

Policy Development for Disruptive Student Behaviors

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Nursing students who demonstrate disruptive and at-risk behaviors in the classroom and clinical arena compromise the learning environment and are unable to provide safe, quality client care. They require early and swift identification, consultation, sanctions, or possible referral into treatment to protect themselves and public safety. The authors describe the evolution of a comprehensive policy for faculty intervention with at-risk students and provide an exemplar of a situation illustrating the use of the policy.

The nation watched in shocked disbelief as tragedy unfolded on the campus of Virginia Polytechnic Institute and State University (Virginia Tech) on April 16, 2007. We were riveted by the news stories detailing the carnage, and for those of us who teach and learn in higher education, many relived the horror of the 3 nursing professors of the University of Arizona who were gunned down 5 years earlier. The shooter at Virginia Tech led a troubled life. Some students complained that the killer had stalked them, whereas others skipped class because of his strange behavior. As educators, we yearned for understanding as we grieved for the victims and their loved ones—and struggled with how to prevent these shootings from happening again.

Within hours after the violence at Virginia Tech, social scientists, religious leaders, and psychiatric professionals questioned the role of academic leaders in preventing these atrocities. By

relative measure, universities remain safe places; however, acts of incivility and violence make us pause to reexamine our policies, procedures, and general campus readiness.

Conceptual Framework

Disruptive and potentially violent behaviors are damaging to our society, the workplace, and our college communities. In 1999, Andersson and Pearson¹ introduced a framework to describe the effects of workplace incivility and introduce strategies to prevent uncivil behaviors from escalating into violence. Later, Pearson et al² noted that workplace incivility has deleterious effects on individuals and organizations. Because nursing programs are places where people work and study, the authors' conclusions underscore the importance of interrupting the spiral of incivility before it escalates into violent behavior. According to Feldman,³ faculty members are not only ethically bound to provide a safe teaching-learning environment, but they must also protect themselves and others. Feldman³ further contends that administrative policies and procedures may prevent future acts of incivility from occurring and may improve the overall teaching-learning environment. Similarly, Ehrmann⁴ sug-

gests that nursing programs must have administratively supported policies to address inappropriate student conduct. Because disruptive and threatening student behaviors can negatively impact the academic environment and compromise the safety of others, policy development is imperative for all colleges and universities.

In 1995, students and faculty from the Department of Nursing at Boise State University crafted a policy for students who demonstrated behaviors indicative of potential chemical impairment. The policy was developed in partnership with the Idaho State Board of Nursing and its policies for impaired nurses. Five years later, the policy was expanded to include impairment due to mental illness, also consistent with the State Board of Nursing policies for impaired nurses. Initially, the policy was limited to behaviors occurring in the practice arena because of the more obvious concern for patient safety. Recently, the policy was significantly expanded to include disruptive and at-risk behaviors. This expansion resulted in a revised department policy that links directly to the university policy.

Academic Disruption

Depression and substance use are increasingly common mental health issues on college campuses. Many students enter college with mood disorders, anxiety disorders, eating disorders, and attention deficit disorders.^{5,6} In one study, 92.2% of college students felt emotionally exhausted at least once during the school year, 45.7% felt so depressed that it was difficult to function, and 16.1% were diagnosed with clinical depression.⁷ Intense emotional states such as desperation, rage, or anxiety may suggest a suicide potential in individuals who suffer from depression.⁸

The risk for substance abuse in nursing students may be exacerbated by stressful work conditions. Nurses in practice⁹ used substances to cope with perceived high job expectations. This perception, along with the stress

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associated with completing a rigorous nursing program and preparing for the licensing examination, may increase substance use. Studies reveal that more than 50% of addicted nurses had substance abuse problems as students,¹⁰ 73.4% of impaired nurses began using substances before the age of 18 years,¹¹ and many faculty members believed that chemical dependency often occurs before students enter their nursing programs.¹²

Disruptive behaviors and incivility in nursing education, regardless of the cause, are serious concerns.¹³⁻¹⁷ Unsafe or unethical behaviors can cause significant disruption in the academic environment. Acts of academic incivility can escalate into increasingly destructive behaviors. Whereas these disruptive behaviors are annoying to fellow students, faculty may view them as part of a larger scope of concern and may encourage the student to seek help rather than simply impose disciplinary sanctions. Faculty and administrators need to be skilled in identifying and responding to students who exhibit unacceptable, unsafe, or unethical behaviors. Developing and implementing comprehensive policies to address these issues assist faculty in recognizing the behaviors and establish procedures for effective intervention.

History of the Impaired Nursing Student Policy

When initiated in 1995, our *Impaired Nursing Student Policy* (Policy) only included behaviors indicative of substance abuse and was built on the premise that substance abuse adversely affects all aspects of life and that chemical impairment is a condition that can be successfully treated.¹⁸ Five years later, it was expanded to include behaviors suggestive of mental illness. In concert with this premise, the Policy served as a tool to aide faculty in identifying behaviors suspect of impairment and provide a process to compel a student suspected of impairment related to substance abuse and mental illness to undergo professional evaluation. For a detailed description of the development of the initial policy, see the study by Clark.¹⁹

For more than a decade, the nursing faculty members supported the intended purpose of the Policy, but

unless a student demonstrated blatant behaviors indicative of substance abuse or mental illness, most faculty members were hesitant to implement the Policy. A common explanation for hesitancy was that faculty members were unsure of their ability to recognize behaviors that might indicate some type of impairment. Behaviors associated with substance abuse and mental illnesses are often subtle. It may be difficult to differentiate differences between behaviors related to impairment versus those related to lack of aptitude. It may take several semesters for patterns to become evident, or faculty would simply attribute problematic behaviors to a student having a "bad day." Also, nearly half of faculty members (49.7%) are not sure of their ability to recognize the signs and symptoms of impairment.¹² Thus, the Policy, although supported by faculty, was implemented only approximately once a year. With nearly 500 students enrolled in the nursing program, one would anticipate identifying more students with a troublesome mental illness or substance abuse problem.

In addition to behaviors indicative of student impairment, faculty members were growing more concerned about disruptive, unsafe, and unethical behaviors occurring in the classroom and the clinical arena. Many of the disruptive student behaviors observed by faculty were not covered by the initial Policy. The need for a revised policy for faculty intervention with at-risk and disruptive students, in addition to students suspected of impairment, and a linkage of the Policy to university policy governing at-risk student behaviors was evident.

The Policy Governing Student Behaviors and Actions

The first step in developing the revised *Policy Governing Student Behaviors and Actions* (Revised Policy) was a search of existing university policies and consultation with the university student conduct officer. This process revealed that existing university policies were largely sanction oriented, did not directly compel a student to seek a mental health evaluation, and were primarily focused on removal of the disruptive student. In addition, the university policy did not

address student behaviors unique to nursing. For instance, unsafe or unethical behaviors were not specifically addressed in the university policy. However, the university has a *Student Code of Conduct* (SCC) that protects the rights of every individual student to fully exercise his or her freedom to learn without disruption and interference. At-risk and disruptive student behaviors impede the learning process and should not be tolerated, and sanctions against these behaviors need to be enforced. Disruptive behaviors are defined in the university's SCC and may include substance abuse, verbal or physical threats, repeated obscenities, unreasonable interference with class discussion, and other similar behaviors that interfere with the academic environment.

Based on the firm conviction that nursing faculty has a professional and ethical responsibility to provide a safe environment for students and faculty and for clients who receive nursing care from students, the second step of revising the Policy was initiated. The chair of the department of nursing and the university student conduct officer worked together. Key academic leaders and the university attorney performed an extensive review of the Policy. Faculty and students provided input throughout all phases of the Revised Policy's development. The Revised Policy is based on the premises that the public must be protected from unsafe practice or unethical conduct delivered by nursing students and that student success must be supported. At-risk and disruptive behaviors are defined as any behavior deemed to cause actual or potential harm to self or others (including patients) or behaviors that are in violation of the *American Nurses Association Standards Clinical Nursing Practice*,²⁰ the *Idaho Nurse Practice Act*,²¹ and the *American Nurses Association Code of Ethics for Nurses With Interpretive Statements*.²²

The third step involved faculty education. Early identification is critical to ensuring the safety and welfare of others.¹² Because nursing faculty plays a pivotal role in identifying and supporting at-risk students, faculty needs ongoing education to recognize at-risk student behaviors and instruction regarding the policy terms and implementation. Forums for faculty discussion were conducted during all phases

of policy development and revision. Experts on at-risk student behaviors attended faculty meetings to provide information and respond to faculty concerns and ideas. These professionals remain available to support and mentor faculty throughout the identification and implementation process.

The Revised Policy ensures due process for the student, yet respects the faculty member's responsibility to maintain a safe practice setting and a safe environment that is conducive to learning. The Revised Policy includes 4 categories of disruptive student behaviors, including (1) imminent danger to self or others, (2) unsafe practice or unethical behavior, (3) code of conduct violations, and (4) at-risk student behaviors. The 4 categories are defined and described below.

Imminent Danger to Self or Others

Imminent danger directed toward self or others, whether implicit or explicit, must be taken seriously. Examples of imminent danger include but are not limited to verbal or physical threats toward self or others, repeated obscenities, aggressive gesturing, or unreasonable interference with the learning environment. If students demonstrate these or similar behaviors, faculty members are instructed to immediately notify campus police and may include placing a 911 call. Once the disruptive situation is contained, in addition to contacting the police, the incident must be reported to the department chair, the dean's office, and the Office of Student Rights and Responsibilities (OSRR). The OSRR provides a comprehensive follow-up assessment and makes recommendations for therapeutic referral and/or sanctions.

Unsafe Practice or Unethical Behavior

Student behavior and clinical performance must be safe and ethical. It must not present a danger or reasonable assumption of danger to a client and must not jeopardize the status of a faculty member or nurse working with the student. Safe practice is judged by nursing professional standards, safe practice criteria, and professional codes

of conduct and ethics in nursing.²⁰⁻²² Students are expected to behave responsibly, and they do not have the right to engage in behaviors that may harm or endanger others. If a student demonstrates unsafe or unethical practice, the faculty member alleging the misconduct meets with the student to discuss the situation within 3 working days from the incident. The faculty member consults with the department chair and, based on the severity of the incident, may choose to remove the student from class or clinical laboratory while the incident is investigated. Another meeting is held to discuss the incident with the faculty member making the allegation, the student, the chair or associate chair of the nursing department, and a representative from the OSRR. The student is provided ample opportunity to provide an explanation for his or her behavior. The situation is discussed, and notes are taken with a copy provided to all parties. Within 3 working days after the meeting, a recommendation to resolve the incident is issued. Recommendations for unsafe or unethical student behavior may include one or more of the following:

- Apply no sanctions and dismiss the situation with a formal report maintained in the student file until the student graduates from the nursing program.
- Develop a learning contract for student success.
- Refer the student to the OSRR for further assessment. The OSRR may refer the student to a board of professional experts to consider the intricacies involved in the incident and compel the student to seek a comprehensive substance abuse or mental health examination.
- Dismiss the student from the nursing program.

In all cases, the student is notified of the decision in writing. A formal letter is mailed to the student's residence, and a copy is placed in the student's file.

Code of Conduct Violations

Behaviors violating the university SCC affect the welfare and safety of students, faculty, and other members of the campus community. Such behav-

iors include but are not limited to consumption of alcohol and illegal drugs, behaviors that have the potential of harm to self and others, or behaviors deemed to be disruptive to the campus environment. If a student violates the SCC, the faculty making the allegation can remove the student for up to 2 class periods and must notify the department chair and the OSRR. The faculty member alleging the SCC violation meets with the student to discuss the situation within 3 working days, consults with the chair of the department, and, after conferring with the student, may choose to file a university code of conduct violation. Recommendations for code of conduct violations are the same as those listed in the previous section and include the same notification process.

At-risk Student Behaviors

At times, students demonstrate behaviors that do not fit cleanly under the above categories (imminent danger, unsafe practice or unethical behavior, or code of conduct violations), yet the behaviors suggest that the student may be at-risk for failure or dismissal. These behaviors include but are not limited to excessive absenteeism or absences without notice, a pattern of tardiness, late assignments with elaborate excuses for not meeting deadlines, deteriorating productivity, or difficulty in making decisions. If faculty observes these types of student behaviors, they must be addressed immediately. The faculty meets with the student to discuss the issues. The faculty may choose to place the student on a learning contract or refer the students to the OSRR for further assessment.

Exemplar—Unsafe Practice

The following exemplar, *Chris' Experience*, illustrates a situation wherein a student's disruptive behaviors are subtle and the anger that is often apparent when faculty initiates the Policy.

Chris' Experience. Chris is a 28-year-old student mid-way through the second semester of clinical laboratory. During week 2, Chris began showing signs for concern. Chris was consistently late and

unprepared for clinical laboratory. The clinical instructor took Chris aside and discussed the requirement of arriving on time and asked about the difficulty of being prompt. The response was "I was only a few minutes late and no patient was harmed." Then Chris shared personal information about a divorce and stated that surely the instructor could "cut some slack." Despite their discussion about the need for promptness, Chris continued to be late and patient care became more disorganized. By week 4, Chris' tardiness continued, care to patients deteriorated, and decision making was scattered. When the clinical instructor met with Chris to discuss concerns and detail areas where improvement was needed, Chris became very angry and accused the instructor of "picking on students." After the meeting, Chris contacted all of the students in clinical laboratory in an attempt to garner sympathy. At this point, the instructor reviewed Chris' previous semester's evaluations and noted that although Chris passed clinical laboratory, there was a pattern of tardiness and disorganization. During the next 2 weeks, Chris' behavior continued to decline. Chris rarely attended study groups, showed open disdain for classmates and teachers, and was isolated from peers. The clinical instructor determined that Chris was unsafe to practice, and these behaviors merited that the Policy should be implemented.

When the meeting was held to discuss the Policy, Chris was very angry and vehemently disagreed with the faculty's observations and insisted that there was not a problem. After a lengthy discussion, Chris was referred to the OSRR for a review by a board of professionals, who advised Chris to seek a mental health evaluation at the university counseling center. Chris remained angry but agreed to undergo an evaluation because faculty "held all the cards." Chris' evaluation showed evidence of self-medicating with illegal substances for clinical depression. Chris was compliant

with the treatment plan and was allowed to return to the program.

The original policy for "impaired" students was effective when it was implemented, but faculty members hesitated to put it into practice unless the student's behaviors were blatant, the faculty members felt certain that the student was impaired, and they were confident in their skills to assess impaired behaviors. The Revised Policy focuses more clearly on objective behaviors that faculty can readily observe with no mention of possible causes of the behaviors. In this regard, the Revised Policy is impartial, objective, and equitable. In addition, the Revised Policy is intricately woven into the university's policies and provides faculty with the ability to refer students to professionals to determine the best option for student success. Faculty development is essential for the Revised Policy to be successful. Faculty members need to be versed regarding the terms of the Policy and to follow them precisely. Academic administrators, the OSRR, and campus police must be available to support faculty throughout the process. When the Revised Policy is implemented successfully, the safety of the student and others is protected, faculty has effectively participated in the process, and the student has an opportunity for success rather than be summarily dismissed from the program.

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