Nurse Educators' and Administrative Staff Perspective and Management of Nursing Students' Disruptive Behaviors in the Educational Environment

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Abstract: Disruptive behavior in nursing education has been identified as an emergent and serious problem that substantially disrupts the teaching–learning process and the educational environment. Also, it contributes to the educators' or the administrative staff's dissatisfaction. So, finding suitable strategies to deal with such behavior and control it is extremely serious. *Objective:* This study aims to explore the nurse educators' and the administrative staff's perspective and management of nursing students' disruptive behavior in the educational environment. *Setting:* This study was carried out in all academically departments at the Faculty of Nursing, Alexandria University as well as the library and student affairs department. *Subjects*: The subjects of this study will comprise approximately 150 nurse educator work at the Faculty of Nursing, Alexandria University. In addition, all administrative members approximately 19 enrolled at the Faculty of nursing. *Tools*: Two tools were used by the researcher for the purpose of data collection; Nurse Educators' Perspective and Management of Nursing Students' Disruptive Behavior Structured Interview Schedule, and the Administrative staff's Perspective and Management of Nursing Students' Disruptive Behavior Structured Interview Schedule. *Results*: It was found that 49.1% and 48.2 % of the nurse educators in the classroom and the clinical setting respectively had moderate perspective regarding management of students' disruptive behavior. While, 75.0% and 71.4% of the students' affairs and library staff respectively had low perspective regarding the management of students' disruptive behavior. *Conclusion:* the current study denotes that the management that was mostly used by nurse educators and the administrative staff was: telling students the rules and procedures clearly at the beginning of the year, addressing the disruption individually, directly and immediately, and talking with the student in a calm, respectful and non-threatening manner. *Recommendations:* Educational workshops should be conducted to all nurse educators and the administrative staff at the faculty of nursing to increase their knowledge and competencies regarding dealing with students' disruptive behavior. Also, developing school regulations and policies for disruptive behavior and its consequences should be available to all students, educators and the administrative staff.

Keywords: Nurse Educators' Perspective, Administrative Staff Perspective, Nursing Students' Disruptive Behaviors Management, Educational Environment (clinical area and classroom).

1. INTRODUCTION

Nursing education is composed of two complementary parts: theoretical lectures and practical training. A large part of nursing education is carried out in the clinical environment [1].

Classroom is a special environment where students and faculty come together to promote growth and learning. It is essential that the learning environment respects the professionalism of the nurse educators and that the general goals of

academic freedom are maintained [2]. So, nurse educators are considered the cornerstone in the effective teaching learning process. In order to fulfill that role, the educators must deal with the social, intellectual, and the physical structure of the educational environment [3]. The roles of educators changed from the foundation of developing knowledge to becoming responsible for teaching, managing the classroom, managing students' disruptive behavior, motivating, guiding students and managing students' academic performance [4]. The librarians and student affairs professionals in higher education share many of the same goals and values. In addition to the primary goal of supporting student learning, both academic librarians and student affairs professionals advocate for all the students at their institution. Also, they promote and document successful collaborative relationships with academic departments and teaching faculty at institution. [5].

There is an expectation that educators identify and intervene when students demonstrate unprofessional behavior in the academic environment. The nurse educator's task is to assure that a student nurse is not only clinically competent, but also ethically and morally prepared to enter the role of the professional nurse [6].

Classroom management is a term used by many educators to provide them with effective strategies to prevent or to minimize disruptive student behavior. It refers to actions taken to create and maintain a learning environment conducive to successful instruction arranging the physical environment, establishing rules and procedures, maintaining students' attention to their lessons and in conducting engagement activities [7, 8]. Disruptive student behavior is defined as any student behavior that interferes with classroom activities or the educational environment [9]. Cicotti (2012) stated that exposure to disruptive behavior in nursing begins in undergraduate education and, if not addressed, it may move with the students into practice and end with violating the code of ethics [10].

However, there are many types of student disruptive behavior that are generally perceived as disruptive in the educational environment that can be assembled into four groupings; First, disrupting the educator while explaining the lesson as persistent speaking without permission, failure to adhere to the educators rules or instructions [2] .Second, disrupting the teaching and learning process as the use of cell phones or other electronic devices, text messaging during class, cheating, arguing with classmates and lack of academic honesty. Third, disrupting the other students as frequently entering class late, leaving early, stealing, bullying and failing to respect others when they are expressing their viewpoints. Fourth, being busy with their own selves during the teaching and learning process as eating, drinking ,sleeping in class without permission, reading the paper in class and destruction of property [11,12].

Regarding factors aggravating students' disruptive behavior; first, changing demographics and increasing diversity of students influence the growing number of disruptive behavior in the educational environment. Second, availability of technology is another factor contributing to the causes of disruptive behavior. Third, environmental factors as poor ventilation, poor environmental organization, low/high temperatures, inadequate seats, small-sized classes and high noise levels may contribute to behavioral characteristics of students who lead or cause disruptive behavior. Fourth, problems related to the educators and teaching methods are including; educators' non-communication concerning the expectations of appropriate classroom behavior, unclear objectives, traditional methods of teaching, teacher's weakness and ineffective class management. Finally, boredom may be related to lack of interest in the subject presented [4, 13].

Furthermore, the outcomes of disruptive behavior can include elevated stress levels, headaches, inability to sleep, and a weakened immune system leading to illness. Also, emotional effects are erosion of self-esteem, self-doubt, anxiety, and depression. In addition, disruptive behavior may lead to impairment of cognition resulting in an inability to concentrate or learn. Finally, behavioral changes, such as withdrawal, potential violence and weakness personal relationships. In the academic setting, this could lead to impaired relationships between students and faculty members, as well as between students themselves. Also disruptive behavior may impact recruitment and retention of faculty members and students hinder job satisfaction, increase absenteeism of faculty members and students [14].

Disruptive behavior management constitutes a major concern among educators and the administrative staff. Students are more likely to engage in disruption when the educators and administrative staff are less able to manage disruptive behavior, recognize students' characteristics and needs, maintain relationships with students and communication, apply the teaching process and motivation, set up classroom rules and apply them. The ability of educators and the administrative staff to effectively manage disruptive behavior depends also on the mode of training and work experience [15, 16].

Educators and the administrative staff vary in their responses to students' disruptive behavior, which include; conversation, direct or indirect confrontation, sanctions according to the syllabus and humor. Also, acceptance; which includes reframing the situation or the behavior. In addition, no action, which includes; avoidance, minimization, ignoring behavior. Moreover, redirection, which includes appointing discussion dominators as discussion leaders, incorporates texting as part of the lesson plan. And finally, referral, which includes the department head/chair, behavioral review and/or threat assessment team, police based upon that experience. There is no one correct response to the disruptive behavior [17].

Aim of the study:

This study aims to explore the nurse educators' and the administrative staff's perspective and management of nursing students' disruptive behavior in the educational environment.

The research question:

1. What are the disruptive behaviors perceived by educators and the administrative staff?

2. What are the management actions adopted by the educators and the administrative staff to control such disruptive behavior?

2. MATERIALS AND METHOD

I. Materials

Design:

A descriptive exploratory research design was utilized in this study.

Setting:

This study was carried out at the Faculty of Nursing, Alexandria University namely; Medical Surgical Nursing, Pediatric Nursing, Nursing education ,Obstetric and Gynecological Nursing, Nursing administration, Critical care and emergency nursing, Psychiatric and Mental Health Nursing, Community Health Nursing ,Gerontological nursing as well as the library and student affairs department.

Subjects:

The subjects of this study included a sample of 150 nurse educator working at the Faculty of Nursing, Alexandria University.

The sample size was estimated using Epi info program using the following parameters:

Population size 300

Expected frequency 50%

Acceptable error 10%

Confidence coefficient 99%

According to the Epi info program the estimated sample size is 100.

The sample size chosen by the simple random method.

Total sample size distributed using a proportional allocation technique and they were distributed as follows;

Categorize	Total	Sample size
Professors	4	2
Assistant professors	39	19
Lecturers	89	44
Assistant lecturers	59	30
Demonstrators	74	37
Clinical instructors	35	18
Total	**300**	**150**

In addition, all administrative members enrolled at the Faculty of nursing as follows;

Specialty	Sample size
Student affairs staff's	12
Library staff's	7

Tools:

Two tools were used by the researcher for the purpose of data collection:

Tool I: Nurse Educators' Perspective and Management of Nursing Students' Disruptive Behavior Structured Interview Schedule.

This tool was developed by the researcher after a thorough review of related literature [18, 19] to explore the nurse educators' perspective regarding the nursing students' disruptive behavior and their management. It will consist of three parts:

Part one:

It included data about the nurse educators' personal and academic data such as; age, sex, academic department, years of experience, lecture or training time, and length of nursing lecture or clinical training.

Part two:

It included 123 items to explore the nurse educators' perspective regarding their nursing students' disruptive behavior .It was distributed into four dimensions as follows:

1. Forty six statements related to frequency of students' disruptive behavior observed in the classroom such as; communication with educators, communication with classmates, compliance with instructions, academic honesty, bullying behavior, showing disinterest during the lesson and general appearance.

2. Fifty four statements related to frequency of students' disruptive behavior observed in the clinical settings and laborites such as; communication with educators, communication with peers, communication with patients, communication with patients' families, communication with health care personnel, compliance with instructions, bullying behavior, honesty and general appearance.

3. Sixteen statements related to factors aggravating students' disruptive behavior in the classroom and clinical setting such as; environmental factors and educational factors.

4. Seven statements related to effect of students' disruptive behavior on the quality teaching and learning outcome in the classroom and clinical setting.

Part three:

It included 21 items to explore the strategies adopted by the educators to manage such disruptive behavior in the classroom and clinical setting.

These statements were distributed over the 4 point-likert scale ranging from (1) to rare, (2) to sometimes, (3) to usually and (4) to always.

The scoring system of this tool consisted of three levels:

➢ Low perspective: Score ranging from 25 % to 50 %

➢ Moderate perspective: Score ranging from 51% - 75%

➢ High perspective: Score ranging from 76% - 100%

Tool II: Administrative staff's Perspective and Management of Nursing Students' Disruptive Behavior Structured Interview Schedule.

This tool was developed by the researcher after a thorough review of related literature [18, 19] to explore the administrative staff's perspective regarding the nursing students' disruptive behavior and their management. It will consist of three parts:

Part one: Personal and academic data

It included data about the administrative staff personal and academic data such as; age, sex, academic department, academic qualification, years of experience and average number of students attend in a library per day.

Part two:

It included 53 items to explore the administrative staff's perspective regarding their nursing students' disruptive behavior. It distributed into three dimensions as follows:

1. Fifteen statements related to frequency of students' disruptive behavior observed in the student affairs department such as; communication with staff, compliance with instructions and bullying behavior.

2. Twenty four statements related to frequency of students' disruptive behavior observed in the library department such as; communication with staff, compliance with instructions, bullying behavior, dealing with library environment and honesty level.

3. Fourteen statements related to factors aggravating students' disruptive behavior in the student affairs and library departments such as; environmental factors and institutional factors.

Part three:

It included 13 items to explore the strategies adopted by the administrative staff to manage such disruptive behavior.

These statements were distributed over the 4 points-likert scale ranging from (1) to rare, (2) to sometimes, (3) to usually and (4) to always.

The scoring system of this tool consisted of three levels:

➢ Low perspective: Score ranging from 25 % to 50 %

➢ Moderate perspective: Score ranging from 51% - 75%

➢ High perspective: Score ranging from 76% - 100%

Method

1. Permission to conduct the study was obtained from the Dean of the Faculty of Nursing, Alexandria University.

2. Permission to conduct the study was obtained from the heads of all scientific and administrative departments' (library and student affairs) at the Faculty of Nursing, Alexandria University.

3. The research tools were developed by the researcher after extensive review of related literature.

4. Content validity for the tools were tested by five experts in the related fields such as nursing education, obstetric and gynecological nursing, nursing administration, psychiatric and mental health nursing; then the necessary modifications were accordingly made.

5. A pilot study was carried out on 10% of the nurse educators (15). They were distributed as follows using proportional allocation technique; 10 nurse educators from professors, assistant professors, lecturers and 5 from assistant lecturers ,demonstrators and clinical instructors

6. A pilot study was carried out on 10% of the administrative staff (2). They were distributed as follows using a proportional allocation technique; 1 library staff and 1 student affairs staff.

7. The reliability of the tools was tested using Cronbach's Alpha test. Tools were reliable and the coefficient values were (0.900&0.945) respectively for tool I, (0.980 &0.959) respectively for tool II.

8. Data was collected over a period of three months starting from the end of September, 2017 and continued till the end of December, 2017.

9. Tool I was distributed to nurse educators who were already teaching undergraduate student in the academic year 2017-2018 in their office after explaining the study aim. This structured interview took approximately 10 minutes on individual basis.

10. Tool II was distributed to administrative staff in library and student affairs' department after explaining the study aim. This structured interview took approximately 10 minutes on individual basis.

11. **Ethical considerations:**

•   A written informed consent obtained from all participants after explanation of the study aim.

•   Participants' confidentiality of collected data ensured.

•   Anonymity, the right to refuse to participate in the study and also   privacy was assured.

•   Participation will be on voluntary basis.

12**. Statistical analysis**

Data were collected, revised, coded, and fed to the computer and analyzed using IBM SPSS software package version 20.0. Qualitative data were described using number and percent.

3.   RESULTS

Table (1) **shows the nurse educators' perspective regarding their management of students' disruptive behavior in the classroom.** It was perceived that nurse educators are always role models to their students, telling and reminding their students about the rules and procedures clearly, offering counseling, coaching, or mentoring, moving around and within the clinical setting regularly while teaching to grasp students' attention, using nonverbal signals, providing feedback to the student without embarrassing her/him and raising the tone of voice (67.3%, 65.5%, 41.8%, 40.0%, 30.9%, 41.8% and 34.5% respectively). In addition, it was perceived that nurse educators usually reward good behavior of students, and also stop teaching and wait patiently for the student to stop the disruptive behavior (45.5% and 32.7% respectively).

Furthermore, it was perceived that nurse educators sometimes call out the student's name, call on the student to repeat the point that has just been said, use reflection and questions to communicate unsatisfactory performance to a student, ignore the student's disruptive behavior, address the disruption individually, directly and immediately, order the student to change place, stop teaching and waiting patiently for the student to stop the disruptive behavior, provide a private verbal warning to the student about the disruptive behavior, give the disruptive student deadlines for improving or stopping the disruptive behavior and reporting the disruptive behavior to the department chair for consultation/intervention (36.4%, 34.5%,30.9%, 41.8%, 40.0%, 49.1%, 32.7%, 43.6, 49.1 and 47.3% respectively).

Hence, the results revealed that 29.1% of the nurse educators sometimes manage students' disruptive behavior in the classroom.

Table (2) **shows the nurse educators' perspective regarding their management of students' disruptive behavior in the clinical setting.** It was perceived that nurse educators always tell and remind students about the rules and procedures clearly, and providing feedback to the student without embarrassing her/him (52.9% and 38.8% respectively). Also ,it was perceived that nurse educators usually are role models to the students, reward good behavior of students, offer counseling, coaching, or mentoring, they move around within the clinical setting regularly while teaching to grasp students' attention, using non-verbal signals, calling out the student's name, calling on the student to repeat the point that has just been said, using reflection and questions to communicate unsatisfactory performance to a student, addressing the disruption individually, directly and immediately, raising the tone of voice and stopping teaching and waiting patiently for the student to stop the disruptive behavior (44.7%, 44.7% , 40.0%, 38.8%, 40.0%, 43.5%, 37.6%, 42.4%, 45.9%, 41.2% and 42.4% respectively).

Moreover, it was perceived that nurse educators sometimes calling on the student to repeat the point that has just been said, ignore the student's disruptive behavior, reprimand the student publicly and loudly with harsh words, order the student to change place, order student to leave place, they provide a private verbal warning to the student about the disruptive behavior, give the disruptive student deadlines for improving or stopping the disruptive behavior and report the disruptive behavior to the department chair for consultation/intervention (37.6%, 44.7%, 31.8%, 38.8%, 44.7%, 47.1% and 41.2% respectively).

Table (3) **shows the student affairs staff's management of students' disruptive behavior.** . It was perceived that the student affairs staff always tell students the rules and procedures clearly at the beginning of the year, address the disruption individually, directly and immediately, talk with the student in a calm, respectful and non-threatening manner and provide a private verbal warning to students about their disruptive behavior (75.0%, 58.3%, 75.0% and 33.3% respectively). In addition, it was perceived that they usually provide a private verbal warning to students about their disruptive behavior and report the disruptive behavior to the department chair for consultation/intervention (33.3% and 50.0% respectively).

Furthermore, it was perceived that the students' affairs staffs sometimes ignore students' disruptive behavior, use non-verbal signals, call out the student's name and raise the tone of voice (58.3%, 66.7%, 58.3% and 50.0% respectively).

Hence, the results revealed that 33.3% of the students' affairs staff rarely manages the students' disruptive behavior.

Table (4) **shows the library staff management of students' disruptive behavior.** It was found that the library staff always tell students the rules and procedures clearly at the beginning of the year, address the disruption individually, directly and immediately, talk with the student in a calm, respectful and non-threatening manner, use non-verbal signals and provide a private verbal warning to the students about their disruptive behavior (57.1%, 42.9%, 71.4%, 42.9% and 42.9% respectively). Also, 42.9% of the library staff usually using nonverbal signals. In addition, library staffs sometimes raise the tone of voice and order students to leave their place (50% and 42.9% respectively).

Hence, the results revealed that 28.6% of the library staff sometimes manages students' disruptive behavior while 28.6% of them rarely manage students' disruptive behavior.

4. DISCUSSION

Nurse educators are extremely skilled in helping nursing students to develop moral conduct and identities as professionals. Nursing codes of ethics throughout the world emphasize the importance of professionalism [20]. In addition, professionalism is part of a hidden curriculum that is not actually taught. Students learn professional behavior implicitly through observation [21].

Disruptive behavior is a growing problem in the 21st century. All staff encounters students that are disturbing the education process at least several times during their service. In nursing education, disruptive behavior is the behavior that is destructive and that would lead to physical and mental distress in people who are working in the educational environment, and if not eliminated it could cause a threatening condition [22, 23]. Therefore, educators and the administrative staff should regard this problem of disruptive behavior in the educational environment as extremely serious, and they must consider finding suitable strategies to deal with such behavior and control it [24,25].

Nurse educators and the administrative staff management of students' disruptive behavior

The present study revealed that two thirds of the nurse educators in classrooms and less than half of the nurse educators in clinical settings always being role model, tell and remind students about the rules and procedures clearly such as attendance and turning phones off during discussion. In addition, less than half of the nurse educators in classrooms and clinical settings usually reward good behavior of students. Furthermore, three quarters of the student affairs staff and more than half of the library staff always tell students the rules and procedures clearly at the beginning of the academic years. This view was supported by many researchers as Lorenzo (2017), Perez (2016) and Williamson (2011), who expressed that educators had a responsibility to organize the educational environment towards the prevention and management of disruptive behavior as developing clear and consistent rules and routines, positive praises to stop students' talking, talking to the student in a positive manner, discussing expectations, rules, and consequences at the beginning of the year [4,26,27]. Moreover, Kolanko et al. (2006) ,Clark (2009), and Bjorklund and Rehling (2010) asserted that nurse educators should integrate accepted professional codes into the curricula, which will prepare students to practice as professional nurses [28-29].

Additionally, Andreou and Rapti (2010)and Fakieh (2015) reported that more experienced teachers with positive efficacy have been shown to prefer class activities, such as rewards and positive incentives to increase class concentration, interest, learning, and appropriate behavior [19, 30,31].

Therefore, classroom management takes a greater significance at the school environment, where students are careless about their lectures by coming late, delaying the delivery of required papers, delaying the return of library materials on time, chewing gum, using cell phones or even not attending lectures at all. Therefore, it is crucial for educators and the administrative staff to set the rules from the first day of the academic year to promote positive behavior and avoid unaccepted behavior throughout courses. So, it is the responsibility of educators and the administrative staff to create an environment which is conducive to learning.

In addition, rewarding good behavior of students through praising or encouragement helps to promote positive behavior and correct negative behavior among students. This also raises their interest and their participation in the everyday tasks and increases their responsibilities and learning. So, motivating students to learn is part of the challenge that educators face when teaching content. Giving rewards will result in enhancing learning effectiveness, maintaining discipline in the educational environment, and preventing disruptive behavior.

As regards ignoring the disruptive behavior, it was noted that more than one third of the nurse educators in classrooms and clinical settings sometimes ignore students' disruptive behavior. Also, more than half of the student affairs staff sometimes ignores students' disruptive behavior. Moreover, more than one third of the library staff rarely ignores students' disruptive behavior. This finding was in harmony with Gable et al (2009) and Kitishat and Al-Freihat's (2013) who stated that solutions and discipline strategies to control the undesirable behavior are: being a role model and ignoring misbehavior can also be used to weaken the inappropriate behavior [31,32]. Conversely, Özben (2010) and Fakieh (2015) concluded that when educators see students misbehaving, a quick and firm response may help solve the problem rather than ignore the problem [8,19]. Additionally, Kacukali (2010) who explained that if any misbehavior was ignored, it might lead to some conflicts in the classroom [33].

From the researcher's experience, it is not good practice to ignore disruptive behavior; it can be used only when a student is trying to get attention. Many times, students act out resentment to see how much educators or the administrative staff will tolerate. They should not overreact to students' disruptive behaviors as responding negatively to the students' behavior, they may actually reinforce the negative behavior.

The present study also revealed that less than half of the nurse educators in the classroom and clinical setting sometimes provide a private verbal warning to students about their disruptive behavior. Moreover, one third of the student affairs staff and more than one third of the library staff always provide a private verbal warning to students about their disruptive behavior. In this respect, Sadik (2008) stated that ignoring, eye contact and verbal warning were the most frequently used strategies by the educators to deal with students' disruptive behavior in a respectful manner [34,35]. Whereas Al Qahtani (2016) indicated that the method most used by faculty members is establishing disciplinary rules that are clear and brief and maintaining, treating students with respect and without embarrassment, maintaining eye contact, using different methods of teaching to cope with students' disruptive behavior [26].

Therefore, private verbal warning to students is considered as an effective strategy to correct students' disruptive behavior by facilitating students' awareness of current behavior and ways of changing them. So, an effective relationship may be the key stone that allows the other aspects to work well. If educators or the administrative staffs have good relationships with their students, they will accept their rules, procedures and disciplinary actions.

Regarding nonverbal signals like eye contact, clapping hands, putting fingers to lips, putting a hand on the shoulder of the student, or moving close to the student, the finding of the present study revealed that about one third of the nurse educators in the classroom always use nonverbal signals. Also, more than one third of the nurse educators in clinical settings and the library staff usually use nonverbal signals. In addition, two thirds of the student affairs staff sometimes uses nonverbal signals. These findings were supported by many researches which showed that there are some types of behavior that may help educators to improve their skills in behavior management such as the use of non-verbal signals like facial expressions, eye contact and body language which reflect a state of confidence, professionalism and help to stop the offensive behavior [36, 37]. Also, Fakieh (2015) illustrated that students agreed that nurse educators use nonverbal signals such as eye contact, clapping hands, putting finger to lips, putting a hand on the shoulder of a student or moving close to a student to stop the student's disruptive behavior and improve the learning process [19].

Also, the finding of the present study showed that more than one third of the nurse educators in the classroom sometimes address the disruption individually, directly and immediately. While about half of the nurse educators in clinical settings usually address the disruption individually, directly and immediately. In addition, more than half of the student affairs staff and more than one third of the library staff always address the disruption individually, directly and immediately. This finding is consistent with LaCaze et al (2012) who concluded that the effective educator avoids confrontations in front of students and should remain calm in handling the situation [38,39]. Conversely, Williams (2017) stated that fewer educators preferred to address the inappropriate behavior privately with the student away from the situation if possible [40].

It is suggested that, when a student had some disruptive behavior, the educators or the administrative staff should take a deep breath and try to handle the situation as individually, directly, immediately and calmly as possible. If the educators or the administrative staff attempt to stop such disruptive behavior in an angry state, their decision-making will suffer, and will only pass negative feelings to other students who will easily sense the educators' or the administrative staff's lack of control.

In addition, two thirds of the nurse educators in the classroom and more than half of the nurse educators in clinical settings rarely stop teaching or cancel the lecture. In this aspect, Colvin (2010) who found that when educators stop their instruction to reprimand a student, the student's disruptive behavior is reinforced [41]. Whereas, Magdi (2006) pointed out that most of the students confirmed that their lecturers never stopped lecturing or cancelled the lecture. But educators, who stay calm, yet firm, are consistent, use physical proximity and ask for assistance in critical situations [42]. Conversely, Fakieh (2015) illustrated that students agreed that nurse educators stopped teaching and cancelled the lecture after the occurrence of misbehavior to prevent students' misbehavior from recurrence [19].

From the researcher's experience, stopping or cancelling the lecture to deal with students' disruptive behavior is considered an undesirable disciplinary strategy and this does not match with values of adult education. This strategy indicates that educators have low self-confidence, and are unable to handle students' disruptive behavior effectively or unable to control the class and this reflects their weak personalities. Moreover, cancelling the lecture affects negatively the content taught and the time table.

Furthermore, it was noted that the majority of the administrative staff had low perspective of managing students' disruptive behavior. It may be due to age disparities among students and the head of library department, lack of proper attitude in interpersonal relationships, lack of flexibility, lack of professional competence and qualification. Also, some students disrespect female employees, lack of staff experience, weakness of staff personality, non-compliance of the staff with rules and their being unaware of proper dealing with students' misconduct.

5. CONCLUSION

It can be concluded from the current study that most types of students' disruptive behavior in the educational environment are; as follows students communicate ineffectively with educators and peers, students who noncompliance with instructions, show bullying behavior and they neglect their general appearance. Moreover, the management that was mostly used by nurse educators and the administrative staff was: telling students the rules and procedures clearly at the beginning of the year, addressing the disruption individually, directly and immediately, and talking with the student in a calm, respectful and non-threatening manner.

6. RECOMMENDATIONS

Based on the findings of the present study, the following recommendations are offered:

- Educational workshops should be conducted to all nurse educators and the administrative staff at the faculty of nursing to increase their knowledge and competencies regarding dealing with students' disruptive behavior.

- Making sure that there is a suitable educational environment conducive to learning.

- Developing school regulations and policies for disruptive behavior and its consequences should be available to all students, educators and the administrative staff.

- Providing sufficient and qualified staff in each administrative department.

- Rescheduling the time of the nursing lectures and library.

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Table (1): Nurse Educators' management of students' disruptive behavior in the classroom.

IV. Nurse educator management of students' disruptive behavior in the classroom	Nurse Educators' in the classroom (n = 55)							
	Always		Usually		Sometimes		Rarely	
	No.	%	No.	%	No.	%	No.	%
▪ Being a role model to the students.	37	67.3	15	27.3	3	5.5	0	0.0
▪ Telling and reminding students about the rules and procedures clearly such as attendance and turning phones off during the discussion.	36	65.5	15	27.3	3	5.5	1	1.8
▪ Rewarding good behavior of students.	21	38.2	25	45.5	6	10.9	3	5.5
▪ Offering counseling, coaching, or mentoring.	23	41.8	17	30.9	12	21.8	3	5.5
▪ Moving around and within the setting regularly while teaching to grasp students' attention.	22	40.0	14	25.5	13	23.6	6	10.9
▪ Lack of acceptance using non-verbal signals "eye contact, clapping hands, put fingers to lips, put a hand on the shoulder of the student or move close to student."	17	30.9	12	21.8	11	20.0	15	27.3
▪ Calling out the student name.	15	27.3	18	32.7	20	36.4	2	3.6
▪ Calling on the student to repeat the point that has just been said.	12	21.8	15	27.3	19	34.5	9	16.4
▪ Using reflection and questions to communicate unsatisfactory performance to a student.	13	23.6	16	29.1	17	30.9	9	16.4
▪ Providing feedback to the student without embarrassing her/him.	23	41.8	22	40.0	8	14.5	2	3.6
▪ Ignoring student's disruptive behavior.	4	7.3	6	10.9	23	41.8	22	40.0
▪ Addressing the disruption individually, directly and immediately.	14	25.5	18	32.7	22	40.0	1	1.8
▪ Raising the tone of voice.	19	34.5	14	25.5	18	32.7	4	7.3
▪ Reprimanding the student publicly and loudly with harsh words.	6	10.9	7	12.7	11	20.0	31	56.4
▪ Ordering the student to change place.	6	10.9	17	30.9	27	49.1	5	9.1
▪ Stopping teaching and waiting patiently for the student to stop the disruptive behavior.	15	27.3	18	32.7	18	32.7	4	7.3
▪ Stopping teaching and cancelling the lecture.	0	0.0	4	7.3	14	25.5	37	67.3
▪ Providing a private verbal warning to student about disruptive behavior.	9	16.4	14	25.5	24	43.6	8	14.5
▪ Ordering the student to leave the place.	1	1.8	2	3.6	21	38.2	31	56.4
▪ Giving the disruptive student deadlines for improving or stopping the disruptive behavior.	3	5.5	12	21.8	27	49.1	13	23.6
▪ Reporting disruptive behavior to department chair for consultation/intervention.	7	12.7	5	9.1	26	47.3	17	30.9
Total IV (**Nurse educator management of students' disruptive behavior in the classroom**)								
	14	25.5	14	25.5	16	29.1	11	20.0

Table (2): Nurse Educators' management of students' disruptive behavior in the clinical setting.

IV. Nurse educator management of students' disruptive behavior in the clinical setting	Nurse Educators' in the clinical setting (n = 85)							
	Always		**Usually**		**Sometimes**		**Rarely**	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
▪ Being a role model to the students.	37	43.5	38	44.7	9	10.6	1	1.2
▪ Telling and reminding students about the rules and procedures clearly such as attendance and turning phones off during the discussion.	45	52.9	31	36.5	7	8.2	2	2.4
▪ Rewarding good behavior of students.	33	38.8	38	44.7	12	14.1	2	2.4
▪ Offering counseling, coaching, or mentoring.	28	32.9	34	40.0	19	22.4	4	4.7
▪ Moving around and within the setting regularly while teaching to grasp students' attention.	31	36.5	33	38.8	19	22.4	2	2.4
▪ Lack of acceptance using non-verbal signals "eye contact, clapping hands, put fingers to lips, put a hand on the shoulder of the student, or move close to student."	16	18.8	34	40.0	21	24.7	14	16.5
▪ Calling out the student name.	14	16.5	37	43.5	26	30.6	8	9.4
▪ Calling on the student to repeat the point that has just been said.	13	15.3	32	37.6	32	37.6	8	9.4
▪ Using reflection and questions to communicate unsatisfactory performance to a student.	17	20.0	36	42.4	24	28.2	8	9.4
▪ Providing feedback to the student without embarrassing her/him.	33	38.8	30	35.3	13	15.3	9	10.6
▪ Ignoring student's disruptive behavior.	6	7.1	17	20.0	38	44.7	24	28.2
▪ Addressing the disruption individually, directly and immediately.	8	9.4	39	45.9	29	34.1	9	10.6
▪ Raising the tone of voice.	21	24.7	35	41.2	21	24.7	8	9.4
▪ Reprimanding the student publicly and loudly with harsh words.	6	7.1	21	24.7	27	31.8	31	36.5
▪ Ordering the student to change place.	12	14.1	30	35.3	33	38.8	10	11.8
▪ Stopping teaching and waiting patiently for the student to stop the disruptive behavior.	15	17.6	36	42.4	25	29.4	9	10.6
▪ Stopping teaching and cancelling the lecture.	6	7.1	14	16.5	18	21.2	47	55.3
▪ Providing a private verbal warning to student about disruptive behavior.	17	20.0	24	28.2	38	44.7	6	7.1
▪ Ordering the student to leave the place.	5	5.9	15	17.6	31	36.5	34	40.0
▪ Giving the disruptive student deadlines for improving or stopping the disruptive behavior.	7	8.2	28	32.9	40	47.1	10	11.8
▪ Reporting disruptive behavior to department chair for consultation/intervention.	8	9.4	21	24.7	35	41.2	21	24.7
Total IV (**Nurse educator management of students' disruptive behavior in the clinical setting**)								
	18	21.2	30	35.3	25	29.4	12	14.1

Table (3): Student affairs staff's management of students' disruptive behavior.

III. Student affairs staff's management of students' disruptive behavior	Student affairs staff's (n = 12)							
	Always		Usually		Sometimes		Rarely	
	No.	%	No.	%	No.	%	No.	%
▪ Telling students the rules and procedures clearly at the beginning of the year	9	75.0	1	8.3	2	16.7	0	0.0
▪ Ignoring students' disruptive behavior	0	0.0	5	41.7	7	58.3	0	0.0
▪ Addressing the disruption individually, directly and immediately	7	58.3	2	16.7	1	8.3	2	16.7
▪ Talking with the student in a calm, respectful and non-threatening manner	9	75.0	3	25.0	0	0.0	0	0.0
▪ Using non-verbal signals "eye contact."	1	8.3	2	16.7	8	66.7	1	8.3
▪ Providing a private verbal warning to student about their disruptive behavior	4	33.3	4	33.3	2	16.7	2	16.7
▪ Calling out the student name	0	0.0	1	8.3	7	58.3	4	33.3
▪ Raising the tone of voice	0	0.0	0	0.0	6	50.0	6	50.0
▪ Reprimanding loudly the student publicly with harsh words	0	0.0	0	0.0	0	0.0	12	100
▪ Delaying student request	0	0.0	0	0.0	2	16.7	10	83.3
▪ Ordering the student to leave the setting	0	0.0	2	16.7	5	41.7	5	41.7
▪ Writing incident report about student disruptive behavior	0	0.0	0	0.0	2	16.7	10	83.3
▪ Reporting disruptive behavior to department chair for consultation/intervention	3	25.0	6	50.0	1	8.3	2	16.7
Total. III **(Student affairs staff's management of students' disruptive behavior)**								
	3	25.0	2	16.7	3	25.0	4	33.3

Table (4): Library staff's management of students' disruptive behavior.

III. Library staff's management of students' disruptive behavior	Library staff's (n = 7)							
	Always		Usually		Sometimes		Rarely	
	No.	%	No.	%	No.	%	No.	%
▪ Telling students the rules and procedures clearly at the beginning of the year	4	57.1	2	28.6	1	14.3	0	0.0
▪ Ignoring students' disruptive behavior	1	14.3	1	14.3	2	28.6	3	42.9
▪ Addressing the disruption individually, directly and immediately	3	42.9	2	28.6	1	14.3	1	14.3
▪ Talking with the student in a calm, respectful and non-threatening manner	5	71.4	0	0.0	2	28.6	0	0.0
▪ Using non-verbal signals "eye contact."	3	42.9	3	42.9	0	0.0	1	14.3
▪ Providing a private verbal warning to student about their disruptive behavior	3	42.9	2	28.6	2	28.6	0	0.0
▪ Calling out the student name	1	14.3	1	14.3	2	28.6	3	42.9
▪ Raising the tone of voice	0	0.0	0	0.0	4	57.1	3	42.9

▪ Reprimanding loudly the student publicly with harsh words	0	0.0	0	0.0	1	14.3	6	85.7
▪ Delaying student request	0	0.0	1	14.3	1	14.3	5	71.4
▪ Ordering the student to leave the setting	0	0.0	1	14.3	3	42.9	3	42.9
▪ Writing incident report about student disruptive behavior	0	0.0	1	14.3	0	0.0	6	85.7
▪ Reporting disruptive behavior to department chair for consultation/intervention	0	0.0	1	14.3	1	14.3	5	71.4
Total. III **(Library staff's management of students' disruptive behavior)**							
	2	28.6	1	14.3	2	28.6	2	28.6

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