The Relationship between Workplace Incivility and Work Engagement as Perceived by Staff Nurses at a Selected Hospital

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Abstract
Background: Positive outcomes as increasing organizational productivity is a result of nurses’ work engagement; therefore, it is necessary to promote work engagement of staff nurses. To achieve this, the primary step is to recognize the factors that influencing nurses’ work engagement.
Aim: Research investigated the relationship between workplace incivility and work engagement as perceived by staff nurses at selected hospital. Setting: This study was conducted at Internal Medicine of El Kaser Al Aini hospital.
Design: Descriptive correlation design - Cross sectional.
Sample: All nurses were included. Their total number was (n=90) nurses.
Tools: Data were collected through utilizing two tools as follows: I- First tool was the Nursing Incivility Scale and II- The second tool was the Work Engagement Questionnaire.
Results and conclusion: Research declared a statistically significant negative correlation between workplace incivility and work engagement as perceived by staff nurses. Moreover, there was a statistically significant negative correlation between all subscales of work engagement (vigor, dedication and absorption) and subscales of workplace incivility (hostile climate, incivility from physicians, patients and other nurses).

Recommendations: Organizations have a responsibility to protect staff nurses from workplace incivility and its negative impacts, so clear procedures and protocols for reporting uncivil behaviors should be available. Continuous monitoring of the incidence of workplace uncivil behaviors and trying to solve the causative factors would be effective in improving staff nurses’ work engagement, which patient care services.

Keywords- Workplace incivility, Work engagement

1. Introduction
Organizations are significant side of staff nurse’s life because they spend considerable time of their lives in these organizations. This long time spent at work affects staff nurses directly and indirectly. It impacts their spirits directly and influences the irrelevance with families and society indirectly. If staff nurses work with enthusiasm and feel emotionally related to their workplace and their organization, the organization accomplish its objectives successfully (Mirzadarani, 2013).

For decades, workplace mistreatment, like psychological truculence, bullying, vehemence, or interpersonal tussles, has drawn worldwide attentiveness. Whereas workplace incivility has received more attention in recent years, it has been considered a prevailing and significant problem in business organizations. Workplace incivility is a “low intensity deflector behavior with mysterious desire to hurt targeted individual, encroachment of workplace norms for reciprocal respect. Workplace incivility take places over and over, 60-80% of workers experiencing some kind of workplace incivility at their organizations (Robinson, Wang & Kiewitz, 2014., Ali, Ryan, Lyons, Ehrhart & Wessel, 2016and Tsuno, Kawakami, Shimazu, Shimada, Inoue & Leiter, 2017).

Moreover, Arab, Sheykshabani&Beshlideh (2013), Laschinger, Wong, Cummings, & Grau, (2014), Schilpzand, Pater, &Erez (2016) and Dalenjan, Shoorideh, Hosseini &Mohtashami (2017) reported that workplace incivility is a negative behavior and norms infringement, obscure intention, and low acuity are characteristics of it. These demeanor comprises humiliating opinion, enmity, staring at others, disrupting others conversation, ignoring the strength and identity of one person in others presence, being ignored or excluded from meetings, being underestimated in public and denying employee’s ideas or opinions.

Uncivil behaviors are common in the workplace. Perceived co-worker uncivil behavior has a significant influence in organization. Past studies have explored that workplace incivility has relationship with intention to quit, employee’s satisfaction, impacts mental and physical health as well as work-family conflict and absenteeism. Recent studies have seen workplace
In general, while only a few studies viewed that if workers are rude, uncivil, their absenteeism may affect the employee’s performance. A number of studies also support that incivility has a negative effect on individual’s behavior and then lead to negative result as decreased engagement (Griffin, 2010., Sliter, &Fex, 2012., Torkelson, Holm&Bäckström, 2016., Smith, Morin & Lake,2017 and Smith, Morin &Lake, 2018).

Moreover, incivility negatively affects staff nurses’ health as well as the productivity of the organization. Suffering from work uncivil behavior is linked with major psychological distress, bad mental health, greater burnout, job dissatisfaction, low organizational engagement, and high intention to leave (Lee, Seo, Hladkyj, Lovell, Schwartzmann & 2013., Laschinger, Wong, Regan, Young-Ritchie & Bushell, 2013 and Fida, Laschinger, & Leiter, 2018). Workplace incivility can cause severe problems for employees, customers and organizations. Previous studies have explored that employees who exposed to workplace incivility tend to recognize fear and sadness feelings, experience discomfort and distress and display reduced work effort, provide bad work quality, and have low work engagement (Porath & Pearson, 2012, Porath & Pearson 2013, Taylor,Bedeian, Cole & Zhang, 2017 and Arslan& Kocaman,2019).

Professional practice in healthcare seeks a lot of personal and organizational engagement. Nurses perform many diverse care and treatment activities with the fundamental aim of giving a share in the promotion, stabilization, and maintenance of their patients’ health. In addition to excelling in nursing services, nurse as employee also take part in their organizations which caused an obligation to give optimum performances comprising improving productivity and service qualities. Indeed, using a broad meaning of health as a condition of complete physical, mental, and social welfare and not solely disease or disability absence, engagement becomes an essential variable for the quality of patientscare (Naderi and Safarzade, 2014., Dalenjan, Shoorideh, Hosseini &Mohtashami, 2017 and Pérez-Fuentes, Jurado, Linares & Ruiz, 2018).

Work engagement is a broad concept that consisting of status, characteristic, behavioral forms and motivation that indicate a combination of affective vitality and discretionary effort directed to nurse’s work and organization. It is a psychological relation of nurses with their work, engaged nurses’posses high energy levels and are passionate about their work and are often completely preoccupied with their work. Work engagement is recognized as a mind status that related to work and characterized by vigor, dedication, and absorption. (Sulea, Fischmann&Filipescu, 2012 and Rai &Agarwal, 2017).

Work engagement is essential for organizations. It is a behavior characterized by vitality, and accomplishment. It is characterized by three features: (1) vigor defines as high energy levels and noetic flexibility during work, the desire to exploit effort at work, and assertiveness in facing obstacles; (2) dedication is distinguished by a sensation of significance, heartiness, revelation, appreciation and defy. It indicates a strong participation that tee off one step further than the habitual identification level, through dedication an individual feels a sense of significance in their work; (3) absorption is a full concentration and deep absorption of nurses at their work, whereby time goes speedily and they had difficulties with disconnecting themselves from their work (Thor, 2012 and Udayani &Harsanti, 2018).

Santosa (2012) stated that high employee engagement may increase the willingness of employees to stay and take part in organization, in addition to that the product and service quality produced. Thereafter, it can also provide employee whom maintaining improvement in organization profits, emotionally connected to the organization which affected their services, heighten trust within organization, inspiring loyalty even in fully competitive environment and as well offering more power in the workplace. However, Biech (2012) pointed that less engaged employee might show low innovation, low continuous improvement, tend to stuck in old manners, decreased works quality that also lead to additional errors. These can result in decreased product and service qualities, diminished patient’s perception and ended up in costly errors for the organization.

The levels of staff nurses’ engagement to the organization are affected by variables like the exposure of nurses to uncivil behavior. Uncivil behavior makes staff nurses to reduce their engagement to the organization (Dowden 2015). About 78% of staff nurses have experienced a dwindling in work engagement levels after a situation in which they were experienced an uncivil behavior. Furthermore, when nurses realize their workplace environments as a source of workplace incivility, that quarrelsome in nature, they have low organizational engagement (Uzondu, Kelechi Emmanuel &Ebere, 2014).

**Significance**

The occurrence of negative behaviors is an imminent part of current organizations. When policies and strategies of organization are not adequate to employees, they may be stimulated to reply with negative behaviors. Frequent exposure of employees to uncivil behaviors may provoke nurses' depression, increase nurses'job burnout, absenteeism and make

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them low engaged (Hashemi, Savadkouhi, Naami and Kioumars, 2018).

Self-enhancement theory explained the linkage between work engagement and incivility at workplace. It declares that employees need a work place that allows them to maintain positive image and if this is not allowed they will withdraw from this workplace. One-fourth of individuals who exposed to incivility at workplace will lower the exerted effort at their work, and about fifty percent of individuals will be reducing the time spent at their work. When incivility at workplace happens, and impacts the positive image of individuals, their tendency to share in work-related activities will be decreased, and their fervor and devotion to their work will be diminished too. Subsequently, when employees exposed to uncivil behaviors at workplace, the level of work engagement will negatively be influenced (Chen, Ferris, Kwan, Yan, Zhou & Hong, 2013 and Dowden, 2015).

Staff nurses who are exposed to or watched negative behaviors at workplace, they think carefully to quit job. Work environments that are considered unhealthy increased nurses’burnout and increased medication errors, decreased quality of patients’ care. Other negative outcomes of exposing staff nurses to uncivil behaviors include increasing staff nurses’ absenteeism, and decreasing their work output (Montalvo, 2012 and Zia-ud-Din, Arif& Shabbir, 2017). The characteristics of nurse’s job which need more interaction, both among colleague and with supervisor or clients (patients and families), lead to lack of organizational recognition in term of incivility. Meanwhile, earlier studies found that incivility phenomena, continuously, would influence nurse’s performance and therefore their engagement within the organization (Udayani and Harsanti, 2018). Organizations are confronting environmental changes today but they are demarching for superiority. Many researchers view employee’s engagement as a critical element for human recourse practices. Staff nurse’s engagement is a significant factor in workplace environment and human resource managers are conscious of this significance. Health care organizations can attain this if nurse managers have the capability to provide staff nurses with the work environment that enhance them to be exceptional and outstanding (Hanif, Naqvi and Hussain, 2015).

Uncivil behavior is more often occurs in the workplace and have an important and significant impact on nurses’ organizational engagement. This study has a great importance especially for health-care organizations; it will help them to eliminate uncivil behaviors that happen at their organizations. It will give direction to nurse executives and managers to enhance the level of job satisfaction and organizational trust of staff nurses through preventing uncivil behavior at workplace. So, this study investigated the relationship between workplace incivility and work engagement as perceived by staff nurses.

II. METHODOLOGY

A. Aim
The study aimed to investigate the relationship between workplace incivility and work engagement as perceived by staff nurses at a selected hospital.

B. Research Question
1. What is the relationship between workplace incivility and work engagement as perceived by staff nurses at a selected hospital?

C. Design
Descriptive correlation design - Cross sectional was utilized.

D. Sample
All nurses were included. They divided as follows (57) female and (33) male, around third of the sample their age was 45 years old and more, working in different departments. Most of them had diploma degree. Staff nurses with predetermined inclusion criteria which included all staff nurses with not less than one year of experience and providing direct patient care within the study settings and accepted to participate in the study. Their total number was (n=90) nurses.

E. Setting
The study was conducted at Internal Medicine of El Kaser Al Aini hospital. The hospital consists of 8 floors with bed capacity (285 beds).

F. Tools for Data Collection
To achieve the aim of the present study, data collected during 2019 in January and February. I- First tool was consisted of two parts: A- Socio-demographic data sheet: it included nurses’ demographic data as gender, age, educational level, social status, years of experience in nursing profession and years of experience in the hospital. B- Nursing Incivility Scale, it was developed by the investigator, guided by Cortina, Magley, Williams, &Langhout, (2001) and Guidroz, Burnfield-Geimer, Clark, Schwetschenau, and Jex, (2010) and consisted of five subscales including 40 items as follow: 1- Hostile climate (9 items), 2- Incivility from supervisors (7 items), 3- Incivility from physicians (7 items), 4- Incivility from patients (7 items) and 5- Incivility from other nurses (10 items). II- The second questionnaire was the Work Engagement Questionnaire. It was developed by Schaufeliand Bakker (2004) and it was adopted to measure nurses’
engagement at their work. The items of the questionnaire were clustered into three subscales as follow: 1- Vigor (6 items), 2-Dedication (5 items) and 3- Absorption (6 items).

Scoring system

Work incivility and work engagement questionnaires were assessed using three-point likert scale (agree=3, uncertain =2, and disagree = 1).

Tools validity and reliability

Validity

Questionnaires reviewed by three experts in nursing administration, two professors and one assistant professor working at the Faculty of Nursing - Cairo University. They examined the questionnaires for coverage and clarity of content, wording, length, format and overall appearance.

Reliability

Reliability test was estimated using Cronbach’s Alpha Coefficient for the two questionnaires which indicate that questionnaires were highly reliable. Test results for the questionnaires, work incivility and work engagement were (0.93 and 0.91, respectively).

A. Pilot Study

It was carried out on (10%) of the current sample to ensure that the items are clear and applicable, and to estimate the time required to fill the questionnaire. The result showed that the time spent in filling the questionnaire was ranged between 25-30 minutes. No changes made in the questionnaires. Respondents of pilot included in total study sample.

B. Ethical Consideration

Prior to the initial interview, verbal explanation of the nature and the aim of the study had been explained to the nurses included in the study sample. Clarification of the nature and purpose of the study was done in the interview with each subject. They were given an opportunity to refuse or to participate, and they were assured that their information will be confidentially utilized and used for the research purpose only.

C. Procedure

An official permission was obtained from the hospital administrator after explaining the nature of the research study. Researchers fully explained the aim, nature, and significance of the study for every eligible nurse to obtain their acceptance to participate in the study and to the administrator to get her cooperation. During data collection the investigator handed the questionnaires individually to the staff nurses at their units, and then the investigator explained the questionnaires to them and asked them to fill it. The time spent to fill the questionnaires ranged between 25 to 30 minutes. The researcher waited until the participants complete the questionnaires and was ready to answer any question. After completion of filling the questionnaires the researcher collected them. Data were collected during 2019 from the beginning of January to the end of February.

D. Statistical Design

Data entry and statistical analysis were done using computer software the statistical package for social studies (SPSS), version 21. Suitable descriptive statistics were used such as frequencies, and percentages for qualitative variables, means, and standards deviations for quantitative variables. p–value <0.05.

III. RESULTS

Table I

<table>
<thead>
<tr>
<th>Nurses Characteristics</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Age:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. From 20- less than 25</td>
<td>19</td>
<td>21.1</td>
</tr>
<tr>
<td>2. From 25- less than 35</td>
<td>20</td>
<td>22.2</td>
</tr>
<tr>
<td>3. From 35- less than 45</td>
<td>22</td>
<td>24.4</td>
</tr>
<tr>
<td>4. 45 and more</td>
<td>29</td>
<td>32.2</td>
</tr>
<tr>
<td>X=2.6778 SD=1.13996</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2- Sex:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Male</td>
<td>33</td>
<td>36.7</td>
</tr>
<tr>
<td>2. Female</td>
<td>57</td>
<td>63.3</td>
</tr>
<tr>
<td>3- Years of experience in nursing profession:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. less than 5 years</td>
<td>15</td>
<td>16.7</td>
</tr>
<tr>
<td>2. 5- less than 10 years</td>
<td>18</td>
<td>20.0</td>
</tr>
<tr>
<td>3. 10 years and more</td>
<td>57</td>
<td>63.3</td>
</tr>
<tr>
<td>X= 2.4667SD= 0.76731</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4- Years of experience in the hospital:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. less than 5 years</td>
<td>24</td>
<td>26.7</td>
</tr>
<tr>
<td>2. 5- less than 10 years</td>
<td>18</td>
<td>20.0</td>
</tr>
<tr>
<td>3. 10 years and more</td>
<td>48</td>
<td>53.3</td>
</tr>
<tr>
<td>X= 2.2667SD= 0.85853</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table (1) showed that the highest percentage (63.3%) of staff nurses were female. As regards to their age, the mean age was 2.4667±1.13996, while the mean of their years of experience in nursing profession was 2.4667±0.76731 compared to 2.2667±0.85853 years of experience at the hospital.
Figure 1 represented that the highest percentage (78.89%) of staff nurses were married.

Figure 2 declared that the highest percentage (66.67%) of staff nurses were graduated from nursing secondary school.

Table 2 declared that there is a negative statistically significant correlation between all subscales of workplace incivility and all subscales of work engagement.

Table 3 showed a negative statistically significant correlation between workplace incivility and work engagement as perceived by staff nurses (p=0.002).

Table 4 demonstrated that there is a negative statistically significant correlation between work engagement and gender of staff nurses (p=0.041). While there is no statistically significant correlation between work engagement and staff nurses age, social status, educational level, years of experience in nursing and years of experience in the hospital. Furthermore, the table showed that there is no statistically significant correlation between workplace incivility and all personal characteristics of staff nurses.

### IV. DISCUSSION

Workplace incivility is known as a common trouble that impacting employees in different jobs and
professions. In addition to pecuniary costs, individuals’ costs borne by employees subjected to incivility at workplace are serious. Consequently, workplace incivility is not only an economical exhaustion but it affects employees too. It may originate from various sources, as coworkers, supervisors, and customers. Individuals exposed to incivility exhibit emotional distress, lower vigor levels, demotivated, and have intentions to leave their jobs (Bunk & Magley, 2013, Giumetti et al., 2013, Jawahar & Schreurs, 2018 and Huang & Lin, 2019).

For ensuring an abundance of outcomes, it is critical to have an engaged work force, outcomes as good performance and having satisfied and committed employees. Incivility at work conveys to employees that they are not valued almost warranty that engaging employees in work would display them more abuse. So, employees treated in an uncivil manner instead of monopolizing their sense of self in the work, they will detach from their work. Subsequently, disengaged employees can be expected to bed emotivated, had bad performance and had absenteeism rate (Taylor, Bedeian, and Klumpp, 2012).

As regards correlation between the subscales of work place incivility and work engagement as perceived by staff nurses, findings revealed a negative statistically significant correlation between all subscales of workplace incivility ((hostile climate, incivility from supervisors, physicians, patients and other nurses) and work engagement. From researcher’s point of view, when staff nurses work in hostile climate and exposed to uncivil behaviors from supervisors, physicians and patients, they worked under stress and be dissatisfied with their work and they become less engaged to their work and to the organization in which they work.

This result was congruent with the findings of Bartlett, Bartlett & Reio (2008), Taylor (2010) and Fujita, Kawakami, Ando, Inoue, Tsuno, Kurioka & Kawachi (2016) who found that incivility from supervisor had a negative relation with organizational engagement marking that employee’s engagement to organizations will decrease if they experience incivility from their supervisors. They mentioned that employees who faced with inimical working environment being unprejudiced to what is experienced, they become less engaged to their work. Also, this result was consistent with the result of Poone (2011) and Sulea, Fischmann, & Filipescu (2012) which demonstrated that supervisor incivility relate negatively to work engagement. They revealed that when employees are targets of abusive supervision, dedication and absorption are weakened. This indicates that supervisor incivility is negatively related to dedication and absorption.

Moreover, in a study carried out by Beattie & Griffin (2014), Shim (2015) and Smidt, Beer, Brink & Leiter (2016), their results declared that employees in fact depart the organization when projected to uncivil behaviors at workplace. It may be due to employee’s intension to quit the environment because they exposed to incivility from the supervisor. This may be because of the fact that when supervisors handle other employees in an uncivil way they tend to perceive the working environment as degrading and offensive and so their engagement to work reduced.

Regarding the correlation between work place incivility and work engagement, the study results showed that there is a negative statistically significant correlation between work incivility and work engagement. It was matched with the results of Cortina & Magley (2009), Leiter & Maslach (2009), Laschinger, Leiter, Day & Gilin (2009), Crawford, LePine & Rich (2010) and Mariyanti & Citrawati (2011), they represented that work place incivility was correlated to low work engagement. Moreover, the findings of (Sulea, Fischmann & Filipescu, 2012), Brown (2015), Wing, Regan & Laschinger (2015) and Vagharseyedin & Salmani mud (2015) were congruent with the present study findings and indicated that incivility were significantly correlated with vigor, dedication and absorption, so that employees who experienced high mistreatment were less likely to be engaged in work.

In a study carried out by (Dalenjan, Shoorideh, Hosseini, & Mohtashami, 2017 and Zia-ud-Din, Arif & Shabbir, 2017), their findings were consistent with the findings of this study, they found that workplace incivility has negative effect on the organizational engagement, they identified a strong relationship between workplace incivility and employee’s engagement. Jawahar & Schreurs (2018) and Menon & Priyadarshini (2018) indicated that incivility negatively related to trust, employee’s engagement, performance and citizenship. While the result of the present study was inconsistent with the result of a study of Udayani & Harsanti (2018) entitled “Nurses’ Workplace Incivility Experiences and Its Correlation to Employee Engagement” who empirically examined relationship between workplace incivility and nurses’ employee engagement, their results indicated that nurses’ workplace incivility experiences and employee engagement are not related.

Regarding to the correlation between personal characteristics of study sample and workplace incivility, the results showed no statistically significant correlation between workplace incivility and all
personal characteristics of staff nurses. This result was inconsistent with the result of shi&etal(2018), their results represented a correlation between nurse’s age and incivility, and they found that new or younger nurses were exposed to uncivil behaviors more than older nurses.

As regards to the correlation between personal characteristics of study respondents and work engagement; the study findings represented that there is a statistically significant correlation between work engagement and gender of staff nurses. While there is no statistically significant correlation between work engagement and staff nurses age, social status, educational level, years of experience in nursing and years of experience in the hospital. This result was congruent with the result of Sayar, Jahanpour, Maroufi& Avazzadeh (2016), whose findings demonstrated a correlation between the gender of nurses and their engagement to work. They found that female nurses were more engaged than male nurses. Also, Menon & Priyadarshini (2018) supported the result of the present study, they found gender of nurses and work engagement are related, they added that female nurses who exposed to incivility from their supervisors are less engaged.

Inconsistent with the results of this study, the results of a study carried out by Jawahar & Schreurs (2018) and entitled “Supervisor incivility and how it affects subordinates’ performance: a matter of trust” showed a correlation between nurses age and work engagement, they reported that older nurses had higher levels of work engagement. Also, the results of this study were in contrast with the results of Reynaldo, Joyce & Suzanne (2011), Abed & Elewa (2016) and Aboshaiqah, Hamadi Salem and Zakari (2016) who found a correlation between work engagement and nurses’ years of experience, they reported that nurses who had been in nursing for more than 15 years were proportionately more engaged as compared with nurses who had been in nursing for less than 15 years.

V. CONCLUSION

It was concluded that workplace incivility and work engagement are negatively related. Also, there is a negative statistically significant correlation between work engagement and gender of staff nurses. While there is no statistically significant correlation between work engagement and staff nurses age, social status, educational level, years of experience in nursing and years of experience in the hospital. Furthermore, the study concluded that there is no statistically significant relationship between workplace incivility and all personal characteristics of staff nurses.

VI. RECOMMENDATIONS

1. Organizations have a responsibility to protect staff nurses from workplace incivility and its negative impacts, so clear procedures and protocols for reporting uncivil behaviors should be available.

2. Enhancing supervision and well-developed regulations within the hospital will decrease incivility phenomenon and enhanced employee staff nurses work engagement.

3. Continuous monitoring of the incidence of workplace incivility and solving the causative factors would be effective in improving staff nurses’ work engagement and improving patient care services.

4. Enhancing nurses’ work engagement through providing training programs about incivility and work engagement.

5. To generalize the findings, this study should be replicated to add more respondents in order to provide much more reliable data, may be from medical or non-medical-based participants.

6. Future studies should be carried out to investigate other variables that might affect nurses work incivility as ethics, work environment, communication and policies. As well as factors that might affect their work engagement such as loyalty, commitment and social pressure.

VII. REFERENCES


the modified Work Incivility Scale. Journal of occupational health, 16-0196-0A.


