# Incivility and Ostracism in the Workplace among staff nurses and its relation to the quality of care

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## Abstract

**Background**: Workplace place incivility may lead to different outcomes that an increase in mental and physical stress. **Aim**: To assess the incivility and ostracism in the workplace among staff nurses and its relation to the quality of care**. Research Design:** Descriptive correlational research design was utilized. **Setting**: The current study was conducted at South Vally University Hospital. **Subjects**: A convenience sample consisted of 100 staff nurses were enrolled in the study. **Tools**: Three main tools were used (I) Workplace Incivility scale, (II) Workplace Ostracism Scale, and (III) Quality of Nursing Care scale. **Results**: In the results of the current study more than half of the nurses had a low level of workplace ostracism. The overall mean of the quality of nursing care scale was 3.14 (SD = 0.66) from a scale of 1–5 and health promotion was the lowest mean dimension (mean = 3.08, SD = 0.74). Nurse incivility exerted a multivariate effect on the overall quality of nursing care and its different dimensions. There was a low-level positive (r = 0,302; p <0, 01) statistically significant correlation between staff nurses' workplace incivility and workplace ostracism. **Conclusion**: General incivility and nurse incivility were found to negatively affect the quality of nursing care and its different dimensions. **Recommendations**: Incivility must be treated with a zero-tolerance policy by hospital administrators. Administrators at hospitals must foster a positive work environment in which civil communication is the norm and hospital standards are known and obeyed. Provide useful information to enhance the quality of nursing care by acting in incivility concerns that arise from various sources within the hospital.

**Keywords:** Staff nurses, Incivility and Ostracism Workplace, Quality of care.

## Introduction:

Workplace incivility has been documented internationally as significantly prevalent in the workplaces of nurses. For example, in one study in Iran, high incivility prevalence was reported amongst 34 Iranian nurses from seven hospitals (**Abdollahzadeh et al., 2017**). In one study in China, WPI increased anxiety and burnout levels, as reported by 696 new nurses (**Shi et al., 2018).**

Because of the reasons such as urgency, cannot be postponed and all kinds of results have reflected the patient of the work in the health sector, the relationships between the employee behaviors and the individuals in the workplace become increasingly important. These behaviors negatively affect the individual's work performance and psychological status. Workplace incivility and workplace ostracism should be considered as a problem that organizations need to manage and avoid. Workplace incivility, defined as a deviation from institutional norms, is a type of damaging behavior with significant negative effects on organizations and individuals (**Kumral & Çetin, 2016).**

Workplace incivility has been associated with various expressions. These are psychological terror, emotional abuse, harassment, bullying, mistreatment, victimization, incivility, health-endangering leadership, work abuse, workplace trauma, employee abuse, and mobbing. What distinguishes incivility from aggression is that the offender is not intentional when harming. It is easy to say workplace discouragement is seen as a form of violence, maltreatment, and even an open conflict, which can be said to pave the way for negative employee behavior

in the workplace (**Martin, 2018).**

Workplace incivility is increasing all over the world and studies show this result. There are 3 important features of workplace incivility. This frequency, density, and uncertainty, in terms of frequency; workplace incivility, over time, many events occur. In terms of density, workplace incivility is a low-intensity behavior which does not mean that it is harmless or insignificant **(Torkelsan et al., 2016).**

Workplace incivility reduces organizational performance by negatively changing employee attitudes and behaviors towards their colleagues and organization. Workplace incivility will negatively affect organizational performance by causing a decrease in the efforts of employees in terms of their roles and obligations (**Soyuk, 2018**). Workplace incivility negatively affects employee welfare. Serious workplace incivility can cause further psychological consequences such as stress, depression, and suicide in an employee (**Cortina et al., 2019).**

In the advanced stages, workplace incivility undermines the professional identity of the employees, decreases the self-confidence of individuals and their professional competencies, and becomes increasingly passive. Although employees feel incivility and they are uncomfortable, they may experience emotional exhaustion by continuing their work and then have the purpose of quitting. In addition, workplace incivility causes social slacking (**Paulin &Griffi, 2016).**

The tense and restless environment created by workplace incivility poisoning the organizational climate disrupts the working harmony of others. Managers who do not pay attention to workplace incivility do not realize how much time they spend to solve conflicts within the organization due to such behaviors. If they ignore these conflicts, workplace incivility will deform the corporate culture and cause damage to the institution. Workplace incivility is a phenomenon that needs to be emphasized and further work done due to significant negative effects. One of the highest achievements of an organization; is to increase personal and organizational production with mutual respect by constructing an environment in which employees feel themselves belonging to the organization and feeling happy **(Miner & Cortina, 2016).**

It is the common character of human beings that they will interact with each other at the workplace. They may behave positively or their attitude may be negative also. When there exists low-intensity interpersonal negative behavior with their colleagues within the workplace, is named workplace incivility. Workplace place incivility may lead to different outcomes that an increase in mental and physical stress explained by **(Cortina, 2018).**

Government hospitals, as a significant social setting, offer nurses the chance to interact and communicate with other health teams and patients. Despite social interaction having many benefits, the outcomes are not always positive since some organizational employees are intentionally kept in isolation **(Jahanzeb et al., 2020).** This phenomenon is named ostracism, which denotes "the extent to which a nurse perceives that she is excluded or ignored by others. The workplace ostracism phenomenon is taking more attention in the eyes of social researchers and also different studies verified that it has an adverse effect on the organizational outcome and also individual behavior and performance **(Shafique et al., 2020).**

Workplace ostracism was defined as "an individual's (or group's) exclusion, rejection, or ignored by another individual (or group) that impedes one's ability to establish or maintain a positive interpersonal connection, job-related success, or favorable reputation inside one's place of work, it has a negative impact on organizational outcomes as well as individual behavior and performance. It can include not being invited to important meetings, initiating a session without the presence of a certain employee, omitting important e-mails, or ignoring coworker comments and contributions. **De Clercq, et al., (2019).** Workplace ostracism contributes to deviant behaviors such as reduced satisfaction, withdrawal of prosocial activities, and emotional exhaustion, along with other things. Workplace ostracism, in particular, has a negative and significant impact on job performance **(Abubakar et al., 2018).**

.Ostracism can lead to long-term, intense sadness, and incompatible behaviors. As a result, when nurses are ostracized by their peers, they begin to feel powerless, unhappy, hostile, unworthy, and it jeopardizes their fundamental need for a sense of belonging which leads to counterproductive work behaviors **(Gharaei et al, (2020) and Sarwar et al., (2020).** Inadequate resources to meet work expectations cause nurses to become disengaged from their jobs through affecting work outcomes **Tariq& Amir, (2019**), **Ali & Johl, (2020), Zahid et al., (2021).**

Staff nurses suffered from emotional exhaustion and work stress as a result of ostracism, and these pressures could disrupt their job and lead to conflict. Nurses perceived ostracized behaviors from other staff resulted in lower-quality patient care, as well as a high likelihood of decreased affective commitment, job performance, and plans to quit as well as work engagement. Ostracism causes social pain in the same way that it causes physical pain. Workplace ostracism is a form of social exploitation that has been shown to have negative consequences for staff and management on the job, such as lower job satisfaction and increased turnover intentions (**Walsh, et al., 2019 Qi, et al., 2020).**

According to **Spiri et al. (2016),** uncivilized work environments are linked to decreased performance quality in the workplace, as reported by 155 US nurses. These incidents not only exert a serious effect on nurses' well-being but also derail their ability to provide patient care. To provide quality nursing care, nurses should be knowledgeable and skillful in inpatient care. Patients necessitate nurses to embrace certain characteristics (e.g., empathy, kindness, and caring) as some indicators of quality nursing care. However, measuring the quality of nursing care is not only about nurses' performance but also about how nursing is organized and delivered within healthcare institutions. In the study, a good workplace environment of nurses improves patient-centered care delivery. In addition, patients are also satisfied with the care delivered if there is an interdisciplinary collaboration between nurses and other healthcare professionals (**Alshehry et al., 2019).**

**Significance of Study:**

It is estimated that 98% of employees are exposed to workplace incivility and 50% experience this behavior at least once a week. Staff nurses would like to work in a setting where they are respected, especially at work. Also, it is found that the highest mean score of staff nurses` workplace ostracism dimensions was related to ostracism perception (15.65±3.56) that representing 52.% of the maximum score **(Abd Allah et al., 2021).** Nursing managers can be a source of respect, inspiration, and reinforcement, or they can be a source of discomfort, aggravation, and stress, ignoring and ostracizing others. Over the last 15 years, research on workplace incivility and ostracized behaviors has increased, indicating that unpleasant behavior at work is harmful to both nurses and the quality of relationships among them **(Patterson, 2016).**

This study helps to enrich the body of knowledge regarding the role of workplace incivility, workplace ostracism towards the negative outcomes, and quality of care. It contributes to the literature of turnover intentions, burnout, and job stress with different perspectives as it integrated these negative outcomes with workplace incivility and workplace ostracism. Organizations can minimize the job stress and emotional exhaustion of employees by effective implementation of study results. Organizations can develop a good relationship among their employees by effective implementation of study results. It is also, helpful for management people to manage their human resources effectively. This study provides direction to organizations to invest in training their workers regarding the effective management of their emotions with theoretical and practical perspectives. Through training, an organization can also strengthen the basic abilities and skills to express reasonable conduct which can lead to improved job performance.

**Aim of the study:**

To assess the incivility and ostracism in the workplace among staff nurses and its relation to the quality of care.

**Research questions**

1. What is the staff nurse's workplace incivility?
2. What is workplace ostracism as perceived by staff nurses?
3. Is there a relationship between staff nurses' perception of workplace incivility, workplace ostracism, and quality of care?

## Subjects and Methods

### Research Design

A descriptive correlational design was used to carry out this study.

### The Study Setting

The study was conducted at South Vally University Hospital in four General Medical Units, two General Surgical Units (Male and Female), five Critical Care Units; (Cardiac care unit, Cardiothoracic intensive care unit, Pediatric intensive care unit, General intensive care unit, and dialysis unit).

### Subjects:

Convenience sample from staff nurses (100) distributed as follows; (33) of them working at General Medical Units, (43) of them working at General Surgical Units, and (24) of them working at Critical Care Units,

**Inclusion criteria:** Nurses with at least three years of job experience in their working place and were available at the time of the study.

### Tools of Data Collection:

Data for the study was collected using the following three tools:

**Tool (I):** Part (I) personal & job characteristics. It was developed by the researchers after reviewing the related literature and includes age, gender, educational qualification, years of experience, and department.

### Part (II): Workplace Incivility scale (WPI):

To measure the nurses' WPI experiences from different sources **Guidroz, (2010**) was adopted. This scale probes nurses' experiences of uncivil acts from doctors, other nurses, patients/visitors, and supervisors. It comprises thirty-seven five-point Likert scale items (1 = strongly disagree, 2 = disagree, 3 neutral, 4 = agree and 5 = strongly agree). The baseline assessment of incivilityis intended to gauge the sources and types of incivility that are most problematic. Item means were calculated and used to calculate the subscale means. Possible mean scores can range from 1–5. High mean values indicate that high levels of incivility are experienced from specific sources. Higher mean values also indicate sources of incivility that are most problematic (**Guidroz et al., 2010**). The Cronbach alpha of the eight factors of the WPI ranged from 0.81–0.94. The scale also manifested excellent convergence and discriminant validity. Principal axis factor analysis supported the eight factors of the scale: two factors comprised general incivility, three factors made up nurse incivility, onefactor made up physician incivility, one factor comprised supervisor incivility, and one factor comprised patient/visitor incivility. The total variance explained by the factors was 71.64%. The NIS also showedcorrelations with conflict and work stress, thereby strengthening its construct validity (**Guidroz et al., 2010**). The computed Cronbach alphavalues of the different factors of the scale in the present sample ranged from 0.78–0.85.

### Tool (II): Workplace Ostracism Scale (WOS):

This was developed by (**Ferris et al., 2008**) and adapted by the researchers to assess staff nurses' perceptions of workplace ostracism. It consisted of 20 items, divided into two dimensions: Ostracism perception (10 items) and personal effect of ostracism (10 items). Sample items include: "Others ignored you at work" and "Others at work treated you as if you weren't there". Scoring System Nurses` responses were measured on a 3-point Likert scale ranging from (1) disagree to (3) agree. The overall score would therefore range from (20-to 60). The level of workplace ostracism was considered high if the percent score was more than 75%, moderate from (60%- 75%), and low (less than 60%).

### Tool (III): Quality of Nursing Care Scale (QNC):

The nurses' perception of QNC was measured by the QNC scale by **Martins, (2016**). This scale measures the perception of

nurses regarding activities that represent QNC. The QNC scale includes 25 items, which are rated using a four-point Likert scale (1 = never, 2 = rarely, 3 = often and 4 = always). The scale is composed of six categories, namely "health promotion, prevention of complication, well-being, and self-care, functional readaptation, nursing care organization, and responsibility and rigor." The scores in each category can be attained by calculating the mean. High mean values indicate high QNC (Martins et al., 2016). The computed Cronbach alpha of the entire QNC scale was 0.94. The computed Cronbach alpha values of the subscales for "health promotion, prevention of complications, well-being and self-care, functional readaptation, nursing care organization and responsibility and rigor" were 0.744, 0.740, 0.779, 0.862, 0.830, 0.684, and 0.855, respectively.

**Methods**

The study was executed according to the following steps

**Approval**

After describing the study's purpose to the director of South Vally University Hospital, official permission was obtained from the General Director and Nurse Director of South Vally University Hospital.

**The preparatory phase**

Lasted three months, from the beginning of March 2021 to the June of 2021, and included the following activities: Using journals, magazines, periodicals, textbooks, the internet, and theoretical understanding of the different elements of the study's area, reviewing national and worldwide relevant information.

**Pilot study**

In July 2021, a pilot study was undertaken to test the instruments' face and content validity, as well as to estimate the time required to complete the tools. It was carried out on 10% of the total number of study subjects (10 staff nurses). There were no changes made; the pilot study was incorporated in the full study sample.

**Fieldwork**

The actual fieldwork took place from the beginning of August 2021 to the end of September 2021, spanning two months. The researchers collected data by meeting with staff nurses and explaining the study's objective to them. The information was gathered from staff nurses during their working hours and according to their availability for three days per week; the daily number of staff nurses ranged from 5 to 7. For the Workplace incivility Scale, Workplace Ostracism Scale, and quality of nursing care scale. The time to complete the questionnaire sheet ranged from 25 to 35 minutes. To avoid missing data, the completed forms were collected on time and double-checked for accuracy.

**Tools Validity:**

The contents of the tools were adopted by the researchers, translated into Arabic, and face validity verified by five professors juries of experts in the field of education in the administration department. The necessary modifications were implemented based on their suggestions.

**Tools Reliability:**

The reliability of the tools was done to assess the internal consistency and homogeneity of the utilized tools employing Cronbach's Alpha test. The Workplace incivility Scale had an internal consistency of 0.78–0.85; the Workplace Ostracism Scale had an internal consistency of 0.894, whereas the Quality of Nursing Care Scale had an internal consistency of 0.820.

**Ethical consideration**

Before the conduction of the study, the scientific study committee at South Vally University's Faculty of Nursing granted ethical permission. All participants are interviewed to explain the study's goals and procedures, and they have the right to withdraw at any time during the study. Furthermore, the subjects' confidentiality and anonymity were ensured by coding all data. Oral informed consent was obtained.

**Statistical Design**

Statistical program for social science (SPSS) version 21 for windows, operating on an IBM-compatible computer, was used to arrange, tabulate, and statistically analyze the acquired data. Descriptive statistics were used in this study (e.g. frequency, percentages, mean and standard deviation). The correlation coefficient (r) was utilized as a test of significance. When p 0.05, a significant level value was considered, and when p 0.001, a highly significant level value was evaluated when p > 0.05, no statistically significant difference was evaluated.

**Results:**

**Table (1)**: Demonstrated that 62% of the studied nurses were aged <25 years with a mean of (24.5 ± 4.7 years), and 70% of them were females. Concerning qualifications of the studied nurses (66%) of them were technical nurses and (34%) were high qualified nurses. As regard years of experience, 48% of them had experience from 6 to14 years, and (32%) had experience ≤ 5 years. It was observed that (45.0%) of staff nurses were working at medical units.

**Figure (1)**: Demonstrated that 70% of the studied nurses were females and 30% of them were male.

**Table (2):** Showed the mean workplace incivility scores among staff nurses, it was observed that the mean scores on different subscales of general incivility, nurse incivility, supervisor incivility, physician incivility, and patient/visitor incivility were 2.23 ± 0.68, 2.17 ± 0.68, 1.92 ± 0.57, 2.43 ± 0.78 and 2.46 ± 0.74 respectively.

**Table (3):** Illustrated that the overall mean score of total workplace ostracism among staff nurses was (30.2±4.73) representing 48.9% of the maximum score. The highest mean score staff nurses` workplace ostracism dimensions were related to ostracism perception (16.67.±3.52) that representing 53% of the maximum score. The lowest mean score was the personal effect of ostracism (14.12±3.08) which represented 47% of the maximum score.

**Table (4):** Showed the mean quality of nursing care scores among staff nurses, it was observed that the mean scores on different subscales of health promotion, and prevention of complications. Also, reflected unit decreases in scores of patient satisfaction, health promotion, prevention of complications, well-being and self-care, functional readaptation, nursing care organization, responsibility and rigor were 3.27 ± 0.73, 3.08± 0.75, 3.17± 0.73, 3.16± 0.77, 3.09± 0.78, 3.20± 0.82, and 3.11 ± 0.71respectively.

The results of the individual standard multiple regression are summarized in **Table 5**. The workplace incivility experiences of the nurses from different sources (general incivility, nurse incivility, supervisor incivility, physician incivility, and patient/visitor incivility), together with the nurses' workplace incivility, were subjected to multivariate multiple regression to test their multivariate impacts on the seven subscales and overall perceived quality of nursing care. As indicated, nurses' workplace their overall quality of nursing care. This relationship was consistent for all subscales;-health promotion, and prevention of complications. Health promotion, prevention of complications, well-being and self-care, functional readaptation, nursing care organization, and responsibility considered rigor about quality of nursing care, respectively. Similarly, an increase of one unit in nurse incivility scores resulted in a decrease in the scores in the prevention of complications.

**Figure (2):** Portrayed that (57%) of staff nurses had a low level of workplace ostracism and (35%) of staff nurses had a moderate level of workplace ostracism while 8% of them had a high level of workplace ostracism.

**Table (6):** Showed that there was a low-level positive (r = 0,302; p <0, 01) statistically significant correlation between staff nurses' workplace incivility and workplace ostracism.

**Table (1):** Distribution of the studied nurses according to their demographic characteristics (N = 100)

| Demographic characteristics | N0. | % |
|---|---|---|
| **Age (Years)** | | |
| ≤25 years | 62 | 62 |
| 25 - <36 years | 30 | 30 |
| >36 | 8 | 8 |
| **Mean ± SD** | **24.5 ± 4.7** | |
| **Qualifications:** | | |
| Technical diploma | 66 | 66 |
| BSc | 34 | 34 |
| **Years of experience:** | | |
| ≤ 5 years | 32 | 32 |
| 5 ≤ 15 years | 48 | 48 |
| 15 - 25 years | 20 | 20 |
| **Department** | | |
| Surgical | 33 | 33 |
| Medical | 43 | 43 |
| Critical | 24 | 24 |

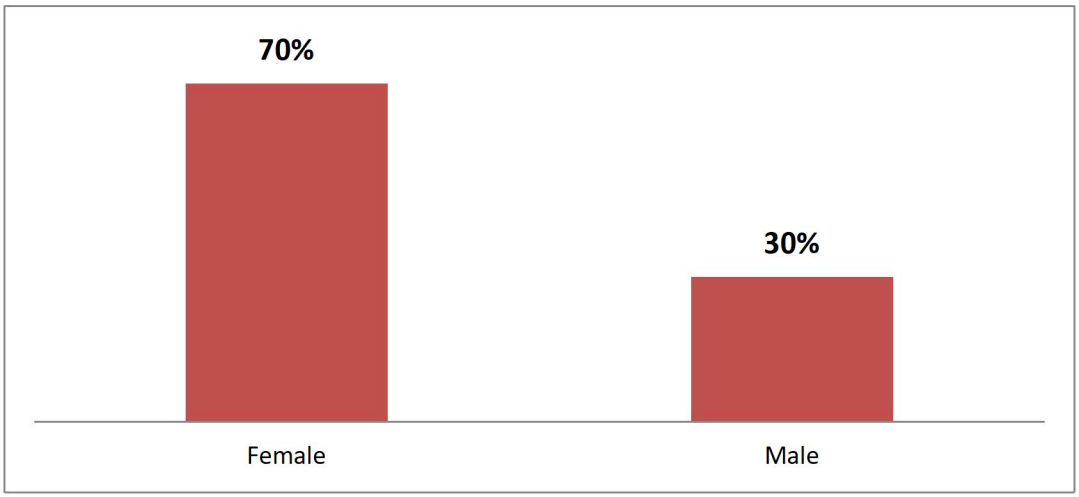


**Figure (1):** Distribution of the studied nurses according to their gender (N = 100)

**Table (2):** Mean workplace incivility scores among staff nurses (n= 100)

| Workplace ostracism elements | Mean ± SD |
|---|---|
| General incivility | 2.23 ± 0.68 |
| Nurse incivility | 2.17 ± 0.68 |
| Supervisor incivility | 1.92 ± 0.57 |
| Physician incivility | 2.43 ± 0.78 |
| Patient/visitor incivility | 2.46 ± 0.74 |

**Table (3):** Mean workplace ostracism scores among staff nurses (n= 100)

| Workplace ostracism elements | | Mean ± SD | Total percent |
|---|---|---|---|
| Ostracism perception | | 16.67.±3.52 | 53% |
| Personal effect of ostracism | | 14.12±3.08 | 47% |
| Total workplace ostracism | | 30.2±4.73 | 48.9% |

**Table (4):** Mean quality of nursing care scores among staff nurses (n= 100)

| Quality of nursing care | Mean | ± SD |
|---|---|---|
| **Health promotion** | **3.08** | **0.75** |
| I involved significant cohabitants of individual | 3.10 | 0.90 |
| I identify the health situation of the population and the resources of patient/family and community | 3.08 | 0.83 |
| I use the hospitalization time to promote healthy lifestyles | 3.02 | 0.87 |
| I provide information that generates cognitive learning and new abilities in the patient | 3.15 | 0.85 |
| **Prevention of complications** | **3.17** | **0.73** |
| I identify potential problems of the patient | 3.19 | 0.77 |
| I identify potential problems of the patient | 3.19 | 0.77 |
| I prescribe and perform interventions to prevent complications | 3.15 | 0.83 |
| I evaluate the interventions that help prevent problems or minimize undesirable effects | 3.18 | 0.79 |
| **Well-being and self-care** | **3.16** | **0.77** |
| I identify patient's problems that will help improve the patient's well-being and daily activities | 3.20 | 0.85 |
| I prescribe and perform interventions that will help improve the patient's well-being and daily activities | 3.14 | 0.88 |
| I evaluate the interventions that help improve the patient's well-being and daily activities | 3.16 | 0.86 |
| I address problematic situations identified that will help improve the patient's well-being and daily activities | 3.13 | 0.83 |
| **Functional readaptation** | **3.09** | **0.78** |
| I ensure continuity of nursing service provision | 3.15 | 0.82 |
| I plan discharge of hospitalized patients in health institutions, according to each patient's needs and community resources | 3.02 | 0.89 |
| I teach, instruct and train patients for their adaptation and teach, instruct and train patients on what is required for their functional readaptation | 3.14 | 0.86 |
| **Nursing care organization** | **3.20** | **0.82** |
| I know how to handle the nursing record system | 3.20 | 0.86 |
| I know the hospital's policies | 3.20 | 0.84 |
| **Responsibility and rigor** | **3.11** | **0.71** |
| I show responsibility for the decisions I make and for the acts I perform and delegate, aiming to prevent complications | 3.15 | 0.81 |
| I show technical/scientific rigor in the implementation of nursing interventions aiming to prevent complications | 3.12 | 0.87 |
| I show technical/scientific rigor in the implementation of nursing intervention | 3.12 | 0.77 |
| I refer problematic situations to other professionals, according to social mandates | 3.05 | 0.87 |
| I supervise the activities that support nursing intervention | 3.06 | 0.85 |
| Overall perceived quality of nursing care | 3.14 | 0.66 |

**Table (5):** Multiple linear regression analyses to assess the individual relationship between the workplace incivility and quality of nursing care ($n$ = 100)

| | **Health promotion** | | | **Prevention of complications** | | | **Well-being and self-care** | | |
|---|---|---|---|---|---|---|---|---|---|
| **Predictor variables** | ***β* (*SE*)** | ***p*** | **95% CI** | ***β* (*SE*)** | ***p*** | **95% CI** | ***β* (*SE*)** | ***p*** | **95% CI** |
| General Incivility | −0.23 (0.07) | .001** | −0.36, −0.10 | −0.14 (0.07) | .046* | −0.28, −0.00 | −0.19 (0.07) | .006** | −0.33, −0.06 |
| Nurse Incivility | −0.13 (0.07) | .057 | −0.27, 0.00 | −0.23 (0.07) | .002** | −0.37, −0.08 | −0.15 (0.07) | .042* | −0.29, −0.01 |
| Supervisor Incivility | −0.05 (0.06) | .461 | −0.17, 0.08 | −0.01 (0.07) | .879 | −0.15, 0.13 | −0.10 (0.07) | .127 | −0.24, 0.03 |
| Physician Incivility | −0.05 (0.05) | .354 | −0.15, 0.05 | −0.02 (0.06) | .751 | −0.13, 0.09 | 0.01 (0.05) | .846 | −0.10, 0.12 |
| Patient/Visitor Incivility | −0.05 (0.05) | .355 | −0.15, 0.06 | −0.05 (0.06) | .374 | −0.16, 0.06 | −0.11 (0.06) | .058 | −0.21, 0.00 |

*Significant at 0.05 level.
**Significant at 0.01 level.
***Significant at 0.001 level.

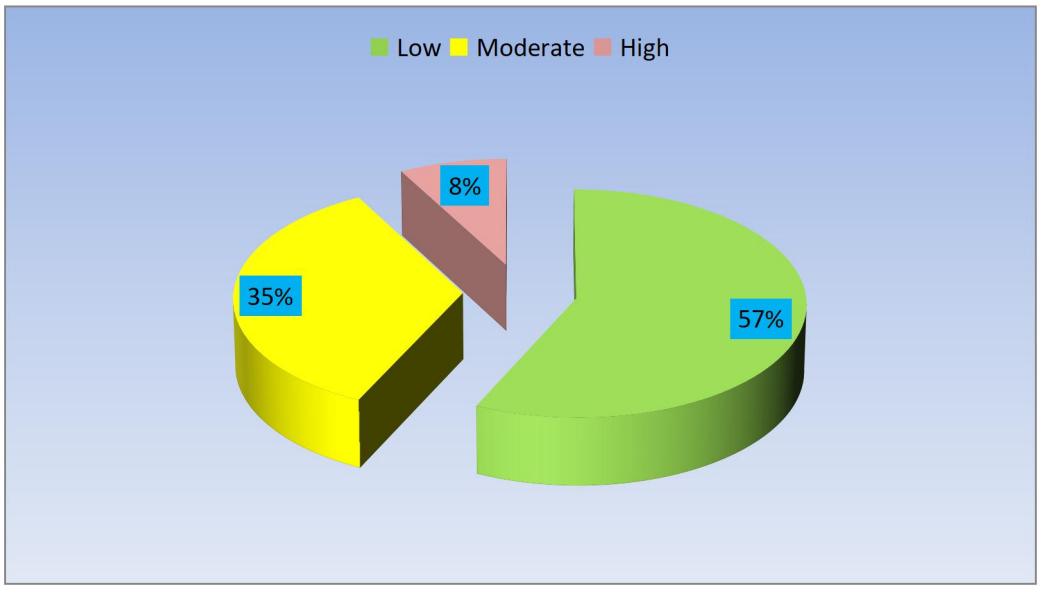


**Figure (2):** Distribution of workplace ostracism Level as reported by staff nurses (n= 100)

**Table (6):** Correlation between workplace incivility climate and workplace ostracism among staff nurses (n=100)

| Items | Workplace incivility | |
|---|---|---|
| **Workplace ostracism** | **r** | **302** |
| | **P** | **.002** |

## Discussion:

Perceived incivility behaviors in the workplace caused insufficiency in patient safety and the quality of care they provided **(Jahanzeb et al., 2020).** Hence, the study aimed to assess the incivility and ostracism level in the workplace among the nursing staff and its relation to the quality of care**.**

The findings of the current study revealed that the majority of staff nurses perceived the workplace as incivility, which was high inpatient/visitor incivility 2.46 ± 0.74. From the researchers' point of view, this may be due to staff nurses perceiving that there is no clear process to follow at the hospital for filing a complaint of verbal abuse among staff nurses. And the presence of social norms supporting not respectful treatment among nursing staff, norms are not explicitly codified like the written rules of hospital policies and regulations; they serve as implicit rules for staff nurses' behavior both inside and outside the hospital. Consequently, they may feel unrespected, reprimanded, harassed, emotionally abused, and mobbed by their supervisor. These findings are supported by a recent study by **Alshehry et al. (2019)** who conducted a study about " Workplace incivility and its influence on the professional quality of life amongst nurses" and revealed the majority of nurses working in Saudi hospitals who reported experiencing workplace incivility, most of which came from patients/visitors.

In this regard, **Hershcovis & Barling, (2019)** who studied "Towards a multifocal approach to workplace aggression" and stated that workplace incivility is influenced by the sorts of policies and processes used in workplaces and that a lack of defined rules/procedures controlling incivility, as well as policies that promote uncivil behavior, influence workplace incivility. Furthermore, **Kessler, et al., (2018)** who conducted a study entitled "Organizational violence and aggression "stated that Workplace situations that contribute to incivility behavior, such as verbal abuse and unpleasantness, are addressed by intolerance for incivility. The incidence of incivility within workgroups should be easily affected by both policies that reinforce uncivil

conduct and policies that reinforce uncivil behavior.

As regards the quality of nursing care scores among staff nurses, results of the current study reflected decreases in scores of health promotion, prevention of complications, well-being and self-care, functional readaptation, nursing care organization, responsibility, and rigor. From the researchers' point of view, this may be due to the majority of staff nurses being perceived as workplace incivility.

The results of the current study revealed that multivariate multiple regressions and indicated a relationship was consistent for all subscales: health promotion, and prevention of complications. Health promotion, prevention of complications, well-being and self-care, functional readaptation, nursing care organization, and responsibility considered a rigor about quality of nursing care and workplace incivility.

Also, **Abdollahzadeh et al., (2017)** studied "How to prevent workplace incivility?" and highlighted the negative impact of general incivility amongst nurses on the quality of nursing care, which means the greater the general incivility experienced by nurses, the poorer their quality of nursing care rendered. Internationally, the results obtained are consistent with several studies, and reports have increased the apprehension concerning the effect of incivility on the overall work performance of nurses. **Similary, Shi, et al., (2018**) conducted a study "Impact of workplace incivility against new nurses on the job" and found that workplace incivility affects a nurse's patient quality care performance.

The results were conducted by **Zhou et al., (2015)** " Effect of workplace incivility on end-of-work negative affect: Examining individual and organizational moderators in a daily diary study" and showed that nurses' incivility affects the prevention of complications, well-being and self-care, responsibility, and rigor and overall QNC. This result seems to be consistent with those of other studies that reported the dangerous effects of incivility behaviors on the overall well-being and quality of care of patients. Specifically, at the individual level, a previous study demonstrated that individuals' QNC in the workplace is mainly

Those who experience harmful incidents have a higher chance of developing poor well-being and self-care, which might weaken their work performance, than those who do not. In the analysis of **Zhang et al. (2018),** incivility unfavorably sets back the cognitions and emotions of nurses and significantly reduces their self-confidence towards patient care. Poor self-confidence towards care and responsibility could lead to low QNC. A harmonious compassionate milieu can increase in providing humanistic **(Zhang et al., 2018).**

Finally, nurses' experience of patient/visitor incivility has a negative impact on the dimension of responsibility and rigor and overall QNC. These results corroborate previous findings that the majority of nurses experience patient/visitor incivility, probably because of the status of the nursing profession in Saudi Arabia **(Shi et al., 2018).** In a study by **AlYami (2019**), expatriate nurses were frequently unacquainted with Saudi's healthcare system, which may impact their patient care performance and increase the risk of interpersonal conflict with patients and visitors. Alternatively, expatriate nurses may struggle to learn the Arabic language **(Aldossary, 2017).**

In this study, nurses perceived their QNC to be moderate, which is lower than the findings of the previous study conducted amongst Mongolian **(Gaalan, 2019**), American (**Lin, 2014**), and Belgian **(Van Bogaert, 2013**) nurses but slightly higher than that of Iranian nurses **(Khaki, 2018).**

This findingis worth noting because many shortcomings, such as poor performance, lack of positive organizational climate, insufficient resources, and understaffing, have been reported in hospitals in Saudi Arabia **(Alenezi et al., 2019; Aljuaid, 2016).** These issues challenge nurses to improve their QNC as required in the clinical setting. Assessing the QNC delivered by nurses is critical in maintaining and improving their qualityof care. Similary, **Armstrong, (2018)** who studied" Management of Nursing Workplace Incivility in the Health Care Settings" found that workplace incivility affected practice

Concerning the level of workplace ostracism, according to the findings, more than half of the staff nurses studied had a low level of workplace ostracism, while the minority of them had a high level of workplace ostracism. This finding is matched with **Zahid, et al., (2021**) who studied "Workplace Ostracism on Work Productive Behavior of Employees with Mediating Effect of Emotional Intelligence" and stated that studied nurses have a low level of workplace ostracism. These findings are in the same line with **Chen & Li, (2019**) who studied "The relationship between workplace ostracism and sleep quality" and found that half of the studied nurses suffered from low workplace ostracism.

The findings are similar to **Ahmed & Mahmoud, (2020**) who did a study about "Workplace Ostracism and Counterproductive Work Behaviors among Nurses" and reported that two-thirds of studied nurses had a moderate level of workplace ostracism and one fifth had low workplace ostracism. In the same line **Mlika, et al., (2017**) conducted a study about " Organizational ostracism: A potential framework to deal with it. Safety and Health at Work "and indicated that ostracism is mainly observed in healthcare organizations. The researchers thought these differences in workplace ostracism perception among muses reflect the high awareness level of management regarding the wise handling of workplace ostracism and its sequences at study setting. It may be a result of the growth of nursing experience leading to declining ostracism.

The findings of the current study revealed that there was a low-level positive statistically significant correlation between staff nurses' workplace incivility and workplace ostracism. This means that when perceived workplace incivility levels increased the level of workplace ostracism increased.

The finding of the present study was parallel with **Hershcovis, (2018)** who studied " Incivility, social undermining, bullying" and concluded that employees may intentionally and unintentionally disengage from the workplace as a result of incivility. Especially when incivility comes from a supervisor, it can result in employees who are less committed to the organization and report higher turnover intentions as a consequence of being ignored and ostracized. And **Çelik & Koşar, (2018**) studied " Analyzing the relationship between organizational culture and workplace ostracism " and found a relationship between organizational culture and civil behavior and ostracism concluded that individuals who adopt the organizational culture, support organizational activities, and view the organizational structure positively support civility climate are less exposed to ostracism in the workplace. In the same direction with **Elsayed, et al., (2021**) who studied " Leadership competencies, workplace civility climate, and mental well-being in El- Azazi Hospital For Mental Health stated that incidence of incivility conduct among staff nurses is influenced by the workplace civility climate. Furthermore, there was a statistically significant link between workplace incivility behavior including ostracism.

A study conducted by **Abubakar et al., (2018**) entitled "Evaluated the indirect effect of ostracism in the workplace and incivility in the workplace with the negative feelings of intention to sabotage" also, found incivility in the workplace shows that it is positively and significantly associated with negative emotions. In the same study, they found that organizational incivility causes negative emotions and behaviors that harm the institution rather than exclusion. Similary, **Kumral and Çetin (2018**) did a study about "The mediating role of workplace ostracism on workplace incivility and organizational silence relationship" and found that organizational incivility causes organizational silence in their study in nurses. In the same study, it was stated that organizational incivility plays a role in silence. **Miner and Cortina (2019**) studied " Experiencing incivility in organizations: the buffering effects of emotional and organizational support " and showed a positive relationship between incivility towards women and perception of injustice among individuals.

**Halis and Demirel (2016**) studied "The impact of social support on organizational ostracism" and found that there is a negative relationship between the dimensions of social support and organizational incivility and that social support affects organizational incivility. **Mahfouz et al., (2017**) conducted a study

about "Does workplace incivility & workplace ostracism influence the employees' turnover intentions?" and found a negative relationship between organizational ostracism and intention to quit. **Çelik and Koşar (2018)** found a negative relationship between organizational culture and ostracism. It can be said that individuals who adopt the organizational culture, support organizational activities, and view the organizational structure positively are less exposed to ostracism in the workplace. Workplace incivility refers to a climate of the unorganized organization and is considered an undesirable problem to be solved in organizations. Because the incivility in the working environment causes the spread of attitudes and behaviors and the abstraction of the employee will affect the performance of individuals negatively and this will decrease the productivity of the organization.

**Conclusion**:

More than half of nurses had a low level of workplace ostracism. General and nurse incivility exerted a multivariate effect on the overall quality of nursing care and its different dimensions. There was a low-level positive (r = 0,302; p <0, 01) statistically significant correlation between staff nurses' workplace incivility and workplace ostracism. General incivility and nurse incivility were found to negatively affect the quality of nursing care and its different dimensions.

**Recommendations**:

- Incivility must be treated with a zero-tolerance policy by hospital administrators.
- Administrators at hospitals must foster a positive work environment in which civil communication is the norm and hospital standards are known and obeyed.
- Provide useful information for enhancing the quality of nursing care by acting in incivility concerns that arise from various sources within the hospital.
- Developing interactive teaching sessions on disruptive behavior for the whole hospital, involving personnel from all disciplines and levels within the healthcare.
- Further study may replicate this study in different sectors to ensure generalization.

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