



NURSE STUDENTS PERCEPTION REGARDING CIVILITY BEHAVIOR AT TECHNICAL INSTITUTE OF NURSING

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ABSTRACT

Background: Civility is suggested to promote increased patient satisfaction, caring relationships, and increased job satisfaction. Civility developed within the nursing education program is anticipated to transition to the workplace **The aim** of the study was to assessing nurse students perception regarding civility behavior **Design:** A quasi-experimental design (one group) was used in carrying out this study. **Subjects:** it include all available nurse students who enrolled in the above mentioned setting from different study years. **Tools of data collection:** one tool was used for collecting data, namely, **Incivility in Nursing Education (INE) survey.** it will be used to measure nurse students perceptions of incivility. **Result:** student nurses had low perception with civility behavior slightly more than two fifth of student

nurses low level of knowledge regarding total civility dimensions in preprogram phase, while all student nurses had highly knowledge in post phase and slightly decline at follow up phase with highly statistically significant improvement with all the phases of intervention. **Conclusion:** There was highly statistically significant improvement in total student nurses perception of civility behavior in study setting. This supported the study hypothesis which stated, student nurses civility behavior will be improved in classroom. **Recommendations:** The learning strategy of civility behavior should be applied to all student nurses in the study setting, and should be extended to other similar settings. Enlightenment continues program in public seminars, awareness to student nurses about the importance of civility behavior. Developing student nurses driven strategies to foster civility in the classroom.

KEYWORDS: INE, Civil behavior, Student nurses, Learning strategy.

INTRODUCTION

Learning strategies promote student achievement; enhance communication and social skills, and increase student learning and productivity. Problem-Based Learning is an example of a cooperative learning strategy whereby teachers pose a real problem for students and then have students work together to find a successful resolution to the problem (**Feldman, 2011**).

However, Civility also defined as authentic respect for others requiring time, presence, engagement, and an intention to see common ground. After completion of a concept analysis by the researcher, the following Evidence has suggested that incivility on American college campuses has manifested into a serious and growing concern (**Merriam-Webster On-line Dictionary, 2013**).

Academic incivility is a multifaceted phenomenon that includes student-to-faculty incivility, faculty-to-student incivility, student-to-student incivility, administrator-to-faculty incivility, faculty-to-faculty/administrator incivility, and incivility occurring between nurse students and or other healthcare members in the practice setting. Regardless of its configuration, academic incivility often results in a negative impact on wellbeing, self-worth, confidence, and commitment to nursing. (**Clark, 2009**).

Nursing student development of ethical and moral virtues will positively impact patient outcomes. Patient safety outcomes were cited to have a positive relationship with the establishment of civility within nursing education (**Perk, 2004**).

Little attention has been focused on systematic documentation of both student and institute uncivil behaviors as the basis for promoting civility in the classroom. Once dismissed as a problem of elementary and secondary education, classroom incivility has been the subject of increasing concern in higher education over the past several years. Uncivil behaviors are those generally viewed as disrespectful and disruptive; they may include carrying on conversations with others during class, talking on cell phones, texting, surfing the internet, sleeping, arriving late, leaving early, and challenging the instructor about grades (**Leagaard, 2013**).

Classroom is the most formal setting where educational processes occur. It includes the interaction phenomenon through which the teaching and learning issues are achieved and organized by teachers and students. In the classroom, both teachers and student perform a

variety of different types of actions in order to accomplish classroom activities (*Ibrahim, 2015*).

In general, students agree on the disruptive nature of incivilities, but who is responsible for incivility as it unfolds in the classroom. Student-created incivility may stem from factors beyond the classroom setting, identified that some students' consumer orientation—their belief that they should receive a high quality education while putting forth little or no effort in their quest for a university diploma—and narcissistic tendencies (e.g. preoccupation with self, lack of empathy for others) as two predictors of student incivility. (Zerwekh & Carol, 2009).

Significance of the study

Uncivil and disruptive behaviors in nursing education are serious problems requiring ongoing attention and research. Academic incivility jeopardizes the welfare of faculty, students, and the campus community (Clark, 2014).

Nursing institute is challenged by uncivil student behavior and many are underprepared to deal with its effects. Some institute members consider leaving academe due to the serious toll incivility often takes on their personal and professional lives (Clark, 2011).

The increase in incivility within the nursing education setting can place strain on the academic environment within the classroom, clinical, and distance education setting. Incivility considered as always an existing problems and issues that required attention when incivility left unaddressed it may result in an increase in frequency and severity of uncivil behavior in the classroom this study aims for developing student driven strategies to foster civility in the classroom (Suplee et al., 2013).

Civility may also impact the learning environment. Understanding the students' perceptions of civility may allow educators to develop strategies to deal with these behaviors and promote an effective learning environment. Exploring these perceptions may aid in formulation of institute development programs by administration to prevent, address, and manage incivility (Luparell, 2013).

AIM OF THE STUDY

This study aims at the effect of a learning strategy on nurse students civility behavior through:

1. Identify student nurse perception regarding civility behavior in study setting
2. Assessing nurse students perception regarding civility behavior in study setting.

RESEARCH QUESTIONS

What is the perception of nursing students about civility behavior?

- Research design

A quasi-experimental design (one group) was used in carrying out this study.

- Setting

The study was conducted at Alzhara technical institute of Nursing affiliated to Al Azhar University. AlZhara technical institute of nursing.

Subjects

The subjects consisted of (200) student nurses that represent the total population at the study setting.

Tools of data collection

One tool will be used to collect data for this study, namely **Incivility in Nursing Education (INE)**: It aimed to assess the nurse students perceptions of incivility. This tool was developed by (Clark 2009), and modified by (Beck, 2012 & Mahmoud, 2015). It consists of two parts:

Part I: It aims to collect data related to the *demographic characteristics* of study subjects as age, gender, academic year, residence place and previous training,... etc.

Part II: Incivility in Nursing Education (INE) survey. Involve list of nurse students behaviors which occurring in the academic environment that may be perceived as disruptive or threatening. It aims at assessing measures the extent and types of uncivil behaviors that includes their responses, and their perceptions about who engages in incivility. This part consists of 40 statements grouped under two dimensions.

Ethical considerations

An official letter requesting permission to conduct the study was submitted from the Dean of the faculty of nursing for the manager of different technical institute in Al Azhar University. This letter included the aim of the study and photocopy from data collection tools in order to

get the permission and help for collection of data. And oral consent was obtained from each participant. They were reassured about the anonymity and confidentiality of the information collected, and that it would be used only for the purpose of scientific research.

Preparatory phase

This stage started from August 2016 till February 2017 It took 6 months; the researcher reviewed the national and international related literature concerning the topic of the study and developed the study tool.

-Pilot study

A pilot study will be carried out on a sample of Upon developing the data collection tools, a pilot study was conducted in October 2016, to examine the applicability, clarity of language, test the feasibility and suitability of the designated tools, estimate the time needed to complete the questionnaires by each nurse students and identifying potential obstacles and problem that may be encountered during the period of data collection. The questionnaire sheets were given to twenty nurse students.

They represent 10% of subjects; these 20 nurses 'students were included in the main study sample Data obtained from the pilot study was analyzed, and no modifications were done. The time consumed in answering the questionnaires was 20 minutes for Incivility in Nursing Education questionnaire.

-Field Work

The actual field work of the study continued for three months from, November 2016 to January, 2017. The researcher met the student nurses to explain the purpose and the benefits of the study. Knowledge questionnaire sheet was distributed to student nurses during time break of lectures.

In the beginning, the researcher explained to the participants' fill the incivility questionnaire sheet. The multiple choice incivility questionnaire sheets were distributed to the student nurses in their class in the presence of the researcher.

Statistical Design

Data entry and statistical analysis were done using SPSS 20.0 statistical software package. Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables.

Qualitative categorical variables were compared using chi-square test. Whenever the expected values in one or more of the cells in a 2x2 tables was less than 5, Fisher exact test was used instead. Chi-square for trend was used to assess the statistical significance of trends of scales. Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables, and Spearman rank correlation for ranked ones. Statistical significance was considered at p-value <0.05.

RESULTS

Table 1: Demographic characteristics of nurse students (n=200).

Characteristics of the studied staff nurses		No.	%
Age	Less than 18 years	85	42.5%
	More than 18 years	115	57.5%
Academic year	First	50	25%
	Second	45	22.5%
	Third	35	17.5%
	Fourth	35	17.5%
	Fifth	35	17.5%
Marital status	Single	200	100%
Residence	Urban	200	100%
Previous academic year grade (N=150)	Excellence	44	29.3%
	Very good	65	43.3%
	Good	26	17.3%
	Acceptable	15	10.0%

The table (1) shows that more than half (57.5) of the study subjects had age more than <18 years. Majority of study subjects are Single and from urban residence 100 residence respectively., finally that more than two fifth 43.3% of them have got very good in the Previous academic year grade.

Table (2): Nurse students' knowledge regarding avoidance behavior (n=200).

Avoidance behavior		Studied subjects		x2	P-value
		No	%		
Arriving late for class or clinical session	Uncivil	106	57%	397.299	<0.001**
	Uncertain	61	30.5%		
	Civil	33	16.5%		
Leaving class early or clinical session	Uncivil	107	53.5%	421.820	<0.001**
	Uncertain	90	45%		
	Civil	3	1.5%		
Questioning the value of an assignment or activity	Uncivil	125	62.5%	410.667	<0.001**
	Uncertain	71	35.5%		
	Civil	4	2.0%		
Being ready to be actively	Uncivil	97	48.5%	411.350	<0.001**

engaged in the class	Uncertain	98	49%		
	Civil	5	2.5%		
Reading non lecture materials as newspapers or magazine during lecture time	Uncivil	98	49.0%	369.490	<0.001**
	Uncertain	97	48.5%		
	Civil	5	2.5%		
	Uncivil	111	55.5%	358.401	<0.001**
Packing up books before the lecture is over	Uncertain	83	41.5%		
	Civil	6	3.0%		
Turning off mobiles before starting the lecture or the clinical sessions	Uncivil	118	59%	347.648	<0.001**
	Uncertain	79	39.5%		
Civil	3	1.5%			

(**) Highly statistically significant at $P < 0.01$

Table (2) clarifies the student nurses' perception regarding Questioning the value of an assignment or activity more than half (62.5%), while there are highly statistically significant).

Table (3): Nurse students knowledge regarding disregard for others behavior (n=200).

Disregard for Others behaviors		Studied subjects		χ^2	P-value
		No	%		
Making sarcastic remarks or gestures during lecture or clinical sessions	Uncivil	74	37%	392.295	<0.001**
	Uncertain	104	52.0%		
	Civil	22	11.0%		
Displaying attentive during lecture or clinical sessions	Uncivil	45	22.5%	411.910	<0.001**
	Uncertain	131	65.5%		
	Civil	24	12.0%		
Avoiding lateral conversation during lecture time	Uncivil	65	32.5%	432.503	<0.001**
	Uncertain	125	62.5%		
	Civil	24	12.0%		
Keeping quit during the lecture or clinical sessions	Uncivil	12	6%	454.126	<0.001**
	Uncertain	139	69.5%		
	Civil	49	24.5%		
Eating and drinking in class during lecture	Uncivil	70	35%	381.921	<0.001**
	Uncertain	116	58%		
	Civil	14	7.0%		
Refusing to answer direct questions	Uncivil	70	35%	370.460	<0.001**
	Uncertain	117	58.5%		
	Civil	13	6.5%		
Sleeping in class during lecture	Uncivil	52	26%	359.350	<0.001**
	Uncertain	131	65.5%		
	Civil	17	8.5%		

(**) Highly statistically significant at $P < 0.01$

Table (3) indicated that student nurses' perception regarding disregard for others behavior was generally low perception level of civility behavior regarding Refusing to answer direct questions.

Table (4): Nurse students' knowledge regarding violation of ethic behavior (n=200).

Violation of ethic behaviors		Studied subjects		x ²	P-value
		No	%		
Charting nursing care to patient that not performed	Uncivil	80	40%	382.557	<0.001**
	Uncertain	111	55.5%		
	Civil	9	4.5%		
Not admitting an error made in patient care	Uncivil	87	43.5%	401.683	<0.001**
	Uncertain	102	51.0%		
	Civil	11	5.5%		
Cheating on exams or quizzes	Uncivil	83	41.5%	421.765	<0.001**
	Uncertain	110	55%		
	Civil	7	3.5%		
Cheating on written assignments	Uncivil	61	30.5%	442.855	<0.001**
	Uncertain	121	60.5%		
	Civil	18	9.0%		
Asking the instructor's permission to record lectures on tapes	Uncivil	77	38.5%	339.932	<0.001**
	Uncertain	106	53.0%		
	Civil	17	8.5%		
Respect the instructor's decision to allow or disallow to record lectures on tape	Uncivil	78	39%	329.734	<0.001**
	Uncertain	107	53.5%		
	Civil	15	7.5%		
Wearing appropriate professional attire	Uncivil	76	38%	319.842	<0.001**
	Uncertain	121	60.5%		
	Civil	2	1.0%		
Demanding make-up exams, or grade changes	Uncivil	84	42%	310.243	<0.001**
	Uncertain	113	56.5%		
	Civil	3	1.5%		
Creating tension by dominating class discussion	Uncivil	71	35.5%	360.912	<0.001**
	Uncertain	125	62.5%		
	Civil	4	2.0%		
Discarding trash after the lecture has begun	Uncivil	94	47%	378.958	<0.001**
	Uncertain	104	52%		
	Civil	2	1.0%		

(**) Highly statistically significant at P<0.01

Table (4) reveals that the lowest (2%) perception of student nurses in Violation of ethic behaviors regards Discarding trash after the lecture has begun, while the high performance at immediately regard use correct behaviors. There were highly statistically significant.

Table (5): Nurse students knowledge regarding aggressive behavior (n=200).

Aggressive behaviors		Studied subjects		x ²	P-value
		No	%		
		Making threats of physical harm against faculty members	Uncivil		
	Uncertain	14	7%		
	Civil	3	1.5%		
Making threats of physical harm against other students	Uncivil	158	79%	351.364	<0.001**
	Uncertain	40	20.0%		
	Civil	2	1.0%		
Neglecting patients in the clinical area	Uncivil	177	87.5%	340.822	<0.001**
	Uncertain	22	11%		
	Civil	1	0.5%		
Keeping the property of the institute	Uncivil	169	84.5%	330.602	<0.001**
	Uncertain	26	13.0%		
	Civil	5	2.5%		
Slamming the door or the book	Uncivil	162	81%	320.682	<0.001**
	Uncertain	37	18.5%		
	Civil	1	0.5%		
Making harassing comments (racial, ethnic, gender) directed to patients)	Uncivil	187	93.5%	351.948	<0.001**
	Uncertain	11	5.5%		
	Civil	2	1.0%		
Making harassing comments directed to nurses	Uncivil	152	76%	369.548	<0.001**
	Uncertain	21	10.5%		
	Civil	0	0%		
Making harassing comments directed to faculty members	Uncivil	175	87.5%	388.024	<0.001**
	Uncertain	23	11.5%		
	Civil	2	1.0%		
Making harassing comments directed to other students	Uncivil	174	87%	407.428	<0.001**
	Uncertain	24	12%		
	Civil	2.0	1.0%		
Refraining from electronic harassment as email	Uncivil	190	95%	313.214	<0.001**
	Uncertain	9	4.5%		
	Civil	1	0.5%		

(**) Highly statistically significant at P<0.01

Table (5) show that throughout intervention phases the lowest percentage score of perception (2%) related to Wearing appropriate professional attire & Discarding trash after the lecture has begun while slightly decline at. Also, there are highly statistically significant.

Table (6): Nurse students knowledge regarding Disagreeable behaviors (n=200).

Disagreeable behaviors		Studied subjects		x ²	P-value
		No	%		
		Challenging/ testing faculty members knowledge or credibility	Uncivil		
Uncertain	10		5%		
Civil	7		3.5%		
Speaking with your professor after lecture if you strongly disagree with him	Uncivil	140	70%	285.824	<0.001**
	Uncertain	56	28%		
	Civil	4	2.0%		
Objecting faculty members in class to grade	Uncivil	112	56%	313.696	<0.001**
	Uncertain	85	42.5%		
	Civil	3	1.5%		
Showing disrespect to institute members	Uncivil	125	62.5%	329.383	<0.001**
	Uncertain	74	37%		
	Civil	1	0.5%		
Showing disrespect to nurses	Uncivil	125	62.5%	345.852	<0.001**
	Uncertain	73	36.5%		
	Civil	2	1.0%		
Showing disrespect to other students	Uncivil	170	85%	363.139	<0.001**
	Uncertain	26	13%		
	Civil	4	2.0%		

(**) Highly statistically significant at P<0.01

Table (6) clarifies that majority (91.5) of nurse students had uncivilly behavior toward Challenging/ testing faculty members knowledge or credibility compared to more than half (56%) of nurse students regarding Objecting faculty members in class to grade.

DISCUSSION

learning strategies promote student achievement; enhance communication and social skills, and increase student learning and productivity. Problem-Based Learning is an example of a cooperative learning strategy whereby teachers pose a real problem for students and then have students work together to find a successful resolution to the problem (*Feldman, 2011*). Civility does not mean we all agree. In fact, institute in higher education have a responsibility to create teaching-learning environments where lively debates and spirited discussions flourish. Using stories, real-life examples, case-based scenarios, and group discussion minimizes incivility. Because significant learning takes place outside the classroom, institute can encourage students to practice and apply what they have learned in class to their lives outside the classroom. These strategies and interventions help to create safe, civil teaching-learning environments (Clark, 2014). Incivility is the polar opposite of civility, or in other words a

lack or completely without civility. Verbal or physical attacks on others, religious intolerance and discrimination are just some of the acts that are generally considered acts of incivility (Bastable 2007). In recent years, there seems a growing interest on the vital place of civility and incivility in contemporary urban life (Boules 2018). Therefore, the present study aimed at the effect of a learning strategy on nurse students civility behavior through assessing nurse students perception regarding civility behavior before the training intervention of learning strategy, designing and implementing the training intervention of learning strategy for nurse students about civility behavior, assessing nurse students perception regarding civility behavior after the training intervention of learning strategy and determining the effect of training intervention of learning strategy on nurse students' civility behavior by nurse students' at Al-Zahra technical institute. Results of this study revealed that there is a highly statistically significant improvement in nurse students perception at immediately post-intervention and follow up intervention when compared with pre-program intervention. So, that reflects improvement nurse students perception after training program intervention.

In relation to nurse students' knowledge regarding civility behavior, the finding indicated that there are highly statistically significant improvement in nurse students' knowledge regarding all dimensions of civility in post program phase, slightly decline in follow up phase as compared with preprogram phase. This result could be attributed to nurse students' were not supported with continues educational program internally and externally, they need to have opportunities of continuing educational programs to be more knowledgeable. In congruent with finding of the present study **Oermann (2010)** found a statistically significant improvement between pre and posttest simulation in the participants' perceptions regarding the civility team. Moreover, **Mostafa (2017)** reported that the majority of nurses were not aware of civility behavior before implementation of the program while there were statistical significant differences in two phases of the program In addition **Rad & Karimi, (2016)** found that there was general improvement in nurse students' behavior related to civility behavior according to immediately post intervention. The nurse students' in the present study sample were mostly carrying a technical degree in nursing. However, all of studied subject were Single and from urban residence. In agreement with this, **Spratley *et al* (2017)** in a study in the United States emphasized emphasized the characteristics of nurse student.

Regarding the avoidance behaviors, the present study the value of an assignment or activity as due to nurse student had high awareness related to uncivil results revealed that majority of

nurse student had high perception level reading questioning the value of an assignment or activity. This result may be due to nurse student had high awareness related to positive and negative value of any activity not related to lectures and it's consequence on learning environment. Also, nurse students had unaware about policies and rules of classroom management and feeling of disengagement.

This finding disagreed with **Hands, (2016)** who conduct a study carried out to assess the frequency and perception of uncivil behaviors in the classroom, and found that the lowest uncivil behaviors in the classroom were holding conversations that distract you or other students, using cell phones during class, cheating on exams, arriving late for class, and using non material such as magazine or newspaper during class for purposes not related to the class.

Regarding disregard of other behaviors, the present study intervention results revealed that the majority of nurse student had a high perception level regarding Making sarcastic remarks or gestures during lecture or clinical sessions. This result may be due to nurse student had a lack of interest and loss of concentration of lecture and lack of motivation nurse student should use different learning strategies and consequence of put student in an active position and use student- centered learning strategies.

CONCLUSION AND RECOMMENDATIONS

The study results lead to the conclusion that student nurses in the study settings have deficient knowledge of civility behaviors. the present study findings, it can be concluded that slightly more than two fifth of student nurses low level of knowledge regarding total civility dimensions, while all student nurses had highly knowledge. majority of student nurses had low total perception level while four fifth of them had high perception and three quarter of them had high performance level. This supported the study hypothesis which stated, student nurses civil behavior.

Therefore, it is recommended that so and so Strong need to applied the training program of civility to all student nurses in the study setting, and should be extended to other similar settings, Enlightenment continues program in public seminars, awareness to student nurses about the importance of civility behavior. Developing student nurses driven strategies to foster civility in the classroom. Student nurses should be encouraged to change academic incivility behaviors often results in a negative impact on low confidence Continuous training programs or sessions must emphasize on all aspects of nursing civility dimensions. Applied

program for all newly student nurses for knowing about civility behavior. Similar study should be carried out in institutions in order to compare findings and make generalization and dissemination of information and research finding should be done online to improve its utilization.

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