The Impact of Civility Program on Organizational Citizenship Behavior among Nursing Staff at Selected Teaching Hospital

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ABSTRACT

Interpersonal relationships in the workplace are often described as an important part of an employee's experience at work.

Aim: To investigate the impact of civility program on organizational citizenship behaviors among nursing staff at selected teaching hospital.

Methods: A quasi-experimental (one-group pretest/posttest) design. Five selected intensive care units (ICUs) at selected teaching hospital. Convenient sample (44) nursing staff out of (112) divided into (6) head nurses, (8) charge nurses and (33) bed side nurses. Incivility Behavior Questionnaire measuring the incidence of experienced incivility by nursing staffandNursing Incivility Observational Check Listthat measure incivility behaviors among nursing staffand Organizational Citizenship Behavior Questionnairemeasuring the level of organizational citizenship behavior.

Results: There was a statistically significant difference in mean scores of study subjects regarding all dimensions of both perceived and observed incivility behavior as well no statistically significant difference among all organizational citizenship behaviors total dimensions. Finally,highly statistically significant negative correlation between perceived as well observed incivility behavior and OCB dimensions during different periods of assessment.

Conclusion: Overall, the current study concluded that implementation of civility program had approved thattwo of the study hypothesis was supported and the third one was not supported.

Keywords: Civility Program, Nursing staff Organizational citizenship behavior

INTRODUCTION

There is a growing interest for researchers and scholars of human resource management for promoting voluntary behaviors within the organizations because these behaviors make a competitive advantage for the organization in today's turbulent service markets (Veličkovska, 2017). Focusing on human capital behaviors to achieve organizational excellence and objectives; organizational behavior management (OBM) is an important and interested aspect of management in recent decades that aims at improving individual and organizational performance (Wicaksana, 2018). Organizational citizenship behavior (OCB) is a concept which is considered as one of the major issues in the field of organizational behavior (Hatami, Reza and Hamid, 2016).

Organizational Citizenship Behavior (OCB) is a positive social behavior that increases the efficiency of organization as a whole. These are behaviors displayed voluntarily by workers depending on their personal choice without a written rule, and they are not clearly indicated in the agreement of an organization and not required by job definition; therefore, omission of these behaviors does not bring any penalty (Altuntaş and Bayka, 2014).

Organizational leaders and nurse managers should determine the organizational citizenship behavior levels of nursing staff and associated factors, and then take the necessary precautions against negative factors, and encourage positive ones(Altuntaş and Bayka, 2014). Thus, there is a type of organizational behavior in the workplace called "negative behaviors" which affect OCB. It has a different domain and intensity; some of them have high intensity and the others are subtle and small which named" workplace incivility"(Hosseinpour, Atashzadeh, Hosseini, Mohtashami, 2017).

Incivility is described by Clark (2009) as "rude or disruptive behaviors which often result in psychological or physiological distress for the people involved, and if left unaddressed, may progress into threatening situations". Incivility includes a broad range of behaviors and actions ranging from eye rolling to physical threats of harm, with disrespect as the common theme (Ziefle, 2018&Torkelson, Holm, Bäckström, Schad, 2016).

Uncivil behaviors include gossiping, rudeness, yelling, ignoring, and backstabbing. In addition to, berating one for an action in which he or she has no part, providing people the silent treatment, reprimanding someone in public, making unwarranted accusations and spreading gossip(Demsky, Fritz, Hammer, Black, 2019). Moreover, other forms of incivility include mockery and humiliation, hostile stares and ignoring others' questions or communications, neglecting others, shouting, interrupting others' conversations and abusing others' privileges (Fathi and Mohamed, 2017).

Workplace incivility, in addition to the infliction of personal costs, has harmful effects on organization's health and performance. Increasing the measures of nurses' absenteeism, decreasing productivity, and rising the costs associated with them are all the negative organizational outcomes of nurses' workplace incivility (Hosseinpour, Atashzadeh, Hosseini and Mohtashami, 2017). Also, uncivil behaviors negatively influence patient outcomes, the atmosphere of the workplace, the nurse turnover rate and

organizational citizenship behavior levels(Memarzadeh, Hajiza&Sarfarazi, 2012 and Evans, 2017)

One way to influence the nursing profession and promote civility in practice is to teach civil, appropriate, professional behavior among nurses through educational programs and workshops. Health care facilities need to role model civil interactions despite the challenges of the current nursing practice environment (McNamara, 2012 and Clark, 2013). Management and leadership in these places play a unique role which set the tone for the professional interactions taking place in the work environment. Employees have been known to model behaviors that they observe and experience from those in leadership positions (Michelle, 2015).

Significance of the Study: Organizational citizenship behaviors among employees make the organization stable by reducing turnover rate and attracting new employees. The over enhancement in performance contributes to the gaining competitive edge in the market and hence, promoting the image of the organization (Jan &Gul, 2016). It tends to take some important steps by providing strategies in order to enhance organizational commitment, performance improvement, customer satisfaction and job satisfaction. Accordingly, it is of interest and it is regarded as one of the imperative resources of almost any organization (Hatami, Reza and Hamid, 2016).

On the other side, recent reports of the increasing prevalence of incivility within the Egyptian clinical settings are alarming, especially when considering the impact on patient and staff safety. Incivility in healthcare can lead to unsafe working conditions, poor patient care, and increased medical cost. In addition to increasing the measures of nurses' absenteeism, decreasing productivity, disappearance of sense of organization belonging, poor nursing work efficiency and lower job performance. It may even lead to the loss of nursing talents and interpersonal emotional stress at work and thus negatively affecting organizational citizenship behaviors at the work place (Cochran, 2017and Shi, et al., 2018).

In Egypt, workplace incivility has far reaching negative consequences on nursing staff, patients, over all organization as well the nursing profession and finally the Egyptian society. Nurse attitude, retention and morale will improve with the learned communication skills provided within the civility educational programs and workshops. Reducing turnover as a financial implication for this study positively affects the organization's financial expenditures. Nurses will have the skills to respond to others who purport uncivil behavior. Providing education to foster civility behaviors among coworkers and supervisors will help to nurture the existing workforce and thus affecting positively the OCB.

The aim of the current study was to investigate the impact of civility program on organizational citizenship behaviors among nursing staff at selected teaching hospital

Research hypothesis:
H1: After implementing the civility program, there will be a difference in incivility mean scores among nursing staff compared to preprogram.

H2: After implementing the civility program, nursing staff will have high mean scores of civilized behaviors compared to preprogram.
H3: After implementing the civility program, there will be a difference in the level of organizational citizenship behaviors among nursing staff compared to before.

METHODS

A quasi experimental (one group pretest/posttest) design was utilized in this study. Convenient sample (44) nursing staff out of (112) divided into (6) head nurses, (8) charge nurses and (33) bed side nurses were constitute the study sample. The study was conducted at New KasrElaini Teaching Hospital which is affiliated to Cairo University Hospital,in five selected intensive care units (ICUs).
Data Collection Tools: The following tools were used for data collection:
Incivility Behavior Questionnaire; It was a self-administered questionnaire measuring the incidence of experienced incivility by nursing staff. It was developedby Penny and Spector (2005) and McNeice (2013) and was modified by the researcher.
Nursing Incivility Observational Check List; it was developed by Guidroz et al., (2010) and was modified by the researcher to measure incivility behaviors.
Organizational Citizenship Behavior Questionnaire; it was a self-administered questionnaire measuring the level of organizational citizenship behavior.It was developed by Fox and Spector (2012). In Egypt, it was utilized by Abed and Hebashy, (2016) and it was adopted by the investigator.
Procedure
First phase: The investigator visited the head nurses of the selected (ICUs) and explained the purpose, nature, significance of the study as well as the ethical considerations, methods of data collection. The participants were interviewed either individually or in groups then signed an informed consent. Voluntary participation, confidentiality and anonymity were assured. After that, designing a schedule to observe the elements of the Nursing Incivility Observational Check List for all participants 3 times through different working shifts in equally and randomly manner by rotation without being known to them or giving them any comments about their actual performance. In addition, assessment of the incidence of experienced incivility by nursing staff in the workplace through using the Incivility Behavior Questionnaire as well investigating citizenship behavior level among nursing staff using the Organizational Citizenship Behavior Questionnaire..
Second phase: The investigator has developed civility educational program into Arabic language.The program was conducted within (7) lectures along (8) consecutive weeks whereas every lecture was repeated in (2) scheduled sessions or more if required while every session was conducted within 60 minutes. Overall, it started from the beginning of September, 2019 and ended at the end of November, 2019.
Third phase: After implementation of the program, the researcher has evaluated the immediate effect of program

as well after 3 months from program implementation using the same tools for data collection.

Ethical and legal considerations: A primary approval of the scientific research ethical committee at Faculty of Nursing Cairo - University was obtained to carry out the study. Informed consent was obtained from each participating subject after explaining the nature and objectives of the study. .All study participants were informed that participation in the study was voluntary and based on their acceptance to give the informed consent with the possibility to withdraw at any time and participation was with no risk.

Data Analysis: The collected data were coded, scored, tabulated and analyzed by using "statistical package for the social science" (SPSS), Version 20.0. Data were analyzed during different periods of assessment (pre, immediately post-program implementation and 3 months later).

RESULTS

Table 1 shows that there was a statistically significant differences in mean scores of study subjects regarding all dimensions of incivility behavior during different periods of assessment which is reflected in total mean scores

respectively (mean= 2.47, SD = ±.99, mean= 1.82, SD = ±0.79, mean= 1.31, SD = ±0.32). (F= 12.79, P =.0001). The study subject mean scores were decreased immediately post-program compared to preprogram with a relative small decrease 3 months later.

Table 2 presents a statistically significant difference in total mean scores of observed incivility behavior during (pre, immediately post-program implementation and 3 months later) (F= 3.063, P =.048*) where apparently all dimensions' total mean scores decreased immediately post-program implementation compared to preprogram and relatively small decrease 3 months later (mean= 2.48, SD = ±0.93, mean= 2.36, SD = ±0.96, mean= 2.25, SD = ±0.98).

Table 3 presents no statistically significant difference among all Organizational Citizenship Behaviors total dimensions during (pre, immediately post-program implementation and 3 months later) (F= 1.39, P =0.25) where apparently all dimensions' total mean scores remain around the same level during the different periods of assessment (mean= 2.16, SD = ± 0.17, mean=2.26, SD = ± 0.24, mean= 2.24,SD = ± 0.26).Moreover, the highest mean score preprogram was observed for sportsmanship dimension followed byaltruism dimension.

Table 1: Mean differences of incivility behavior total dimensions as perceived by study participants during different periods of assessment (n=27).

Dimensions	Pre program		Immediate after program		Post three months		F value	p-value
	Mean	SD	Mean	SD	Mean	SD		
Gossiping	2.77	0.96	1.86	0.92	1.45	0.51	15.34	.001*
Exclusion	2.25	0.90	1.82	0.88	1.25	0.34	5.195	.007*
Hostility	2.38	1.09	1.83	0.98	1.23	0.28	9.09	.001*
privacy invasion	2.50	1.13	1.79	0.98	1.33	0.39	9.54	.001*
Total	2.47	.99	1.82	.79	1.31	.32	12.79	.001*

Table 2: Mean differences of study participants' observed incivility behavior total dimensions during different periods of assessment (pre, immediate, post 3 months) (n= 27 x 3).

Dimensions	Pre program		Immediate after program		Post three months		F value	p-value
	Mean	SD	Mean	SD	Mean	SD		
Gossiping	2.61	0.96	2.40	0.99	2.28	0.93	3.011	.049*
Hostility	2.36	0.93	2.33	0.96	2.23	1.06	3.051	.049*
Total	2.48	.93	2.36	.96	2.25	.98	3.063	.048*

Table 3: Mean difference of organizational citizenship behaviors total dimensions as perceived by the study participants during different periods of assessment (pre, immediate, post 3 months)

Dimensions	Pre program		Immediate after program		Post three months		F value	p-value
	Mean	SD	Mean	SD	Mean	SD		
Altruism	2.18	0.16	2.28	0.31	2.26	0.34	.283	0.754
Courtesy	2.06	0.1	2.22	0.29	2.19	0.29	2.700	0.073
Sportsmanship	2.39	0.33	2.44	0.45	2.4	0.41	.113	0.893
Civic Virtue	2.11	0.4	2.27	0.39	2.25	0.31	1.365	0.261
Conscientiousness	2.07	0.27	2.14	0.27	2.13	0.16	.563	0.572
Total	2.16	0.17	2.26	0.24	2.24	0.26	1.39	0.25

DISCUSSION

In the last two decades, workplace incivility has emerged as a focal topic in the organization behavior literature. Thousands of studies have investigated how various types of negative workplace behaviors influence organization, group and individual-level outcomes(Anjum, Ming, Siddiqi, Rasool, 2018). Originally, the literature mainly focused on

investigating the detrimental effects of such workplace negativity on targets' work attitudes, work behaviors, and well-being (Schilpzand, De pater and Erez, 2016).

The present study aimed at investigating the impact of civility program on organizational citizenship behaviors among nursing staff at selected teaching hospital. The results of the current study show that the majority of the

study participants were females. Regarding the educational level, more than two thirds of the study subjects were having associate degree in nursing as well the majority of them had not attended previous training courses related to effective communication techniques.

The current study was hypothesized that mainly after implementing the civility program, there will be differences in the incivility mean scores among nursing staff compared to preprogram. The results of the study supported the research hypothesis, as there was a statistically significant difference in mean scores of study subjects regarding all dimensions of both perceived and observed incivility behavior during different periods of assessment as the study subject mean scores were decreased immediately post-program compared to preprogram with a relative small decrease 3 months later.

In the same issue, Armstrong, (2018), revealed that education is imperative in fightingand eliminating incivility in nursing by educating about incivility in a meaningful way. From the researcher point of view this result could be due tothe impact of training and active learning strategies about effective communication techniques help in combating workplace incivility and practicing the newly learned communication techniques.Additionally this result may be due toraising the awareness among nursing staff about the importance of civility and respect in the context of the organization.

This result was contradicted with Armstrong, (2015) & Nikstaitis and Simko, (2014) who found that the CREW program which focuses on developing a culture of civility, respect, and engagement in the workplace resulted in no significant changes in the nurses' experiences with incivility on their units.

Moreover, the results of the current study were not supporting the third research hypothesis as there was no statistically significant difference among all organizational citizenship behaviors total dimensions during different periods of assessment(pre, immediately post-program implementation and 3 months later). This result is contradictedwith Erum, Abid, Contreras and Islam, (2020) who found that civility at workplace significantly predict organizational citizenship behaviors and it can play an important role in producing positive individual and organizational outcomes.

From the researcher point of view, this result could be explained in the light of the antecedents of and factors affecting organizational citizenship behavior level among study participants and commonly studied antecedents of OCB are job satisfaction, perceptions of organizational justice, organizational commitment, personality characteristics, task characteristics, and leadership behavior. So, all these factors influence the levels of organizational citizenship behaviors and dimensions and in the current study they may be not supporting the activation and initiation of these behaviors.

Lastly, the findings of the current study exhibited that there was a highly statistically significant negative correlation between perceived as well observed incivility behavior and OCB dimensions during different periods of assessment (pre, immediately post-program implementation and 3 months later). This result might bebecause all dimensions of OCBsrequire motivation, as

well as giving nursing staff the opportunity to display it; that is, creating a workplace environment that not only allows for, but is supportive of OCB which can be impossible to be achieved in the presence of such negative behaviors of incivility.

In the same line, Aquino and Thau, (2019) argued that experiencing incivility and portraying OCB has a very close relation in addition to Jamal and Ahmed, (2020), who supported that people who participated greater in OCB had lesser chances of experiencing incivility because those who participate more in OCB tend to increase their social attractiveness and thus have minimum chances of experiencing incivility at the workplace.Moreover, Grantham, (2019) indicated that experiences of incivility may be reduced across time as an employee who experiences incivility is less likely to display OCBs.

Civility at workplace is identified as driver of positive individual and organizational outcomes. Civility at workplace refers to employees' courteous, respectful and caring behavior towards each other in formal and informal social relations. It is not only being polite but being able to disagree without being disrespectful. It is the tool to solve problems and discuss ideas. Civility fosters positive outcomes like thriving, performance, organizational citizenship behavior and health and has its importance in customer service, problem solving, team building, relationship and trust building (Erum, Abid, Contreras and Islam, 2020).

CONCLUSION

Overall, the current study concluded that implementation of civility program had approved that two of the study hypotheses were supported that there was difference in incivility mean scores among nursing staff compared to preprogram as well the nursing staff had high mean scores of civilized behaviors compared to preprogram. Additionally, the third hypothesis was not supported that there was no statistically significant difference among all organizational citizenship behaviors total dimensions during different periods of assessment.

RECOMMENDATIONS

1. Hospital administrators must establish a zero-tolerance policy regarding incivility and bullying. The policy must allow for corrective action and must relive unacceptable actions in a timely and effective manner.
2. Employers must encourage a supportive work environment in which respectful communication is the norm, and organizational policies are understood and followed.
3. Design organization-wide interactive educational programs on disruptive behaviors that involve all staff in every discipline and at every level within the healthcare setting.
4. Nursing schools, institutes and faculty members have to play key roles in preparing nursing students to foster both a healthy workplace environment and culture of civility. They had to provide initial civility education, integrating civility content into the curriculum and in policy development, and by role-modeling the desired actions.

5. Further research is needed to explore the long-term effect of the program on a health care organization's patient safety culture and team environment. Maintaining ongoing awareness and compliance with the culture of civility is imperative for success. The program is not a single-task, but rather an ongoing cultural orientation that requires continual development, coaching, and feedback.

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