

**WORKPLACE INCIVILITY AND PERCEIVED
ORGANIZATIONAL SUPPORT AS PREDICTORS OF
ORGANIZATIONAL CITIZENSHIP BEHAVIOUR AMONG
NURSES AT THE UNIVERSITY OF UYO TEACHING
HOSPITAL**

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ABSTRACT: This study examined the influence of workplace incivility and perceived organizational support (POS) on organizational citizenship behaviour (OCB) among nurses at the University of Uyo Teaching Hospital (UUTH). A cross-sectional survey design was adopted, and 120 nurses were randomly selected from different wards and units. Data were collected using standardized measures of workplace incivility, perceived organizational support, and organizational citizenship behaviour. Findings from simple linear regression analysis revealed that workplace incivility had a significant negative effect on organizational citizenship behaviour ($\beta = -.142$, $t = -1.889$, $p < .05$), accounting for 2% of the variance ($R^2 = .020$). Perceived organizational support also had a significant positive influence on organizational citizenship behaviour ($\beta = .295$, $t = 3.347$, $p < .01$), explaining 8.7% of the variance ($R^2 = .087$). Furthermore, multiple regression analysis showed that the joint model was statistically significant ($F(2, 117) = 6.25$, $R = .320$, $R^2 = .102$, $p < .01$). However, when both variables were entered simultaneously, only perceived organizational support remained a significant predictor ($\beta = .280$, $t = 3.124$, $p < .01$), while workplace incivility was not statistically significant ($\beta = -.125$, $t = -1.658$, $p = .100$). The findings suggest that although workplace incivility significantly reduces organizational citizenship behaviour, perceived organizational support plays a more dominant role in promoting positive discretionary behaviours and may help mitigate the negative effects of incivility. It is recommended that hospital management implement policies that reduce workplace incivility and strengthen support systems to encourage citizenship behaviours that improve healthcare delivery.

Keywords: Workplace Incivility, Perceived Organizational Support, Organizational Citizenship Behaviour, Nurses, UUTH.

INTRODUCTION

Organizational Citizenship Behaviour (OCB) refers to voluntary actions that go beyond formal job duties and contribute to the effective functioning of an organization, such as assisting colleagues, taking initiative, and fostering a positive work environment (Rhoades & Eisenberger, 2002; Yaghoubi et al., 2013). In healthcare settings, OCB is particularly important because it improves

teamwork, reduces stress, enhances job satisfaction, and ultimately leads to better patient outcomes. Nurses, who are central to patient care, rely on both formal and discretionary behaviors to maintain high standards of healthcare delivery.

Several workplace factors can influence OCB, with workplace incivility and perceived organizational support (POS) emerging as key predictors. Workplace incivility involves low-intensity negative behaviors, such as being ignored, belittled, or excluded, which may seem minor individually but can accumulate over time to harm psychological well-being, reduce job satisfaction, and decrease engagement in discretionary behaviors (Cortina et al., 2001; Naseer et al., 2022). In Nigerian hospitals, where nurses often contend with heavy patient loads, limited resources, and interpersonal stressors, exposure to incivility can have particularly strong negative effects on their willingness and ability to engage in behaviors that support teamwork, collaboration, and patient-centered care. Research has shown that repeated exposure to incivility in healthcare settings is linked to higher turnover intentions, burnout, and reduced quality of care (Zhang et al., 2024).

Perceived organizational support, on the other hand, reflects employees' beliefs that their organization values their contributions and cares about their well-being (Eisenberger et al., 1986). High POS fosters job satisfaction, commitment, and motivation, all of which enhance engagement in OCB (Azim & Dora, 2016; Park & Kim, 2015). Employees who perceive strong support from their organization are more likely to go beyond their formal duties, engage in helping behaviors, and participate in activities that promote team effectiveness. Evidence also suggests that organizational support can reduce the negative impact of workplace stressors, including incivility, although this study does not formally test moderation (Mahmood et al., 2023; Naseer et al., 2022).

In addition, the interaction between workplace incivility and POS is important because it highlights the role of the organizational environment in shaping nurses' behavior. While incivility may demotivate and hinder discretionary actions, a supportive workplace can provide the resources, recognition, and encouragement necessary to maintain engagement and cooperation. Understanding how these factors individually and jointly influence OCB is critical for healthcare administrators seeking to improve teamwork, reduce turnover, and sustain high-quality patient care in tertiary hospitals.

This study proposes that workplace incivility undermines nurses' organizational citizenship behaviour by reducing the discretionary actions that support teamwork, collaboration, and patient care. In contrast, perceived organizational support enhances these positive behaviors by fostering a sense of value, recognition, and well-being among nurses. Moreover, the combined influence of workplace incivility and perceived organizational support is crucial, as supportive practices may buffer the negative effects of incivility and help maintain high levels of engagement and cooperation in demanding healthcare environments. By examining these dynamics among nurses in a Nigerian tertiary hospital, the study aims to provide practical evidence that can guide administrators in creating work environments that encourage voluntary contributions, strengthen teamwork, and improve overall healthcare delivery.

To address this thesis, the study is guided by the following objectives:

1. To examine the individual and combined effects of workplace incivility and perceived organizational support on organizational citizenship behaviour among nurses at the University of Uyo Teaching Hospital (UUTH).
2. To provide practical recommendations for hospital administrators to foster supportive work environments that enhance nurses' discretionary behaviors and overall healthcare delivery.

In line with these objectives, the study seeks to answer the following research questions:

1. To what extent do workplace incivility and perceived organizational support individually influence organizational citizenship behaviour (OCB) among nurses at the University of Uyo Teaching Hospital (UUTH)?
2. What is the combined effect of workplace incivility and perceived organizational support on organizational citizenship behaviour (OCB) among nurses at UUTH, and how can these insights inform strategies to promote positive workplace behaviors?

LITERATURE REVIEW

Theoretical Framework

This study is grounded in three complementary theoretical perspectives: Social Exchange Theory (SET), Conservation of Resources (COR) Theory, and Organizational Support Theory (OST). Together, these frameworks provide a multi-dimensional explanation of how workplace incivility and perceived organizational support influence organizational citizenship behaviour (OCB) among nurses.

Social Exchange Theory (Blau, 1964)

Social Exchange Theory explains workplace behaviour through the principle of reciprocity, where employees respond to how they are treated by others within the organization. When employees experience fairness, respect, and support, they feel obligated to reciprocate with positive discretionary behaviours such as OCB. In healthcare settings, where teamwork and collaboration are essential, this reciprocal relationship is particularly important. Nurses who perceive supportive and respectful treatment are more likely to engage in behaviours beyond their formal roles, including assisting colleagues, mentoring junior staff, and delivering high-quality patient care. Conversely, workplace incivility disrupts these reciprocal exchanges. Experiences of disrespect or hostility signal a lack of value and fairness, leading employees to withdraw discretionary effort. As a result, nurses may reduce their engagement in OCB as a form of negative reciprocity.

Conservation of Resources Theory (Hobfoll, 1989)

Conservation of Resources Theory provides a psychological explanation for how workplace conditions influence behaviour. The theory posits that individuals strive to acquire, maintain, and protect valuable resources such as emotional energy, self-esteem, and supportive relationships. Workplace incivility represents a significant threat to these resources. Repeated exposure to

disrespectful behaviour can lead to emotional exhaustion, stress, and disengagement, thereby reducing employees' willingness to invest additional effort in discretionary activities like OCB.

In contrast, resource gains enhance employees' capacity to cope with workplace demands. When employees have access to supportive relationships and positive work environments, they are more resilient and motivated to contribute beyond their formal roles. Thus, COR theory explains both the resource depletion caused by incivility and the motivational effects of resource availability on OCB.

Organizational Support Theory (Eisenberger et al., 1986)

Organizational Support Theory focuses specifically on employees' perceptions of how much the organization values their contributions and cares about their well-being. Unlike COR theory, which broadly addresses resource dynamics, OST emphasizes the relational and perceptual aspects of support within the organization.

When employees perceive high organizational support, they develop a sense of obligation to reciprocate through commitment, loyalty, and positive discretionary behaviours such as OCB. In nursing contexts, this support fosters a sense of belonging and recognition, encouraging nurses to go beyond their formal duties to enhance team performance and patient care. Importantly, perceived organizational support also functions as a protective mechanism against workplace stressors. While incivility depletes psychological resources, organizational support reassures employees of their value within the organization, thereby sustaining motivation and engagement.

Social Exchange Theory, Conservation of Resources Theory, and Organizational Support Theory collectively provide a comprehensive explanation of employee behaviour in the workplace. Each theory offers a distinct but complementary perspective on how workplace conditions influence nurses' engagement in organizational citizenship behaviour (OCB).

Social Exchange Theory explains that employees respond to how they are treated, based on the principle of reciprocity. Respectful and supportive interactions encourage nurses to engage in discretionary behaviours, while workplace incivility weakens these exchanges and reduces their willingness to go beyond formal job requirements.

Conservation of Resources Theory explains how these experiences affect employees' psychological states. Workplace incivility depletes valuable resources such as emotional energy, leading to stress and disengagement, whereas supportive conditions help restore these resources and sustain motivation for OCB.

Organizational Support Theory emphasizes employees' perceptions of organizational care and recognition. When nurses feel valued and supported, they are more likely to reciprocate through positive work behaviours and are better able to cope with workplace challenges. These theories suggest that workplace incivility reduces OCB by disrupting social relationships and draining psychological resources, while perceived organizational support promotes OCB by strengthening relationships and replenishing resources. Additionally, organizational support serves as a buffer, helping nurses maintain positive behaviours despite incivility. This integrated framework highlights

that nurses are more likely to engage in organizational citizenship behaviour when they feel respected, supported, and psychologically equipped to do so.

Empirical Review

Empirical research increasingly demonstrates that workplace incivility, perceived organizational support (POS), and organizational citizenship behaviour (OCB) are critical determinants of employee outcomes, particularly in healthcare settings.

Workplace incivility continues to be recognized as a pervasive issue with significant psychological and organizational consequences. Recent studies confirm that exposure to incivility leads to emotional exhaustion, reduced job satisfaction, and increased turnover intentions (Schilpzand et al., 2016; Han et al., 2021). In healthcare environments, these effects are amplified due to the emotionally demanding nature of nursing work.

More recent studies in African contexts reinforce these findings. For example, research among Nigerian healthcare workers shows that workplace incivility and ostracism significantly reduce job satisfaction and increase psychological distress (Ogunyemi et al., 2022). Similarly, studies in Ghana indicate that workplace bullying and incivility negatively affect nurses' well-being and job performance (Agyemang & Ofei, 2023). A broader review of African healthcare systems further confirms that workplace incivility and violence are widespread and contribute to stress, burnout, and reduced work effectiveness (Kumah et al., 2024).

Consistent with earlier literature, a strong negative relationship exists between workplace incivility and organizational citizenship behaviour. Employees who experience disrespectful treatment are less likely to engage in discretionary behaviours such as helping colleagues or contributing to team effectiveness (Lim & Cortina, 2005; Porath & Pearson, 2013). Recent studies also show that incivility undermines teamwork and safety culture in hospitals, thereby affecting both employee behaviour and patient outcomes (Hossny & Sabra, 2021).

In contrast, perceived organizational support has been consistently identified as a positive predictor of OCB and employee well-being. Employees who perceive strong organizational support are more likely to demonstrate commitment, engagement, and discretionary behaviours (Rhoades & Eisenberger, 2002; Kurtessis et al., 2017). More recent evidence suggests that POS enhances psychological resilience and helps employees cope with workplace stressors (Ahmed et al., 2022). In healthcare settings, supportive organizational environments have been linked to improved teamwork, higher job satisfaction, and better patient outcomes (Boamah et al., 2022).

Importantly, emerging research highlights the interactive effect of workplace incivility and perceived organizational support. While incivility depletes emotional and psychological resources, organizational support acts as a buffer that mitigates these negative effects. Employees who perceive high levels of support are more likely to maintain engagement and OCB despite adverse workplace conditions (Wang et al., 2021; Park & Johnson, 2023).

Despite growing research in this area, several gaps remain. First, many studies examine workplace incivility and perceived organizational support independently, with limited focus on their combined effects on OCB. Second, there is a scarcity of context-specific research within African healthcare systems, particularly in Nigeria. Existing studies often focus on general outcomes such as job satisfaction and turnover intentions rather than discretionary behaviours like OCB.

This study addresses these gaps by examining the joint influence of workplace incivility and perceived organizational support on organizational citizenship behaviour among nurses in a Nigerian tertiary healthcare setting.

METHOD

Research Design

This study adopted a cross-sectional survey research design. A cross-sectional survey is an observational research approach that involves the collection of data from a population or a representative subset at a single point in time. This design was deemed suitable for the study as it enabled the researcher to examine and infer patterns within the population of nurses at the University of Uyo Teaching Hospital regarding the influence of workplace incivility and perceived organizational support on organizational citizenship behaviour. The design facilitated the identification of relationships among the study variables while capturing the current experiences and attitudes of nurses within the hospital setting.

Study Setting

The study was conducted at the University of Uyo Teaching Hospital (UUTH), a prominent tertiary healthcare institution located in Uyo, Akwa Ibom State, Nigeria. UUTH serves as a major referral centre for the region, providing specialized medical services and training for healthcare professionals, including nurses, medical students, and allied health personnel. The hospital has a broad range of clinical and administrative units, accommodating a large workforce that delivers healthcare to a diverse patient population. As a tertiary institution, UUTH provides an appropriate context for examining workplace dynamics, as nurses are frequently exposed to high workloads, interpersonal challenges, and complex patient care demands. These conditions make it a suitable setting to explore the influence of workplace incivility and perceived organizational support on organizational citizenship behaviour, which is critical for ensuring effective teamwork, collaboration, and overall healthcare quality.

Participants

A total of 120 nurses participated in the study, selected using a simple random sampling technique from a sampling frame of eligible nurses across various wards and units. The sample size was considered adequate for the statistical analysis employed in the study. Given that the study included two predictor variables, the required sample size ranged between 20 and 40 participants. Additionally, based on Green's (1991) formula ($50 + 8m$, where m represents the number of predictors), a minimum of 66 participants was required. Therefore, the sample size of 120 exceeded

these thresholds and was sufficient to ensure reliable statistical analysis. The sample consisted of 58 males (48.3%) and 62 females (51.7%). Participants' ages ranged from 20 years to 50 years and above, reflecting variation in professional experience and seniority. In terms of marital status, 44 (36.7%) were married, 63 (52.5%) were single, and 13 (10.8%) were divorced. Regarding religious affiliation, 105 (87.5%) identified as Christian, 10 (8.3%) as Muslim, and 5 (4.2%) reported other religious beliefs.

Participants were drawn from different clinical and administrative units within the hospital, ensuring diversity in work roles and exposure to workplace interactions relevant to the study variables. This diversity enhanced the suitability of the sample for examining the influence of workplace incivility and perceived organizational support on organizational citizenship behaviour among nurses.

Sampling Technique

A simple random sampling technique was used to select participants for this study. The sampling frame consisted of a list of all registered nurses obtained from the administrative records of the University of Uyo Teaching Hospital (UUTH), covering nurses across various wards and units. Each nurse in the sampling frame was assigned a unique identification number. Using a random selection method (e.g., random number table/computer-generated random numbers), participants were selected to ensure that every eligible nurse had an equal probability of inclusion.

A total of 128 nurses were initially selected and approached to participate in the study. This number exceeded the required sample size to account for possible non-response or incomplete questionnaires. Of the 128 questionnaires distributed, 120 were properly completed and returned, yielding a high response rate and forming the final sample used for analysis.

The inclusion criteria required that participants be full-time nurses actively engaged in clinical or administrative duties within the hospital. This ensured that all selected participants had relevant exposure to workplace interactions and organizational processes related to the study variables.

Instruments

Data for this study were collected using three standardized instruments designed to measure the study variables.

The Workplace Incivility Scale (WIS), developed by Cortina et al. (2001), is a self-report instrument that assesses the frequency of low-intensity deviant behaviours in the workplace, including rudeness, disrespect, and exclusionary acts. The scale employs a five-point Likert-type response format ranging from "Never" to "Very Often," with scoring assigned as follows: Never = 1, Rarely = 2, Sometimes = 3, Often = 4, and Very Often = 5. Higher scores indicate greater exposure to uncivil behaviours in the workplace. The scale has demonstrated strong reliability and validity in healthcare and organizational research contexts. In the present study, the Workplace Incivility Scale demonstrated acceptable internal consistency reliability with a Cronbach's alpha coefficient of $\alpha = 0.81$

The Perceived Organizational Support Scale (POSS) developed by Eisenberger et al. (1986) measures the degree to which employees believe their organization values their contributions and cares about their well-being. It is a self-report instrument using a five-point Likert scale ranging from “Strongly Disagree” to “Strongly Agree,” scored from 1 to 5, with higher scores reflecting higher perceived organizational support. This scale has consistently shown good psychometric properties across different occupational and cultural settings. In the present study, the Perceived Organizational Support Scale demonstrated good internal consistency reliability with a Cronbach’s alpha coefficient of $\alpha = 0.85$

The Organizational Citizenship Behaviour Scale (OCBS) developed by Onyishi (2007) is a self-report instrument designed to assess voluntary and discretionary workplace behaviours that are not formally prescribed in job descriptions but contribute to organizational effectiveness. These behaviours include altruism, conscientiousness, courtesy, sportsmanship, and civic virtue. The scale is structured as a Likert-type instrument with response options ranging from Never to Very Often, scored from 1 (Never) to 5 (Very Often), with higher scores indicating higher levels of organizational citizenship behaviour. In the present study, the OCBS demonstrated acceptable internal consistency reliability with a Cronbach’s alpha coefficient of $\alpha = 0.78$.

Procedure and Data Analysis

Data collection for this study was conducted following ethical approval from the University of Uyo Teaching Hospital (UUTH) ethics committee, with informed consent obtained from all participants. Prior to the main study, permission was secured from hospital management to access nursing staff across various wards and units. The study instruments were initially evaluated through a pilot study conducted with a small group of nurses outside the selected sample to ensure clarity, relevance, and appropriateness in the Nigerian healthcare context.

Following the pilot study, questionnaires were administered directly to 128 randomly selected nurses. Participants were thoroughly briefed on the purpose of the study, the voluntary nature of participation, and their right to withdraw at any point without consequences. Emphasis was placed on confidentiality and anonymity, and participants were instructed to complete the questionnaires independently without consulting colleagues. Of the administered questionnaires, 120 were completed and returned within the specified timeframe, ensuring minimal missing data and high response validity.

The collected data were systematically coded and analyzed using multiple regression techniques to examine the study hypotheses. This analytical approach allowed for the assessment of the independent effects of workplace incivility and perceived organizational support on organizational citizenship behaviour, as well as their combined influence. Prior to hypothesis testing, diagnostic tests for multiple regression assumptions were conducted. The assumption of normality was assessed through inspection of the distribution of residuals, which indicated an approximately normal distribution. Linearity was evaluated using scatterplots of standardized residuals against predicted values, which demonstrated a linear relationship between variables. Homoscedasticity was assessed through visual inspection of residual plots, which showed a random spread of points, indicating constant variance of errors. In addition, multicollinearity diagnostics were conducted

using the Variance Inflation Factor (VIF) and tolerance values, which indicated that multicollinearity was not a concern among the predictor variables. Statistical significance was evaluated at conventional levels ($p < .05$ and $p < .01$), providing a robust framework for interpreting the relationships among the study variables. The use of standardized, reliable, and validated instruments, coupled with careful ethical and methodological procedures, ensured that the data collected were both robust and suitable for rigorous statistical analysis.

Data Analysis

The data collected from the 120 completed questionnaires were analyzed using the Statistical Package for the Social Sciences (SPSS) version 23 to ensure precision and accuracy. Multiple regression analysis was employed to test the study hypotheses, allowing for the examination of both the individual and combined effects of workplace incivility and perceived organizational support on organizational citizenship behaviour among nurses. This analytical approach provided a rigorous framework to determine the extent to which workplace incivility negatively influenced discretionary behaviours and the degree to which perceived organizational support positively contributed to nurses' engagement in organizational citizenship behaviours. Statistical significance was assessed at conventional levels ($p < .05$ and $p < .01$), ensuring reliable interpretation of the relationships among the study variables.

RESULT

Table 1: Standard Linear Regression Analysis Showing the Influence of Workplace Incivility on Organizational Citizenship Behaviour

Variables	R	R ²	F	β	T	p	Remark
Constant	.142	.020	3.567	15.234	–	.001	–
Workplace Incivility	–	–	–	-.142	-1.889	.031	Significant

Dependent Variable: Organizational Citizenship Behaviour
 $F(1, 118) = 3.567; R = .142; R^2 = .020; p < .05$

The simple linear regression results indicate that workplace incivility has a statistically significant negative effect on organizational citizenship behaviour among nurses at UUTH. The model was significant, $F(1, 118) = 3.567, p < .05$, with $R = .142$ and $R^2 = .020$, indicating that workplace incivility accounts for 2% of the variance in organizational citizenship behaviour. The regression coefficient shows that workplace incivility significantly predicts a decrease in organizational citizenship behaviour ($\beta = -0.142, t = -1.889, p < .05$). Therefore, Hypothesis One is supported.

Table 2: Standard Linear Regression Analysis Showing the Influence of Perceived Organizational Support on Organizational Citizenship Behaviour

Variables	R	R ²	F	β	T	p	Remark
Constant	.295	.087	11.21	14.876	–	.000	–
Perceived Organizational Support	–	–	–	.295	3.347	.001	Significant

Dependent Variable: Organizational Citizenship Behaviour
 $F(1, 118) = 11.21; R = .295; R^2 = .087; p < .01$

The regression analysis shows that perceived organizational support significantly and positively predicts organizational citizenship behaviour among nurses. The model was significant, $F(1, 118) = 11.21, p < .001$, with $R = .295$ and $R^2 = .087$, indicating that perceived organizational support explains 8.7% of the variance in organizational citizenship behaviour. Perceived organizational support significantly predicts organizational citizenship behaviour ($\beta = 0.295, t = 3.347, p < .01$). Thus, Hypothesis Two is supported.

Table 3: Multiple Regression Analysis Showing the Joint Influence of Workplace Incivility and Perceived Organizational Support on Organizational Citizenship Behaviour

Variables	β	T	p	Remark
Workplace Incivility	-.125	-1.658	.100	Not significant
Workplace Incivility	.280	3.124	.002	Significant

Dependent Variable: Organizational Citizenship Behaviour
 $F(2, 117) = 6.25; R = .320; R^2 = .102; p < .01$

The multiple regression analysis revealed that the joint model was statistically significant, $F(2, 117) = 6.25, p < .01$, with $R = .320$ and $R^2 = .102$, indicating that both predictors jointly explain 10.2% of the variance in organizational citizenship behaviour. However, when both variables were entered simultaneously, perceived organizational support remained a significant positive predictor ($\beta = 0.280, t = 3.124, p < .01$), while workplace incivility did not show a statistically significant unique effect ($\beta = -0.125, t = -1.658, p = .100$). Therefore, Hypothesis Three is partially supported, as the model is significant but workplace incivility does not contribute significantly when both predictors are considered together.

DISCUSSION OF FINDINGS

The findings of this study show that workplace incivility significantly reduces organizational citizenship behaviour among nurses at UUTH. This suggests that exposure to rude or disrespectful behaviour in the workplace discourages employees from engaging in discretionary behaviours that support organizational effectiveness. This finding aligns with Cortina et al. (2001), who noted that incivility undermines morale and organizational commitment, and Naseer et al. (2022), who found

that workplace incivility reduces extra-role performance. From a social exchange perspective, uncivil treatment disrupts reciprocal relationships, thereby reducing employees' willingness to contribute beyond formal job requirements.

The study also found that perceived organizational support significantly enhances organizational citizenship behaviour. Nurses who feel valued and supported by their organization are more likely to engage in helping behaviours, teamwork, and patient support. This is consistent with Eisenberger et al. (2001) and Caesens and Stinglhamber (2014), who emphasized that perceived organizational support strengthens employees' emotional attachment and willingness to reciprocate through positive work behaviours. This relationship is well explained by social exchange theory, which suggests that employees respond to perceived organizational care with increased commitment and discretionary effort.

The results further revealed that when both workplace incivility and perceived organizational support were considered together, only perceived organizational support remained a significant predictor of organizational citizenship behaviour. Although workplace incivility was negatively related to organizational citizenship behaviour, its effect was not statistically significant in the presence of organizational support. This suggests that perceived organizational support plays a stronger and more dominant role in explaining nurses' discretionary behaviours and may reduce the negative influence of incivility.

However, the interpretation that organizational support "buffers" the effect of incivility should be made cautiously, as interaction effects were not statistically tested in this study. Therefore, this should be considered a possible explanation rather than an established finding.

The study demonstrates that workplace incivility reduces organizational citizenship behaviour, while perceived organizational support enhances it. More importantly, organizational support emerges as the stronger predictor when both variables are considered together. This highlights the importance of fostering supportive work environments in healthcare settings while addressing uncivil behaviours among staff.

Implications of the Study

The findings of this study have several implications for healthcare management and policy. First, they highlight the damaging effect of workplace incivility on extra-role behaviours that are essential for effective hospital functioning. Addressing incivility is therefore crucial in maintaining teamwork, morale, and quality patient care. Second, the strong influence of perceived organizational support underscores the need for hospital management to provide resources, recognition, and emotional support to nurses. This is particularly important in resource-constrained healthcare systems, where supportive environments can motivate staff to deliver beyond their formal duties.

For policymakers and hospital administrators, the study provides evidence that supportive organizational practices not only improve employee well-being but also foster organizational citizenship behaviour, which is critical to overall healthcare service delivery.

Limitations and Suggestions for Further Studies

Although this study provides important insights into the influence of workplace incivility and perceived organizational support on organizational citizenship behaviour among nurses, certain limitations should be acknowledged. First, the study was restricted to nurses at the University of Uyo Teaching Hospital, which may limit the generalizability of the findings to other healthcare professionals and institutions. Second, the sample excluded doctors, laboratory scientists, and other categories of hospital staff who may have different workplace experiences. Third, the reliance on quantitative data alone may not fully capture the complex interpersonal dynamics and lived experiences of workplace incivility and support. Finally, the cross-sectional nature of the study does not allow for conclusions about long-term cause-and-effect relationships.

Future studies should therefore expand the scope to include diverse healthcare professionals across both public and private hospitals for broader generalization. Researchers may also employ mixed-methods approaches by incorporating interviews or focus group discussions to provide deeper qualitative insights. In addition, longitudinal research designs would be valuable for examining how workplace incivility and perceived organizational support influence organizational citizenship behaviour over time.

Conclusion and Recommendations

This study examined the relationship between workplace incivility, perceived organizational support, and organizational citizenship behaviour among nurses at the University of Uyo Teaching Hospital. The findings revealed that workplace incivility negatively influences organizational citizenship behaviour, while perceived organizational support positively predicts it. More importantly, perceived organizational support emerged as a stronger predictor and acted as a buffer against the harmful effects of workplace incivility.

Based on these findings, the following recommendations are made:

- i. University of Uyo Teaching Hospital management should put in place clear policies and procedures to address and minimize workplace incivility. Regular training and sensitization programmes should also be conducted to promote respect, civility, and teamwork among staff.
- ii. The hospital should strengthen initiatives that reflect genuine care for nurses' well-being, such as welfare programmes, recognition of contributions, and provision of supportive resources. This will enhance perceived organizational support and in turn encourage positive discretionary behaviours.
- iii. Supervisors and senior staff of the hospital should be trained on effective communication, conflict management, and supportive supervision, as these are key to fostering a civil and supportive work environment.
- iv. Nurses should be continually sensitized on the importance of organizational citizenship behaviour, highlighting how voluntary acts such as assisting colleagues and supporting patients contribute to organizational effectiveness and improved healthcare delivery.

- v. The hospital Management should create a supportive environment where contributions are acknowledged, workloads are fairly distributed, and employee concerns are addressed promptly, thereby sustaining high levels of citizenship behaviour among staff.

Contribution to Knowledge

This study makes significant contributions to knowledge by offering insights that can guide hospital administrators, policymakers, and healthcare managers in shaping healthier and more productive work environments. One of the foremost contributions lies in policy development. The findings provide evidence-based recommendations for the formulation of workplace policies that not only discourage incivility but also actively promote and reward civility. Such policies have the potential to transform the organizational culture of hospitals, creating a more respectful and collaborative atmosphere that enhances both staff morale and service delivery.

In addition, the study highlights important implications for human resource practices. Human resource departments can leverage the findings to implement recognition systems, mentorship programmes, and welfare initiatives that strengthen employees' sense of perceived organizational support. By doing so, they can foster loyalty, motivation, and commitment among healthcare workers, thereby reducing turnover intentions and improving overall job satisfaction.

The research also contributes to the area of training and capacity building. Hospital management can draw on these results to design and implement staff development programmes that emphasize supportive supervision, effective conflict resolution, and civil communication. These interventions not only address interpersonal challenges in the workplace but also equip healthcare professionals with the skills necessary to build stronger, more cooperative teams.

Moreover, the study offers practical insights into healthcare delivery improvement. By fostering organizational citizenship behaviour among employees, supportive work environments are shown to have a direct positive impact on the quality of patient care, teamwork, and organizational effectiveness. This establishes a clear link between workplace culture and service outcomes, reinforcing the critical role of organizational support in healthcare performance.

Finally, the study provides a foundation for replication across institutions. The insights generated here are not limited to a single hospital but can be adapted and applied across various healthcare organizations. By replicating these strategies, other hospitals can strengthen employee engagement, minimize negative workplace dynamics, and ultimately enhance their capacity to deliver quality healthcare.

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