

The Relationship between Workplace Civility Climate and Workplace Ostracism among staff Nurses

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Abstract:

Background: A civil workplace climate is beneficial to nursing staff since it improves the staff nurses' quality of life as they treated with dignity and respect and not felled isolated or ostracized. **Aim:** Assess the relationship between workplace civility climate and workplace ostracism among staff staff nurses. **Research Design:** Descriptive correlational research design was utilized. **Setting:** Benha University Hospital. **Subjects:** Convenience sample consisted of 200 staff nurses. **Tools:** two main tools namely (I) Perceived Workplace Civility Climate Scale and (II) Workplace Ostracism Scale. **Results:** Most of staff nurses (81.0%) perceived workplace climate as civil/positive, (58.0%) of them had low level of workplace ostracism. **Conclusion:** Most of staff nurses perceived workplace climate as civil/positive. And more than half of nurses had low level of workplace ostracism. **Recommendations:** Incivility and bullying must be treated with zero tolerance policy by hospital administrators. Administrators at hospitals must foster a positive work atmosphere in which civil communication is the norm and hospital standards are known and obeyed.

Keywords: *Workplace Civility Climate, Workplace Ostracism & Staff nurses.*

Introduction

Civility is a shared responsibility; nursing professionals are partners on an equitable basis. Civility involves speaking in a responsible, respectful, controlled, and principled manner while avoiding unpleasant, harsh, insulting, and threatening language. Interpersonal interactions are regarded as a crucial component of nursing staff experience in the job. In whatever sort of interaction, a minimum degree of respect and decency is essential. Workplace civility is described as actions that are essential to building healthy relationships with nurses and maintaining workplace standards of mutual respect **Ritter & Clark, (2018), Haldorai et al., (2020).**

The perceived civility climate in the workplace is a direct extension of the safety environment, refers to nursing personnel opinions of how important it is for the healthcare organization to manage and deal with incivility and verbally confrontational behaviour in the workplace. It addresses working environments as well as the organization's policies and procedures, encouraging employees to treat peers with respect and professionals should avoid verbal expressions of aggression. A fundamental challenge that employees face is the extent to which firms are aware of employee viewpoints on these acts of aggression, as well as the responses and actions management will take. The level of uncivil behaviour in the workplace is influenced by the workplace civility climate, which is an organisational aspect. **FitzGerald et al., (2019), Marini et al., (2021).**

There are eight techniques for fostering a civil culture: Setting mutual respect guidelines for nurses, reflecting/self-evaluation and identifying personal strengths and areas for improvement, modelling positive behaviour of the professional nurse, educating about personality types and diversity in thinking to help better understand self and others, and creating a safe and inoffensive environment Furthermore, providing communication, teamwork, and leadership training, advocating for institution-wide cultural humility training, and finally, promoting research, policy development, and enforcement addressing incivility while taking ethical and legal factors into account. **Makic, (2018).**

Government hospitals, as a significant social setting, offer nurses the chance to interact and communicate with other health team and patients. Despite social interaction had many benefits, the outcomes not always positive since some organizational employees are intentionally kept in isolation **Jahanzeb et al., (2020).** This phenomenon is named ostracism, which denotes to "the extent to which a nurse perceives that she is excluded or ignored by others. Researchers stated that 66% of workers in the USA have suffered from ostracism at the workplace. The workplace ostracism phenomenon is taking more attention in the eyes of social researchers and also different studies verified that it has an adverse effect on organizational outcome and also individual behavior and performance **Xia et al., (2019), Shafique et al., (2020).**

The phenomenon of workplace ostracism is gaining greater attention from social researchers, and several studies have shown that it has a negative impact on organisational outcomes as well as individual behaviour and performance. Workplace ostracism was defined as "an individual's (or group's) exclusion, rejection, or ignoring by another individual (or group) that impedes one's ability to establish or maintain a positive interpersonal connection, job-related success, or favourable reputation inside one's place of work. It can include not being invited to important meetings, initiating a session without the presence of a certain employee, omitting from important e-mails, or ignoring coworker comments and contributions. **De Clercq, et al., (2019)**. Workplace ostracism contributes to deviant behaviors such as reduced satisfaction, withdrawal of prosocial activities, and emotional exhaustion, along with other things. Workplace ostracism, in particular, has a negative and significant impact on job performance **Peng & Zeng, (2017), Abubakar et al., (2018)**, Ostracism can lead to long-term, intense sadness and incompatible behaviors. As a result, when nurses are ostracized by their peers, they begin to feel powerless, unhappy, hostile, unworthy, and it jeopardizes their fundamental need for a sense of belonging which leads to counterproductive work behaviors **Gharaei et al., (2020), Sarwar et al., (2020)**.

Workplace ostracism is defined as nurses' own sense of being excluded and ignored by others at work. Coworkers may forget to ask their colleague about going to lunch together, disregard their colleague's ideas at meetings, or fail to pay back in their own coin, such as when their specific coworkers offer greetings to them. It is well known that ostracism may have a negative impact on physical and mental wellness, staff job satisfaction and commitment, organisational citizenship, and performance. Workplace ostracism has a detrimental impact on nurses' engagement since it diminishes target nurses' resources, resulting in bad emotional circumstances. Inadequate resources to meet work expectations cause nurses to become disengaged from their jobs through affecting work outcomes **Tariq & Amir, (2019), Ali & Johl, (2020), Zahid et al., (2021)**.

Staff nurses suffered from emotional exhaustion and work stress as a result of ostracism, and these pressures could disrupt their job and lead to conflict. Nurses perceived ostracized behaviors from other staff resulted in lower quality patient care, as well as a high likelihood of decreased affective commitment, job performance, and plans to quit as well as work engagement. Ostracism causes social pain in the same way that it causes physical pain. Workplace ostracism (WO) is a form of social exploitation that has been shown to have negative consequences for staff and

management on the job, such as lower job satisfaction and increased turnover intentions **Walsh, et al., (2019), Qi, et al., (2020)**.

Significance of the Study

Staff nurses would really like to work in a setting where they are respected, especially at work. Nursing managers can be a source of respect, inspiration, and reinforcement, or they can be a source of discomfort, aggravation, and stress, ignoring and ostracized others. Over the last 15 years, research on workplace incivility and ostracized behaviors has increased, indicating that unpleasant behaviour at work is harmful to both nurses and the quality of relationship among them **Patterson, (2016)**. So, this study was conducted to assess the relationship between workplace civility climate and workplace ostracism among staff nurses

Aim of the Study

The present study was aimed to assess the relationship between workplace civility climate and workplace ostracism among staff nurses

Research questions

1. What is the staff nurse's perception of their organization's workplace civility climate?
2. What is the level of workplace ostracism as perceived by staff nurses?
3. Is there a relation between staff nurses' perception of workplace civility climate and workplace ostracism?

Subjects and Methods

Research Design

Descriptive correlational design was utilized to carry out this study.

The Study Setting

The study was conducted at Benha University Hospital in six General Medical Units, two General Surgical Units (Male and Female), six Critical Care Units; (Cardiac care unit (CCU), Cardiothoracic intensive care unit, Chest intensive care unit, Pediatric intensive care unit, General intensive care unit (ICU), and dialysis unit).

Subjects

Convenience sample from staff nurses (200) distributed as following; (90) of them working at General Medical Units, (40) of them working at General Surgical Units, and (70) of them working at Critical Care Units, with at least two-years of job experience in their working place at the time of study.

Tools of Data Collection

Data for the study was collected using the following two tools:

Perceived Workplace Civility Climate Scale (PWCCS)

It was developed by (Ottinot, 2008) and adapted by the researchers to assess staff nurses' perceptions of the workplace's civility climate. It consists of two parts: **First part**; included personal characteristics of staff nurses as department, age, gender, marital status, educational qualification, and years of experience. **Second part**; it included 15 items in a three dimensions: Intolerance for incivility (six items), response (four items) and policies and procedures (five items).

Scoring System

Responses were measured by a 3 point Likert scale. Ranging from; 1 = strongly disagree to 3 = strongly agree. The PWCC range of total scores was (15-45). Higher scores on the response and policies/procedures dimensions indicated higher levels of perceived workplace civility climate (PWCC) along each dimension, with higher scores on the response and policies/procedures dimensions suggesting higher levels of PWCC along each dimension. Staff nurses' perceptions of the organization's intolerance for incivility were reverse-scored, with higher scores indicating greater intolerance for incivility. Thus 50 percent was adopted as the division between a climate of incivility (less than 50%) and civility (more than 50%).

Workplace Ostracism Scale (WOS):

This was developed by (Ferris et al., 2008) and adapted by the researchers to assess staff nurses' perceptions of workplace ostracism. It consisted of 20 items, divided into two dimensions: Ostracism perception (10 items) and personal effect of ostracism (10 items). Sample items include: "Others ignored you at work" and "Others at work treated you as if you weren't there".

Scoring System

Nurses' responses were measured on a 3-point Likert scale ranged from (1) disagree to (3) agree. The overall score would therefore range from (20-60). The level of workplace ostracism was considered high if the percent score more than 75%, moderate from (60% - 75%), and low (less than 60%).

Methods

The study was executed according to the following steps

Approval

After describing the study's purpose to the director of Benha University Hospital, An official permission was obtained from the General Director and Nurse Director of Benha University Hospital.

Preparatory phase

The preparatory phase lasted three months, from the beginning of January 2021 to the end of March 2021, and included the following activities: Using journals,

magazines, periodicals, textbooks, the internet, and theoretical understanding of the different elements of the study's area, reviewing national and worldwide relevant information.

Pilot study

In April 2021, a pilot study was undertaken to test the instruments' face and content validity, as well as to estimate the time required to complete the two tools. It was carried out on 10% of the total number of study subjects (20 staff nurses). There were no changes made; the pilot study was incorporated in the full study sample.

Field work

The actual field work took place from May 2021 to June 2021, spanning two months. The researchers collected data by meeting with staff nurses and explaining the study's objective to them. The information was gathered from staff nurses during their working hours and according to their availability for three days per week; the daily number of staff nurses interviewed ranged from 8 to 10. For the Perceived Workplace Civility Climate Scale (PWCCS) and Workplace Ostracism Scale, the time to complete the questionnaire sheet ranged from 20 to 35 minutes (WOS). To avoid missing data, the completed forms were collected on time and double-checked for accuracy.

Tools Validity and Reliability

The contents of the two instruments were adapted, modified by the researchers, translated into Arabic, and face validity verified by five juries of experts in the area. The necessary modifications were implemented based on their suggestions. Also, the reliability of the tools was done to assess the internal consistency and homogeneity of the utilized tools employing Cronbach's Alpha test. The Perceived Workplace Civility Climate Scale (PWCCS) had an internal consistency of 0.820, whereas the Workplace Ostracism Scale (WOS) had an internal consistency of 0.894.

Ethical consideration

Prior to the conduction of the study, the scientific study committee at Benha University's Faculty of Nursing granted ethical permission. All participants are interviewed for the purpose of explaining the study's goals and procedures, and they have the right to withdraw at any time during the study. Furthermore, the subjects' confidentiality and anonymity were ensured by coding all data. Attendance of taking out a questionnaire page implied spoken agreement to participate.

Statistical Design

Statistical program for social science (SPSS) version 21 for windows, operating on an IBM compatible computer, was used to arrange, tabulate, and statistically analyze the acquired data. Descriptive

statistics were used in this study (e.g. frequency, percentages, mean and standard deviation). The correlation coefficient (r) was utilized as a test of significance. When $p < 0.05$, a significant level value was considered, and when $p < 0.001$, a highly significant level value was evaluated. When $p > 0.05$, no statistical significant difference was evaluated.

Results

Table(1): Distribution of the studied staff nurses according to their personal characteristics (n =200)

Personal Characteristics	No	%
Department		
Medical	90	45.0
Surgical	40	20.0
critical	70	35.0
Age (years)		
< 25	31	15.5
25 <35	112	56.0
35 <45	40	20.0
≥ 45	17	8.5
X\pmSD	37.57\pm8.56	
Gender		
Male	57	28.5
Female	143	71.5
Marital status		
Married	141	70.5
Unmarried	59	29.5
Education Qualification		
Secondary nursing school	56	28.0
Technical institute of nursing	50	25.0
B.Sc. Nursing	94	47.0
Years of experience		
1 < 5	69	34.5
5 < 10	83	41.5
10 < 20	21	10.5
≥ 20	27	13.5
X\pmSD	11.47\pm5.24	

Table (2): Mean scores of studied staff nurses` perception toward perceived workplace civility climate (n= 200)

Dimensions of Perceived Workplace Civility Climate	Max score	Mean \pm SD	Total percent *
Intolerance for incivility	18	10.30 \pm 2.26	57.2%
Response	12	8.19 \pm 1.88	68.3%
Policies and procedures	15	10.62 \pm 2.03	70.8%
Total Perceived Workplace Civility Climate	45	29.11\pm4.23	64.7%

* Percentages are calculated relative to maximum score.

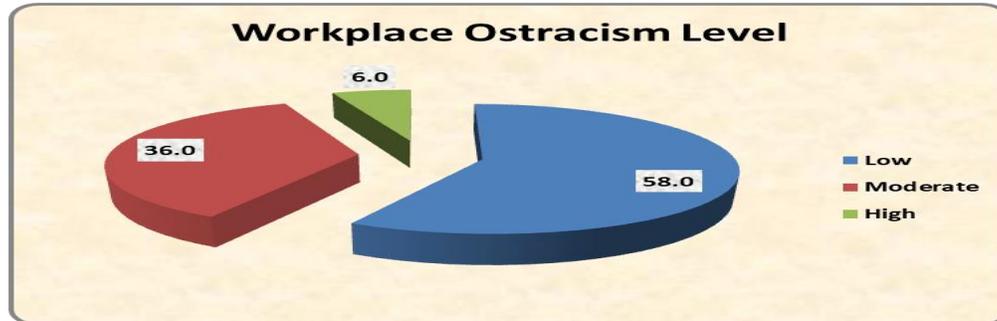


Figure (1): Distribution of staff nurses perception toward perceived workplace civility climate (n= 200)

Table (3): Mean scores for workplace ostracism among staff nurses (n= 200)

Elements of workplace ostracism	Max score	Mean \pm SD	Total percent *
Ostracism perception	30	15.65 \pm 3.56	52.2%
personal effect of ostracism	30	14.06 \pm 3.19	46.9%
Total workplace ostracism	60	29.74\pm5.94	49.6%

* Percentages are calculated relative to maximum score.

**Figure (2): Level of workplace ostracism as reported by staff nurses (n= 200)****Table (4): Correlation between overall score of perceived workplace civility climate and workplace ostracism among staff nurses (n=200)**

Elements	Overall score for workplace ostracism	
	r	p-value
Overall score of Perceived Workplace Civility Climate	-0.150	0.034*

*A statistical significant difference ($P \leq 0.01$)

Table (1): Showed that less half of staff nurses (45.0%) working at medical units. As regarding their age (56.0%) of them had age from 25 to less than 35 years old with a mean age of (37.57 \pm 8.56) years, while the most of them (71.5%) were females, and (70.5%) were married. As regarding to education qualification, about half of staff nurses (47.0%) had B.Sc. Nursing, and (42.5%) of staff nurses had years of experience from 5 to less than 10 years with a mean years of experience (11.47 \pm 5.24).

Table (2): Illustrated that the total staff nurse' perceived workplace civility climate mean score was (29.11 \pm 4.23) that represent 64.7% of total scores and the highest mean score of staff nurses perception toward perceived workplace civility climate was related to dimension of policies and procedures (10.62 \pm 2.03) that represent 70.8% of maximum score that followed by the dimension of response (8.19 \pm 1.88) that represent 68.3% of maximum score, while the lowest mean score was related to the dimension of intolerance for incivility (10.30 \pm 2.26) that represent 57.2% of maximum score.

Figure (1): Revealed that, most of staff nurses (81.0%) perceived workplace climate as civility. And (19.0%) of them perceived workplace climate as incivility.

Table (3): Demonstrated that the overall mean score of total workplace ostracism among staff nurses was (29.74 \pm 5.94) representing 49.6% of maximum score.

The highest mean score staff nurses' workplace ostracism dimensions was related to ostracism perception (15.65 \pm 3.56) that representing 52.2% of maximum score. The lowest mean score, was personal effect of ostracism (14.06 \pm 3.19) that representing 46.9% of maximum score.

Figure (2): Portrayed that more than half of staff nurses (58.0%) had low level of workplace ostracism and (36.0%) of staff nurses had moderate level of workplace ostracism. While the minority of them (6.0%) had high level of workplace ostracism.

Table (4): Showed that there was a negative statistically significant correlation between staff nurses' perceptions of workplace civility and workplace ostracism. This means that when perceived workplace civility climate level increased the level of workplace ostracism decreased and vice versa.

Discussion

Workplace civility has been highlighted as a key factor in achieving positive individual and institutional outcomes. Staff nurses' courteous, respectful, and caring behaviour toward one another in official and casual social relationships is referred to as workplace civility. It's not only about being nice; it's also about being able to disagree without being rude. It is a tool for resolving issues and debating ideas. Civility is important in patient care, issue solving, team building, connection and trust building,

and it supports good outcomes such as flourishing, performance, organisational citizenship behaviour, and quality of work life **Erum et al., (2020)**.

The findings of the current study revealed that the majority of staff nurses perceived workplace climate as civility. From researchers' point of view this may be due to staff nurses perceived that there is a clear process to follow at the hospital for filing a complaint of verbal abuse among staff nurses. And the presence of social norms supporting respectful treatment among nursing staff, norms are not explicitly codified like the written rules of hospital policies and regulations, they serve as implicit rules for staff nurses' behaviour both inside and outside the hospital, considered to be both descriptive of what group members are and prescriptive of how they should be. Despite being informal in nature, norms affect behavior across contexts.

The findings of the current study was matched with several studies conducted in Egypt as **Elsayed, et al., (2021)** who conduct study about " Leadership Competencies, Workplace Civility Climate, and Mental Well-being in El- Azazi Hospital for Mental Health, Egypt" found that three-quarters of nurses considered their workplace climate as civil and positive/satisfactory. And supported with **Hossny & Sabra, (2021)** found that studied nurses perceived management with the highest score of contribution for changing civility climate. Also was in the same direction with **Sleem, Seada, (2017)** reported higher levels of perceived workplace civility climate among staff nurses working at main Mansoura University Hospital, Egypt. And with **Smith, et al., (2010)** concluded that, overall, there was little incivility; also, empowered work cultures, civil working relationships, and positive reinforcement can help to reduce nurse turnover.

The current study findings was disagreed with **Hossny, et al., (2015)** indicated that the Health Insurance Hospital and Assiut University Hospitals had the highest percentage of nurses reporting poor civility levels. Also, **Leiter, et al., (2010)** reported that nurses have worked in environments where civility was lacking. Also, a recent study by **Atashzadeh-Shoorideh, et al., (2020)** who conducted study about " Incivility towards nurses: A systematic review and meta-analysis" stated that the results were borderline (49% to 51%). Also, **Porath & Pearson, (2013)** stated that 98% of employees are exposed to workplace incivility and 50% experience this behavior at least once a week.

In contexts of staff nurses' perceptions of the workplace civility climate, the current study found that the highest mean score was observed for the policies and procedures for addressing incivility subscale, which was ranked first, followed by the

response subscale, and finally the intolerance for incivility subscale. According to the researchers point of view, this may indicated that the surveyed staff nurses had a more positive perception of the workplace civility climate since they believed the organization had written policies prohibiting verbal abuse among staff nurses, additionally through responding quickly to assess practices that ensure that respectful treatment is normative and measures the extent to which employees perceive the organization as providing sufficient measures to address acts of incivility, as well as responding appropriately when uncivil (i.e., deviant) behaviour happens. Additionally, the study sample reported higher levels of perceived workplace civility climate as they perceived the organization had a greater tolerance for incivility.

In this regard, **Hershcovis & Barling, (2010)** stated that workplace incivility (WPI) is influenced by the sorts of policies and processes used in workplaces, and that a lack of defined rules/procedures controlling incivility, as well as policies that promote uncivil behaviour, influence WPI. Furthermore, according to **Kessler, et al., (2008)** stated that Workplace situations that contribute to incivility behaviour, such as verbal abuse and unpleasantness, are addressed by intolerance for incivility. The incidence of incivility within workgroups should be easily affected by both policies that reinforce uncivil conduct and policies that reinforce uncivil behaviour.

Furthermore, the response component, as one element of the workplace civility climate, is critical to the PWCC assessments because it addresses at the primary reasons why incivility continues despite management efforts. **Kelloway, et al., (2006)** stated that when leaders wait until problems are addressed or become serious enough to require their consideration, the result in adverse overall organisational outcomes related to the climate of civility.

In relation to level of workplace ostracism (WO), according to the findings, more than half of the staff nurses studied (58%) had a low level of WO. while the minority of them had high level of WO. This finding was supported with **Zahid, et al., (2021)** who stated that study subjects has low to moderate level of workplace ostracism.

These findings disagreed with **Chen & Li, (2019)** who found that half of studied nurses suffered from low WO. The findings of **Ahmed & Mahmoud, (2020)** which reported that two thirds of studied nurses had moderate level of WO and one fifth had low WO. In the same line **Mlika, et al., (2017)** who indicated that ostracism is mainly observed in healthcare organizations. The researchers thought these differences of WO perception among nurses that

reflect the high awareness level of management regarding the wise handling of WO and its sequences at study setting. It may be a result of growing of nursing experience lead to decline ostracism

The findings of the current study revealed that there was a negative statistical significant correlation between staff nurses perception toward perceived workplace civility climate and workplace ostracism. This means that when perceived workplace civility climate level increased the level of workplace ostracism decreased and vice versa. The finding of the present study was parallel with **Hershcovis, (2011)** who concluded that employees may intentionally and unintentionally disengage from the workplace as a result of incivility. Especially when incivility comes from a supervisor, it can result in employees who are less committed to the organization and report higher turnover intentions as consequence of being ignored and ostracized. And **Çelik & Koşar, (2014)** found a negative relationship between organizational culture and civil behavior and ostracism. And concluded that individuals who adopt organizational culture, support organizational activities, and view the organizational structure positively support civility climate are less exposed to ostracism in the workplace. Also was in the same direction with **Elsayed, et al., (2021)** stated that incidence of incivility conduct among staff nurses is influenced by the workplace civility climate. Furthermore, there was a statistically significant negative link between the workplace civility climate and the total score of incivility behaviour, including ostracism.

Also, this result congruence with **Söyük, et al.,(2019)**, **Mahfooz, et al., (2017)** who found negative relationship between WO and intention to quit. In addition, **Çelik & Koşar, (2014)** found a negative relationship between organizational culture and Workplace ostracism. Meanwhile a positive relationship was found WO and work stress, emotional exhaustion and workplace depression **Wu, et al., (2012)**, **Fatima, et al., (2017)**, **Lyu & Zhu, (2019)** who revealed that WO has positive relationship with diffident silence. Similarly, **Ali & Johl, (2020)** who stated that when nurses have a positive civility experience that eases the impact of negative experiences, so they would demonstrate a lower tendency of destructive WO.

Conclusion:

Most of staff nurses perceived workplace climate as civil/positive. And more than half of staff nurses had low level of workplace ostracism. This means that when perceived workplace civility climate level increased the level of workplace ostracism decreased and vice versa.

Recommendations:

The researchers made the following recommendations based on the findings of the current study:

- Hospital managers must make sure that the organization's goal, philosophy, vision, and shared values are all in line with a respect and safety culture.
- Incivility and bullying must be treated with zero tolerance policy by hospital administrators. Corrective action must be allowed under the policy, and unacceptable activities must be relived in a timely and efficient way.
- Administrators at hospitals must foster a positive work atmosphere in which civil communication is the norm and hospital standards are known and obeyed.
- Developing interactive teaching sessions on disruptive behaviour for the whole hospital, involving personnel from all disciplines and levels within the healthcare context.
- Hospital management should employ empirical methodologies to assess the nature and severity of incivility or bullying, as well as to build and implement an action plan to address the issue.

Further Nursing research:

Identify and promote evidence-based techniques for reducing disruptive behaviour in the nursing field.

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