

Effect of First Line Manager Civility Educational Program on Nurses Psychological Empowerment and Organizational Support

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Abstract

The organizational support and psychological empowerment of nurses can be impacted by the civility of their first line managers. **Aim:** to examine the effect of the civility educational program on first line managers' psychological empowerment and Organizational Support. **Research design:** Quasi-experimental research design. **Setting:** The research was applied at kidney and urology university Hospital in Minia City. **Subjects:** All staff nurses who worked in the same departments as the head nurses were employed in the inpatient and outpatient units, their total numbers were (220) nurses were classified as follow: head nurses (20) and staff nurses (200). **Tools:** four tools were used in this study; civility knowledge questionnaire, workplace civility climate Self-Assessment scale, psychological empowerment scale and organizational support scale. **Results:** The total knowledge score and levels of perceived workplace civility among head nurses were low pre than post implementation of the program, they had higher scores with statistically significant differences; also, the staff nurse psychological empowerment score and organizational support score were increased. **Conclusions:** The first line manager educational program had positively affected their knowledge as well as self-assessment about perceived workplace civility post program implementation with statistically significant variations and the nurse psychological empowerment and perceived organizational support levels were increased **Recommendation:** Periodical first line manager programs and seminars must enhance their civility competencies, behaviors, as well as communication to motivate and empower their nurses and being organizationally supported.

Keywords: civility, Educational Program, first line manager, Staff Nurses, psychological empowerment and organizational support.

Introduction:

Workplace civility climate mean nurses' perceptions of how oversight utilize policies, procedures, as well as practices to regulate behavior in a particular setting of interest to maintain a civil place of work. The health-care environment is a crucial success factor. It has received a lot of attention that nurses in the health care setting need a climate civility of the institution (Abd Allah., Yassein & Mohamed, 2021). Managers of nurses should be knowledgeable about human psychology since their work involves both internal as well as external energies as well influences the motivation of nurses, psychological well-being, and organizational support. Accepting the circumstance of civility may impact the treatments' quality (Rubab, 2024).

Patients' care is more stressful, especially for newly graduated staff nurses, resulting from the heightened risk of infection. Nurses needed to be psychologically empowered and supported from

their organization (Albasal et al., 2022 & Al Otaibi et al., 2023). A company has also encouraged the maintenance of favorable work results, as citizenship, task performance and engagement (Qalati, et al., 2022& Hngoi, et al., 2023).

One of the most significant elements influencing an organization's policies is perceived organizational support (POS). Fairness in the workplace, proper rewards, supervisor support, and good working circumstances all help nurses feel more confident, hopeful, and develop personally, which improves their physical, mental, emotional, and spiritual well-being (Stinglhambe, Caesens, 2020 & Thawinratna, 2023).

Significance of the study

Maintaining a civil workplace is crucial for health care systems because it keeps motivated, psychologically empowered, and organizationally supportive healthcare workers, which boosts system productivity and shows up in patient

outcomes and job satisfaction. Policies, processes, and practices aimed at curbing rudeness and verbal aggressiveness should be implemented in environment with high civility climates. The atmosphere that encourages open speaking as well as safer actions, that increase one's sense of competence is indicated by a positive civility climate (Oppel, Mohr, & Benzer, 2019).

Nursing directors should help in improving a positive, stress-free work environment in order to retain their workforce as well as draw in recent hires. In addition to improving self-efficacy, joy, expectation, and flexibility, proper communication as well as a courteous setting between head nurses and nurses in a hospital can also lower legal and ethical issues, increase professional value, and reduce job burnout, wellbeing risks for nurses, and staff turnover under pressure (Heylen, 2018 & Ahmed, 2022). Building trust and preserving positive relationships among psychologically empowered and supported nurses who have professional value are the results of workplace civility (Tomé et al., 2024).

Empowering nurses increases their productivity at work, which improves patient outcomes. The empowerment, encouragement, and support of healthcare professionals have gained widespread recognition in recent years as being essential to any long-term improvement in patient outcomes. However, it is widely acknowledged that lacking qualified and experienced personnel, unmotivated employees, unfavorable working circumstances, and insufficient pay are the main reasons why health systems are not succeeding in achieving the stated purpose of health intervention (Asif, et al., 2019 & Al Otaibi, et al., 2023).

That is, the researchers conduct an educational program for head nurses about civility and examine its impact on psychological empowerment and organization support; The great thing about training in workplace etiquette is that it emphasizes what employees as well as managers must do instead of what nurses mustn't do. Also, training about civility may sidestep some of the opposition faced by therapies which only target harassing because it interests to each one in the place of work, irrespective of one's social identity or

perceived propensity to abuse (Ahmed, 2022 & Barberi-Weil, 2023)

Aim of the study

The current research examines the effect of head nurses' civility educational program on nurses' psychological empowerment and organizational support this will be achieved through these objective:

- 1- Assessing first line manager civility knowledge and self-assessments in pre, post and after program implementation.
- 2- Assessing nurses psychological empowerment and organizational support in pre, post and after program implementation

Hypotheses of the Research:

1. Head nurses' civility knowledge as well as components will be increased post implementing the educational program than pre implementation.
2. Nurses' psychological empowerment and organizational support will be increased post implementing a civility educational program for head nurses.

Subjects and Methods

The Research design:

The present research employed a quasi-experimental approach in order to accomplish its goal.

Setting of the research: This research was performed at the kidney and urology university Hospital in Minia City - Egypt.

Subjects: A convenient sample was utilized in the actual research. It involved head nurses as well as nurses employed in kidney and urology university hospital through the time of data gathering. There were 220 nurses categorized as: (20) head nurses as well as (200) nurses who employed in the inpatient as well as outpatient wards.

Data collection tools:

Data is gathered through four tools: Tool one: There were two sections to the civility knowledge quiz.

First section: Personal data: it was utilized to gather information about head nurses, including age, sex, experience's years,

marital condition, department, education, communication with coworkers, etc.

Second Section: Civility knowledge questionnaire: this tool was created by the researchers depend on the research of (Ali & Abdelhakam, 2022) to design head nurses' knowledge related to civility behavior in the work. It consisted of multiple-choice, true-false questions. It included twenty-five questions about what constitutes civility, how to behave civilly at work, the value and characteristics of civility, etc. If the answer is right, the question receives a score of one; if it is wrong, the score is zero. **The scoring system** categorized as: low civility knowledge less sixty percent, moderate from sixty to seventy-five percent, and high civility knowledge above seventy-five percent.

Tool two: Perceived Workplace Civility Climate (PWCC): created by **Ottinot (2008)** and utilized to gauge how nurses feel about the climate of civility at work. A great degree on the PWCC test suggested favorable impressions of the PWCC. The measure has 24 items, with five mean highly agree, four mean agree, three mean neutral, two mean disagree, and one mean severely disagree. Low PWCC scored between 24 and 56, moderate PWCC scored between 67 and 89, and PWCC scored between 90 and 120.

Tool three: Psychological Empowerment Scale (PES): a self-administering survey. There are two primary components to it:

- **Part one:** This section contains data pertaining to the nurses' participants demographics, including age, sex, marital condition, experience's years, as well as educational background ...etc.)
- **Part two: Psychological Empowerment Scale (PES):** it was employed to determine the staff nurses' degree of psychological empowerment. The 12 components in this tool were created by **Spreitzer (1995)**. Four theoretical dimensions were used to organize these things. A five-point Likert scale, with one for "strongly disagree," two for "disagree," three for the "to some extent," four for "agree," and five for "strongly

agree," was used to rate the replies. Every one of the four dimensions received a favorable score. The average (total points split by the quantity of items) of the respondent's degree for every dimension is used to determine the overall scores of each dimension. This is then multiplied by 100 to get the percent score.

The PES was deemed low if the sum of the scores was less than 50%. Moderate psychological empowerment was described as a total score between 50% as well as less than 75%, and strong psychological empowerment was described as a total score of more than 75%.

Tool four: Perceived organizational support scale: Rhoades and Eisenberger (2002) created this instrument to gauge the degree of POS among nurses' personnel in their environment. It included sixteen factors, such as the organization's strong consideration of nurses' goals as well as values, the availability of organizational support for nurses in times of need, and the emphasis placed on nurses' contributions to the organization's well-being. With a low score of 16 and a great score of 112, the POS was calculated using seven Likert scales as strongly agree equal seven, agree equal six, somewhat equal five, neutral equal four, somewhat disagree equal three, disagree equal two, and severely disagree = 1 equal one, it is divided into three levels as:

low (16–48), moderate (49–80), and strong (81–112).

Validity and reliability

Five specialists in the area examined the tools' face validity. Sequences, simplicity, essential, applicability, phrase, term, shape, and sentences appearance were all examined for tools content validity. Depend on advice and remarks from specialists.

The reliability of the instruments was examined and quantified quantitatively. The tools' internal correctness was assessed utilizing the test of Cronbach's Alpha test for tool one (part two), tool two, tool three and tool four were 0.82, 0.84, as well as 0.86, 0.91 respectively).

A Pilot study:

Ten percent of the research participants (3 head nurses as well as 13 nurses) did pre-gathering the data. This was done to make sure the research technique was feasible and the study tools were applied and understood. Estimating the time needed to finish the data gathering tools was also important. The findings of the pilot research were taken into consideration when conducting the analysis. Since there were no modifications made to the research instruments, participants were involved in the pilot study.

Procedure: The following phases were used to carry out the study: Assessment as well as planning, execution, and evaluation.

1. Assessment as well as planning stage

- Before beginning, formal approval from the relevant authorities to start the research was acquired. Before the program began, a pre-test was administered to evaluate the head nurses' attitudes regard workplace etiquette. Head nurses and nursing staff were asked to verbally consent to participate. Data was collected from the start of January to the end of January 2024, a period of one month. The self-assessment questionnaire about perceived workplace civility took about thirty minutes to complete, and the knowledge test took twenty to thirty minutes.
- Pre beginning the head nurses' program, assess the organizational support as well as psychological empowerment of the nurses. The researchers gave the nurses a questionnaire about organizational support and psychological empowerment. This sheet takes 30 to 40 minutes to complete, and the data was collected over a month duration, from the beginning of February and ending of February 2024.
- The investigators arranged the learning environment as well as the resources (seminar rooms as well as data display equipment) required for this research. They also created the schedule for the educational program.

II execution stage

- Based on the outcomes of the planning and assessment phases. Based on a review of the literature, an educational program was created, and timetables and teaching sessions

were organized. The course covered the definition of workplace civility, civility, and its various facets. It also covered the significance of civility for nurses, successful traits for civil head nurses, as well as the practices they acquired.

- Two subgroups of twelve head nurses each were created from the head nurses, as well as each subgroup's educational program was carried out by the researchers at a different time.
- The sessions were conducted at the hospital's educational building's classrooms, taking into account the participants' work schedules.
- The head nurse's schedule and content were given an explanation of the educational program's goals by the researchers.
- Each session started with an explanation of the learning objectives and a request for feedback regarding the previous session. Every session concluded with a recap of the one before it.
- The Kidney and Urology Hospital's chief nurses participated in the educational program. Lecture as well as discussion, brainstorming, assignments, case studies, also small-group activities were the teaching strategies utilized. Consider other nurse's knowledge as well as experience.
- Create a list of the values, such as politely offering critical criticism and listening to others without interrupting them. Consider other people's knowledge and experience. Avoid making fun of other individuals.
- The two-month instructional program, which ran from the beginning of March 2024 to the end of April 2024, included case studies, PowerPoint, and video as teaching resources.

III Phase of evaluation

- Four tools were utilized to evaluate the direct influence of the head nurse's civility education program on the psychological support as well as empowerment of nurses, quiz on civility knowledge and perceptions of workplace decorum self-evaluation: Consider head nurses' conduct as well as manners, as if they were head nurses. The praise as well as empower others by teaching them that their actions are admirable, when they are done right (or as soon as possible afterward), thinking before speaking, responding to ideas

without being mean, treating others as the nurse would like to be treated, apologizing, for wrong, and exhibiting and teaching empathy and respect.

- Head nurses need to understand the differences between comparison and judgment in addition to civility standards and practices. Engage in polite conversation, intelligence, and humor in disagreement with someone; think about why someone's attitude or stance affects feelings rather than just reacting to them; and don't let feelings of rage or other emotions prevent you from listening to what others have to say.
- Additionally, the organizational support scale and psychological empowerment of nurses are evaluated. Following three months post program implementation, a follow-up was carried out using the four tools that were completed from the starting of August till the end of August 2024 to evaluate the influence of the head nurse civility education program on nurses' psychological empowerment as well as support.

Ethical considerations

- The Minia University Faculty of Nursing's study was authorized by the ethical committee.
- The study's purpose was explained to participating nurses and head nurses by the researchers.
- All participants gave their oral consent post being informed of the purpose as well as benefits of the research.
- The study subjects were informed that sharing in the research was entirely optional as well as that they could leave at any moment if they so desired. Subjects were reminded of the importance of data confidentiality, privacy, identity, voluntary sharing, as well as the option to withdraw from the study.

The Ethical Code: REC20243.

Results of research

Table (1) shows that the highest percent (70%) of the head nurses were females, and they had a degree of baccalaureate in nursing. Equal half (50%) of them aged between thirty to forty years, married and had <5 years of

experience. Additionally, all of them didn't attend any educational program about civility. Also, in this table nurses, a great percent (70%) of the staff nurses is female, as well as works in the general area. Additionally, over half (60%) of them aged between thirty to forty years, 50% of them were married as well as having experience of five to fifteen years.

Figure (1) shows that on the pretest, 80.0% of the head nurses had low knowledge. However, there were statistically significant differences between the pretest and immediate posttest ($p < 0.001$), and both the immediate post-test (80%) and the post-3-month (70%) showed a high level of knowledge.

Figure (2) shows that (65%) of the head nurses had low degree of civility climate self-assessment in pre-test. However, at immediate post-test (90 %) of them had a high degree self-evaluation. Post 3 months of program execution, there was alteration in the level of civility self-assessment among head nurses, (80%) of them had a high degree of knowledge, with statistically significant variations pretest as well as immediate posttest with ($p=0.0001$).

Figure (3) explains that 68 % of the nurses had low psychological empowerment levels pre-program execution, elevated to 85.80% of them immediately after the educational program and slightly decline to 77.40% post 3 months (follow up).

Figure (4): reveals that prior to the program's execution, 51.7% of the nurses reported a moderate degree of perceived organizational support; this number rose to 71.70% immediately after the educational program, and it then fell to 70.3% after three months (follow-up).

Table (2) justifies a positive connection between the total head nurses' civility (knowledge as well as self-assessment), nurses' psychological empowerment, as well as organizational support through various testing times.

Table (3): shows the most appropriate multiple linear regression for the civility knowledge score. Additionally, there were statistically significant independent predictors of the staff nurses' experience, psychological empowerment, educational background, and civility knowledge scores, all of which are thought to be positive indicators of the civility climate at work.

Table (4): indicates that there are positive statistically significant independent predictors of staff nurses' scores of nursing psychological empowerment. On the other hand, there were statistically significant positive independent predictors of staff nurses' scores of nursing psychological empowerment related to years of experience, educational background, and civility educational program. This helps to clarify the best fitting multiple linear regression model for the nursing psychological

empowerment score.

Table (5): describe the that experience and psychological empowerment are positive statistically significant independent predictors of the nurses' organizational support score, while the educational program and psychological empowerment are statistically significant positive independent predictors of the nurses' organizational support score.

Table (1): Demographic traits of the head nurses as well as staff nurses

Subject's characteristics	First-line nurse managers (20)		Staff Nurses (200)	
	No	%	No	%
1. Age				
• > 30	6	30.0	50	25.0
• 30-40	10	50.0	125	62.5
• < 40	4	20.0	25	12.5
Mean ± SD	32.6 ± 6.5		33.8 ± 6.1	
2. Gender				
• Male	6	30.0	60	30.0
• Female	14	70.0	140	70.0
3. Marital status				
• Single	6	30.0	50	25.0
• Married	10	50.0	120	60.0
• Divorce	3	15.0	20	10.0
• Widowed	1	5.0	10	5.0
4. Qualifications				
• Diploma	0	0.0	60	30.0
• Institute	0	0.0	90	45.0
• Baccalaureate	14	70.0	40	20.0
• Master degree	6	30.0	10	5.0
5. Years of experience				
• < 5	10	50.0	67	33.5
• 5 - 10	8	40.0	100	50.0
• 10 – 15	2	10.0	33	16.5
Mean ± SD	6.0 ± 3.3		6.7 ± 3.2	
6. Area				
• General	16	80.0	150	75.0
• Critical	4	20.0	50	25.0
10. previous training program				
• Yes	0	0.0	00	0.0
• No	20	100.0	200	100.0

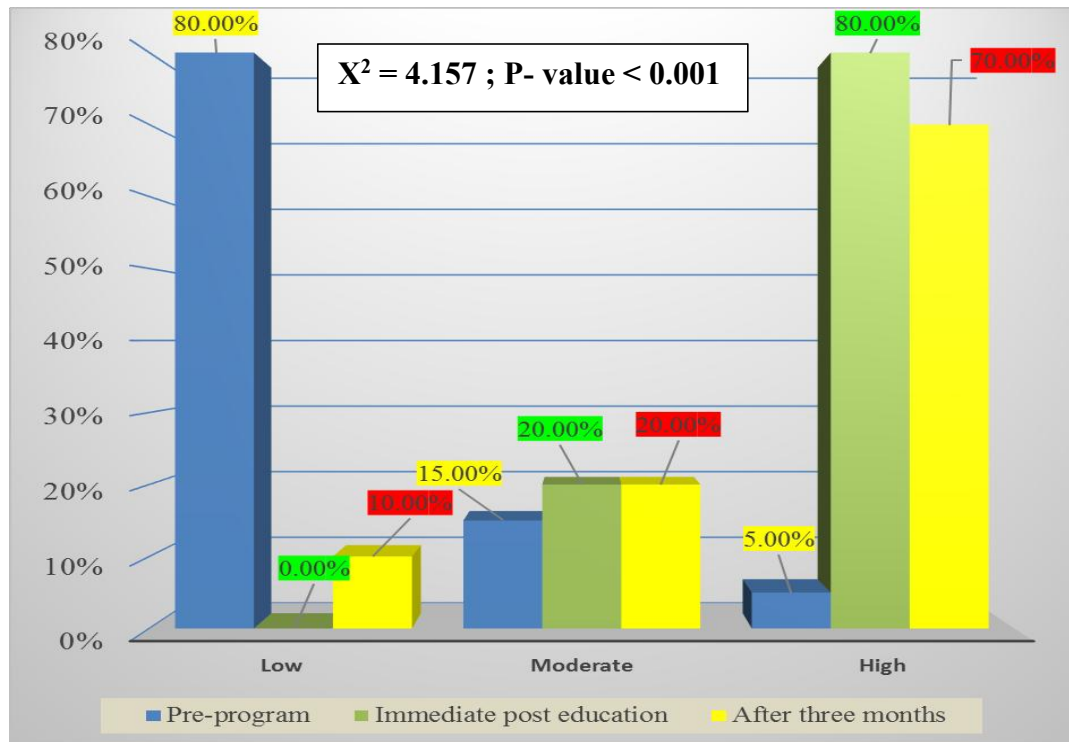


Figure (1): Head nurses' total level of civility knowledge through different times of testing (No =20)

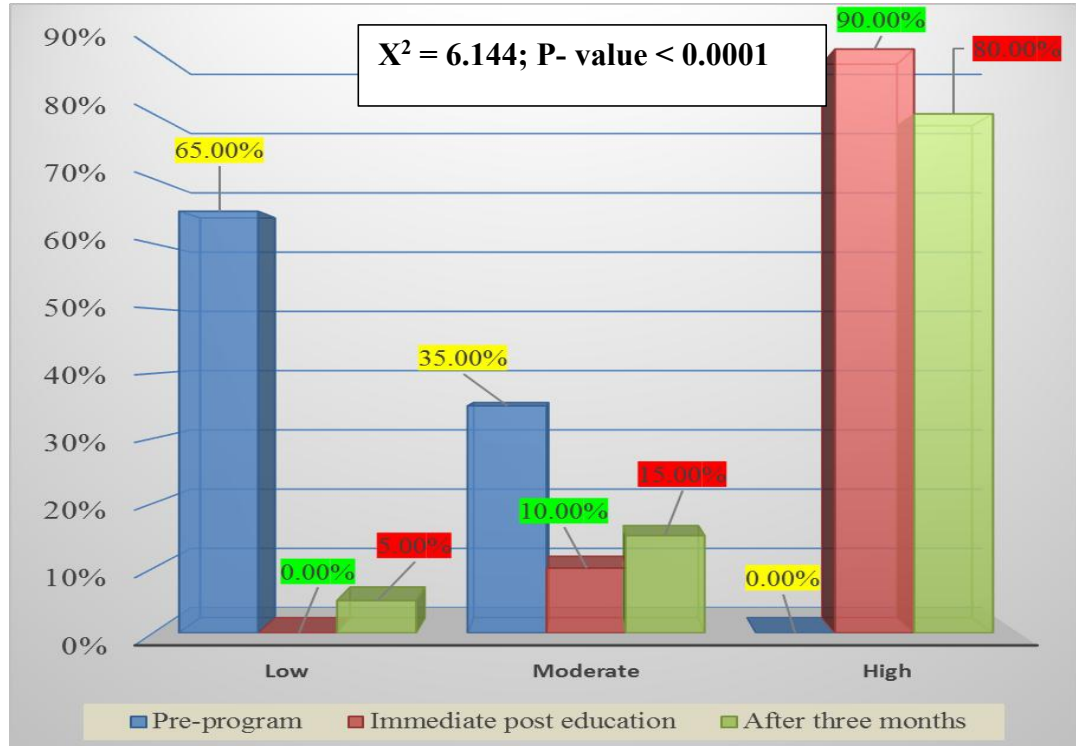


Figure (2): Head nurses civility self-assessment components (N=20)

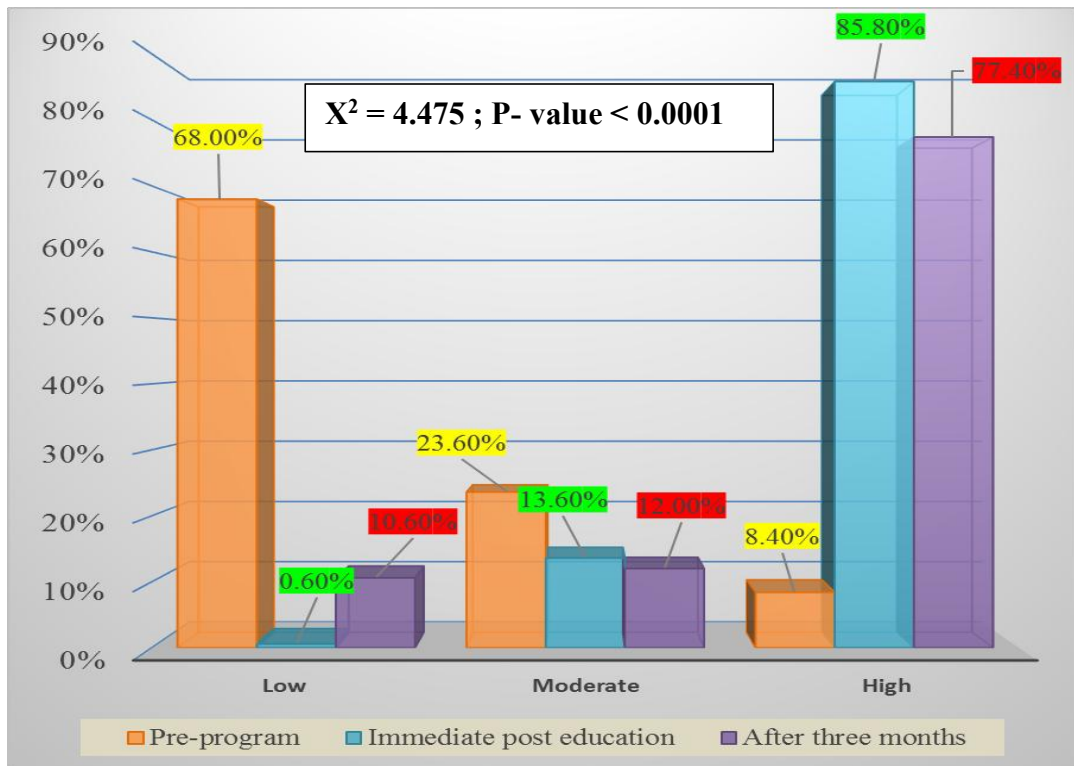


Figure (3): Nurses' psychological empowerment level through various times of test (No =200)

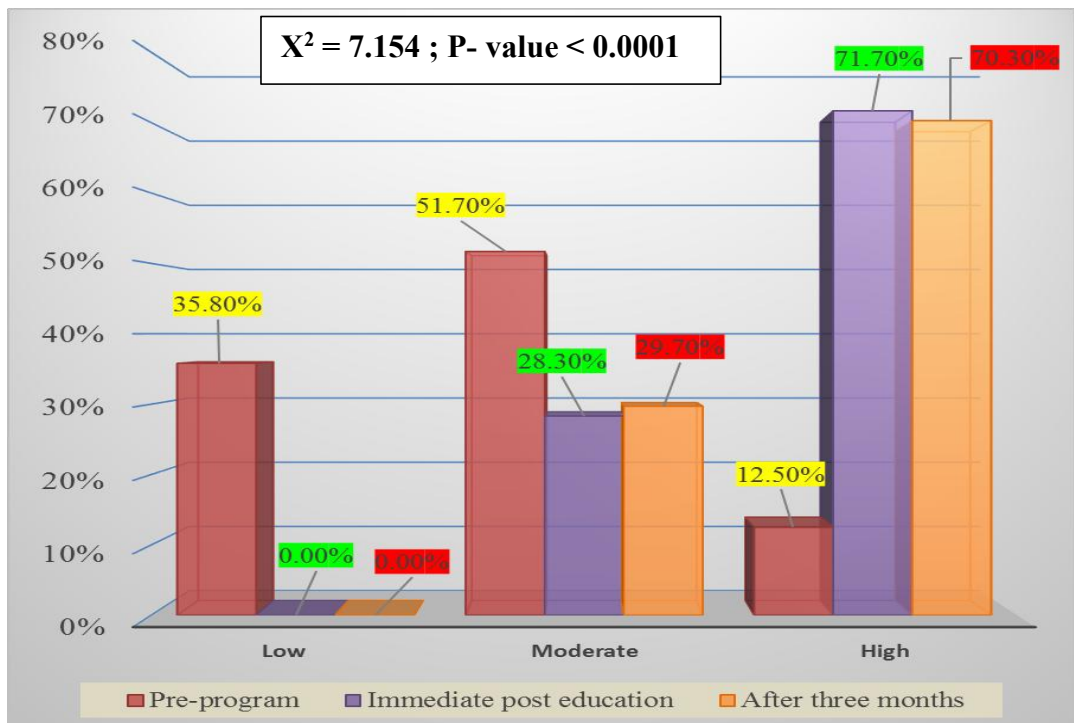


Figure (4): Nurses' perceived organizational support level through various times of test (No =200)

Table (2): Correlation matrix between head nurse total knowledge, total civility self-assessment, nurse's psychological empowerment, and organizational support through various times of testing Correlation is significant at the 0.01 level

Variables	First line managers total knowledge No=20		First line managers total civility climate (No =20)		Nurses psychological empowerment (No=(200)		Nurses' organizational support No=(200)	
	r	P	r	P	R	P	r	P
Preprogram implementation								
First line managers total knowledge of								
First line managers total self-assessment	0.241	0.000**						
Nurses' psvchological empowerment	0.325	0.000**	0.189	0.000**				
Nurses organizational support	0.213	0.000**	0.273	0.000**	0.167	0.0001*		
Immediate post-test								
First line managers total knowledge of								
First line managers total self-assessment	0.123	0.000**						
Nurses' psvchological empowerment	0.138	0.000**	0.11	0.000**				
Nurses organizational support	0.215	0.000**	0.215	0.000**	0.178	0.0001*		
Follow up after three months.								
First line managers total knowledge of								
First line managers total self-assessment	0.410	0.000**						
Nurses' psvchological empowerment	0.115	0.000**	0.259	0.000*				
Nurses organizational support	0.276	0.000**	.523	0.000**	0.239	0.0001*		

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		+3.229	0.001	+0.51	+0.12
Educational qualification	0.17	0.07	0.18	2.357	0.019	0.03	0.31
Nursing psychological empowerment	0.07	0.03	0.17	2.299	0.023	0.01	0.13
Experience	+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 (4): Best fitting multiple linear regression model for the nursing psychological empowerment score

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
Constant	0.02	0.93		0.020	0.984	+1.82	1.85
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
Educational qualification	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 (5): Best fitting multiple linear regression model for the nurses' organizational support score

	Unstandardized Coefficients		Standardized Coefficients	t-test	p-value	95% Confidence Interval for B	
	B	Std. Error				Lower	Upper
	Constant	0.68	0.69		0.990	0.323	+0.68
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
psychological empower	0.54	0.05	0.65	10.874	<0.001	0.44	0.63

r-square=0.44

Model ANOVA: F=39.39, p<0.001

Discussion:

Civility standards differ throughout cultures and workplaces, but they are crucial in empowering nurses psychologically by encouraging and assisting them there. As a result, nurses prefer to work in settings where they are treated with dignity. A first line boss can be a cause of stress, frustration, and rudeness, or they can be a source of respect, support, as well as validation. Accepting the polite atmosphere could affect how well you are treated. The psychological support and empowerment of nurses is essential to an organism's ability to operate (Abd Elhamied; 2017)

According to Clark and Walsh (2016), civility in the healthcare industry refers to the deference and politeness that people show to their coworkers. It entails treating personnel with respect, expressing gratitude for their efforts, and refusing to any actions that can be construed as impolite, combative, or rude. Active listening, feeling, and positive communication are also included civility workplace, and they all help to build strong bonds, boost work satisfaction, and improve organizational outcomes by promoting psychological empowerment and greater support (Di Fabio and Kenny, 2018).

Furthermore, the company has backed the maintenance of favorable work outcomes, such as citizenship, task performance, empowerment, and engagement (Peng, 2023). One of the most significant elements influencing an organization's policy is the point of sale system. Fairness in the workplace, proper rewards, supervisor support, and good working circumstances all help nurses feel more confident, hopeful, and develop personally, which improves their physical,

intellectual, emotional, as well as spiritual well-being (Ali et al., 2018 and Peng, 2023).

As regards the current research findings, first line managers were generally employed, female, and held a baccalaureate degree. Above half of them were married, were in the 30–40 age group range, had more than five years of experience, and the greatest of them had never taken a politeness course. The majority of the staff nurses in the general area are female, according to the same table. Over half are in the 30–40 age range, 50% are married, and have 5–15 years of experience.

Moreover, the findings of the current study showed that first line managers' level of knowledge on civility increased with highly significant differences throughout the preprogram implementation and at various points in time following the program implementation. Their pre-program implementation knowledge was limited, but notably, it increased both immediately after and three months later. This was explained by the fact that prior to program implementation, people were unaware of the significance, meaning, and facets of civility. Additionally, they were not well-versed in civility due to a lack of in-service training and education at work regarding appropriate behavior, and they encountered numerous problems in their profession.

According to the findings of the current study, it was clear that the majority of the staff nurses thought their workplace was polite and good. In the study of Abd Allah Mohamed, Yassein & Mohamed, (2021), who conducted a study entitled "The Relationship between Workplace Civility Climate and Workplace Ostracism among staff Nurses " found that above half of the nurses experienced modest levels of workplace ostracism. Similarly, Mackay (2020), who

conducted a study entitled " Government policy experiments and the ethics of randomization. ", found that all of these stressors had a detrimental impact on nurses' attitudes and psychological empowerment. They attempted to address these issues by improving their working conditions, raising their compensation allowance for infections, and promoting civil behavior through joint efforts between the Ministry of Health and the Ministry of Higher Education for Newly Graduated Students.

Furthermore, first line managers updated their understanding of civility following the implementation of an instructional program. Additionally, the program reinforces and provides pertinent information about civil behavior that impacts practice, including what constitutes civility in general, how it applies in the workplace, the significance and elements of civility for them as well as their nurses, efficient civility skills, etc. the present study indicated that there was statistically significant differences between the first line managers' low perceived atmosphere of civility prior to program implementation, their high percentage immediately following the training program, and their fall to more than three-quarter after three months of program implementation.

According to **Ali & Abdelhakam (2022)**, who conducted a study entitled " The Relation between Entrepreneurship Head Nurses' Characteristics and their Leadership Practices in the University Hospitals ", found that civility was a taught trait, and there was highly statistically significant increase in first line managers' level of awareness about it at preprogram implementation and various time assessments. Additionally, **Mutke (2017)**, who conducted a study entitled " Sustainable management of stone pine forest ecosystems in Mediterranean Europe in the context of global change" found that politeness is a learned trait, independent of culture or generational cohort, which was in line with this study. When teaching and learning about civility, these behaviors should be exhibited concurrently and continually rather than in any certain order.

The findings of the current study were supported by **Rose et al. (2020)**, who conducted a study entitled " Hepatic encephalopathy: Novel insights into classification, pathophysiology and therapy" concluded that the teaching programs

and intervention increased the studied group awareness of civility and incivility and stressed the value of a civility climate in ensuring and possibly improving the patient experience of care. They also found a positive correlation between civility climate and revealed a direct impact of the hospital's climate of civility on patient satisfaction, recommendation intent, and readiness to return, and indirect influence mediated by patient civility.

The current findings were supported by **Oppel and Mohr (2020)**, who conducted a study entitled " Paying it forward": The link between providers' civility climate, civility toward patients and patient experience outcomes" and noted that employees' perceptions of the corporate climate were significantly influenced by civility, which in turn affects significant organizational outcomes. Increasing nurses' psychological empowerment and demonstrating strong organizational support are two of these aims, which involve delivering safe and high-quality healthcare practices. Additionally, this study was comparable to **Merkel et al. (2020)**, who conducted a study entitled " An innovative civility intervention created by a faculty and student action research team " reported that staff and students thought educational innovation was beneficial and helpful when evaluating their programs.

Despite this, **Murray (2020)** who conducted a study entitled " An educational intervention to promote civility in nursing" and found that attending the civility educational intervention had more advantages and that attending it increased confidence and self-efficacy scores in identifying and dealing with rude behavior ($p=0.000$, $p<0.001$, respectively). According to **Edmonds et al. (2017)** who conducted a study entitled " Expert reports and the forensic sciences" and found that the difficulty is to sustain the structure as an organizational support while evolving toward a consistent civil organizational structure. In addition to **Stoddard (2017)**, who conducted a study entitled " Civility matters: Overcoming workplace incivility using an interactive education intervention" proposed that an educational intervention raised healthcare workers' awareness of civility, with long-lasting effects, and who noted that head nurses are crucial in ensuring that strategies used to overcome workplace incivility are enforced, This article promotes fundamental actions to develop

workplace civility by creating favorable work settings that are marked by staff values and allowing nurses to exercise professional norms free from rude behaviors.

Furthermore, the current study's hypothesis that civility education programs will raise the level of knowledge and feedback to practice civility behaviors was realized. This was similar to the findings of **Tomé Pires et al. (2024)**, who conducted a study entitled "Relationship between structural empowerment and work engagement in the health-care sector in Portugal: the mediating role of civility" and confirmed that the program gave staff members the tools they needed to identify and take action to improve civility, which had an impact on patient safety and the overall work environment. Furthermore, **Walsh & Magley (2020)** who conducted a study entitled "Workplace civility training: Understanding drivers of motivation to learn" and suggested that training is a crucial human resource management (HRM) strategy to improve civility and prevent abuse; yet, little is known about the factors that affect how effective civility training is.

This conclusion is also supported by research by **Hossny, Qayed, and Yoysef (2015)** who conducted a study entitled "Effect of workplace civility, structural and psychological empowerment on newly graduated nurses organizational commitment" and **Hunt (2023)**, who conducted a study entitled "The middling sort: Commerce, gender, and the family in England, 1680-1780" and made clear that a civil workplace climate is linked to favorable employee as well as workplace results, such as higher levels of satisfaction in satisfaction, organizational commitment, as well as management trust. Additionally, civility lays the groundwork for supportive and energizing relationships and reaffirms the importance of the profession to improved organizational care performance. "Maintaining civility enables us to be true to our humanity and our human heart" **Schaefer (2015)** who conducted a study entitled "Religious affects: Animality, evolution, and power" and said in reference to the current study. It represented people behaving in their most honorable, courteous, and best selves.

According to **Walsh & Magley (2020)**, who conducted a study entitled "Workplace civility training: Understanding drivers of motivation to

learn" and found that organizational support and psychological empowerment are linked to workgroup climate, which is a hypothesized predictor of civility. Additionally, make suggestions about how the climate for civility affects psychological empowerment, motivation, wellbeing, and organizational support. This gives green HR managers an empirical foundation to help them maximize employee motivation to learn in their own civility interventions.

Conversely, incivility has been linked to patient errors, turnover, employee unhappiness, and a disrespectful culture, according to **Garcia et al. (2021)** they found that Hospital administrators were made aware of staff members' rude behavior by employee exit interviews and turnover statistics. Thus, the importance of workplace civility in fostering workers' health and attaining targeted group and organizational results, such as productivity and performance, has been highlighted by positive psychology (**Ahmed, 2022**) who conducted a study entitled "Effect of head nurses workplace civility educational program on nurses professional values and awareness of legal and ethical issues." and found that a result, a growing amount of recent study has looked into how workplace civility affects workplace outcome behavior.

The results of the actual study showed that over two-thirds of the nurses under study had low levels of psychological empowerment prior to the implementation of the program, that these levels rose to high levels right after the educational program, and that they then slightly decreased to slightly more than three-quarters after three months (follow-up).

This could be elucidated by the fact that when head nurses act civilly in their workplace, their nurses who have good communication skills, experience, and knowledge improve their impact at work. Additionally, they were highly empowered structurally, which directly affected psychological empowerment. Staff nurses are more flexible, able to manage stress, and happier in their positions when they have psychological empowerment. They became more devoted, more productive, and empowered to work for the company, and their intention to remain there grew.

The findings of the current work were in an agreement with those of **Al Otaibi et al. (2023)**, who conducted a study entitled “The role of empowering leadership and psychological empowerment on nurses’ work engagement and affective commitment” that focused on the influence of psychological empowerment as well as civil, empowering leadership on nurses’ affective commitment and work engagement. They concluded that health sectors management, particularly nurse managers, must empower their nurses by giving them more responsibility as well as authority while also coaching them to complete duties on their own. Trust, empowerment, and support (as motivating factors) have emerged such as essential elements of any civil work setting.

This conclusion was supported by **Arefin et al. (2019)**, who conducted a study entitled “High-performance work systems and job engagement: The mediating role of psychological empowerment. Cogent Business & Management” and demonstrated how organizational HR systems influence employee engagement by fostering psychological empowerment. Job engagement was positively impacted by psychological empowerment that arises from a civil environment. The influence of high-skill job systems on work engagement was mediated by psychological empowerment. Additionally, it was revealed by **Kavakh and Yildirim (2022)**, who conducted a study entitled “The relationship between workplace incivility and turnover intention in nurses” and found that the nurses’ mean workplace incivility ratings were 6.68 ± 7.96 . The nurses’ average turnover intention scores were 6.38 ± 3.44 .

Furthermore, the current study was comparable to one by **Gray et al. (2019)** who conducted a study entitled “Workplace-based organizational interventions promoting mental health and happiness among healthcare workers”, indicated that a factor that supports employees’ mental health at work is the quality of the work environment. Therefore, head nurses need to be aware of what can help employees have better mental health at work and in what situations. Structural empowerment is a work environment that fosters employee growth, has low rates of rudeness, and has a good impact on mental health. Furthermore, through the mediating function of civility, the existence of structural empowerment

directly improves workers’ psychological empowerment, mental health, and overall welfare. However, only longer-tenured medical professionals benefit from the indirect impact of structural empowerment on mental health through civility.

The findings of this study were comparable to those of **Riyanto, Endri & Herlisha, (2021)** who conducted a study entitled “Effect of work motivation and job satisfaction on employee performance: Mediating role of employee engagement” illustrated that the report, numerous beneficial behaviors, as decreased absenteeism, attrition, and equal job opportunity budget; increased job satisfaction; and enhanced perceptions of justice and other team members’ roles, have been associated with a rise in workplace civility. These behaviors will ultimately lead to improved professional values in the workplace, including respect, activism, trust, caring, professionalism, and upholding justice. According to **Osatuke et al. (2009)** who conducted a study entitled “Civility, respect, engagement in the workforce (CREW) nationwide organization development intervention” and found that civility affects significant organizational results and may be valuable both morally and financially.

The present study findings were in line with a study on nurses’ psychological empowerment conducted at Menofia teaching hospitals by **Ibrahim et al., (2014)** who conducted a study entitled “Nurse’s psychological empowerment and perceived autonomy in university and teaching hospitals” and found that most nurses thought their psychological empowerment was at a moderate level. Additionally, the same line finding is consistent with a study conducted in Iranian hospitals by **Nasiripour** as well as **Siadati (2011)** who conducted a study entitled “Towards a comprehensive model of patient empowerment through nursing strategies: A study in Iranian hospitals” and indicated that nurses in hospitals run by the Iranian Social Security Organization regarded their level of empowerment as moderate.

Additionally, the current study confirmed that psychological empowerment, which encompasses a sense of meaning, self-determination, competence, and impact, had been seen as having the potential to play a significant role in

professional development, improving nurses' job attitudes and satisfaction, and providing better quality for patients. This finding runs counter to **Abd Ehamid's (2017)**, who conducted a study entitled "Relationship between Empowerment and Job Satisfaction among Staff Nurses" and found that research at Minia University Hospital, which found that over half of the nurses in the study lacked psychological empowerment. Only a small percentage of them had high levels of psychological empowerment, whereas almost two-thirds had moderate levels.

The results of the current study demonstrated that over half of the nurses under study had a moderate level of perceived organizational support prior to the program's implementation. Immediately following the educational program, nearly three quarters of the nurses had a high level of perceived organizational support, which then decreased to more than two-thirds after three months (follow-up).

This may be explained by the efforts made by the nursing director and hospital management to support their staff by acknowledging the value of the nursing profession and applying medical professional cadre with a large pay increase for nurses as a way to psychologically empower them and provide them with a variety of organizational support tools and positive attitudes toward their work.

This study supported by the findings of **Raina & Roebuck, (2016)**, they "reported that attitudes toward a job are related to job satisfaction in the Indian insurance industry. Additionally, a study by **Baker et al. (2011)**, who conducted a study entitled "Empowerment and job satisfaction in associate degree nurse educators" and found that job satisfaction and empowerment in associate degree nursing educators discovered that nurses, who are happy in their positions feel supported and empowered by their employers. **Fragkos, Makrykosta, and Frangos (2020)** who conducted a study entitled "Structural empowerment is a strong predictor of organizational commitment in nurses: A systematic review and meta-analysis" and noted that both psychological and structural empowerment were powerful predictors of favorable organizational outcomes, particularly job satisfaction and attitude.

The findings of the current study were supported by **Abd Elhamied ,et al.,(2017)**, who conducted a study entitled "Relationship between Empowerment and Job Satisfaction among Staff Nurses" found that over two-thirds of staff nurses are dissatisfied with their jobs , which suggests a bad attitude toward their jobs and a lack of organizational support. In keeping with this study of organizational support theory, **Sadaqat, Abid, and Contreras (2022)**, who conducted a study entitled "Influence of contextual factors on turnover intention: examining the mediating role of civility" and showed that fairness perception and managerial support have a favorable impact on workplace civility. Additionally, the current study clarified that civility has a significant role in elucidating the connection between turnover intention and contextual characteristics (managerial support, impression of justice).

According to **Oppel and Mohr (2020)**, who conducted a study entitled "Let's be civil: Elaborating the link between civility climate and hospital performance" and found that the current study's findings support the notion that positive civility climates encourage clinicians to act politely toward patients, and they are more likely to reciprocate. There is also evidence of a positive correlation between civility climate and civility toward patients, as well as a direct impact of civility climate on overall hospital rating, intent to recommend, and willingness to return, as well as an indirect influence mediated by civility toward patients.

According to **Kavaklı and Yildirim (2022)**, who conducted a study entitled "The relationship between workplace incivility and turnover intention in nurses: A cross-sectional study" and found that workplace incivility scores and turnover intention scores were shown to be positively correlated in a statistically significant way ($r = 0.632$, $p = 0.0001$). The linear regression model demonstrated that discontent with the existing institution, working in an emergency room or critical care unit, and workplace rudeness were independent predictors of turnover intention, which is mean when first line managers exhibit civil behavior.

According to **Morsy and Sabra's (2015)** who conducted a study entitled "(): Relationship between quality of work life and nurses job satisfaction" and found that study displayed

above two-thirds of staff nurses (68.9%) expressed satisfaction with their jobs. Additionally, a study conducted in 2016 by **Salem, Baddar, and Mugatti**, who conducted a study entitled “Relation between Nurses Job Satisfaction as well as Organizational Commitment” and found that the relation between nurses' work satisfaction as well as organizational commitment found that most nurses in Jeddah are fairly satisfied with their jobs.

Furthermore, the results of this study show that the nurses' job attitude and organizational citizenship conduct were positively and fairly correlated with their psychological empowerment. Positive attitudes and job satisfaction are closely associated with organizational citizenship activity. By speaking well about the company, lending a helping hand to others, and going above and beyond the call of duty, it suggests that an employee is prepared to go above and beyond the call of duty (**Tuna et al., 2016**), who conducted that the mediating role of job satisfaction.

The present study aligns with the research performed by **Farghaly Ali Mohamed et al. (2019)**, who conducted a study entitled “The Relation between Entrepreneurship Head Nurses' Characteristics and their Leadership Practices” concluded that in order to promote organizational citizenship behaviors among nurses, nurse managers need provide both material and intangible incentives, which are regarded as a component of organizational support and psychological empowerment.

Also, **Adil, Hamid, and Waqas (2020)**, who conducted a study entitled “Impact of perceived organizational support and workplace incivility on work engagement and creative work involvement: a moderating role of creative self-efficacy” which the study found that while workplace incivility does not predict job engagement, POS has a substantial influence on job engagement.

The study of **Sadaqat, Abid, and Contreras (2022)**, entitled “Influence of contextual factors on turnover intention: examining the mediating role of civility” which concluded that these factors have a positive influence on workplace civility. Additionally, the current findings discover that civility has a significant role in

elucidating the connection between turnover intention and contextual characteristics (managerial support, impression of justice).

In line with a study conducted in Kota Kinabalu, Sabah, Malaysia by **Seok et al. (2022)**, who conducted a study entitled “Employees' Workplace Relation Civility In Workplace: The Role of Positive Relation Management And Accepted Of Change” and found that the current study looked at how much positive relationship management as well as acceptance of alteration predict staffs' workplace relations at work. It also looked at how acceptance of change influences the relation between positive management as well as staffs' workplace relations at work and found that positive relation management significantly and favorably affects staffs' work relational civility. Furthermore, a significant path coefficient was found between the sub-dimensions of acceptance to change—which included cognitive flexibility, positive reaction, support for change, and propensity to change—and the sub-dimensions of respect and caring. The results also demonstrated that change seeking had a negative direct impact on employees' civility in their professional relationships, but that the sub-dimension of acceptance of change—support for change and positive reaction to change—had a large positive direct impact. The results showed that the sub-dimension of caring only had a substantial indirect impact on employees' work relationship civility through change seeking.

Conclusion

This research summarized that there were statistically significant variations between pre as well as post-test evaluation related to the knowledge as well as level of civility of work for the head nurses. Nurse psychological empowerment organizational support levels raised post implementing the civility educational program for the head nurses. The overall degree of civility increased from a low level prior to the program's execution to a high level post implementation with statistically significant difference three months following the educational program implementation.

Recommendation

- Conduct continuous meetings between Managers as well as staff nurses

- Develop the organization's goals, philosophy, policies, mission, vision, as well as personal objectives by staff nurses through continuous evaluation of performance and correct of action to weak point.
- Conduct research about the relation between empowerment as well as organizational climate
- Ongoing studies on head nurses' polite conduct to improve organizational support and workplace motivation in all hospitals in the health sector.
- Conduct future studies about the competencies and instructional strategies of nursing educators in professional civility and psychological well-being. It is also necessary to determine how clinical staff, faculty role models, as well as educational experiences might support the development of job skills.
- Presenting the elements to educational institution decision-makers

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