Analysis of the Workplace Civility Index: A Reliable Tool for Measuring Civility in the Workplace

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Background: Harm from disrespect has been identified as the next frontier in patient safety efforts (Sokol-Hessner, et al 2018) especially since harm stemming from incivility and disrespect may lead to life-threatening mistakes, preventable complications, or injury to a patient. Acts of incivility include non-verbal behaviors such as eye-rolling, refusing to listen, and walking away; or more overt behaviors such as name calling, making belittling remarks, or intentionally excluding others. Incivility also includes failing to take action when actions are warranted; such as withholding important information about a patient’s care, refusing to assist a colleague, or silently standing by while others are ridiculed. In other words, uncivil acts encompass not only what we do, but what we don’t do to intervene when incivility occurs, particularly when patient safety is at risk. In some cases, individuals may not know or realize how their actions and inactions impact others. They lack self-awareness and a true understanding as to which behaviors and interactions others might find uncivil or disrespectful. Self-awareness is the ability to understand one’s emotions and their effects on others; to know what one is feeling and why; and the ability to sense how others perceive you. Being self-aware requires an individual to possess an accurate reading of one’s strengths, limitations, and clarity of one’s values and purpose. Becoming more self-aware heightens our ability to build a strong character, lead with a sense of purpose and authenticity, and better understand what we need most from other people to complement our own deficiencies. The American Nurses Association (ANA, 2015) recommends that all nurses reflect upon and be cognizant of their own interactions and to participate in ongoing education to improve effective communication and conflict negotiation skills. Reflecting on our style of communication, interactions with others, and level of civility competence enhances our ability to effectively communicate, resolve conflicts, and collaborate with others. Because treating one another with respect is essential to workplace health, the author created the Workplace Civility Index (WCI) as a self-reflection tool to assess civility acumen. Reflecting on our interactions with others, seeking feedback, and taking steps to improve our civility expertise helps to foster relationships, build and maintain high performing teams, and ultimately helps to protect patient safety (Clark, Sattler, & Barbosa-Leiker, 2018).

Development of the Workplace Civility Index©: The WCI was developed by XXX based on the author’s extensive expertise regarding civility, organizational leadership, and fostering healthy workplaces. Development included a thorough review of the literature; consultation with and review by three content experts; and extensive pilot testing with more than 2000 practice-based nurses and nursing faculty who did not participate in the initial study. Responses from content experts and results of the pilot test were favorable regarding the ease of survey administration and completion, content
validity, readability, and logical flow. Slight modifications were made to the WCI following expert review and participant feedback derived from pilot testing.

**Description of the Workplace Civility Index:** The WCI is an original, 20-item, Likert-type survey consisting of 20 essential elements related to workplace civility and respectful coworker interactions. Respondents assess the perceived frequency of civil workplace interactions using the following response categories: 1 = never, 2 = rarely, 3 = sometimes, 4 = usually, and 5 = always. Scores range from 20 to 100 and indicate the respondents’ overall perception of civil workplace interactions: 90 to 100 = very civil; 80 to 89 = civil; 70 to 79 = moderately civil; 60 to 69 = minimally civil; 50 to 59 = uncivil; and less than 50 = very uncivil. A total score ranging from 20–100 can be calculated by summing all items on the WCI to indicate the overall perceived level of civility. The range of the total score for each level of overall perceived workplace civility is derived from the recommendations of expert judgments based on extensive pilot testing. Calculating scores may be done to evaluate the sample as a whole or to conduct comparisons across individual items and total scores.

**Procedure and Analytic Strategy:** Institutional review board approval was obtained to conduct psychometric testing on the WCI. The index was completed by 393 attendees from one international nursing conference and one national nursing conference. The sample included nursing faculty and practice-based nurses throughout the United States and Canada. After obtaining consent, respondents voluntarily completed the WCI in ‘real time’ during plenary sessions at each conference using Smartphone Apps and Web-based technology. All responses were collected anonymously and reported as aggregate data.

Initial data screening of the WCI included an assessment of the mean and standard deviation of each scale item and the total score. Inter-item correlations were assessed to determine the direction and magnitude of the relationships among scale items. An exploratory factor analysis of the WCI was performed to determine the factor structure of the scale. Reliability was assessed using Cronbach’s alpha.

**Results:** The sample included 393 nursing faculty and practice-based nurses throughout the United States and Canada in various workplace settings. Total possible scores for the WCI range from 20 to 100, and were approximately normally distributed. The scores indicate the overall self-perception of civil interactions in the workplace: 90 to 100 = very civil; 80 to 89 = civil; 70 to 79 = moderately civil; 60 to 69 = minimally civil; 50 to 59 = uncivil; and less than 50 = very uncivil. The mean total score for this sample was 85.66 \( (SD = 6.34) \), indicating that respondents perceived their behavior and interactions in the workplace as civil. The factor analysis results provided robust evidence for internal validity of this scale. Cronbach’s alpha for the WCI is .82 indicating an internally consistent scale for this sample.

**Implications:** The WCI was developed and tested to appraise an individual’s level of civility competence. While it is helpful for an individual to self-reflect using the WCI, obtaining feedback from others using the WCI also heightens self-awareness and helps determine strengths and areas for improvement. Asking a trusted coworker or colleague to complete the index to rate their perceptions of how one relates and interacts in the workplace provides a more integrated review. Sharing perceptions and identifying an area for improvement as well as identifying areas of strength provides an opportunity for a candid discussion of perceived workplace interactions and a vehicle for personal,
professional growth. Reflecting and thinking deeply about civil and respectful interactions with others and engaging in thoughtful self-reflection are important steps toward improving our competence as leaders, colleagues, and team members. Nurses must be mindful of their actions and their impact on others. Regardless of how civil and considerate we think we are, the most successful individuals are those who consistently seek to improve relationships within and outside the workplace.

**Conclusion:** The WCI is a psychometrically sound instrument used to measure perceptions of workplace civility acumen, raise awareness, and generate group discussion about the perceived state of civility in the work environment. The WCI may be completed as an individual exercise, or completed by all members of a team to compare perceptions of workplace civility and determine areas of strength and improvement. It has been used in dozens of practice and academic work environments domestically and abroad to improve healthcare workers’ awareness of the impact of incivility on workplace culture and patient safety.

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Abstract Summary:
The Workplace Civility Index is a reliable tool to measure civility competence and the perceived state of civility in the work environment. It may be completed as an individual exercise, or completed by members of a team to compare perceptions of workplace civility and determine areas of strength and improvement.

Content Outline:
Objectives and Content Outline:
   A. Briefly define civility and incivility and their impact on the work environment
   B. Describe the relationship between self-awareness and civility competence.
2. Discuss the development and psychometric testing of the Workplace Civility Index.
   A. Summarize the procedure and analytic strategy used to test the Workplace Civility Index.
   B. Discuss the results of two national and international studies using the Workplace Civility Index.
3. Explore how the Workplace Civility Index can be used to improve civility competence.
   A. Participate in completing the Workplace Civility Index.
   B. Discuss implications for using the Workplace Civility Index to improve civility competence.

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Author Summary: Dr. Cynthia Clark is an award-winning, tenured professor, scholar and Professor Emeritus; Strategic Nursing Advisor for ATI Nursing Education and the Founder of Civility Matters®. Her pioneering work on fostering civility has brought national and international attention to the controversial issues of incivility in work environments. Her theory-driven interventions, empirical measurements, theoretical models, and reflective assessments provide best practices to prevent, measure, and address uncivil behavior and to create healthy workplaces around the globe.