

EFFECTS OF INCIVILITY IN CLINICAL PRACTICE ON NURSING STUDENT BURNOUT IN PIMS HOSPITAL

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Abstract

Background: Clinical education is an essential element of the nursing curriculum, with clinical practicums comprising approximately half of the program. Nursing students are required to fulfill designated hours of clinical practice in order to complete their nursing education.

Objective: To examine the effects of incivility in clinical practice on nursing students' burnout in College of Nursing, PIMS, Islamabad, Poly Clinic Hospital, Holy Family hospital Rawalpindi, Benazir Bhutto hospital Rawalpindi

Materials & Methods: The study, conducted through a quantitative cross-sectional design, involved 200 students' nurses studying in various semesters at the college of Nursing PIMS Islamabad. The questionnaire was created to incorporate demographic information, along with two sections on workplace incivility and burnout, presented in the format of a Likert scale. Duration of the study was 3 months. Data analysis was done by using Statistical Package of Social Sciences and software version IBM-26.

Results: In the context of workplace incivility, 51.6% encounter it once or twice a month, 8.6% experience it weekly, 12.6% face it several times a week, 7.6% endure it every day, and 19.3% come across it once or twice a year. Regarding burnout, 33.3% report daily occurrences, 8.6% experience it weekly, 9% encounter it monthly, 21.3% face it a few times per month, 5.3% experience it annually, 13% confront it a few times a year, and only 9.3% have never undergone burnout.

Conclusion: Key findings underscore overall percentages emphasize the extensive influence of workplace incivility on nursing students, with a majority regularly encountering these challenges. By introducing targeted educational initiatives, the project aims to create an environment of respect and mindfulness in the clinical setting. This study seeks to improve the learning environment for nursing students, ultimately enhancing patient care in Pakistan.

INTRODUCTION

Clinical education is an essential element of the nursing curriculum, with clinical practicums comprising approximately half of the program.

Nursing students are required to fulfill designated hours of clinical practice in order to complete their nursing education. Clinical education provides nursing students with

valuable opportunities to acquire and enhance professional skills, as well as to tackle complex healthcare problems and apply the knowledge and critical thinking skills learned in class to real-world situations. As such, clinical education is vital for developing nursing practice knowledge and ensuring the quality and success of nursing programs.

Clinical education poses a challenge to students due to the issue of incivility. Incivility can be defined as any rude or destructive behavior that causes physical or psychological distress to others and creates threatening situations. Such behavior may manifest as verbal statements or disruptive actions that negatively impact the work, social, personal, or educational environment.

The literature suggests that incivility is a well-documented issue in academic environments. Victims of incivility often experience discouragement, lower self-esteem, and increased doubt about their abilities. This underscores the serious negative impact of incivility on the wellbeing and performance of students in clinical education. (1).

The learning experiences and wellbeing of nursing students are heavily influenced by the environment of the practice settings in which they are embedded. The workplace environment can have either a positive or negative impact on nursing students. There are many reports of nursing students being exposed to negative workplace behaviors during their clinical learning experiences, which can be stressful and undermine their self-confidence and emotional wellbeing (2).

These negative experiences can lead to burnout and poor health among nursing students, which has been well-documented in the nursing and management literature. Stressful clinical learning experiences can lead to negative health effects, and burnout can exacerbate these effects. Therefore, it is crucial for nursing educators and healthcare organizations to create a positive and healthy learning environment for nursing students to support their learning and overall wellbeing.

Most research on incivility in the nursing profession has focused on licensed nursing

personnel, leaving a gap in empirical research regarding the experiences of nursing students who encounter incivility during their clinical training. Understanding the impact of incivility experiences on nursing students' persistence and retention is essential to the body of existing knowledge (3).

This study's potential significance lies in contributing to knowledge about the effects of incivility during the clinical training of nursing students. If the problem of incivility is not addressed, it could lead to worsening nursing shortages, putting both the nursing profession and employment opportunities at host hospital-based institutions at risk (4). Therefore, it is crucial to address the issue of incivility to ensure the sustainability of the nursing profession and healthcare institutions.

The research conducted has identified the causes and sources of uncivil behavior, which can aid in taking action to eliminate incivility at all levels throughout the clinical training experience. By improving the clinical training environment for nurses, there may be an increase in persistence and employment opportunities for nurse graduate candidates at hospital-based institutions (5).

To support the established professional nursing behavior standards, this study examined three theories: the social exchange theory, peace and power theory, and the theory of caring. These theories provide a framework to understand and address uncivil behavior in the nursing profession and promote a culture of respect, compassion, and professionalism in clinical training environments (6).

The prevalence of negative interpersonal behaviors in the clinical setting, it is understandable that such exposure may impact nursing students' career decisions. With the current global nursing shortages, it is essential for the future nursing workforce to develop and apply their professional knowledge, skills, and judgments in supportive practice environments (7). These practice settings should serve as opportunities for students to integrate their theoretical and practical learning, rather than posing a threat to their well-being and leading to

premature burnout and potential decisions to leave the profession.

MATERIAL AND METHODS

Study Design: Cross-sectional study

A **cross-sectional study** collects information from participants at one particular point or period of time.

Study Setting: College of Nursing, PIMS, Islamabad, Poly Clinic Hospital, Holy Family hospital Rawalpindi, Benazir Bhutto hospital Rawalpindi

Duration of Study: 3 months

This means the research activities were completed over a **three-month period**.

During these three months,

- Obtained permission from the institution
- Selected participants
- Explained the study to students
- Obtained informed consent
- Distributed questionnaires
- Collected completed questionnaires
- Entered and analysed the data

Study Participants:

Study participants = Nursing Students

Sampling Technique: Convenience Sampling

Convenience sampling means selecting participants who are **easily available and willing to participate**.

Sample Size: n = 200

n represents the number of participants included in the study.

Therefore:

n = 200 means that **200 nursing students participated in the study**.

Confidence Level: 95%

A **95% confidence level** is a statistical concept used when determining or interpreting sample size and estimates.

Margin of Error: 5%

The **margin of error** indicates how much the sample estimate may differ from the true population value.

A **5% margin of error** means the researcher accepts an estimated difference of approximately ± 5 percentage points.

Population Proportion: 20%

The **population proportion** is the expected percentage of people in the population who have the characteristic being studied.

Population Size: 350

The **population size** refers to the total number of people who meet the general population definition for your study.

Sample Size: 200

The 200 students represent the group from whom you actually collected data.

Sample Selection

Inclusion Criteria

The inclusion criteria are the characteristics that a student **must have** to participate.

According to your information, the inclusion criteria were:

- **4th-year Generic BSN students**
- **5th-year Generic BSN students**
- **7th-year Generic BSN students**
- **Age 18–25 years**
- **Male and female students**

Exclusion Criteria

Exclusion criteria describe people who **would not be included**, even if they otherwise belonged to the study population.

exclusion criteria

- Students who were **sick**
- Students who were on **leave**
- Students who were **absent**
- Students with **less than one year of experience**
- Students who **refused to participate**

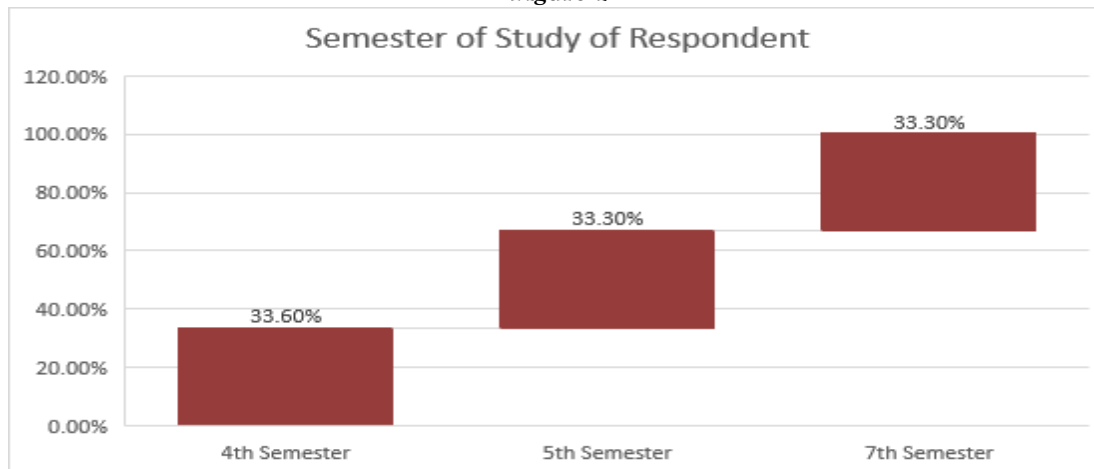
Ethical Considerations

Ethical approval was obtained from the relevant institutional authorities before data collection. Participants were informed about the study purpose and procedures, and **informed consent** was obtained. Participation was voluntary, and participants could withdraw at any time without

consequences. Confidentiality and privacy were maintained, and data were used only for research purposes. Participants' identities were kept anonymous, and all information was securely stored.

RESULTS

Figure 1

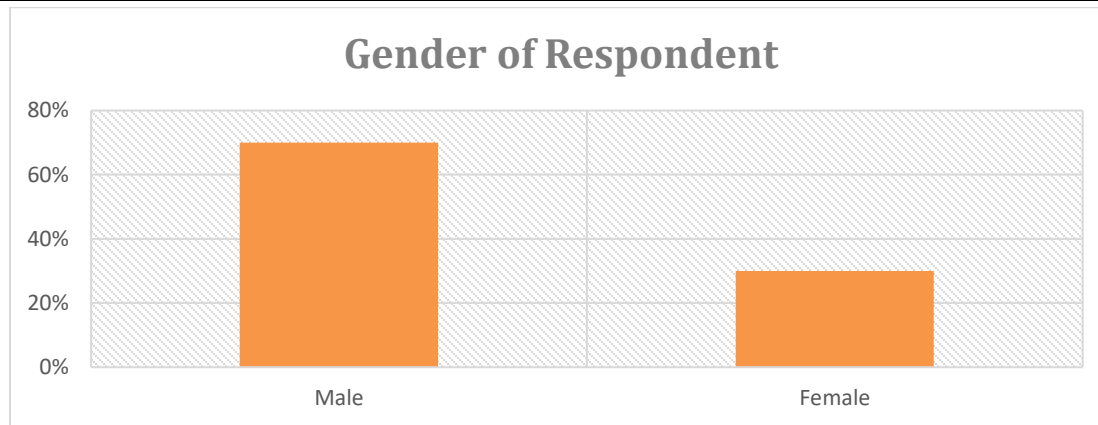


Scale	Frequency	Percentage
4 th Semester	10	33.6%
5 th Semester	10	33.3%
7 th Semester	10	33.3%

Description: The research project encompasses of 30 participants, with an even distribution across semesters. Ten students, constituting 33.33%, are from the 4th semester, another ten from the 5th semester, and the remaining ten

from the 7th semester. This deliberate distribution ensures a balanced representation of perspectives from different stages of academic advancement.

Figure: 2

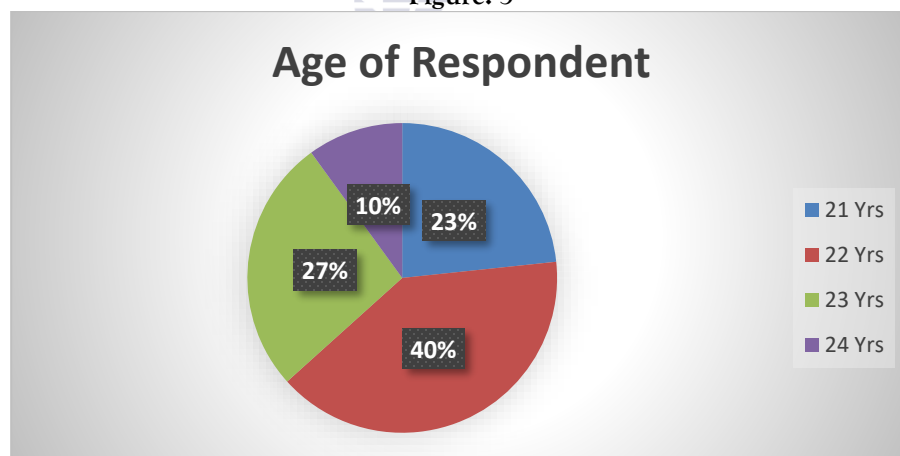


Gender	frequency	Percentage
Male	21	70%
Female	09	30%

Description: The data shows the demographic composition of respondents with respect to gender. Specifically, 21 respondents, comprising 70% of the total sample, identify as male.

Conversely, 9 respondents, constituting 30%, identify as female. This figure underscores the gender distribution within the researched population.

Figure: 3



Age	Frequency	Percentage
21	7	23%
22	12	40%
23	08	27%
24	03	10%

Description: The age distribution among the 30 respondents reveals a clear trend, with the majority falling within the 21-23 age range. Nearly half (40%) identified as 22 years old, followed closely by 27% (8 students) who are 23.

Younger participants at 21 years old comprise 23% (7 students) of the group, while the oldest, at 24 years old, make up a smaller portion at 10% (3 students).

Summary of the Results:

Incivility in nursing is a widespread concern that can negatively affect nursing students' clinical learning and psychological well-being. The present study found frequent experiences of disrespectful behaviors from supervisors and coworkers, supporting the study hypothesis that workplace incivility is associated with burnout.

Condescending behavior was common, with 53.3% of students experiencing it once or twice a month, 6.6% several times a week, and 3.3% daily. Similarly, 34% reported receiving little attention monthly, while 20% experienced this daily. Demeaning remarks were reported monthly by 56.6%, while unprofessional language was experienced monthly by 43.3%.

Social exclusion was also prevalent, with 46.6% experiencing it once or twice a month. Additionally, 73.3% reported unwanted personal discussions with supervisors or coworkers monthly. Being deliberately ignored was reported monthly by 43.3% and several times a week by 23.3%. Inappropriate jokes were experienced monthly by 63.3%, while aggressive communication, including yelling, shouting, or swearing, was reported monthly by 53.3%.

The findings also revealed considerable burnout. Although 16.6% never experienced burnout, 30% experienced it a few times per month, 13.3% monthly, 3.3% weekly, and 16.6% daily. Furthermore, 46.6% reported feeling that they worked too hard on clinical duties every day, indicating substantial workload-related stress.

Despite these challenges, positive experiences were also identified. Sixty-three percent felt they positively influenced others every day, 60% could create a relaxed atmosphere with colleagues daily, and 53.3% reported handling emotional problems calmly every day. These factors may help protect students from the negative effects of stress and incivility.

Overall, the findings demonstrate a considerable prevalence of workplace incivility, burnout, and work-related stress among nursing students. The results support the study hypothesis and highlight the need for nursing institutions to promote respectful communication, strengthen clinical supervision, establish clear anti-incivility policies,

and provide confidential reporting and psychological support. A supportive clinical learning environment may reduce burnout and improve students' well-being, learning, and professional development.

DISCUSSION

Incivility is a widespread concern in nursing and can negatively affect students' clinical learning and psychological well-being. The present study at the College of Nursing, PIMS, Islamabad, found frequent experiences of condescending behavior, ignoring, demeaning remarks, exclusion, inappropriate jokes, and aggressive communication, supporting the relationship between clinical incivility and burnout.

Most participants were young adults, with 40% aged 22 years, 27% aged 23 years, 23% aged 21 years, and 10% aged 24 years. Males represented 70% and females 30% of the sample. These demographic characteristics may influence students' perceptions and responses to stressful clinical experiences.

Condescending behavior was experienced monthly by 53.3% of students, while 6.6% experienced it several times a week and 3.3% daily. Demeaning remarks were reported monthly by 56.6%, while unprofessional language was experienced monthly by 43.3%. Social exclusion was also common, with 50% experiencing it monthly. Additionally, 43.3% reported being deliberately ignored monthly, and 63.3% experienced inappropriate jokes once or twice a month. Aggressive communication was reported monthly by 53.3% of students (8,9,10,11).

Burnout was also substantial: 30% experienced it a few times per month, 13.3% monthly, 3.3% weekly, and 16.6% daily. Work-related frustration was reported daily by 13.3%, while 46.6% felt they were working too hard on clinical duties every day. These findings suggest that repeated incivility, workload, and emotional demands may contribute to students' burnout (12).

Despite these challenges, positive experiences were evident. Sixty-three percent felt they positively influenced others every day, 60% could create a relaxed atmosphere with colleagues daily,

and 53.3% reported handling emotional problems calmly every day. These factors may help protect students against burnout(13).

Overall, the findings demonstrate a concerning prevalence of workplace incivility and burnout among nursing students. Incivility was most commonly experienced once or twice a month (51.6%), while 33.3% reported daily burnout(14,15). The findings support the study hypothesis that clinical incivility is related to burnout. Nursing institutions should promote respectful communication, strengthen clinical supervision, establish confidential reporting systems, and provide psychological support to improve students' well-being and clinical learning.

Conclusion

The study highlights a substantial gap in experiences and emphasizes the urgency of cultivating a respectful clinical practice setting to alleviate burnout among nursing students. In addition, the overall percentages underscore the widespread impact of workplace incivility on nursing students, with a majority facing these challenges regularly. Addressing this issue is crucial, necessitating targeted interventions.

Authors Contribution

Introduction: SS

Methodology: TA

Formal analysis: IM

Discussion: SS, NB, SSA

Writing review: IM, FN

Editing: SN

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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