LETTER to EDITOR

Management of Challenging Behavior (Incivility) among Medical Students

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Education is more than data and skills transfer; it is a developmental process for educators and students. However, sometimes in this process interactional problems emerge between the faculty and students that can be referred to as challenging behaviors. In these cases, the faculty must be familiar with these problematic phenomena and they must solve them with personal or group interventions, and make more pleasant classroom experiences both for students and faculty members (1).

Ideally, interactions between faculty and students should be respectful and professional in all circumstances. Unfortunately, despite a lot of efforts, behaviors of students are not controllable and sometimes inappropriate; usually referred as incivility. In these situations, faculty should not postpone managing the case. Often the negligence is due to lack of skills in dealing with subsequent emotional outcomes. For example, some faculty dislike of being blamed for commanding discourse and due to harsh laws, others avoid suffering student from emotional pain.

If the students have been trained with weak personality in medical schools, enormous and irreparable damage will be arising. These damages include interactional problems with colleagues and patients, recipients of medical services, and organizations (2). Imagine a challenging person who does not care for the patient; what happens? Medical personnel as professionals must protect the soul, body, mind, wealth, and patients' lives. If they behave uncivil or challenging, what happens?

Felblinger writes that challenging behaviors have a lot of negative consequences at the level of individuals and organizations that require identifying and intervening. Costs incurred secondary to severe uncivil behaviors are remarkable and include topics such as patient safety, absenteeism, turnover, organizational commitment, and physical and mental staff health (3, 4).

However, not addressing students' poor behavior and considering it as an acceptable behavior is more prevalent. Repeating this seemingly harmless behavior will have negative effects on the learning environment (5). It is imperative for faculty to know even mild forms of these behavior is direct to devastating effects on learning atmosphere that should be considered immediately. Ways to address these behaviors vary according to faculty position and their preferences.

The lack of addressing incivility reinforced challenging behaviors will give other students the message that, this type of behavior is tolerated and accepted by the instructor (6). The motivation of students will be reduced, if one could not distinguish between interested and eager students to learn and others. The students' disruptive behavior lead to the increase of stress and medical educators' burnout (7). Faculty encountered students' uncivil behaviors has reported physical and emotional symptoms. Moreover, in the future uncivil students would be uncivil colleagues.

Management of uncivil behavior in medical students

There are some methods such as forming organizational committees that discuss challenging behavior and factors contributing them (8).

Some strategies that help faculty to reduce challenging behavior are listed by Morrissette and include:1) development of effective communication and interpersonal skills to better understand the views of students; 2) setting course plan with clear expectations of behavior and expecting to be completely consistent with the course objectives; 3) delivering and receiving feedbacks appropriate to teaching and learning, to and from students in mid-terms; 4) creating collaborative learning environments and interactive classroom management; 5) respectful responding to conflicts rather than a crude reaction to the students, and; 6) managing student complaints based on priority.

Other authors suggested other strategies considering incivility such as: 1) illuminating faculty' expectations; it is essential that faculty determine their interactional style in the first class session, and they should not have the assumption that students are familiar with normal civil behavior.

Another manner in reducing challenging behaviors between students and faculty is the developing skills in paying attention to student knowledge situation, spending more time for student, and intimate encounter to them. (9). A solution that enhances student acceptance and intimacy to faculty is spending time, with early entering and late exiting from class, and considering students' problems.

REFERENCES

5. Hubbell L, Hubbell K. When a college class becomes a mob: Coping with student cohorts. Coll Stud J 2010; 44(2): 340-53.

1. Feldmann LJ. Classroom civility is another of our instructor responsibilities. Coll Teach 2001; 49(4): 137-40.

2. Felblinger DM. Bullying, incivility, and disruptive behaviors in the healthcare setting: identification, impact, and intervention. Front Health Serv Manage 2009; 25(4): 13-23.

3. Lim S, Lee A. Work and nonwork outcomes of workplace incivility: Does family support help? J Occup Health Psychol 2011; 16(1): 95-111.

6. Kolanko KM, Clark C, Heinrich K, Olive D, Serembus JF, Sifford KS. Academic dishonesty, bullying, incivility, and violence: Difficult challenges facing nurse educators. Nurs Educ Perspect 2006; 27(1): 34.

7. Summers JJ, Bergin DA, Cole JS. Examining the relationships among collaborative learning, autonomy support, and student incivility in undergraduate classrooms. Learn Individ Differ 2009; 19(2): 293-8.

8. Pandit NR. The creation of theory: A recent application of the grounded theory method. Qual Rep 1996; 2(4): 1-14.

8. Tissot C, Macqueen L, Faraday S, Maudslay L, Hewitson C. What's your problem? Working with learners with challenging behaviour. Guidance for colleges and other post-16 education providers on implementing the disability discrimination act. Learning and Skills Network; 2007.

9. Martin RJ, Hine DW. Development and validation of the uncivil workplace behavior questionnaire. J Occup Health Psychol 2005; 10(4): 477-90.