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Paper Title

Investigating the Impact of workplace civility climate on perceived inclusion: the mediating role of workplace status".

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Abstract:

Research on perception of inclusion has continued to proliferate. However most of the research has not focused on the significance of civility climate of organizations for low status disempowered group like nurses due to their stereotypical image and negative connotations. Based on the optimal distinctiveness theory (ODT) (Brewer, 1991) of inclusion, this study develops and tests the impact of workplace civility climate on perceived inclusion of Nurses in their working spaces i.e. hospitals through their perceived status differences. This study is based on a descriptive approach. The research is focused on the quantitative research method using purposive sample (263 nurses) working in public sector hospitals of Rawalpindi. Data was collected by using self-administered questionnaires including perceived workplace civility climate scale (15 items); perceived workplace status scale (8 items) and perceived group inclusion scale (10 items). Main result of this study reveals that there was a positive statistically significant correlation between workplace civility climate and perceived group inclusion (0.247**). Results showed that the relationship between workplace civility climate and perceived group inclusion are significantly related and the mediated role of perceived workplace status also exists. Civility climate and perceived inclusion are

highly related to each other and are important for the healthcare system in Pakistan, which needs to be more inclusive toward nursing professionals. The more nursing professionals will feel included the more they will perform well which will lead to high-quality care for the patient and in aggregate high health care services.

1.Introduction:

Within the multi-professional context of healthcare, nurses, especially women burdened with the low professional status and negative stereotypes about their profession which ascribes them to the uncivil behaviors at workplace (Faheem, 2017)**.**These uncivil behaviors mainly focus on psychological abuse and indirect mistreatment through verbal rather than physical harassment **(**Itzkovich & Heilbrunn, 2016). Due to persistently low professional status nurses internalize these behaviors and feel isolated and marginalized which negatively impact their perception of inclusion. The perception of inclusion is considered as key factor not only for the positive work out comes like effective delivery of healthcare(Havig & Hostler, 2018) but also provide compelling mechanism that can deal with the negative effects of profession-based status differences(Yousaf et al., 2022). The current literature also emphasized the need to identify the factors which can affect perception of inclusion among nurses (Hossny et al., 2020; Samad et al., 2021; Razzak et al., 2021). One factor, arguably the most dominant but least recognized is civility climate. Civility climate characterized by the respect and courtesy instill a sense of empowerment among nurses by reshaping their perceive status which refers as individuals view about themselves in comparison to others (Djurdjevic et al 2017). The perceptual shift of their status not only reduces their vulnerability to the abusive treatment and psychological harassment but also enhance their perception of inclusion. Thus, the purpose of this research is to investigate the impact of civility climate on the perceived inclusion of nurses through the mediating role of perceived status differences. This study aims to contribute to the understanding of the factors that can promote a more inclusive work environment for nurses. In addition, this study intends to shed light on

the role of civility climate in combating the abusive treatment and harassment by elevating their perception of status and sense of inclusion.

2.Theory and Hypothesis development

Workplace civility climate relates to perceived inclusion and perceived workplace status, this study deploys a theoretical lens by optimal distinctiveness theory (ODT). According to ODT (Brewer et al., 2001), people have fundamental needs for belongingness and uniqueness. The need to have a sense of belongingness is the driver and motivator for individuals to make and maintain stable and strong relationships with other individuals. While the need for uniqueness is the recognition of their unique characteristics as individuals (Shore et al., 2011). Building on ODT inclusion refers as the extent to which individuals experiencing behavior that satisfies their needs for uniqueness and belongingness (Shore, et al., 2011). In the context of healthcare this theory can be applied to explain the relationship between civility climate, perceived workplace status and perceived inclusion. Civility climate refers to the shared perception of respect and courtesy within an organization. The civility climate build a supportive and respectful work environment, the impression of civility infers that colleagues can be relied on to embrace similar unspoken principles for respectful and polite behavior (Andersson et al., 1999). This environment of constructive civility in the organization invites open communication, cooperation, and nurses feel that their unique perspectives are welcomed. The active participation and open communication with colleagues from different professions at workplace may fulfill their need of belongingness (Barry,Thatcher & Friedman, 2019). Civility climate helps in breaking down the hierarchical barriers, within the culture of respect and recognition nurses share their unique perspectives across different level of status hierarchy. The perception of being heard and valued fulfills their need of uniqueness which ultimately enhance their perception inclusion.

H1: Workplace civility climate positively influence perceived inclusion among nurses.

Healthcare professionals work within pre-defined hierarchies, roles, and criteria based on varying levels of education and occupational training. The hierarchical structure of almost all hospitals gives more authority to the doctors (especially consultants and specialists). Nurses and other staff are considered auxiliary members. The work environment is deeply influenced by status hierarchies and professional identities (Edmondson et al., 2016) and inculcates a sense of discrimination, coercion, and exclusion (HRH-vision, 2018-2030) among low status members like Nurses. Individuals within civility climate treat each other with respect and courtesy regardless of their professional status. Building on the ODT, a workplace civility climate can enhance the perceived workplace status as it creates an atmosphere where every individual from each professional identity feel valued and respected. The prevalence of civility climate challenges the traditional gender biases and stereotypes, raises their perceived professional status and they become less vulnerable to the abusive treatment and harassment. Indeed, it automatically makes employees behave the way that they tend to possess higher status; they get more opportunities and success (Djurdjevic et al., 2017). In line with the above argument, the study proposes the following hypothesis:

H2: Workplace Civility Climate is positively related to perceived workplace status.

Status hierarchies are very strong in healthcare settings (Edmondson et al., 2016), The perceived status of nurses with workplace may influence their perception of inclusion. The perception of status plays a curial role in shaping the perception of inclusion. A high perception of status of nurses enables them

to communicate openly and encourage them to share their unique perceptive which results in increased professional recognition and inclusion. this argument is also align with the optimal distinctiveness theory , perception of high status instill a sense of being valued and respected which help them to accomplish belongingness and they feel free to communicate about their unique perspectives which creates equilibrium within both needs, which leads to the perception of inclusion (Brimhall et al., 2017). Therefore, positive or high perceived workplace status of nurse creates a balance between the needs of belongingness and uniqueness. In addition, nurses with elevated sense of their workplace status become more resilient against abusive treatment. It empowers nurses to confront abusive and uncivil behaviors which foster a culture intolerant to harassment and mistreatment which leads to the foster perception of inclusion among nurses. In line with the above argument, the study proposes the following hypothesis:

H3: Perceived workplace status positively relates to perceived inclusion.

The perceived status of nurses, heightened by a positive civility climate, serves as a mediating factor. This means that the enhanced perceived status acts as a bridge or intermediary variable between the positive civility climate and the ultimate outcome, which is perceived inclusion. keeping in view the above discussion , the study proposes the following hypothesis:

H4: The perceived status difference will mediate the relationship between Workplace civility climate and perceived inclusion

3. Research Methodology

For the current study, a cross-sectional research design was adapted. In this design data collection is done within a specific period and then the results are analyzed. This study was cross-sectional, where the data were collected from a single source during the period between April to July 2022. A survey

questionnaire was floated in 2 major public hospitals located in Rawalpindi Pakistan i.e Benazir Hospital and tehsil head quarter hospital Rawalpindi. Data was collected through separate online questionnaires as well. A Google forms link of the questionnaire was also shared in the WhatsApp group of nursing professionals of district Rawalpindi by a head nurse of Benazir hospital. A lot of responses were recorded online through the Google form questionnaire. Consent of the respondents is also taken with a covering note. The sample size was 300 in the current study and 263 responses were recorded from both manual and online questionnaire.

3.1.Sampling:

For the quantitative approach in the research, the sample taken must represent a bigger population (i.e. nursing professionals in Rawalpindi). The generalization of the study is dependent on the participation of individuals in a certain number. People selected for the study are representative of a larger population, so sampling in the study is very critical. The collection of data was also a big challenge for the researcher. Because of the unavailability of the complete list of nursing professionals, random sampling was not possible. Non-probability sampling technique is better used to generalize the data in case a complete list of participants is unavailable in the given context (Guo & Hussey; 2004). To overcome these constraints personal references were used by the researcher and the sampling technique adopted was convenience sampling to collect the data. The self-administered questionnaire is used and data from the nursing staff of public sector hospitals in Rawalpindi is collected.

3.2. Measures:

A self-administered questionnaire is used in the study to test the impact of WPCC on PI with the mediating role of PWS. The questionnaire is used for the data collection because it is not very much expensive, reduces bias, invites

a quick response, and provides dependable and stable measures, and objective views without any variation also to budgetary issues and time constraints. The study includes measuring the perception and attitude of employees towards inclusion; surveys provide researchers an option to collect data from a larger population to get a broad view of their perceptions.

The questionnaire consists of 2 sections with covering notes from the researcher. The first section consists of the 3 scales on 3 variables namely, WPCC, PWS, PI. The items were to measure the workplace civility climate, perceived workplace status, perceived group inclusion, and perceived inclusion. In the last section, respondents were asked for their personal/demographic information.

An already existing scale was adopted from the literature which had shown reliability in other studies. Using standard questionnaires which are already used in past research provides consistency and a very strong basis to compare results with other studies. All items (other than demographics) were measured by using a 5-point Likert scale (1 strongly Disagree, 5= Strongly Agree). The descriptive statistics for the current study such as mean (M), standard deviation (SD), skewness, kurtosis, and reliability (α) are given and discussed in the "Reliability of Measures and Descriptive statistics" sections.

Workplace Civility Climate:

The first scale is to determine the response from nurses about their workplace civility climate. The scale consists of 15 items that measure the extent to which nursing professionals believed that their workplace climate is civil or not. Workplace Civility climate was measured by using discrete scores on the Scale of Perceived Workplace Civility Climate (Johnston-Fisher, 2014). The 15-item scale assessed workplace civility climate. Statements such as "My workplace has written policies that prohibit verbal abuse among co-workers" were rated by the respondents using a five-point Likert scale from 1 = strongly

disagree to 5 = strongly agree. For the current sample, the internal reliability for the scale is (α = .68).

Perceived Workplace Status:

We measured perceived workplace status using (Yu et al, 2019) 8-item scale, with a sample item of "Others often seek my opinion because they respect me" intended to assess the perception of nursing staff about their work status. Respondents responded to the questions using a five-point Likert scale from 1 = strongly disagree to 5 = strongly agree. The value of Cronbach's α was 0.838.

Perceived Inclusion:

Perceived workgroup inclusion was measured using 10 items scale by Chung et al, 2019. Sample items like "I belong in my work group". The scale used a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). The value of Cronbach's α was 0.861.

4. Results and Analyses

4.1.Demographics:

Information related to demographic such as age, gender, current job title, and work experience were collected in the current study. Age was measured on a 4-point ordinal scale, ranging from 1 (20–30 years) to 4 (51-60) years. The respondents were asked about their gender (1=male, 2=female), current job title (1= student nurse, 2= staff nurse, 3=Head nurse, 4=charge nurse). To determine their experience in hospitals respondents were asked to respond to four options (1=1-2 years, 2=3-5 years, 3=6-10 years, and 4=more than 10 years).

Table 1: The Descriptive of the Sample (N = 263)

Title	Characteristics	Frequency	Percent
Gender	Male	30	11.4

	Female	233	88.6
Age group	20 -30	178	67.7
	31-40	57	21.7
	41-50	18	6.8
	51-60	10	3.8
Job Title	student nurse	26	9.9
	staff nurse	160	60.8
	head nurse	58	22.1
	charge nurse	19	7.2
Experience	1-2	87	33.1 %
	3-5	99	37.6 %
	5-10	53	20.2 %
	more than 10 years	24	9.1 %

4.2.Common Method Bias

Common method bias can arise when single-sourced data is used to measure variables. To address this problem the researcher performed Harman single factor test (Podsakoff et al., 2003) on the latent variables of the current research model. The common method bias was well below the 50% threshold variance. This showed that the common method bias does not make a significant problem concerning collected data. In the current study, the common method bias tested through SPSS was 16%.

4.3.Measurement Model

The model in the current study consists of 3 variables named Workplace civility climate, perceived inclusion, and perceived workplace status. The values stated on every item are loading of that item against the variable. If the factor loading of any item is 0.40 or more will be included

in the analysis. The factor loading <0.40 were not included for further analysis, Items with a factor loading value >0.40 were included for further analysis. The calculation of the value of AVE, CR, and DV was done and all values lay within the acceptable range. The model fit statistics values were improved after deleting the items with low factor loading. The initial values before deleting the items were P = 0.000, RMSEA = 0.071, IFI= .742, CFI = 0.738 and TLI = .719. The final improved statistics are given at the end of table 1.

Table 1:

Fit indices:

Model	TLI	CFI	IFI	RMESA
CFA (before deleting values)	.719	0.738	.742	0.071
CFA (after deleting values)	.903	.909	.93	0.051

4.5.Structural Models

Currently used data set of 263 observations for the mediation analysis. The software used to study mediation is SPSS version 23 process macro. The path model in the present study tested the paths from WPCC to PWS and WGI.

The path model's coefficient is used to understand the relationships among the variables in the model. The results were analyzed by using the coefficient's value, and p-value. The standardized value of the path coefficient should be 0.10 or above to be significant. And lesser values are insignificant (Hair et al., 2013). The results of the path coefficient show that WPCC has a direct and positive relationship with the mediating variable i.e. PWS ($\beta = 0.4802$, p-value < 0.001) hence H1is accepted. PWS has positive impact on WGI ($\beta = 0.2794$, p-value < 0.01) so H2 is also accepted. WPCC has positive impact on WGI ($\beta = 0.2314$, p-value < 0.01) so H3 is accepted. The results are presented in Table 2.

The study assessed the mediating role of perceived workplace status on the relationship between workplace civility climate and perceived group inclusion. The results revealed a significant indirect impact of WPCC on WGI (b= 0.1342, t= 4.12). Hence H4 is accepted, and perceived workplace status partially mediated the relationship between workplace civility climates on perceived group inclusion. As given in table 2.

Table 3 indicates that the total effect (β = 0.36; Lower–Level Class Index Boot LLCI: 0.19 and Upper-Level Class Index Boot ULCI: 0.54) is also significant as they both are positive. Therefore, significant mediation of PWS has occurred in the relationship between WPCC and PGI. In other words, PWS establishes the relationship between WPCC and WGI.

Table 2:

Reliability and validity analysis

Variable	M	SD	Cronbachs a	CR	AVE	WPC	PWS	PI
WPC	0.24	1.03	0.92	0.89	0.55	**0.68**		
PWS	3.59	0.89	0.838	0.89	0.51	0.36**	**0.71**	
PGI	3.55	1.03	0.861	0.90	0.52	.247**	.306**	**0.72**

Table 3: Results of mediation

Hypothesis	Hypothesis path	path coefficient	Confidence interval		accept/reject the significance
			LLCI	ULCI	
H1	WPCC → PI	0.4802	-0.62	-0.33	Accepted.
H2	PWS → PI	0.2794	-0.41	-0.14	Accepted
H3	WPCC → PWS	0.2314	0.19	0.54	Accepted

Table 4: Mediation analysis Summary:

Relationship	Total effect	Direct	Indirect effect	Confidence	Conclusion

		effect		interval		
WPCC-PWS-WGI (H4)	.3655	.2314	.1342	LLCI 0.19	ULCI 0.54	Mediation (Accepted)

5. Discussion:

The main aim of the current research was to study the relationship between workplace civility climate and perceived inclusion of nursing staff with the mediating role of perceived workplace status using the quantitative method of research and to find the answers to the research questions posed in the introduction of the study.

The quantitative findings showed that workplace civility climate increases perceived workplace status in nurses which further increases their perceived inclusion. The findings showed that workplace civility climate and perceived inclusion are positively linked. Because of the high workplace civility climate, nursing staff perceives them as more included in their work group. Findings are consistent with the earlier research related to the topic of the current study and showed that perceived inclusion has a deep connection with the civility climate of the workplace and workplace status and perceived inclusion (Mohamed et al., 2021; Elsayed, et al., 2021; Barry et., al 2019; Gul, 2008). The findings of the present study lend support to the theoretical notion that an inclusive and positive organizational climate is important for individual employees to feel included, valued, and motivated to perform well. The results of the present study contribute to the literature on workplace civility climate and the perceived status of the employees in envisaging employee outcomes such as perceived group inclusion. Likewise, the results of the study also suggest that interventions to enhance civility and perceived workplace status

can act as an effective strategies to reduce harassment and abusive treatment of nurses. The organizational culture that value and respect nurse can build more inclusive and collaborative environment. Thus, managers should promote civility, respects and collaborations by providing opportunities for recognition and rewards. The present study is not free from limitations. The first major limitation further faced during the research was time and cost constraints during the survey collection of data. The data collection was done at one point in time (cross-sectional study) but if the study was longitudinal results could be more authentic. One might expect that the study population is quite selective, as respondents are only working in hospitals of District Rawalpindi have been recruited. The same study can be contacted further in other sectors and other countries because the results may vary because of the organizational and social culture. In the current study, the researcher explored perceived workplace status as a mediator; however, researchers can also test the impact of organizational culture or ostracism as a mediator in the relationship between workplace civility climate and perceived inclusion. By studying these new factors more dimensions of research can be generated.

5. Conclusion

The present study aims to explore the relationship between civility climate and perceived inclusion and the mediating role of perceived workplace status. Workplace civility is very much responsible for the quality care of patients by the nursing staff working in the system. Because nursing professionals are at the grass root level of the health care group. So, their inclusion and attitude towards their work with the high impact the service they deliver which is also very crucial as it involves patient care. The results of the current study showed civility climate and perceived inclusion are highly related to each other and are important for the healthcare system in Pakistan, which needs to be more

inclusive toward nursing professionals. The more nursing professionals will feel included the more they will perform well which will lead to high-quality care for the patient and in aggregate high health care services. This study also emphasize that shaping healthcare work climate that prioritize civility, enhance professional status of nurse and perception of inclusion, healthcare organizations empower nurses to combat with harassment, abusive treatment. It also creates a supportive, resilient and inclusive work environment with a status oriented and hierarchal settings of healthcare.

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