

Relation between Workplace Civility and Prosocial Organizational Behavior among Intensive Care Nurses

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Abstract

Background: Workplace civility in health care has been considered as a main factor for achieving positive individual and organizational productivity. The ICU nurses with a positive atmosphere of civility at work are better equipped to exhibit prosocial organizational behaviors and that lead to excellent performance and high quality of care. **Aim:** To determine the correlation between workplace civility and prosocial organizational behavior among intensive care nurses. **Research design:** This study was carried out using a descriptive correlation design. **Setting:** The study was carried out in all ICUs at Tanta University Hospitals including Main University Hospital and Emergency Hospital. **Subjects:** The participants in the study were ICU nurses selected through a stratified random sampling method (n=293). **Tools:** Intensive Care Nurses' Workplace Civility Climate and Prosocial Organization Behavior Structured Questionnaire. **Results:** About 52.6% of intensive care nurses had a low perception about workplace civility climate and 45.4% of them had a moderate level of perception about prosocial organizational behavior. **Conclusion:** Demonstrated a strong statistically significant positive correlation between ICU nurses' perception of workplace civility climate and their perception of prosocial organizational behavior. **Recommendations:** Hospital management must confirm that the organization's objectives, beliefs, future aspirations, and common values align with a culture of respect and civility. Nurse managers also need to enhance and implement strict zero-tolerance policies for incivility in order to guarantee a workplace that is respectful and supportive. Moreover, nurses should develop mechanisms to use and seek support when feeling threatened.

Key words: Intensive care nurses, Prosocial organizational behaviors, Workplace civility climate.

Introduction

The Intensive Care Unit (ICU) is a specific unit in the hospital that has specialized personnel and advanced technology for treating and monitoring patients with critical

illnesses (Ohbe et al., 2023). In the ICU setting, nurses' face challenges from changes in working conditions; rising workloads, insufficient communication, and for that a fundamental level of respect and civility is

needed to foster prosocial organizational behaviors in order to establish a healthy workplace environment **(Clark, 2022)**.

Workplace civility is described as nurses' perceptions of how management enforces rules, methods, systems, and customs to reduce impoliteness and verbal hostility. thus maintaining a civil work environment **(Hussein, Mohamed & Mohamed, 2021)**. Civility at work involves recognizing the needs of others and showing respect and care for their welfare **(Elsayed, Hassona, Mohamed & Nageeb, 2021)**. Additionally, nurses should communicate with others in a responsible, respectful, restrained, and principled manner, while also refraining from being offensive, rude, demeaning, or threatening **(Chervenak, Coverdale & McCullough, 2023)**.

Civility in the workplace has three dimensions: Intolerance for incivility, response to civility and policies and procedures of civility **(Griep& Hansen, 2020)**. Firstly, intolerance for incivility which can be seen through management's high tolerance for uncivil behavior among nurses. Additionally, it is important to consider the level of respect ICU nurses show each other daily, as well as their interactions with one another **(Abid, Contreras, Erum & Islam, 2020)**.

Secondly, response to civility which involves implementing education and counseling programs for ICU nurses in the workplace to promote a culture of civility and respect. Understanding and learning how to manage disruptive or inappropriate behaviors encountered in the workplace is beneficial for ICU nurses. Furthermore, having the necessary knowledge and tools is advantageous for nurse managers in supporting nursing staff facing incivility issues **(Fusselman, 2023)**.

Finally, policies and procedures which required to be established in the workplace specifically for ICU nurses, outlining how they should interact with each other and providing written guidelines that forbid verbal abuse **(Fiorentino & Wade, 2023)**. Zero-tolerance policy for incivility can be implemented by treating all ICU nurses equally, regardless of who is involved. Having knowledge of incivility prevention policies and procedures especially in the healthcare industry is requires as a demanding aspect of the labor force that necessitates a large number of specialized professional workers. To provide outstanding healthcare services, ICU nurses must demonstrate prosocial organizational behaviors within the organization **(Hampton & Phan, 2023)**.

Having prosocial organizational behaviors is essential for the health care organization's survival and advancement. It portrays the readiness of ICU nurses to meet and exceed official job duties for the potential benefit of themselves, their team, or the organization they belong to **(Enache-Zegheru, Ficapal-Cusí& Torrent-Sellens, 2020)**. It encompasses behaviors like aiding, consoling, giving, contributing, working together, or participating, along with proactive support, responding to assistance requests, or protecting the organization **(Luthufi, Pandey, Palo & Varkkey, 2021)**.

Prosocial organizational behaviors can be categorized into three dimensions: Role-prescribed prosocial behaviors, extra-role prosocial behaviors, and cooperation. Nurses in ICU exhibit role-prescribed prosocial behaviors when they interact and promote wellness of nurses, group, or organization as part of their role **(Şenturk& Altunok, 2023)**. The ICU nurses conform to the norms and values of their hospital when they behave in a

way that meets the expectations of others. It involves nurses standing up for their hospital when it is criticized and assisting them in addressing any issues with the hospital (Elkhdr & Kanbur, 2021).

Extra-role prosocial behaviors known as voluntary and optional behaviors that ICU nurses engage in work-related activities that involve helping others with their duties or issues in the workplace. Nurses implement new work techniques to improve hospital efficiency and provide suggestions for issues impacting colleagues' career advancement, in addition to volunteering for non-mandatory tasks (Abid, Ahmad, Nawaz & Rana, 2021). Cooperation among ICU nurses involves communicating effectively and working as a team in a positive and respectful environment. Nurses work together as teammates to establish a professional and respectful work atmosphere. Nurses work hard to address conflicts that may emerge when sharing knowledge and resources, and they engage actively in positive relationships to achieve patients' care objectives (Eid, Ibraheem & Rashad, 2020).

Significance of study:

Nursing is a profession that has been around for centuries and is highly regarded worldwide with a certain amount of practice and dedication. The field of nursing appeals to kind-hearted individuals who prioritize providing care and whose professional capabilities have an important role in the realization of an effective health care system especially ICU nurses. In this respect the success and development of ICU nurses profession depends on their perception about the absolute need for workplace civility and how it can impact the ability of them to provide excellent care especially while working at

critical care areas as these units offer more intense patient care than typical medical and surgical care. Also Civility support outcomes such as flourishing, performance, prosocial organizational behaviors.

On the practical side, the interest in civility is also growing and will likely continue to grow. As a result, the importance of workplace civility in promoting prosocial organizational behaviors has been emphasized. Nurses who demonstrate more positive teamwork and patient care interactions can positively impact unit performance, enhancing the quality of care through collaborative efforts.

Aim of study:

To examine correlation between workplace civility and prosocial organizational behavior among intensive care nurses.

Research Questions:

1. What is intensive care nurses' perception related to workplace civility and prosocial organizational behavior?
2. What is the correlation between workplace civility and prosocial organizational behavior among intensive care nurses?

Study design:

This study was carried out using a descriptive-correlational design.

Setting:

The present research was conducted in the intensive care units of Tanta University Hospitals that are affiliated with the Ministry of Higher Education and Scientific Research including Main University Hospital and Emergency Hospital. Main University Hospital with (663) bed capacity includes neurology, cardiac and oncology ICUs; Medical hospital with (120) bed capacity includes medical ICU; Chest hospital with (115) bed capacity includes chest and emergency ICUs; Pediatric hospital with (108) bed capacity includes pediatric, cardiac

and neonatal ICUs; Emergency hospital with (265) bed capacity includes anesthesia, medical and traumatology ICUs.

Subjects:

The participants in the study were a group of ICU nurses (n=293) selected through a stratified proportional random sampling method, and they work in the settings mentioned earlier. Every department was considered to be strata of the sample and was chosen according to the ratio of nurses in each department.

Data collection tools:

One tool was used to collect the data.

Tool I: Intensive Care Nurses' Workplace Civility Climate and Prosocial Organization Behavior Structured Questionnaire. It comprised of three parts as outlined:

Part 1: personal characteristics of ICU nurses included age, gender, marital status, educational level, years of experience, position title, name of ICU and attending any training programs before.

Part 2: intensive care units Nurses' Perception about Workplace Civility Climate (PWCC) Questionnaire. It created by the investigator based on **Ottinot, (2008)** and related literature (**Ahmed, 2022; Abd Allah, Huang, Ivascu, Riaz & Sarfraz, 2021; Abd-Elrhaman & Ghoneimy, 2019**). It was used to evaluate nurses' perceptions of the workplace's civility climate in ICUs. This tool consisted of (32 items). This part is categorized into three dimensions, intolerance for incivility (12 items), response to civility (13 items) and policies and procedures of civility (7 items).

Scoring system:

Responses of intensive care nurses were estimated by using a five-points Likert Scale ranged from (1-5) where; 1 = strongly disagree, 2= disagree, 3= neutral 4= agree,

and 5= strongly agree and that for all items of questionnaire except all items of the subscale of intolerance of incivility that had been reversed. The total score was categorized according to cut off point and total score of all categories.

The total scores represent varying levels as following:

- High level of workplace civility > 75% equal (>120).

- Moderate level of workplace civility 60% - 75% equal (96 - 120).

- Low level of workplace civility < 60% equal (<96).

Part 3: Intensive Care Nurses' Prosocial Organization Behavior Structured Questionnaire. This part was adopted by the investigator based on **Bettencourt & Brown (1997)** and related literatures (**Kim & Jang 2019; Boaden, Harris & Hyde 2013**). It was used to evaluate ICUs nurses' perceptions of prosocial organization behavior. It consisted of (30 items). This part is categorized into three dimensions, Role-prescribed prosocial behaviors (15 items), Extra-role prosocial behaviors (8 items) and Cooperation (7 items).

Scoring system:

Intensive care nurse responses were measured by using a five-points Likert Scale ranged from (1-5) where; 1 = strongly disagree, 2= disagree, 3= neutral 4= agree, and 5= strongly agree and that for all the items of the questionnaire. The total score was categorized according to cut off point and summing score of all categories.

The total scores represent varying levels as following:

- High level of prosocial organizational behavior > 75% equal (> 112.5).

- Moderate level of prosocial organizational behavior 60% -75% equal (90 -112.5).

- Low level of prosocial organizational behavior < 60% equal (< 90).

Method

1. The Dean of the Faculty of Nursing granted official permission to the individuals in charge who were seeking approval from the same setting in order to conduct their study.
2. **Ethical considerations:**
 - a. Approval from the Scientific Research Ethical Nursing Committee was obtained with code number (236) in 18/4/2023; the Scientific Research Ethical Committee gave their approval.
 - b. The study's nature did not harm the participants.
 - c. The study's purpose was elucidated to the hospital director and nursing staff to secure their cooperation, and verbal consent was obtained for their participation in the study.
 - d. Confidentiality and anonymity were ensured during data collection, and participants were free to withdraw if they chose to do so.
3. The researcher created and planned the study tool based on a review of relevant literature.
4. The tool was translated into Arabic and revised with supervisors before being given to five experts in the field to assess the questionnaire's content validity and clarity. The panel consisted of three Nursing Administration professors and two assistant professors from the Faculty of Nursing at Tanta University.
5. The jury experts' feedback was summarized using a four-point Rating Scale, with the scale ranging from 1 to 4 where: 1=strongly irrelevant, 2=irrelevant, 3=relevant, 4=strongly relevant. Important changes were made such as adding illustrations, removing specific items and introducing new ones, and simplifying certain

terminology related to work. Tool I had a content validity of 92.50%.

6. The reliability of the study tool was assessed through the Cronbach Alpha coefficient test. Part (2) had a reliability of 0.806, while part (3) had a reliability of 0.905.

7. A pilot study was conducted on a subset of ICU nurses, constituting 10% of the overall nursing staff which consists of 30 nurses in total. This particular sample is not included in the data collection process for the study. The pilot study was conducted to assess the order of items, clarity, suitability, and importance of the questions, as well as to determine the necessary items to complete the questionnaire. Based on the pilot study feedback, the investigator made modifications to the tool.

8. Phase of gathering data: Data was obtained from nurses who work in the intensive care unit (ICU). The investigator handed out the questionnaires to groups of one to four nurses during their work shifts. The participants provided their responses while the researcher was there to ensure all queries were addressed.

9. The data were collected during a six-month timeframe, starting in July and ended in December 2023.

Statistical analysis

Data was inputted into the computer and analyzed with IBM SPSS software version 20.0. (Armonk, NY: IBM Corp) Numeric and percentage values were used to explain qualitative data. The normality of distribution was examined using the Kolmogorov-Smirnov test. Quantitative data were summarized with range, mean, standard deviation, and median. Results were considered significant at a 5% level of confidence. Pearson's correlation coefficient is used to measure the relationship between

two normally distributed quantitative variables. Cronbach's Alpha test was used to evaluate the reliability of Cronbach's Alpha statistics.

Results

Table (1): Demonstrates how intensive care nurses are distributed based on their individual attributes. According to the table, nurses' ages ranged from 22 to 58 years old, with an average of 31.40 ± 6.61 . Females made up the majority (82.9%) of the ICU nurses. High percent (71.0%) were married and (45.7%) had attended a Technical Nursing Institute. while, only (6.5%) had post-graduates studies. Regarding to years of experience 35.8% of ICU nurses had 5-<10 year, 14.0% had 10-<15 year with mean years of experience (8.89 ± 7.16). Also, most (90.4%) of them are staff nurse and they were distributed in nine intensive care units as 16.7% in general medical, 15.4% in pediatric, 13.0% in emergency medicine, 11.3% in neonate, 9.6% in chest, 8.8% in anesthesia, 8.5% were distributed equally at neurology and trauma and (8.2%) in cardiac. Most (83.3%) of ICU nurses had attended training programs before.

Figure (1): Demonstrates total levels of intensive care nurses' perception about workplace civility climate. This figure revealed that above half of intensive care nurses had a low perception about workplace civility climate. While, above one third of nurses their perception level were moderate and low percent had a high level of perception regarding workplace civility climate.

Table (2): Represents levels of intensive care nurses' perception about workplace civility climate. This table shows that high percent (69.3%, 43.7%) of the ICU nurses their perception level about workplace civility climate regarding to intolerance of incivility

and response to civility, respectively were at low level. While, 44, 4% of ICU nurses perception regarding policies and procedures of civility were at moderate level.

Figure (2): Demonstrates total levels of intensive care nurses' prosocial organization behavior. This revealed that about half of ICU nurses their perception about prosocial organizational behavior were at moderate level. While, above one third of them had a high level of perception and minority of them had a low level of perception about prosocial organizational behavior.

Table (3): Represents levels of intensive care nurses' prosocial organizational behavior. This table shows that 56.0%, 36.5%, and 19.8% of the ICU nurses had a high level of perception regarding role- prescribed prosocial behaviors, cooperation and extra - role prosocial behaviors, respectively.

Table (4): Demonstrates correlation between intensive care nurses' perception about workplace civility climate and prosocial organization behavior and declared a statistically significant positive correlation between intensive care nurses' perception about workplace civility climate and prosocial organization behavior. As noticed from this table ICU nurses perception of all subscales of workplace civility climate had a high statistically significant positive correlation with their perception of all subscales of prosocial organizational behavior except the subscale of intolerance of civility and extra-role prosocial behavior, had a negative correlation.

Table (1): Distribution of intensive care nurses according to their personal characteristics (n = 293)

Personal characteristics	No.	%
Age (years)		
<30	147	50.2
30-<40	102	34.7
40-<50	40	13.7
≥50	4	1.4
Min. – Max.	22.0 – 58.0	
Mean ± SD.	31.40 ± 6.61	
Median	29.0	
Gender		
Male	50	17.1
Female	243	82.9
Marital status		
Married	208	71.0
Un-married	85	29.0
Education level		
Secondary Nursing Diploma	29	9.9
Technical Nursing Institute	134	45.7
Bachelor of Science in Nursing	111	37.9
Post-graduates Studies	19	6.5
Years of experience		
<5	93	31.7
5-<10	105	35.8
10-<15	41	14.0
≥15	54	18.5
Min. – Max.	1.0 – 38.0	
Mean ± SD.	8.89 ± 7.16	
Median	6.0	
Position title		
Staff nurse	265	90.4
Nursing Supervisor	28	9.6
Name of ICU		
Cardiac	24	8.2
Neurology	25	8.5
General medical	49	16.7
Chest	28	9.6
Pediatric	45	15.4
Neonate	33	11.3
Anesthesia	26	8.8
Emergency medicine	38	13.0
Trauma	25	8.5
Attending training programs		
Yes	244	83.3
No	49	16.7

SD: Standard deviation

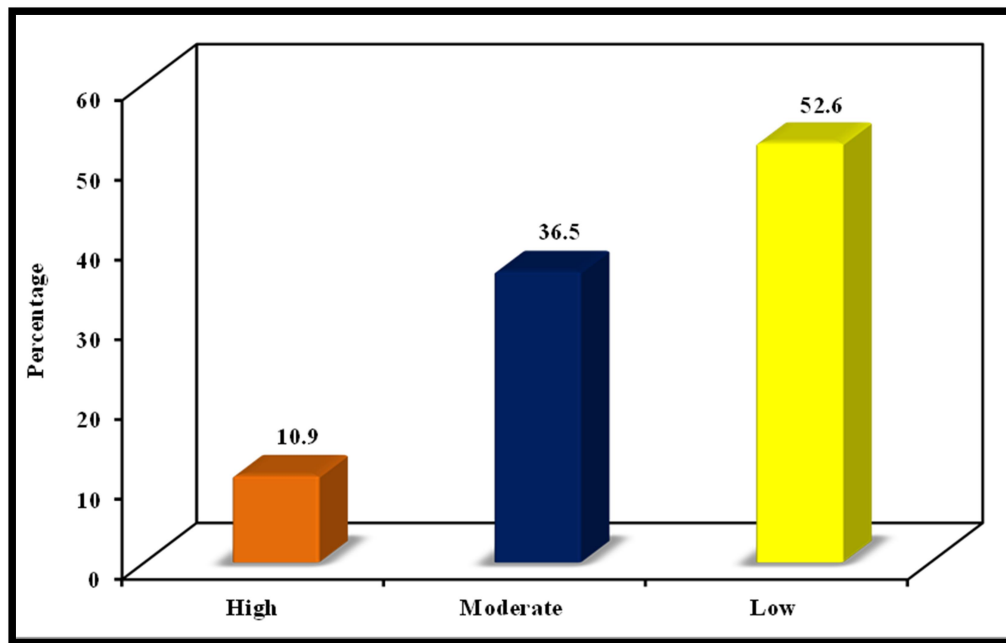


Figure (1): Total levels of intensive care nurses' perception about workplace civility climate (n = 293)

Table (2): Levels of intensive care nurses' perception about workplace civility climate (n = 293)

Workplace civility climate subscales	High		Moderate		Low	
	No.	%	No.	%	No.	%
-Intolerance of incivility	7	2.4	83	28.3	203	69.3
-Response to civility	50	17.1	115	39.2	128	43.7
-Policies and procedures of civility	76	25.9	130	44.4	87	29.7

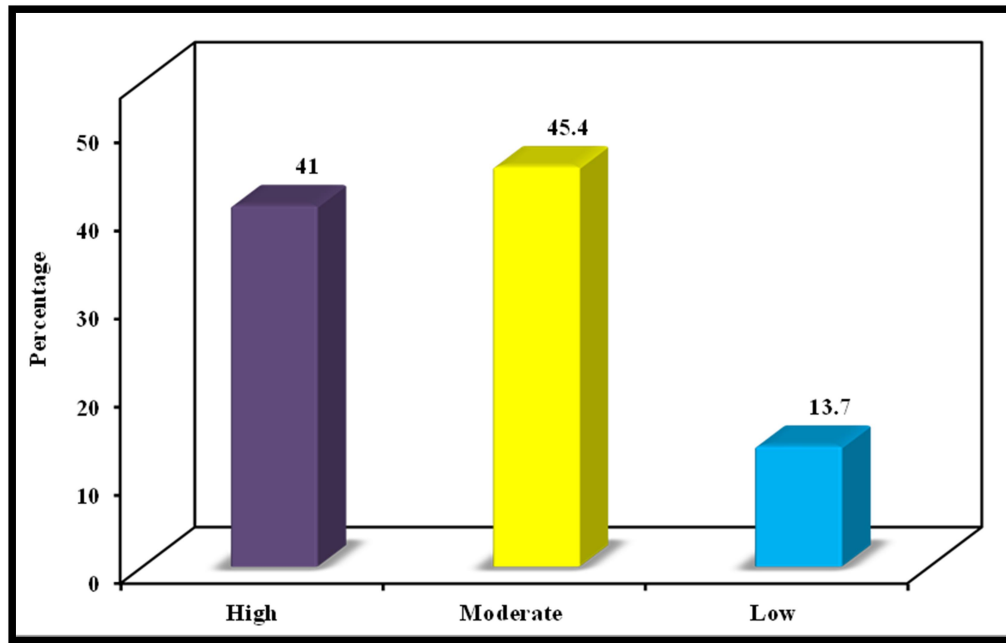


Figure (2): Total levels of intensive care nurses' prosocial organization behavior (n = 293)

Table (3): Levels of intensive care nurses' prosocial organization behavior (n = 293)

Prosocial Organization Behavior Subscales	High		Moderate		Low	
	No.	%	No.	%	No.	%
-Role- prescribed prosocial behaviors	164	56.0	103	35.2	26	8.9
-Extra- role prosocial behaviors	58	19.8	129	44.0	106	36.2
-Cooperation	107	36.5	143	48.8	43	14.7

Table (4): Correlation between intensive care nurses' perception about workplace civility climate and prosocial organization behavior (n = 293)

Prosocial Organization Behavior		Workplace civility climate			
		Intolerance of incivility	Response to civility	Policies and procedures of civility	Overall
Role- prescribed prosocial behaviors	r	0.102	0.413*	0.467*	0.421*
	P	0.080	<0.001*	<0.001*	<0.001*
Extra- role prosocial behaviors	r	-0.056	0.246*	0.275*	0.197*
	P	0.336	<0.001*	<0.001*	0.001*
Cooperation	r	0.110	0.443*	0.458*	0.437*
	P	0.061	<0.001*	<0.001*	<0.001*
Overall	r	0.072	0.445*	0.489*	0.432*
	P	0.217	<0.001*	<0.001*	<0.001*

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Discussion

Regarding workplace civility climate among ICU nurses

The finding of the current study revealed that more than half of intensive care nurses had a low level of perceptions regarding workplace civility climate. These findings may be due to the low level perception from a high percent of ICU nurses regarding the subscale of intolerance of civility. Furthermore, they noted that there is an absence of a well-defined procedure at the hospital for lodging a complaint about verbal abuse by staff nurses. Additionally, the lack of social norms that promote respectful behavior among nurses is due to the fact that these norms are not clearly defined like the official rules and regulations of the hospital. These unwritten rules dictate how ICU nurses should act in various situations, both in the hospital and in their personal lives. Moreover, this finding may be due to the nature of the healthcare environment in the Egyptian governmental hospitals which have a greater probability to

develop incivility behaviors and where rules and disciplinary systems are not applied accurately for such behaviors.

In the same line the study done by **Mohammed, Mohamed & Mostafa, (2024)** found that the highest percentage (about two-thirds) of staff nurses had a high level of perception regarding workplace incivility. The present finding was supported with the study of **Atashzadeh-Shoorideh et al., (2021)**, who stated that the level of workplace civility climate among nurses was border line. In addition, **Abid, Elahi & Khan, (2021)** and **Nelson, Nichols & Wahl, (2017)** who declared that, the majority of ICU nurses had a low level of perception regarding workplace civility climate. As well as, **Hossny, Qayed & Youssef (2015)** found that the highest percentage of nurses reporting poor civility levels.

On the other hand, the finding of the present study was at odds with those of a study carried out by **Elsayed et al. (2021)**, who found that three-quarters of nurses considered

their workplace climate as civil and positive. In addition, **Hossny & Sabra, (2021)** who found that studied nurses' perceived the highest contribution level for civility climate. Moreover, **Sleem & Seada, (2017)** who reported high level of perception regarding workplace civility climate among staff nurses.

In context of staff nurses' perception of the workplace civility climate and despite the low overall mean score of workplace civility climate among ICU nurses, it is noteworthy that the highest mean scores were observed for the policies and procedures subscale, which was ranked first, followed by the response subscale and finally the intolerance of incivility subscale. In this regard, **Gilbert, Hills, Lam & Ota, (2022)** and **Clark, (2017)** suggesting that implementing and enforcing clear policies can serve as a foundation for fostering civility in the workplace. Besides that, the study done by **Abd Allah et al., (2021)** stated that efforts should be made to improve the Response to Civility and Intolerance of Incivility subscales to address interpersonal conflicts promptly and create a zero-tolerance approach to uncivil behaviors.

Regarding prosocial organizational behavior among ICU nurses

Finding of the current study revealed that around half of the intensive care nurses had a moderate level of perception about prosocial organizational behavior. This may be due to a balanced engagement in both role-prescribed duties and discretionary acts. Moreover, they are more likely to have behaviors such as civility, respect, support, helping, altruism, kindness, collaboration, sharing, cooperation, benevolence, giving, donating, generosity, volunteering and social activism within the intensive care unit, which all contributing to a

positive work environment and effective patient care.

In the same line the study of **Hart, (2024)** found that high percentage of nurses exhibit moderate level of perception regarding prosocial organizational. This study finding was aligned with **El sawah & Elkholy, (2024)** who revealed that the majority of ICU nurses had a high level of perception regarding prosocial organizational behavior among intensive care nurses. Also, this study result supported by **Suazo et al., (2020)** study which demonstrated that the overall level of nurses' perception of prosocial organizational behavior was high.

In context of staff nurses' perception of the prosocial organizational behavior and the overall mean score which indicates a moderate level of prosocial organizational behavior among the ICU nurses, it is noteworthy that the highest mean scores were observed for role-prescribed prosocial behaviors subscale, which was ranked first, followed by the cooperation subscale and finally the extra-role prosocial behaviors subscale. In this regard, **Jeong, Kim & Seo, (2022)** and **Pandey, Palo & Varkkey, (2020)** emphasizing the importance of role-prescribed and cooperative behaviors in healthcare settings and their positive impact on organizational effectiveness. Besides that, the study done by **Deschenes, Kunyk & Scott, (2024)** stated that the extra-role prosocial behaviors are essential for promoting a positive workplace culture and enhancing staff satisfaction.

Regarding correlation between workplace civility climate and prosocial organizational behavior among ICU nurses

The present study finding revealed that there was a high statistically significant positive correlation between ICU nurses perceptions of workplace civility climate and prosocial

organizational behavior. This result may be due to the positive workplace civility climate characterized by respectful communication, supportive policies, cooperation and high commitment to the rules and obligations of health care organization needed to foster practicing of higher levels of prosocial organizational behavior among intensive care nurses. This finding was supported by **González-Piñero, Lien, Mutonyi & Slåtten, (2022)** and **Antunes, Pedrosa, Sousa & Valentim, (2021)**, who emphasized the importance of organizational culture and climate in shaping nurses prosocial behavior and attitudes.

Also, there is a high statistically significant positive correlation between ICU nurses perceptions of all subscales of workplace civility climate and their perceptions of all subscales of prosocial organizational behavior, except for the subscales of intolerance of civility and extra-role prosocial behavior, which exhibit a negative correlation. This may be due to intolerance of civility discourage staff nurses to engage in discretionary behaviors and that highlights potential areas for improvement in promoting a culture of respect and encouraging discretionary acts of support beyond formal job requirements. The studies of **Connelly & Torrence, (2018)** and **Turek, (2023)**, were found a significance effect of promoting a positive workplace civility climate to foster prosocial organizational behavior among intensive care nurses, thereby enhancing organizational outcomes and patient care quality.

Based on the findings of the present study it was concluded that:

More than half of intensive care nurses had a low level of perception about workplace civility climate and around half of them had a moderate level of perception about prosocial

organizational behavior. Furthermore, there was a high statistically significant positive correlation between ICU nurses perceptions of workplace civility climate and prosocial organizational behavior.

Recommendations

The researcher provided the following recommendations based on the results of the current study.

Hospital management:

-Make sure that the organization's goal, philosophy, vision, and shared values are all in line with a respect and prosociality for further organizational progress.

Nurses managers:

-Develop interactive teaching sessions for enhancing a continuous professional development and training programs to equip nurses with the necessary skills to manage conflicts and promote civility and prosocial organizational behaviors.

Nurses:

- Encourage and recognize extra-role prosocial behaviors to foster a culture of cooperation, teamwork, and mutual support.

Further Nursing research:

- study the relation between workplace civility and staff nurses' proactive behavior.
- study the relation between prosocial organizational behavior and organizational commitment.

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