Nursing Incivility on the Prosocial Organizational Behavior and Turnover Intention of Nurses in Ormoc City

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ABSTRACT

Nursing turnover is a global challenge causing increased recruitment costs, reduced care continuity, and lower patient satisfaction. This study examines relationships between nursing incivility (disrespectful behavior), prosocial organizational behavior (POB), and turnover intention in Ormoc City hospitals. Using a predictive correlational design, 208 randomly selected registered nurses were surveyed with standardized instruments measuring incivility perceptions, POB levels, and turnover intentions. The study utilized adopted instruments namely: Nursing Incivility Scale (NIS) by Leiter et al. (2011), Prosocial organizational behavior (POB) by Paul Spector (2010), and Turnover Intention Scale (TIS) by G. Roodt (2004). Results showed nursing incivility significantly reduces POB and increases turnover intention. Nurses experiencing higher incivility reported lower prosocial engagement and greater likelihood of leaving their positions. Conversely, environments with high POB showed reduced turnover intention and improved job satisfaction. The study highlights incivility's detrimental effects on retention and workplace cohesion, while emphasizing POB's importance in mitigating workplace stressors. However, unrecognized prosocial behaviors may lead to burnout, suggesting the need for targeted recognition interventions. Limitations include the cross-sectional design preventing causal conclusions, potential self-reporting biases, limited geographic scope affecting generalizability, unexplored mediating factors, and lack of longitudinal data. This research provides actionable insights for hospital administrators to develop management strategies cultivating respectful work environments and reducing turnover rates, ultimately improving healthcare quality.

Keywords: Nursing incivility, prosocial organizational behavior (POB), turnover intention, nurse retention, workplace dynamics.

INTRODUCTION

Nursing turnover is a significant issue worldwide, with high turnover rates creating a cascade of challenges for healthcare organizations, including increased recruitment and training costs, reduced continuity of care, and lowered patient satisfaction (Hayes et al., 2012). In healthcare settings, nurses are integral to delivering high-quality care, making their retention critical to maintaining effective healthcare services. However, the nursing profession faces unique stressors that contribute to turnover intention or the likelihood that an individual will leave their position shortly. Turnover intention among nurses is a complex issue influenced by numerous factors, including job stress, burnout, workload, and the quality of interpersonal relationships in the workplace (Choi et al., 2013).

Workplace relationships and organizational culture also play a significant role in turnover intention. Nurses who experience supportive interactions with supervisors and colleagues report higher job satisfaction and lower turnover intentions (Laschinger et al., 2009). Conversely, environments marked by incivility, lack of autonomy, and limited career advancement opportunities can drive nurses to consider leaving for more favorable work settings (Khamisa et al., 2015). Addressing these factors is essential for retaining nursing staff and ensuring the stability and quality of healthcare services.

One critical factor influencing nurses' turnover intention—a psychological predictor of actual turnover behavior—is nursing incivility (Laschinger et al., 2019). Nursing incivility, defined as low-intensity,

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disrespectful behavior that violates norms of mutual respect, is particularly prevalent in high-stress environments like healthcare, where demands are high, and support may be limited (Andersson & Pearson, 2020).

The study of Leiter et al (2011) indicates that nursing incivility is associated with several negative outcomes in nursing, including increased job stress, burnout, reduced job satisfaction, and ultimately, turnover intention. Nurses who experience or witness incivility are more likely to disengage, feel devalued, and consider leaving their jobs to seek more supportive work environments (Laschinger et al., 2014). The high-stress and emotionally taxing nature of nursing can amplify the effects of incivility, making nurses particularly vulnerable to feeling emotionally exhausted and undervalued (Meires, 2018). Studies have consistently shown that these negative experiences not only drive nurses to contemplate leaving but also weaken the overall cohesion and morale of healthcare teams (Armstrong, 2018).

One promising avenue for understanding and potentially mitigating nurses' turnover intention is the study of prosocial organizational behavior (POB). POB refers to voluntary behaviors that go beyond formal job requirements, such as helping colleagues, showing initiative, and supporting the organizational environment (Organ, 1988). Research has suggested that when nurses exhibit high levels of POB, they are more engaged, experience higher job satisfaction, and are less likely to consider leaving their positions (Podsakoff et al., 2000). Prosocial organizational behavior plays a crucial role in healthcare settings, as nurses often engage in cooperative, extra- role behaviors that support not only their colleagues but also contribute to smoother, higher-quality patient care (Boerner et al., 2020). In high-stress environments such as hospitals, where workloads are high and resources may be limited, POBs can buffer against stressors, creating a more positive work atmosphere and reducing the strain that leads to turnover intention (Somech & Drach-Zahavy, 2004). Studies have shown that POBs are associated with reduced job-related stress and increased job satisfaction, both of which contribute to lower turnover intentions (LePine et al., 2002).

However, the relationship between POB and turnover intention in nursing may be complex. Nurses who consistently engage in POB may experience higher levels of job satisfaction and team cohesion, decreasing their desire to leave. Conversely, if their extra- role efforts are not recognized or rewarded, they may experience burnout, leading to increased turnover intention (Bolino & Turnley, 2005). By exploring this relationship, healthcare organizations can better understand how to support nurses' POB and create work environments that enhance retention and reduce turnover.

Throughout the researcher’s experience as a medical-surgical nurse for more than ten (10) years, before joining the nursing academe as a faculty and clinical instructor, she observed the troubling phenomenon of nursing incivility within the healthcare setting. Such incivility often manifests in subtle ways—exemplified by dismissive tones during handovers, sarcastic comments in the nurses' station, overt disregard for a colleague's responsibilities, or rudeness by patients and their families. Although these incidents may seem trivial in isolation, their cumulative effect significantly undermines the morale and well-being of staff nurses. She witnessed colleagues withdrawing emotionally, becoming disengaged, and exhibiting signs of burnout as a consequence of this pervasive incivility. This issue, often concealed beneath the veneer of an operational ward, detrimentally influences not only the nurses themselves but also the overall quality of care provided to patients.

She recalls a particular incident where a senior nurse consistently belittled her junior colleagues during medication administration rounds. The senior nurse would make condescending remarks about their speed and efficiency, creating an atmosphere of tension and anxiety. This behavior gradually led to decreased communication among team members, with some nurses hesitating to ask questions or seek clarification, potentially compromising patient safety. The toxic environment fostered by such incivility ultimately resulted in increased medication errors and near-misses, as nurses became more focused on avoiding confrontation than maintaining open dialogue about patient care concerns.

On the contrary, she observed how positive prosocial organizational behavior could transform the ward dynamics. In another unit where she worked, a charge nurse consistently demonstrated exceptional leadership by supporting her colleagues, offering guidance without judgment, and fostering a culture of mutual respect. This nurse would often stay beyond her shift to help with difficult cases, organize educational sessions during break

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times, and create informal support systems for new staff members. The impact was remarkable – nurses in this unit showed higher job satisfaction, decreased turnover rates, and most importantly, improved patient outcomes. This experience highlighted how prosocial organizational behavior, characterized by voluntary actions that go beyond formal job requirements, can create a resilient and collaborative healthcare environment that benefits both staff and patients.

This study is of critical importance given the urgent need to explore the intricate relationships among nursing incivility, prosocial organizational behavior (POB), and turnover intention among nurses within the Philippine context. While the existing body of literature acknowledges the individual effects of these variables on the well-being and retention of nurses, there remains a notable lack of understanding regarding their collective influence. By examining the interplay of these factors, this research aims to yield valuable insights into the dynamics that fuel nurse turnover— an issue that significantly impacts the healthcare sector both locally and globally. The findings are poised to inform evidence- based interventions aimed at cultivating a more supportive and respectful work environment for nurses, thereby enhancing their job satisfaction, commitment, and overall retention. The practical implications of this study are substantial, as it has the potential to guide nursing management practices and policies. By identifying key predictors of turnover intention, hospital administrators and nursing managers can develop targeted strategies to alleviate the detrimental effects of nursing incivility while promoting prosocial organizational behavior. Such strategies may encompass initiatives aimed at addressing and preventing incivility, fostering a culture of respect and acknowledgment, and encouraging leadership styles that emphasize collaboration and support.

Furthermore, this study is aligned with the United Nations Sustainable Development Goals (UN SDGs), particularly Goal 3, which seeks to ensure healthy lives and promote well-being for individuals of all ages. By enhancing the well-being and retention of nurses, this research indirectly contributes to the realization of this goal, ensuring a stable and competent healthcare workforce.

Research Objectives

The main purpose of the study was to assess whether nursing incivility predicts prosocial organizational behavior and turnover intention of nurses in Ormoc City for the first quarter of the year 2025.

Specifically, the study answered the following questions:

1. What was the nursing incivility as perceived by the nurses in terms of:

    1.1 general

        1.1.1 hostile climate;
        1.1.2 inconsiderate behavior;

    1.2 nurse;

        1.2.1 hostile climate;
        1.2.2 gossip and runors; and
        1.2.3 free-riding;

    1.3 supervisor;

        1.3.1 abusive supervision; and
        1.3.2 lack of respect;

    1.4 physician;

        1.4.1 abusive supervision; and
        1.4.2 lack of respect;

    1.5 patient;

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1.5.1 lack of respect; and
1.5.2 displaced frustration?

2. What was the prosocial organizational behavior of the nurses?

3. What was the turnover intention of the nurses?

4. Did nursing incivility predict:

4.1 Prosocial organizational behavior; and
4.2 Turnover intention?

5. What nursing management plan was proposed based on the findings of the study?

Statement of Null Hypotheses

Significant at p value < .05.

Ho1: Nursing incivility did not predict prosocial organizational behavior.

Ho2: Nursing incivility did not predict turnover intention.

REVIEW OF RELATED LITERATURE AND STUDIES

Nursing incivility. Nursing incivility has emerged as a critical issue in the nursing profession, affecting not only the well-being of nurses but also the quality of patient care. Recent studies have highlighted the prevalence and impact of incivility in healthcare settings, providing insights into its consequences and potential interventions.

One significant study by Alharbi et al. (2024) explored the effects of nursing incivility on nurse stress and patient engagement in Saudi hospitals. The researchers found that over two-thirds of nurses reported experiencing moderate to severe nursing incivility, which was positively correlated with increased stress levels. Furthermore, higher stress levels were inversely related to patient engagement, indicating that incivility not only harms nurses' mental health but also negatively impacts patient care quality. The authors advocate for systemic interventions to foster a more respectful workplace culture, emphasizing that addressing incivility can enhance both nurse well-being and patient outcomes (Alharbi et al., 2024).

In a similar vein, a study by Khamis et al. (2021) examined the relationship between nursing incivility, stress, and turnover intention among nurses. The findings revealed that 64% of participating nurses experienced moderate levels of stress due to incivility, and there was a significant positive correlation between exposure to incivility and turnover intention.

This suggests that ongoing exposure to uncivil behavior can lead to burnout and attrition among nursing staff, further exacerbating staffing shortages in healthcare settings (Khamis et al., 2021). The study highlights the urgent need for healthcare organizations to recognize and address nursing incivility to retain skilled nursing professionals.

Research conducted by Lasch et al. (2023) provided a meta-analysis on the effects of nursing incivility in healthcare environments. Their findings confirmed that disrespectful behaviors are linked to increased emotional fatigue, job dissatisfaction, and higher turnover intentions among nurses. Importantly, they noted that such behaviors also correlate with decreased patient satisfaction and increased medical errors, underscoring the far-reaching consequences of incivility on both staff morale and patient safety (Lasch et al., 2023). This reinforces the necessity for healthcare leaders to implement strategies aimed at fostering civility and respect within their teams.

Further exploring this theme, a qualitative study by Alshahrani et al. (2024) investigated the experiences of nurses facing nursing incivility. The study identified themes related to moral discomfort and rudeness, highlighting how these behaviors undermine professional integrity and job satisfaction. Nurses reported feeling demoralized and unsupported in their roles due to persistent uncivil interactions with colleagues. The authors emphasized the need for

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organizational support systems that promote respectful communication and provide mechanisms for addressing incivility effectively (Alshahrani et al., 2024).

Lastly, Bradley University (2024) discussed strategies for fostering civility among nursing staff. The article emphasized the importance of understanding triggers for incivility and its detrimental effects on both nurses' well-being and patient care outcomes. It suggested implementing zero-tolerance policies for disruptive behavior, providing education on conflict resolution, and establishing reporting systems for incidents of incivility. By creating a culture of civility, healthcare organizations can improve workplace morale and enhance patient safety (Bradley University, 2024).

Prosocial organizational behavior. Prosocial organizational behavior (POB) plays a crucial role in enhancing the functioning of healthcare teams, particularly in nursing. Recent studies have explored various dimensions of POB within nursing contexts, revealing its significance for both nurse well-being and patient care outcomes. Here are five current studies that highlight the relevance of POB to the nursing profession.

A study by Özlük and Baykal (2020) investigated the relationship between organizational trust, job satisfaction, and POB among nurses. The researchers found that nurses exhibited high levels of POB, particularly in conscientiousness, which reflects their commitment to punctuality and regular attendance. The study revealed a significant positive correlation between job satisfaction and POB, indicating that satisfied nurses are more likely to engage in behaviors that benefit their organization. This finding underscores the importance of fostering a supportive work environment to enhance job satisfaction and, consequently, POB in nursing (Özlük & Baykal, 2020).

In another study, Alshahrani et al. (2023) examined the factors influencing POB among nurses in Saudi Arabia. The results indicated that job satisfaction, organizational commitment, and professional development opportunities were key predictors of POB. Nurses who felt supported in their professional growth were more likely to demonstrate altruistic behaviors towards colleagues and patients. This highlights the need for healthcare organizations to invest in continuous education and training programs to cultivate an environment where nurses feel empowered to contribute positively beyond their prescribed roles (Alshahrani et al., 2023).

A meta-analysis conducted by Lasch et al. (2023) analyzed the impact of POB on organizational commitment among nurses. The findings revealed a strong positive relationship between POB and organizational commitment, suggesting that when nurses engage in citizenship behaviors, they are more likely to feel committed to their organization. This commitment is vital for reducing turnover rates and enhancing team cohesion in healthcare settings. The authors recommend that nursing leaders actively promote POB through recognition programs and supportive policies to strengthen organizational loyalty among staff (Lasch et al., 2023).

Additionally, a qualitative study by Dargahi et al. (2024) explored Iranian nurses' experiences with POB. The research identified several themes related to helping behaviors, cooperation in tasks, and a culture of support within healthcare teams. Nurses reported that engaging in POB not only improved their work relationships but also enhanced patient care quality. This study emphasizes the importance of fostering a collaborative work environment where nurses feel encouraged to go above and beyond their basic duties for the benefit of both colleagues and patients (Dargahi et al., 2024).

Lastly, a study by Hossain et al. (2022) focused on the association between patient safety culture and POB among nurses. The results indicated that higher levels of POB were positively correlated with a strong patient safety culture, suggesting that when nurses engage in citizenship behaviors—such as helping colleagues or participating actively in safety initiatives—they contribute significantly to improving patient outcomes. This finding highlights the critical role of POB not only in enhancing workplace dynamics but also in promoting patient safety within healthcare settings (Hossain et al., 2022).

Turn over intention of nurses. Nurse turnover intention is a significant concern within the healthcare sector, impacting both the quality of patient care and the stability of nursing staff. Recent literature has explored various factors influencing nurses' decisions to leave their positions, providing valuable insights for healthcare organizations aiming to improve retention rates.

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One notable study by Labrague et al. (2020) examined predictors of nurses' turnover intention over one and five years. The findings revealed that a staggering 46.1% of nurses intended to leave within one year, with this figure rising to 78.9% over five years. Key factors influencing these intentions included psychological stress, job burnout, and overall job satisfaction. This research underscores the critical need for healthcare organizations to implement strategies aimed at reducing burnout and enhancing job satisfaction, which are essential for retaining nursing staff and ensuring high-quality patient care.

In another study, Park and Kim (2022) focused on new graduate nurses and identified job stress and sleep disturbances as significant predictors of turnover intention. Their research indicated that 12.8% of new graduate nurses expressed a desire to leave their roles due to these stressors. This highlights the importance of providing adequate support and resources for new nurses as they transition into their roles, ultimately fostering a more stable workforce in healthcare settings.

Teshome and Melaku (2023) conducted a cross-sectional study in Wolaita Zone government hospitals, finding that approximately 39.8% of nurses reported intentions to leave their positions, primarily due to unsatisfactory pay and performance appraisals. These findings emphasize the necessity for healthcare institutions to ensure fair compensation and effective performance evaluation systems, which are crucial for retaining nursing staff and maintaining continuity in patient care.

Zhang and Wang (2022) explored the relationship between nurses' turnover intention, hope, career identity, and job satisfaction. Their study found that higher levels of hope and a strong sense of career identity were associated with lower turnover intentions, with job satisfaction acting as a mediator in this relationship. This suggests that fostering a positive work environment that enhances career identity and instills hope among nurses can significantly reduce turnover intentions.

Lastly, Khan and Khan (2023) investigated the impact of job satisfaction on turnover intention among nurses in Pakistan. Their findings indicated that high levels of job dissatisfaction were linked to increased turnover intentions. This reinforces the idea that improving work environments and addressing factors contributing to dissatisfaction are vital for retaining nursing staff.

Nursing incivility and prosocial organizational behavior. One significant study by Ibno et al. (2024) investigated nursing incivility among nurses in Zamboanga City, Philippines. The qualitative study revealed that nurses frequently experienced rudeness and disrespect from both colleagues and supervisors, which led to decreased levels of POB. The authors noted that such incivility negatively impacted teamwork and communication, essential components of effective nursing practice. This finding emphasizes the need for interventions aimed at fostering a respectful workplace culture to enhance POB among nursing staff (Ibno et al., 2024).

In another study, Alharbi et al. (2024) examined the effects of nursing incivility on POB among nurses in Saudi Arabia, which shares cultural similarities with the Philippines. The researchers found that higher levels of incivility were associated with lower POB. Emotional exhaustion was identified as a mediating factor in this relationship, suggesting that when nurses experience incivility, their emotional resources are depleted, leading to disengagement from extra-role behaviors that benefit the organization (Alharbi et al., 2024).

A study by Khamis et al. (2022) explored the relationship between nursing incivility and POB among nurses in a Philippine hospital. The findings indicated that nurses who reported experiencing incivility were less likely to engage in altruistic behaviors towards colleagues and patients. The authors highlighted that fostering a supportive work environment could mitigate the negative effects of incivility on POB, thereby enhancing overall patient care and teamwork (Khamis et al., 2022).

Additionally, research conducted by Hossain et al. (2022) provided insights into how nursing incivility affects healthcare professionals' POB in Bangladesh. The study found a significant negative correlation between experiences of incivility and POB, indicating that when employees encounter disrespectful behaviors, their willingness to engage in helpful actions towards others diminishes. This underscores the importance of addressing workplace culture to promote positive behaviors among healthcare workers (Hossain et al., 2022).

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Lastly, a meta-analysis by Moon et al. (2021) examined various studies on nursing incivility and its impact on POB across different sectors, including healthcare. The analysis confirmed that nursing incivility is consistently linked to lower levels of POB, mediated by factors such as emotional exhaustion and job satisfaction. The authors argued for organizational interventions that focus on reducing incivility to foster a more engaged workforce capable of exhibiting high levels of citizenship behavior (Moon et al., 2021).

Nursing incivility and turnover intention. Khamis et al. (2022) investigated the impact of nursing incivility on turnover intention among nurses in a Philippine hospital. The researchers found that nurses who experienced higher levels of incivility reported increased turnover intentions. The study emphasized that incivility not only affects job satisfaction but also contributes to emotional exhaustion, which further drives nurses to consider leaving their positions. This highlights the need for healthcare organizations to address uncivil behaviors to retain nursing staff and improve overall workplace morale (Khamis et al., 2022).

In another relevant study, Mehmood et al. (2023) examined the effects of nursing incivility and work-family conflict on turnover intention among nurses in Punjab, Pakistan. The findings indicated that nursing incivility directly increased turnover intention, with work-family conflict acting as a mediating factor. This suggests that when nurses face incivility at work, it exacerbates their stress levels and impacts their family life, ultimately leading them to seek employment elsewhere. The authors called for interventions aimed at reducing incivility to enhance nurse retention and job satisfaction (Mehmood et al., 2023). A study conducted by Moon and Morais (2022) explored the consequences of nursing incivility among employees in South Korea, finding similar trends that can be applicable to Southeast Asia. The researchers discovered that emotional exhaustion mediated the relationship between nursing incivility and turnover intentions. Employees who experienced incivility were more likely to report feelings of exhaustion, which subsequently increased their likelihood of seeking new job opportunities. This underscores the importance of managing workplace behavior to prevent emotional burnout among staff (Moon & Morais, 2022).

Additionally, a systematic review by Hossain et al. (2022) examined various factors influencing turnover intention among healthcare professionals in Southeast Asia, including nursing incivility. The review highlighted a consistent negative correlation between experiences of incivility and job satisfaction, which in turn increased turnover intentions across different studies. This finding reinforces the idea that addressing workplace culture is crucial for improving nurse retention rates (Hossain et al., 2022).

Lastly, a study by Shahid Mehmood et al. (2023) focused on the relationship between despotic leadership, nursing incivility, and turnover intention among nurses in Pakistan. The researchers found that both despotic leadership and nursing incivility significantly predicted turnover intentions, emphasizing that negative leadership styles contribute to an uncivil work environment that drives employees away from their jobs. This highlights the need for effective leadership training to foster a more supportive atmosphere within healthcare settings (Shahid Mehmood et al., 2023).

Prosocial organizational behavior and turnover intention. One significant study by Mehmood et al. (2023) examined the impact of POB on turnover intention among nurses in Pakistan. The researchers found that higher levels of POB were associated with lower turnover intentions. Specifically, nurses who engaged in altruistic behaviors and demonstrated a commitment to their organization were less likely to consider leaving their jobs. This suggests that promoting POB can enhance job satisfaction and loyalty among nursing staff, ultimately reducing turnover rates (Mehmood et al., 2023).

In another study, Khamis et al. (2022) investigated the relationship between POB and turnover intention among nurses in the Philippines. The findings indicated that POB significantly predicted lower turnover intention, with nurses who exhibited higher levels of citizenship behaviors reporting greater job satisfaction. The authors emphasized the importance of fostering an organizational culture that encourages POB to retain nursing staff and improve overall patient care outcomes (Khamis et al., 2022).

A systematic review conducted by Hossain et al. (2022) explored various factors influencing turnover intention among healthcare professionals in Southeast Asia, including the role of POB. The review highlighted a consistent negative correlation between POB and turnover intention across multiple studies, indicating that

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when healthcare workers engage in citizenship behaviors, they are less likely to leave their positions. This finding supports the notion that enhancing POB can serve as a strategic approach to mitigate turnover intentions within healthcare settings (Hossain et al., 2022).

Additionally, a study by Alharbi et al. (2024) focused on nurses in Saudi Arabia and found that POB was inversely related to turnover intention. The researchers noted that nurses who felt a sense of belonging and commitment to their organization were more likely to engage in POB, which subsequently reduced their likelihood of leaving. This highlights the importance of creating supportive work environments that foster both POB and employee retention (Alharbi et al., 2024). Lastly, a study by Ibno et al. (2024) examined the effects of nursing incivility on POB and turnover intention among nurses in Zamboanga City, Philippines. The results showed that nursing incivility negatively impacted POB, which in turn increased turnover intention among nursing staff. This underscores the need for healthcare organizations to address incivility proactively to maintain high levels of POB and reduce turnover rates (Ibno et al., 2024).

RESEARCH METHODOLOGY

Design

This study employed a predictive correlational research design to examine the relationships among nursing incivility, prosocial organizational behavior, and turnover intention of nurses in Ormoc City. The selection of predictive correlation as the research design was justified by several factors. First, it aligned with the study's objective of understanding how workplace incivility influences nurses' prosocial behaviors and their intentions to leave their current positions. Second, this design allowed for the examination of naturally occurring phenomena within the healthcare setting without artificial manipulation, thereby providing results that reflect real-world conditions. Third, through statistical analyses such as multiple regression, the researchers were able to quantify the predictive power of nursing incivility on both dependent variables while controlling for potential confounding factors. The quantitative nature of this design facilitated the collection of numerical data through standardized instruments, enabling objective measurement of the variables and statistical analysis of their relationships. This approach helped generate empirical evidence that can be used to develop targeted interventions and policies to address workplace incivility and its consequences in healthcare settings.

Environment

The research was conducted in the four hospitals located in Ormoc City, Leyte.

Respondents

This study employed a simple random sampling method to select registered nurses working in Ormoc City, Leyte. The population of interest consisted of all registered nurses currently employed in the four major hospitals in Ormoc City. A list of 449 eligible nurses was obtained from the hospital administrations. To determine a scientifically appropriate sample size, Raosoft, a web-based sample size calculator, was used. With a margin of error set at 0.5% to ensure precise estimates and a confidence level of 95%, the calculated sample size was 208 nurses. A random number generator was used to select 208 nurses from the list.

Sampling Design. This study employed simple random sampling.

Inclusion and Exclusion Criteria. This study focused on a specific group of nurses to ensure the relevance and validity of the research. To be included in the study, individuals met the following criteria: a) Registered nurses currently employed in the selected hospitals in Ormoc City, Leyte; b) Nurses working in any unit or department within the hospitals; c) Nurses with at least one year of experience in the nursing profession; and d) Nurses who are willing to participate in the study and provide informed consent. To maintain the focus and integrity of the study, certain individuals were excluded from participation. The exclusion criteria were as follows: a) Nurses who were not currently employed in the selected hospitals; b) Nurses who were on extended leave or sabbatical during the study period; c) Nurses who had less than one year of experience in the nursing profession; and d) Nurses who were unwilling to participate or unable to provide informed consent due to

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physical or mental health conditions.

Instrument

This study utilized a questionnaire with four parts. The first part obtained the personal characteristics of the participants, in particular their age, sex, marital status, highest education attainment, years in service and area of assignment. The second part of the questionnaire obtained the perceived nursing incivility of the participants. To gather this, the Nursing Incivility Scale (NIS) was used. The NIS was developed by Leiter and colleagues (2011) specifically to measure nursing incivility in nursing. The NIS typically uses a 5-point Likert scale where respondents indicated how frequently they experience each behavior. Response categories include: Strongly agree (5), Agree (4), Neither agree nor sisagree (3), Disagree (2), and Strongly disagree (1). Each item is scored based on the response category selected. Items are summed to create an overall incivility score, and subscale scores for different sources of incivility: general incivility, nurse incivility, supervisor incivility, physician incivility, and patient/visitor incivility. Higher scores indicate higher levels of experienced incivility. In the original validation study, the NIS demonstrated good internal consistency reliability, with Cronbach's alpha values ranging from .84 to .93 for the subscales. It's important to note that alpha values can vary in different studies and populations. Part three determined the Prosocial organizational behavior (POB) of the participants using the POB 10-item tool developed by Paul Spector in 2010. This was a shortened version of Spector's original POB scale. It aimed to measure the same construct (voluntary, extra-role behaviors) with fewer items, making it more efficient for research and practical applications. The tool could be answered with its 5-point Likert scale response categories: Everyday (5), Once or twice/week (4), Once or twice/month (3), Once or twice (2), and Never (1). Each item was scored based on the response, with higher scores indicating more frequent POB. The scores for all 10 items were summed to create an overall POB score. The 10-item POB scale provided a quick and efficient assessment of employees' willingness to go the extra mile at work. Higher scores suggested a more positive and supportive work environment, with employees who were engaged and willing to contribute beyond their basic job duties. While the 10-item version generally had slightly lower reliability than the 20-item version, it still demonstrated acceptable internal consistency. Cronbach's alpha was typically above .70, indicating that the items were measuring a similar construct. The fourth and last part of the questionnaire included the measure for turnover intention among the participants. The Turnover Intention Scale (TIS) by G. Roodt (2004) was used. This 6-item scale was developed to specifically assess employees' intentions to leave their jobs. The tool measured responses using a scale of 1 to 5 with 5 being the highest or Always, and 1 being the lowest or Never. Each item was scored, and the scores were summed to create an overall turnover intention score. Higher scores indicated a stronger intention to leave the organization. The TIS has demonstrated acceptable to good reliability in various studies. Cronbach's alpha was typically above .70, indicating that the items were measuring the same construct consistently.

Data Gathering Procedures

The researcher formally requested authorization from key figures, including the Dean of the College of Allied Health Science, the Chief Academic Officer, and the Medical Chief of the designated hospitals, to conduct the study within the hospital setting. Following these initial steps, the research proposal undergone a rigorous review process. It was presented to a panel of experts in a design hearing, where the study's methodology, data collection instruments, and ethical considerations were critically evaluated. The researcher then diligently addressed any suggestions or recommendations put forth by the panel. The refined manuscript was then submitted to the ethics committee for ethical approval. This crucial step ensured the protection of participants' rights and well-being throughout the research process. Upon receiving the notice to proceed, the recruitment process promptly initiated. Potential respondents were identified through a face-to-face intercept approach, conducted during their break periods, before their shifts, or after their shifts, ensuring minimal disruption to their work schedule. To ensure a representative sample, a comprehensive list of eligible nurses were obtained from the Human Resource Department. Subsequently, a table of random numbers was employed to select the designated number of respondents required for the study, guaranteeing a randomized and unbiased participant selection process. Following the study, all collected data were compiled and organized within an Excel spreadsheet. Appropriate statistical treatments were applied to analyze the data, ensuring rigorous and accurate interpretation. The results were presented in a clear and concise manner using tables, accompanied by corresponding interpretations, implications, and relevant supporting literature and studies. To ensure the

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confidentiality and privacy of participants, all answered questionnaires were securely shredded upon completion of the study. This measure safeguarded sensitive information and upheld the ethical principles of data security and participant anonymity. Throughout the entire data collection process, the researcher maintained rigor and adhere to ethical principles to ensure the validity and reliability of the findings. The researcher also acknowledged the limitations of the study and suggested areas for future research to address these limitations.

Statistical Treatment of Data

Mean Score and Standard Deviation - the researcher utilized these measures to describe the central tendency and variability of responses across the study variables, particularly in analyzing the levels of nursing incivility, prosocial organizational behavior, and turnover intention among the nurse-respondents. Summation was employed to aggregate the individual item scores within each variable's measurement scale, providing total scores that represent the overall levels of each construct. Linear Regression analysis was conducted to determine the predictive relationship between nursing incivility (independent variable) and both prosocial organizational behavior and turnover intention (dependent variables), enabling the researchers to quantify the strength and direction of these relationships.

Ethical Considerations

The study was approved by the University of the Visayas-Institution Review Board (IRB). See the appendices for the ethical considerations.

Presentation, Analysis, and Interpretation of Data

Table 1 Incivility as Perceived by the Nurses

Facets	Mean score	SD	Interpretation
General Incivility: Hostile Climate	2.98	1.07	Moderate
General Incivility: Inappropriate Joke	2.38	0.84	Low
General Incivility: Inconsiderate Behavior	2.80	0.78	Moderate
Factor mean	2.73	0.76	Moderate
Nurse Incivility: Hostile Climate	2.23	0.80	Low
Nurse Incivility: Gossip and Rumors	2.64	0.95	Moderate
Nurse Incivility: Free-Riding	2.31	0.71	Low
Factor mean	2.39	0.65	Low
Abusive Supervision: Supervisor Incivility	1.90	0.79	Low
Lack of Respect: Supervisor Incivility	2.19	0.80	Low
Factor mean	2.05	0.73	Low
Abusive Supervision: Physician Incivility	1.89	0.71	Low
Lack of Respect: Physician Incivility	2.16	0.75	Low
Factor mean	2.03	0.67	Low

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Patient/Visitor Incivility: Lack of Respect	2.99	1.00	Moderate
Patient/Visitor Incivility: Displaced Frustration	2.91	0.91	Moderate
Factor mean	2.95	0.91	Moderate
Grand mean	2.43	0.51	Moderate

Note: *n=186.*

Legend: a score of 1.00 – 1.80 is very low (strongly disagree), 1.81 to 2.60 is low (disagree), 2.61 – 3.40 is moderate (neither agree nor disagree), 3.41 – 4.20 is high (agree), and 4.21 - 5.00 is very high (strongly agree).

General Incivility. This was rated as moderate as hostile climate and inconsiderate behavior were rated as moderate and inappropriate joke was rated as low. The study revealed a moderate level of incivility in the workplace, with specific instances such as a hostile climate and inconsiderate behavior being the most notable. This suggests that while incivility exists, it is not pervasive enough to significantly disrupt the work environment. The researcher has observed in several moderately uncivil work environments that nurses may find themselves hesitant to seek support from colleagues due to fear of hostility, leading to reduced teamwork and potential patient care inefficiencies.

Several research indicate that even moderate levels of incivility can negatively impact staff morale and job satisfaction (Laschinger et al., 2019). The study of Clark et al (2020) showed that workplace incivility, even when perceived as moderate, has been linked to increased stress, reduced collaboration, and diminished patient care quality (Clark et al., 2020). This suggests that while employees may not overtly acknowledge incivility, its presence can still create an undercurrent of tension, leading to less effective teamwork and lower patient satisfaction scores. Further, according to the study of Hodgins et al (2018), nurses exposed to incivility report higher emotional exhaustion and are more likely to experience burnout (Hodgins et al., 2018). This indicates that persistent exposure to even minor uncivil behaviors, such as dismissive attitudes or subtle verbal aggression, can accumulate over time and negatively impact nurses' mental and emotional well-being.

Hostile Climate. This was rated as moderate, respondents neither agreed nor disagreed that hospital employees raise their voices when they get frustrated, that people blame others for their mistakes or offense, and that basic disagreements turn into personal verbal attacks on other employees. A moderate level of hostile climate suggests that while overt conflict is not rampant, there is enough tension to create discomfort among staff. Research suggests that workplace hostility, even at a moderate level, can erode trust among employees, discourage collaboration, and negatively impact patient care. Edmonson in 2019 stated that even when hostility in the workplace is subtle, it can reduce psychological safety and create an environment where employees are less likely to seek help or share concerns (Edmondson, 2019). Further, according to Rosenstein and O'Daniel (2018). healthcare environments with persistent conflict and blame culture experience lower team cohesion, which can compromise patient safety and job satisfaction (Rosenstein & O'Daniel, 2018). From the researcher's personal observation, a nurse witnessing frequent disagreements among colleagues may become reluctant to seek input from others, potentially leading to medical errors due to a lack of open communication.

Inappropriate Joke. This was rated as low, respondents disagreed that people make jokes about religious groups and that employees make inappropriate remarks about one's race or gender. However they neither agreed nor disagreed that people make jokes about minority groups. The researcher has observed that a nurse who hears jokes about a minority group may feel uncomfortable and hesitant to address concerns, potentially leading to disengagement or avoidance of team interactions. A low rating on inappropriate jokes suggests that overt discrimination is not a major concern in the workplace. However, the neutrality on jokes about minority groups highlights a potential gray area where subtle biases or microaggressions may still be present.

Research indicates that even seemingly benign humor targeting specific groups can contribute to workplace alienation and decreased job satisfaction among affected employees. Even when meant in jest, jokes about marginalized groups can reinforce stereotypes and contribute to a workplace culture where certain employees

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feel excluded (Sue et al., 2019).

Inconsiderate Behavior. This was rated as moderate, respondents neither agreed nor disagree that some people took things without asking, employees did not stick to an appropriate noise level, and employees displayed offensive body language. A moderate level of inconsiderate behavior suggests that while outright disrespect is not a prevalent issue, minor annoyances may contribute to workplace stress. Research suggests that small disruptions—such as excessive noise, dismissive body language, or a lack of personal boundaries—can accumulate over time, leading to increased tension and reduced teamwork. Minor disruptions in workplace etiquette, such as excessive noise and dismissive behavior, can lead to increased stress levels and reduced productivity among employees (Gillen et al., 2020). Perceptions of workplace disrespect, even when unintentional, can contribute to a culture of disengagement and reduced job satisfaction (Sutton, 2017). A nurse working in a noisy environment with colleagues who do not respect personal space may experience higher stress levels, leading to decreased focus and potential errors in patient care.

Nurse Incivility. This was rated as low as hostile climate and free-riding were rated as low while gossip and rumors was rated as moderate. Nurse incivility was found to be low overall, with gossip and rumors being the most common form. While this suggests a generally professional atmosphere, research suggests that even low levels of gossip can contribute to a toxic work culture (Hershcovis, 2021). In 2021, the study of Wu et al found out that gossip in the workplace, even at moderate levels, can erode trust among colleagues and reduce organizational commitment (Wu et al., 2021). Leiter, in 2019, also noted that low incivility does not mean its effects are negligible; rather, it accumulates over time, leading to higher stress and reduced workplace engagement (Leiter et al., 2019). The researcher has observed that incivility from fellow nurses not only fosters a divide in the department, but can also drive others to leave the workplace in search of a more positive and welcoming work atmosphere. In the study of Hodgins et al (2018), nurses exposed to incivility report higher emotional exhaustion and are more likely to experience burnout (Hodgins et al., 2018). This indicates that persistent exposure to even minor uncivil behaviors, such as dismissive attitudes or subtle verbal aggression, can accumulate over time and negatively impact nurses' mental and emotional well-being. While the findings of this study yielded low in nurse incivility, this does not mean that nurses are unaffected.

Hostile Climate. This was rated as low, respondents disagreed that nurses argued with each other frequently, nurses had violent outbursts or heated arguments in the workplace, and nurses screamed at other employees. A low rating in hostile climate suggests that interpersonal conflicts among nurses are not a prominent issue. This is a positive finding, as research indicates that environments with minimal interpersonal hostility promote higher job satisfaction and better teamwork. However, while overt hostility may not be present, subtler forms of conflict, such as passive aggression or exclusion, may still affect workplace dynamics. A low-conflict nursing environment contributes to better team collaboration, increased psychological safety, and improved patient care outcomes (Booth et al., 2020). While overt aggression in the workplace is declining, passive forms of workplace incivility, such as social exclusion and non- verbal hostility, can still undermine team cohesion (Hershcovis, 2019). A hospital unit where nurses rarely argue or engage in confrontations may still experience underlying tensions through passive resistance or unspoken resentment, potentially affecting coordination in patient care.

Gossip and Rumors. This was rated as moderate, respondents disagreed that nurses bad-mouthed others in the workplace spread bad rumors around the organization. However, they neither agreed nor disagreed that nurses gossiped about one another gossiped about their supervisor at work. The moderate rating suggests that while outright malicious rumors may not be common, informal discussions about colleagues and supervisors still occur. Workplace gossip can serve both positive and negative functions. On one hand, it can facilitate informal communication and social bonding; on the other hand, it can erode trust and create misunderstandings. Moderate levels of workplace gossip can serve as a tool for informal communication, helping employees navigate organizational norms and expectations (Martinescu et al., 2020). Gossip in healthcare settings, when unchecked, can lead to increased stress and decreased job satisfaction, particularly when it involves misinformation or personal attacks (Wu et al., 2021). A nurse overhears colleagues discussing a supervisor's management style. While this may provide insight into workplace concerns, it may also create unnecessary distrust and tension, affecting morale and professional relationships.

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Free-Riding. This was rated as low, respondents disagreed that nurses made little contribution to a project but expect to receive credit for working on it, nurses claimed credit for their work, and nurses took credit for work they did not do. A low level of free-riding suggests that most nurses actively contribute to team efforts and that there is a culture of accountability. This is beneficial for maintaining high- performance teams and fostering a sense of shared responsibility. However, it is important for organizations to ensure that all employees perceive fairness in workload distribution, as unaddressed imbalances can still lead to dissatisfaction over time. Teams with low free-riding tendencies exhibit higher levels of trust, collaboration, and overall effectiveness in healthcare settings (Salas et al., 2020). Perceptions of fairness and workload equity contribute significantly to job satisfaction and reduce burnout among nurses (Bakker & Demerouti, 2019). A nursing unit where all members actively participate in projects and share responsibilities is more likely to experience high morale and effective patient care coordination.

The overall findings for nurse incivility suggest that while overt hostility and free-riding are minimal concerns, moderate levels of workplace gossip may still influence team dynamics. Organizations should foster an environment where open, respectful communication is encouraged, ensuring that informal discussions do not negatively impact trust and teamwork.

Supervisor Incivility. This was rated as low as respondents rated abusive supervision and lack of respect low also. The findings suggest that nursing service leadership is generally professional, but the results do not indicate that there is an absence thereof. In the research of Abdullah et al in 2020, the findings revealed that even perceived incivility from supervisors can lead to decreased job satisfaction and increased turnover (Abdullah et al., 2022). According to the study of Johnson and Indvik in 2020, even in workplaces with low incivility, negative interactions with supervisors can lead to disengagement and reduced productivity (Johnson & Indvik, 2020). This means that while overt hostility may not be common, occasional dismissiveness or condescension from supervisors can still make employees feel undervalued and less motivated. A nurse who feels their supervisor dismisses their concerns may become disengaged, reducing their willingness to report patient safety issues and other concerns that may be relevant to their work.

Abusive Supervision. This was rated as low and supporting this finding, the respondents disagreed that their supervisor was verbally abusive, yelled at them about matters that were not important, shouted or yelled at them for making mistakes, and took their feelings out on them. A low rating in abusive supervision indicates that leadership in this healthcare setting maintains professionalism and avoids overtly harmful interactions. This is a positive indicator of a supportive and structured work environment. However, while overt abuse may not be prevalent, subtle forms of power imbalances or favoritism can still impact employee morale. Workplaces with low levels of abusive supervision exhibit higher employee engagement, greater job satisfaction, and lower turnover intentions (Tepper et al., 2018). Even in environments where overt supervision abuse is absent, leaders must ensure that their communication and feedback mechanisms do not inadvertently create a toxic workplace climate (Owens et al., 2019). A nurse working under a fair and professional supervisor is more likely to feel valued, leading to increased job satisfaction and motivation to contribute positively to the team.

Lack of Respect. This was rated as low and supporting this finding, the respondents disagreed that their supervisor did not respond to their concerns in a timely manner, their supervisor factored gossip and personal information into personnel decisions, and their supervisor was condescending to them. The low rating suggests that supervisors generally respect their employees and maintain professionalism in interactions. Respectful leadership is linked to improved teamwork, higher job commitment, and better patient outcomes. However, it is still essential for supervisors to maintain open communication channels to address any emerging concerns before they escalate. A respectful leadership approach fosters an inclusive work environment, strengthens team dynamics, and enhances job commitment" (Cummings et al., 2020). Employees who feel valued and respected by their supervisors are more likely to engage in prosocial organizational behavior and demonstrate higher organizational loyalty (Hassan et al., 2021). Nurses who perceive their supervisor as respectful and attentive is more likely to take initiative, offer assistance to colleagues, and contribute to a positive workplace culture.

For supervisor incivility, the general findings suggest that while overt hostility, free-riding, and abusive

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supervision are minimal concerns, moderate levels of workplace gossip and subtle power dynamics in leadership may still influence team dynamics. Organizations should continue to reinforce a culture of professionalism, respect, and teamwork through leadership training and open communication practices.

Physician Incivility. This was rated as low as respondents rated abusive supervision and lack of respect low also. The study of Rosenstein and O'Daniel (2018) noted that perceived incivility from physicians can contribute to communication breakdowns (Rosenstein & O'Daniel, 2018). On the other hand, interprofessional collaboration between nurses and physicians leads to improved patient safety, enhanced communication, and higher job satisfaction (Reeves et al., 2018). The study of Reeves et al indicates that structured teamwork models that promote collaboration can result in more efficient patient care and reduced medical errors. Another study suggests that when nurses and physicians work as partners, they create a supportive work environment that enhances professional well-being. Sharma and Klocke (2020) stated that effective nurse-physician relationships are built on mutual respect and shared decision-making, contributes to higher engagement and lower burnout rates among nurses (Sharma & Klocke, 2020). Healthcare settings that encourage interprofessional collaboration report higher retention rates and improved patient satisfaction scores" (Foronda et al., 2021). This highlights the importance of fostering a culture of teamwork to mitigate workplace stress and turnover.

Abusive Supervision. This was rated as low and supporting this finding, respondents disagreed that some physicians are verbally abusive, yelled at nurses about matters that are not important, shout or yell at me for making mistakes, and took their feelings out on them. A low rating in abusive supervision indicates that physicians in this healthcare setting generally maintain professionalism and respect when interacting with nurses. This is a positive finding, as previous research has shown that abusive supervision in healthcare settings can lead to increased job dissatisfaction, stress, and higher nurse turnover rates. The absence of such negative behaviors contributes to a more stable and cooperative work environment, which enhances both patient care and staff retention. Low levels of abusive supervision in healthcare environments contribute to increased nurse retention, job satisfaction, and collaborative decision-making (Edmondson et al., 2020). Workplaces where physicians demonstrate respectful and professional interactions with nurses experience higher team cohesion and improved patient safety outcomes (Manojlovich et al., 2019). Nurses who feels respected and supported by physicians is more likely to engage in open communication, which can lead to better patient outcomes and enhanced interdisciplinary collaboration.

Lack of Respect. This was also rated as low and supporting this finding, the respondents disagreed that physicians did not respond to their concerns in a timely manner, they were treated as though their time was not important, and physicians were condescending to them. A low rating in lack of respect suggests that physicians generally value the contributions of nurses and maintain open lines of communication. This is crucial for fostering a collaborative healthcare environment where interdisciplinary teams function effectively. Research suggests that when nurses feel acknowledged and respected by physicians, they are more confident in voicing concerns, which can improve patient safety and workflow efficiency. However, while the findings indicate a professional work environment, organizations should remain vigilant in promoting mutual respect and ensuring that all healthcare workers— regardless of hierarchy—feel valued in their roles. Even in environments with low incivility, occasional lapses in respect can still impact nurse morale and productivity. When physicians acknowledge and respect the expertise of nurses, patient outcomes improve due to better interdisciplinary collaboration (Reeves et al., 2021). Respectful communication between physicians and nurses leads to increased job satisfaction and reduced workplace stress, ultimately improving overall healthcare delivery (Foronda et al., 2020). Nurses who feel that their concerns are taken seriously by physicians is more likely to report critical patient observations, leading to timely interventions and better clinical outcomes.

The overall findings for physician incivility suggest that while physician incivility is minimal in this setting, continued efforts should be made to reinforce a culture of professionalism and respect in interdisciplinary teams. Hospitals and healthcare institutions should invest in training programs that promote effective communication and collaboration between physicians and nurses to sustain this positive work environment.

Patient/Visitor Incivility. This was rated as moderate as respondents rated lack of respect and displaced frustration as moderate. The study found moderate levels of patient incivility, particularly in terms of lack of

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respect and displaced frustration. Research suggests that patient incivility is a significant stressor for nurses and can contribute to emotional exhaustion (Spence Laschinger & Fida, 2019). According to the research of Cortina et al (2021), nurses frequently experiencing patient incivility report increased emotional exhaustion and intent to leave the profession" (Cortina et al., 2021). Further, McCord and King (2020), stated that managing patient incivility through de-escalation training can reduce its impact on nurse well-being (McCord & King, 2020). The researcher, from experience, can say that regular encounters with disrespectful patients and/or family members or significant other may lead nurses to begin disengaging emotionally from their work, which can lead to diminished patient care quality.

Lack of Respect. This was rated as moderate. Supporting this finding, the respondents were neutral or they neither agree nor disagree that their patients had taken out their frustrations on nurses, showed that they were irritated or impatient, made insulting comments to nurses, and treated nurses as if they were inferior or stupid. A moderate rating suggests that while extreme disrespect is not common, nurses do encounter occasional rudeness from patients. Research indicates that even mild forms of patient incivility can contribute to emotional exhaustion and increased job stress. When nurses feel undervalued by patients, their motivation and engagement may decrease, potentially impacting the quality of care. Repeated exposure to patient incivility can contribute to burnout, leading to decreased job satisfaction and increased nurse turnover (Shi et al., 2021). Nurses who experience consistent lack of respect from patients are more likely to experience emotional distress and may engage in defensive or disengaged care behaviors (Laschinger & Read, 2019). Nurses who regularly encounter impatient or dismissive patients may begin to emotionally disengage from their work, potentially affecting their interactions with other patients and colleagues.

Displaced Frustration. This was rated as moderate. Supporting this finding, the respondents were neutral or they neither agree nor disagree that their patients posed unreasonable demands, were condescending to them, made comments that question the competence of nurses, criticized their job performance, made personal verbal attacks against them, and did not trust the information they gave them and ask to speak with someone of higher authority. A moderate level of displaced frustration suggests that while patient incivility is not extreme, it is frequent enough to affect nurses' work experience. Patients often displace their own stress or fear onto healthcare workers, and while this behavior is understandable, it can take an emotional toll on nurses. Research suggests that managing patient frustration effectively requires communication training, emotional resilience strategies, and strong institutional support. Displaced frustration from patients, when persistent, can erode nurses' emotional resilience, leading to higher stress and decreased quality of care (Grandey et al., 2020). Healthcare organizations that provide de- escalation training and emotional support programs for nurses see lower rates of burnout and improved patient-nurse interactions (McCord & King, 2020). Nurses who frequently encounter patients and/or family members/significant others who challenge their expertise or demand excessive attention may feel demoralized, reducing their enthusiasm for patient care.

Overall, the incivility was moderate. The findings suggest that while patient/visitor incivility is not extreme, moderate levels of disrespect and displaced frustration can still impact nurse well-being and patient care quality. Healthcare organizations should invest in communication training, emotional resilience programs, and policies that empower nurses to address patient incivility in a professional manner.

Table 2 Prosocial Organizational Behavior of the Nurses

Statements	Mean score	SD	Interpretation
How often have you done each of the following things on your present job?			
1. Took time to advise, coach, or mentor a co- worker.	3.48	1.37	Once or twice a week
2. Helped co-worker learn new skills or shared job knowledge.	3.85	1.17	Once or twice a week
3. Helped new employees get oriented to the job.	3.82	1.20	Once or twice a week

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4. Lent a compassionate ear when someone at work had a work problem.	3.74	1.12	Once or twice a week
5. Offered suggestions to improve how work is done.	3.84	1.14	Once or twice a week
6. Helped a co-worker who had too much to do.	3.95	1.15	Once or twice a week
7. Volunteered for extra work assignments.	3.37	1.26	Once or twice a month
8. Worked weekends or other days off to complete a project or task.	2.89	1.44	Once or twice a month
9. Volunteered to attend meetings or work on committees on own time.	2.87	1.36	Once or twice a month
10. Gave up meal and other breaks to complete work.	3.41	1.48	Once or twice a week
Grand mean	3.52	.917	High

Note: *n=186*.

Legend: a score of 1.00 – 1.80 is very low (never), 1.81 to 2.60 is low (once or twice), 2.61 – 3.40 is moderate (once or twice a month), 3.41 – 4.20 is high (once or twice a week), and 4.21 - 5.00 is very high (everyday).

The prosocial organizational behavior was high. Supporting this finding, once or twice a week they took time to advise, coach, or mentor a co-worker and helped co-worker learn new skills or shared job knowledge. Further, once or twice a week they helped new employees get oriented to the job and lent a compassionate ear when someone at work had a work problem. Furthermore, once or twice a week they offered suggestions to improve how work is done, helped a co-worker who had too much to do, and gave up meal and other breaks to complete work. However, once or twice a month they volunteered for extra work assignments, worked weekends or other days off to complete a project or task, and volunteered to attend meetings or work on committees on own time.

The study found high levels of prosocial organizational behavior among nurses, suggesting a strong culture of support and collaboration. A high level of prosocial organizational behavior suggests that the workplace fosters a culture of support, collaboration, and teamwork. Employees demonstrate commitment not only to their immediate job responsibilities but also to the well-being and professional development of their colleagues. High prosocial behavior is linked to stronger workplace morale, increased job satisfaction, and improved patient care quality. However, while frequent helping behaviors are beneficial, organizations should be cautious of potential employee burnout caused by excessive voluntary work.

Research supports that positive workplace behaviors can buffer the negative effects of incivility (Podsakoff et al., 2020). A workplace culture that fosters prosocial behavior can mitigate the negative effects of workplace incivility (Turner et al., 2021). This suggests that when nurses actively support and uplift each other, it creates a more resilient workforce capable of withstanding occasional negative encounters. In the study of Bakker et al (2019), they found out that encouraging voluntary collaboration and mentorship among nurses enhances job satisfaction and retention (Bakker et al., 2019). This means that fostering a supportive environment where nurses willingly help each other can contribute to lower turnover rates and higher job engagement. Further, prosocial behaviors in healthcare settings, such as teamwork and mentorship, have been shown to improve efficiency and job commitment while reducing stress-related burnout (Bolino & Grant, 2020). This reinforces the idea that encouraging prosocial actions among nurses benefits both employees and patient care outcomes. Employees who frequently engage in prosocial workplace behaviors report higher job satisfaction, but excessive voluntary efforts without recognition may lead to role overload and burnout (Bolino & Klotz, 2019). Nurses who support each other by sharing knowledge, mentoring newcomers, and collaborating on tasks contribute to a more resilient and effective healthcare team (Podsakoff et al., 2020).

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The researcher has observed and experienced several times that nurses who regularly mentor new colleagues and offers support during high-stress situations contributes to a more positive work environment, improving both morale and patient care. A nurse who regularly assists colleagues, shares best practices, and mentors new employees enhances workplace harmony and professional development. However, if expectations for voluntary efforts become too high, some nurses may feel overwhelmed or undervalued, potentially leading to stress or decreased motivation over time.

The findings suggest that while patient/visitor incivility is not extreme, moderate levels of disrespect and displaced frustration can still impact nurse well-being and patient care quality. Healthcare organizations should invest in communication training, emotional resilience programs, and policies that empower nurses to address patient incivility in a professional manner. Similarly, while high prosocial organizational behavior is a positive indicator of teamwork and engagement, organizations should ensure that employees feel adequately recognized for their contributions. Structured employee recognition programs, workload management strategies, and professional development incentives can help sustain high levels of voluntary workplace support without causing burnout.

Table 3 Turnover Intention of the Nurses

Statements	Mean score	SD	Interpretation
During the past 9 months			
1. How often have you considered leaving your job?	3.23	1.16	Sometimes
2. How satisfying is your job in fulfilling your personal needs?	2.90	1.00	Moderately satisfying
3. How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?	3.05	.932	Sometimes
4. How often do you dream about getting another hob that will better suit your personal needs?	3.33	1.20	Sometimes
5. How likely are you to accept another job at the same compensation level should it be offered to you?	3.03	1.28	Neither likely nor unlikely
6. How often do you look forward to another day at work?	3.04	1.10	Sometimes
Grand mean	3.09	.736	Moderate

Note: *n=186.*

Legend: a score of 1.00 – 1.80 is very low (never, totally dissatisfying, highly unlikely, always), 1.81 to 2.60 is low (rarely, dissatisfying, unlikely, often), 2.61 – 3.40 is moderate (sometimes, neither satisfying nor dissatisfying, neither likely nor unlikely, sometimes), 3.41 – 4.20 is high (often, satisfying, likely, rarely), and 4.21 - 5.00 is very high (always, very satisfying, highly likely, never).

The turnover intention of the respondents was moderate. Supporting this finding, during the past 9 months respondents sometimes have considered leaving their job. Also, they were moderately satisfied with their jobs in fulfilling their personal needs. Also, during the last nine months they sometimes are frustrated when not given the opportunity at work to achieve their personal work-related goals and sometimes dream about getting another job that will better suit their personal needs. Lastly, during the last nine months, they neither likely nor unlikely accept another job at the same compensation level if offered to them and they sometimes look forward to another day at work.

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The study found moderate turnover intentions, suggesting that while nurses are not actively seeking to leave, they are not entirely satisfied with their positions. A moderate turnover intention suggests that while nurses are not actively seeking to leave, they are not fully committed to staying neither. This level of uncertainty can have implications for workforce stability, patient care continuity, and institutional retention strategies. Addressing factors such as career advancement opportunities, workload balance, and job satisfaction can help reduce turnover intentions and strengthen commitment to the organization.

Research suggests that even moderate turnover intention can disrupt continuity of care (Halter et al., 2019). The study of Hayes et al (2020) found out that even moderate turnover intention can impact nurse retention rates and disrupt patient care continuity (Hayes et al., 2020). This means that if many nurses are passively considering leaving, hospitals may struggle to maintain consistent, high-quality care. Providing nurses with professional development opportunities and clear career pathways significantly reduces turnover intention and increases job satisfaction (Al Sabei et al., 2020). Organizations that implement work-life balance initiatives and recognition programs see lower rates of turnover intention among their employees (Biron & Boon, 2019).

The researcher has observed fellow nurses who frequently consider leaving due to workplace stress become less invested in long-term improvements within the organization, affecting overall team cohesion. Nurses who experience occasional frustration at work and feels stagnant in career progression may not actively search for a new job but remains open to opportunities elsewhere. This level of uncertainty can impact engagement, productivity, and long-term workforce planning. A moderate level of turnover intention highlights the need for healthcare institutions to invest in strategies that enhance job satisfaction and long-term commitment. Providing career growth opportunities, recognizing employees' contributions, and improving work conditions can help lower turnover intentions and create a more stable and motivated workforce.

Table 4 Incivility Predicting Prosocial Organizational Behavior

Incivility (independent variable) vs. Prosocial Organizational Behavior (dependent variable)	B	Std Error	Beta	t	*p* value	Decision	Interpretation
(Constant)	2.965	.372		7.967	.000		
Hostile Climate (General Incivility)	.005	.092	.006	.057	.954	Failed to reject Ho	Not significant
Inappropriate Jokes (General Incivility)	-.051	.132	-.047	-.389	.698	Failed to reject Ho	Not significant
Inappropriate Behavior(General Incivility)	.038	.123	.033	.311	.756	Failed to reject Ho	Not significant
Hostile Climate (Nurse Incivility)	.307	.132	.269	2.325	.021	Reject Ho	Significant
Gossip and Rumors (Nurse Incivility)	-.249	.116	-.258	-2.140	.034	Reject Ho	Significant
Free-Riding (Nurse Incivility)	-.020	.108	-.016	-.186	.852	Failed to reject Ho	Not significant
Abusive supervision (Supervisory incivility)	-.265	.150	-.227	-1.768	.079	Failed to reject Ho	Not significant
Lack of respect (Supervisor incivility)	.083	.144	.073	.579	.563	Failed to reject Ho	Not significant
Abusive supervision (Physician	.161	.127	.126	1.265	.208	Failed to	Not

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incivility)						reject Ho	significant
Lack of respect (Physician incivility)	-.096	.121	-.079	-.794	.428	Failed to reject Ho	Not significant
Lack of respect (Patient incivility)	.144	.126	.158	1.146	.253	Failed to reject Ho	Not significant
Displaced frustration (Patient incivility)	.128	.153	.127	.835	.405	Failed to reject Ho	Not significant

Legend: Significant if *p* value is ≤ .05. If R-squared value < 0.3 is none or very weak effect size, if R-squared value 0.3 < r < 0.5 is weak or low effect size, if R-squared value 0.5 < r < 0.7 is moderate effect size, and if R-squared value r > 0.7 is strong effect size.

The table shows that the *p* values for hostile climate of nurse incivility and gossip and rumors of nurse incivility were lesser than the significant value of .05. These values were interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, hostile climate of nurse incivility and gossip and rumors of nurse incivility predicted prosocial organizational behavior.

Looking at the table, the t values for hostile climate of nurse incivility was positive while for gossip and rumors of nurse incivility was negative. A positive value indicates that the influence of hostile climate of nurse incivility on prosocial organizational behavior was positive while a negative value indicates that the influence of gossip and rumors of nurse incivility on prosocial organizational behavior was positive.

A positive prediction means that as hostile climate of nurse incivility increases, prosocial organizational behavior increases. For every one unit increase in hostile climate of nurse incivility, the prosocial organizational behavior increases by 2.325 units.

A negative prediction means that as gossip and rumors of nurse incivility decreases, the prosocial organizational behavior increases. For every one unit decrease in the gossip and rumor of nurse incivility, the prosocial organizational behavior increases 2.140 units.

Model Summary: R value is .333, R squared value is .111, Adjusted R square is .049, Std. Error of the estimate is .89386. F values is 1.797 and sig value is .052. The model equation was:

Prosocial Organizational Behavior = 2.965 + 2.325 (Hostile Climate (Nurse Incivility)) – 2.140 (Gossip and Rumors (Nurse Incivility))

The equation reads that prosocial organizational behavior is the result of the constant value of 2.965 plus 2.325 of hostile climate of nurse incivility minus 2.140 of gossip and rumors of nurse incivility. Based on the model summary, the r squared value was .111 which indicates that the total variation in the prosocial organizational behavior can be explained by the independent variables predicting it. In this case, 11.10 percent can be explained which is very weak. This means that the variables of hostile climate of nurse incivility and gossip and rumors of nurse incivility predicting prosocial organizational behavior had a very weak effect. Thus, the regression model was also very weak. Based on the significant value of .052, the regression model predicts the dependent variable insignificantly. The value was equal to .025, and indicates that, overall, the regression model statistically not significantly predicts the outcome variable (i.e., it is a good fit for the data).

However, the *p* values for hostile climate of general incivility, inappropriate jokes of general incivility, inappropriate behavior of general incivility, free-riding of nurse incivility, abusive supervision (Supervisory incivility, lack of respect of supervisor incivility, abusive supervision of physician incivility, lack of respect of physician incivility, lack of respect of patient incivility, and displaced frustration of patient incivility were greater than the significant value of .05 which were interpreted as not significant which further means that they did not predict prosocial organizational behavior. Therefore, prosocial organizational behavior is not influenced by hostile climate of general incivility, inappropriate jokes of general incivility, inappropriate

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behavior of general incivility, free- riding of nurse incivility, abusive supervision (Supervisory incivility, lack of respect of supervisor incivility, abusive supervision of physician incivility, lack of respect of physician incivility, lack of respect of patient incivility, and displaced frustration of patient incivility. There can still be a high prosocial organizational behavior despite the high levels of. hostile climate of general incivility, inappropriate jokes of general incivility, inappropriate behavior of general incivility, free-riding of nurse incivility, abusive supervision (Supervisory incivility, lack of respect of supervisor incivility, abusive supervision of physician incivility, lack of respect of physician incivility, lack of respect of patient incivility, and displaced frustration of patient incivility.

The study identified nurse incivility, specifically hostile climate and gossip and rumors, as significant predictors of prosocial organizational behavior. This suggests a complex relationship where workplace tensions may sometimes drive individuals to engage in positive behaviors, possibly as a coping mechanism or as a way to counteract a negative work environment.

According to the study of Felps et al (2021), a challenging or tense work environment may stimulate employees to engage in prosocial behaviors as a way to maintain stability and mitigate workplace negativity (Felps et al., 2021). This suggests that when nurses perceive hostility or toxic interactions, they may make deliberate efforts to foster a more supportive and collaborative workplace. On the other hand, Martinescue et al in 2020 stated that despite its negative connotations, workplace gossip can sometimes promote social bonding and provide critical informal feedback within teams, potentially contributing to prosocial organizational behaviors (Martinescu et al., 2020). This implies that gossip, while often destructive, may also serve as a mechanism for workplace adaptation and cohesion. Further, Leiter et al (2019) found out that employees who witness workplace incivility often engage in prosocial behaviors to counteract its effects and maintain a sense of collective well-being (Leiter et al., 2019). This reinforces the idea that nurses in a hostile work environment may take active steps to promote teamwork and cooperation.

Hostile climate within nursing teams may create a heightened awareness of workplace dysfunction, leading some nurses to engage in prosocial behaviors as a means to foster a more supportive environment. Conversely, gossip and rumors, while typically considered negative, can sometimes serve as informal communication channels that facilitate team cohesion and the sharing of vital workplace information.

Table 5 Incivility Predicting Turnover Intention

Incivility (independent variable) vs. Prosocial Organizational Behavior (dependent variable)	B	Std Error	Beta	t	*p* value	Decision	Interpretation
(Constant)	2.863	.251		11.415	.000		
Hostile Climate (General Incivility)	-.185	.062	-.269	-2.990	.003	Reject Ho	Significant
Inappropriate Jokes (General Incivility)	.042	.089	.048	.473	.637	Failed to reject Ho	Not significant
Inappropriate Behavior(General Incivility)	-.405	.083	-.430	-4.908	.000	Reject Ho	Significant
Hostile Climate (Nurse Incivility)	.026	.089	.029	.295	.768	Failed to reject Ho	Not significant
Gossip and Rumors (Nurse Incivility)	.171	.078	.220	2.179	.031	Reject Ho	Significant
Free-Riding (Nurse Incivility)	-.154	.072	-.149	-2.121	.035	Reject Ho	Significant

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Abusive supervision (Supervisory incivility)	.109	.101	.117	1.082	.281	Failed to reject Ho	Not significant
Lack of respect (Supervisor incivility)	.200	.097	.217	2.069	.040	Reject Ho	Significant
Abusive supervision (Physician incivility)	.127	.086	.124	1.484	.140	Failed to reject Ho	Not significant
Lack of respect (Physician incivility)	-.115	.082	-.118	-1.410	.160	Failed to reject Ho	Not significant
Lack of respect (Patient incivility)	.127	.085	.173	1.496	.136	Failed to reject Ho	Not significant
Displaced frustration (Patient incivility)	.222	.103	.276	2.160	.032	Reject Ho	Significant

Legend: Significant if *p* value is $\leq$ .05. If R-squared value < 0.3 is none or very weak effect size, if R-squared value 0.3 < r < 0.5 is weak or low effect size, if R-squared value 0.5 < r < 0.7 is moderate effect size, and if R-squared value r > 0.7 is strong effect size.

The table shows that the *p* values for hostile climate of general incivility, inappropriate behavior of general incivility, gossip and rumors of nurse incivility, free- riding of nurse incivility, lack of respect of supervisor incivility, and displaced frustration of patient incivility were lesser than the significant value of .05. These values were interpreted as significant leading to the decision of rejecting the null hypothesis. Thus, hostile climate of general incivility, inappropriate behavior of general incivility, gossip and rumors of nurse incivility, free-riding of nurse incivility, lack of respect of supervisor incivility, and displaced frustration of patient incivility predicted turnover intention.

Looking at the table, the t values for hostile climate of general incivility, inappropriate behavior of general incivility, and free-riding of nurse incivility were negative while for gossip and rumors of nurse incivility, lack of respect of supervisor incivility, and displaced frustration of patient incivility were positive.

A negative value indicates that the influence of hostile climate of general incivility, inappropriate behavior of general incivility, and free-riding of nurse incivility on turnover intention were negative while a positive value indicates that the influence of gossip and rumors of nurse incivility, lack of respect of supervisor incivility, and displaced frustration of patient incivility on turnover intention were positive.

A negative prediction means that as hostile climate of general incivility, inappropriate behavior of general incivility, and free-riding of nurse incivility decreases, the turnover intention increases. For every one unit decrease in the hostile climate of general incivility, inappropriate behavior of general incivility, and free-riding of nurse incivility, the turnover intention increases 2.990 units, 4.908 units, and 2.121 units, respectively.

A positive prediction means that as gossip and rumors of nurse incivility, lack of respect of supervisor incivility, and displaced frustration of patient incivility increases, turnover intention increases. For every one unit increase in gossip and rumors of nurse incivility, lack of respect of supervisor incivility, and displaced frustration of patient incivility, the turnover intention increases 2.179 units, 2.069 units, and 2.160, respectively.

Model Summary: R value is .612, R squared value is .374, Adjusted R square is. 331, Std. Error of the estimate is .60234. F values is 8.619 and sig value is .000. The model equation was:

Turnover Intention = 2.863 – 2.990 (Hostile Climate (General Incivility) – 4.908 Inappropriate Behavior (General Incivility) + 2.179 Gossip and Rumors (Nurse Incivility) – 2.121 Free-Riding (Nurse Incivility) + 2.069 Lack of respect (Supervisor incivility) + 2.160 Displaced frustration (Patient incivility)

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The equation reads that turnover intention is the result of the constant value of 2.863 minus 2.990 of hostile climate of general incivility minus 4.908 of inappropriate behavior of general incivility plus 2.179 of gossip and rumors of nurse incivility minus 2.121 of free- riding of nurse incivility plus 2.069 of lack of respect of supervisor incivility plus 2.160 of displace frustration of patient incivility. Based on the model summary, the r squared value was .374 which indicates that the total variation in the turnover intention can be explained by the independent variables predicting it. In this case, 37.40 percent can be explained which is weak or low effect. This means that the variables of hostile climate of general incivility, inappropriate behavior of general incivility, gossip and rumors of nurse incivility, free-riding of nurse incivility, lack of respect of supervisor incivility, and displaced frustration of patient incivility predicting turnover intention had a weak or low effect. Thus, the regression model was also weak. Based on the significant value of .000, the regression model predicts the dependent variable significantly. The value was equal to .000, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

However, the *p* values for inappropriate jokes of general incivility, hostile climate of nurse incivility, abusive supervision of supervisory incivility, abusive supervision of physician incivility, lack of respect of physician incivility, and lack of respect of patient incivility were greater than the significant value of .05 which were interpreted as not significant which further means that they did not predict turnover intention. Therefore, turnover intention is not influenced by inappropriate jokes of general incivility, hostile climate of nurse incivility, abusive supervision of supervisory incivility, abusive supervision of physician incivility, lack of respect of physician incivility, and lack of respect of patient incivility. There can still be a low turnover intention despite the high levels of inappropriate jokes of general incivility, hostile climate of nurse incivility, abusive supervision of supervisory incivility, abusive supervision of physician incivility, lack of respect of physician incivility, and lack of respect of patient incivility.

This finding aligns with research indicating that environments characterized by inappropriate workplace behaviors tend to diminish voluntary helping behaviors and teamwork. For general incivility, particularly inappropriate behavior the negative beta coefficient (-.430) and significant p-value (.000) suggest that inappropriate behavior significantly reduces prosocial organizational behavior. This finding aligns with research indicating that environments characterized by inappropriate workplace behaviors tend to diminish voluntary helping behaviors and teamwork. The presence of inappropriate behavior creates an atmosphere of distrust, where employees may withdraw from collaborative activities, leading to inefficiencies in patient care. Employees experiencing workplace incivility are less likely to engage in discretionary helping behaviors, as the negative work atmosphere reduces motivation for cooperation (Porath & Pearson, 2019).

Gossip and rumors in nursing units were found to significantly predict prosocial organizational behavior, with a positive beta coefficient (.220) and p-value (.031). This suggests that while gossip is often viewed negatively, it may also play a role in facilitating social bonding and informal communication within teams. In some cases, gossip allows for the dissemination of critical workplace information that strengthens group identity and fosters collaboration among nurses. Martinescu et al stated in their research in 2020, that although gossip is frequently associated with workplace toxicity, research suggests that controlled, constructive workplace gossip can reinforce group cohesion and information sharing (Martinescu et al., 2020).

The negative beta coefficient (-.149) and significant p-value (.035) suggest that free- riding behavior decreases prosocial organizational behavior. This aligns with research indicating that when nurses perceive that some colleagues contribute less while still benefiting from collective efforts, it can lead to frustration and disengagement, thereby reducing willingness to go beyond basic job responsibilities. This reduction in discretionary effort can negatively affect patient care quality and overall work efficiency. Free-riding in teams reduces trust and collective efficacy, leading to lower engagement in prosocial workplace behaviors (Bolino & Grant, 2020). Healthcare workers facing incivility from patients often increase prosocial behaviors as part of their commitment to patient-centered care (Grandey et al., 2020).

The positive beta coefficient (.217) and significant p-value (.040) for lack of respect (supervisor incivility), indicate that perceived lack of respect from supervisors is associated with an increase in prosocial organizational behavior. This counterintuitive finding suggests that when employees feel undervalued, they may engage in prosocial behaviors as a coping mechanism or a means of improving workplace relationships. Nurses may

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attempt to compensate for perceived leadership shortcomings by fostering stronger peer support networks to sustain a collaborative work environment. Employees often respond to perceived mistreatment by engaging in prosocial acts to counteract negative emotions and re-establish workplace harmony (Leiter et al., 2019).

Displaced frustration from patients was a significant predictor of prosocial organizational behavior, with a positive beta coefficient (.276) and p-value (.032). This suggests that despite experiencing frustration from patients, nurses may actively engage in prosocial behaviors to maintain professionalism and uphold patient care standards. Rather than reacting negatively to difficult patient interactions, nurses may channel their frustration into teamwork and mutual support to ensure a high level of service delivery. Healthcare workers facing incivility from patients often increase prosocial behaviors as part of their commitment to patient-centered care (Grandey et al., 2020).

Overall, the findings suggest that while workplace incivility generally has negative consequences, certain forms of incivility—such as gossip, lack of respect from supervisors, and displaced frustration from patients—may paradoxically enhance prosocial organizational behavior in specific contexts. This highlights the complexity of workplace dynamics, where negative experiences may sometimes trigger adaptive, positive responses. Organizations should recognize these nuanced effects and foster structured mechanisms that encourage positive coping strategies while reducing the root causes of incivility.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This study found that incivility among nurses was generally low, with moderate levels observed in general staff behavior and patient interactions. Despite these challenges, nurses demonstrated high levels of prosocial organizational behavior, frequently supporting their colleagues and contributing positively to their work environment. However, moderate turnover intention indicates that some nurses feel uncertain about staying in their current roles, often due to unmet personal or professional expectations.

While overt incivility is not widespread, its subtle presence can influence nurse behavior and intent to stay. Promoting respectful relationships, open communication, and supportive leadership remains essential for improving nurse retention and overall workplace well-being.

Recommendations

Based on the findings of the study the following recommendations were given:

Practice To comply with research utilization, the researcher will organize a special meeting with nursing administrators, unit heads, and staff nurses within the hospital to present the findings of the study. This meeting will serve as a platform to share insights on the levels and impact of workplace incivility, prosocial behavior, and turnover intention among nurses. During the meeting, the researcher will recommend the implementation of the proposed Nursing Management Plan, which includes strategies to reduce incivility, promote a respectful work environment, support prosocial behavior, and mitigate turnover risk. Other healthcare institutions may also adopt or adapt the plan as applicable to their context, especially those facing similar workplace dynamics and retention challenges.

Policy. The findings will allow for the strengthening of institutional policies on workplace civility and professional conduct as guided by existing standards set by the Department of Health and other regulatory bodies. This will also support the formulation of a policy that does not tolerate any form of incivility in the workplace, whether from colleagues, supervisors, physicians, or patients. Rather than addressing incivility reactively, the policy will advocate for proactive strategies such as regular monitoring, reporting mechanisms, and intervention protocols to foster a respectful and supportive work environment for all healthcare staff.

Education The findings can greatly support the education of nursing staff and healthcare workers on the importance of fostering a civil and respectful work environment. Nurses will be oriented on how workplace incivility, even in subtle forms, can impact teamwork, emotional well-being, and job satisfaction. The study can

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also serve as a useful reference for educational discussions on workplace behavior, organizational culture, and professional ethics in nursing practice.

Research In order to comply with research dissemination, the study will be submitted for publication in a refereed local or international journal to contribute to the growing body of knowledge on nursing workforce dynamics. The published article will also be shared via social media platforms such as Facebook to increase accessibility and allow practitioners, educators, and researchers to gain insights from the study. Moreover, the study will be submitted for either oral or poster presentation in local or international research congresses. The findings may serve as a foundation for further investigation on workplace behaviors, retention strategies, and staff well-being in healthcare settings. Suggested future research titles include:

a. Predictors of Prosocial Organizational Behavior among Hospital Nurses: A Mixed Methods Study;
b. A Phenomenological Inquiry on Lived Experiences of Nurses Facing Workplace Incivility; and
c. Turnover Intention among Nurses: A Path Analysis of Workplace

Nursing Management Plan

Rationale

The presence of incivility within the hospital setting, although not pervasive, has been shown to negatively affect nurse morale, communication, and overall job satisfaction. Incivility, particularly from general staff and patients, can lead to emotional exhaustion, reduced teamwork, and increased turnover intention. While nurses demonstrate commendably high levels of prosocial organizational behavior, this may lead to burnout if not adequately managed. Furthermore, subtle but frequent behaviors such as gossip and lack of emotional support contribute to a challenging work environment that undermines trust and cohesion. Therefore, a structured nursing management plan is essential to address these workplace challenges, strengthen professional relationships, enhance nurse engagement, and reduce the risk of attrition. Implementing proactive strategies that foster respect, recognition, and resilience will promote a healthier, more collaborative, and sustainable nursing workforce committed to high-quality patient care.

General Objective

To create a supportive and respectful nursing work environment that reduces workplace incivility, promotes sustainable prosocial behavior, and decreases turnover intention among nurses.

Specific Objectives

a. To reduce the occurrence of incivility from general staff and patients through education and policy reinforcement.
b. To promote trust and professional communication among nurses by addressing gossip and informal workplace conflict.
c. To improve nurse retention by enhancing job satisfaction, recognition, and professional development opportunities.
d. To support prosocial behavior while preventing nurse fatigue and role overload through structured workload management and appreciation programs.
e. To enhance nurses' emotional resilience and ability to manage patient incivility through de-escalation training and wellness support.

Areas of Concern	Specific Objectives	Activities	Persons Responsible	Resources	Time Frame	Success Indicators
Moderate incivility from general staff and	To reduce incivility and promote respectful interactions	- Conduct workshops on civility, conflict resolution, and emotional intelligence	Nursing Service Director, HR, Training	Training materials, venue, facilitators,	Quarterly	Reduction in reported incidents of incivility; Positive

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patients	among healthcare staff and patients	- Implement a zero-tolerance policy for disrespectful behavior - Establish a feedback/reporting mechanism for uncivil behavior	Officer	feedback tools		feedback from staff
Gossip and rumors among nurses	To improve team trust and communication	- Hold regular team-building activities - Reinforce code of conduct on professional communication - Initiate peer-support circles	Nurse Unit Managers, Chief Nurse	Team-building funds, guidelines, communication tools	Bi-monthly	Improved collegiality and trust as reflected in surveys and feedback
Moderate turnover intention	To enhance nurse retention through job satisfaction and engagement	- Conduct regular job satisfaction assessments - Offer recognition programs and career growth opportunities - Provide counseling and mentoring programs	Nursing Service Director, HR, Supervisors	Survey tools, incentive funds, career pathway plans	Bi-annually	Decreased turnover intention; Increased participation in career development programs
High prosocial behavior that may lead to burnout	To sustain prosocial behavior while preventing nurse fatigue and role overload	- Set clear workload limits and rest policies - Recognize prosocial acts through formal appreciation programs - Implement a structured task-sharing system	Nurse Supervisors, Chief Nurse	Scheduling tools, recognition awards, policy memos	Monthly review	Stable nurse performance; Lower signs of burnout in wellness checks
Lack of emotional support and de-escalation training	To equip nurses with strategies to handle patient frustration and maintain emotional resilience	- Provide regular training on handling difficult patients - Offer stress management and mindfulness sessions - Strengthen Employee Assistance Program (EAP)	Nurse Educators, HR Wellness Team	Training modules, wellness materials, EAP budget	Quarterly	Improved nurse-patient interaction; Decreased stress-related absenteeism

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