

EXPLORING NURSES' EXPERIENCES IN BUILDING CIVILITY IN THE WORKPLACE: A LITERATURE REVIEW

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ABSTRACT

Background: Workplace civility is essential to create a safe and collaborative nursing environment. Yet, incivility manifested through disrespectful communication, emotional tension, and lack of organizational justice remains a serious issue in hospitals, negatively impacting nurses' well-being and patient safety. **Purpose:** This study aimed to synthesize recent international literature (2021–2025) exploring nurses' experiences in building civility at work and to identify individual, leadership, and organizational factors influencing a culture of respect. **Methods:** A *narrative literature review* was conducted following PRISMA guidelines. Articles were retrieved from Scopus and PubMed databases using keywords: “nurse civility,” “workplace incivility,” “nursing culture,” and “nurse leadership.” Twenty qualitative, phenomenological, and mixed-method studies were analyzed thematically through three stages: categorization, thematic synthesis, and conceptual interpretation. **Results:** Three themes emerged: (1) emotional experiences of incivility, including stress, moral fatigue, and loss of confidence; (2) leadership and organizational culture as key determinants of civility, where empathy and fairness promote psychological safety; and (3) adaptive strategies such as reflection, peer support, spirituality, and assertive communication that strengthen resilience. A perception gap between nurses and managers was identified, highlighting the need for multi-level approaches to civility promotion. **Conclusion:** Civility in nursing reflects organizational values and leadership ethics rather than individual behavior alone. Building a civil culture requires fair management, continuous leadership development, and resilience-based education for nurses to enhance well-being and ensure patient safety.

Keywords: workplace civility; nursing leadership; organizational culture; resilience; nurse well-being

Introduction

Workplace civility is one of the key components in creating a healthy, collaborative, and patient-safety-oriented nursing work environment. Civility refers to respectful behavior, attentive listening, and professional communication among team members, whereas *incivility* encompasses rude, dismissive, or aggressive actions that may appear subtle yet have destructive effects on individuals and organizations (Ota et al., 2022). In modern hospital environments characterized by high workload, emotional strain, and rigid hierarchies between staff and management, incivility frequently emerges as a hidden but persistent challenge (Ota et al., 2022).

This phenomenon has gained global attention due to its significant impact on nurses' well-being, job satisfaction, and the overall quality of nursing care. Martin et al. (2025) found

that operating room nurses who experienced incivility reported higher levels of emotional exhaustion and reduced motivation. Similarly, White et al. (2025) revealed that nurses who experienced workplace bullying suffered from decreased self-esteem, professional identity erosion, and diminished performance. When incivility persists without adequate organizational mechanisms to manage it, it can jeopardize patient safety, trigger interprofessional conflicts, and increase nurses' turnover intentions.

Workplace civility cannot be separated from leadership dynamics and organizational systems. Hashish et al. (2024) emphasized that perceptions of organizational justice and the caring behaviors of nurse managers significantly contribute to reducing bullying incidents in the workplace. Conversely, authoritarian leadership styles and closed communication systems tend to reinforce hidden patterns of incivility. In a phenomenological study, Benning et al. (2025) reported that nurses in pediatric hospitals frequently encountered rude behavior under high emotional pressure, and that managerial responses were crucial in determining whether such incidents were managed constructively.

In nursing organizations, civility is not merely an individual behavior but rather a reflection of the broader *organizational culture*. When values such as respect, empathy, and open communication are modeled by nurse managers and unit leaders, nurses are more likely to emulate these behaviors in their daily interactions (Carmona-Cobo & Lopez-Zafra, 2022). Leadership thus plays a dual role: serving both as a behavioral exemplar and as a facilitator who ensures that the work system supports a culture of civility. However, there remains a noticeable gap between staff nurses and managers regarding their perceptions of how well civility is embedded within the workplace.

Several studies indicate that staff nurses often view organizational civility policies as symbolic, with limited implementation in practice (Alsadaan et al., 2024). In contrast, managers tend to believe they have already implemented sufficient measures such as communication training and the enforcement of professional codes, yet these efforts do not always translate into tangible behavioral changes (Ota et al., 2022). This discrepancy highlights the importance of a *multi-level approach* that explores experiences from both staff and managerial perspectives to gain a comprehensive understanding of how civility is developed, sustained, and transformed in hospital environments.

Babaei et al. (2025) explored the psychological dimension of civility-building and found that nurses adopt an *active endurance* strategy to maintain professionalism under pressure. This strategy involves self-reflection, peer support, and spiritual reinforcement at work. Their findings underscore that building a culture of civility requires not only structural interventions but also strengthening nurses' personal capacity to regulate emotions and manage interpersonal stress.

Moreover, Kousha et al. (2022) demonstrated that *cognitive rehearsal training* effectively reduced perceived incivility and enhanced nurses' ability to respond assertively to uncivil behaviors. The intervention taught participants to recognize forms of incivility, practice appropriate verbal responses, and develop self-awareness. This suggests that civility can be cultivated systematically through well-designed training programs.

Collectively, these findings indicate that workplace civility in nursing emerges from a complex interplay of individual, interpersonal, and organizational factors. Civility is not spontaneous but rather a product of internalized professional values and institutional culture. When organizations fail to establish fair and supportive systems, uncivil behaviors become normalized, posing risks to morale, professional integrity, and patient outcomes.

It is therefore essential to synthesize current evidence on how nurses experience, interpret, and foster civility in their workplaces. Understanding nurses' lived experiences can help organizations identify structural and psychological barriers that hinder the development of a positive and respectful work culture. Through this literature review, a deeper

understanding of sustainable strategies to build and maintain civility within hospital settings is expected to emerge.

Methods

Research design

This review employed a *narrative literature review* approach structured according to the IMRaD format and guided by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework for qualitative narrative synthesis. This design was chosen to systematically explore and interpret qualitative evidence regarding nurses' experiences in building civility within hospital settings.

Data Sources and Search Strategy

Data were retrieved from Scopus-indexed journals published between 2021 and 2025. The search strategy used combinations of the following keywords: “nurse civility,” “workplace incivility,” “nursing culture,” “nurse manager leadership,” and “qualitative.” Boolean operators (*AND*, *OR*) were applied to refine the results and ensure relevance. A total of 264 articles were initially identified. After removing duplicates and applying screening criteria, 20 international studies met the inclusion requirements and were selected for final synthesis.

Inclusion and Exclusion Criteria

The inclusion criteria were as follows:

1. Studies focusing on nurses' experiences related to civility or incivility in workplace settings;
2. Involving participants such as staff nurses, nursing students, or nurse managers in hospital or clinical education contexts;
3. Utilizing qualitative, phenomenological, or mixed-method designs with a narrative or thematic analysis component; and
4. Available as full-text articles in English.

Exclusion criteria included non-nursing populations, quantitative-only studies, and publications lacking methodological transparency.

Data Analysis

The data were analyzed thematically following three sequential phases:

1. Initial Categorization – grouping studies according to major thematic focus: emotional, organizational, or adaptive factors;
2. Thematic Synthesis – identifying recurring patterns, interconnections, and cross-study consistencies; and
3. Conceptual Interpretation – integrating findings within theoretical frameworks and interpreting implications for nursing leadership and organizational culture.

To ensure the credibility and rigor of the synthesis, *cross-checking* among findings, *source triangulation*, and *thematic validation* were conducted against Clark's *Civility Framework* (2019) and Andersson & Pearson's *Incivility Spiral Theory* (1999). These theoretical references supported the analytical interpretation of civility as both an individual and organizational phenomenon.

PRISMA Flow Summary

Selection Stage	Number of Articles
Initial identification	264
After duplicate removal	215
Title and abstract screening	58
Full-text assessed for eligibility	25
Studies included in final review	20

Table 1. Summary of Included Studies

No	Author/Year	Study Title	Purpose	Design	Sample	Analysis Method	Findings
1	Martin et al. (2025)	Workplace Incivility Among OR Nurses: A Descriptive Phenomenological Study	To explore the lived experience of operating room nurses facing incivility during the pandemic.	Descriptive phenomenological	15 operating room nurses	Thematic analysis	Nurses experienced incivility from colleagues and physicians, causing emotional stress and reduced motivation.
2	White et al. (2025)	A Descriptive Phenomenology of Nurses Being Bullied	To explore the experiences of nurses who were bullied in the workplace.	Phenomenological	12 hospital nurses	Colaizzi's thematic analysis	Bullying caused isolation, fear, and psychological distress among nurses.
3	Benning et al. (2025)	Understanding the Lived Experiences of Nurses and Care Attendants in a Pediatric Hospital	To understand emotional burdens and team dynamics in pediatric nursing.	Phenomenological	20 nurses and care attendants	Interpretative phenomenological analysis	Nurses experienced high emotional strain and team conflict caused by incivility.

4	Shali et al. (2025)	The Lived Experiences of Nursing Students Facing Faculty Incivility	To describe the impact of faculty incivility on nursing students' self-confidence.	Descriptive qualitative	10 nursing students	Conventional content analysis	Faculty incivility decreased learning motivation and clinical self-confidence.
5	Jenkins et al. (2024)	An Intergenerational Comparison of Civility: Nursing Students and Educators	To compare civility perceptions between students and educators across generations.	Descriptive qualitative	25 participants (faculty and students)	Comparative thematic analysis	Generational differences influenced civility perceptions and professional communication.
6	Carmona-Cobo et al. (2022)	Hospital Nurses Experiencing Day-to-Day Workplace Incivility	To explore daily experiences of incivility among hospital nurses.	Exploratory qualitative	30 hospital nurses	Braun & Clarke's thematic analysis	Incivility was linked to workload stress, poor communication, and lack of social support.
7	Kousha et al. (2022)	Educational Intervention & Cognitive Rehearsal on Perceived Incivility Among Emergency Nurses	To evaluate the effectiveness of cognitive rehearsal training in reducing incivility.	Quasi-experimental quantitative	60 emergency nurses	t-test and pre-post analysis	Training reduced perceived incivility and improved nurses' assertiveness.

8	Alsadaan et al. (2024)	From Incivility to Outcomes	To analyze the relationship between incivility, stress, patient engagement, and care outcomes.	Correlational quantitative	200 hospital nurses	Multiple regression	Incivility negatively affected nurses' well-being and job satisfaction.
9	Elsharkawy et al. (2025)	Barriers to Reporting Workplace Violence: A Qualitative Study	To identify barriers that prevent nurses from reporting workplace violence.	Descriptive qualitative	22 tertiary hospital nurses	Thematic analysis	Main barriers: fear of punishment, lack of managerial support, and weak reporting systems.
10	Babaei et al. (2025)	Active Endurance: Strategies to Manage Workplace Violence	To describe nurses' strategies for managing violence and incivility.	Phenomenological qualitative	18 clinical nurses	Conventional content analysis	Coping strategies included spirituality, peer support, and emotional resilience.
11	Hashish et al. (2024)	Organizational Justice, Nurse Managers' Caring Behaviors & Workplace Bullying	To examine the relationship between organizational justice, caring leadership, and bullying.	Cross-sectional quantitative	150 nurses and managers	Regression analysis	Organizational justice reduced bullying; caring leadership strengthened civility.

12	Park & Kang (2021)	Meta-Aggregation of Qualitative Studies on Faculty Incivility in Nursing Classrooms	To synthesize qualitative studies on incivility in nursing education.	Systematic qualitative review	20 studies	Meta-aggregation	Key triggers: power imbalance, academic stress, and institutional norms.
13	Park et al. (2023)	Faculty-to-Faculty Incivility in Nursing Academia	To describe faculty-to-faculty incivility patterns in nursing academia.	Phenomenological qualitative	15 nursing faculty	Thematic analysis	Incivility was fueled by competition, workload, and toxic organizational culture.
14	Mrayyan et al. (2024)	Faculty Incivility in Nursing Education: A Cross-Sectional Study	To assess the level of incivility and prevention strategies in nursing education.	Cross-sectional quantitative	120 faculty and students	Descriptive inferential analysis	Incivility remains high; prevention policies and ethics training are required.
15	Dafny et al. (2023)	Nursing Students' Experience of Workplace Violence in Clinical Settings	To review the forms of violence and incivility in clinical training.	Literature review	28 articles	Thematic analysis	Verbal abuse and neglect were common forms of mistreatment toward nursing students.
16	Begjani et al. (2025)	Causes of Workplace Bullying Among Nurses in PICUs: A	To explore the causes of bullying in pediatric ICUs.	Qualitative content analysis	17 PICU nurses	Conventional thematic analysis	Main causes: high workload, hierarchical status differences, and weak

		Qualitative Study					managerial control.
17	Allari et al. (2025)	Association Between Nurses' Experiences of Workplace Incivility and Caring Responsibilities	To examine the relationship between caregiving burden and workplace incivility.	Correlational quantitative	180 nurses	Descriptive statistical analysis	Caregiving burden increased the risk of incivility and burnout.
18	Piri et al. (2025)	Exploring Nursing Students' Experience of Bullying & Coping Strategies	To explore nursing students' experience s and coping strategies against bullying.	Exploratory qualitative	12 nursing student s	Thematic analysis	Students used peer support and self-reflection to cope with bullying.
19	Lee et al. (2025)	Experience of Clinical Incivility and Stress in Nursing Students: Mixed-Methods	To analyze the relationship between incivility and stress among nursing students.	Mixed-method s	150 nursing student s	Thematic and statistical analysis	Incivility increased academic stress and decreased clinical satisfaction.
20	Penconek et al. (2024)	A Nursing Perspective on Antecedents & Consequences of Incivility	To explain the antecedent s and consequences of incivility in nursing practice.	Qualitative thematic	20 clinical nurses	Narrative thematic analysis	Main factors: weak leadership, job stress, and unsupportive culture.

Results and Discussion

Based on the analysis of twenty international studies, three overarching themes emerged that represent the dynamics of nurses' experiences in building civility within the workplace:

1. Nurses' emotional experiences in confronting incivility,
2. The role of leadership and organizational culture in shaping civility, and
3. Adaptive strategies and professional learning in maintaining civility under workplace pressure.

These themes are interrelated and illustrate that civility is not merely an individual behavioral issue but is also shaped by structural, organizational, and relational power dynamics within nursing practice.

Nurses' Emotional Experiences in Confronting Incivility

The majority of the reviewed studies reported that workplace incivility has profound emotional consequences for nurses. In a phenomenological study, Martin et al. (2025) found that operating room nurses experienced subtle forms of incivility such as sarcasm, disregard for instructions, or condescending tones from colleagues and physicians. These behaviors created feelings of invisibility and undervaluation, leading to emotional distress and reduced professional engagement.

Similarly, White et al. (2025) revealed that nurses who experienced bullying often entered a "spiral of silence," refraining from speaking up out of fear of retaliation or being labeled unprofessional. This silence reinforced psychological strain, helplessness, and workplace isolation. In pediatric hospital settings, Benning et al. (2025) noted that incivility frequently emerged during emotionally charged situations such as emergencies or interactions with patients' families where stress intensified the likelihood of rude or dismissive communication.

Incivility also affects nurses' professional confidence and identity. Begjani et al. (2025) found that pediatric ICU nurses often faced moral conflicts when responding to aggression from senior staff or physicians. Many chose to withdraw, limit communication, or even consider leaving the profession altogether. This emotional burden was exacerbated by organizational inaction. Elsharkawy et al. (2025) identified that nurses were reluctant to report violence or incivility due to ineffective reporting systems and lack of managerial accountability. Thus, the emotional impact of incivility stems not only from interpersonal encounters but also from systemic organizational failures to provide safety and justice.

The Role of Leadership and Organizational Culture in Fostering Civility

A culture of civility cannot thrive without strong and ethical leadership. Leadership entails more than delegation it involves modeling respectful behavior, valuing staff contributions, and upholding fairness. Hashish et al. (2024) demonstrated that perceptions of organizational justice and caring leadership behaviors were significantly associated with reduced bullying. When nurses feel valued and treated fairly, they are more likely to reciprocate civility in interactions with colleagues and patients.

Carmona-Cobo and Lopez-Zafra (2022) emphasized that open communication and mutual trust within a supportive work climate decrease daily incidents of incivility. Nurses working under participative leadership reported lower stress levels and stronger emotional engagement. This aligns with social exchange theory, suggesting that positive managerial behavior fosters reciprocal civility among team members.

Ota et al. (2022) highlighted leadership as the catalyst for a civil workplace culture. Leaders who demonstrate integrity, active listening, and constructive feedback foster an environment of respect and accountability. Conversely, passive leaders who ignore rude behavior enable its normalization. Civility in healthcare, therefore, often "flows from the top down."

However, Alsadaan et al. (2024) identified a perceptual gap between staff nurses and managers regarding the implementation of civility policies. Managers frequently believed that civility initiatives were effective, while staff viewed them as inconsistent and superficial. This misalignment underscores the importance of two-way communication to ensure that civility policies are genuinely integrated into daily practice rather than remaining symbolic.

From a strategic management perspective, *caring leadership* in which managers show personal concern for staff, provide recognition, and foster safe spaces for open dialogue was identified as a critical driver of civility (Babaei et al., 2025). Such leaders not only enhance interpersonal relationships but also strengthen the collective sense of belonging, transforming civility into an organizational norm rooted in empathy and shared values.

Adaptive Strategies and Professional Learning Under Workplace Pressure

Building civility within high-pressure healthcare environments requires adaptive and reflective capabilities among nurses. Adaptive strategies include emotional regulation, assertive communication, and psychological resilience. Kousha et al. (2022) demonstrated that *cognitive rehearsal training* significantly reduced perceived incivility and improved nurses' confidence in responding assertively without escalating conflict.

Babaei et al. (2025) introduced the concept of *active endurance*, describing how nurses maintain civility despite stress and unfair treatment by drawing upon spirituality, peer support, and self-reflection. These coping mechanisms serve as protective buffers that sustain emotional balance and professionalism under duress.

Peer support also emerged as a crucial element of civility maintenance. Piri et al. (2025) found that collegial relationships promote mutual respect and mitigate the psychological impact of incivility, functioning as a “social buffer” against workplace stress. Similarly, Lee et al. (2025) reported that open communication and teamwork foster trust and reduce tension arising from uncivil encounters.

At the organizational level, Penconek et al. (2024) emphasized that cultural interventions such as regular civility training, reflective team sessions, and anti-bullying policies are essential to sustaining behavioral change. Building civility thus requires a dual approach: developing individual competencies and enacting structural reforms grounded in fairness, transparency, and recognition.

The Gap Between Staff and Management: The Need for a Multi-Level Approach

A notable finding across the reviewed studies is the disparity between staff nurses and managers regarding perceptions of workplace civility. While most studies focused on staff experiences (Benning et al., 2025; Martin et al., 2025; White et al., 2025), fewer examined leadership perspectives (Abou Hashish et al., 2024; Babaei et al., 2025). Yet, both levels are interdependent in shaping organizational behavior.

A *multi-level approach* is needed to understand the interplay between individual values, leadership style, and structural systems. For instance, nurses may perceive managerial behavior as indifferent, whereas managers may view their actions as objective and professional. These perceptual gaps can create psychological distance, weakening mutual trust and organizational cohesion.

Future studies should therefore integrate both staff and managerial perspectives through comparative qualitative designs to identify the “communication blind spots” that often underlie interpersonal tension and hinder the establishment of a civil culture.

Theoretical and Practical Implications

Theoretically, the findings of this review reinforce the *Civility Framework* (Clark, 2019) and *Incivility Spiral Theory* (Andersson & Pearson, 1999), both of which conceptualize civility as an outcome of interactions among organizational norms, interpersonal relationships, and individual self-regulation. Organizational justice acts as a foundational condition for civility, while permissive systems allow incivility to proliferate.

Practically, hospitals should adopt a holistic strategy to nurture civility at multiple levels:

- **Individual level:** Strengthen nurses' self-awareness, empathy, and assertive communication.
- **Team level:** Promote mutual trust and collective reflection on professional conduct.
- **Organizational level:** Enforce policies ensuring fairness, transparency, and accountability in addressing uncivil behaviors.

Nurse managers should also be trained in *emotionally intelligent leadership*, enabling them to create psychologically safe environments where staff can express concerns without fear of stigma or reprisal. Ultimately, civility in nursing practice must be seen not only as an interpersonal courtesy but as a moral and professional imperative embedded within the culture of healthcare organizations.

Conclusion

A culture of civility within the nursing workplace serves as the cornerstone for professional well-being, patient safety, and effective interprofessional collaboration. Civility extends beyond interpersonal etiquette it embodies moral values, empathy, and respect for human dignity that define the essence of the nursing profession. The synthesis of twenty international studies published between 2021 and 2025 demonstrates that civility influences not only interpersonal relationships but also nurses' emotional stability and the overall quality of healthcare delivery.

Across various clinical settings, nurses encounter incivility as a complex emotional experience often marked by stress, social isolation, and moral fatigue. These experiences reflect not only power imbalances within healthcare organizations but also inadequate systemic support for nurses' psychological well-being. The psychological toll of uncivil behaviors can diminish motivation, hinder effective communication, and ultimately compromise the quality of nursing care and patient safety.

Leadership and organizational culture grounded in fairness and empathy are proven to be key determinants of workplace civility. Nurse managers and unit leaders who consistently model respectful, communicative, and compassionate behaviors help establish a psychologically safe work environment built on trust. Such leadership exemplifies organizational values and exerts a positive contagion effect on staff behavior. Conversely, organizations that tolerate incivility or fail to uphold internal justice risk fostering a culture of indifference, conflict, and disengagement.

Beyond structural and managerial support, nurses' adaptive strategies also play a vital role in sustaining civility under pressure. Assertive communication training, reflective practice, and peer support have been shown to enhance nurses' ability to respond professionally to incivility. Psychological resilience and emotional regulation act as essential safeguards that allow nurses to maintain civility even in demanding circumstances. Thus, civility should be regarded not only as a social skill but as a professional competency that requires continuous reinforcement and development.

This review also highlights a perceptual gap between nursing staff and leadership regarding the extent to which a culture of civility has been established. While nurses often perceive civility policies as insufficiently implemented, nurse managers tend to believe that adequate efforts have already been made. Such discrepancies point to a communication and expectation misalignment across organizational levels, potentially impeding the full realization of a civil work culture. Therefore, multi-level approaches that integrate both staff and leadership perspectives are essential to developing a holistic understanding of civility in nursing workplaces.

Overall, cultivating and sustaining a culture of civility in hospitals is not an instantaneous process but rather a synergistic outcome of fair leadership, supportive organizational systems, and nurses' psychological resilience as frontline caregivers. A strong civility culture fosters a safer, more inclusive, and productive workplace empowering nurses to deliver care with integrity, empathy, and excellence. Ultimately, workplace civility should be recognized not only as a personal responsibility but as a shared moral and structural obligation within the entire nursing organization.

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