Perceptions of Uncivil Student Behavior in Dental Education

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Abstract: Students and faculty members in the health professions classroom are expected to exhibit professional behaviors that are conducive to maintaining a positive learning environment, but there is little published research concerning incivility in the area of dental education. The aim of this study was to evaluate differences in perceptions of incivility between dental faculty and students, between students in different courses of study, and between students in different years of dental study. The study utilized an anonymous electronic survey of all dental faculty and administrators and all dental, dental hygiene, and dental laboratory technology students at a single institution. The survey instrument contained questions concerning perceived uncivil behavior in the classroom and clinical settings. Response rates were 54% for faculty and administrators and ranged from 60% to 97% for students in various years and programs. The results were analyzed based on gender, course of study, year of study, and ethnicity. Significant differences were found regarding perceptions of civil behaviour between faculty and students, male and female students, the year of study, and the course of study. These differences point to the need for further research as well as administrative leadership and faculty development to define guidelines in this area in order to ensure a positive learning environment.

Submitted for publication 1/30/14; accepted 6/3/14

It has been said that civility is the cornerstone of professionalism. Therefore, it follows reason that educators of future professionals would be concerned about any student exhibiting uncivil classroom behavior, defined as any action that disrupts or prevents a harmonious and cooperative classroom environment. The reported prevalence and influence on education seems variable, depending on whether the uncivil behavior is passive (being late, shuffling papers, talking on phone) or active (obscene language or gestures, insulting instructor, physical threats).

The discussion of professionalism or professional behavior in health professions education is often limited to academic integrity and ethics. The American Dental Education Association (ADEA) Task Force on Professionalism in Dental Education attempted to clarify the values and behaviors that support academic integrity and professionalism in dental education. The task force produced six value statements based on competence, fairness, integrity, responsibility, respect, and service-mindedness. None of these specifically addresses civil behavior. The American Student Dental Association (ASDA) ethics code states that “students should conduct themselves in a manner reflecting integrity and fairness in both the didactic and clinical learning environments.” According to ASDA’s code, ethical and professional behavior by dental students is characterized by “honesty, fairness, and integrity in all circumstances; respect for the rights, differences, and property of others; concern for the welfare of patients; competence in the delivery of care; and preservation of confidentiality in all situations where this is warranted.” Again, civil behavior is not specifically addressed.

Morissette notes that the changing characteristics of college students have increased uncivil classroom behavior. He claims that students today are more emotionally volatile, lack an awareness of the values and customs of others, operate under the “student-as-consumer” model, and feel an intense need to earn a degree to obtain employment. According to Morissette, students with personal problems, increased anxiety levels, and emotional disturbances are more likely to exhibit uncivil classroom behaviors. In addition, Berger reports that students who feel powerless or unsupported, or that they are being held to perceived unrealistic expectations, are more likely...
to engage in uncivil behaviors. Carbone found that larger class sizes also increased the probability for uncivil student behavior due to the impersonal atmosphere created. Many of these risk factors for uncivil student (and perhaps faculty) behavior are common in the contemporary dental education setting.

The influence of uncivil classroom behavior on instructors has also been examined. Boice found that uncivil classroom behavior was linked to lower levels of teacher enthusiasm, organization, and clarity, as well as decreased student attentiveness and note-taking. In a study by Alexander-Snow, the perceived power of the instructor was inversely correlated with the likelihood of the instructor experiencing uncivil behavior. That study also found that female faculty and faculty of color experienced greater levels of classroom incivility.

There are sociological or cultural factors that affect the perceptions of incivility. Alexander-Snow stated that “human interaction is cultural, continually shaped and reshaped by social context.” Our perceptions are a product of our cultural interactions. Hart and Morry emphasized that “the same behavior performed by persons of different social characteristics or from different cultural backgrounds is likely to be interpreted as having different meanings.” Sociologists have studied many theories of behavior within social organizations. Among those that have been used in an attempt to explain classroom incivilities are Social Control Theory, which focuses on factors that prevent uncivil behaviors, and Social Deterrence Theory, which claims that behaviors cease in response to the perceived likelihood and severity of punishment. Other theories include Social Learning Theory, which focuses on behavior as a product of involvement in the many different groups to which an individual may belong, and Labelling Sociological Theory, which proposes that behaviors are not inappropriate of themselves but are labelled as inappropriate by those of power within a society.

In addition to variations in perception of incivility due to cultural differences, the perception of incivility has been reported to change over the course of a student’s academic career. According to Social Deterrence Theory, changes in perception may be due to the student’s discovering that the likelihood of being punished is low or not severe. Peer attachment, which signifies a student’s strong alignment with those engaged in certain behaviors, can increase the likelihood that a student will engage in those behaviors, which could also explain a shift in the way certain behaviors are perceived by students over time.

Our search of the professional literature found only one article addressing the perceptions of uncivil behavior for dental students. That study evaluated the perceptions of incivility by faculty members and third- and fourth-year dental students at a single university. The aim of our study was to expand upon the previous one by evaluating differences in the perceptions of uncivil student behaviors between 1) dental faculty and students, 2) students in different courses of study, including the clinical setting, and 3) students in different years of study. The results of our study at Louisiana State University Health Sciences Center (LSUHSC) were compared to the previously published study on classroom incivility to determine the need for a larger, multi-institutional study.

**Materials and Methods**

Approval for administration of the survey was obtained from the Institutional Review Board of LSUHSC. We utilized an electronic survey based on the survey used by Rowland and Srisukho to compare perceptions of uncivil behavior of dental students and dental faculty. Our survey was expanded to include questions concerning uncivil behavior not only in the classroom but in the clinical setting as well. The expanded survey allowed for exploration of perception differences regarding both educational settings encountered by dental students. The student survey consisted of 38 questions. For the faculty survey, the first two questions on the student survey were replaced with the following four, faculty-specific questions: What is your assigned department or division? What is your current year of teaching? Is your position full-time or part-time? Are your responsibilities administrative, didactic, clinical, or both didactic and clinical? Questions 3-38 on the student survey were also used on the faculty survey, but modified to reflect perceptions of student behavior: the words “a student” were added to each question that began with “I feel that” (e.g., I feel that a student cheating in class is uncivil classroom behavior). Participants responded to the non-demographic questions on a five-point Likert scale (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree).

The instrument was pilot tested with four faculty members and three dental students. Face validity was assessed by asking the three students whether each survey item was relevant to a question-
naire about uncivil behavior. These students were also asked to suggest any additional items related to uncivil student behavior not included in the questionnaire. Content validity was considered during the design phase when clinical items were added to the original survey created by Rowland and Srisukho and during the pilot phase when the four faculty members in the test group were asked to list any additional behaviors that should be included. These faculty members were also asked to complete a form by circling yes or no for each survey item in response to this question: Is this item representative of a student’s behavior that could potentially be interpreted as uncivil? None of the faculty members circled no to indicate any irrelevant items, nor did they list any additional behaviors to be included. Minor changes in the wording of a few of the new items were made as a result of feedback received from the pilot test.

LSUHSC School of Dentistry is a non-hospital-based, public, U.S. dental school offering degrees in dental laboratory technology, dental hygiene, dentistry, and specialty training in six recognized dental specialties. The target population for our study was expanded beyond that studied by Rowland and Srisukho to include all 260 dental students (DS), 78 dental hygiene students (DH), 13 dental laboratory technology students (DLT), and 206 dental school faculty members and administrators. The students and faculty members received an email invitation and a personal classroom or faculty meeting invitation to participate in the study. To avoid influencing the participants’ perceptions, no definitions or examples of civil or uncivil behavior were provided on the survey or in the invitation to participate. Participation was voluntary, anonymous, and non-compensatory. The survey was available electronically for 30 days via SurveyMonkey (SurveyMonkey.com, LLC, Palo Alto, CA, USA).

Responses were collected electronically and downloaded into an Excel spreadsheet (Microsoft, Redmond, WA, USA) for analysis. Spearman’s correlation coefficient was used to assess the relationship between the year of the dental student and extent of agreement with the survey items. The Kruskal-Wallis test was used to compare extent of agreement on the survey items for different types of students (dental, dental hygiene, and dental laboratory technology). The Wilcoxon rank-sum test was used to compare faculty and student responses to individual survey items.

To further evaluate the responses, the 32 survey items were assigned to a category of classroom, clinic, or general uncivil behavior (Table 1). A total score was computed for each of the three categories by summing the scores of the individual item scores, with a higher score indicating a greater perception of the behavior being uncivil. A mean item score was computed for each category by dividing the category total score by the number of items in the category (i.e., the classroom total score was divided by 14, while the clinic and general total scores were divided by 9). Spearman’s correlation coefficient was used to assess the relationship of quantitative variables such

<table>
<thead>
<tr>
<th>Table 1. Categories of type of uncivil behavior for 32 survey items</th>
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<tbody>
<tr>
<td>Classroom</td>
</tr>
<tr>
<td>• Using a cell phone or texting during class</td>
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<tr>
<td>• Eating in class</td>
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<tr>
<td>• Drinking in class</td>
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<tr>
<td>• Challenging authority in class</td>
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<tr>
<td>• Leaving class early</td>
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<tr>
<td>• Being unprepared for class</td>
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<tr>
<td>• Chattering in class</td>
</tr>
<tr>
<td>• Reading newspaper/magazine during class</td>
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<tr>
<td>• Sleeping in class</td>
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<tr>
<td>• Arriving late to class</td>
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<tr>
<td>• Not paying attention in class</td>
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<tr>
<td>• Reluctance to answer questions in class</td>
</tr>
<tr>
<td>• Using a computer in class to surf the web or other uses</td>
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<tr>
<td>• Cheating in class</td>
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as age and year of the dental student with mean item category scores. Analysis of variance (ANOVA) was used to compare mean item category scores among different types of students and faculty members with different responsibilities, with Tukey’s Honestly Significant Differences test used for post hoc analysis. A two-sample t-test was used to compare mean item category scores for males vs. females and students vs. faculty. SAS version 9.2 (SAS Institute Inc., Cary, NC, USA) was used for data analysis.

An a priori power analysis was performed assuming a 50% response rate for both faculty and students. A 50% response rate would have yielded n=173 student participants and n=103 faculty participants. Under the assumption that the observed responses to a given survey item would be 40% strongly agree and 15% for each of the other four Likert scale choices in one group (e.g., students) and 20% for each Likert scale choice in the other group (e.g., faculty), the Wilcoxon rank-sum test would achieve 81% statistical power to detect a difference between the two groups at the 5% significance level. The response rate for this study was greater than the 50% response rate assumed for this power analysis; thus, even greater statistical power was achieved for comparisons of faculty and students.

**Results**

Of the 206 faculty members and administrators invited to participate, 54% (112) completed the survey (Table 2). Full-time faculty members constituted the majority (62%) of these respondents, and 70% of the faculty respondents were male. Faculty respondents most frequently described their responsibilities as both didactic and clinical (39%), followed by clinical (29%) and both administrative and clinical (13%). Clinical comprehensive dentistry (17%) and prosthodontics (15%) comprised the largest percentage of faculty respondents. The largest portion (34%) reported being in the 51-60 age range, with the 41-50 age range (29%) being the second most common. Current years of teaching most frequently reported was 10-20 years (30%), followed by >20 years (24%).

For students, the response rates for each year and course of study were as follows: Dental I=70%, Dental II=97%, Dental III=84%, Dental IV=66%, Dental Hygiene I=75%, Dental Hygiene II=74%, Dental Laboratory Technology I=60%, and Dental Laboratory Technology II=78% (Table 2). The majority of student respondents were female (57%) and between the ages of 21 and 30 years (90%). Race was reported most commonly as white (83%), followed by Asian American (13%), Middle Eastern (2%), African American (2%), and other (<1%). The demographics of both the faculty and student respondents to this survey were similar to the latest published demographics of U.S. dental schools.14,15

**Individual Item Results**

When comparing faculty responses based on gender, we found significant differences only for using a cell phone or texting during clinic (p=0.008), eating in class (p=0.002), and drinking in class (p<0.001). Female faculty respondents agreed significantly more that using a cell phone or texting during clinic is uncivil behavior, while male faculty respondents considered eating in class and drinking in class to be uncivil significantly more than the female faculty. For all but three behaviors, faculty respondents agreed significantly more than the student respondents that the behaviors were uncivil. Although missing the cut-off for statistical significance,
faculty respondents tended to agree more (p=0.067) that using a cell phone or texting during clinic is uncivil behavior. There was not a significant difference between faculty and student agreement that demanding special treatment or missing deadlines is uncivil classroom behavior.

A significant difference was found in the responses based on students’ course of study for all but seven questions (22% of total items). All three types of students (dental, dental hygiene, and dental laboratory technology) considered eating in clinic, drinking in clinic, “I paid for this” mentality, making offensive remarks, being unprepared for clinic, arriving late for clinic, and cheating to be comparably uncivil classroom behaviors. Dental and dental laboratory technology student respondents were more likely to agree that the other behaviors in the survey were uncivil.

For dental students, 13 of the 32 questions (41%) showed a significant association between year of study and extent of agreement that the behavior was uncivil. Of those 13, only two (15%) showed increasing agreement with increased year of study. Third- and fourth-year students agreed more that demanding special treatment and being unprepared for class are uncivil classroom behaviors. While a significant association with year of study was not found for classroom (p=0.05) and clinic (p=0.001) items, but there was not a significant difference between faculty and student agreement that the behavior is uncivil. Among all students in the study, significant differences were found between male and female students (p>0.05) on six questions as being uncivil behavior (eating in clinic, drinking in clinic, demanding special treatment, being unprepared for clinic, arriving late to clinic, and reluctance to answer). When the comparison between males and females was restricted to only dental students, significant differences (p<0.05) were found for only nine questions (28%), and for each of these items there was stronger agreement among the female dental students that the behavior is uncivil. These nine items were challenging authority in class, making offensive remarks, dominating discussion, sleeping in class, arriving late to class, not paying attention in class, challenging instructor’s knowledge, cheating, and challenging instructor’s credibility.

Among all students in the study, significant differences among ethnicities were observed for only four (13%) questions. There was significant disagreement about using a cell phone or texting in class (p=0.023) and eating in clinic (p=0.019), with African American students agreeing less than other ethnicities that those are uncivil behaviors. Asian Americans felt more strongly that drinking in class (p=0.008) and dominating the discussion (p=0.019) are uncivil behaviors.

Item Category Results

Among all these students, the classroom scores increased significantly with age (r=0.16, p=0.023), but clinic (r=0.06, p=0.440) and general (r=0.02, p=0.732) scores were not associated with age. Among the dental students, as the year of school increased, the clinic total score decreased significantly (r= -0.49, p<0.001) and the general total score decreased marginally (r= -0.13, p=0.071), but the classroom total score did not change significantly (r= -0.02, p=0.723). Female students had significantly higher (p<0.05) mean scores for all three categories (Table 3). Dental students had significantly lower (p<0.05) classroom scores than other types of students, and dental hygiene students had significantly higher (p<0.05) general scores than other types of students.

As was observed for the students, classroom scores for the faculty respondents also increased significantly with age (r=0.29, p=0.041), but clinic (r=0.10, p=0.433) and general (r=0.18, p=0.261) scores were not associated with age. There was not a significant difference between full-time and part-time faculty scores for any of the three categories (classroom r=0.33, clinic r=0.827, general r=0.054). Male faculty respondents had significantly higher mean scores than females for classroom behaviors, but there was not a significant difference for clinic or general behaviors (Table 3). Classroom item means of faculty members with both didactic and clinical responsibilities were significantly higher than faculty members with only didactic responsibilities, but no other differences were noted among faculty responsibility types. Faculty mean scores were significantly higher than students for classroom (p<0.001) and clinic (p<0.001) items, but there was not a significant difference in general items scores (p=0.111).

Discussion

This study used the survey from Rowland and Srisukho’s study2 to make it possible to compare the results for the two institutions and assist in determination of the need for a multi-institutional study. Additionally, since increased levels of stress have
The agreement between dental faculty members and dental students in this study was much lower than that reported by Rowland and Srisukho. They found no significant differences between students and faculty for 39% of the questions, whereas our study found no significant differences for only 6% of the questions. The only alignment with the Rowland and Srisukho study concerning faculty and student agreement was that demanding special treatment commonly was perceived as an uncivil behavior. These differences between studies may be due to a larger number of student participants in our study, as well as inclusion of all years and courses of study.

When behaviors were grouped into categories, faculty responses indicated they felt that the classroom and clinic behaviors were uncivil more than the students did. The reasons for the perceptual differences between dental faculty and dental students are likely many and varied. Generational differences may be one factor contributing to the different perceptions. An understanding of the characteristics of a generational group may lead to understanding a group’s behavioral tendencies and perceptions. The majority of the faculty in our study were, by virtue of their age, Baby Boomers, and the majority of the students were Generation Y and even some Generation Z. It is possible that the same action is perceived differently by two or three different generations due to their life experiences. Faculty members of the Baby Boomer generation have only experienced wireless

Table 3. Comparison of respondent groups’ mean item category scores

<table>
<thead>
<tr>
<th>Grouping Variable</th>
<th>Respondent Group</th>
<th>Classroom (Mean SD)</th>
<th>Clinic (Mean SD)</th>
<th>General (Mean SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student gender</td>
<td>Male</td>
<td>3.0 (0.7)</td>
<td>3.7 (0.7)</td>
<td>3.5 (0.6)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>3.4 (0.6)</td>
<td>3.9 (0.6)</td>
<td>3.8 (0.5)</td>
</tr>
<tr>
<td>Type of student</td>
<td>Dental</td>
<td>3.1 (0.7)</td>
<td>3.7 (0.7)</td>
<td>3.6 (0.6)</td>
</tr>
<tr>
<td></td>
<td>Dental hygiene</td>
<td>3.7 (0.4)</td>
<td>4.1 (0.5)</td>
<td>4.0 (0.5)</td>
</tr>
<tr>
<td></td>
<td>Laboratory tech</td>
<td>3.5 (0.5)</td>
<td>3.8 (0.6)</td>
<td>3.5 (0.4)</td>
</tr>
<tr>
<td>Faculty gender</td>
<td>Male</td>
<td>4.2 (0.5)</td>
<td>4.3 (0.6)</td>
<td>3.8 (0.4)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>4.0 (0.4)</td>
<td>4.2 (0.7)</td>
<td>3.8 (0.3)</td>
</tr>
<tr>
<td>Responsibility of faculty member</td>
<td>Administrative</td>
<td>4.1 (0.4)</td>
<td>4.3 (0.8)</td>
<td>3.8 (0.4)</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>4.2 (0.5)</td>
<td>4.1 (0.7)</td>
<td>4.0 (0.3)</td>
</tr>
<tr>
<td></td>
<td>Didactic</td>
<td>3.9 (0.5)</td>
<td>3.8 (0.6)</td>
<td>3.7 (0.3)</td>
</tr>
<tr>
<td></td>
<td>Didactic and cl</td>
<td>4.3 (0.4)</td>
<td>4.4 (0.6)</td>
<td>3.8 (0.3)</td>
</tr>
<tr>
<td>Student/faculty</td>
<td>Faculty</td>
<td>4.2 (0.5)</td>
<td>4.3 (0.7)</td>
<td>3.8 (0.3)</td>
</tr>
<tr>
<td></td>
<td>Student</td>
<td>3.3 (0.7)</td>
<td>3.8 (0.7)</td>
<td>3.7 (0.6)</td>
</tr>
</tbody>
</table>

*Groups with different letters have significantly different item category mean scores (p<0.05).
electronic technology as adults. Their experiences point to a time when communication was personal and the professor was assumed to have the knowledge and expertise that was to be shared with the student. Today’s students have always had technology in their lives, so using a cell phone or surfing the Internet during class would not be considered uncivil but simply the mechanisms by which they gather information. While the professor is still the expert, he or she is not the only source from which to obtain information. Similarly, Baby Boomers tend to value individualization over teamwork, while members of Generation Y tend to value collaboration and co-creation. Generations Y and Z expect instant answers and tend to pay less attention to others. Understanding generational dissimilarities may help to shed some light on the differences in perceived behavior seen in our study.

The significant differences we observed in responses between the dental students, dental hygiene students, and dental laboratory technology students are of note. The dental students were not as likely to perceive the classroom behaviors as uncivil when compared to the dental hygiene or dental laboratory technology students. The dental hygiene students were also more likely to perceive the general behaviors as more uncivil than the dental or dental laboratory technology students. Perhaps the difference in gender population between the courses of study may account for the significant differences. Gender differences have been reported concerning attitudes toward academic dishonesty and perceptions of civility, with females exhibiting stronger feelings than males. The percentage of female respondents from dental hygiene and dental laboratory technology was 93% compared to 45% for dental student respondents. There were also significant differences in a large number of responses between the male and female dental students. When all students were compared after subscaling the behaviors, the female students felt more strongly than the males that behaviors in all three areas were uncivil.

The class sizes of both the dental hygiene (39 students) and dental laboratory technology programs (nine students) were smaller than any of the dental student classes (65 students each). According to Carbone, it may be that the small class size did not allow for the feeling of anonymity for the dental hygiene or dental laboratory technology students and, as such, their behavior was more likely to be noticed. Also, at this institution, the dental hygiene and dental laboratory technology students, unlike the dental students, spend the majority of their time with only a few instructors, which precludes the students’ anonymity.

Our study found that only a small percentage of the surveyed behaviors showed increasing agreement as the year of study increased. When the behaviors were classified into subscales, the results suggest that dental students’ perception of uncivil behavior tended to become less strict with increasing exposure to the clinical setting, while the same was not true for the dental classroom setting. It has been reported that pharmacy students have different perceptions of uncivil behaviors depending upon age and year of study, with older students exhibiting a more conservative view. The causative differences we found between the dental students’ year of study need further exploration in future studies. One may argue that, according to Labelling Sociological Theory, the frequency of a particular behavior by another dental student and the effect or lack of effect on the dental student alters his or her perception of that behavior. It may also be argued that, according to Deterrence Social Theory, as a dental student progresses through his or her education, the tolerance or intolerance of certain behaviors by faculty is learned, causing changes in the student’s perceptions. Perhaps the feeling of needing to impress faculty members decreases as a dental student moves through his or her education. The creation of an instrument to determine the reasons for these differences is needed because our survey was designed to determine only if differences exist.

An understanding of these changes occurring each year would allow faculty members to be proactive in addressing uncivil behavior. While our study was based on the work of Rowland and Srisukho, it has gone further to explore perceptions among faculty and students for different courses of study and included perceptions of uncivil behavior in the clinical setting. The possibility of false findings (i.e., type I error with regard to the hypothesis tests) is inevitable when examining so many previously unexplored relationships and may be considered another limitation of this study. For this reason, we have initiated a follow-up study to focus on some of the relationships revealed by in this study.

It should be remembered that the learning environment is influenced not only by students’ actions but also faculty members’ actions. One faculty respondent from the Rowland and Srisukho study stated that “much of the uncivil behavior that is experienced in classrooms is dependent on the culture that faculty
have nurtured.” Blashki et al. warned that students were becoming disenfranchised from education due to a failure on the part of faculty to understand and address the unique and different learning styles of Generation Y. Further examination of how students define uncivil faculty members’ classroom behavior would also be beneficial in understanding those behaviors that might disrupt the learning environment. Perceptions of uncivil behavior are important for educators to understand. If a behavior is perceived by a student as not being uncivil, it is more likely to occur, regardless of the faculty member’s perception of the behavior. As educators, we need to understand that maintaining classroom civility is important because it has been shown that classroom incivilities can have a negative impact on a student’s effort to succeed.

Conclusion

This study’s results concerning the perceptions of incivility for male and female faculty members, as well as faculty members and students, differed from those of a previous similar study. Our study found significant differences in perceived uncivil behaviors between the dental faculty and students, as well as among dental students, dental hygiene students, and dental laboratory technology students. Significant differences in perceptions of uncivil behavior were found between faculty and students, as well as between male and female respondents. It was also found that as dental students progressed through their program, their perceptions of what constitutes uncivil behavior changed.

The lack of consistency between our findings and those of the Rowland and Srisukho study indicates that more research is needed to explore reasons for the commonality, or lack thereof, of perceptions of uncivil behavior across multiple academic dental institutions. However, we feel that to maintain civil behavior in either a classroom or clinic setting, faculty members need to be aware of the differences among students as shown by this study and other research concerning uncivil behavior in educational settings. Faculty members need to be aware of the makeup of their class and how gender, age, course of study, and various cultural and economic backgrounds may affect classroom behavior. By understanding what students consider to be civil and uncivil behavior, faculty members can proactively take measures to reduce the likelihood of uncivil behavior occurring.

The administration at our academic dental institutions has a responsibility to assist the faculty in this matter through faculty development. Currently, the institution at which this study was conducted has no formal policy addressing uncivil behavior and no clear guidelines to define uncivil behavior. As such, faculty members are left to create and enforce their own individual classroom policies, which differ among faculty members. A formal policy generated by the institution to include a written student code of conduct, with clearly stated behavioral expectations and consequences for violations, is needed. The consistent application and full support from the administration in enforcing the code of conduct and applying the appropriate disciplinary measures for violations will reduce the frequency of uncivil behaviors and produce a more harmonious and cooperative classroom environment for our students.

REFERENCES