

## The Psychological Effects of Rudeness Experienced During Clinical Practice by Nursing Students on Critical Thinking Skills, Problem-Solving Skills, and Clinical Competence

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### ABSTRACT

The aim of the study is to prepare essential resources so that nursing students can conduct clinical practice guidance more effectively by identifying factors that affect critical knowledge and skills, problem-solving abilities, and clinical performance. The study applied the SPSS 21.0 program for data analysis. The result of this study is as follows. A positive relevance ( $r=.694$ ,  $p<.001$ ) was shown between critical knowledge and skills and problem-solving abilities, and there was a positive relevance ( $r=.471$ ,  $p<.001$ ) between critical knowledge and skills and clinical performance. Problem-solving abilities and clinical performance showed a positive relevance ( $r=.511$ ,  $p<.001$ ). Factors affecting critical thinking skills were gender ( $\beta=.143$ ,  $p=.004$ ), satisfaction with clinical practice ( $\beta=.184$ ,  $p=.016$ ), rudeness experienced by advisors ( $\beta=.111$ ,  $p=.041$ ), rudeness ( $\beta=.166$ ,  $p=.007$ ), and problem solving skills ( $\beta=.535$ ,  $p<.001$ ), which showed 54.4% explanatory power. ( $F=22.138$ ,  $p<.001$ ). Factors affecting problem-solving abilities include satisfaction with nursing as a major ( $\beta=.239$ ,  $p<.001$ ), critical knowledge and skills ( $\beta=.522$ ,  $p<.001$ ), and clinical performance ( $\beta=.198$ ,  $p=.001$ ), which had an explanatory power of 55.8% ( $F=34.645$ ,  $p<.001$ ). Factors affecting clinical performance include satisfaction with clinical practice ( $\beta=.183$ ,  $p=.035$ ), satisfaction with interpersonal relationships ( $\beta=.304$ ,  $p<.001$ ), and rudeness experienced by staff ( $\beta=.147$ ,  $p=.011$ ), and problem-solving skills ( $\beta=.288$ ,  $p<.001$ ), which had an explanatory power of 39.2% ( $F=18.194$ ,  $p<.001$ ). Therefore, to improve the clinical practice of course the bachelors degree in nursing, continuous and regular cooperation between clinical field leaders and teachers in charge of practice should be made so that they do not experience rudeness.

**Keywords:** Nursing student, Clinical practice, The experience of rudeness, Critical thinking skills, Problem-solving abilities, Clinical performance

### 1. Need Research

Through clinical practice, course the bachelors degree in nursing can learn the nursing theory they learned at university to clinical skill or experience their role as nurses firsthand. In other words, they learn about nursing knowledge and how to apply nursing skills and establish their identity as professional nurses in advance.[1] Clinical practice is considered a very important element in the curriculum for nursing students. In clinical practice, course the bachelors degree in nursing can learn what they have practiced to the nursing field, which develops their potential and fosters creativity[2]. Therefore, nursing students should have clinical competence in which nursing knowledge and clinical practice are integrated based on clinical practice education and theoretical education.[3]

To nurture nurses with a certain level of nursing competence, it is required to develop the clinical competency of course the bachelors degree in nursing. At this time, to improve clinical competence, desirable teaching efficiency, and optimal clinical practice environment should be well established.[4] It is important for nursing students who should face the clinical field to improve clinical competence.[5]

To enhance clinical practice in nursing students, it is necessary to manage a variety of factors that can directly affect their clinical competence.[5]

Critical thinking tendencies have emerged as another factor influencing clinical competence in nursing students [6].

Critical thinking refers to rational and logical thinking to solve problems through creative thinking, correct evaluation, and good judgment.[7] Critical thinking skills are not only an important indicator of nursing education outcomes but are also suggested as an important factor influencing the clinical practice of nurses [8]. Nursing students' critical knowledge and skills tendencies can be an important influencing factor in improving their clinical competence.[9]

Various teaching and learning methods to improve critical thinking tendencies are necessary to enhance the clinical practice of course the bachelors degree in nursing.

In particular, at a time when proper values and professional concepts about nursing can be formed, nursing students who perform clinical practice should be strengthened to improve problem-solving processes and abilities based on critical thinking [10].

In particular, clinical decision-making necessary to think critically and select appropriate alternatives in performing nursing according to various clinical situations is necessary for nursing patients [11]. The problem-solving process is the process of solving complex situations, and this is the core competency of professional nurses [12]. The skill to make effective decisions and solve problems is one of the most important skills a professional nurse should have [11][24].

However, the clinical field of nursing causes a lot of stress and tension, and there are also difficult tasks. Also, this is an environment where it is easy to be exposed to rudeness during interactions with various members of the medical environment [13]. It was reported that not only staff working in these clinical fields but also nursing students in clinical practice experience rudeness.[13] Nursing students also experience disrespectful behavior such as ignorance, indifference, unpleasant expressions, thoughtless behavior, sarcastic behavior, and bothersome expressions from nurses in practice[14][25]. As a result of examining the result of a research performed by Hong Yun-Kyung et al. [14], it was found that 97.5% of nursing students experienced rudeness during their clinical practice. If nursing students perceive rude behavior from nurses during clinical practice, their stress increases and they may experience helplessness in the reality that they cannot do anything [15].

By identifying the effects of rudeness experienced by course the bachelors degree in nursing during clinical competency on critical knowledge and skills, problem-solving abilities, and clinical performance, this researcher purposes to improve the environment of clinical practice education perceived by nursing students and provide basic data for good clinical practice education guidance.

## **2. METHOD OF STUDY**

### **2.1 Design of Study**

The study is a exploratory research study to identify the effects of rudeness experienced during clinical field practice by course the bachelors degree in nursing on critical knowledge and skills, problem-solving abilities, and clinical performance.

### **2.2 Analysis of Subjects**

The subjects in the study were course the bachelors degree in nursing attending one university and one university from December 1, 2021, to December 20, 2022. This study conveniently selected third-grade students who completed six weeks or more of clinical field. For the number of subjects in this study, G power 3.1 software [16] was used to calculate the appropriate sample number. With significance level ( $\alpha$ ).05, power (1- $\beta$ ).95, effect size ( $r$ ).15 (medium), and 11 predictors, the minimum sample size required for multiple regression analysis was calculated to be 178 people. This study selected 220 people in consideration of their dropout rate. The questionnaire was distributed to 220 people using a convenience sheet, which was then retrieved again. Of the collected questionnaires, 214 (97.36%) were selected as subjects for the study, excluding 6 (2.7%) who submitted insufficient responses.

### **2.3 Tools of Study**

#### **2.3.1 Sociodemographic Characters**

Regarding the sociodemographic characters, this study examined six items: sex, grade, major satisfaction, satisfaction with clinical field knowledge and skills, satisfaction with clinical field environment, and degree of interpersonal relationships. In terms of the extent of experience of rudeness during clinical field practice, six things were investigated: experiences from colleagues, experiences from practical advisors, experiences from patients or caregivers, experiences from nurses, experiences from doctors, and experiences from other staff.

#### **2.3.2 Rudeness**

Rudeness refers to a score measured using the K-UBCNE tool adapted from the uncivil behavior in clinical nursing educators (UBCNE0 tool developed by Anthony et al. [17]) and adapted by Suok Jo [13]. The tool for this study was Cho Soo-ok[13] total 13-item questionnaire, which used a 5-point Likert scale. Cronbach's alpha for this rudness tool was .919.

#### **2.3.3 Critical Thinking Tendencies**

The study used a tool for measuring critical thinking tendencies developed by Yun Jin [18] for nursing students. It consists of a total of 27 items. which consists of seven sub-regions. Each question consists of a 5-point scale, and higher scores indicate higher critical thinking tendencies, and Cronbach's alpha was .84 in the study by Yoon Jin[18]. Cronbach's alpha for each subdomain of this study was intellectual passion/curiosity .808, prudence .678, confidence .796, systematicity .709, intellectual fairness .614, healthy skepticism .683, objectivity .593, and overall question reliability Cronbach's alpha was .893.

#### **2.3.4. Problem-Solving Skills**

The study used the tool modified and supplemented by Woo Ok-Hee [20]. Cronbach's alpha was .89 in the study of Woo Ok-hee[20]. The reliability of Cronbach's alpha for each subdomain in this study was .763, problem definition was .700, problem-solving was .813, problem execution was .650, problem-solving was .784, the problem-solving review was .784, and Cronbach's alpha for all questions was .917.

#### **2.3.5 Clinical Competence**

In the study, the six-dimension scale was modified and supplemented by Choi Mi-suk [20] and used for measurement. It consists of a total of 45 questions and consists of the nursing process (11 questions), nursing skills (11 questions), education/collaborative relationships (8 questions), interpersonal relationships/communication (6 questions), and professional development (9 questions). In the study by Choi Mi-sook[20], Cronbach's alpha was.92. Regarding Cronbach's alpha for the reliability of each subdomain of this study, nursing courses were .909, nursing technology was 909, education/cooperation relationships were .805, interpersonal relations/communication were .894, professional development was .872, and Cronbach's alpha for overall question reliability was .967.

#### **2.4 Collection of Data Process and Bioethical Consideration**

The data of this study were collected for a total of 3 weeks from December 1, 2021 to December 20, 2022. It targeted nursing college students attending. It was approved by the head of the nursing department of the two universities. The trained research assistant used the bulletin board recruitment documents of each university. For bioethical consideration of the research subjects, the researcher explained the purpose and method of the research before distributing the questionnaire and received consent from the subjects to participate in the research. The study subjects who are willing to participate in the study were those who signed the consent form in their own hand. The explanation included that the personal information acquired by this study should not be used other than for research purposes, participate in the study freely, and can only be withdraw at any time you do not want. It was explained that if there is a subject who experiences stress on some questions, the questionnaire can be stopped at the discretion of the subject, and there is no disadvantage at all.

#### **2.5 Data Analysis Process**

The collected data were analyzed using the SPSS 21.0 program. The sociodemographic characters and degree of rudeness, critical knowledge and, problem-solving abilities, and clinical performance of course the bachelors degree in nursing were analyzed by frequency, percentage, mean, and standard deviation. Differences in rudeness, critical knowledge and skills, problem-solving abilities, and clinical performance according to sociodemographic characters of course the bachelors degree in nursing were analyzed by t-test, ANOVA, and Scheffe. In the study, pearson correlation coefficient was applied to identify the correlation between rudeness, critical knowledge and skills, problem-solving abilities, and clinical performance of course the bachelors degree in nursing. A stepwise multiple regression analysis methods was applied to the study to confirm the effects of course the bachelors degree in nursing experiences of rudeness on their critical knowledge and skills, problem-solving abilities, and clinical performance.

### **3. CONCLUSIONS**

#### **3.1 Differences with the Sociodemographic Characters**

Regarding the sociodemographic characters of the subjects, the proportion of females was 88.8%, and 'satisfied' accounted for 52.3% of the satisfaction with nursing as a major. Regarding the satisfaction of clinical practice, 48.6 percent answered "satisfied," and 32.7 percent answered, "moderately satisfied."

Regarding the degree of rudeness experienced during the clinical practice, 46.3% answered 'not at all' about rudeness received from friends, and 30.4% answered 'rarely'. Also, 50.5% answered "not at all" and 38.8% answered "rarely" about rudeness received from training supervisors. Also, when it comes to rudeness experienced by patients or caregivers, "rarely" was the most common at 36.4%, and "not at all" was 33.6%. Regarding the response to whether they experienced rudeness from nurses, 'rarely' accounted for the most with 35.0%, followed by 'never' with 26.6%, 'sometimes' with 20.1%, and 'often' with 17.8%. Regarding whether they have experienced rudeness from doctors, 44.4% answered 'never', 43.0% answered 'rarely', 9.8% answered 'sometimes', and 2.8% answered 'frequently'. . 44.9 percent answered that they had no experience of rudeness from employees, 33.6 percent said they experienced it "rarely," 10.7 percent experienced it "occasionally," and 9.8 percent experienced it "often."

Satisfaction with nursing as a major ( $p=.002$ ), rudeness experienced from patients or guardians ( $p<.001$ ), rudeness experienced from nurses ( $p<.001$ ), rudeness experienced from doctors ( $p <.001$ ), and the rudeness experienced from the staff ( $p<.001$ ) was significant. sex( $p<.001$ ), satisfaction with nursing as a major ( $p=.002$ ), satisfaction with clinical field ( $p<.001$ ), satisfaction with interpersonal relationships ( $p<.001$ ), the experience of rudeness from nurses ( $p=.018$ ), the experience of rudeness from doctors ( $p=.001$ ), and experience of rudeness from staff ( $p=.013$ ) were significant[Table 1].

It was shown to be significant in sex( $p=.002$ ), satisfaction of nursing major ( $p<.001$ ), satisfaction of clinical field( $p<.001$ ), satisfaction with the clinical field environment ( $p<.001$ ), and rudeness experienced by staffs ( $p=.005$ )[Table 2].

Satisfaction with nursing as a major( $p<.001$ ), satisfaction of clinical field ( $p<.001$ ), satisfaction with the clinical field environment ( $p<.001$ ), the rudeness experienced from doctors ( $p=.050$ ), and rudeness received from staffs ( $p=.017$ ) were found to be significant[Table 2].

**Table 1:** The Sociodemographic Characters with Rudeness and Critical thinking ability

Characters	Classification	N(%)	Rudeness		Critical thinking ability	
			mean±standard deviation	t / F (p)	mean±standard deviation	t / F (p)
Sex	Men	24(11.2)	1.38±0.63	1.087(.278)	4.01±0.47	3.789(.000)
	Women	190(88.8)	1.52±0.57		3.67±0.40	
Satisfaction of Nursing major	Very Dissatisfied <sup>a</sup>	0	0	5.049(.002) (c<d)	0	12.339(.000) (c<d<e)
	Dissatisfied <sup>b</sup>	2(0.9)	1.00±0.00		3.96±0.00	
	Moderate <sup>c</sup>	59(27.6)	1.32±0.44		3.53±0.33	
	Satisfies <sup>d</sup>	112(52.3)	1.64±0.64		3.69±0.35	
	Very Satisfies <sup>e</sup>	41(19.2)	1.41±0.52		4.01±0.53	
Satisfaction of clinical practice	Very Dissatisfied <sup>a</sup>	0	0	2.408 (.068)	0	15.267 (.000) (b<c<d<e)
	Dissatisfied <sup>b</sup>	7(3.3)	1.91±0.44		3.48±0.16	
	Moderate <sup>c</sup>	70(32.7)	1.47±0.56		3.55±0.34	
	Satisfies <sup>d</sup>	104(48.6)	1.56±0.62		3.72±0.37	
	Very Satisfies <sup>e</sup>	33(15.4)	1.34±0.46		4.08±0.49	
Satisfaction of clinical practice environment	Very Dissatisfied	1(0.5)	1.46±0.00	1.352(.252)	3.33±0.00	14.207(.000)
	Dissatisfied	16(7.5)	1.67±0.56		3.84±0.26	
	Moderate	96(44.9)	1.54±0.61		3.59±0.37	
	Satisfies	90(42.1)	1.48±0.56		3.73±0.38	
	Very Satisfies	11(5.1)	1.17±0.48		4.47±0.41	
Interpersonal relationships	Very bad	0	0	1.140(.334)	0	17.376(.000)
	Bad	1(0.5)	2.15±0.00		2.88±0.00	
	Moderate	44(20.6)	1.39±0.55		3.52±0.35	
	Good	134(62.6)	1.53±0.58		3.68±0.36	
	Very good	35(16.4)	1.55±0.62		4.09±0.45	
Rudeness from friends	Not at all	99(46.3)	1.47±0.55	0.849(.496)	3.73±0.45	2.372(.054)
	Rare	65(30.4)	1.58±0.64		3.63±0.38	
	Sometimes	25(11.7)	1.36±0.52		3.66±0.36	
	Often	23(10.7)	1.58±0.59		3.91±0.38	
	Very often	2(0.9)	1.46±0.00		4.03±0.00	
Rudeness from practical instructor	Not at all	108(50.5)	1.47±0.55	0.453(.715)	3.77±0.41	4.173(.007)
	Rare	83(38.8)	1.56±0.63		3.60±0.40	
	Sometimes	22(10.3)	1.48±0.53		3.89±0.39	
	Often	1(0.5)	1.38±0.00		3.51±0.00	
	Very often	0	0		0	
Rudeness from patient/guardian	Not at all	72(33.6)	1.38±0.45	5.737(.000)	3.80±0.41	1.874(.116)
	Rare	78(36.4)	1.53±0.60		3.62±0.41	
	Sometimes	42(19.6)	1.43±0.51		3.72±0.44	
	Often	21(9.8)	1.94±0.76		3.75±0.36	

	Very often	1(0.5)	2.84±0.00		3.55±0.00	
Rudeness from nurse	Not at all	57(26.6)	1.16±0.26	32.140(.000)	3.86±0.46	3.039(.018)
	Rare	75(35.0)	1.31±0.41		3.60±0.35	
	Sometimes	43(20.1)	1.70±0.57		3.69±0.43	
	Often	38(17.8)	2.15±0.63		3.73±0.41	
	Very often	1(0.5)	2.38±0.00		3.59±0.00	
Rudeness from doctor	Not at all <sup>a</sup>	95(44.4)	1.42±0.54	6.219(.000) (a<b<c)	3.73±0.44	5.761(.001) (b<c<d)
	Rare <sup>b</sup>	92(43.0)	1.47±0.52		3.63±0.37	
	Sometimes <sup>c</sup>	21(9.8)	1.95±0.78		3.79±0.37	
	Often <sup>d</sup>	6(2.8)	1.91±0.53		4.31±0.35	
	Very often <sup>e</sup>	0	0		0	
Rudeness from staffs	Not at all <sup>a</sup>	96(44.9)	1.42±0.50	8.470(.000) (a,b,c<d)	3.80±0.45	3.238(.013) (b<a)
	Rare <sup>b</sup>	72(33.6)	1.43±0.56		3.59±0.39	
	Sometimes <sup>c</sup>	23(10.7)	1.46±0.44		3.65±0.30	
	Often <sup>d</sup>	21(9.8)	2.07±0.74		3.80±0.35	
	Very often <sup>e</sup>	2(0.9)	2.61±0.32		3.57±0.02	

\* Scheffe post hoc analysis : p< .05

**Table 2:** The Sociodemographic Characteristics with Problem-solving ability and Clinical performance ability

Characters	Classification	N(%)	Problem-solving ability		Clinical performance ability	
			mean±standard deviation	t / F (p)	mean±standard deviation	t / F (p)
Sex	Men	24(11.2)	3.96±0.47	3.088(.002)	3.76±0.60	0.733(.464)
	Women	190(88.8)	3.66±0.43		3.67±0.51	
Satisfaction of Nursing major	Very Dissatisfied <sup>a</sup>	0	0	23.274(.000) (c<d<e)	0	10.326(.000) (c<d<e)
	Dissatisfied <sup>b</sup>	2(0.9)	3.60±0.00		3.82±0.00	
	Moderate <sup>c</sup>	59(27.6)	3.46±0.36		3.48±0.48	
	Satisfies <sup>d</sup>	112(52.3)	3.66±0.40		3.66±0.45	
	Very Satisfies <sup>e</sup>	41(19.2)	4.12±0.40		4.03±0.60	
Satisfaction of clinical practice	Very Dissatisfied <sup>a</sup>	0	0	17.778 (.000) (b<c<d<e)	0	18.782 (.000) (c<d<e)
	Dissatisfied <sup>b</sup>	7(3.3)	3.59±0.31		3.64±0.47	
	Moderate <sup>c</sup>	70(32.7)	3.47±0.38		3.40±0.45	
	Satisfies <sup>d</sup>	104(48.6)	3.72±0.34		3.74±0.44	
	Very Satisfies <sup>e</sup>	33(15.4)	4.09±0.58		4.13±0.56	
Satisfaction of clinical practice environment	Very Dissatisfied	1(0.5)	3.76±0.00	16.453 (.000)	3.88±0.00	7.019(.000)
	Dissatisfied	16(7.5)	3.75±0.32		3.69±0.42	
	Moderate	96(44.9)	3.52±0.39		3.51±0.45	
	Satisfies	90(42.1)	3.77±0.39		3.81±0.50	
	Very Satisfies	11(5.1)	4.49±0.49		4.16±0.79	
Interpersonal relationships	Very bad	0	0	14.290(.000)	0	23.837(.000)
	Bad	1(0.5)	3.00±0.00		2.77±0.00	
	Moderate	44(20.6)	3.45±0.39		3.25±0.40	
	Good	134(62.6)	3.68±0.38		3.73±0.46	
	Very good	35(16.4)	4.04±0.52		4.09±0.50	
Rudeness	Not at all	99(46.3)	3.74±0.46	1.142(.338)	3.69±0.50	1.382(.241)

frfriends	Rare	65(30.4)	3.64±0.39		3.61±0.56	
	Sometimes	25(11.7)	3.59±0.44		3.66±0.52	
	Often	23(10.7)	3.77±0.53		3.90±0.51	
	Very often	2(0.9)	3.44±0.00		3.44±0.00	
Rudeness from practical instructor	Not at all	108(50.5)	3.76±0.43	2.124(.098)	3.72±0.52	1.711(.166)
	Rare	83(38.8)	3.62±0.41		3.66±0.53	
	Sometimes	22(10.3)	3.62±0.59		3.64±0.44	
	Often	1(0.5)	3.24±0.00		2.62±0.00	
	Very often	0	0		0	
Rudeness from patient/guardian	Not at all	72(33.6)	3.78±0.48	1.577(.182)	3.73±0.54	1.399(.235)
	Rare	78(36.4)	3.64±0.42		3.60±0.50	
	Sometimes	42(19.6)	3.64±0.43		3.77±0.54	
	Often	21(9.8)	3.74±0.43		3.70±0.50	
	Very often	1(0.5)	3.12±0.00		2.93±0.00	
Rudeness from nurse	Not at all	57(26.6)	3.81±0.50	1.659(.161)	3.73±0.53	0.475(.754)
	Rare	75(35.0)	3.64±0.40		3.64±0.52	
	Sometimes	43(20.1)	3.61±0.41		3.64±0.49	
	Often	38(17.8)	3.71±0.48		3.75±0.55	
	Very often	1(0.5)	3.60±0.00		3.60±0.00	
Rudeness from doctor	Not at all	95(44.4)	3.71±0.46	1.996(.116)	3.67±0.54	2.646(.050)
	Rare	92(43.0)	3.64±0.41		3.67±0.52	
	Sometimes	21(9.8)	3.71±0.29		3.66±0.41	
	Often	6(2.8)	4.08±0.88		4.27±0.28	
	Very often	0	0		0	
Rudeness from staffs	Not at all	96(44.9)	3.80±0.48	3.885(.005)	3.69±0.52	3.084(.017)
	Rare	72(33.6)	3.58±0.41		3.60±0.53	
	Sometimes	23(10.7)	3.53±0.24		3.64±0.41	
	Often	21(9.8)	3.80±0.48		4.02±0.51	
	Very often	2(0.9)	3.36±0.33		3.26±0.47	

\* Scheffe post hoc analysis :  $p < .05$

### 3.2 Degree of Variables

The subject's degrees of rudeness are as follows [Table 3]. Rudeness can be divided into subdomains of exclusion, contempt, and rejection. The mean and standard deviation for rudeness was  $1.51 \pm 0.58$  points, exclusion was  $1.73 \pm 0.78$  points, contempt was  $1.43 \pm 0.63$  points, and rejection was  $1.26 \pm 0.48$  points. Critical thinking skills scored  $3.71 \pm 0.42$  points, problem-solving skills scored  $3.69 \pm 0.45$  points, and clinical competence scored  $3.68 \pm 0.52$  points.

**Table 3:** The status of Rudeness, Critical knowledge and skills, Problem-solving abilities, and Clinical performance

Classification		mean±standard deviation	Maximum	Minimum
Rudeness		1.51±0.58	3.23	1.00
Sub-area	Exclusion	1.73±0.78	4.00	1.00
	Contempt	1.43±0.63	4.20	1.00
	Refusal	1.26±0.48	3.00	1.00
Critical thinking ability		3.71±0.42	4.93	2.89
Sub-area	Prudence	3.61±0.67	5.00	1.50
	Intellectual passion/curiosity	3.59±0.60	5.00	1.80
	Self-confidence	3.69±0.62	5.00	2.25
	Systemicity	3.47±0.64	5.00	1.33
	Intellectual fairness	4.06±0.50	5.00	2.50

	Healthy skepticism	3.52±0.65	5.00	2.00
	Objectivity	4.11±0.48	5.00	2.67
Problem-solving ability		3.69±0.45	5.00	2.64
Sub-area	Problem found	3.87±0.53	5.00	2.40
	Problem definition	3.59±0.57	5.00	2.00
	Problem solving	3.81±0.53	5.00	2.40
	Execute the problem	3.61±0.52	5.00	2.00
	Problem solving review	3.59±0.56	5.00	1.80
Clinical performance ability		3.68±0.52	4.89	2.62
Sub-area	Nursing process	3.71±0.54	5.00	2.36
	Nursing skills	3.74±0.60	5.00	2.55
	Education/cooperation	3.76±0.63	5.00	2.38
	Interpersonal communication	3.82±0.63	5.00	2.33
	Professional development	3.83±0.55	5.00	2.67

### 3.3 Correlation between Variables

The correlation between subjects' rudeness, critical knowledge and skills, problem-solving abilities, and clinical performance was analyzed and the results are as follows. There was a positive relevance ( $r = .694$ ,  $p < .001$ ) between critical knowledge and skills and problem-solving abilities, and a positive relevance ( $r = .471$ ,  $p < .001$ ) between critical thinking knowledge and skills and clinical performance. There was a positive relevance ( $r = .511$ ,  $p < .001$ ) between problem-solving abilities and clinical performance, and there was no relevance between it and rudeness[Table 4].

**Table 4:** Relevance with Rudeness, variables

Classification	Rudeness		Critical thinking ability		Problem-solving ability		Clinical performance	
	r	p	r	p	r	p	r	p
Rudeness	1		.125	.068	.068	.321	.096	.162
Critical knowledge and skills ability			1		.694	.000	.471	.000
Problem-solving ability					1		.511	.000
Clinical performance ability							1	

### 3.4 Effects of Subjects' Experience of Rudeness

Factors influencing critical thinking skills include gender ( $\beta = .143$ ,  $p = .004$ ), satisfaction with clinical practice ( $\beta = .184$ ,  $p = .016$ ), and rudeness experienced from an advisor ( $\beta = .111$ ,  $p = .041$ ), rudeness ( $\beta = .166$ ,  $p = .007$ ), and problem-solving skills ( $\beta = .535$ ,  $p < .001$ ), which showed 54.4% explanatory power ( $F = 22.138$ ,  $p < .001$ ). Factors affecting problem-solving skills include satisfaction in nursing as a major ( $\beta = .239$ ,  $p < .001$ ), critical thinking skills ( $\beta = .522$ ,  $p < .001$ ), and clinical competence ( $\beta = .198$ ,  $p = .001$ ), which showed 55.8% explanatory power ( $F = 34.645$ ,  $p < .001$ ). Factors affecting clinical competence included satisfaction with clinical practice ( $\beta = .183$ ,  $p = .035$ ), interpersonal satisfaction ( $\beta = .304$ ,  $p < .001$ ), rudeness experienced by staff ( $\beta = .147$ ,  $p = .011$ ), and problem-solving skills ( $\beta = .288$ ,  $p < .001$ ), which had an explanatory power of 39.2% ( $F = 18.194$ ,  $p < .001$ )[Table 5].

**Table 5:** Factors affecting on Rudeness

Categories	Contents	B	$\beta$	t(p)	R <sup>2</sup>	Adjusted R <sup>2</sup>	F(p)
Critical thinking ability	Const	.845		4.111(.000)	.569	.544	22.138 (.000)
	Gender	.191	.143	2.876(.004)			
	Contentment of major	-.030	-.050	-.771(.442)			
	Contentment of clinical field	.104	.184	2.424(.016)			
	Contentment of clinical field environment	-.074	-.128	-1.950(.053)			
	Interpersonal relationships	.086	.127	2.197(.029)			

	Rudeness from practical instructor	.068	.111	2.053(.041)			
	Rudeness from nurse	-.051	-.129	-1.930(.055)			
	Rudeness from doctor	.038	.068	1.212(.227)			
	Rudeness from staffs	-.034	-.081	-1.410(.160)			
	Rudeness	.120	.166	2.749(.007)			
	Problem-solving ability	.500	.535	8.746(.000)			
	Clinical performance ability	.076	.094	1.562(.120)			
Problem-solving ability	Constant	.378		1.811(.072)	.575	.558	34.645 (.000)
	Gender	.059	.041	.828(.409)			
	Contentment of major	.153	.239	3.900(.000)			
	Contentment of clinical field	-.051	-.085	-1.157(.249)			
	Contentment of clinical field environment	.041	.066	1.029(.305)			
	Interpersonal relationships	.014	.019	.330(.742)			
	Rudeness	-.029	-.038	-.783(.434)			
	Critical thinking ability	.559	.522	9.151(.000)			
	Clinical performance ability	.170	.198	3.467(.001)			
Clinical competence	Constant	.525		1.804(.073)	.415	.392	18.194 (.000)
	Contentment of Nursing major	-.030	-.040	-.536(.592)			
	Contentment of clinical practice	.129	.183	2.118(.035)			
	Contentment of clinical fuelled environment	-.031	-.043	-.588(.557)			
	Interpersonal relationships	.257	.304	4.826(.000)			
	Rudeness from staffs	.076	.147	2.550(.011)			
	Rudeness	.012	.013	.224(.823)			
	Critical thinking ability	.130	.104	1.342(.181)			
	Problem-solving ability	.336	.288	3.618(.000)			

#### 4. DISCUSSION

The study aims to identify the degree to which rudeness experienced by nursing students during clinical practice affects critical knowledge and skills, problem-solving abilities, and clinical performance, and to identify the relationship between them and the influencing factors. This was attempted to make up for the shortcomings in the educational environment for clinical practice and to provide basic data for maintaining the advantages.

The results of analyzing differences in rudeness based on the sociodemographic characters of the subjects showed that they were significant in terms of satisfaction with nursing as a major, experiences of rudeness received from patients or caregivers, experiences of rudeness received from nurses, experiences of rudeness received from doctors, and experiences of rudeness received from staffs. Students who said they were more satisfied with the nursing department being their major were more likely to experience rudeness than those who were generally satisfied with their major. Students who are highly satisfied with their major in nursing are considered to have a lot of interest in nursing, and therefore they are likely to react more sensitively to rudeness. If the results derived from repeated studies conducted later are consistent with the results of this study, it can be thought that an in-depth study on satisfaction is needed. The experience of rudeness received from nurses was shown to be significant, and a study by Kang Jiyeon, Jeong Yeon-jin, and Gong Kyung-ran[21] also showed that the main source of rudeness among nursing students was nurses. Individuals who have experienced rudeness are likely to act rude to others[14], which is predicted to have a negative impact on nursing students in the clinical field. Therefore, to reduce nursing students' experiences of rudeness, it is considered that the



rudeness experienced by nurses in the clinical field must be addressed first. It is thought that nursing students can establish their professional self-concept by directly seeing the field where nurses can work with respect.

In the study, the efficiency of clinical practice perceived by course the bachelors degree in nursing was 3.71 on a 5-point scale. This figure was higher than the 3.09 score obtained in the study by Han Ji-young and Park Hyun-sook[4]. These results can be considered that the clinical leader plays a sufficient role as an encourager as well as professional knowledge and ability.

In the study, the subjects' experience of rudeness was 1.51 out of 4, and in the study by Hong Jung-ah[22], the rudeness was 1.73. This figure is lower than the average score of 3.03 in the study of Suok Cho and Jin-A Oh[13] and the score of 3.11 in the study of Jisun Kim[23]. By looking at the low score of rudeness, it can be assumed that the subjects of this study were positive that they had few experiences of rudeness in clinical practice. However, it is possible that there were cognitive differences in rudeness between individuals. In addition, there is behavioral and non-verbal rudeness, such as verbal violence or bullying, but only behavioral rudeness may be considered here. Therefore, in the future, it is thought that repeated research will be necessary to include behavioral and non-verbal things and consider that there may be differences in cognition. A study conducted by Hong Jung-ah[22] selected all 3rd and 4th-grade students as subjects, and at this time, the 4th-grade students had a higher degree of rudeness experience than the 3rd-graders. Since this study only involved students in the third grade, it is necessary to measure the degree of experience of rudeness by grade in the future.

A regression analysis was conducted to identify the effects of rudeness experienced during clinical practice by course the bachelors degree in nursing on critical knowledge and skills, problem-solving abilities, and clinical performance. As a result, factors affecting critical knowledge and skills were gender, satisfaction with clinical practice, rudeness experienced by advisors, rudeness, and problem-solving abilities, which showed 54.4% explanatory power. Factors influencing problem-solving abilities were satisfaction with nursing as a major, critical knowledge and skills, and clinical performance, which showed an explanatory power of 55.8%. Factors affecting clinical performance included satisfaction with clinical practice, satisfaction with interpersonal relationships, rudeness experienced by staff, and problem-solving abilities, which had an explanatory power of 39.2%. The important competencies that course the bachelors degree in nursing need to learn in clinical practice, which is essential to become nurses, are critical knowledge and skills, problem-solving abilities, and clinical performance. Experiencing rudeness before acquiring these competencies can be a barrier for nursing students to acquire their competencies. 'Experience of rudeness' was found to be a factor that commonly affects critical knowledge and skills and clinical performance. It is necessary to understand the degree to which rudeness is perceived individually, and to what extent it is not rudeness. This part should be educated through the education of clinical practice in the field of clinical practice. It is thought that it is necessary to develop programs to prepare for experiences of rudeness so that students' professional self-concepts can be formed correctly by maintaining continuous and regular exchanges between clinical advisors and experts in the clinical field.

Since the study was conducted at nursing universities, there were limitations in generalizing the research results. Therefore, repeated research on rudeness, critical knowledge and skills, problem-solving abilities, and clinical performance of 3rd and 4th year nursing students and intervention studies on experience are needed in the future.

## 5. CONCLUSION AND SUGGESTIONS

The study selected third-year course the bachelors degree in nursing to determine the extent to which the rudeness they experienced during clinical practice affected critical knowledge and skills, problem-solving abilities, and clinical patience and verified the relationships and influencing factors between them. As a result, the importance of the educational environment was suggested by identifying that improvements in the environment in which clinical practice education takes place are factors affecting the clinical competence of nursing students and that this improvement can reduce the rudeness experienced during clinical practice. Therefore, to achieve systematic and efficient clinical practice education, it seems that a multifaceted effort of industry-academic cooperation involving clinical field leaders and teachers dedicated to practice will be necessary so that a practice program that takes into account the environment of clinical practice education is well prepared.

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