Nursing Incivility as Antecedent to Caring Behavior, Organizational Commitment and Job Satisfaction

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ABSTRACT

Nursing incivility is a negative behavior characterized by low-intensity activities that deviate from social standards. This study aimed to determine the correlation of nursing incivility to caring behavior, organizational commitment and job satisfaction through partial least squares-structural equation modeling (PLS-SEM). The methods of research utilized were descriptive, correlational and cross-sectional. The respondents of the study were 1,276 hospital staff nurses in Pampanga. The four instruments used were the Nursing Incivility Scale, Caring Behavior Inventory, Organizational Commitment Scale and Mueller-McCloskey Satisfaction Scale. Results of the study showed that six factors of nursing incivility are predictors to caring behaviors; eight factors are predictors to organizational commitment; and five factors are predictors to job satisfaction.

Keywords: caring behaviors, incivility, job satisfaction, organizational commitment

INTRODUCTION

Caring is a specialized ethical agreement that nursing profession has with the people to sustain in situations where it may be vulnerable. Caring is therefore significant to the nursing practice (Royal College of Nursing, 2002). It is embodied by nurses and is articulated in their person-to-person responsiveness. This means that caring is presented in the manner of behaving in social circumstances such as nurse-patient interaction (Orem, 2001).

During the interaction with patients, nurses demonstrate caring in tangible acts commonly referred to as caring behaviors

(Delaune & Lander, 2002). Caring behaviors can be manifested through the five dimensions of respectful deference to others, assurance of human presence, positive connectedness, professional knowledge, and skill and attentiveness to the other's experience (Guidroz, Burnfield-Geimer, Clark & Jex, 2010). These can further be exhibited by being ready to cater to the needs of the patients, monitoring their prognosis, listening to them, and promoting optimism and pleasant disposition. Caring behavior, as an overt action, might be influenced by certain internal and external factors. Concrete examples of these external factors are organizational commitment, job satisfaction and civility.

Caring, which includes its behaviors, is related to the concepts of organizational commitment through the ethical climate types. Caring is actually one of the five most commonly encountered ethical climate types (Huang, You & Tsai, 2012). A caring climate type emphasizes benevolence and concern for people (Cullen, Parboteeah, & Victor, 2003). In this type of climate, people share a genuine interest in their well-being inside the organization that may affect their ethical judgment as part of organizational commitment. It also focuses on what is best for everyone within an organization. Among the ethical climates, the caring climate has the most direct relation with the ethical behavior (Fu & Deshpande, 2012) and has significant positive influence to organizational commitment (Filipova, 2011).

Another external factor to caring is job satisfaction. The standard of professional nurse caring is based on the initiative of humanistic-altruistic value system that entails the commitment and satisfaction of receiving through giving in the job or occupation (Watson, 1985 cited in Martsolf, 2002). It is also an associated variable to the caring concept through the caring ethical climate. Job satisfaction, a concept which derives from optimistic and gratifying state of nurses from their work appraisal (Locke, 1976)

and emotional reaction to the workplace (Norris & Niebuhr, 1983 cited in Gumbang, Suki & Suki, 2010) has positive correlation to caring through the most significant variable of caring climate (Wallin, Jakobsson & Edberg, 2012).

The concept of civility, a refined conduct, courtesy, graciousness and a polite deed or expression (Merriam-Webster, 2015) is associated to caring. Since the principle of caring is the main foundation of the nursing profession and compels to follow ethical guidelines and codes, nurses are encouraged to treat people fairly with integrity (Watson, 1994 cited in Clark & Carnosso, 2008). The nurses' code of conduct entails civility, a concept of acceptance, paying attention and conversing varying opinions (Sistare, 2004). Promoting a culture of civility denotes dignity and respect thus, disallowing any type of harassment, aggressive action or sense of ignorance to other people (Clark & Carnosso, 2008). These behaviors that are deviations to the essence of civility are referred to as incivility. The negative concept of incivility in the workplace may set-in as a result of the advent of high-speed environment consisting of frequent electronic mails, conference calls and meetings. Oftentimes, profound labor demands may result in pessimistic repercussions such as minimized collegial co-worker relationship (Person et al., 2000, cited in Walsh, Magley, Reeves, Davies-Schrills, Marmet & Gallus, 2011). These mentioned uncivil acts, as aggravated by trying situations, are considered deviant to the nursing profession, which fosters sound caring environment, organizational commitment and job satisfaction. Therefore, the context of nursing incivility can be further studied by factoring it to the variables of caring behaviors, organizational commitment and job satisfaction.

Currently, there are no empirical undertakings that have correlated nursing incivility and caring behaviors. One reference was identified on the relationship of nursing incivility and

organizational commitment among nurses (Laschinger, Leiter, Day, & Gilin, 2009) and several on the former with job satisfaction (McKenna et al, 2003; Rosenstein, 2002; Rosenstein, 2002; Rosenstein & Daniel, 2005, Tepper, 2000; Winstanley & Whittington, 2002 cited in Guidroz, Burnfield-Geimer & Clark, 2010). With these gaps in related studies, the researcher responds to the challenge of finding correlation between nursing incivility, a concept that may hinder the promotion and maintenance of health, to three other variables. These are caring behavior, a value often associated to nurses, organizational commitment, an essential quality that is imperative to the nursing profession and job satisfaction, which is important to continue the mission of nurses in providing quality health services.

This context may inspire future researchers to be interested in this field to follow related undertakings in their convenient setting. With Pampanga ranking second to have the most number of government and private hospitals in the region, its nurses' population alone can satisfy the huge requirement for Partial Least Squares-Structural Equation Modeling (PLS-SEM).Therefore, the researcher finds it relevant to conduct this study which may be advantageous in the promotion and advancement of civility, caring behavior, organizational commitment and job satisfaction of nurses in the province of Pampanga.

Literature Review

Civility and Incivility

The concept of civility denotes tolerance, comprehension, and discussion of varying opinions (Sistare, 2004) and admiration for other people's opinion while understanding their diversity (Emry & Holmes, 2005 cited in Clark et al., 2008). Carter (1998) interpreted civility as a value of respecting fellow citizens which is

more than just being polite in the context of democracy of ideas while Eisner and Boggs (2005) considered this as a virtue of good manners and decency. Rowland and Srisukho (2009) as cited in Shanta and Eliason (2014) defined civility as a fundamental facet of professionalism in nursing. However, nursing civility must be experienced and constantly practiced during undergraduate years as a value because it is not inherent (Russell, 2014; Weeks, 2011).

There were some studies conducted in light of civility in nursing profession. Jenkins, Kerber and Woith, (2013) found-out that nurses assist and support their co-workers as means of civility. Clark et al. (2008) concluded that a nurse sees civility as actuation based on different factors such as culture, personal anecdotes, roles and group expectations. Kerber, Jenkins, Woith and Kim (2012) stated that nurses have increased awareness and improved coping strategies in civility after joining civility journal clubs. According to Center (2010), proper training of nurses and strict implementation of hospital rules promote civility in the workplace.

Though the concept of civility in the workplace is common, incivility has been reported by nurses too. The concept of incivility is unlikely visible on all fields of professions including nursing, a known noble and caring occupation (Lashley & DeMeneses, 2001; Luparell, 2004, Clark, 2008, Felbinger, 2008; Cleary et al., 2010 cited in Hunt & Marini, 2012). Serving as a hindrance to the promotion of ethical nursing practice and quality health care to hospital clients, incivility in the workplace is a negative current trend (Khadjehturian, 2012). Basically, nursing incivility is characteristic of discourtesy or impoliteness exhibited through verbal or actual means (Tiberius & Flak, 1999 cited in Robertson, 2012). Though not as intense as bullying, incivility is experienced individually (Griffin & Clark, 2014). It also breaks standards and may eventually be harmful in the end (Andersson & Pearson, 1999).

Nursing incivility in the workplace can be as rampant as 71%-75% of the nurse respondents in the studies of Cortina, Magley, Williams and Langhout, (2001); Einarsen and Raknes, (1997). On the other hand, workplace nursing incivility can be as few as 13%-18% of the study participants of Cole, Grubb, Sauter, Swanson and Lawless (1997). Hutton and Gates (2008) had a study on hospital nurses with the highest cases are in the category of workplace incivility and lowest in immediate superiors. Uncivil acts in the workplace contribute to decrease in group communication (Emblad, Kodjebacheva, & Lebeck (2014), organizational commitment (Laschinger et al., 2009), job retention (Lachman, 2014), job satisfaction (Smith, Andrusyszyn, & Laschinger, 2010) and increase in nursing staff errors (Anthony & Yastik, 2014). In a study of Walker (2014) on incivility in nursing education and job satisfaction of nursing faculty, there was no significant relationship between the two variables.

Caring Behavior

The concept of caring is fundamental to the nursing profession. As the core of nursing practice, caring is considered the focal point of this noble profession (Tutay, 1997). Though it is always associated with nursing, caring is also manifested in other fields or occupations (Orem, 2001). Caring is defined to be the basic minute-by-minute attention to a person's needs that will provide an environment for cure and relief (Aquino, 2000). According to Delaune and Lander (2002), caring is considered to be a worldwide value that mainly controls the application of nursing. In addition, Young (2001) as cited in Biag (2004) referred caring behavior to two patterns of care that consists of professional knowledge and skill, surveillance and reassuring presence (first pattern) and understanding individual qualities and needs, promoting autonomy and spending time. Clark (1993) has also defined caring as a value of right emotions and standards that is imperative on how nurses

decide and behave as promulgators of care to their patients. Thus, caring is a behavior related to person-to person-responsiveness.

There were studies made regarding caring among nurses. In abroad, using the caring behavior inventory, Papstavrou et al. (2012) made a cross-cultural study on the caring behaviors of nurses in six European countries. Results showed that there are significant differences on the nurses' and patients' views on assurance of human presence and respectful deference to others. In another study, Taiwanese nurses exhibited caring behaviors through inspiring hope in patients, providing physical comfort, possessing professional knowledge and having skillful techniques, having patience and respecting client's culture (Tsai et al, 2015). Brammer (2006) also discussed that nurses recalled the caring examples of the nursing educators during the phenomenological study. Watson (2009) even stated that in her research in academic nursing, the focus on the concept of nursing is composed of caring, devoting and participating. Lastly, Sitzman (2010) identified the preferred caring behaviors of students regarding online nursing education.

Locally, there were also researches conducted. Laurente (1996) studied the outcome of caring behaviors of nurses on patients' anxieties at the Emergency Room (E.R.). Calaguas (1999) examined the relationship of nurses' caring behavior to client's degree of satisfaction. Biag (2004) investigated the implications of nurses' and patients' perceptions on caring behavior. Recently, Cuadra and Famadico (2013) studied on male students' caring behavior, emotional intelligence and resilience.

In general, studies in caring behavior, both foreign and local, have collectively reported instances of nurses exhibiting caring behavior in various forms and examples. Settings of the studies ranged from the hospital (Tsai et al., 2015, Papstavrou et al., 2012;

Biag, 2004; Calaguas, 1999; Laurente, 1996) to school (Cuadra et al., 2013; Sitzman, 2010; Watson, 2009; Brammer, 2006). Specific areas of nurse respondents included emergency room (Laurente, 1996), ward (Biag, 2004; Calaguas, 1999) and intensive care unit (Tsai, 2015).

Organizational Commitment

Organizational commitment of nurses is essential in the accomplishment of objectives in the hospital workplace (Knoop, 1995). According to Organ (1997) organizational commitment is a set of one's conduct that may be recognized by the reward system and further the development of an organization. The main focal point of organizational commitment stems from the employees' commitment to his beloved institution (Meyer & Allen, 1997). Nurses' affiliation and interest in their specific institutions concretely describe organizational commitment (Huang et al., 2012). Organizational commitment is also attributed to an individual's good standing relationship with the organization (Krestainiti & Prezerakos, 2014) and exertion of zealous efforts towards the organization's success (Zeinabadi & Salehi, 2011 cited in Achmad, 2013). According to Liou (2008) organizational commitment is a behavior bound by time and spaceand is manifested through interactive means. Organizational commitment is essential in an individual's job efficacy (Hamdi & Rajablu, 2012).

Meyer and Allen (1991) developed a three-factor model of organizational commitment consisting of affective, continuance and normative commitments. Affective commitment deals with the emotional factor to the organization. Continuance commitment is the knowledge of the severity of losing inclusion in an organization. Normative commitment is the balance between employee's values and organization's responsibility.

There were related studies in organizational commitment. Sarmiento (2015) utilized the Organizational Commitment Scale (OCS). Based on her study, staff nurses were neutral on all the three factors of continuance, normative and affective commitments. Mayer and Schoorman (1998) as cited in McNeese & Nazarey (2001) noted in their study that nurses have greater continuance commitment than their affective commitment. Loui (1995) researched on relationship of organizational commitment to supervisory trust, job involvement and job satisfaction. Organizational commitment had positive relationships to all these three areas (Loui, 1995). Angle and Perry (1991) as cited in Brown (2003) made a study on the relationship of organizational commitment to turnover. Results show a negative relationship between organizational commitment and turnover (Angle & Perry, 1991 cited in Brown, 2003). Organizational commitment in the nursing profession has its positive effects both on the organization and employees as shown by researches showing organizational commitment's positive correlation with job satisfaction in nursing (Bateman & Strasser, 1984, Williams & Hazer, 1986; Marsh & Mannari, 1997 cited in Krestainiti, 2014). In a study of McNeese-Smith et al., (2001) on 30 staff nurses, organizational commitment is correlated to these aspects in order: personal factors, opportunities for learning, job satisfaction, plan for retirement, monetary benefits, patient care, co-workers, cultural factors and job security. According to the research of Cohen and Veled-Hecht (2010), organizational commitment was related to organizational socialization in nursing. Chen and Francisco (2000) and Wasti (2003) have studied that collectivist orientation is antecedent to the affective component of organizational commitment. Peng et al., (2013) discussed that a partial mediation on organizational commitment would constitute to occupational burnout.

Overall, studies on nurses' organizational commitment have been correlated to different factors. Examples of positive correlation

are supervisory trust and job involvement (Loui, 1995), job satisfaction (Bateman & Strasser, 1984; Williams & Hazer, 1986; Marsh & Mannari, 1997 cited in Krestainiti, 2014) and organizational socialization (Cohen & Veled-Hecht (2010). On the other hand, examples of negative correlation include turnover (Angle & Perry, 1991 cited in Brown, 2003) and occupational burnout (Peng et al., 2013).

Job Satisfaction

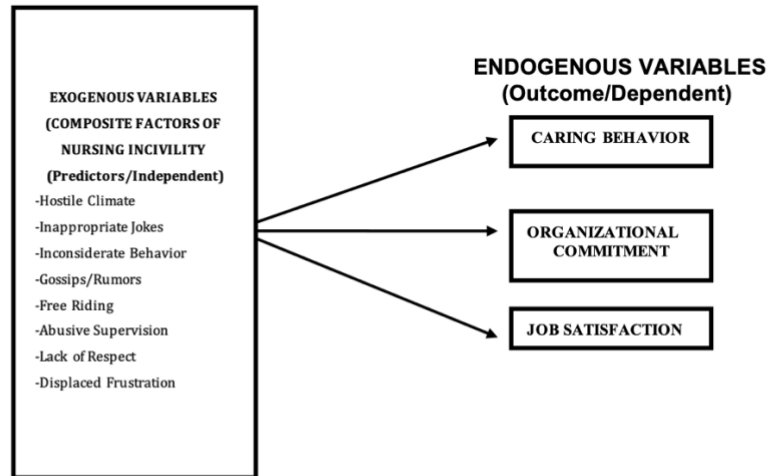
Job satisfaction is a collective feature of adult career development (Jepsen & Hung-Bin, 2003). It is the totality of the attitudes an employee exhibits in which he derives pleasure from his job (Mortensen, Nyland, Fullmer, & Eggett, 2002). Essential on the appraisal of accomplishing tasks in the workplace, job satisfaction is basically based on the nurse's feelings and thoughts (Golbasi, Kelleci, & Dogan, 2008). In nursing, job satisfaction takes place when the nurses can apply their own beliefs and values in their job which bring about congruence to their needs (Locke, 1976 cited in Wallin, Jakobson, & Edberg, 2012). Job satisfaction is also essential for those who are interested in the subjective evaluation of workplace conditions like responsibility, job variety or communication requirements (Dormann & Zapf, 2001). It often affects job attendance, judgment to stay in an institution and employee morale (Mortensen et al., 2002).

According to the results of the study of Wild (2006) utilizing the McCloskey Mueller Satisfaction Scale (MMSS), nurse practitioners in California perceived high levels of job satisfaction. NPS showed least satisfaction on participation in research and writing/publishing of research studies. Based on a study conducted by Sakowski (2012) on occupational medical nurses, there was high job satisfaction on the areas of responsibility for activities, scope of performed task and cooperation with employees, patients and

doctors. Ames, Rutledge, Hughart, Greeno, Gentry, and Tren (1992) found that interaction and communication, professional issues, pay and benefits, work environment and team building are more significant in staff retention rather than job satisfaction. Cavanagh (1992) as cited in Crose (1999) learned that nurses were satisfied with their jobs, benefits, participation, promotion, routine, communication and salary. The top concerns for job satisfaction are appreciation, communication, co-workers, fringe benefits, job conditions, the nature of the work itself, the nature of the organization itself, organization's policies and procedures, pay, personal growth, promotion opportunities, recognition, security and supervision (Spector, 1997 cited in Moumtzouglou, 2010).

Previous studies show that job satisfaction was correlated to autonomy and social integration (McCloskey, 1990), delivery of health care in the workplace (Ozden, Karagozolu, & Yildirim, 2013), stress (Zangaro & Soeken, 2007), pay and professional status (Johnson, 1991) and instigated workplace incivility (Blau & Anderson, 2005).

Conceptual Framework



Caring behavior, organizational commitment and job satisfaction are all positive attributes deeply-rooted on the foundations of nursing profession. These have been widely studied to be affirmative qualities of service-oriented professionals in the medical field such as nurses. Caring behavior is a positive action towards dealing with clients (Delaune & Lander, 2002). Organizational commitment is a member's psychological attachment to an institution such as the school and hospital (Meyer & Allen, 1997). Job satisfaction is an attitude of exhibiting pleasure from work or occupation (Mortensen et al., 2002). Caring behavior, organizational commitment and job satisfaction may become external factors to other concepts and may influence them. However, these three concepts may also be influenced by other external factors such as the concept of incivility.

Studying incivility may likely be paradoxical because it is a negative behavior not often associated to nurses unlike the values of caring behavior, organizational commitment and job satisfaction. Though the concept of civility is often attributed to nurses, incivility is not entirely uncommon in this line of profession. The definition of nursing incivility is rude or disruptive behavior which often results in physiological and psychological distress for persons involved and if left unaddressed, may progress into a threatening situation (Clark, Farnsworth & Landrom, 2008). Nursing incivility is characterized to include low-intensity activities that may not be as offending as bullying but nevertheless, may violate social standards and cause some harm (Andersson & Pearson (1999) cited in Hunt, 2012).

Nursing incivility may be caused by oppression or subordination. Based on Freire's theory of oppression, persons who are included in a powerless group are most likely to experience horizontal violence, a form of nursing incivility (Freire, 2000). Predisposed to this incidence are the newer nurses or those who belong to the minority. Oppression in the workplace may have an

impact on junior nurses' showing of caring behaviors, exhibiting organizational commitment and expressing job satisfaction. The Kanter's structural theory of empowerment states that subordinates try to affirm their authority and dominate towards those who are down the hierarchy (Twale & De Luca, 2008). This theory is oftentimes used to explain concepts related to negative workplace behaviors such as incivility. Instances of these subordinations from superior nurses will most likely affect the caring behavior, organizational commitment and job satisfaction of nurses in the lower end of the organizational framework.

Nursing incivility has eight composite factors. These are hostile climate, inappropriate jokes, inconsiderate behavior, gossips/rumors, free riding, abusive supervision, lack of respect and displaced frustration. These factors are the following:

A hostile climate in the workplace is regarded as a zero tolerance situation that must not occur (Ulrich, 2003). This is characterized by frequent arguing, raising voices, screaming, verbally attacking, having violent outbursts and blaming other people for their own mistakes (Guidroz et al, 2010).

Delivering inappropriate jokes to co-nurses during hospital duty fosters incivility. Discriminatory comments and remarks regarding gender, race and religion are strictly prohibited in work environment (Ulrich, 2003).

Inconsiderate behavior is regarded to be insensitive to the rights of others. Examples of these are taking things with no permission from the owner, talking too loudly and showing of offensive body language (Guidroz et al, 2010).

Gossips are easy, informal and unconstrained talks about other people (Waddington & Fletcher, 2005). Rumors are overt or

covert behaviors that may negatively affect client care directly or indirectly (Matt, 2012). Co-workers and supervisors may be source of topic for gossips and rumors.

Free riding means taking something available at the expense of others (Cullity, 2006). It includes claiming or receiving credit for accomplishment of task with little to no contribution at all (Guidroz et al., 2010).

Tepper (2000) defined abusive supervision as display of persistent verbal and non-verbal hostile conduct. It includes yelling about matters which are not important and taking feelings out such as stress, anger and blowing of steam (Guidroz et al., 2010).

Nurses oftentimes experience lack of respect when they feel unnoticed, ignored or abandoned (Laschinger & Finegan, 2005). Lack of respect to nurses is also manifested by direct supervisors not responding to their concerns in a timely manner, being condescending, include gossips and personal information into personnel decision-making (Guidroz et al., 2010). It can also include the patients not trusting the information given by the nurse, comment on the nurse's expertise and having unreasonable requests and demands.

Incivility may have conflicts to caring behavior, a concept based on the foundations of nursing and denounces impolite interactions with patients and students (Beck, 1991 cited in Marchiondo, Marchiondo & Laseter, 2010). Uncivil acts may also bring forth diminished organizational commitment of workers (Gabriel, 1998 cited in Hutton and Gates, 2008). Nurses who experience incivility manifest frustration, stress, depression and even substance abuse which may prove to have deleterious effects on their job satisfaction (Cortina, 2008). These mentioned effects of incivility may somehow influence nurses on their caring behavior,

organizational commitment and job satisfaction as they perform their tasks on the hospital.

Therefore, this study drew upon the ideas of nursing incivility and its factors as predictors to caring behavior, organizational commitment and job satisfaction. In this research, the eight factors of nursing incivility served as the exogenous or independent variables. These were compared to caring behavior, organizational commitment and job satisfaction. These three mentioned concepts were the endogenous or outcome variables of the study.

Statement of the Problem

This study aimed to determine the correlation of nursing incivility to caring behavior, organizational commitment and job satisfaction. The researcher sought to answer the questions of:
1) How do nurses perceive nursing incivility in the workplace?
2) To what extent do nurses report caring behavior, organizational commitment and job
satisfaction?
3) Does nursing incivility affect caring behavior, organizational commitment and job
satisfaction?
4) Which of the composite factors of nursing incivility are significant predictors of caring
behavior, organizational commitment and job satisfaction?

METHOD

Research Design

The method of research utilized was descriptive, cross-sectional correlation. It was descriptive because it was intended for

the investigator to gather information regarding incivility of nurses. It also used a cross-sectional design because it involved the analysis of data collected from the respondents at one specific point in time. It was also a correlational study because of its effort to estimate relationship between nurses' incivility and caring behavior, organizational commitment, and job satisfaction.

Participants and Setting

The respondents of the study were 1,276 hospital staff nurses in Pampanga. They were chosen through purposive method. The inclusion criteria for the nurses include working in a hospital for at least a year, earning a monthly salary and receiving regular benefits.

The setting of the study was in 30 hospitals specifically, 18 private and 12 government medical institutions in Pampanga. Of these, five are primary hospitals, 19 are secondary hospitals and six are tertiary hospitals. The study was conducted in all the areas (E.R., O.R., O.P.D., Dialysis and Wards) of the hospital workplace.

The return rate of the questionnaires is 75.06%. Of the 1,700 instruments, 1,276 were accomplished and retrieved.

Research Instruments

The research tools used in the study were questionnaires. The four instruments were the Nursing Incivility Scale, the Caring Behavior Inventory, the Organizational Commitment Questionnaire and the Mueller-McCloskey Satisfaction Scale.

The Nursing Incivility Scale (NIS) is a 43 item questionnaire rated on a five point Likert-type agreement scale ranging from 1 (Strongly disagree to 5 (Strongly agree). Its subscales are hostile

climate, inappropriate jokes, inconsiderate behavior, gossip/rumors, free-riding, abusive supervision, lack of respect and displaced frustration. The NIS was a modification of the Multi-dimensional Incivility Scale (MIS) after focus groups and interviews were utilized for qualitative and quantitative data in order to tailor it to nurses. The alpha statistics for the eight factors in the NIS ranged from .81 to .94 which is well-beyond the minimum of .70. The NIS also showed positive evidence of convergent and discriminant validity.

The Caring Behavior Inventory (CBI) was initially developed by Wolf, Giardino, Osbourne, and Ambrose in 1994, cited in Watson, 2008). It is a 42-item questionnaire rated on a six-point Likert scale. Scoring for the caring behavior: 1-never, 2-almost never, 3-occasionally, 4-usually, 5-almost always and 6-always (Young, Taylor & Renpenning, 2001). The CBI has five dimensions namely: respectful deference to others, assurance of human presence, positive connectedness, professional knowledge and skill, and attentiveness to the other's experience. Based on the recommendation of the adviser, who is an expert in test construction, the items in the instrument were reduced from 42 to 35, scales were decreased from six to five and all statements were presented in affirmative manner. These constituted the face validation of the questionnaire. The instrument has an internal consistency of 0.96 meaning it had attained the degree of consistency with which it measures the perception on caring behavior it is supposed to be measuring. The Chronbach alpha for the five subscales ranges from .81 to .92.

The Organizational Commitment Questionnaire (OCQ) is an 18-item instrument that indicates the level of agreement or disagreement for each statement. Meyer and Allen in 1984 have suggested two types of commitment: affective and continuance commitment (Brown, 2003). In 1990, Meyer and Allen as cited in

Brown, 2003 provided a third component which is the normative commitment. The Organizational Commitment Questionnaire (OCQ) is a self-scoring questionnaire using these: 1-strongly disagree, 2-disagree, 3-neither agree or disagree, 4-agree and 5-strongly agree. The OCQ revealed internal consistency among the items, test-retest reliability and evidence for the predictive validity (Brown, 2003). Its mean reliability is .82 for affective, .73 for continuance and .76 for normative.

The McCloskey/Mueller Satisfaction Scale (MMSS) was designed to assess the satisfaction of hospital nurses. The instrument has 31 items capturing eight types of satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition and control/responsibility. Each item is rated on a five-point Likert scale.Scoring for MMSS is: 1- Very dissatisfied, 2- Moderately dissatisfied, 3- Neither satisfied nor dissatisfied, 4-Moderately satisfied and 5- Very satisfied. The Chronbach alphas for the eight subscales range from .52-.84. The Chronbach alpha for the global scale is .89. Regarding its construct validity, moderate positive correlations were found in all expected relationships.

Data Collection

A letter of intent to conduct the dissertation was made and presented to chief nurses prior to the collection of data. After the approval to conduct research in the institution was granted, the researcher discussed the details of the study and its significance to chief nurses. There were two methods used in the data collection. One is by in-person distribution of the instruments. Second is through chief nurses who served as intermediaries for the distribution of questionnaires. The first contact was for the distribution of the four instruments. The second contact was for the retrieval of the answered forms.

Ethical Consideration

The researcher ensured that the respondents of the dissertation were adequately notified about its overall purpose through a cover letter. The voluntary nature of participation in the study was observed through the attached informed consents prior to the four instruments. Respondents' freedom to refuse or withdraw at anytime was included in the consents. The anonymity of the respondents for this study was strictly followed.

Data Analysis

Descriptive statistics such as frequency, percentage, and weighted mean were utilized to present the data on the profile description of the respondents.

Statistical Package for Social Sciences (SPSS) Version 17 was used for the computation of weighted means of the factors on nursing incivility, dimensions of caring behavior, types of organizational commitment and types of satisfaction of nurses.

Partial Least Square-Structural Equation Modeling (PLS-SEM) was utilized as inferential statistics. It was used for this study because of its ability to generate useful and robust equations even when the number of independent variables exceeds the number of experimental observations (Hair, Ringle, & Sarstedt, 2011). The exogenous variable is nursing incivility while the endogenous variables are caring behavior, organizational commitment and job satisfaction.

Structural equation modeling is regression-based technique for modeling direct relationships between dependent variables and one or more independent variables (Hair et al., 2010). It is more

advantageous than a bivariate correlation because it can determine relationships between variables at the same time.

Warp-PLS Version 3.0 was utilized to process PLS-SEM. It was the software used for the study because of the numerous statements on the factors of nursing incivility.

RESULTS

Table 1
Profile description of participants

Profile	f	%	Profile	f	%
Gender			**Length of service (years)**		
Male	406	31.8	1-5	999	78.3
Female	870	68.2	6-10	173	13.6
Total	**1,276**	**100.0**	11-15	38	3.0
Civil Status			16-20	16	1.3
Single	960	75.2	21-25	18	1.4
Married	311	24.4	26-30	15	1.2
Separated	3	0.2	31-35	11	0.9
Widow	2	0.2	36-40	5	0.4
Total	**1,276**	**100.0**	41 and above	1	0.1
Age			**Total**	**1,276**	**100.0**
21-25 years	666	52.2	**Educational Attainment**		
26-30 years	413	32.4	Bachelor	1,231	96.5
31-35 years	60	4.7	Master	44	3.4
36-40 years	41	3.2	Master	1	0.1
41-45 years	33	2.6	**Total**	**1,276**	**100.0**
46-50 years	25	2.0	**Type of hospital**		
051-55 years	8	0.6	Private	791	62.0
56-60 years	25	2.0	Government	485	38.0
61 years and above	5	0.4	**Total**	**1,276**	**100.0**
Total	**1,276**	**100.0**			

Almost two in every three of the respondents are females. Three quarters are single in marital status. More than half of the respondents have ages between 21 and 25. Three in every four nurses have 1-5 years length of service. An overwhelming majority of them have graduated bachelor degrees with no continuing education. Three in every five respondents are working at privately-owned hospitals.

Table 2
Mean responses of nurses on nursing incivility

Factors of Nursing Incivility	Weighted Mean	Interpretation
Hostile climate	2.27	Disagreed
Inappropriate jokes	2.15	Disagreed
Inconsiderate behavior	2.37	Disagreed
Gossips/rumors	2.17	Disagreed
Free riding	2.08	Disagreed
Abusive supervision	2.07	Disagreed
Lack of respect	2.18	Disagreed
Displaced frustration	2.43	Disagreed
General Weighted Mean	**2.22**	**Disagreed**

The general weighted mean of nurses' perception on incivility was 2.22. Therefore, based on a five point Likert scale, the nurse respondents disagreed on incivility.

Table 3
Mean responses of nurses on caring behavior

Dimensions of Caring Behavior	Weighted Mean	Interpretation
Respectful deference to others	4.63	Always
Assurance of human presence	4.55	Always
Positive connectedness	4.54	Always
Professional knowledge and skills	4.59	Always

Attentiveness to other's experience	4.56	Always
General Weighted Mean	**4.57**	**Always**

The general weighted mean of nurses' perception on caring behavior was 4.57. Therefore, based on a five point Likert scale, the nurse respondents perceived caring behavior as always manifested during nurse-patient interaction.

Table 4
Mean responses of nurses on organizational commitment

Factors of Organizational Commitment	Weighted Mean	Interpretation
Affective	3.51	Agreed
Continuance	3.01	Neither agreed nor disagreed
Normative	3.37	Neither agreed nor disagreed
General Weighted Mean	**3.30**	**Neither agreed nor disagreed**

The general weighted mean of nurses' perception on organizational commitment was 3.30. Therefore, based on a five point Likert scale, the nurse respondents neither agreed nor disagreed on the concept of organizational commitment.

Table 5
Mean responses of nurses on job satisfaction

Factors of Job Satisfaction	Weighted Mean	Interpretation
Extrinsic rewards	2.74	Neither agreed nor disagreed
Scheduling	3.31	Neither agreed nor disagreed
Balance of family and work	3.13	Neither agreed nor disagreed
Co-workers	3.73	Moderately satisfied
Interaction opportunities	3.62	Moderately satisfied

Professional opportunities	3.28	Neither agreed nor disagreed
Praise and recognition	3.53	Moderately satisfied
Control and responsibility	3.47	Moderately satisfied
General Weighted Mean	**3.35**	**Neither agreed nor disagreed**

The general weighted mean of nurses' perception on job satisfaction was 3.35. Therefore, based on a five point Likert scale, the nurse respondents neither agreed nor disagreed on the concept of job satisfaction.

Table 6
Path coefficients of the predictors of the caring behavior, organizational commitment and job satisfaction

Predictors	β	SE	P Value	Effect Size (f^2)
HC →CBI	- 0.02	0.03	**0.252**	0.00
I-jokes →CBI	- 0.17	0.03	0.000	0.04
I-behave →CBI	- 0.05	0.03	0.038	0.01
Gossip →CBI	- 0.14	0.03	0.000	0.03
F-Riding →CBI	- 0.04	0.03	**0.059**	0.01
Abuse-Sup →CBI	0.06	0.03	0.020	0.01
Lack-Res →CBI	0.11	0.03	0.000	0.02
D-Frustrate →CBI	0.07	0.03	0.005	0.01
HC →OCG	- 0.12	0.03	0.000	0.04
I-jokes →OCG	- 0.12	0.03	0.000	0.03
I-behave →OCG	- 0.09	0.03	0.000	0.02
Gossip →OCG	- 0.08	0.03	0.002	0.03
F-Riding →OCG	- 0.09	0.03	0.000	0.03
Abuse-Sup →OCG	- 0.08	0.03	0.002	0.02
Lack-Res →OCG	- 0.16	0.03	0.000	0.05
D-Frustrate →OCG	0.05	0.03	0.033	0.01
HC →MMSS	0.11	0.03	0.000	0.03
I-jokes →MMSS	0.07	0.03	0.008	0.02
I-behave→MMSS	- 0.04	0.03	**0.066**	0.01
Gossip →MMSS	- 0.07	0.03	0.005	0.02
F-Riding →MMSS	- 0.11	0.03	0.000	0.02

Abuse-Sup →MMSS	- 0.03	0.03	**0.167**	0.01
Lack-Res →MMSS	- 0.16	0.03	0.000	0.04
D-Frustrate →MMSS	0.00	0.03	**0.438**	0.00

Notes: SE = standard error. The effect size is the Cohen's (1989) f-squared coefficient: .02=small, .15=medium, .35=large.

Legend: HC- Hostile climate**; I-jokes**- Inappropriate jokes; **I-behave**- Inappropriate behavior; **F-Riding**- Free riding; **Abuse-Sup**- Abusive supervision; **Lack-Res**- Lack of respect; **D-Frustrate**- Displaced frustration; **CBI**- Caring behavior inventory; **OCG-** Organizational commitment; **MMSS**- Mueller-McCloskey satisfaction scale

An examination of nursing incivility factors as predictors to caring behavior revealed that not all relationships were statistically significant. Six of the eight predicted relationships had p-values less than 0.05. These six factors are inappropriate jokes (β=-0.17; p=0.000), inconsiderate behavior (β=-0.05; p=0.038), gossips/rumors (β=-0.14; p=0.000), abusive supervision (β=-0.06; p=0.020), lack of respect (β=-0.11; p=0.000) and displaced frustration (β=-0.05; p=0.033). On the other hand, the factors of hostile climate (β=-0.02; p=0.252) and free riding (β=-0.04; p=0.059) had no statistical relationship to caring behavior. Of the eight relationships, the strongest path coefficient was inappropriate joke and was followed by gossip. The lowest was hostile climate.

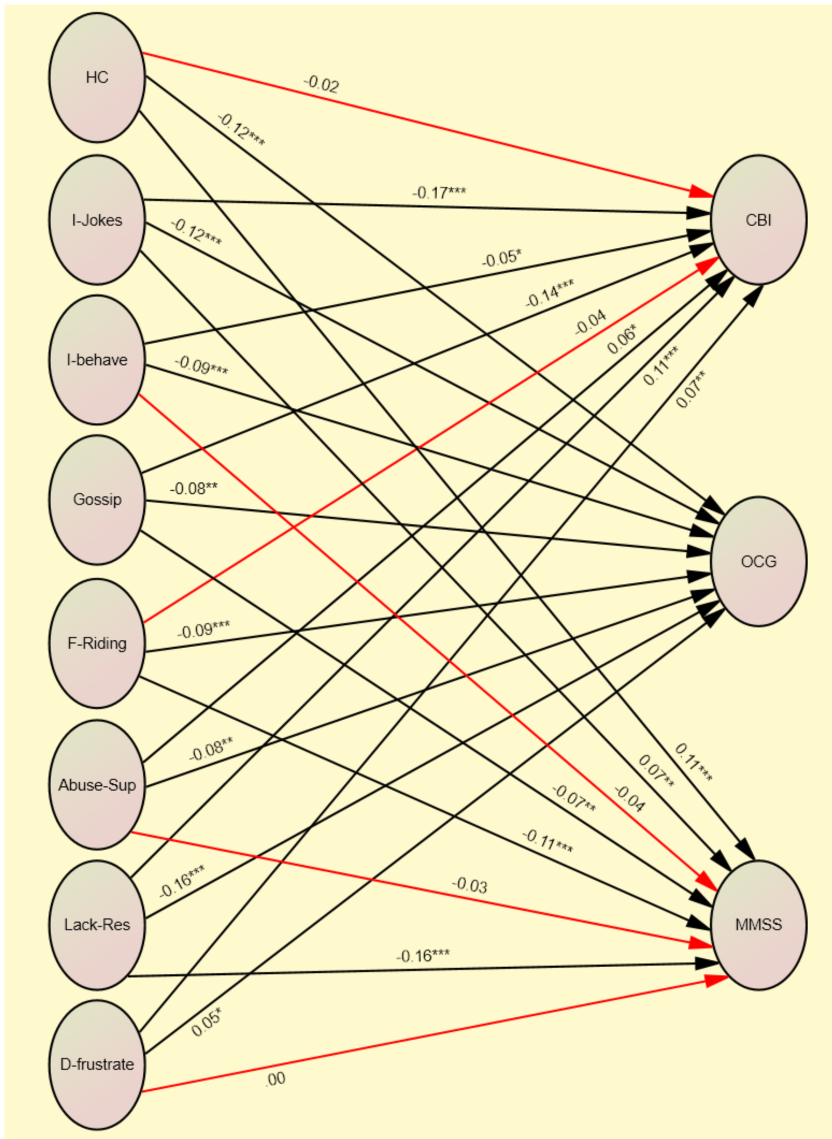
All of the eight nursing civility factors had statistical significance to organizational commitment namely: hospital climate (β=-0.12; p=0.000), inappropriate jokes (β=-0.12; p=0.000), inconsiderate behavior (β=-0.09; p=0.000), gossips/rumors (β=-0.08; p=0.002), free riding (β=-0.09; p=0.000), abusive supervision (β=-0.08; p=0.002), lack of respect (β=-0.16; p=0.000) and displaced frustration (β=-0.05; p=0.033). Of these relationships, the

strongest path coefficient was lack of respect while the lowest was displaced frustration.

An examination of nursing incivility factors as predictors to job satisfaction revealed that not all relationships were statistically significant. Five of the eight predicted relationships had p-values less than 0.05. These five factors are hospital climate ($\beta=0.11$; $p=0.000$), inappropriate behavior ($\beta=0.07$; $p=0.008$), gossips/rumors ($\beta=-0.07$; $p=0.005$), free-riding ($\beta=-0.11$; $p=0.000$) and lack of respect ($\beta=-0.16$; $p=0.000$). On the other hand, the factors of inappropriate behavior ($\beta=-0.04$; $p=0.000$), abusive supervision ($\beta=-0.03$; $p=0.167$) and displaced frustration ($\beta=0.00$; $p=0.438$) had no statistical relationship to job satisfaction. Of the eight relationships, the strongest path coefficient was lack of respect while the lowest was displaced frustration.

Figure 2

Path coefficients of the predictors of the caring behavior, organizational commitment and job satisfaction



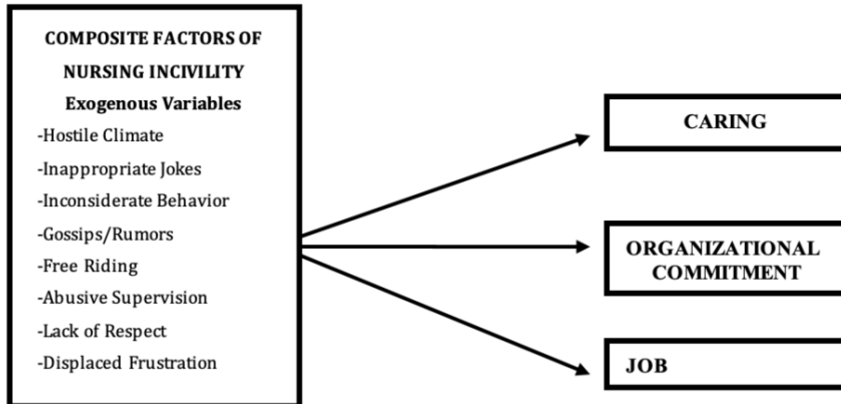
Legend: HC- Hostile climate; **I-jokes**- Inappropriate jokes; **I-behave**- Inappropriate behavior; **F-Riding**- Free riding; **Abuse-Sup**- Abusive supervision; **Lack-Res**- Lack of respect; **D-Frustrate**- Displaced frustration; **CBI**- Caring behavior inventory; **OCG**- Organizational commitment; **MMSS**- Mueller-McCloskey satisfaction scale

PLS-SEM for Nursing Incivility Factors, Caring Behavior, Organizational Commitment and Job Satisfaction

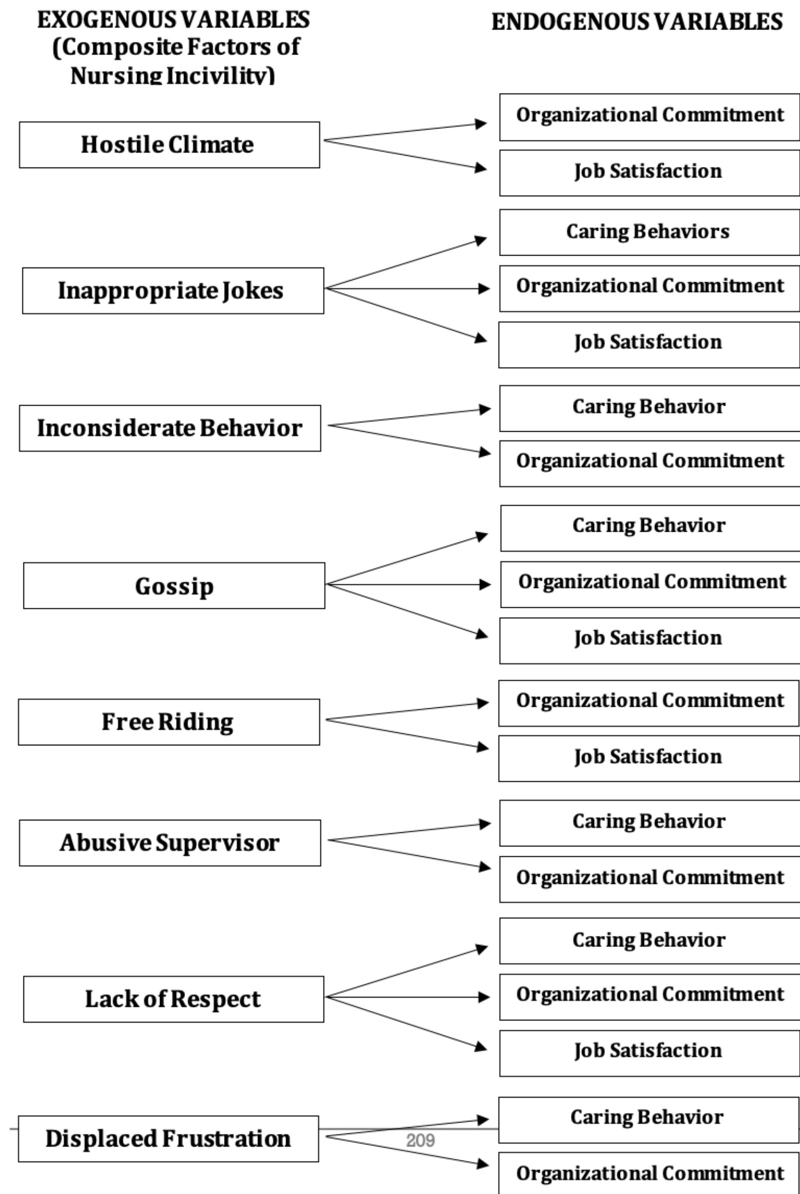
Figure 2 presented the path coefficients of the eight factors of nursing incivility to caring behavior, organizational commitment and job satisfaction. The partial least squares-structural equation model (PLS-SEM) was particularly prepared to address the fourth problem.

Model of fit and quality indices. Before the interpretation of the pathway coefficients, the model was checked for reliability using goodness of fit indices. These include the average path coefficient (APC)=0.085, P<0.001; average r-squared (ARS=0.308, P<0.001; average adjusted r-squared (AARS=0.304, P<0.001; average block inflation factor (AVIF)=2.800; average full collinearity (AFVIF)=3.057; and Tenenhaus goodness of fit (GoF)=0.276. These indices reflect that values for APC, ARS and AARS were statistically significant. The AVIF and AFVIV were acceptable for the model of this study. This is because the acceptable values for these should be equal or less than 3.3 (Kock, 2012). Tenenhaus goodness of fit data suggests the model has a medium-based threshold. Wetzels et al, (2009) proposed the following thresholds for the GoF: small=0.1, medium=0.25 and large=0.36 and states that the larger the GoF, the better is the model fit of the research study.

Conceptual Framework



Emergent Framework



DISCUSSION

Profile of the respondents. More than half of the respondents have ages 21-25 and three fourths of them only have 1-5 years length of service. Young nurses with less hospital experience are representative of the current economic trend of the nurse population in this study. A huge number of new nurses fill the positions left behind by more senior nurses who migrated to foreign countries. These new nurses stay domestically for them to have sufficient nursing experience prior to working abroad. The United States of America, United Kingdom and even Finland are currently experiencing shortage of registered nurses which attract foreign nurses (Kankaanranta & Rissanen, 2008). The Philippines is considered to be the greatest nurse exporter to other countries, specifically in the United States and Saudi Arabia (Lorenzo, Galvez-Tan, Icamina & Javier, 2007; Ball, 2004; Kline, 2004).

Civility and Incivility. The respondents disagreed on all the factors of nursing incivility (hospital climate, inappropriate jokes, inconsiderate behavior, gossips/rumors, free riding, abusive supervision, lack of respect and displaced frustration). As nurses disagreed with the incivility factors, this would likely mean that they practice or manifest the positive value of civility in the workplace which is considered as a good indicator. This would also likely mean that forms of incivility are not generally accepted by nurses in the hospital because the underpinning of the nursing profession is based on being civil in treating clients, co-nurses, physicians and other members of the medical health team. This disagreement on nursing incivility is congruent to the study of Emblad, Kodjebacheva and Lebeck (2014) utilizing the same instrument of Nursing Incivility Scale. The respondents to their study have also disagreed on all the factors of incivility. It was also stated from their research that the lower the nursing incivility, there is a reduced chance of job burn-out.

However, to the researcher's knowledge, there are neither previous local studies on the topic of nursing incivility nor have utilized the Nursing Incivility Scale (NIS). The lack of previous studies on the same topic makes it very difficult to directly compare this research.

Caring Behaviors. Based on this study, the nurses responded "always" on the caring behavior dimensions of deference to others, assurance of human presence, positive connectedness, professional knowledge and skills and attentiveness to other's experience. Exhibiting or manifesting caring behaviors is very distinct to the nursing profession apart from the other members of the medical health team. It is also imperative for nurses to show caring behavior to their clients and even fellow workers. This result is comparable to the local study of Biag (2004), on nurses' and patients' perceptions of caring behavior. In his study, all of the five dimensions also received an interpretation of "always". It is also congruent to the study of Tsai et al., (2015) wherein nurses exhibited caring behaviors through inspiring hope in patients, providing physical comfort, possessing professional knowledge and having skillful techniques, having patience and respecting client's culture. The mentioned qualities are all included in the five dimensions of caring behaviors. This is clear indication that caring is still the focus of the nursing profession as stated by Tutay (1997).

The respondents manifested respectful deference to others, a dimension of caring behavior which promotes respect for human individuality, privacy and welfare before anything else. The nurses assured their clients of their human presence by being always ready to cater to the needs of the patients. Thus, the respondents highly embody the humane characteristics to their clients in the hospital.

The respondents showed positive connectedness by being always concerned, providing tender loving care, having pleasant disposition, promoting optimism and lastly, calling their patients by name, an example of personal touch in nursing.

Professional knowledge has been very evident among nurses. They have the important know-how's of providing treatment and medication in order to alleviate symptoms and pain. They also constantly monitor their client's prognosis and head back to call the physicians for referrals and updates. They are very knowledgeable of the signs and symptoms of diseases that they knew when to call the attending doctor.

Lastly, the respondents demonstrated sincerity, and showed understanding. By listening to their needs, clients were encouraged to verbalize and talk about their conditions.

Organizational Commitment. Regarding organizational commitment, the nurses "agreed" on the affective factor while they neither agreed nor disagreed on the continuance and normative factors. The respondents may have agreed on the affective factor due to their linked emotions to their current hospital institution. They have this personal attachment to their work that they stay loyal to the institution and remain committed. However, the nurses may have been neutral on the continuance and normative factors because of their intent to migrate to other countries (Lorenzo et al., 2007.) The current trend of nurse migration to the United States, United Kingdom, Canada and Middle East countries affect the level of their current commitment to the organization (Aiken, Buchan, Sochalski, Nichols, & Powell, 2004). Local nurses may seek for greener pastures by migrating to these foreign countries.

This is partially congruent with the results of the study of Sarmiento (2015) utilizing the same instrument, the Organizational

Commitment Scale (OCS). Staff nurses were neutral on all the three factors of continuance, normative and affective commitments. On the other hand, Mayer and Schoorman (1998) as cited in McNeese & Nazarey (2001) noted in their study that nurses have greater continuance commitment than their affective commitment. This is due to the fact that nurses working abroad are fully compensated through their salaries and retirement plans (Kline, 2004).

Job Satisfaction. On the concept of job satisfaction, the nurses responded “moderately satisfied” on the factors of co-workers, interaction opportunities, praise and recognition, and control and responsibility while they answered “neither satisfied nor dissatisfied” on the factors of extrinsic rewards, scheduling, balance of family and work, and professional opportunities.

The study of Wild (2006) reported that the nurse practitioners were generally satisfied with most of the factors based on the MMSS instrument especially in the extrinsic rewards. Cavanagh (1992) as cited in Crose (1999) had a study noting that nurses were highly satisfied on their salaries and benefits. This also holds true on the study of Spector (1997) as cited in Moumtzouglou (2010) wherein nurses had high job satisfaction on pay and fringe benefits. However, this study revealed that the nurse respondents were only neutral to extrinsic rewards. This may be due to the low salary wages received by nurses (Underwood, 2009). Locally, nurses are paid less than other professionals.

The research of Wilds (2006) has congruent results of low marks for participating, writing and publishing of research output. This may be due to the tiring schedules and limited opportunities for nurse practitioners to work towards their research papers. They concentrate more on their hospital tasks that they have not prioritized research studies.

Nursing incivility factors and caring behaviors. Hostile climate is not a predictor to caring behaviors. This would mean that the caring behaviors of nurses are still evident in the workplace inspite of arguments, chaos and attacks. This may be explained by nurses' easy adaptability on difficult or trying situations in the hospital. In a hostile environment, communication may actually be hindered and this can affect quality of care and patient safety (Joint Commission on Accreditation of Health Care Organizations, 2015). Even if other hospital employees raise their voices when they get frustrated, nurses continue to communicate and show caring behaviors. Though some people in the workplace blame others for their own mistakes or offenses, still, caring behaviors are exhibited which are characteristic of the nursing profession. At times, patients argue with the nurses but they still continue attending to the needs of their clients. Nurses do not show irritation in the workplace even if others have violent outbursts.

Inappropriate joke is a predictor to caring behaviors. It also has a negative correlation to caring behaviors. This may be explained by nurses feeling disadvantaged from jokes about minority or even ethnic groups in the workplace. At times, these nurses may be offended by jokes related to their religious convictions or beliefs. In other cases, nurses are affected in their showing of caring behaviors due to derogatory remarks especially when it deals with racial or gender issues. The health care providers tend to have increased sensitivity to these matters which prevent them to elicit caring behaviors towards their patients who need only best quality health care.

Inconsiderate behavior is a predictor to caring behaviors. It is negatively correlated to caring behaviors. Nurses do not simply accept wrongful deeds such as asking things without permission because they feel that they must be first notified as a form of courtesy. The nurse respondents are also weary of others who

make loud noises for they consider this to be an inconsiderate behavior especially when they are dealing with patients who need silence to rest in the hospital. Oftentimes, nurses do not take things lightly when their co-employees display offensive body language such as crossing arms during heated discussions or showing inappropriate bodily reaction during verbal arguments.

Gossip is a predictor to caring behaviors. It also has a negative correlation to caring behaviors. This may be because gossips or rumors can emotionally drain nurses causing them to elicit less of the caring behaviors. Gossips can be in the forms of scapegoating or backstabbing (Griffin, 2004). Cases of rumor-mongering are unacceptable to nurses especially when they look for others to blame or talk at the back of their fellow co-workers. This can also be manifested when nurses gossip and say something against their supervisors and create fictional stories about their co-employees. These mentioned acts of incivility hinder or obstruct nurses in exhibiting caring behaviors to their patients such as showing concern, monitoring and assisting them.

Free riding is not a predictor to caring behaviors. This also means that it has no correlation to caring behaviors. Free riding may not influence caring behaviors because nurses do not usually take the recognition or compliments not attributed to them. They are usually accountable to their own actions and receive praises for their achievements. Nurses must contribute heavily to an assigned task for it to be recognized an achievement to them. This also means giving due credit to the ones who are much deserving for the exertion of their time and effort in performing assigned tasks.

Abusive supervision is a predictor to caring behaviors. It has positive correlation to caring behaviors. This means that nurses disagree in actions such as direct supervisor being verbally abusive to those nurses under their area. These supervisors who

sometimes yell for no apparent reasons affect nurses in their manifestation of caring behaviors. In some cases, these supervisors even humiliate nurses for committing mistakes in the workplace or even displace their feelings to the nurses. Aside from the supervisors, doctors or physicians may also show abusive supervision to nurses. They may also have impact in the delivery of care to clients from the nurses.

Lack of respect is a predictor to caring behaviors. It is also positively correlated to caring behaviors. This would mean that nurses disagree with supervisors, doctors and patients who show lack of respect to them. In some cases, the direct supervisor or doctor do not respond to the concerns of nurses in a timely manner. They can also be condescending at times making the nurses feel inferior. It may also prove difficult for nurses to show caring behaviors when their direct supervisors include gossips and personal information in making important decisions. Nurses' caring behaviors are also affected by patients' critical remarks, personal verbal attacks and unreasonable demands. These examples of lack of respect make the nurses question their personal competence in providing care to their clients.

Displaced frustration is a predictor to caring behaviors. It has positive correlation to caring behaviors. Nurses disagree to displaced frustrations from the patients and visitors. Frustrations are feelings that may result to aggression to nurses (Hutchinson, Vickers, Jackson, & Wilkes, 2005). Some patients take their frustrations on nurses as a form of displacement. Nurses can also receive insulting or negative comments from patients which may prove to be daunting to the manifestation of caring behaviors. There are even cases where hospital clients treat nurses as inferior or stupid. This may prove to be discouraging to the nurses. This would likely cause repercussions on the caring behaviors elicited from the nurses, the primary care givers.

Nursing incivility factors and organizational commitment. Hostile climate is a predictor of organizational commitment. It has a negative correlation to organizational commitment. When hospital employees raise their voices and get frustrated, nurses take this burden and can be manifested in their desire to stay in the organization of institution. This also holds true when some people blame nurses for their own mistakes or offenses. Some forms of disagreements turning into personal quarrels and even verbal attacks may predispose nurse to question their organizational commitment. Some nurses' screaming, arguments and violent outbursts also contribute to an environment to be hostile making it more difficult for the affected nurses to stay loyal in their workplace, feel the sense of belonging and have a great personal meaning.

Inappropriate joke is a predictor of organizational commitment. It is also negatively correlated to organizational commitment. Nurses may somehow be sensitive to jokes particular to religious and minority groups. This may hold true for nurses who are members of some charismatic groups or belong to a specific ethnic minority. Sometimes, cases of derogatory jokes are related to race and gender. These are still considered forms of nursing incivility which adversely affect the happiness to spending career, emotional attachment and being part of a family in an organization or institution. These may also have an effect on the sense of obligation of nurses as means of their organizational commitment.

Inconsiderate behavior is a predictor of organizational commitment. It has a negative correlation to organizational commitment. Inconsiderate behavior may be in different forms such as taking things without asking, not sticking to an appropriate noise level and displaying of offensive body language. When other nurses get something from their fellow nurses without prior notice, these nurses feel that their rights were violated hence, this is considered

inconsiderable in the workplace. When nurses feel cheated or violated, their intent to stay in an institution is compromised. They would not feel a great deal to remain in their workplace. They would not be obliged to settle in an organization for quite some time. They would likely think that loyalty is not necessary in their institution.

Gossip is a predictor of organizational commitment. It is also negatively correlated to organizational commitment. When some nurses gossip or create false rumors to other nurses' expense, this translates to diminished organizational commitment. Gossiping on supervisors is not also ethically accepted in the nursing profession. Bad-mouthing others in the workplace makes nurses contemplate whether they are still contented to spend their career in the department. When co-workers spread bad rumors around the unit, they do not emulate the value of civility which is highly expected especially in the nursing field.

Free riding is a predictor of organizational commitment. It has a negative correlation to organizational commitment. When some nurses receive praises or accolades even if they have not contributed tremendously on a certain task or assignment, other nurses feel that this is simply unfair. When nurses fully contribute to the success of an organization, they also expect other nurses to do such in return. When these nurses fail to do their part, they must not expect to receive credits or tributes because praises must be based solely on their overall performance and not for other factors other than their contributions. Hence, nurses must be credited for their tasks in order to foster organizational commitment.

Abusive supervision is a predictor of organizational commitment. It is negatively correlated to organizational commitment. When nurses are verbally abused by their direct supervisor, this may predispose nurses to leave the organization because they feel that they are not obliged to stay anymore. When

physicians yell at nurses, the concept of belongingness of nurses in the medical team is challenged. In cases of direct supervisors or physicians taking their feelings out and blaming others due to their stress and anger, nurses question themselves if they have put so much of themselves in the organization and plan to work elsewhere. Thus, if nurses do not anymore consider staying loyal to the institution, there would be less personal meaning for them to grow in that organization.

Lack of respect is a predictor of organizational commitment. It also has negative correlation to organizational commitment. If a direct supervisor does not respond to the concerns of nurses in a timely manner, nurses would not anymore be enthusiastic to spend their careers in their organization. When at times, a supervisor become condescending to the nurses, the supervisor practically overpowers authority making the nurses feel inferior to him/her. At times, physicians do not consider nurses worth talking to causing the nurses to not feel strongly on their sense of belongingness to the medical health team. When a patient poses unreasonable demands, nurses are disrupted from doing their tasks and even question whether they still function satisfactorily or need to look for another institution to work to.

Displaced frustration is a predictor of organizational commitment. It is positively correlated to organizational commitment. This means that the nurse respondents disagree with the statement pertaining to displaced frustration. This holds true when patients or visitors have taken out their frustrations on nurses because they have nowhere to displace their emotions. Nurses, being the accessible members of the medical team, oftentimes are the targets of this form of frustrations. Sometimes, patients or visitors make insulting comments about nurses making them feel inferior or even stupid. Since patients are sick and are not in the best of their conditions, they easily get irritated or become impatient

channeling this to the nurses. These examples of displaced frustration put nurses in a very vulnerable position. Nurses tend to become unhappy on their work and do not anymore feel emotionally attached to their organization. Their desire to stay in an institution is considered to just be a necessity.

Nursing incivility factors and job satisfaction. Hostile climate is a predictor to job satisfaction. It has a positive correlation to job satisfaction. This means that nurses disagree on the statements on hostile climate. When some nurses scream to other nurses during arguments, these other nurses would not be satisfied on their jobs specifically on their interaction with co-employees. In cases of people wherein they blame nurses for their own mistakes, the nurses would feel that their peers would hinder their job satisfaction on the factor of co-workers. When nurses argue, their degree of job satisfaction is also compromised. Basic disagreements among nurses turning into personal verbal attacks would make the nurses wonder if their extrinsic rewards from the workplace are enough to compensate for these uncivil acts. These personal verbal attacks may even turn to violent attacks that can affect the control in the workplace.

Inappropriate joke is a predictor to job satisfaction. It is also positively correlated to job satisfaction. This means that the nurse respondents disagree with inappropriate jokes in the workplace and this greatly affects their job satisfaction. Instances of delivering jokes about certain minority groups seem to bother nurses and question if they are still satisfied with their jobs in terms of co-workers. When nurses crack jokes regarding religious affiliations, others become offended and become discouraged to continue the remainder of their conversations. There are even cases wherein there are gender and race issues that may emotionally affect some nurses and question their satisfaction on their work. This may also

make the nurses wonder if these jokes that they receive compensate for their salaries and benefits.

Inconsiderate behavior is not a predictor to job satisfaction. Behaviors that show insensitivities to the rights of nurses do not affect their perceptions on job satisfaction because they may assume that unacceptable behaviors in the workplace are common and not to be considered as hindrances to job satisfaction. Examples of inconsiderate behavior are taking things without asking, talking too loudly and displaying offensive body language.

Gossip/rumor is a predictor to job satisfaction. It has a negative correlation to job satisfaction. When nurses gossip in the workplace, there is a perception that the environment is not ideal for interaction opportunities, a factor of job satisfaction. Oftentimes, the target people of gossips or rumor-mongering in the hospital are the supervisors and co-nurses who could not defend themselves at that moment. In some instances, people can spread bad rumors and can personally hurt the feelings of others. This questions the factor of job satisfaction which is co-workers. The targets of gossip such as nurses can also be affected through control in their work, a job satisfaction factor of nursing incivility.

Free riding is a predictor to job satisfaction. It has negative correlation to job satisfaction. Free riding decreases the quality of a group's output by contributing less than expected (Dingel, Wei & Huq, 2013). When some nurses accept praises and recognition without contributing much to a specified task, other nurses feel that it is unjust and that they must have exerted more efforts to be deserving of such reward.

Abusive supervision is not a predictor to job satisfaction. Nurses who only have worked with a fair share of responsibility must be given due accolades from their fellow nurses, supervisors,

physicians and fellow members of the medical health team. For nurses, it is uncivil for supervisors to be joined in a research output and be counted as co-authors in a research if they have not been full-fledged contributors but because they only have authority. This affects nurses in a sense that their career development may not be fully nurtured as means of professional opportunities in job satisfaction.

Abusive supervision is not a predictor to job satisfaction. Nurses in general do not consider direct supervisors and physicians who are verbally abusive, take their feelings out and channel stress and anger to them as means to hinder their job satisfaction. They do not perceive that abuse of authority will affect their job satisfaction.

Lack of respect is a predictor to job satisfaction. It has negative correlation to job satisfaction. When direct supervisors do not respond to the concerns of nurses, they feel that the factor of job satisfaction which is co-workers is compromised. Cases of a direct supervisor who is very condescending to junior nurses affect the nurses into thinking if the extrinsic rewards (salaries and benefits) are worthy of these examples of nursing incivility. When physicians do not take nurses seriously and do not consider time talking to them as important, nurses' interaction opportunities are diminished. Sometimes, when nurses are questioned by patients regarding their competence, they would likely doubt themselves as to their academic and skills expertise making them vulnerable to job dissatisfaction.

Displaced frustration is not a predictor to job satisfaction. Nurses do not consider acts of patients or visitors such as taking out frustrations, making insulting comments, treating nurses as if they are inferior or stupid and being irritated and impatient as means to hinder their job satisfaction.

Conclusions

Incivility in the workplace is a negative behavior characterized by hostility and even personal attacks. This study was able to gather results based on the perceptions of nurses on the concepts of incivility, caring behaviors, organizational commitment and job satisfaction. It also aimed to learn if incivility has a relationship to caring behaviors, organizational commitment and job satisfaction among the hospital nurses.

Nursing incivility was not perceived by the respondents in this study. It was not evident on all the eight factors (hospital climate, inappropriate jokes, inconsiderate behavior, gossips/rumors, free riding, abusive supervision, lack of respect and displaced frustration). Hence, this study concludes that incivility is not a common behavior to local nurses in comparison to their counterparts abroad. Rather, civility, a positive concept of acceptance, dignity and integrity in the hospital setting, was evident among the domestic nurse respondents.

Caring behaviors, the concrete acts of providing information, relieving of pain, spending time with patients and family members, promoting client autonomy and treating a client in a dignified and courteous manner, was perceived by the respondents. It was evident on all the five dimensions (respectful deference to others, assurance of human presence, positive connectedness, professional knowledge and skill, and attentiveness to the other’s experience). This study concludes that caring behaviors are still imminent to nursing, a profession fundamentally rooted on providing quality healthcare services.

Regarding organizational commitment, affective commitment was clearly perceived while continuance and normative commitments were neutrally perceived by the

respondents. This study concludes that nurses are emotionally attached in committing to their institutions. This is reflective of nurses' dedication to serving their organizations for longer periods of time.

The respondents perceived satisfaction on the factors of co-workers, interaction opportunities, praise and recognition, and control and responsibility. However, they were impartial on the factors of extrinsic rewards, scheduling, balance of family and work, and professional opportunities. This study concludes that nurses excel in their personal relationships to patients and other nurses. They are thankful for the positive reception they receive from their clients and colleagues in the hospital. They are also satisfied on the way they run their units or they perform their tasks in the workplace.

In regards to the correlation of incivility to caring behaviors, six factors of nursing incivility (inappropriate jokes, inconsiderate behavior, gossip, abusive supervision, lack of respect and displaced frustration) are significant to caring behaviors. This study concludes that inappropriate jokes, inconsiderate behavior, gossip, abusive supervision, lack of respect and displaced frustration are predictors to caring behaviors of nurses.

In regards to the correlation of incivility to organizational commitment, all of the eight factors are significant to organizational commitment. This study concludes that hospital climate, inappropriate jokes, inconsiderate behavior, gossip, free riding, abusive supervision, lack of respect and displaced frustration are predictors to organizational commitment of nurses.

In regards to the correlation of incivility to job satisfaction, five factors of nursing incivility (hospital climate, inappropriate jokes, gossip, free riding and lack of respect) are significant to job satisfaction. This study concludes that hospital climate,

inappropriate jokes, gossip, free riding and lack of respect are predictors to job satisfaction of nurses.

Recommendations

Results of the study suggest the need to further examine and enumerate ways on how to promote nursing civility, as the collective scores in nursing incivility registered “disagreed” on all of the eight factors instead of “strongly disagreed”. These further studies will be important in strengthening the foundation of civility among nurses.

It is recommended that nurses will have programs on how to promote and instill civility in the workplace. This can be achieved through series of seminars that will guide the nurses to remain civil and morally-upright in their actions in the hospital. It is also recommended that system improvement through trainings is essential to promote caring behaviors to nurses. Examples of trainings that will address the deficiencies in caring behavior would be seminars that will facilitate promotion and new means of delivering caring behaviors in the 21st century. It is also recommended to promote a just culture program to foster organizational commitment to nurses. This can be facilitated through seminar workshops and team building activities that will emphasize on the importance of organizational commitment in an institution. Job satisfaction can also be renewed in the hospital through enriching seminars that will promote personal growth and development of nurses. These activities will provide an opportunity for nurses to improve holistically.

It is suggested that there will be clear-cut policies regarding incivility in the workplace. This includes bullying from doctors and supervisors to nurses in the hospital. It is essential for the physicians and supervisors to give due respect to nurses, the

primary health care providers, and be free from abusive supervision. Nurses must be treated equally as with the other members of the medical health team such as the physicians and supervisors. The doctors and supervisors must provide nurses with a workplace environment that facilitates good communication not only to promote civility but to create a harmonious relationship that will benefit everybody, including the physicians, supervisors, nurses and especially the patients, the recipients of health care.

It is also suggested that the nursing profession must be vigilant in cases of incivility. Nursing incivility must be properly addressed in the workplace. A specific measure that must be followed in cases of nursing incivility is accurate reporting and documentation of uncivil acts in the hospital. This will facilitate the resolution of nursing incivility incidences and promotion of nursing as a profession of integrity and moral values.

It is recommended to extend this study through the addition of other variables aside from the caring behaviors, organizational commitment and job satisfaction in relation to nursing civility. These other variables may yield results which may be useful in further understanding the concept of nursing civility and incivility.

This study can be partially replicated for future research. It is advised to utilize a research instrument for civility instead of an incivility questionnaire that will be consistent with the positive concepts of caring behaviors, organizational commitment and job satisfaction.

The sampling method used in this study was through purposive method, a non-probability method. It is recommended to utilize a probability sampling method such as simple random sampling to give the nurses equal chances of being selected as respondents to the study.

Since this study was conducted in only one province, it is advised that future researchers replicate this research on a regional or even on a national level. Having a wider scope of respondents in terms of location is essential for the aspect of representativeness of the nurses regarding their perceptions on the concepts of civility, caring behaviors, organizational commitment and job satisfaction.

Implications to Nursing Practice

Results gathered from this study have practical implications to nurse educators. They may give more emphasis on the discussion of nursing civility, caring behaviors, organizational commitment and job satisfaction in the classroom setting. This can be further enhanced through simulations and role plays in the school setting prior to student nurses' actual exposures. Knowledge on these concepts will serve as future nurses' foundation in their practice of the profession.

Clinical instructors may inculcate the values of civility, caring behaviors, organizational commitment and job satisfaction to their students during their Related Learning Experience (RLE). Nurse clinicians may develop activities that will foster the application of these values in the actual setting in the hospital. The constant promotion of these concepts in the hospital will provide lasting and impactful exposures to student nurses as they prepare to their professional careers.

Nursing service administrators can address civility through the setting of clear codes of conduct, expressing individual expectations and differentiating between acceptable, assertive and unacceptable behaviors in the clinical area. They can also promote caring behaviors, organizational commitment and job satisfaction by providing more opportunities for nurses to grow personally and professionally in the workplace.

Nurses in the hospital can re-evaluate their practices and take the required steps to ensure that civility, caring behaviors, organizational commitment and job satisfaction will be highlighted in their tasks and nurse-patient interactions. Additionally, the knowledge gained from this study can empower nurses to play the most important role of providing quality patient care to their clients. Nurses can further enhance their relationships to the members of the medical health team by inculcating the values of civility, caring behaviors, organizational commitment and job satisfaction.

Future researchers can replicate this study for the advancement of the nursing profession. This study will serve as a springboard for their willingness and eagerness to further understand the importance of nurses' perceptions on civility, caring behaviors, organizational commitment and job satisfaction. Through another research, results from this study can be further verified. They may also continue this study by taking into consideration the limitations of selecting respondents through convenience sampling, conducting it in a provincial level, and utilizing only the quantitative research design. It would be preferable to utilize a probability sampling method such as simple random sampling to give nurse respondents equal chances of being selected. This study can be conducted in a larger scale such as regional, national or even international level to promote representativeness of the nurses. This research can be more substantiated through the addition of qualitative method aside from the quantitative part of the study.

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