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Effect of Educational Intervention using Video Role-playing on Nursing Students Perceived Civility-Incivility

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Abstract

Background: This study aimed to examine the effect of educational intervention using video role-playing on the knowledge of civility among second-year nursing students at a private faculty of nursing.

Methods: This study employed a quasi-experimental design using pre-post approach. A total of 148 nursing students completed the intervention. The educational intervention consisted of 60 minutes-online learning, including watching video role-plays and discussions. This study applied a paired t-test for data analysis.

Results: There was a significant effect before and after the educational intervention. Before the intervention, few respondents reported their perceived civility were under uncivil and mildly civil categories. After the intervention, all respondents perceived their civility were moderate to highly civility.

Conclusions: Video-based educational intervention significantly affects students' perceived civility.

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INTRODUCTION

The Incivility, verbal aggression, bullying, and moral harassment are manifestations of psychological violence prevalent in nursing settings (Caram, et al., 2021; Sousa et al., 2021; Pousa et al., 2021; Silva, T.A & Freitas., G.F., 2021). Incivility consists of disrespecting others, sarcastic speech or gestures, and a reluctance to socialize, whereas civility consists of respecting others and refraining from speaking harshly (Clark et al., 2009; Natarajan et al., 2017; Eka et al., 2016). Despite this, instances of neglect, inadequate educational orientation or training, and the devaluation of students' intellectual abilities, and characteristics associated with violence of deprivation or abandonment, are common. (Maffisoni et al., 2021).

In nursing education, incivility is considered a disruptive behavior that causes psychological or physiological stress for the individuals involved (Farzi et al., 2021). Disruptive behaviors in nursing education include being unprepared in class and for the clinical experience, sleeping in class and displaying bored attitudes (Eka & Chambers, 2019). If not handled immediately, it will impact the work environment (Tahulending et al., 2021). These include a decrease in the number of professional nurses, an increase in errors of action, and a decrease in the level of patient safety (Barbosa et al., 2021).

Previous research conducted a blended learning educational intervention for students involved in the classroom, laboratory, and clinical practice learning (Sousa et al., 2022). However, the COVID-19 pandemic caused all interventions to be carried out online with synchronous and asynchronous methods. Some respondents chose to stop in the middle of the study due to the limited quota and internet signal (Tahulending et al., 2021). That condition may be overcome by shortening the duration of the intervention and creating learning recordings that can be played back when quotas and internet signals are available.

There is a need to re-examine educational interventions on perceived civility (Tahulending et al., 2021). Educational intervention can be applied using technology due to its flexibility that is not bound by time and place and using online learning, specifically due to the pandemic

that limits face-to-face meetings (Pokhrel & Chhetri, 2021). The use of technology in teaching and learning is crucial because it promotes instruction based on safe care, encourages the development of abilities and competencies, and supports meaningful, practical, flexible, and independent learning (Barbosa et al., 2021). During the implementation of the intervention, the facilitator can record ongoing learning activities as a form of anticipation if participants experience quota limitations or internet signals. In addition, it is necessary to have a shorter duration of intervention, such as peer-teaching for 60 minutes using video and discussion. The educational video was argued to affect participants in acquiring knowledge in health education activities carried out by nurses (Sousa et al., 2022). A systematic literature study revealed that the use of video improved the quality of clinical skills effectively; however, to guarantee a meaningful and purposeful learning experience, the use of video needs to be conceptualized within an appropriate pedagogical approach (Stone, Cooke & Mitchell, 2020). Moreover, peer-teaching is argued as a method that the language used by the peer as facilitator is easier to understand and participants will not hesitate to ask questions or provide different opinions (Azizah et al., 2021).

This study aimed to examine the effect of educational interventions using video roleplays on perceived civility and incivility among second-year nursing students at a private faculty of nursing.

METHODS

This study was a quasi-experimental research design with pre-intervention and post-intervention evaluation without comparison group (Polit & Beck, 2018). The population of this study consisted of 233 second-year students that divided into 6 groups class at Faculty of Nursing Universitas Pelita Harapan. The sample consisted of 148 respondents that selected using clustered random sampling. From six groups of students were selected randomly. First through fifth groups were each comprised of 30 students, while the sixth group was comprised of 11 students.

This study used the Clark Civility Index

for Students and Classmates (Clark et al., 2009) questionnaire. The questionnaire was tested for its validity, reliability, and readability in Indonesian to 30 students with Cronbach's alpha of 0.890 (Tahulending et al., 2021). Data were collected using a google form link containing the questionnaire, information for the respondent, and informed consent within one week before and after the educational intervention. The educational intervention was implemented on 25, 26, and 28 February 2022.

The duration of the educational intervention was 60 minutes, including a presentation and short discussions. The presentation was displayed using five video role-plays consisting of two videos developed by researchers and three from the previous study (Tahulending et al., 2021). The video role-playing can be seen in Table 1. The collected data was analyzed univariate and bivariate using a statistical SPSS IBM v.28 software.

Table 1. Video Role-playing for Educational Intervention

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Youtube Link	Description
https://youtu.be/6rJR7Unha9s	Definition and Causes of Civility-Incivility
https://youtu.be/JIVCK0IzPb4	Impact and strategy of Incivility
https://youtu.be/V3hjFKyi8ic	Civility-Incivility in Classroom
https://youtu.be/YK3XMh8diHk	Civility-Incivility in Skills Laboratory
https://youtu.be/NJv4G3tI2PM	Civility-Incivility in Hospital Settings

The study was approved by the Faculty of Nursing Ethics Committee at Universitas Pelita Harapan (No. 007/KEPFON-I/2022) and adhered to some ethical principles, such as voluntariness, anonymity, and confidentiality.

RESULTS AND DISCUSSIONS

This study assessed perceived civilityincivility on self and classmates before and after the educational intervention. The total of students involved in the educational intervention was 148 students. Table 2 shows that two-third of the students (39.2%) rated themselves as having civil behavior prior to educational intervention. After the educational intervention, half of the students (54.7%) reported they had very civil behavior.

Table 3 shows that almost half of the students (48.6%) rated their classmates as having moderately civil behavior before the educational intervention. After the educational intervention, more than half of the students (56.8%) stated that their classmates had very civil behavior.

Table 2 Civility-incivility Behavior Categories on Self

Category	Before	After
	No. of Respondent (%)	No. of Respondent (%)
Very Uncivil	0 (0)	0 (0)
Uncivil	1 (0.7)	0 (0)
Mildly Civil	5 (3.4)	0 (0)
Moderately Civil	53 (35.8)	1 (0.7)
Civil	58 (39.2)	66 (44.6)
Very Civil	31 (20.9)	81 (54.7)

Table 3 Civility-incivility Behavior Categories on Classmates

Category	Before	After
	No. of Respondent (%)	No. of Respondent (%)
Very Uncivil	0 (0)	0 (0)
Uncivil	2 (1.4)	0 (0)
Mildly Civil	14 (9.5)	0 (0)
Moderately Civil	72 (48.6)	4 (2.7)
Civil	50 (33.8)	60 (40.5)
Very Civil	10 (6.8)	84 (56.8)

Table 4 Pre-post Educational Intervention of Civility-incivility Behavior on Self

	Civility-incivility behavior on self		Pair t test		
	Before	After	t	df	Sig. (2-tailed)
Mean	82.58	90.93			
Median	81	91	-15.322	147	< 0.0001
Modus	80	100			
SD	8.813	7.025			
Minimum	57	76			
Maximum	100	100			

Table 5 Pre-post Educational Intervention of Civility-incivility Behavior on Classmates

	Civility-incivil	Civility-incivility behavior on classmates		Pair t test		
	Before	After	t	df	Sig. (2-tailed)	
Mean	77.62	91.45				
Median	77.00	91.00	-24.738	147	< 0.0001	
Modus	80	100				
SD	7.780	6.856				
Minimum	52	78				
Maximum	98	100				

Tables 4 and 5 show increased students perceived behavior towards themselves and their classmates. In the self-assessment, there was an increase in the average score from 82.58 to 90.93 after participating in the educational intervention. The assessment of classmates' civility-incivility behavior showed an increase in the average score from 77.62 to 91.45 after participating in the educational intervention. Tables 3 and 4 also show that the paired t-tests on self-assessment and classmates both have p-values of <0.0001. These findings indicate that students perceived civility-incivility differed before and after educational intervention using the peer teaching method and video role-plays.

This study revealed differences in perceived civility-incivility behavior before and after educational intervention using video role-playing and peer teaching method. This finding was consistent with previous research indicating that educational interventions can increase insight and understanding, influencing behavior change (Abedini et al., 2021). Abedini's study utilized scenario-based education to promote civility and demonstrates an increase in respondents' awareness and capacity to modify incivility (Abedini et al., 2021).

The results of the pre-posttest indicate an increase in perceived civility following the

implementation of the educational intervention activities. The goal of educational intervention is to increase perceived civility of individuals and groups, which is accomplished through disseminating information. The provision of educational material influences students' perceptions heightens their awareness of past experiences and promotes appropriate behavior so they can become professional nurses and role models for their peers (Farzi et al., 2021).

This current study conducted educational intervention activities using five role-play videos, followed by a question-andanswer session. The video provides information on the definition, causes, effects, and strategies of civility-incivility behavior, as well as classroom, laboratory, and hospital examples. The educational intervention in this study was administered six times, based on groups of the respondents, to ensure that all respondents obtained the same information. Videos for education contain audio and visual elements that simultaneously stimulate the auditory and visual systems to enhance comprehension of the material presented in the educational activities (Cahyono, Resita & Hidayat, 2021). Audio-visual learning materials can be played repeatedly, saving time and effort (Sustiyono, 2021).

Moreover, video role-playing depicts

events that can generate images and increase stimulus factors in emotions, intellect, and psychomotor that influence behavior (Priyatnanto & Sudari, 2021). Although the benefits of video role-play media were discovered, there were also challenges in producing role-play videos. Time and editing skills were required to produce more appealing videos. This difficulty is consistent with research indicating that developing video requires more time and supporting hardware (Johari, 2014).

Role-play videos and short discussion sessions were used in this current educational intervention. Respondents were able to share their experiences and ask questions regarding the incivility they may encounter. This activity aimed to promote self-reflection and self-awareness to improve students behaviour. Prior research indicated that students required feedback to clarify past experiences with newly acquired information, so the discussion session was conducted accordingly (Abedini & Parvizy, 2019).

Previously, a 14-day educational intervention to promote civility in nursing environments was conducted (Tahulending et al., 2021). Due to the COVID-19 pandemic, the educational intervention was conducted online using zoom media and a synchronous method. Although this study employed the same intervention method as Tahulending's study, there was no significant difference in self-civility behavior after Tahulending's intervention. In addition, the number of participants in Tahulending's study dropped from 39 to 17 because of a limited quota and a weak internet signal. This study bridged the gap left by Tahulending's study by utilizing a 60-minute educational intervention for a single non-location-restricted session.

Approximately 92 percent of respondents consistently participated in this current study, one of the reason due to the short duration of the educational intervention (60 minutes) which also supported by previous studies (Hadi et al., 2020; Sanner-Stiehr & Ward-Smith, 2015). This a one-hour intervention can increase nursing students' effectiveness in responding to uncivil behavior (Zhu et al., 2021). However, a control group is required to further support the effectiveness of the short-term educational

intervention.

This research is limited to second-year nursing students at a single institution. Thus, generalizations should be approached with caution. In addition, no control group was used in this study to compare civility and incivility knowledge. This study, however, employed a peer-teaching educational intervention that augmented the body knowledge of an interventional study for civility-incivility in nursing settings.

CONCLUSION

The findings of this study indicate that educational videos can assist nurse educators in enhancing learning, acquiring the knowledge and skills necessary to comprehend civility in nursing settings. Additionally, to promote civility in nursing, nurse educators and students must learn to serve as exemplars of civility. Thus, nurse educators and students can support their colleagues' understanding of civility and incivility in nursing environments through educational technology and dispel myths or rumors. Future research should employ a control group for interventional studies and incorporate open-ended questions to increase the amount of qualitative data regarding the change in knowledge.

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