The Relation of Workplace Civility Climate and Innovative Work Behavior from Staff Nurses' Perspective

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Abstract

Background: Nurses who view their job environments as friendly and supportive are more suitable to show favorable behaviors and excellent performance. Besides, a suitable workplace civility climate helps to inspire innovative behavior. Aim: this study aims to determine the relation of workplace civility climate and innovative work behavior from staff nurses' perspective. Design: A descriptive correlational research was used in the study. Setting: The study was conducted at critical care units and departments in Shebin El Kom Teaching Hospitals. Study subjects: A convenient sampling technique was used in the current study n=226. Tools: two instruments were used in this study, the instrument one was workplace civility climate consisted of 22 items and instrument two innovative work behavior questionnaire consisted of 24 items. Results: the studied sample had moderate level of workplace civility climate and innovative work behavior. Also, that there was highly positive statistical significance relation between staff nurses’ total perception level regarding workplace civility climate and innovative work behavior. Conclusion: there was highly positive statistical significance between workplace civility climate and innovative work behaviour. Recommendation: The management of healthcare organizations should create a workplace civility climate to cultivate nurse's innovative work behavior.

Keywords: Innovative work behavior, Workplace civility climate

Introduction

The performance and culture of health organizations that work to improve people's health are significantly impacted. When staff nurses are healthy, they can do their jobs better, which has a positive effect on the quality of work life as a whole. Because nurses play such a crucial role in the healthcare system, their work is never undermined. Proper patient care is impossible without their prompt involvement. Nurses, on the other hand, are vulnerable to workplace violence and hostility because of the negative stereotypes surrounding their profession (Hussein et al, 2022).

High-civility workplaces should have policies, procedures, and standards that restrict rudeness and verbal abuse. An environment that promotes open communication, self-efficacy, and improved innovative work is known as having a positive climate of civility (Beus, 2020).

Historically, according to (Patterson, 2016) Civility as a concept derives from concepts of citizenship, civilization, and the city. Civilized people are those who fit to live in cities, and the idea of civility is necessary because it helps people to live in close relationships with one another and gives a basic basis for cooperation, collective and society. Civility also governs the expression of our attitudes. The attitudes shown here range over a number of emotions, including disgust, contempt, love, rage, and fear. It also extends to include judgments, symptoms, hopes and desires. Accordingly, civility in the workplace stems from this broad historical concept of civility, as civility is the behaviour that helps maintain standards of mutual respect at work, so workplace civility climate is a direct expansion of a safety climate with less damage.
The workplace civility climate was defined as the employees' perception of how to manage practices, procedures, policies and rules to keep the workplace civil. Management can take actions to stimulate a harmless work setting by establishing policy and procedure that direct worker behaviors associated with safety (Yao et al., 2021).

Civility represents societal standards and guidelines that must be followed for effective communication with others and a good work environment improves nurses for providing patient-focused care (Al-Shehry et al., 2019). Civility climate is an employee's attitudes and perceptions regarding applying politeness norms in the company (Achmadi et al., 2022). IWB measures how well staff incorporates different ideas into their work through processes and outcomes (Li et al., 2019).

Incivility in the workplace has been experienced by nurses and may occur from patients, doctors, supervisors, or fellow nurses (Khan et al., 2021). Uncivil behavior includes ignoring, omitting, embarrassing, angry stares, eye-rolling, interruptions, gabbling, insulting, and demeaning others. These kinds of behavior lead directly to workplace incivility that, as low-intensity deviant behavior with an unknown intent to damage the receiver, violates organizational norms of mutual respect. Uncivil behavior includes rudeness and discourtesy, and a lack of consideration for others (Woo & Kim, 2020).

The root cause of workplace incivility's negative effects on job-related outcomes, such as job performance, collaboration, and the ability to inspire innovative work behavior, has not been well understood in the health sector (Demsky et al., 2019). Recognizing how to change innovative employee behavior (IWB) is essential; thus, it is essential for practitioners and academics to investigate various potential factors that can promote innovative behavior from various perspectives, including workplace civility climate (Arici & Uysal, 2022).

Previous studies have suggested developing innovative work behavior among nurses and providing experimental opportunities to them so that they can contribute to effective treatment, quality of care, and work efficiency (Sonmez et al., 2019). Workplace civility climate encourages nurses to share knowledge, which lead to developing guidelines, contributing to research boards, symposiums, conferences, academic discussions, and reports, and updating expertise. Knowledge sharing is a set of specific behaviors that involves the interchanging of data or relevant knowledge in order to collaborate with others toward developing new ideas and implementing policies (Zhang, 2017).

Innovative work behavior of nurses can be described as “practical application of new ideas in an effective manner” in conformity with organizational objectives” or for the better performance of newly created work-related requirements (Yasir & Majid, 2019). Additionally, innovative work behavior defined as "all worker conduct aimed at generating, introducing and/or applying (in a position, group or organization) fresh concepts, processes, products or procedures to the appropriate adoption unit that is supposed to benefit the appropriate adoption unit considerably". In the health sector, the innovative work behavior of healthcare practitioners can occur in a gradual adaptation of current healthcare procedures, services or new practical alternatives (Ahmed et al., 2019).

Innovative work behavior consists of four stages: idea generation, opportunity exploration, idea championing, and application, which leads to novel products. Researchers have established a favorable correlation between civility climate and nurse's innovative work behavior (Asurakkody & Kim, 2020). While many factors contribute to the development of innovative work behavior (IWB), nonetheless, diversity management, workplace civility climate (Jankelová et al., 2020) and job crafting are those supportive managerial strategies which can be applied to cultivate the innovative capacity of nurses (Irfan & Qadeer, 2020 and Baig, et al. 2022).

A variety of intrinsic impulses might be stimulated by the psychological cause of the workplace's civility atmosphere. Workplace civility climate characterized by mutual respect within the organization can open up
opportunities for employees to be more open and willing to share ideas without fear of being judged. This polite and respectful treatment can trigger more effective two-way communication openness, where employees perceive that their new ideas are needed and valued for the organization's future progress. IWB, a personal driver of motivational behavior, is closely related to individual perceptions of the environment, including perceived justice. Perceived civility other words, good relations and cooperation in a climate of civility can be the key to increasing opportunities for employees to provide extra performance to the organization and help to inspire innovative work behavior (Achmadi et al, 2023).

**Significance of the study:**

Nurses want a better work climate that gives them a sense of value, usefulness, and skilled job. Several factors contribute to a positive environment and impact on the effectiveness of nurses, including job facilitation, individuals' concern, team building, decision-making, involvement, communication, client service, quality, nurse-physician interactions, workplace civility climate and compensation (Catton & Iro, 2021).

Nurses who view their job environments as friendly and supportive are more suitable to show favorable behaviors and excellent performance. Besides, a suitable workplace civility climate helps to inspire innovative work behavior and has a useful function to achieve the organization's objectives. In addition, the researchers uncover the effects of workplace civility climate on IWB, which have yet to be explored. Hence, the present study represents one of the first attempts to examine how the perceived civility climate encourages employees' innovative behavior. Thus, this study aims to determine the relation of workplace civility climate and innovative work behavior from staff nurses' perspective.

**Aim of the study**

This study aims to determine the relation of workplace civility climate and innovative work behavior from staff nurses' perspective.

**Research questions:**

1. What is the level of workplace civility climate from staff nurses' perspective?
2. What is the level of innovative work behavior from staff nurses' perspective?
3. Is there relation between workplace civility climate and innovative work behavior as perceived by nurses?

**Methods**

**Research design:**

A descriptive correlational research design was conducted to achieve the purpose of the study.

**Setting:**

The study was conducted at critical care units and departments in Shebin El Kom Teaching Hospitals. The bed capacity of the hospital is 700 beds. It is affiliated to General Agency for Educational Hospitals and Institutes. This hospital includes four buildings; general building, hotel building, dialysis building, and emergency building. The study was conducted in general departments (Medical, surgical, obstetric, ENT, urology, and orthopedic) and critical units (surgical ICU, medical ICU, emergency ICU, neonatal ICU, neurology ICU, catheter ICU, OR, hemodialysis unit, neonatal unit, and operating theaters), and outpatient clinics departments.

**Sampling:**

A convenient sampling technique was used in the current study. The sample size was calculated utilizing G Power program, with a power of (0.95), alpha of (0.05), and a medium effect size. The minimum sample size required for Pearson correlation coefficient analysis was 220 participants. The total sample size was increased to 226 nurses to avoid the negative impact of attrition.

**Instruments of data collection**

To achieve the aim of this study, the data was collected by using two different instruments adopted and modified by the
researchers after reviewing the related literature; included the following:

- **Instrument one: Workplace civility climate questionnaire.** It was adopted from Ottinot (2008, & 2010), Gazica and Spector, (2016), and Layne, Nemeth, & Mueller (2020) and modified by researchers. The aim of this instrument was to determine the level of workplace civility climate from staff nurses. It included:

  - **Part one:**
    Personal characteristics of the respondents as the unit in which you work, gender, age, academic qualifications, and experience years.

  - **Part two:**
    Contained 22 items divided into 8 categories: respect (3 items), consideration (2 items), compassion (2 items), curiosity (3 items), gracious (2 items), honest (4 items), authentic (4 items) and present (2 items).

- **Scoring system:**
  The rating scale of the workplace civility climate questionnaire was used based on five-point Likert scale ranged from 1-5 as the following: 1 (Not at all), 2 (rare), 3 (sometimes), 4 (occasionally), and 5 (frequently). A high score for any subscale reflected high level of innovative work behavior, otherwise low score indicated low level of innovative work behavior according to the following scoring system developed by the statistician: The total score of innovation behavior ranges from (24 – 120); low level of innovative work behavior ranges from (24-56), moderate level ranges from (57-89), and high level ranges from (90-130).

- **Validity of the study instruments:**
  The content and face validity of tools were tested through a jury of 5 nursing experts in the field of nursing administration to check completeness, coverage of the content and clarity of the items. The required modification was carried out accordingly. Moreover; the researchers translated the original tools into Arabic language, then through back translation, the Arabic tools were translated again into English and compared with original English tools to ensure conformity of items after being translated and identify any confusion and ambiguities of tools.

- **Reliability of the study instruments:**
  The study tools were tested to reliability by measuring their internal consistency using Cranach's alpha coefficient test. The first instrument of workplace civility climate questionnaire was (α=0.85) and the second instrument for innovative work behavior questionnaire was (α=0.90).

- **Operational design:** The operational design for this study included three phases namely: preparatory phase, pilot study and fieldwork.
Preparatory phase:

The researchers review the available literature concerning the topic of the study national and international (books, articles, periodicals, and journals) and theoretic knowledge of the various aspects concerning the study topic to modify the study instruments of data collection.

Pilot study:

A Pilot study was conducted to assess the feasibility and applicability of the questionnaires and determine the time needed for data collection. It was conducted on 10% (23) staff nurses from total subjects (226). Participants in the pilot study were excluded from the final analysis. The results of piloting were taken in consideration and modifications were done.

Field work:

The purpose of the study was explained to each staff nurse and getting their agreement to participate in the study. Data collection took two month at Shebin El Kom Teaching Hospitals from 1-3-2023 to 1-5-2023 from the four buildings; general building, hotel building, dialysis building, and emergency building. The study was conducted in general departments (Medical, surgical, obstetric, ENT, urology, and orthopedic) and critical units (surgical ICU, medical ICU, emergency ICU, neonatal ICU, neurology ICU, catheter ICU, OR, hemodialysis unit, neonatal unit, and operating theaters), and outpatient clinics departments.

The researcher applied one-on-one interview for study sample for five days per a week, with range of 5:10 nurses recruited per day. The time needed to complete questionnaire sheet was (15:20) minutes. The appropriate time of data collection was according to type of work and workload of each department, sometimes it was in the middle of the shift and other time before the end of the shift at different shifts (morning and evening). the response rate of participants were 98%.

Ethical considerations:

The study was conducted with careful attention to ethical standards of research and rights of the participants. The respondent rights were protected by ensuring voluntary participation, so the informed consent was obtained after explaining purpose, nature time of conducting the study, potential benefits of the study, how data will be collected, expected outcomes and the respondent rights to withdrawing from the research study at any time in case of violation of his rights.

The respondent was assured that the data would be treated as strictly confidential by coding it; furthermore, the respondent anonymity would be maintained, as they would not require mentioning their names; and the protocol of the study was revised and accepted by the Ethical Research Committee in the Faculty of Nursing, Menoufia University before starting the study. To ensure scientific honesty, the researchers used bracketing and intuiting to avoid bias. The researchers fully explained the aim of the research to the nurses to get better cooperation during the implementation phase of the research; also, an individual oral consent was obtained from each participant in the study after explaining the purpose of study.

Administrative design:

Before starting, an official permission was obtained from the director of Shebin El Kom Teaching Hospitals to carry out this study. This was done by sending letters clarifying the aim of the study from the faculty of nursing to hospital director. Then oral official permission had been obtained from the matron of the hospital and then from staff nurses.

Statistical design:

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 22. For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison was done using Chi-square test ($\chi^2$). Correlation between variables was evaluated using Spearman’s correlation coefficient $r$. A significance was
adopted at P<0.05 for interpretation of results of tests of significance (*). Also, a highly significance was adopted at P<0.01 for interpretation of results of tests of significance (**) (Gerstman, B., 2008).

**Results:**

Table (1): Illustrates percentage distribution of personal characteristics of the studied sample. It showed that the mean of the studied sample’s age was (29.7 y) while the mean of the studied sample’s experience years was (7.6 y). Furthermore, near to half of the studied sample had bachelor degree in nursing (42 %); were female (82.3%) and working at critical care units (62.4%).

Table (2): Shows distribution of staff nurses according to their perception level regarding to workplace civility climate's dimensions. It illustrated that the highest mean of the studied sample of the studied sample regarding perception level of workplace civility climate's dimensions was related to authentic dimension (17.52 ± 4.22), while the lowest mean was related to gracious dimension (8.45 ± 1.47).

Figure (1): Shows distribution of staff nurses according to their perception level regarding to workplace civility climate. It illustrated that more than two third of studied sample had moderate level of workplace civility climate (71%).

Table (3): Clarifies distribution of staff nurses according to their perception level regarding to innovative work behavior's dimensions. It presented that the highest mean of the studied sample regarding perception level of innovative work behavior's dimensions was related to innovative work behavior (supervisor rated) dimension (51.02 ± 9.15), while the lowest mean was related to innovative output (employee rated) dimension (19.77 ± 4.11).

Figure (2): Clarifies distribution of staff nurses according to their perception level regarding to innovative work behavior. It presented that near to two third of studied sample had moderate level of innovative work behavior (60.6%).

Table (4) and figure (3): Shows correlation between staff nurses’ total perception level regarding to workplace civility climate and innovative work behavior. It illustrated that there was a positive statistical significance relation between staff nurses’ total perception level regarding workplace civility climate and innovative work behavior.

**Table (1): Distribution of the studied sample according to their personal characteristics (N=226).**

<table>
<thead>
<tr>
<th>Personal characteristics</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Mean ± SD)</td>
<td>29.70 ± 7.62</td>
<td></td>
</tr>
<tr>
<td>Experience years (Mean ± SD)</td>
<td>7.67 ± 7.49</td>
<td></td>
</tr>
<tr>
<td>Academic qualification:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diploma in nursing</td>
<td>42</td>
<td>18.6</td>
</tr>
<tr>
<td>Associate degree in nursing</td>
<td>89</td>
<td>39.4</td>
</tr>
<tr>
<td>Bachelor degree in nursing</td>
<td>95</td>
<td>42.0</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>40</td>
<td>17.7</td>
</tr>
<tr>
<td>Female</td>
<td>186</td>
<td>82.3</td>
</tr>
<tr>
<td>Unit in which you work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical care units</td>
<td>141</td>
<td>62.4</td>
</tr>
<tr>
<td>Departments</td>
<td>85</td>
<td>37.6</td>
</tr>
</tbody>
</table>
Table (2): Distribution of staff nurses according to their perception level regarding to workplace civility climate's dimensions (N=226).

<table>
<thead>
<tr>
<th>Workplace civility climate dimensions</th>
<th>Perception level regarding to workplace civility climate</th>
<th>Mean ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect</td>
<td></td>
<td>13.83 ± 1.61</td>
</tr>
<tr>
<td>Consideration</td>
<td></td>
<td>8.91 ± 1.35</td>
</tr>
<tr>
<td>Compassion</td>
<td></td>
<td>8.82 ± 1.33</td>
</tr>
<tr>
<td>Curiosity</td>
<td></td>
<td>12.92 ± 2.09</td>
</tr>
<tr>
<td>Gracious</td>
<td></td>
<td>8.45 ± 1.47</td>
</tr>
<tr>
<td>Honest</td>
<td></td>
<td>16.51 ± 2.99</td>
</tr>
<tr>
<td>Present</td>
<td></td>
<td>8.69 ± 1.55</td>
</tr>
<tr>
<td>Authentic</td>
<td></td>
<td>17.52 ± 4.22</td>
</tr>
</tbody>
</table>

Figure (1): Distribution of staff nurses according to their perception level regarding to workplace civility climate (N=226).

Table (3): Distribution of staff nurses according to their perception level regarding to innovative work behavior's dimensions (N=226).

<table>
<thead>
<tr>
<th>Innovative work behavior dimensions</th>
<th>Perception level regarding to innovative work behavior</th>
<th>Mean ± SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovative work behavior (supervisor rated)</td>
<td></td>
<td>51.02 ± 9.15</td>
</tr>
<tr>
<td>Participative leadership (employee rated)</td>
<td></td>
<td>21.93 ± 6.35</td>
</tr>
<tr>
<td>Innovative output (employee rated)</td>
<td></td>
<td>19.77 ± 4.11</td>
</tr>
</tbody>
</table>
Figure (2): Distribution of staff nurses according to their perception level regarding innovative work behavior (N=226).

![Bar chart showing the distribution of staff nurses according to their perception level regarding innovative work behavior.]

Table (4) and figure (3): Correlation between staff nurses’ total perception level regarding workplace civility climate and innovative work behavior (N=226).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Total civility climate</th>
<th>Pearson’s rank correlation coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total innovative work behavior</td>
<td>r: .509** p: .000</td>
<td></td>
</tr>
</tbody>
</table>

(***) Statistically significant at p<0.01

Discussion:

Nurses want a better work climate that gives them a sense of value, usefulness, and skilled job. A number of aspects contribute to a workplace civility climate and impact on the effectiveness of nurses, including job facilitation, individuals’ concern, team building, decision-making, involvement, communication, client service, quality, nurse-physician interactions, and compensation. Nurses who have workplace civility climate are more suitable to show favorable behaviors and excellent performance. Moreover, civility climate helps to inspire innovative work behavior and achieve the organization's objectives Ahmed et al., (2019).
In other words, positive relations and cooperation in a climate of civility can be the key to increasing opportunities for employees to provide extra performance to the organization and inspire staff nurses to have innovative work behavior Achmadi et al., (2023). Therefore, the current study aimed to determine the relation of workplace civility climate and innovative work behavior from staff nurses' perspective.

Regarding workplace civility climate level, the current study revealed that, more than two third of studied sample had moderate level of workplace civility climate. That result may be justified as staff nurses perceiving that there are clearly defined rules on how to treat coworkers respectfully and employees make an honest effort to keep working relationships amicable.

The present study findings matched with Mohamed et al., (2021) who mentioned that majority of staff nurses perceived workplace climate level as moderate level. In addition, Elsayed et al., (2021) showed that three-quarters of nurses considered their workplace civility climate as satisfactory level.

In contrast, the study findings disagreed with Hussein et al., (2022) who reported that more than one-third of staff nurses had a high level of the staff nurses' workplace civility dimension. In addition, Hossny & Sabra., (2021) reported that studied nurses perceived the highest contribution score for civility climate. Additionally, the current study finding disagreed with Atashzadeh-Shoorideh et al., (2021), who stated that the level of workplace civility climate was borderline.

According to the innovative work behavior level, the present study stated that near to two third of studied sample had moderate level of innovative work behavior. From the researcher point of view, this may due to when the staff nurses had honest, trust, safe and civility environment and had a management support they can perform better and could find improved and innovative ways for accomplishing their tasks. In addition, the result may be due to the concept of innovative behavior is relatively new.

The present study findings were in the same line with, Abd El-Fattah., (2017), who confirmed that more than half of participants had scored moderate percentage as regard to the perceived innovative work behavior. In addition, Jung &Yoon., (2018) who revealed that Participants showed a moderate level of innovative work behavior. Moreover, the current study matched with Mohamed and Abd Elsalam., (2020), who revealed that less than half of the study subjects perceived a moderate level of innovative behavior. The possible explanation for this finding could be ascribed to the fact that the concept of innovative behavior is relatively new and unfamiliar.

In the opposite line, the current study findings contradicted with Abdelatti et al., (2022) who revealed that, half of staff nurses had low innovative work behavior. Additionally, Shama & Ahmad., (2021) reported that more than three-quarters of the studied nurses' had a high level of innovative behavior. On the same line, Ahmed et al., (2019) stated that slightly less than half of participants had high average level of innovative work behavior. In addition, Kamel &Aref., (2017) who revealed that half of staff nurses had highly innovative work behavior.

Regarding the relation between workplace civility climate and innovative work behavior from staff nurses' perspective, the current study finding mentioned that there was a positive statistical significance relation between staff nurses' total perception level regarding workplace civility climate and innovative work behavior. This result may due to healthy work environment, good relations and cooperation in a climate of civility can be the key to increasing opportunities for employees to provide extra performance to the organization and inspire staff nurses to have innovative work behavior.

The present study result agreement with Achmadi et al., (2023) who stated that a civility climate has been confirmed to affect IWB positively. Workplace civility climate characterized by mutual respect within the organization can open up opportunities for nurses to be more open and willing to share ideas. In the same vein, the current study
findings matched with Achmadi et al., (2022) who mentioned that civility climate was proven to positively affect nurses’ voice has a beneficial effect as a driver of IWB and civility climate has an essential role in creating IWB.

**Conclusion**

The current study concluded that, the two third of studied subjects had moderate level of workplace civility climate. Also nearly two third of studied sample had moderate level of innovative work behavior. Moreover, the current study finding mentioned that there was positive statistical significance relation between staff nurses’ total perception level regarding workplace civility climate and innovative work behavior.

There was no statistical significance relation between staff nurses’ total perception level regarding workplace civility climate and personal characteristics. Finally, there was positive statistical significance relation between staff nurses’ total perception level regarding to innovative work behavior and academic qualification only.

**Recommendation**

- Hospital management set assertive policies and procedures for control over healthcare professionals' behaviors to support and disseminate workplace civility climate among all nurses throughout the health care organization.

- It is necessary that nursing education curricula included topics related to workplace civility climate and innovative work behavior in their curricula.

- Healthcare organizations should integrate workplace civility climate and innovative work behavior strategies into the main organizational values and culture.

- React positively to the innovative efforts of nurses by providing them with time, resources and rewards to carry out innovative efforts and support innovation as a job requirement.

- Further study conducted to identify the factors that enhance innovative work behavior and workplace civility climate among nurses.

**Acknowledgments:**

We were most grateful to the participants in this study who shared their personal views and experiences.

**References:**


