

# Does incivility impact the quality of work-life and ethical climate of nurses?

Workplace  
incivility and  
its impact on  
nurses

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## Abstract

**Purpose** – The purpose of this study is to assess the relationship between incivility and two organizational and personal attitudes, namely, perceived ethical climate and perceived quality of work-life of nurses, in the framework of organizational climate.

**Design/methodology/approach** – Quantitative data of 148 nurses working in a medium-sized hospital in Israel were collected. Furthermore, qualitative data were collected through semi-structured interviews with 12 nurses and 14 doctors from the same hospital, constructing a mixed-method approach.

**Findings** – Findings revealed that witnessing or experiencing incivility affected the nurses' perception of the ethical climate of their work unit and their perceived quality of their work-life. Additionally, we found that the relationship between incivility and nurses' perceived quality of work-life was partially mediated through their perceived ethical climate. The qualitative data supported some of the findings.

**Originality/value** – The article stretches the incivility theory beyond its dyadic boundaries, prominently showing the spillover effect of incivility as an organizational problem. Additionally, it offers some evidence-based support for the multidimensionality of incivility, strengthening the need for a construct cleanup.

**Keywords** Incivility, Ethical climate, Formative and reflective measurement scales, Quality of work-life  
**Paper type** Research paper

## Introduction

In times of globalization, changing market dynamics and rapid technological developments, organizations, adopt structures and processes to cope with changes being forced on them. In turn, these structural changes enforce more complex and more intensive interdependencies between people in organizations (Ley *et al.*, 2012). On the one hand, these interdependencies are often structured through increased employees' responsibilities and autonomy, but at the same time, work intensification increases and introduces new layers of possible inner-organizational conflicts (Richardson, 2010) as well as increasing opportunities embedded in these new work structures for misuse of power (Hutchinson *et al.*, 2010; Vardi and Weitz, 2016) as in the case of incivility. For the most part, incivility is a subsidiary disrespectful interaction among dyads which can be considered milder yet more prevalent compared to other forms of mistreatments in organizations (Paulin and Griffin, 2016). It was first defined by Andersson and Pearson (1999) as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect" (p. 457). While civility is demonstrated through adequate interpersonal interactions, incivility is represented through inappropriate social encounters (Andersson and Pearson, 1999; Pearson and Porath, 2005), either active as in the case of public criticism or passive as in the case of silent treatment (Hershcovis, 2011).



Across industries, employees are exposed to psychological hassles such as incivility (Hutchinson *et al.*, 2018). Specifically, in nursing, incivility is a widespread problem that has garnered much attention in recent years (Laschinger *et al.*, 2013; Jiang *et al.*, 2018). Emerging evidence suggests that incivility has significant implications for nurses, patients and healthcare organizations as a whole (Clark and Springer, 2007). Thus far, incivility theory and research were mainly centered on the narrower prism of dyadic interactions in the workplace (Paulin and Griffin, 2016; Schilpzand *et al.*, 2016), although the theory suggests that incivility cannot go unseen and its impact may overflow to third party observers and affect the organization as a whole (Schilpzand *et al.*, 2016). In this regard, only a handful of studies have dealt with the impact of incivility beyond its immediate dyadic interaction (Itzkovich and Heilbrunn, 2016; Miner-Rubino and Cortina, 2004; Totterdell *et al.*, 2012; Schilpzand *et al.*, 2016), although exploring these reciprocal interrelations (citation removed for blinding, 2016) between employees and organizations, is crucial for organizational functioning, due to the high organizational costs of ignoring these adverse interactions.

Focusing on the overlooked organizational viewpoint of these adverse interrelations, recently, it was noted that experiencing incivility also shapes the organizational climate (Hutchinson *et al.*, 2018), which is defined as the accumulated set of perceptions employees share concerning their work environment (Brawley Newlin and Pury, 2019). Although the concept of climates refers to the organizational level and is defined as the aggregated perception of employees concerning their work environment, to the most part, it is founded on individuals' attribution of meaning to their organizational surroundings (Beus *et al.*, 2018) thus, it is fed by the micro-level and demonstrates an interplay between the micro- and macro-level.

Throughout the years, the research of specific sub-climates was developed. This theme of research includes climates for safety, service, collaboration, communication, fair treatment, work-life balance and others (Brawley Newlin and Pury, 2019) including ethical climate (Cullen *et al.*, 2003; Parboteeah *et al.*, 2010) which is defined as the organization's shared perceptions concerning the "ethically correct behavior" (Parboteeah *et al.*, 2010, p. 600).

In the framework of incivility, it is expected that individual experiences of incivility, will lead to a perception of unethical climates as both concepts of incivility and (un)ethical climates are structured on the basis of immorality (Andersson and Pearson, 1999; Parboteeah *et al.*, 2010).

In order to bridge the gap and demonstrate the interplay between personal and organizational attributes in the context of incivility and bring to light the overlooked organizational prism of incivility, the main goal of the current article is to investigate the interrelations between incivility and both perceived ethical climate, an organizational utility and perceived quality of work-life, a personal utility.

Although incivility is a widespread problem that has garnered much attention in recent years in the context of nursing (Laschinger and Read, 2016; Laschinger *et al.*, 2013). To the best of the author's knowledge, no data exist regarding the impact of experiences of incivility on perceived ethical climate, mainly because both ethical and organizational researchers mostly held different theoretical views (Christian and Ellis, 2014), namely, organizational (represented by incivilities research) and moral research studies (represented by ethical climates research), although morality is rooted within the definition of both.

Moreover, as a manifestation of interpersonal deviance, perceived incivility also impacts various working elements, consequently damaging workplace health. These are broadly considered as outcomes of decreased quality of work-life, a multidimensional construct representing an employee's attitude toward a variety of work-related aspects such as, but not limited to, interpersonal relations (Kelbiso *et al.*, 2017). Although the broad concept of quality of work-life was overlooked in the research of incivility, its importance for healthcare service

providers and specifically for nurses and organizational performance was noted (Kelbiso *et al.*, 2017; Nayak *et al.*, 2018).

The assessment of incivility is an additional issue. Although the Workplace Incivility Scale (WIS) (Cortina *et al.*, 2001) and the updated WIS (Cortina *et al.*, 2013) is commonly used, there are no sufficient data regarding their validation. Indeed, recently scholars raised a concern regarding the development and validation of workplace incivility measurement scales, implying that the current scales might capture behaviors beyond the construct of incivility as they overlap other scales and deviate from the theoretical definition of the construct as introduced by Andersson and Pearson (1999). Still, despite a recent call for construct cleanup and measurement accuracy (Kunkel *et al.*, 2015), no statistical validation has been presented to date for existing standard scales. Following this alert, the current article also focuses on promoting the statistical validation of the updated WIS scale.

Taken together, the aims of the current study are twofold. First, it expands the theory of incivility beyond its dyadic boundaries centered on organizational behavior and positions it in a more comprehensive, organizational framework, namely, organizational ethical climate. In doing so, it binds personal (i.e. quality of work-life) and organizational outcomes (i.e. ethical climate) of incivility under one comprehensive theoretical framework. As incivility theory is mainly centered on the interpersonal conflict and its outcomes, the current framework expands the theory beyond that, reframing incivility as an organizational problem. Additionally, it answers to some extent, Kunkle *et al.*'s (2015) call for construct validation and measurement accuracy while offering some evidence-based support for the multidimensionality of incivility, strengthening the need for construct cleanup to improve its reliability, which was challenged by Kunkle *et al.* (2015). To the best of our knowledge, although the need was brought up, the challenge has yet to be answered.

## Theoretical background and hypotheses development

### *Workplace incivility*

Incivility was defined as the exchange of seemingly inconsequential inconsiderate words and deeds that violate conventional norms of workplace conduct (Pearson and Porath, 2009, 12). Generally, incivility can be considered a disrespectful interaction among dyads (Paulin and Griffin, 2016). For the most part, incivility is a subsidiary, rude behavior (Andersson and Pearson, 1999; Paulin and Griffin, 2016; Schilpzand *et al.*, 2016), which demonstrates adverse interpersonal relationships (Andersson and Pearson, 1999).

Although incivility can be perpetrated by different bodies, it typically trickles downward in the organizational hierarchy (Andersson and Pearson, 1999; Porath and Pearson, 2012), illustrating the embeddedness of power in the foundations of incivility (Hershcovis, 2011; Cortina *et al.*, 2013; Giumetti *et al.*, 2013; Chui and Dietz, 2014; Miner and Cortina, 2016; Schilpzand *et al.*, 2016; Torkelson *et al.*, 2016). This means that targets of incivility are positioned at the lower ends of the organizational hierarchy compared to their perpetrators (Pearson and Porath, 2009). While most researchers attribute ambiguous intent to the perpetration of the uncivil act (Lim and Teo, 2009; Porath *et al.*, 2015; Schilpzand *et al.*, 2016), others (mainly in academic incivility research) suggest that the top-down characteristic of incivility implies that it might be intentional after all (Citation removed for blinding, 2014; Morrissette, 2001). Additionally, while most organizational researchers consider incivility as unidimensional (Andersson and Pearson, 1999), other incivility researchers mainly in the academic arena divide the construct into two dimensions, namely, passive and active incivility (Berger, 2000). In line with these critiques, it is time for a construct cleanup from both the theoretical and measurement points of view.

In the medical arena, some research has suggested the widespread nature of incivility (Riskin *et al.*, 2015) and bullying (Báez-León *et al.*, 2016), indicating its significant implications

for healthcare organizations, doctors, patients and nurses, including nurses' engagement, stress levels and intentions to leave the job or even the profession. According to [Etienne \(2014\)](#), 48 percent of the members of a professional nurses' association surveyed reported experiencing incivility, in particular being ignored or excluded, negatively impacting their well-being and stress levels, work and patients. Yet despite the costliness of a non-ethical climate to any organization in the long term, no data point to the interrelations between experiences of incivility and perceived ethical climate.

Specifically, although scant data do exist regarding the reverse effect of ethical climate on bullying ([Bulutlar and Öz, 2009](#); [Taylor and Pattie, 2014](#); [Lachman, 2015](#)) – a more intense form of adverse interpersonal interaction compared to incivility ([Einarsen et al., 2016](#)) – and although the impact of ethical leadership on incivility was also addressed ([Taylor and Pattie, 2014](#)), to the best of the authors' knowledge, thus far no data exist regarding the impact of experienced incivility on perceived ethical climate.

#### *The interrelation between incivility and ethical climate*

Generally, an ethical work climate (EWC) is defined as “the prevailing perceptions of typical organizational practices and procedures that have ethical content” ([Victor and Cullen, 1988](#), p. 101). EWC encompasses employees' perceptions concerning the extent to which workplace processes and practices are ethical. Thus, an ethical climate defines the normative infrastructure within the organization, and by doing so, points to the boundaries of right and wrong within the organization ([Bulutlar and Öz, 2009](#)). In turn, these perceptions shape employees' attitudes and behaviors within and toward the organization ([Beeri, et al., 2013](#)).

In the nursing literature, EWC was defined more specifically as the “shared perceptions of organizational practices surrounding ethical decision-making and reflection, including issues of power, trust and human interaction” ([Humphries and Woods, 2016](#); [Olson, 1998](#)). Accordingly, we believe that incivility, which is considered to be a manifestation of disruptive human interaction mainly perpetrated by exerting power, will positively correlate with a (un) ethical climate. Our hypotheses also rely on the seminal work of [Hutchinson et al. \(2010\)](#), who viewed organizational power as a contextual driver which is extracted and shaped by the continually changing, stressed working context, much more than being a personal propensity driven by interpersonal conflict ([Hutchinson et al., 2010](#)). Embedded in the authors' model, power creates the opportunity to misbehave and thus serves as a driver of bullying. As bullying shares its many characteristics of incivility as an interpersonal maltreatment, and as [Hutchinson et al. \(2010\)](#) also posits that these adverse power extractions also impact ethics of care and justice which are central to healthcare dynamics, we hypothesize that these are also the dynamics when it comes to incivility, in line with the authors' model and later view of incivility as an organizational hazard that impacts ethics ([Hutchinson et al., 2010](#); [Hutchinson et al., 2018](#)). Thus, we posit that

- H1. Perceived incivility is positively associated with unethical climate as perceived by targets.

#### *Decreased perceived quality of work-life following uncivil experiences*

In addition to its impact on perceived ethical climate on the organizational level, incivility impacts various work-related outcomes on the individual level. Incivility increases absenteeism rates and deviant employee behavior ([Schilpzand et al., 2016](#)), which overall demonstrates disengagement from the organization ([Lim and Teo, 2009](#)) and dissatisfaction with various aspects of work ([Bunk and Magley, 2013](#); [Lim and Cortina, 2005](#); [Miner et al., 2014](#); [Schilpzand et al., 2016](#)). As the quality of work-life is defined as employee satisfaction with a variety of needs through resources, activities and outcomes at work ([Sirgy et al., 2001](#)),

it is safe to note that incivility impacts the quality of work-life by damaging the sense of worthiness, belongingness and, overall, being respected (Schilpzand *et al.*, 2016). Thus far, to the best of our knowledge, although the interrelations between incivility and separate components of quality of work-life were addressed in research (Citation removed for blinding, 2016; Schilpzand *et al.*, 2016), to date, the comprehensive construct of quality of work-life in the context of incivility has been overlooked, although the quality of work-life was found to be crucial for maximization of organizational efficiency specifically in the context of healthcare (Nayak *et al.*, 2018).

In light of these, we hypothesize that:

*H2.* Incivility is negatively associated with quality of work-life.

Ethical climate defines the boundaries of right and wrong within the organization. Recently, it was indicated as a predictor of the quality of work-life among the university and accounting firm employees (Lee *et al.*, 2018). On a parallel course, other related findings showed that nurses' satisfaction with their work environment was related to "job stress and anxiety levels," "relationship with colleagues," "collaboration and good communication," "job motivation," "work demands" and "professional development" (Bégat *et al.*, 2005), some of which can be considered indicators of quality of work-life and are impacted in the stressful work environment of nurses (Hutchinson *et al.*, 2010). Despite the importance of these aspects for the quality of nurses' work motivation and engagement (Bégat, Ellefsen, and Severinsson, 2005) and the interrelation between ethical environment and quality of work-life, these interrelations were overlooked among nurses. Thus, in the framework of this article, it is assumed that the perceived ethical climate is positively correlated with nurses' quality of work-life. Hence, the hypothesis 3 is posited

*H3.* The perceived ethical climate is positively correlated to nurses' quality of work-life.

## Method

### *Quantitative design: method and findings*

*Sample and procedure.* This field study was carried out in a medium-sized hospital in Israel, during February and March 2016. The sample comprised 148 nurses, constituting one-third of the registered nurses in the hospital and a total 33 percent response rate. The participants age ranged between 23 and 69 years (with an average age of 41.8 years); 87.8 percent were employed permanently; 19.6 percent held managerial positions; 72.3 percent were women and their average tenure in the hospital was 13.7 years.

Before the research, an internal committee within the hospital, independent of the academic research and an ethics committee within the researchers' institution approved the questionnaires and interview manuals. Following the approval and an e-mail from the hospital CEO stressing the importance of participation for future improvement of the organization, the nurses were asked to take part in an academic survey and those agreeing to participate provided verbal consent. Research assistants unrelated to the hospital distributed the questionnaire during meetings and before/after shifts. The questionnaires were either collected by the research assistants at the end of the meeting or a week later during the spring of 2016.

Anonymity was assured. Questionnaires were answered discreetly and handed back to the researchers in sealed envelopes. A reminder e-mail to fill them out was sent after a week and again after three weeks. One hundred sixty-five questionnaires were returned, 148 of which contained useable data —representative of one-third of the active nurse force at the hospital.

*Measurements.* The perceived incivility scale. Workplace incivility was measured using a 12-item scale (Cortina *et al.*, 2013). Participants were asked on a 5-point Likert scale to indicate the extent to which they experienced uncivil behaviors such as being interrupted, being

targeted by angry outbursts or receiving hostile looks from coworkers, supervisors or patients over the past year. A sample item is “Yelled, shouted, or swore at you.” Answers ranged from 1 = never to 5 = many times.

The incivility scale was measured in this article as a formative index, based on guidelines and confirmatory tetrad analysis test results (Hair *et al.*, 2016). The authors presented guidelines for deciding if a construct was formative or reflective. They noted if a construct was a combination of the indicators, indicators were not interchangeable, and when indicators were also more causes of the construct than consequences of it, the construct was formative.

More specifically, formative indicators represent different dimensions of a construct. A formative construct presents a summation of the observed variables with which it is associated, emphasizing the role of indicators as predictors. In other words, the phenomenon is defined by or is a function of the observed variables (Simonetto, 2012). When it comes to incivility, the indicators indeed form the theoretical construct rather than being outcomes of it. As an example, the extent of receiving hostile looks from coworkers, which is one of the indicators of incivility, is considered as an index and not as an outcome.

Alternatively, reflective measurement models are based on interchangeable items, which represent the effect of the construct (Hair *et al.*, 2016). Incivility indicators are not interchangeable in the sense that ignoring is not interchangeable with yelling, and an individual experiencing incivility because coworkers ignore him will not necessarily experience hostile looks from coworkers.

Additionally, based on confirmatory factor analysis as described in Table I, the incivility measurement scale was operationalized as a higher-order component consisting of two lower-order components, which yielded two factors, namely, mild and severe incivility.

Indicator 8 of the scale, “Made demeaning or derogatory remarks about you,” was removed from the data analysis before hypotheses testing, due to the variance inflation factor (VIF) above 5, indicating collinearity issues of the indicator. The remaining 11 indicators were evaluated formatively. Although the incivility scale was not introduced as a formative measurement in past research, it qualifies more like a formative one than a reflective one in light of the guidelines for selecting the measurement model mode (Matthews *et al.*, 2016).

Ethical climate. Eight items adopted from Menzel (1995) were utilized to assess the ethical climate. The version used herein was previously adopted by Beerli *et al.* (2013). On a

	Factor	
	Severe	Mild
Targeted you with anger outbursts or temper tantrums	0.872	
Made insulting or disrespectful remarks about you	0.864	
Yelled, shouted or swore at you	0.853	
Ignored you or failed to speak to you (e.g. gave you “the silent treatment”)	0.828	
Accused you of incompetence	0.789	
Made jokes at your expense	0.727	
Interrupted or “spoke over” you	0.652	
Doubted your judgment on a matter over which you had responsibility		0.864
Paid little attention to your statements or showed little interest in your opinions		0.802
Gave you hostile looks, stares or sneers		0.634
Addressed you in unprofessional terms, either publicly or privately		0.532
Rated you lower than you deserved on an evaluation		0.488

**Note(s):** Extraction method: maximum likelihood

**Table I.**  
Factor matrix for  
perceived incivility

1 (completely disagree) to 5 (completely agree) on a 5-point Likert scale, respondents indicated the extent to which employees' behaviors and perceptions in their department were ethical or based on ethical considerations. Sample items were: "Members of my department have misused their position to influence the hiring of their relatives and friends in (city/county) government (R);" "My supervisor encourages employees to act ethically" and "Managers in my department have high ethical standards." The alpha coefficient for the scale was 0.85.

**Quality of work-life.** Quality of work-life was measured using eight items based on [Sirgy et al. \(2001\)](#). The measure in this format was also utilized by [Beeri et al. \(2013\)](#). Items ranged from 1 (completely disagree) to 5 (completely agree) on a 5-point Likert scale. Sample items were: "The organization supports and encourages the personal and professional development of employees" "My work positively influences my family." The alpha coefficient for this scale was 0.92.

The measurement (outer) model of these constructs was assessed in line with SmartPLS guidelines ([Matthews et al., 2016](#)). In this respect, constructs that are formed as reflective are assessed separately from formative constructs.

Reflective outer model constructs were assessed through three measurement model criteria, namely, internal consistency (i.e. Cronbach's alpha and composite reliability); convergent validity (i.e. indicator reliability, average variance extracted) and discriminant validity.

These are represented in [Table II](#) and [Table III](#), which indicate acceptable values of internal consistency, convergent validity and discriminant validity.

Following the assessment of outer models' reflective measures, the formative constructs in the outer model were assessed. Although not all their indicators were significant, it is advisable to retain them as part of the measurement model since their loading was significant and above 0.40 ([Matthews et al., 2016](#)).

**Analysis strategy.** SmartPLS 3.0 was also utilized to test the research hypotheses ([Matthews et al., 2016](#)). The structural (inner) model included the following factors: incivility, a latent variable with 11 indicators; an ethical climate consisting of eight indicators and quality of work-life, a latent variable consisting of eight indicators.

## Findings

### *Testing the hypotheses model*

[Figure 1](#) illustrates the research model.

Following the measurement model assessment, the inner model, which refers to the assessments of the relationship between the constructs, was assessed according to guidelines supplied by [Matthews et al. \(2016\)](#). The inner model's primary goal was to test the research hypotheses.

The inner model was constructed as follows: paths were specified between the workplace incivility scale and ethical climate, quality of work-life. Additional paths were specified between the ethical climate and the quality of work-life.

VIF (inner model) values were measured for all constructs in order to test for collinearity among constructs before the path model assessment. The VIF results did not reveal any collinearity issues among constructs; specifically, all VIF values were lower than the threshold of 5, which was recommended as the threshold for collinearity ([Matthews et al., 2016](#)).

### *Interrelations between the constructs*

As can be seen in [Figure 2](#) and [Table IV](#), perceived incivility was found to be positively associated with unethical climate as perceived by targets (**H1**). Additionally, it was found that incivility was negatively associated with quality of work-life (**H2**) and that unethical climate as perceived by targets was negatively associated with quality of work-life (**H3**).

[Figure 2](#) also reports the explained variance of the endogen latent variables.

**Table II.**  
Reflective outer model  
analyses for checking  
convergent validity

Latent variable	Convergent validity			Internal consistency reliability		Discriminant validity HTMT (Heterotrait-monotrait ratio of correlations) confidence interval does not include 1 <0.90
	Indicators	Loadings >0.70	Indicator reliability (i.e. loadings <sup>2</sup> ) >0.50	AVE >0.50 Not relevant – formative scale	Composite reliability 0.60–0.90	
Ethical climate	Ethical climate1	0.45	0.20	0.495	0.884	0.850
	Ethical climate2	0.71	0.51			
	Ethical climate3	0.75	0.57			
	Ethical climate4	0.61	0.37			
	Ethical climate5	0.80	0.64			
	Ethical climate6	0.80	0.65			
	Ethical climate7	0.73	0.54			
	Ethical climate8	0.67	0.45			
Quality of work	Quality of work1	0.80	0.65	0.647	0.936	0.921
	Quality of work2	0.82	0.68			
	Quality of work3	0.64	0.41			
	Quality of work4	0.75	0.56			
	Quality of work5	0.84	0.71			
	Quality of work6	0.79	0.63			
	Quality of work7	0.86	0.74			
	Quality of work8	0.87	0.76			

Yes

Yes

Figure 2 reveals that, generally, the  $R^2$  scores were moderate-high. Specifically, the explained variance of ethical climate was 46.9 percent; and the explained variance of quality of work-life was 31 percent.

In order to evaluate the relevance of each exogenous construct in explaining an endogenous construct, namely, effect size,  $f^2$  scores were calculated for each path. Results presented in Table IV indicate that all paths result in low-high effect sizes. Specifically, the most significant effect size that evolved from the incivility to ethical climate path was the highest ( $f^2 = 0.88$ ) and the other  $f^2$  scores were low; the path between ethical climate and quality of work-life was ( $f^2 = 0.05$ ), and the path between incivility and quality of work-life was ( $f^2 = 0.08$ ).

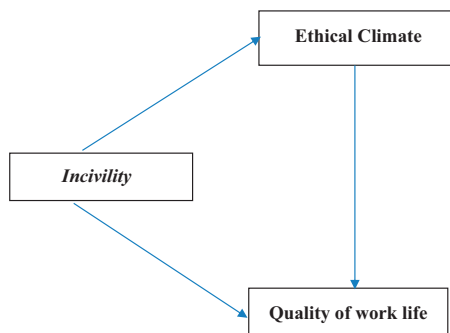
$Q^2$  scores were also calculated through the blindfolding procedure in order to test the predictive relevance of the model concerning each endogenous construct separately. Results indicate that all endogenous variables in the complete model have an acceptable (moderate) predictive power.

*A lens of mediation*

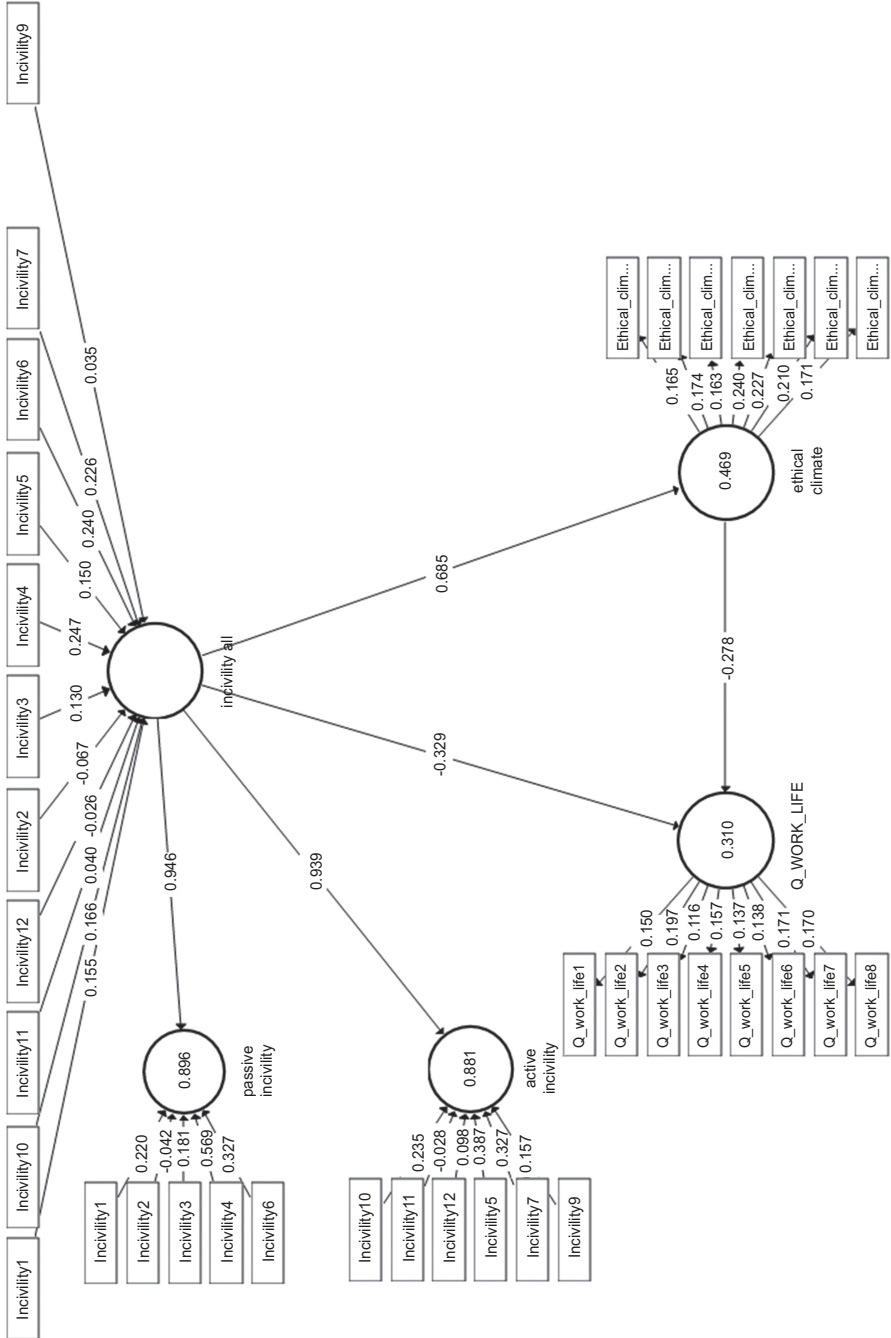
Over and above these findings, results indicate one partial mediation effect. Mediation was tested according to the guidelines of Zhao *et al.* (2010). These guidelines debated the guidelines of Baron and Kenny (1986) for testing mediation, concluding that the existence of an indirect effect between an independent variable (IV) and a dependent variable (DV) via the moderator is sufficient to establish mediation. Once this indirect effect is established, the existence of the direct link between the IV and the DV determines whether the mediation is full or partial (Matthews *et al.*, 2016; Zhao *et al.*, 2010). In light of the latter guidelines, it can be stated that the relationship between general incivility and quality of work-life is partially mediated by ethical climate, as indicated in Table V.

	M	SD	1	2	3	4	5
1. Quality of work-life	3.49	0.87	(0.80)				
2. Ethical climate (reverse)	1.71	0.70	-0.49**	(0.70)			
3. Incivility active	1.73	0.81	-47**	0.63**	Formative		
4. Incivility general	1.79	0.78	-0.52**	0.69**	Formative	Formative	
5. Incivility passive	1.87	0.80	-0.49**	0.65**	Formative	Formative	Formative

**Table III.** Descriptive statistics correlations and Fornell-Larcker Criterion Analysis for checking discriminant validity



**Figure 1.** The theoretical structure of the proposed framework



**Figure 2.**  
The explained variance  
of the endogen latent  
variables

*Interviews*

As part of our mixed-methods approach, following the quantitative study, semi-structured, in-depth interviews were conducted with 12 nurses. Additionally, semi-structured, in-depth interviews were conducted with 14 doctors to test research hypotheses. The mixed-methods approach has been noted to enrich data, to increase the depth and scope of inquiries (Seale, 1999) and to provide researchers with a degree of triangulation (Lincoln and Denzin, 2005).

The participants, the nurses and doctors interviewed, were selected randomly from different departments. Standard guidelines for open-ended questions were used with both the nurses and doctors. The interviews were conducted flexibly with respect to the order of questions, the time allocated for each question and the discussion of emerging topics.

*Data analysis of interviews.* Thematic analysis was employed in all 26 interviews. It provided a flexible, thorough and accessible way to analyze qualitative data. The interviews supported the quantitative data and enabled gaining a deeper understanding of some of the quantitative data gleaned from the questionnaires.

*Qualitative findings: nurses and doctors share their thoughts and feelings*

*A spotlight on incivility and (un)ethical climate.* Incivility. First, nurses described instances of incivility, which included shouting, speaking disrespectfully, not sharing information and even throwing things. In line with the existing literature, incivility was described as mainly coming from individuals higher in the hierarchy: doctors, veteran nurses in charge of nurses. Speaking of doctors, one nurse told us: “Some doctors on the staff always shout, in particular, senior doctors...” (SV). Another described “Disrespectful speech [to nurses]. . . it can be in public too, and not only speech, but it can also be in behavior too. [They] speak to you as if you are a maintenance worker or a cleaner. They do not respect our work” (DR). Speaking of ignoring and condescending, a veteran nurse said: “One senior doctor. . . when he passes by me, he ignores me completely. Moreover, when I ask him a question about procedures, he says ‘do it because I said so’” (AN).

Doctors similarly talked about incivility trickling down from doctors and interns to nurses as well as from department heads to doctors at all levels, from senior doctors to interns and maintenance staff. Doctors noted that “One doctor, in particular, speaks brutally. He can stress out nurses: “Why didn’t you do this? You are sloppy. You are no good”. He stresses out

**Table IV.**  
Path coefficients and level of significance

Complete model	Path coefficient	t values	p values	95% confidence intervals	f <sup>2</sup>	Significance
Ethical climate → quality of work-life	-0.278	2.925	0.007	[0.048,0.818]	0.05	Yes
General incivility → quality of work-life	-0.329	3.405	0.000	[0.607,0.795]	0.08	Yes
General incivility → ethical climate	0.685	14.178	0.000	[0.00,0.33]	0.88	Yes

**Table V.**  
Mediation test results

	Direct effect	95% Confidence interval of the direct effect	t value	Significance (p < 0.05)	Indirect effect	95% Confidence interval of the direct effect	t value	Significance (p < 0.05)
General incivility Quality of work-life	-0.329	[0.607,0.795]	3.405	Yes	-0.190	[-0.332, -0.051]	2.671	Yes

the entire team around him” (MG); “Disrespectful speech that goes out of control, for example, a doctor that says: ‘What do you know, you are nothing, zero, you speak nonsense’” (GM).

Ethical climate. The nurses and doctors described some instances of unethical behaviors that they were aware of. Among them were promotions based on connections rather than capabilities, inequality in superiors’ distribution of roles and assignments, unequal burden-bearing and low transparency in promotion procedures: “There is a department where they are all family. Family members are accepted, even if they do not have the necessary qualifications while others, more fitting for the job, are not” (CL).

*A spotlight on the interrelations between incivility and ethical climate.* Incivility and ethics were reported to be interrelated. The perception of the climate as unethical followed interpersonal aggression.

There are aggressive and accusing emails going around: You did this, and you are this...that everyone can read. Moreover, no one did a thing to these doctors. There is no ethical code being enforced in the hospital...this is not the way an organization should operate (CL).

It seems that the assertion of power impacts the ethics of treatment as well.

There are also humiliations. You can hear senior doctors say [toward junior staff], “I know everything, and you know nothing,” “Junior staff is frightened. We have one apprentice who saw that the patient got a wrong treatment, yet he was afraid to say something” (DR).

*A spotlight on the decreased quality of work-life.* Beyond their impact upon general perceptions of the organization, instances of perceived incivility were often noted by interviewees to affect the quality of work-life, increase perceived lack of support, especially when it is needed as in the case of new staff members and in a few instances of incivility, even evoked intentions to leave in both nurses and doctors. One nurse told us

It is not simple for me, not at all. I try to breathe in deeply, to brace myself for the next time. I have to admit I accomplish much less. I used not to be able to wait for the morning to come so I could go to work. Not anymore (MI).

Another nurse in a managerial position added

Nowadays, I more often give up, I back off. It is hard for me to have to prove myself all the time. It hinders my ability to do my work well, my well-being. I try to conserve my energy. I’m a little tired (HL).

One of the nurses also told us how she was impacted by lack of support “I was a new nurse [Back then], I didn’t know what I was supposed to do, and she [a veteran nurse] said to me: “What are you standing there for?” and I felt like... like I messed up ... I didn’t know what to do... and she didn’t speak nicely. She used a commanding tone of voice, [she was being] unpleasant. Nowadays, she no longer treats me like that but the same people [she and others like her] keep doing it to new ones. Moreover, when I see them, I say to myself: she [the new nurse] is going through the ‘boot-camp.’ I know how she feels...” (AN).

A doctor even said: “Some people in the staff always shout, [in particular] senior doctors... Interns [often] leave because of it, [back when I was an intern] I too almost left” (YV, Senior Doctor).

## Discussion

This study aimed to investigate the impact of incivility experienced by its targets’ on the quality of work and the organization through the investigation of its impact on the ethical climate. By doing so, it extended the incivility theory to a broader organizational context within the framework of organizational climates. Specifically, we tested whether incivility directed at individuals enhances the unethical climate in the department (the organizational level) above and beyond the perpetrator–victim relationship.

We were able to confirm our first hypothesis that postulated that perceived incivility is positively associated with unethical climate as perceived by targets. The meaning is that the individual experiences of incivility enhance the perception of unethical work climate at the organizational level. This finding contributes by stretching the incivility theory to the organizational level, enabling to frame it within the context of organizational climates. Additionally, it also strengthens the notion that climates are, for the most part, aggregations of individual experiences (Brawley *et al.*, 2019).

This finding has a special meaning in the healthcare context, which is structured on the basis of morality and care. Incivility trickles down the organizational hierarchy and is expressed through the manifestation of power misuse (Citation removed for blinding, 2016). These adverse power extractions are antithetical to a concern for care, which is central to healthcare dynamics, as noted by Hutchinson *et al.* (2010). Although the authors' work was focusing on bullying, the qualitative hospital staff reports in the current research, demonstrate that the presence of incivility has similar implications.

Furthermore, we found a negative direct association between incivility and quality of work-life. Thus far, the relationship between incivility and various work-related outcomes such as absenteeism, deviance, turnover intentions, job dissatisfaction and other outcomes (Schilpzand *et al.*, 2016), which overall demonstrate disengagement from the organization (Lim and Teo, 2009) and dissatisfaction with the quality of work, (Cortina *et al.*, 2001; Lim and Cortina, 2005b; Bunk and Magley, 2013; Miner *et al.*, 2014; Schilpzand *et al.*, 2016). However, the relationship between incivility and quality of work-life as an all-inclusive construct that captures that essence of "overall satisfaction with work-life along with a cumulative sense of belonging to a working group and being worthy and respectable" (Nayak *et al.*, 2018, p. 119) has not been measured so far. The utilization of such an all-inclusive scale for measuring work quality, enables determining conclusively, regardless of the specific measured features of work, that incivility is adversely related to the quality of work-life.

Additionally, we found, as speculated, a negative relationship between the unethical climate and quality of work-life. This prediction relied on the positive relations between job satisfaction and perceptions of ethical climate (Anaza *et al.*, 2015) and the positive relations noted in the literature between job satisfaction and quality of work-life (Elçi and Alpan, 2009). This finding is of particular importance as recent studies have highlighted the contribution of the quality of work-life to commitment, team spirit and job satisfaction (Koonmee *et al.*, 2010), all of which are essential in healthcare.

Following the same logic, but now from an adverse viewpoint, we predicted and found that perceived unethical climate elicits a reduction in the perceived quality of work-life. Although it was noted that the perception of the organizational climate as ethical is crucial for nurses' well-being, job satisfaction, commitment and turnover as well impacts patient-related outcomes (Goldman and Tabak, 2010; Pauly *et al.*, 2009), the relationship between perceived ethical climate and quality of work-life among nurses, in particular, was overlooked so far.

Nonetheless, although not predicted, we did find that the abovementioned relationships are partially mediated. Specifically, we found that the relationship between incivility and quality of work-life was partially mediated by ethical climate.

These findings demonstrate the ongoing reciprocal relations between employees and organizations, which continuously nourish each other. Dyadic uncivil relations build an unethical climate, which in turn affects the employees' attitude toward the organization. A similar mechanism starting at the organizational level is ignited through an unethical climate that affects employees' quality of work. These features all together shape the organizational climate as a whole and the interplay between micro- and macro-level features of work.

Taken together, the current study elaborates on previous studies by extending the dyadic interpersonal adverse relations, namely, the incivility theory, to the less-discussed organizational level, while placing the discussion in the framework of organizational

climates and specifically on ethical climate. As such, the findings of the current study should be a wakeup call for healthcare organizations. They should increase organizational efforts to reduce incivility, and through that, they can increase the perceptions of the organizational climate as ethical as well as improve the quality of work-life through the following three proposed steps:

- (1) Identifying mistreatment: In light of the novel view of context as a significant driver of adverse climate (Hutchinson *et al.*, 2018b) through identifying contextual indicators such as level of pressure, power distribution and so forth, organizations can identify organizational structures that have increased probability for mistreatment and deal with these structures in advance through human resource (HR) practices. For instance, if the level of pressure in a particular unit is higher than in other units, HR professionals should work to balance it.
- (2) Prevention: In light of contact theory and indirect contact guidelines, promoting positive interactions and opportunities to interact among workers can decrease conflicts (Fouk *et al.*, 2016; Visintin *et al.*, 2017) and thus mitigate incivility and promote ethical climate. Additionally, the organization can proactively raise awareness among staff in order to convey the message that the organization will not tolerate such behaviors and to encourage employees to stand up for themselves or report on others. As a complementary preventive step, the organization can strive to develop employees' socio-emotional competencies. Specifically, it can strive to develop employees' resilience and thus their ability to stand up for themselves. In order to prevent the perpetration of incivility, the organization can work to enhance managers' impulse control competencies and empathy toward others.
- (3) Intervention: Lastly when incivility is present, the organization should act against perpetrators as part of a comprehensive organizational zero-tolerance policy for mistreatment, as avoidance from taking action might assume the organization is a convener for the adverse acts and as such, in light of a tit-for-tat dynamic, retaliation behavior will be directed at the organization (Citation removed for blinding, 2016). In doing so, organizations may improve the quality of work-life of their employees and promote the ethical climate for the benefit of the staff and the patients.

Moreover, this study elaborates on the recent debate regarding the validation of measurements used to measure incivility (Kunkel *et al.*, 2015). The notion that current incivility measures are formative is new and should add to the measurement accuracy of the construct. Although current standard measures are formative, they are treated as reflective measures, hence increasing the risk of measurement error. This notion should trigger the development of a reflective measurement to measure incivility and generate debate regarding the current utilization and validation of existing scales.

Also, in this regard, we identified two sub-factors of incivility (i.e. mild and severe). Although the theoretical conceptualization of workplace incivility does not distinguish between subsets of incivility, academic incivility embraced a two-dimension viewpoint. The concept of victimization, of which incivility is one manifestation (Aquino and Thau, 2009), also has a two-dimensional viewpoint, by noting the differences between direct and indirect victimization (Aquino and Bradfield, 2000). Thus, our findings extend the academic incivility perspective and point to the possibility that the construct of workplace incivility might be a two-dimensional construct as well. Another competing explanation is that the operationalization of incivility also tends to capture behaviors other than uncivil ones, all of which collapse into the severe sub-category of incivility that we identified. This explanation supports the new notion stressing the need for construct clean up (Kunkel *et al.*, 2015), which has not been answered thus far.

Despite its contributions, this study has several limitations. First, it is a cross-sectional array, which might imply that the relationships could be presented differently. As an example, incivility might affect an ethical climate, although, similarly, an unethical climate could foster incivility.

A common method bias is an issue to point out when all data is from a single source. In order to overcome this bias and gain an additional point of view and time, interviews were conducted not only with nurses but also with doctors half a year after the medical staff had filled out the questionnaires.

Furthermore, the perception of unethical stances may have increased above their actual occurrence through the confirmatory bias mechanisms, the tendency to search for, interpret, favor and recall information in a way that confirms one's pre-existing beliefs or hypotheses (Plous, 1993), even unintentionally; thus, it should be interpreted with caution.

Nevertheless, positioning incivility in a broader organizational framework, as done throughout the current article and pointing to its measurement challenges, will assumably contribute to a deeper understanding of incivility and thus its potential mitigation. By doing so, it can also thus contribute to fostering a better and more ethical work environment for nurses and healthcare organizations alike.

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