

## Assessing the Impact of Workplace Incivility on Occupational Health of Nurses. A Demographic Analysis of Nurses of Punjab Based Hospital

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### Abstract

*The core objective of the current study was to assess the impact of workplace incivility on occupational health of nurse. For this study data is collected from 200 nurses who are working all over the Punjab. Data was collected with the help of questionnaire and analyzed through SPSS- 25. The major finding of the study revealed that workplace incivility has more positive and significant effect in occupational health of age group of 20-30 as compared to 31-40 and it also proved that workplace incivility has more positive and significant effect on occupational health of Master of science c group as compared to Bachler of science group. Moreover, the major outcome also shows that workplace incivility has more positive and significant effect on occupational health of Muslim Nurses as compared to Christen Nurses and it is also found that workplace incivility has more positive and significant effect on occupational health of Rural Nurses as compared to Urban Nurses. Lastly, it is find that workplace incivility has more positive and significant effect on occupational health of Govt hospital Nurses as compared to Private Hospital Nurses. It is also concluded that in future large scale studies should be conducted with new methods and designs.*

**Keywords:** *Workplace Incivility, Occupational Health, Nurses, Punjab*

## **Introduction**

The term “workplace incivility” is defined as “low-intensity, deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others” (Andersson & Pearson, 1999). The accumulated evidence suggests that workplace incivility is alarmingly common in the workplace (Schilpzand, De Pater, & Erez, 2016). In addition to its high prevalence, workplace incivility has been found to have detrimental effects on employee job attitudes, health and well-being, performance, and behaviors (Cortina, Kabat-Farr, Magley, & Nelson, 2017).

Moreover, the nurses have a high level of job stress as they typically work under time constraints to solve various problems promptly. Moreover, they spend ample time outside their working hours to acquire new information because of medical technology advancements. Job stress among nurses is closely related to workplace incivility patterns (Lin et al., 2014).

A healthy work environment also meets the essential criteria to guarantee occupational health and the quality of nursing care. In particular, nurses are required to practice health promotion behaviors actively to improve their health conditions and the quality of patient care (Yeun, Kim, & Jeon, 2011). However, nurses’ health and work conditions can easily lead to unhealthy lifestyle habits, owing to the nature of shift patterns, and nurses are more prone to unhealthy lifestyle habits. Moreover, they are at a greater risk of exposure to infectious diseases (Jeong et al., 2019; Yuan et al., 2011). Thus, nurses have difficulties managing their health conditions and poorly practicing health promotion behaviors, such as physical activity, nutrition, and stress management. Managing psychological and physical stress and practicing health promotion behaviors are crucial for

nurse to perform their duties efficiently as they affect the quality of service directly (Martin, 2015).

Incivility in the workplace is a significant problem that is important to nurse managers, as it goes directly against the fundamental values and ethics of providing high-quality care to patients. The Joint Commission (2021) and the American Nurses Credentialing Center have called on healthcare organizations to identify and intervene in the problem of workplace incivility.

### **Objective of Study**

1. To assess the impact of workplace incivility on occupational health gender wise nurses.
2. To assess the impact of workplace incivility on occupational health age group of nurses.
3. To assess the impact of workplace incivility on occupational health of religion group of nurses.
4. To assess the impact of workplace incivility on occupational health job group of nurses.
5. To assess the impact of workplace incivility on occupational health of area group of nurses.

### **Research Questions**

1. What is the impact of workplace incivility on occupational health gender wise nurses?
2. What is the impact of workplace incivility on occupational health age group of nurses?
3. What is the impact of workplace incivility on occupational health of religion group of nurses?

4. What is the impact of workplace incivility on occupational health job group of nurses?
5. What is the impact of workplace incivility on occupational health of area group of nurses?

### **Literature Review**

Nurses working in shifts cannot adapt to a circadian rhythm readily as their work shifts and working patterns often change. This causes poor sleep quality and chronic fatigue, causing difficulty in focusing during work. Sleep disturbances are likely to be significant risk factors for occupational health in the hospital setting. Untreated sleep disturbances diminish alertness and exert deleterious effects of cognitive and psychomotor performance, contributing to occupational accidents, nursing errors, injuries, and decreased workplace productivity (Eby & Robertson, 2020). Bowers, Wu, Lustig & Nemecek, 2022).

Workplace incivility is a stressor which can occur in several forms ranging from subtle to overt. When mistreatment is subtle, it is often called incivility. Incivility is conceptually distinct from other types of workplace mistreatment such as bullying/mobbing, sexual harassment, and workplace violence (Yao et al., 2021) based on its low severity, ambiguous intent, and ability to affect targets regardless of status or social identity. Workplace incivility has been associated with a wide range of individual (Nielsen et al., 2008) and organizationally relevant outcomes (Laschinger, 2014).

Researchers have linked workplace mistreatment, one potential precursor to workplace loneliness, to mental health symptoms such as anxiety and depression (Cortina et al., 2001). In addition, workplace mistreatment has been associated with organizational outcomes such as decreased job satisfaction (Ahsan et al., 2009), increased turnover intentions (Grunfeld et al., 2000), increased absenteeism, and decreased performance, often via depression and/or anxiety (Cooper & Dewe, 2008). Incivility is one type of workplace

mistreatment which does not reach the severity of overt discrimination or physical altercations. Incivility remains an important component of workplace mistreatment (Cortina, 2008) and can include acts such as exclusion, put-downs, and condescending remarks. Being a victim of workplace incivility also may be associated with the affective experience of loneliness. Incivility is an antisocial behavior that can result in social disconnection in the workplace. Furthermore, incivility in the form of exclusionary behavior can make employees feel lonely (Martin & Hine, 2005), and lonely individuals may be more likely to be targets of bullying (Dussault & Frenette, 2014).

The study of Chingono et al., (2022) assessed the occupational health of 3577 HCWs. The median age was 37 (IQR 30–43) years, 81.9% were women, 41.7% said they felt fearful about workplace incivility and 12.1% had an SSQ-14 score  $\geq 8$ . A total of 501 HCWs were offered referral for counselling, 78.4% accepted and 68.9% had  $\geq 1$  counselling session. Adjusting for setting and role, wave 2 was associated with increased fearfulness over wave 1 (OR = 1.26, 95% CI 1.00–1.60). In addition, the qualitative data showed high levels of anxiety, psychosomatic symptoms and burnout related to the workplace incivility. Mental wellbeing was affected by financial insecurity, unmet physical health needs and inability to provide quality care within a fragile health system.

In addition, the study of Yang et al., (2023) by using of intensive longitudinal methods to evaluate the dynamic structure of relationships among employees' self-reported health, psychological capital, daily workplace incivility, and daily emotional exhaustion. Major outcome of the study shows that workplace incivility significantly and positively predicted daily emotional exhaustion at the within-person level and self-reported health was negatively associated with a person's mean ratings of daily emotional exhaustion and moderated the strength of the workplace incivility effect on emotional exhaustion. On the other hand, the study of Melnyk et al., (2023) concluded that nurse workplace abuse

frequently targets new entrants to a work unit typically is ongoing, takes verbal and nonverbal forms, mainly stems from coworkers (i.e. lateral mistreatment), and frequently takes place in front of other coworkers, mainly in hospital settings.

The study of (Sommovigo, Bernuzzi, & Setti, 2022) concluded on the bases of 304 emergency workers for examining the victim incivility, work-to-family conflict, social support seeking and burnout symptoms. The findings showed that victim incivility was positively associated with burnout symptoms, both directly and indirectly, as mediated by work-to-family conflict. Additionally, social support seeking exacerbated (rather than mitigated) the impact of work-to-family conflict on burnout symptoms. Practical implications.

In addition, the studies of (LaGuardia & Oelke, 2021; Kobayashi et al., 2020) concluded that the workplace behavior with incivility has extreme level negative impact on the occupational health of the health worker. Similarly, the study of Vidotti et al., (2019) also proved that workplace incivility has significant impact on the occupational health of the nurses who are working in different hospitals. Most of the studies are conducted on overall scenario but this study has focused on demographic factors. So, the on the bases of past studies and literature gap the following hypothesis are constructed and tested through statistical tests.

**H1:** Workplace incivility predicted more positive and significant effect in occupational health of age group of 20-30 as compared to 31-40.

**H2:** Workplace incivility predicted more positive and significant effect on occupational health of MSc group as compared to BSc group.

**H3:** Workplace incivility predicted more positive and significant effect on occupational health of Muslim Nurses as compared to Christen Nurses.

**H4:** Workplace incivility predicted more positive and significant effect on occupational health of Rural Nurses as compared to Urban Nurses.

**H5:** Workplace incivility predicted more positive and significant effect on occupational health of Govt hospital Nurses as compared to Private Hospital Nurses.

### **Methodology of Study**

The current study is based on survey research method and conducted on the nurses who are working in different Govt and private hospitals of Punjab. As, the major area of this research is health workers so that is why nurses are selected as population for current study. The nature of current study is quantitative and the data was collected with the help of cross sectional research design. In current study two variables have been used to check the impact of “workplace incivility” on occupational health of nurses. For this study total 200 nurses were approached from the Govt and private hospitals of Punjab. The determination of sample size was conducted through online calculator with 95% CI. The data was collected through online platform google doc which is one of the most leading source of data collection.

In current study questionnaire was used for data collection from the targeted population. In addition, the questionnaire has three parts which is consisted on demographic profile of respondents. This demographic profile is about the age, education, religion, area and job nature of the nurses. The second part of the questionnaire is occupation health of the nurses and this variable has 25 items and adapted from the study of (Weel & Fortune, 1998). These items are measured through 5 point likert scale. The third variable of the study is workplace incivility which is adopted from (Cortina et al., 2001) and this variable has 8 items. These items are measured through 5 point likert scale.

Moreover, the current study also used SPSS-25 for data analysis and hypothesis testing. In this study, frequency analysis for demographic variable, reliability analysis for Cronbach alpha value and regression analysis was run to check the impact of workplace

incivility on occupational health of the nurses. The regression test was applied on the demographic variables as this study has base for to analysis the nurses on their demographics.

### **Data Analysis**

**Table No 1**

*Demographic Analysis*

<b>Age</b>		<b>Frequency</b>	<b>Percent</b>
	20-30	66	33.0
	31-40	134	67.0
Education	BSc	88	44.0
	MSc	112	56.0
Religion	Islam	99	49.5
	Christen	101	50.5
Area	Urban	94	47.0
	Rural	106	53.0
Job Nature	Govt.	48	24.0
	Private	152	76.0
Total		200	100.0

Above table shows the analysis of demographic variables. The data of current study shows that 66 (33.0) respondent belong to age group of 20-30 years and 134 (67.0) respondents belong to age group of 31-40 years. Table also shows that 88 (44.0) respondents have Bsc education and 112 (56.0) has Msc education. In addition, above table also shows that 99 (49.0) respondents are Muslims and 101(50.5) respondents are christens and 94 (47.0) respondents are belong to urban area, whereas, 106(53.0) belong to rural area. In addition, 48 (24.0) respondents are doing Govt job and 152(76.0) respondents are doing in private hospitals job.

**Table 2**

*Reliability Analysis*

<b>Variables</b>	<b>Items</b>	<b>CA</b>
WPI	10	0.812
OC	25	0.938

*CA= Cronbach Alpha*

Above table shows the reliability analysis of the variables. It is indicated that workplace incivility has 10 items and its Cronbach alpha is (0.812) and occupational health has 25 items and its Cronbach alpha is (0.938). Moreover, these values are in excellent range so further analysis can be run on the data for hypothesis testing.

### Hypothesis Testing

**Table No: 3**

**H1:** Workplace incivility has more positive and significant effect in occupational health of age group of 20-30 as compared to 31-40.

	<i>Model</i>	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>
20-30	Constant	2.366	3.589		.659	.512
	WPI	2.367	.172	.867	13.728	.000
31-40	Constant	7.142	2.582		2.766	.007
	WPI	2.134	.120	.843	17.710	.000

*a. Dependent Variable: OC*

Above table shows the test result regression analysis and proved that workplace incivility has more positive and significant effect in occupational health of age group of 20-30 as compared to 31-40. It is indicated in above table that the nurse who are in the age group of 20-30 has (b=2.36; t=13.72; p=.000) and the age group of 31-40 has (b=2.13; t=17.71; p=.000). The comparative results of regression test also proved the hypothesis of the study as well.

**Table No: 4**

**H2:** Workplace incivility has more positive and significant effect on occupational health of Msc group as compared to Bsc group

	<i>Model</i>	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>
BSc	Constant	9.085	3.178		2.859	.005
	WPI	2.023	.153	.824	13.248	.000
MSc	Constant	2.875	2.770		1.038	.302
	WPI	2.347	.129	.870	18.257	.000

Above table shows the test result regression analysis and proved that workplace incivility has more positive and significant effect on occupational health of those nurse who

have M.sc education as compared to those nurses who have B.sc education. It is indicated in above table that the nurse who has M.sc education has (b=2.34 t=18.25; p=.000) and those nurses who have B.sc education has (b=2.023; t=13.24; p=.000). The comparative results of regression test also approved the second hypothesis of the study as well.

**Table No: 5**

**H3:** Workplace incivility has more positive and significant effect on occupational health of Muslim Nurses as compared to Christen Nurses.

	<i>Model</i>	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>
Islam	Constant	3.923	3.038		1.292	.200
	WPI	2.271	.143	.856	15.910	.000
Christen	Constant	7.371	2.901		2.541	.013
	WPI	2.139	.137	.845	15.615	.000

Above table shows the test result regression analysis and proved that workplace incivility has more positive and significant effect on occupational health of Muslims nurses as compared to christen nurses. It is indicated in above table that the Muslim nurses has (b=2.27 t=15.910 p=.000) and christen nurses has (b=2.139; t=15.61; p=.000). The comparative results of regression test also approved the third hypothesis of the study as well.

**Table No: 6**

**H4:** Workplace incivility has more positive and significant effect on occupational health of Rural Nurses as compared to Urban Nurses.

	<i>Model</i>	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>
Urban	Constant	8.607	3.072		2.802	.006
	WPI	2.017	.150	.818	13.492	.000
Rural	Constant	3.807	2.848		1.337	.184
	WPI	2.326	.131	.872	17.825	.000

Above table shows the test result regression analysis and proved that workplace incivility has more positive and significant effect on occupational health of rural nurses as compared to urban nurses. It is indicated in above table that the rural nurses have (b=2.32 t=17.91 p=.000) and

urban nurses has (b=2.017; t=13.49; p=.000). The comparative results of regression test also approved the fourth hypothesis of the study as well.

**Table No: 7**

**H5:** *Workplace incivility has more positive and significant effect on occupational health of Govt hospital Nurses as compared to Private Hospital Nurses.*

	<i>Model</i>	<i>B</i>	<i>SE</i>	<i>Beta</i>	<i>t</i>	<i>p</i>
Govt.	Constant	1.126	4.355		.258	.797
	WPI	2.521	.208	.877	12.093	.000
Private	Constant	7.624	2.380		3.204	.002
	WPI	2.116	.112	.843	18.964	.000

Above table shows the test result regression analysis and proved that workplace incivility has more positive and significant effect on occupational health of Govt nurses as compared to private nurses. It is indicated in above table that the nurses who are working in Govt hospital have (b=2.52; t=12.09 p=.000) and those nurses who are working in private hospital have (b=2.017; t=13.49; p=.000). The comparative results of regression test also approved the fifth hypothesis of the study as well.

### Discussion

It was hypothesized that workplace incivility has more positive and significant effect in occupational health of age group of 20-30 as compared to 31-40. So, the regression analysis has proved the hypothesis. Moreover, the studies of (Tahhan, 2019; Elhosany & Helal, 2020) also have same findings and these outcomes are in line of current approved hypothesis. Secondly, it the hypothesis was that workplace incivility has more positive and significant effect on occupational health of those nurse who have M.sc education as compared to those nurses who have B.sc education. The statistical analysis of regression test also approved the second hypothesis and this also have support from the studies (Budden et al., 2017; Somani et

al., 2021) that more the education has more occupational health is effected due to workplace inactivity.

In addition, the third hypothesis was that workplace incivility has more positive and significant effect on occupational health of Muslims nurses as compared to christen nurses. The regression analysis also proved the hypothesis and interestingly no study has been found for support of this hypothesis so this is new contribution in context of theory, data and statistical analysis in the field of clinical psychology. Moreover, it was also hypothesis of the study that workplace incivility has more positive and significant effect on occupational health of rural nurses as compared to urban nurses and this hypothesis also proved and tested through regression analysis. In addition, the study of (Nowacka et al., 2018) also have same findings that the rural area base health worker faced more issue for their occupational health as compared to urban nurses. The last hypothesis of the study was that workplace incivility has more positive and significant effect on occupational health of Govt nurses as compared to private nurses. It is indicated on comparative results of regression test also approved the last hypothesis. Very interesting no study has been found for support of this hypothesis so this is another contribution in the field of related discipline.

### **Conclusion**

The current study has focused on “*Assessing the Impact of Workplace Incivility on Occupational Health of Nurses. A Demographic Analysis of Nurses of Punjab Based Hospital*”. So, for this study survey was conducted on the nurses who are working in different Govt and private hospitals of Punjab. For this study total 200 nurses were approached from the Govt and private hospitals of Punjab. The data was collected through online platform google doc which is one of the most leading source of data collection. Moreover, the current study also used SPSS-25 for data analysis and hypothesis testing. In this study, frequency analysis for demographic variable, reliability analysis for Cronbach alpha value and regression analysis

was run to check the impact of workplace incivility on occupational health of the nurses. The major findings of the study indicated that workplace incivility has more positive and significant effect in occupational health of age group of 20-30 as compared to 31-40 and workplace incivility has more positive and significant effect on occupational health of those nurse who have M.sc education as compared to those nurses who have B.sc education. In addition, it was found that workplace incivility has more positive and significant effect on occupational health of Muslims nurses as compared to christen nurses. Moreover, workplace incivility has more positive and significant effect on occupational health of rural nurses as compared to urban nurses. Lastly, workplace incivility has more positive and significant effect on occupational health of Govt nurses as compared to private nurses.

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