



## Effect of head nurses workplace civility educational program on nurses professional values and awareness of legal and ethical issues

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### ABSTRACT

Head nurses civility climate can affect job performance through improving nurses professional values and raising their awareness toward legal and ethical issues facing the care practice through acceptance and correction of errors which leads to improved quality of care by enforcing values off the profession and prevents negative consequences of hiding errors **Aim:** to examine the effect of the civility training program on staff nurses' professional values and awareness of legal and ethical issues. **Research design** Quasi-experimental research design. **Setting:** The study was conducted at the fever isolation Hospital – Minia governorate. **Subjects:** All head nurses worked in the inpatient and outpatient units, and all staff nurses who worked in the same departments. **Tools:** four tools were used in this study; civility knowledge questionnaire, workplace civility climate Self-Assessment scale, nursing professional value Scale, and legal and ethical issue knowledge questionnaire. **Results:** The total knowledge score and levels of perceived workplace civility among head nurses were low before the program implementation; after the program implementation, they had higher scores with statistically significant differences; also, the staff nurse professional value score and legal and ethical issues awareness score was increased after implementing a civility education program for head nurses. **Conclusions:** The civility training program positively affected head nurses by increasing their knowledge and self-assessment about perceived workplace civility after the program implementation. **Recommendation:** Periodical seminars and programs for head nurses must develop civility competencies, behaviors, and communication to motivate the worth of their professional values towards nursing and acknowledge legal and ethical knowledge.

**Keywords:** civility climate, Educational Program, Head Nurses, Staff Nurses, professional value & legal and ethical issues.

### Introduction

The health-care environment is a critical success element, and workplace civility climate refers to nurses' opinions of how management employs rules, procedures, and practices that govern behaviors in a given area of interest to keep the workplace civil. The nursing profession in the health-care sector should have an institutional civility climate that has gotten much attention. A high error orientation climate and, as a result, care performance in hospitals should be facilitated by a civility climate. Because one unsolved issue in present health care research is how an

environment of courteous interpersonal conduct may create the basis for effective hospital care performance, interpersonal behavior at work is being more acknowledged. Understanding legal and ethical issues as an intermediary mechanism of error orientation climate will explain the relationship between civility climate, professional value, and employee views of care performance. Nonetheless, we accept that the environment of civility may impact the quality of treatment. <sup>(1) (2) (3)</sup>

Caring for patients during pandemics is very stressful, and nurses are facing an increase in legal and

ethical difficulties due to the heightened danger of infection. This stress is compounded when more health-care personnel are obliged to undergo quarantine during the epidemic. Professional nursing values are a person's collection of inner ideas that influence how they behave and help them make decisions in life. They are learned through socialization into nursing via codes of ethics, nursing experiences, instructors, and colleagues. So that nursing values are maintained by balancing ethical principles that guide the nurse in making ethical decisions, advocacy, respect for humans, and removing barriers to care. These ethical principles influence decisions, actions, and even the nurse's ethical decision-making, as well as the resultant civil behavior at work. <sup>(4) (5)</sup>

Civility can create a unique set of ethical, legal, and professional issues for the nurse when dealing with the patient. Nurses face a problematic situation addressed in their practice based on the determination of rights and wrong every day, so nurses need to understand the law, legal responsibility, and legal boundaries. <sup>(6)</sup> In addition, nurses may face ethical dilemmas in ethical decisions about care delivery, patient advocacy in planning and providing safe patient care, and prevention of ethical, legal, and professional issues by following standards of care, competence care, and healthy communication with other health care workers. They were using ethical guidelines that can resolve ethical dilemmas to prevent unethical issues in practice to protect their patients' rights, prevent liabilities, and foster the development of the value of the nursing profession. Nursing should have adhered to a set of ethical principles that guide professional practice and decision making, accountability for both legal and ethical perspectives is the responsibility of nursing. <sup>(5) (7) (8) (9)</sup>.

### Significance of the study

Workplaces with high civility climates should have policies, procedures, and practices to reduce rudeness and verbal aggression in the workplace. A positive civility climate indicates an environment that supports open dialogue and facilitates safer practices that promotes self-efficacy. In contrast, a hostile civility climate is characterized by distrust and fear and results in an unwillingness to assume responsibility for nurses mistakes. <sup>(10) (11)</sup> Civil behavior helps to maintain a good therapeutic relationship through understanding the value of nursing and fostering professional development because ethical problems arise from differences in the value of nursing, changing professional role, technological advances, and uncertainty of decision making <sup>(12) (13) (14)</sup> and keeping accurate documentation will help avoid potential liabilities in nursing. <sup>(15)</sup> The outcome of workplace civility is building trust and maintaining a healthy relationship based on nursing professional values and free from legal and ethical issues in care practice. <sup>(16) (17)</sup>

Nursing managers should help to prepare a supportive tension-free workplace to keep their current staff and attract new employees. <sup>(18) (19)</sup> Prevention of nurses from exposure to legal, ethical dilemmas or issues leads to leaving their jobs. Correct interaction and high civility climate in hospital setting between head nurses and their nursing staff not only improves self-efficacy, hope, optimism, and flexibility, but also can reduce legal and ethical problems and value their profession and prevent occupational burnout, nurses health risks, and employee turnover in stressful conditions. So that the researcher conducts an educational program for head nurses about legal and ethical issues they face while caring for Covid-19 at fever isolation hospitals and examine its effect on the personal, professional value and nurses' awareness

about legal and ethical issues in their practice. The beauty of workplace civility training is that it focuses on what workers and supervisors should do rather than what they shouldn't. Furthermore, since civility training appeals to everyone in the workplace, regardless of social identity or perceived inclination to harass, it may avoid some of the resistance encountered by treatments that just target harassment. <sup>(20)</sup>.

### **Aim of the study**

The current study examine the effect of head nurses' civility educational program on nurses' professional values and awareness of legal and ethical issues among Covid-19 patients in fever isolation hospitals.

### **Research Hypotheses:**

**H1:** Head nurses' civility knowledge and components will be higher after implementing an educational program than before implementation.

**H2:** Nurses' professional values and awareness of legal and ethical issues will be higher after implementing a civility educational program for head nurses.

### **Subjects and Methods**

#### **Research design:**

The current study utilized a quasi-experimental research design to achieve its target.

#### **Setting:**

This study was conducted at the fever isolation Hospital in Minia City - Egypt.

Minia fever hospital provided services for the care of fevers and endemic diseases and isolation of positive corona cases and included emergency department, hemodialysis positive B virus, HIV, immunology unit, positive isolation ward, isolation intensive care unit, tropical unit for typhoid, meningitis, and outpatient clinics for all cases.

Reasons for the selection of fever hospital are as follows during visiting my relative (positive Covid-19 case), it was observed that some nurses were frightened and tried to avoid coming in contact with the patient, which negatively affected the patient's psychological state. While other nurses who had been infected with Covid-19 or in her family usually worked with these patients without the bloated feeling seen before and tried to provide reassurance and support for their patients.

#### **Subjects:**

A convenient sample is used in the current study. It includes all head nurses and staff nurses working in Minia fever isolation hospital during the period of data collection. Their total numbers were (127) nurses and are classified as follows: head nurses (27) and staff nurses (100) who worked in the inpatient and outpatient units. Excluded head nurses and staff nurses (35 nurse) who withdrawal to participate in this study.

#### **Data collection tools:**

Data collection by using four tools as follows:

**Tool I: Civility knowledge questionnaire** included two parts

**1st part: Personal data:** it is used to collect data about head nurses encompass items as (age, gender, marital status, educational qualification, department, years of experience, communication with co-workers, .....etc.)

**2<sup>nd</sup> part: Civility knowledge questionnaire:** it was designed by the researchers based on the many studies <sup>(16) (21) (22) (23) (24) (25)</sup> and review of the related works of literature to collect data from head nurses' to assess their knowledge regarding civility behavior in the workplace. The questions were prepared in either form of true & false, multiple choices. It consisted of 35 questions related to the definition of civility, civility of workplace behavior, importance and aspects of

civility ...etc. The questions scored as one for the correct answer and zero for the incorrect answer. The scoring system divided as follows: low civility (<60%), moderate (60% = <75%), and high civility knowledge (=>75%).

**Tool II: Perceived Workplace Civility Climate (PWCC):** developed by **Ottinot** <sup>(21)</sup> and used to measure nurses' perception of workplace civility climate. It consists of 24 items; the items measured using a five-point Likert scale ranged as 5 = strongly agree, 4= agree, 3= neutral 2= disagree, and 1= strongly disagree, and the higher score on the PWCC measure will be indicated favorable perceptions of workplace civility climate. **The scoring system:** for workplace civility climate will be ranged from 24 to 120, categorized as follows: Low workplace civility climate from 24 to 56, moderate workplace civility climate from 67 to 89, and High workplace civility climate from 90 to 120.

**Tool II: nursing professional value Scale:**

The Nurses Professional Values Scale (NPVS) was developed in the USA by **Weis and Schank** <sup>(26)</sup>. the only known instrument for measuring professional nursing values. This instrument reflects the current nursing standards based on the nurses' code of ethics with interpretive statements (Code of Ethics Interpretive Statements, 2014), It includes 26 items divided into five factors as Caring (9items 16, 17, 18, 20, 21,22,23,24,25), Activism (5items4,10, 11, 19, 26), Trust (5 items 1,2,9,14,15), Professionalism (4items 5,6,7,8), and Justice (3 items 3,12,13). Each statement is scored on a Likert scale of 1–5, 5 being very important and one not important. Possible scores range from 26 to130 points, with higher scores indicating higher levels of nursing professional values.

**Tool III:** A Structured knowledge questionnaire regarding legal and ethical issues in care developed by

**Ghosh** <sup>(15)</sup> and modified by the researcher to assess nurses' knowledge regarding legal and ethical issues. It consisted of 35 multiple choice questions sub-grouped under three parts. The first general knowledge regarding legal and ethical issues in care (14 questions), the second part question related to the legal aspect of inpatient care (10 questions), and the third part question related to the ethical aspect of inpatient care nursing (10) The questions scored as one for the correct answer and zero for the incorrect answer. The scoring system divided as follows: low civility (<60%), moderate (60% = <75%), and high civility knowledge (=>75%).

**Validity and reliability**

Tools were examined for their Content validity by five experts in the field of study. Tools content validity assessed items sequences, simplicity, importance, applicability, phrasing, term, form, and overall look. Based on experts' comments and instructions. The tools' reliability was checked and statistically measured. Cronbach's Alpha test was used to determine the tool's internal accuracy. Cronbach's Alpha complete civility knowledge questionnaire had a value of (0.88), civility self-assessment questionnaire had a value of (0.91), nursing professional value scale had a value of (0.89), and legal and ethical issues knowledge questionnaire had a value of ( 0.95) .

**A Pilot study:**

Before beginning the actual data collection, it was completed on 10% of the study participants (three head nurses and ten nurses) to ensure the clarity and application of the study tools and the practicality of the research procedure. It was also vital to estimate the time required to fill the data gathering tools. The analysis was done in accordance with the findings of the pilot research. Participants were included in the pilot research since no changes to the study tools were made.

## Procedure

The study was implemented through the following stages: Assessment and planning, implementation, and evaluation stage

### 1. Assessment and planning stage

- Official confirmation from the authoritative personnel to conduct the study was obtained before starting the study. Oral agreement of participations from head nurses and nurses staff was taken
- Pre-test before the program was started to appraise the head nurses concerning civility in the workplace. The knowledge test was taken from 20 to 30 minutes, and the time needed to respond to the sheet of self-assessment about perceived civility in the workplace was nearly 30 minutes; data was collected in one month from the beginning of January to the end of January 2020.
- Assess nurses' professional values and awareness of legal and ethical issues before starting the head nurses program. The nurses' professional values and awareness of legal and ethical issues questionnaire was given to the nurses by the researchers. The time required to answer this sheet was 30-40 min, data obtained in one month from the beginning of February to the end of February 2020.
- The researchers were designed the timetable for the educational program.
- The researchers prepared the learning climate and necessary resources (seminar rooms and data show equipment) needed in this study.

### II implementation stage

- According to the results of the assessment and planning stage. An educational program was designed on literature review as well as the teaching sessions and time schedules were planned. The program discussed the definition of civility,

workplace civility, and ways and aspects of civility, its importance for nursing staff, effective qualities for civil head nurses, and their gained skills.

- The study subjects of head nurses were divided into three subgroups, each comprised of (9) head nurses, and the researchers implemented the educational program for each subgroup at a separate time.
- Sessions were carried out according to the work time of the participants, and it has done in teaching rooms of the hospital's education building.
- The researchers explained the objectives of the educational program to the head nurses time table and content
- When beginning each session, the learning objectives were told and took feedback before each session about the earlier session, and after each session, there was a review of the current session.
- The educational program was performed for head nurses at the fever isolation hospital. The teaching methods were utilized: lecture, discussion, brainstorming, assignment, case study, and small group work activities. Consider others' knowledge & experience
- Make a list of the values, such as: listening to understand people without interrupting them, respectfully communicating critical criticism. Take into account the expertise and experience of others. Don't make fun of people. Assume the best intentions of those around you. Pose demanding questions to get responses, but never in a demeaning manner. Never behave in a manner that may be seen as intimidating, intolerable, or discriminating. Show a greater interest in discovering the correct solution than in being correct. When there is a dispute, keep your impartiality.

- The teaching materials were used: PowerPoint, video, and case study.
- The educational program was done in two months, from the beginning of March 2020 to the end of April 2020.

### III Evaluation phase

- Evaluating of the immediate effect of civility educational program for head nurses on nurses' professional values and awareness of legal and ethical issues were collected by using the four tools civility knowledge questionnaire, perceived workplace civility Self-assessment –evaluate head nurses civility practices and behavior as if head nurses Praise and empower others – teach people that what they do right is laudable when they do it (or as soon as possible after that), think before you speak and say what you mean without being mean when challenging someone's point of view, don't attack the individual, respond to the idea., treat others as you would like to be treated, apologize when you are wrong – whether you are the leader/follower, manager, or other employees., demonstrate and teach empathy and respect in you.
- In addition to civility norms and behaviors, head nurses must be knowledgeable of the distinctions between judgment and comparison. , when disagreeing with someone, engage in civil discourse, intelligence, and humor; when someone's attitude or position changes your emotions, consider why; don't simply react from the emotions; don't let anger or other emotions prevent you from hearing what others have to say; don't let anger or other emotions prevent you from hearing what others have to say.
- And evaluation assessment of nurses' professional values and awareness of legal and ethical issues scale.
- The follow-up was conducted after three months of the program implementation to assess the effect of

civility educational program for head nurses on nurses' professional values, and awareness of legal and ethical issues was done using the four tools civility knowledge questionnaire, perceived workplace civility Self-assessment - nurses professional values and awareness of legal and ethical issues scale. It was completed in a period from the beginning of August to the end of August 2020.

### Ethical considerations

- The ethical study committee of Minia University's nursing faculty provided their initial approval in writing (55/5.5.2020). The researcher met with the directors to introduce and discuss the study's aim, then met with all head nurses and staff nurses to introduce and discuss the study's aim and decide the best time to meet the study participants and collect data. Head nurses and staff nurses were told that any details gathered would be kept private and would have no bearing on their professional evaluation. We obtained written consent from each participant. The researchers clarified the aim of the study to subjects study who participated in the study. Head nurses and nurses were known that their participation was voluntary, and they could withdraw from the study at any time if they wanted that. Confidentiality of data, privacy, identity, willing participation, and the right to decline to participate in the study was emphasized to subjects.

### Statistical Analysis:

Statistical analysis of data implemented done by using an excel program and SPSS statistical package social science version 24. The data description is done in the form of "mean + SD" for quantitative data and frequency & proportion for qualitative data. The interpretation of the data was made to test the statistically significant difference between groups. The qualitative data chi-square test was used. (P) is significant if  $<$  or  $=$  "0.05" at confidence interval

95%The quantitative data, a paired sample t-test, was used to compare one group at different times .

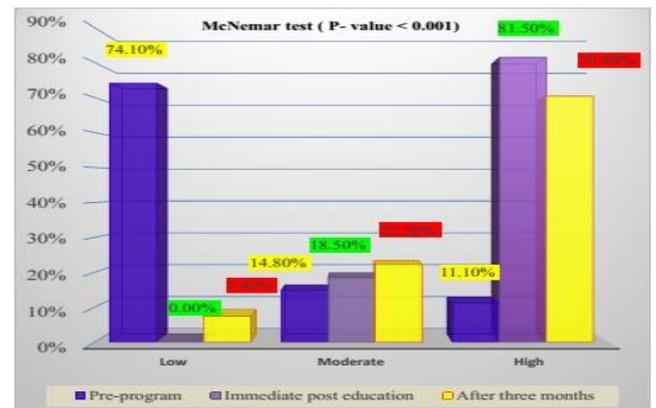
**Results**

**Table (1): Demographic characteristics of the study subjects (head nurses' and staff nurses)**

Demographic characteristics	First-line nurse managers (27)		Staff Nurses (100)	
	No	%	No	%
<b>1. Age</b>				
• > 30	7	26.0	20	14.3
• 30-40	18	<b>66.6</b>	65	<b>72.0</b>
• < 40	2	7.4	15	13.7
<b>Mean ± SD</b>	32 ±3.6		<b>37.76 ± 6.38</b>	
<b>2. Gender</b>				
• Male	4	17.4	35	35.0
• Female	19	<b>82.6</b>	<b>65</b>	<b>65.0</b>
<b>3.Marital status</b>				
• Single	3	11.1	30	30.0
• Married	11	<b>77.8</b>	50	50.0
• Divorce	2	7.4	13	13.0
• Widowed	1	3.7	7	7.0
<b>4. Qualifications</b>				
• Diploma	0	0.0	35	35.0
• Institute	0	0.0	40	40.0
• Baccalaureate	25	<b>92.6</b>	25	25.0
• other	2	7.4	0	00.0
<b>5. Years of experience</b>				
• <	10	37	35	35.0
• 10	15	<b>55.6</b>	50	50.0
• >10	2	7.4	15	15.0
<b>6. Area</b>				
• General	20	74.0	60	60.0
• Critical	7	26.0	40	40.0
<b>7.Communication with coworkers</b>				
• Good	20	74.1	80	70.0
• Moderate	7	25.9	20	20.0
• Bad	0	00.0	00	10.0
<b>8. Family history of covid-19 infection</b>				
• Yes	9	33.3	60	60.0
• No	18	66.7	40	40.0
<b>9. Residence area</b>				
• Urban	17	62.9	69	69.0
• Rural	10	37.1	31	31.0
<b>10. previous training program</b>				
• Yes	0	00	0	<b>0.0</b>
• No	100	100.0	100.0	<b>100.0</b>

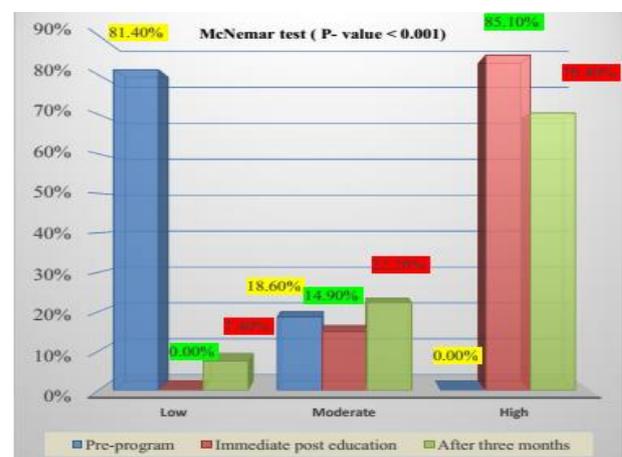
Table (1) demonstrated that most head nurses were female, married, had a baccalaureate degree, and working in a general area. Nearly two-thirds of them are in the age group 30-40, and slightly more than half of them experience 5-10 years. Also, nearly two-thirds of head nurses had good communication with their co-workers, family history with COVID -19 patients, an urban area of residence, and no previous educational

program training about civility. In the same table, staff nurses, slightly more than half are female, 30-40 years old, and work in the general area. 50% of them are married and have experience of 5-10 years. Nearly two-thirds had good communication with their supervisors and peers, lived in urban, and slightly more than half of them had a family history with COVID -19 patients and had no educational program about civility.



**Figure (1): Total knowledge levels of head nurses about civility during different times of testing (No =27)**

Figure (1) illustrates that (74.1%) of head nurses had a low level of knowledge in the pre-test. While at the immediate post-test it was (81.5%) of them had a high level of knowledge. After three months of program implementation, there was a change in knowledge level between head nurses (70.4) of them had a high level of knowledge. with statistically significant differences (p=0.001)



**Figure (2): Frequency distribution of perceived workplace civility climate components among head nurses (N=27)**

Figure (2) illustrates that 81.4% of head nurses had a low perceived workplace civility climate in the pre-test. While at the immediate post-test, it was (85.1%) of them had a high level of perceived workplace civility climate. After three months of program implementation, there was a change in the perceived workplace civility climate between head nurses (70.4%) of them had a high level of knowledge. with statistically significant differences (p=0.001)

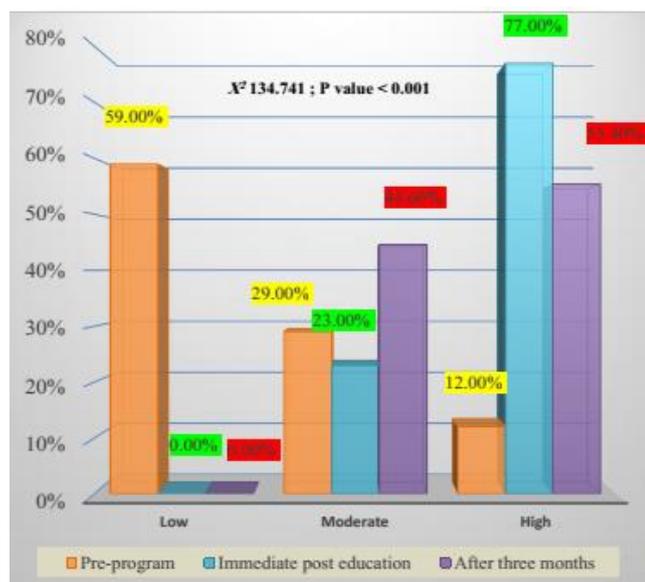


Figure (3): Distribution of studied staff nurses' nursing professional values score during different testing times (No =100 in pre-and immediately post-program & No = 65 in follow-up).

Figure (3) illustrates that 59% of the studied nurses' have a low level of nursing professional values in pre-program implementation, increased to high 77% of them immediately post educational program and decline to 55.38 % after three months (follow up).

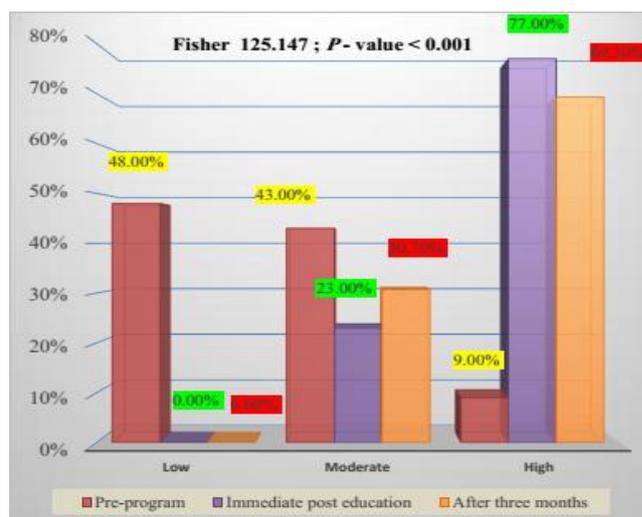


Figure (4): Distribution of studied staff nurses' awareness about legal and ethical issues score during different testing times (No =100 in pre- immediate post & No = 65 in follow up).

Figure (4) shows that 48 % of the studied nurses' have a low level of nursing awareness about a legal and ethical issue in pre-program implementation, increased to 77% of them immediately post educational program and decline to 69.23% after three months (follow up).

Table (2): Correlation between head nurses total knowledge, total civility, nurses professional values, and awareness about legal and ethical issues during different times of testing

Variable	Head nurse's total knowledge		Head nurses total civility		Nurses' professional value		Nurses' awareness of legal and ethical issues	
	r	P	r	P	r	P	r	P
<b>Preprogram implementation</b>								
Head nurses' total workplace perceived civility climate								
Head nurses' total self-assessment of perceived civility climate'	0.241	0.000**						
Nurses' professional values	0.325	0.000**	0.189	0.000**				
Nurses awareness of legal and ethical issues	0.213	0.000**	0.273	0.000**	0.167	0.000**		
<b>immediate post-test</b>								
Head nurses' total workplace perceived civility climate								
Head nurses' total self-assessment of perceived civility climate'	0.123	0.000**						
Nurses' professional values	0.138	0.000**	0.11	0.000**				
Nurses awareness of legal and ethical issues	0.215	0.000**	0.215	0.000**	0.178	0.000**		
<b>Follow up after three months</b>								
Head nurses' total workplace perceived civility climate								
Head nurses' total self-assessment of perceived civility climate'	0.41	0.000**						
Nurses' professional values	0.115	0.000**	0.259	0.000*				
Nurses awareness of legal and ethical issues	0.276	0.000**	.523	0.000**	0.239	0.000**		

Table (2) summarizes a positive association between the total head nurse s civility (knowledge, self-assessment), staff nurses' professional values, and awareness of legal and ethical issues during different testing times.

Table (3): Best fitting multiple linear regression model for the civility knowledge score

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
	Constant	+0.31				0.10	
Family history of Covid-19 patients	0.17	0.07	0.18	2.357	0.019	0.03	0.31
Nursing professional values	0.07	0.03	0.17	2.299	0.023	0.01	0.13
Communication with co-worker	+0.15	0.07	+0.11	+1.945	0.053	+0.29	0.00

r-square=0.10

Model ANOVA: F=9.72, p<0.001

Table 3: displayed the Best fitting multiple linear regression model for the civility knowledge score as evident from the table that there were statistical significance independent predictors of staff nurses scores of the civility knowledge, family history of Covid-19 patients, nursing professional value score, and communication with a co-worker in their workplace which consider as a positive predictor's civility workplace climate.

Table (4): Best fitting multiple linear regression model for the nursing professional values score

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
	Constant	0.02				0.93	
Civility	+0.33	0.09	+0.21	+3.796	<0.001	+0.50	+0.16
Educational program	+0.41	0.09	+0.27	+4.529	<0.001	+0.59	+0.23
Relation with co-workers	0.79	0.12	0.39	6.784	<0.001	0.56	1.02
Experience	0.44	0.09	0.28	4.861	<0.001	0.26	0.62

r-square=0.37

Model ANOVA: F=29.97, p<0.001

Variables entered and excluded: age,

Table 4: clarify the Best fitting multiple linear regression model for the nursing professional value score as evident from the table that there is a positive statistical significant independent predictors of staff nurses scores of the nursing professional values in the other hand, there was statistically significant positive

independent predictors of staff nurses scores of the nursing professional value related to civility educational program, relation with co-workers and years of experience.

Table (5) Best fitting multiple linear regression model for the nurses' awareness of legal and ethical issue score

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
	Constant	0.68				0.69	
Educational program	0.19	0.07	0.15	2.734	0.007	0.05	0.33
Experience	+0.15	0.07	+0.11	+1.945	0.053	+0.29	0.00
Nursing professional values score	0.54	0.05	0.65	10.874	<0.001	0.44	0.63
Family history of COVID-19 patient	+0.15	0.07	+0.11	+1.945	0.053	+0.29	0.00

r-square=0.44

Model ANOVA: F=39.39, p<0.001

Table (5) clarify the Best fitting multiple linear regression model for the nurses' awareness of legal and ethical issue score as evident from the table that there is a positive statistical significant independent predictors of staff nurses scores of the nurses' awareness of legal and ethical issue score, experience and family history of COVID -19 patient in the other hand there was statistically significant positive independent predictors of staff nurses scores of nurses awareness of legal and ethical issue score and the nursing professional values and educational program.

**Discussion:**

Civility norms vary among cultures and work environments and other ethical values and principles, which are normally required in any type of relationship and described as an important part of an employee's experience. Nurses like to work in an environment where they are dealt with respect. They can be sources of respect, support, and validation, or rude, frustrating, and stressful (24). Nurses must ensure that caring behavior's legacy is strengthened by values education for the future nursing workforce (27). Thus to prevent litigation in nursing professional practice as a result of a nurse's practice falling below acceptable standards of

care and competence, as manifested by negligence, failing to exercise the level of care that a reasonable, prudent nurse would under similar circumstances; malpractice; and professional negligence, which refers to an act of negligence committed in the nursing profession.

The current study's finding revealed a highly statistically significant gain in level knowledge among head nurses about civility at the Preprogram implementation and different times of measures after the program implementation. Head nurses had a low level of knowledge in pre-program implementation, and significantly, the knowledge level improved immediately post and after three months. This outcome from the researchers' point of view might be assigned to some reasons; the first is that head nurses, before program implementation, don't know the meaning, aspects, and importance of civility. Also, they had low knowledge about civility because in-service training and education is little or absent in their workplace about the civility behaviors that can use in their working and many issues facing them in their practice from many years ago and there is no update or renew of their knowledge.

Moreover, after an educational program was implemented, head nurses refreshed their knowledge of civility. Also, the program provides reinforcement and relevant information for head nurses; it also improved their understanding of civil behavior that affect the practice that encompasses the definition of civility in general, civility in the workplace, aspects of civility, the importance for them and their nurses, effective ways of civility, practices, .... etc) The head nurses have low civility perceived climate before program implementation, increased to 85% of them immediately post educational program and decreased to 70 % after three months of program implementation, with

statistically significant differences ( $P = < 0.001$ ). This finding is congruent with **Mutke** <sup>(16)</sup>, who reminds us that civility is learned behavior – regardless of the culture or generational cohort. The following behaviors should be modeled when teaching and learning civility, not in any particular order (rather, simultaneously and continuously).

The second fact is that providing care for suspected or confirmed cases of Covid-19 had an extremely infection rate and relatively high morbidity, nurses worries, fear from isolation, or to get the infection for any family members have been reported this rationale also supported with **Lin**, <sup>(28)</sup>; the emergence and pandemic nature of COVID-19 had exacerbated fears worldwide, leading to stigma in some cases and cause major stress in the workplace and affect their attitudes negatively <sup>(29) (30) (31)</sup>. The third reason is the presence of many occupational stressors that affect staff nurses in health care settings as working conditions (shift, weekend work, inadequate remuneration; more work hours; discrimination and safety at work environment; poor relationship at work; role conflict and ambiguity. All of these stressors had to negatively affect nurses' attitudes supported by **Mackay** <sup>(32)</sup>. That treated by the collaborative efforts made by the ministry of higher education for newly graduated and Ministry of Health, which is concerned with spreading health awareness among their nurses in hospitals about the Coronavirus in all its waves, as well as improving the conditions of its workers, increasing Compensation allowance for infection and improve their psychological empowerment by moral stimulation by launching the name of the White Army to appreciate their efforts, as well as putting this name on the currencies circulated as the Egyptian pound. This matter reflects the civil behavior when dealing with infectious cases.

Moreover, this is agreed to **Leiter et al.** <sup>(23)</sup> <sup>(33)</sup> study that demonstrated that civility civil workplace climate-related to positive employee and workplace outcomes involving greater levels of job satisfaction, organizational commitment, and management trust, also civility creates the foundation for positive encouragement, vitalizing associations, and reinforce the value of the profession to increased organizational care performance. In the same line, the current study agreed with **Schaefer** <sup>(34)</sup>, who stated that "The practice of civility holds us to our human heartedness, the essence of our humanity. It meant humans acting their best, their most noble selves, acting civilized

The current study finding is consistent with the study of **Walsh & Magley** <sup>(35)</sup>, who reported that civility interventions are important human resource management (HRM) practices for preventing mistreatment. However, little is known about what influences the effectiveness of civility training. Pre-training attitudes suggest that climate for civility and mistreatment experiences on motivation to learn is largely indirect. Training skepticism and training disparity have opposing effects on learning motivation. The findings give an empirical foundation for HRM experts to use in their civility initiatives to increase employee incentive to learn.

The current study result illustrated that staff nurses' professional values and awareness about legal and ethical issues increased immediately after program implementation and after three months of program implementation compared with pre-programming implementation with highly statistically significant differences during different testing times. This dropping out from the researchers' point of view might be assigned to the fact that withdrawal of some nurses as a result of acquiring hospital infection (sick leaves), and the other took the obligatory child care vocation, or

they may be at risk for infection as the pregnant ones (vocation) to decrease the risk for infection. The current finding is consistent with **Osatuke et al.** <sup>(36)</sup>, who mentioned that civility constitutes an important part of the organizational climate perceived by employees, and as such, civility influences important organizational outcomes. These outcomes include providing safe and quality health care practices by increasing nurses' awareness about patient care's legal and ethical aspects, which is also enforced by practicing good nursing professional values.

In the same line with **Edmonds et al.** <sup>(37)</sup>, the current study stated that the challenge is moving toward a congruent civil organizational structure and maintaining that structure as an organizational value. Encourages basic steps to cultivate workplace civility, in addition to **Laschinger et al.** <sup>(38)</sup>, who reported that head nurses play a key role in ensuring, enforcing strategies utilized to overcome workplace incivilities, thus creating positive workplace environments characterized by nursing professional values helps in empowering nursing staff to practice professional standards that are free of uncivil behaviors. In the same line, Increased civility in the workplace has been related to a number of desirable behaviors, such as lower absenteeism, turnover, and equal employment opportunity costs, as well as higher job satisfaction and increased perceptions of fairness a better understanding of others' roles in the workgroup, will ultimately lead to enhanced (respect caring, activism, trust, professionalism, and maintaining justice) professional values in the workplace.<sup>(39)</sup>

**Osatuke et al.** <sup>(36)</sup> reported that nurses must ensure the legacy of caring behavior strengthened by values education for the future nursing workforce. Civility influences important organizational outcomes, highlighted that civility might have a not only moral

but monetary value. Avoiding a legal and ethical issue by increasing the nurses' awareness regarding civility as a core characteristic of an ideal workplace; key areas in need of attention are nurses' compliance with professional values through following of code of ethics and ethical principles. **Thiranagama, et al.** <sup>(40)</sup> reported that the majority of nurses high score on the Nursing Professional Values Scale and its subscales and stated that all items of the Nursing Professional Values Scale are essential and concluded that nursing education has a vital role in acquiring and maintaining professional values.

The current study indicated a positive association between the total head nurses' civility (knowledge, self-assessment), staff nurses' professional values, and awareness of legal and ethical issues during different testing times. Its consistency with **Osatuke et al.** <sup>(36)</sup> suggested that a combination of workgroup supervisors 'and co-workers' commitment to participating in the CREW process is an important predictor of higher post-intervention ratings of workplace civility and an even more important predictor of post-intervention perceptions of higher improvements in workplace civility, and in accord to **Iacobucci et al.** <sup>(41)</sup>; that reported a significant positive relationship was found between professional nursing values and levels of self-esteem as a predictor for civil work setting that free from legal and ethical problems so that its useful to nursing educators to focused their effort on promoting professional, competent, ethical behaviors, practices of nursing care with nursing professional values of future nurses, and also supported <sup>(42) (43) (44)</sup>

The current study is accorded to the study of **Poorchangizi et al.** <sup>(45)</sup>, who mentioned that the total score of the nurses' professional values was high from the nurses' perspective with improved nurses' awareness and understanding of the vast importance of

professional values. Also agreed to **Walsh and Magley** <sup>(35)</sup>, who ultimately believe that nurses motivated to engage in workplace civility training, not ignore the role of workplace civility training to prevent legal and ethical issues occurrence in nursing practice—using it as an important tool to address many legal and ethical problems in the workplace as sexual harassment. Also, there is the need to evaluate the long-term benefits of workplace civility training as a basis for acquiring professional values, indicating that professional nursing behaviors are filled with ethical principles and values. **Graham et al.** <sup>(46)</sup> supported this study by reporting that nurses had low awareness regarding legal and ethical issues in nursing practice. Nursing acknowledges the value, legal and ethical issues that face the profession in the care of Covid -19 patients regardless of optimal outcomes <sup>(47)</sup>. So that nursing education provides a better understanding and increases their awareness of professional values as perceived by Saudi undergraduate nursing students is not clearly understood due to inadequate studies <sup>(48)</sup>.

The current study hypothesis is achieved and agreed with **Sharmil** <sup>(8)</sup> study of community health nurses' awareness of legal aspects of health care level of knowledge and laws on the health care sector was good with no legal and ethical issues report. While this study is agreed to **Ghosh** <sup>(15)</sup>, teaching program regarding knowledge of nurses regarding legal and ethical issues in the care of patients revealed inadequate knowledge regarding the legal and ethical issues inpatient care in( pre-test) and improved the overall level of knowledge in (post-test), this is in the same line with **Remya** <sup>(7)</sup>; study of legal and ethical knowledge of nurses caring for children, reported that nurses have inadequate, moderately, adequate knowledge, and nurses need to strengthen their knowledge of the legal and ethical concept inpatient care.

The current study finding is congruent with the study <sup>(49)</sup> <sup>(50)</sup> reported that nurses knowledge was improved after the educational intervention that indicates the effectiveness of teaching programs and their implication for practice, and the guideline program assisted nurses in improving their understanding of nursing ethics that they encountered while working in a pediatric cancer unit, such as beneficence, consent, autonomy, honesty, justice, and secrecy. Thus in the same line with *Kumar et al.* <sup>(51)</sup>, who demonstrated that It is critical to make more effort to ensure that staff nurses engaged in delivering high-quality health-care services have acquired the essential legal and ethical expertise. However, this finding was supported in the study done by *Bartholdson* <sup>(52)</sup>; In terms of nurses' ethical practice, the current study found that there was a statistically significant improvement in nurses' practice regarding all ethical principles related to child respect, privacy, confidentiality, beneficence, justify, and clinical integrity at post-program intervention, with the majority of nurses having competent practice. This might be because increased nurses' understanding of nursing ethics was a significant factor in improving nurses' practice.

This result was agreed with the study done by *Zakaria et al.* <sup>(53)</sup>, who mentioned a highly statistically significant change in nurses' ethical behaviors in their practice. In the same regard, *Shrestha & Jose* <sup>(54)</sup> added in their study about knowledge and practice of nursing ethics and laws that more than half of nurses have adequate practice regarding applying ethics in their care for patients. *Donkor & Andrews* <sup>(55)</sup> indicated that improving nurses' knowledge after the program improves their practice.

The regression model for the civility knowledge score showed the presence of statistically significant independent predictors of staff nurses' scores of the

civility knowledge, family history of Covid-19 patients, nursing professional value score, and communication with a co-worker in their workplace, which consider as a positive predictor's civility workplace climate. In addition to nursing professional value score, as evident from the table, there are positive statistical significant independent predictors of staff nurses' scores of the nursing professional values related to civility educational program, relation with co-workers, and years of experience.

Moreover, the regression model for the nurses' awareness of legal and ethical issue score that a positive statistical significant independent predictors of staff nurses scores of the nurses' awareness of legal and ethical issue score, experience and family history of COVID -19 patient in the other hand there was statistically significant positive independent predictors of staff nurses scores of nurses awareness of legal and ethical issue score and the nursing professional values and educational program.

#### **The limitation of the study:**

The research project described in this paper has only been applied to one isolation hospital. To fully understand the views of health-care workers about civility, proper civility practices, and reporting procedures for health problems that may arise from it as legal and ethical issues, studies that include all governmental isolation hospitals and private hospitals and multispecialty clinics are suggested.

#### **Conclusions:**

The civility training program provided in this study positively affected head nurses by increasing their knowledge and self-assessment about perceived workplace civility after the program implementation during the different measurement times. As well as staff nurses' professional values and legal and ethical issue awareness score increased after implementing

civility educational program. As a result, nursing education program head nurses have a vital role in acquiring and maintaining a civil workplace behavior and practices of professional values through following the code and principles of nursing ethics the matter that was going in hand with resolving any ethical or legal issue in nursing practice through increasing their awareness as a result of their head nurses educational program

### Recommendations:

Periodical seminars and programs for head nurses must develop civility competencies, behaviors, and communication to motivate their professional values towards nursing and acknowledge legal and ethical knowledge to avoid issues occurring in practice.

### Implication

This study can be useful for the nursing instructors, nursing managers, and decision-makers in nursing to develop appropriate strategies in promoting the nursing workplace positive civility behaviors and professional values. These strategies may include reviewing the educational needs and modifying and developing the educational programs to strengthen the collaboration and interaction between the universities and hospitals because clinical situations play an important role in professionalization, preventing liabilities by increasing nurses' awareness about all aspects of legal ethical issue in their practice. All of these strategies can reduce the gap between the theoretical and practical knowledge of the nurses.

**Nursing Practice:** A nurse's understanding of legal elements of health care is essential since it will improve the quality of treatment while also providing legal protection. **Nurse Educator:** Some nurses have to function as both educators and health-care providers to their patients. As a result, there are more possibilities to make the correct choice at the appropriate moment and

**Nurse Researcher:** Continued researches on civility to enhance workplace civility in all hospitals of the health sector, future research should focus on identifying how faculty role models, clinical staff, and educational experiences might aid in the formation of professional values in nursing students.

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