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Disrespectful behaviors of professors in the educational environment from the perspective of medical students

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Abstract

The aim of this study is to examine the disrespectful behaviors of professors in the educational environment from the perspective of medical students at Zahedan University of Medical Sciences. In this descriptive-analytical study conducted in 2023, a total of 203 medical students (interns and externs) participated. Data were collected using Clark's 24-item questionnaire based on a Likert scale, with subscales for disruptive-disrespectful and threatening-disrespectful behaviors. The data were analyzed using SPSS version 25, employing both descriptive and inferential statistics. The participants included 203 students, comprising 100 interns (49.3%) and 103 externs (50.7%). The results indicated that the most common form of disrespectful behavior by professors was threatening behavior toward students. The findings showed that most students believed threatening behaviors by professors were among the most disruptive elements in the educational process. Further research is needed to better understand such behaviors in academic settings and to offer solutions for minimizing their occurrence.

Introduction

Medical education is a dynamic, complex, and stressful process through which educational goals are pursued.[1] Among the challenges, disrespectful behavior significantly disrupts the teaching and learning environment and often leads to conflict and stress between professors and students.[2] Although disrespectful behaviors are not new to students and professors, they are an increasing concern and a hot topic in education.[3,4] Disrespectful behavior refers to culturally inappropriate actions, such as those that seriously endanger the physical safety of individuals. These behaviors vary in intensity, frequency, and duration.[5] Academic incivility includes violent, destructive, rude actions, or failure to act in necessary situations.[6] These behaviors can have serious consequences such as increased stress, headaches, insomnia, weakened immune system, mood disorders, low self-esteem, suicidal thoughts, anxiety, depression, cognitive issues like difficulty focusing and learning, and behavioral changes such as aggression, revenge, or expulsion. They also negatively affect interpersonal relationships between faculty and students, reduce job satisfaction, and increase student absenteeism.[7,8] Disrespectful behavior in educational settings is a growing concern.[9] It can be verbal or non-verbal.[10] Disrespectful behaviors from students toward professors are on the rise, which has drawn the attention

of academic administrators.[11] Professors who display respectful and positive behaviors tend to inspire similar conduct in students. Conversely, professors who are disengaged, disinterested, or demeaning can incite aggressive behavior in students.[12] Luparell described professors' perceptions of disrespectful behaviors as "arriving late to class, being unprepared to teach, acting aggressively toward students in front of their peers, disrespecting sacred beliefs, and encouraging others to engage in destructive or provocative actions".[11] Disrespectful behavior has been identified as a factor that can lead to the breakdown of academic environments. Tiberius argued that rude, abusive, and impolite behaviors can gradually destabilize academic settings and significantly impact education.[10] Such behaviors can occur in any society, making them a matter of particular social concern. Evidence suggests that disrespectful behavior has become a serious issue in many countries.[13-16] If academic incivility goes unrecognized, it may create temporary or permanent threats and ultimately compromise patient safety.[15] Furthermore, persistent exposure to such behaviors may result in students entering the professional workforce without sufficient awareness, potentially becoming individuals who themselves display disrespectful conduct.[17] Disrespectful behaviors can have the following unfortunate consequences: i) weaken communication and cooperation; ii) reduce individual participation in care; iii) weaken staff morale; iv) increase staff resignation and absenteeism; v) create an unhealthy or hostile work environment; vi) cause some individuals to leave their profession; and vii) harm patients.

These behaviors are associated with adverse events, medical errors, compromised patient safety, and even patient deaths.[18] One of the goals of educational systems is to provide the necessary conditions for maintaining and improving the mental, emotional, and physical health of learners. Considering that medical students will be responsible in the future for maintaining and enhancing the health of society, they must possess strong mental well-being and self-confidence to fulfill their roles effectively as educated and skilled professionals.[19] In this context, understanding the psychological challenges and tensions experienced by medical students is especially important due to the significance of their future roles, their interaction with human bodies and minds, and the demanding nature of their coursework.[20] In addition to facing the usual challenges of student life, medical students deal with unique pressures such as the psychological stress of hospital and emergency room environments and exposure to patients' problems and conditions.[3] It is also worth noting that the process of professionalization and familiarization with ethical standards begins in educational environments. Mistreatment is associated with negative emotional and psychological consequences such as reduced self-confidence, low self-esteem, and depression. Moreover, it is linked to higher rates of physician dropout, lower job satisfaction, and professional regret.[21] Finding approaches to prevent the emergence of such behaviors in educational settings is of particular importance. Therefore, the present study aimed to investigate professors' disrespectful behaviors in educational environments from the perspective of medical students at Zahedan University of Medical Sciences in Iran.

Materials and Methods

This study is cross-sectional and descriptive-analytical in nature. The study population consisted of medical students (externs and interns) at Zahedan University of Medical Sciences, a prominent university in the southeast of Iran. The sample size was calculated using Eq. 1:

$$\frac{\left(Z_{1-\frac{\alpha}{2}}\right)^2 \times p(1-p)}{d^2} = \frac{(1.962)\times 0.5(0.5)}{(0.7)^2} = 200 \quad \text{[Eq. 1]}$$

A total of 203 participants were included in the study. The samples were selected using stratified random sampling, considering the number of students in each stratum (externs and interns).

Data collection tool

The Clark's Disrespectful Behavior Questionnaire was used to collect data.[22] In Iran, the validity and reliability of this questionnaire were confirmed by a study conducted by Joibari *et al*., which reported a Cronbach's α of 0.9.[23] In the present study, the questionnaire was administered to medical students (externs and interns). The demographic variables included age, gender, place of residence (dormitory *vs*. non-dormitory), level of education (extern *vs*. intern), and marital status (single *vs*. married). The questionnaire consisted of 24 items and included three components: disruptive disrespectful behaviors and threatening disrespectful behaviors. Responses were rated on a Likert scale as follows: always (4), usually (3), sometimes (2), and never (1). The maximum score for each item was 4, and the minimum was 1, with a total maximum score of 96.

Statistical analysis

After collecting and reviewing the questionnaires, incomplete or damaged forms were excluded. The remaining questionnaires were coded and analyzed using SPSS version 25. The significance level was set at 0.05.

Results

The results of the study showed that the majority of participants were male (50.7%), and the smallest group consisted of married individuals (20.2%). Most participants (54.2%) lived off-campus. Regarding the level of education, 50% were externs and 50% were interns (Table 1). Most students (42.4%, n=86) believed that faculty arriving late to class is usually a disruptive behavior observed throughout the academic year. Study participants stated that the behavior of faculty leaving class early was sometimes disruptive during the year (48.8%, n=99). Additionally, regarding lack of preparation for teaching, 53% of students believed that this behavior is disruptive; however, 55.2% believed it occurs sometimes during the academic year, while 33% of medical students believed that it never occurred. Most students agreed that disrespectful behaviors such as ineffective teaching methods, being inflexible and overly strict, punishing the whole class for the mis-

Table 1. Demographic information of medical students.

Variable	Group	N	Frequency
Age (year)	≤25	155	76.4
	>25	48	23.6
Gender	Male	103	50.7
	Female	100	49.3
Marital status	Single	162	79.8
	Married	41	20.2
Residence place	Dormitory	93	45.8
	Non-dormitory	110	54.2
Educational level	Intern	100	49.3
	Extern	103	50.7

conduct of a single student, not answering students' questions (or being unwilling to answer), subjective grading, displaying a sense of superiority, and threatening students with failure for not complying with a professor's demands are always disruptive. However, most medical students believed these behaviors were observed sometimes during the academic year and were not constantly present in the classroom (Table 2). Table 3 shows that the most frequent threatening behavior, according to the students, was mocking the student (60.1%), while the least frequent was physical threats (7.4%).

Table 4 shows the frequency distribution of disrespectful behaviors from the perspective of students according to age, gender, marital status, educational level, and residence place. The chi-square test showed that none of the demographic variables had a significant relationship with disrespectful behaviors among medical students ($p>0.05$).

Discussion

The present study aimed to examine the disrespectful behaviors of faculty members in the educational environment from the perspective of medical students at Zahedan University of Medical Sciences in 2023. Most students (42.4%) believed that professors arriving late to class was "usually" a disruptive behavior, and 46.3% of students thought this behavior occurred "sometimes" throughout the year. Additionally, 48.8% believed that professors leaving class early was "sometimes" a disruptive issue, and 49.3%

Table 2. Frequency distribution of professors' disruptive behaviors as viewpoint of medical students.

Items	Do you consider these behaviors to be disruptive?				How many times have you witnessed such behaviors in the past year?			
Disrespectful behaviors of faculty members	Always (4), n (%)	Usually (3), n (%)	Sometimes (2), n (%)	Never (1), n (%)	Always (4), n (%)	Usually (3), n (%)	Sometimes (2), n (%)	Never (1), n (%)
Arriving late to class	31 (15.3)	86 (42.4)	72 (35.5)	14 (16.9)	9 (4.4)	69 (34)	94 (46.3)	31 (15.3)
Leaving class early	15 (7.4)	43 (21.2)	99 (48.8)	46 (22.7)	4 (2)	37 (18.2)	100 (49.3)	62 (30.5)
Being unprepared for teaching	108 (53.2)	60 (29.6)	31 (15.3)	4 (2)	4 (2)	20 (9.9)	112 (55.2)	67 (33)
Not allowing open discussion in class	68 (33.5)	39 (19.2)	82 (40.4)	14 (6.9)	9 (4.4)	41 (20.2)	74 (36.5)	79 (38.9)
Rejecting students' requests (*e.g.*, grade changes, retaking exams)	54 (26.6)	81 (39.9)	61 (30)	7 (3.4)	17 (8.4)	69 (34)	87 (42.9)	30 (14.8)
Using ineffective teaching methods	11 (54.7)	59 (29.1)	26 (12.8)	7 (3.4)	17 (8.4)	61 (30)	87 (42.9)	38 (18.7)
Getting off-topic during lessons	56 (27.6)	66 (32.5)	69 (34)	12 (5.9)	13 (6.4)	55 (27.1)	103 (50.7)	32 (15.8)
Being inflexible and overly strict								
Punishing the whole class for the misconduct of a single student	113 (55.7)	44 (21.7)	42 (20.7)	4 (2)	7 (3.4)	34 (16.7)	82 (40.4)	80 (39.4)
Making comments that indicate a lack of interest in the subject	26 (12.8)	65 (32)	100 (49.3)	12 (5.9)	2 (1)	21 (10.3)	100 (49.3)	80 (39.4)
Being cold and unfriendly toward others (*e.g.*, dismissing students' ideas, being withdrawn)	71 (35)	77 (37.9)	51 (25.1)	4 (2)	5 (2.5)	46 (22.7)	96 (47.3)	56 (27.6)
Not answering questions (unwillingness to respond to student inquiries)	98 (48.3)	54 (26.6)	49 (24.1)	2 (1)	5 (2.5)	30 (14.8)	99 (48.8)	69 (34)
Subjective grading	104 (51.2)	60 (29.6)	38 (18.7)	1 (0.5)	18 (8.9)	61 (30)	75 (36.9)	49 (24.1)
Behaviors that indicate a sense of superiority	106 (52.2)	54 (26.6)	39 (19.2)	4 (2)	25 (12.3)	64 (31.5)	79 (38.9)	35 (17.2)
Threatening students with failure for not complying with the instructor's requests	131 (64.5)	40 (19.7)	28 (13.8)	4 (2)	16 (7.9)	43 (21.2)	84 (41.4)	60 (29.6)
Displaying rude or arrogant behavior toward others	5 (2.5)	51 (25.1)	93 (45.8)	54 (26.6)	54 (26.6)	97 (47.8)	51 (25.1)	1 (0.5)
Ignoring disruptive behaviors	54 (26.6)	97 (47.8)	51 (25.1)	1 (0.5)	5 (2.5)	22 (10.8)	107 (52.7)	69 (34)
Being unavailable outside of class (*e.g.*, not being present at the workplace during office hours, lack of support for students)	79 (38.9)	86 (42.4)	37 (18.2)	1 (0.5)	19 (9.4)	50 (24.6)	97 (47.8)	37 (18.2)

Table 3. Frequency distribution of professors' threatening behaviors as viewpoint of medical students.

Title	Have these behaviors happened to you or to someone you know within the past year? Yes, n (%)	No, n (%)
Mocking or disrespecting the student	122 (60.1)	81 (39.9)
Harassment (ethnic, sexual, etc.) toward the student	64 (31.5)	139 (68.5)
Sending inappropriate emails to students	33 (16.3)	170 (83.7)
Physically threatening students	17 (8.4)	186 (91.6)
Damaging office property	22 (10.8)	181 (89.2)
Sending inappropriate text messages to students	57 (28.1)	146 (71.9)

Table 4. Frequency distribution of disrespectful behaviors from the perspective of students, categorized by age, gender, marital status, residence place, and educational level.

Disrespectful behaviors Variables		Low n (%)	Moderate n (%)	High n (%)	Total n (%)	p
Age (Year)	≤25	16 (7.9)	95 (46.8)	4 (21.7)	155 (76.4)	0.6
	>25	3 (1.5)	30 (14.8)	15 (7.4)	48 (23.6)	
Gender	Male	11 (5.4)	60 (29.6)	29 (14.3)	100 (49.3)	0.7
	Female	8 (3.9)	65 (32)	30 (14.8)	103 (50.7)	
Marital status	Single	8 (3.9)	5 (27.1)	30 (14.8)	93 (45.8)	0.6
	Married	8 (5.4)	65 (34.5)	30 (14.3)	103 (54.2)	
Residence place	Dormitory	4 (2)	27 (13.3)	10 (4.9)	14 (20.2)	0.7
	Non-dormitory	15 (7.4)	98 (48.1)	49 (24.3)	162 (79.8)	
Educational level	Intern	10 (4.9)	68 (33.5)	25 (12.3)	103 (50.7)	0.3
	Extern	9 (4.4)	57 (28.1)	34 (16.7)	100 (49.3)	

Low, 53-77; moderate, 78-101; high, 102-127.

thought this behavior occurred "sometimes" during the academic year. Regarding the lack of preparation for teaching, 53.2% believed this behavior was disruptive, and 55.2% thought it "sometimes" occurred, while 33% believed it "never" occurred. Furthermore, 54.7% of students believed that ineffective teaching methods, inflexibility, being overly strict (42.9%), punishing the entire class for the misbehavior of one student (55.7%), not answering questions (48.3%), subjective grading (51.2%), behaviors indicating a sense of superiority (52.2%), and threatening students with failure for not complying with the instructor's request (64.5%) were considered "disruptive" behaviors. Most students believed these behaviors were observed occasionally throughout the year, and they had not always witnessed such behaviors in class. The findings of this study align with most of the reviewed studies.

The most common disrespectful behavior identified in the present study was professors threatening students. The results of the study by Joibari *et al*. showed that only 4% of professors reported engaging in disrespectful behavior, such as mocking or disrespecting students, while 68% of students reported witnessing such behaviors by professors in the past year.[23] This finding aligns with the results of the present study. This discrepancy may be due to the young age and sensitivity of students at this stage in life, their lack of sufficient experience in educational and university environments, and inadequate interaction with professors. As a result, many students may perceive professors' behaviors as insulting, whereas professors, based on their extensive experience in educational settings and interactions with students from various fields and age groups, may not share this perception. Further studies are needed to increase awareness regarding disrespectful behaviors and their psychological and social effects.[24,25] Additionally, cultural development to reduce disrespectful behaviors in academic environments should be seriously addressed, as such behaviors are unhealthy and can harm the educational environment.[26] Since the onset of such behaviors can begin in educational settings, approaches to prevent them among students are particularly important.[27] According to the findings of this study, there was no significant correlation between gender and disrespectful behaviors, which aligns with the results of previous studies.[28,29] Additionally, no significant correlation was found between age and disrespectful behaviors, consistent with the study by Unesi *et al.*,[30] which found no connection between disrespectful behaviors and age. However, Ferriss found that disrespectful behaviors in nursing decrease with age.[31] This correlation may be explained by the fact that with increased age and experience in dealing with situations that cause disrespect in the clinical environment, individuals develop a form of adaptation to such behaviors. Based on the results of our study, there was no statistically significant relationship between variables such as residence place and educational level and disrespectful behaviors, which aligns with the findings of Joibari *et al.* and Unesi *et al.*, who showed no correlation between students' perspectives and academic discipline, residence, ethnicity, and gender.[23,30] The present study also showed no statistically significant relationship between marital status and disrespectful behaviors, which contradicts the findings of Rafiee Vardanjani and Noorian,[32] who stated that marital status is a factor that reduces the occurrence of disrespectful behaviors. The findings of the present study indicated that the most common disrespectful behavior by professors was threatening behavior towards students.

Limitations and future research directions

One significant limitation noted in existing studies is the lack of diversity within sample populations. This limitation suggests that findings may not be generalizable across different cultural or

institutional contexts. Another limitation is the subjective nature of self-reported data. Medical students' perceptions of disrespectful behavior can vary widely based on personal experiences, cultural backgrounds, and individual sensitivities. This subjectivity can lead to inconsistencies in data and potentially skew results. The scope of disrespectful behaviors examined in our study was limited. Studies may focus primarily on overt actions such as verbal abuse or public humiliation while neglecting more subtle forms like non-verbal cues or microaggressions that can equally impact students' educational experiences. There is also a scarcity of longitudinal studies exploring the long-term effects of disrespectful behaviors on medical students' academic performance, mental health, and professional development. Most existing research provides only a snapshot view without considering how these behaviors might influence students over time. Accordingly, future research should aim to include a more diverse range of participants across multiple institutions and countries. By broadening demographic representation, researchers can gain a more comprehensive understanding of how disrespectful behaviors manifest and are perceived globally. Employing mixed-methods approaches could provide richer insights into this issue. Quantitative data could be complemented with qualitative interviews or focus groups that allow for deeper exploration into personal narratives and contextual factors influencing perceptions. Expanding research to include subtle forms of disrespect, such as microaggressions or dismissive body language, could uncover additional layers to this problem that are currently underexplored but potentially just as damaging as more overt actions. Conducting longitudinal studies would also help identify long-term impacts on students' career trajectories and personal well-being, offering insights into how early educational experiences shape future professional behavior and attitudes. Finally, future research should explore effective intervention strategies aimed at reducing instances of disrespectful behavior within educational settings. This could include examining the efficacy of training programs for faculty members focused on promoting respectful interactions and creating supportive learning environments.

Clinical implications

The findings highlight the urgent need for educational institutions to address negative behaviors through targeted strategies. Schools should focus on fostering a supportive and respectful environment that encourages open communication. This can be achieved by implementing training programs for faculty to raise awareness about the impact of their actions on students and to provide techniques for positive interaction. Furthermore, institutions must establish clear policies and procedures for handling complaints about threatening behaviors. Ensuring that students have easy access to resources such as counseling services and support groups can help them manage any distress resulting from negative encounters. In conclusion, the study not only draws attention to significant issues within educational settings but also suggests practical solutions. By introducing specific interventions and robust support systems, educational institutions can create environments that nurture both academic achievement and students' mental health.

Conclusions

Based on the results of the present study, most students believed that threatening behaviors by professors are among the behaviors that are always disruptive. Therefore, it seems essential to focus on cultural development aimed at reducing disrespectful behaviors in educational and academic environments. However, due to the limitations faced by most studies, there remains a need for further research with more precise designs in this area.

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