectively reinforce the importance of nurturing civil behavior to strengthen accountability, professionalism, and engagement in nursing education.

The literature underscores the critical need for institutional interventions such as civility education modules, simulation-based training, cognitive rehearsal, and active learning strategies to reduce incivility, alleviate psychological distress, and enhance self-efficacy in managing uncivil situations[6–7–10]. Pinchera et al.[5] emphasized that developing civility codes, promoting faculty role modeling, and integrating communication skills training are essential to fostering a respectful and supportive academic culture. The current study's findings on teamwork, peer collaboration, and conflict management indicate that a multifaceted intervention strategy focusing on communication, empathy, and reflective practice could strengthen students' professional conduct and team-based competencies.

A notable observation from this study is the limited availability of Indian research addressing nursing student incivility, which highlights the urgent need for contextually relevant investigations to inform culturally appropriate strategies and policies. The present study demonstrates that structured assessment of civil behaviour offers meaningful insights for educators, enabling them to design targeted interventions that promote psychological safety, ethical awareness, and professional resilience among nursing students. Cultivating civility within nursing education not only enhances the learning environment but also lays a strong foundation for ethical, compassionate, and patient-centered care, ensuring the development of a competent and empathetic nursing workforce for the future.

Conclusion

The present study highlights that while nursing students exhibit satisfactory levels of civility across several domains—particularly in communication, punctuality, and professional conduct—there remain specific areas requiring focused improvement. Notably, feedback receptivity, conflict management, consistent collaboration, and respectful patient interactions emerged as domains where civility can be further strengthened. These aspects are critical for fostering a professional, empathetic, and supportive nursing culture that upholds the ethical and interpersonal standards of the profession.

To address these gaps, targeted interventions are recommended. Strategies such as structured civility training programs, faculty role modeling, reflective learning exercises, and the integration of professional behaviour guidelines into the nursing curriculum can effectively promote positive behavioural change. Embedding civility education within both classroom and clinical teaching helps students internalize professional values and practice respectful communication in real-world healthcare settings. Furthermore, promoting open dialogue, peer mentorship, and regular reinforcement of ethical principles can cultivate a culture of mutual respect and accountability.

Importantly, early intervention plays a pivotal role in preventing the escalation of uncivil behaviours, which can adversely affect not only the learning environment but also students' psychological well-being and the quality of patient care. As emphasized in previous studies by Naseri et al. and Mohamed et al.[3–4], promoting civility enhances student engagement, professional development, and the overall effectiveness of nursing education. By proactively addressing incivility through structured educational initiatives, institutions can nurture competent, compassionate, and ethically grounded nurses who contribute positively to both academic and clinical settings.

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