Workplace incivility and its causes among nurses in andaman and nicobar islands

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Abstract: Workplace incivility is one of the major concerns in the healthcare industry. The objective of the study is to understand the concept of workplace incivility, to examine the factors causing workplace incivility, to examine the various steps to eliminate workplace incivility, to find out the influence of demographic variables on workplace incivility and to give suggestions to the targets to cope up with workplace incivility. Descriptive, exploratory and casual research methodology is used, the statistical tools used for analysis are frequency analysis, mean analysis and one way ANOVA. The key cause for workplace incivility among nurses was found to be physicians, and none of the demographic variables such as age, gender, and work experience, hospital location, marital status, and qualification affected workplace incivility.

Keywords: Workplace incivility, Nurses, Abuse, Bullying, Entrepreneurship

INTRODUCTION

Workplace incivility is often referred to as bullying in the workplace, and is now a very common concern faced by persons working in the organisation. When nurses struggle with life and death in their everyday jobs, nurses aim for a safe and relaxed atmosphere where they can work comfortably because their job requires quality patient care. The incivility of the workforce has hit its limits in the last two centuries. Thousands of scientists have studied how this incivility impacts the workplace and affects physical and mental health as well as personal, professional and social life. Nurses that are the perpetrators of this incivility in the workplace appear to be less interested in organisations with low employee satisfaction, less corporate participation, and more job turnover.There are three kinds of incivility such as encountered by incivility, incivility perceived, incivility instigated. Workplace incivility, in violation of workplace expectations for reciprocal consideration, is low-intensity conduct with vague intent to harm the target. Uncivil conduct is usually disrespectful and discourteous, demonstrating a lack of respect for others (Andersson and Pearson, 1999). An analysis has found that the incivility of the workplace from patients or administrators against nurses has a direct effect on efficiency than the uncivilised conduct of dominant doctors or nurses.(Hutton and Gates, 2008). Anderson & Pearson developed the concept "incivility spiral" in 1999, which states that the frequency of incivility has a starting point and a turning point where the starting point occurs before mutual tolerance and expectations are violated and it later transforms into a violation. The word spiral showed that one scenario leads to another. Researchers (Doshy and Wang, 2014) noticed that the department of human resources must be active in situations such as their primary role is to manage the organization's primary resource, i.e. workers. Since workers are the key donors to the organisation for their earnings and build goodwill for the organisations, the management must create a transparent forum for their employees so that, regardless of their place in the organisation, everyone can speak up without hesitation. For the past 14 years, 98% have registered uncivilised conduct. Half of them reported in 2011 that such incivility was targeted at least once a week from 1998 onwards(Porath and Pearson, 2013). Power and positions play an important role in causing workplace incivility. People in high positions try to get their work done from their subordinates and also misbehave if the work didn't complete in the limited time.

Christian Jarrett (Jarrett, 2020) said bullying in the workplace is more detrimental than we know. It affects not only mental health, but also physical health and contributes to cardiovascular illnesses. In a 2018 paper by the University of Copenhagen group headed by Tianwei Xu (Xu, 2018), 8%-13% of volunteers developed cardiovascular disease from intimidation in their workplace. Compared to non-bullied volunteers, the rate of heart-related disorders rose by 59 percent among bullied individuals. Xu clarified that "the removal of bullying in the workplace would mean that we could avoid 5% of all cardiovascular diseases."Heart disease is not the only health-related concern, but in another study performed by Xu's researchers in Sweden, Denmark found that being bullied at work increased the risk of type 2 diabetes by 1.46 times. Xu says that employers should be mindful of the

detrimental impact of workplace intimidation on their workers. She urges victims of bullying to "seek help as soon as possible."

The cause for workplace incivility are stress, thoughtlessness, unconscious bias, misjudgement of corporate norms, change in working environment, change in organisation policy, lack of education and awareness, advancement in technology, poor leadership, lack of teamwork deadlines, poor psychology, lower commitment towards organisation, more men in the department-, misuse of power and position. And there are some effects which are caused due to workplace incivility, diminished team work, risking patient safety, increased medical errors, reduced quality care to patient, reduced morale, absenteeism, organisation reputation, staff turnover- people suffering from workplace incivility tend to leave the job to avoid incivility, productivity loss, poor patient satisfaction, effect mental and physical health, creativity is affected. The researcher has set few objectives after reviewing the previous literature and they are as follows. Main objective is to understand the concept of workplace incivility,and further aimed on to examine the factors causing incivility in the workplace, to examine the various steps to eliminate workplace incivility from work environment, to find out the influence of demographic variables on workplace incivility, to give suggestions to the targets to cope up with workplace incivility.

LITERATURE REVIEW

(Andersson and Pearson, 1999) introduced the concept of workplace incivility and explained how incivility promotes intense aggressive behaviour. The term "incivility spiral"; explain what happens at the starting and tipping points. The one who misbehaves must be accountable for their uncivil behaviour regardless of their power and position and achievements. (Cortina et al., 2001) explain the interpersonal mistreatment in workplace by examining the incidence, target and instigators and the impact of incivility and also explained the impact of incivility in men and women and have negative effect on job satisfaction, job turnover, career salience, commitment.(McKenna et al., 2003) explain the wide extension of horizontal violence experienced by nurses in their first year of practice, explains the characteristics of incident experience and its consequences and also ,measures the impact of this event on their mental health and to measure the sufficient level of training received to manage such horizontal violence. (Grandey et al., 2007)stated that verbal abuse from outsiders occurs more frequently than insider verbal abuse and also predicts the emotional exhaustion from insider abuse. The findings of this research are customer verbal abuse is more frequent than organisation verbal abuse and these abuses lead to emotional exhaustions. (Hutton and Gates, 2008) explained the workplace incivility and how this incivility affects the productivity rate of organisation. Authors concluded that this incivility brings negative impact on health of employees, financial losses and lack of interpersonal relationships. (Milam et al., 2009)explained about the big 5 trait factors among targets of workplace incivility. Purpose is to determine if personality traits especially agreeableness, neuroticism, extraversion affects workplace incivility. Findings of this research suggest that traits are important components in incivility research, and it should be included in future research as well as the efforts to mitigate the consequences of incivility.
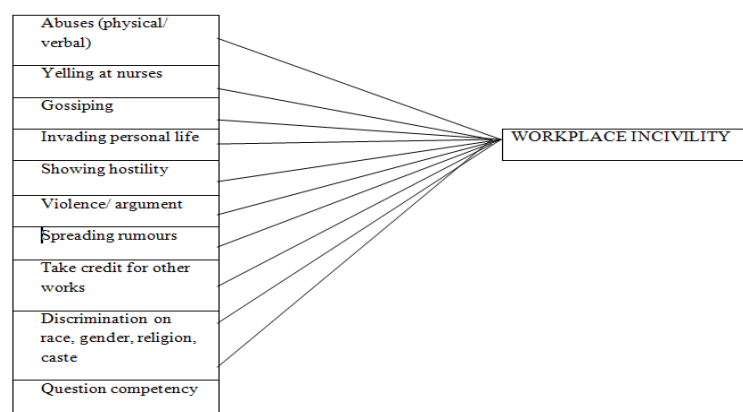
Fig.1: Conceptual model of the study

(Spence Laschinger et al., 2009) explained the influence of workplace empowerment, incivility and burnout on nurses as a major reason for turnover of nurses is due to decreased job satisfaction. (Lim and Lee, 2011)explained about the work to family conflict and family support. Incivility is not a rare phenomenon in Asian culture according to the author. (Oyeleye et al., 2013) explained the relation between workplace incivility, burnout, stress, turnover intentions, and psychological intention among nurses. (Shapiro, 2013) had explained whether rumination (negative cyclic thinking) is affecting the incivility that in turn affects the job performance and develops revenge motives. (Margaret Hodgins, march2014) had explained that workplace bullying has a negative impact on the health of the worker. (Schilpzand et al., 2016) explained about workplace incivility as low intensity deviant workplace behaviour with an intention to harm others. (Doshy and Wang, 2014) explain the nature of workplace

incivility, impacts, outcomes and solution, and the purpose of this paper is to understand how workplace incivility is understood in the organisation and how the target cooperates with uncivil behaviour. (Logan, 2016) explains about how workplace incivility affects nurses and the quality of care they provide to patients and also explains how this incivility occurs even when support from the team is provided. (Sleem and Seada, 2017)explained the role of civility climate and group norms on incidence of incivility behaviour among staff nurses. (Bambi et al., 2017) explained workplace incivility and bullying between nurses are widely spread. Negative outcomes on nurses' quality of work and health career have been discussed. (Bar-David, 2018) explained the important factor that promotes workplace incivility is the patient's negative attitude towards nurses not only the patient but also the patient's family. (Di Fabio and Duradoni, 2019) discussed the role of several models such as workplace relation civility (WRC), positive relation management (PRM), emotional intelligence (EI). The author has also discussed primary prevention interventions in line with achievement of the 5th sustainable development goal (SDG-5). The sustainable development goal 5 is about gender equality and is one of the 17 sustainable development goals established by the United Nations in 2015, officially known as "Archive gender equality and empower all women and girls". (Thomas et al., 2019) explained about the employees' misbehaviour in their workplace. The factors influencing misbehaviour in the workplace are sexual harassment, bullying, incivility, abuse in the workplace, fraud, cyber slacking, sabotage and its prevention. (Warrner et al., 2016) explained how to decrease workplace incivility in the organisation. The stakeholders of the hospitals interviewed about the incivility in the hospital, and they agreed that incivility exists in their hospital both lateral (peer to peer) and hierarchical (superiors/ physicians) ways. Our research idea is based on the rich knowledge acquired by our peer teams across the university.(A.C.Gomathi, S.R.Xavier Rajarathinam, A.Mohammed Sadiqc, Rajeshkumar, 2020; Danda et al., 2009; Danda and Ravi, 2011; Dua et al., 2019; Ezhilarasan et al., 2019; Krishnan and Chary, 2015; Manivannan, I., Ranganathan, S., Gopalakannan, S. et al., 2018; Narayanan et al., 2012, 2009; Neelakantan et al., 2013, 2011; Neelakantan and Sharma, 2015; Panchal et al., 2019; Prasanna et al., 2011; Priya S et al., 2009; Rajeshkumar et al., 2019; Ramadurai et al., 2019; Ramakrishnan et al., 2019; Ramesh et al., 2016; Venugopalan et al., 2014)

3.   RESEARCH METHODOLOGY AND DATA ANALYSIS

Nurses were targeted from different hospitals of Andaman & Nicobar. 5 point likert scale were used in the questionnaire regarding demographic variables and statements related to different types of situations faced by nurses at different levels was circulated to the nurses, around 60 nurses responded to the questionnaire. Collected data was analysed using frequency analysis, mean analysis and one way anova. The questions were taken from a research article related to workplace incivility and were changed according to the present need of the study (Warrner et al., 2016).
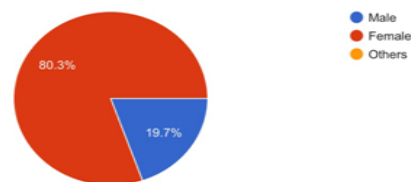
The demographic profile of the respondents are represented through the following pie chart.
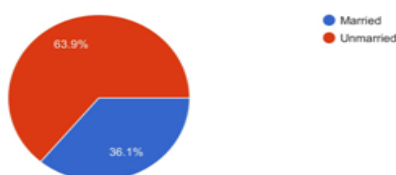
Age of the respondents
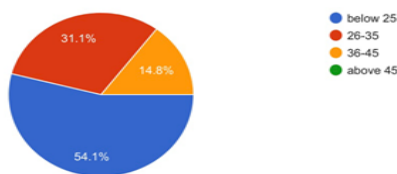
Fig.2: The chart explains that the majority of respondents are below 25 age group (54.1%), followed by 26-35 age group (31.1%), and 36-45 age group (14.8%).

Gender of the respondents

Fig.3: Chart 3 indicates the gender of the respondents, the majority of the respondents are   female (80.3%) compared to male (12%).

Marital status of respondents

Fig.4: The pie chart explains the marital status of the respondents in which majority of respondents are unmarried (63.9%), followed by 36.1% of married respondents.

Working experience of respondents
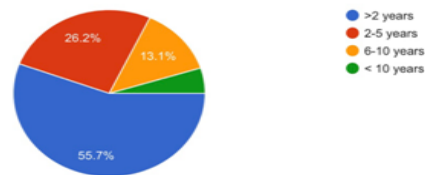
Fig.5: The chart indicates that the majority of respondents are having experience below 2 years(55.7%), followed by 2-5 years(26.2%), 6-10 years (13.1%) and above 10 years (4.9%).

Department of respondents
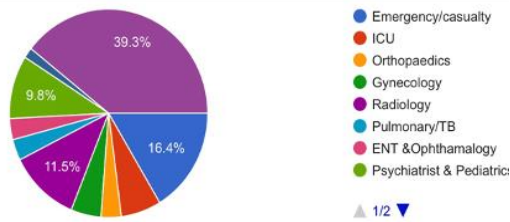
Fig.6: chart represents that majority of respondents belong to other department (39.3%), followed by emergency and casualty (16.4%), radiology (11.5%), psychiatrist and paediatrics (9.8%), ICU (6.6%), gynaecology (4.9%), (3.3%) ENT/ophthalmology, (3.3%) orthopaedics, (3.3%) pulmonary and TB and neurology (1.6%).

Area of hospital
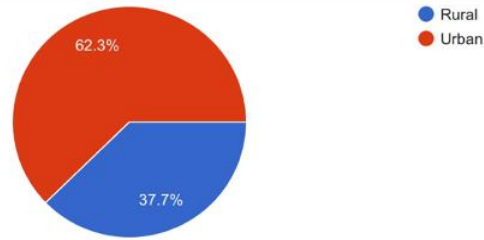
Fig.7: The chart indicates that the majority of the respondents are working in urban area hospitals (62.3%) compared to rural area hospitals (37.7%).

Education qualification
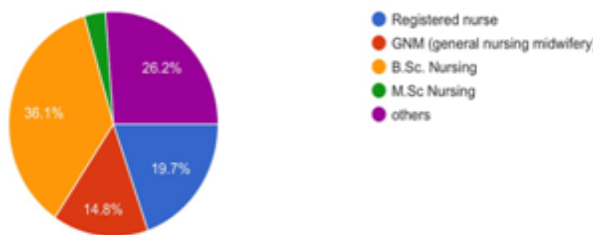
Fig.8: The above table indicates that the majority of the nurses are having qualification of bachelor degree (36.1%), followed by others (26.2%), registered nurse (19.7%), and M.Sc. nursing (3.3%).

Being targeted for workplace incivility
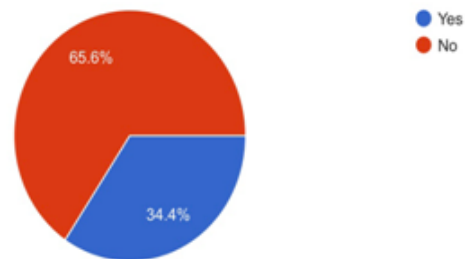
Fig.9: The chart explains that the majority of the respondents disagreed to the statement of being targeted for workplace incivility with a percentage value of 65.6% whereas 34.4% of respondents agreed to this question.

Witnessing workplace incivility
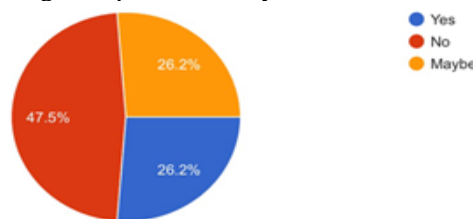
Fig.10: The chart indicates that the majority of the respondents disagreed to the statement whether the respondents witnessed workplace incivility with a percentage value of 47.5%, whereas 26.2% agreed to the statement and 26.2% neither agree nor disagree to this question.

Table 1: Mean analysis of statements related supervisors, nurses, physicians, patient's/ patients' attender

Statement related to Supervisors	Mean	Rank
Abusive (verbally/ physically)	3	2
Yells at nurses even if it is not their mistake	2.67	6

Shouts publicly for mistake	2.89	4
Ask for input and then ignore it	2.74	5
Never takes nurses advice into their consideration	3.15	1
Takes his/her feelings out on others (stress, anger, frustration, etc.)	2.97	3
Statement related to Nurses	**Mean**	**Rank**
Gossips at back	3.02	3
Discuss personal life Publically	2.98	4
Invade in personal life	3.03	4
Show hostility based on race, religion, gender, marital status or working experience	3.02	2
Take credit for others work	2.89	6
Experience violence and heated argument in workplace between nurses	2.84	7
Spread rumours in workplace	2.95	5
Raises voice while speaking	2.69	9
Claimed others work as their own	2.74	8
Opposite gender nurses show interest in my personal life, touching intentionally without my concern	3.18	1
Statement related to Physicians	**Mean**	**Rank**
Verbally abusive	3.18	5
Yell at nurses about matters that aren't important	2.49	1
Tries to get physical	3.31	3
Shows discrimination with me/colleagues on basic of race, gender, age, marital status, experience	3.11	4
Give order unrelated to job	2.87	4
Raises voice while speaking	2.872	2
Statement related to patients / patient attenders	**Mean**	**Rank**
Doesn't trust the information given by nurses	2.87	2
Speaks with condensing tone	2.62	7
Question the competence of nurses	2.64	6
Verbally abusive	2.67	5
Pose unreasonable demands	2.84	3
Gives dirty look	3.07	1

Table 1: From the above mean analysis it is understood that supervisors ignore nurses' advice, nurses experience physical abuses from their colleagues as well as physicians and also from patients/ patient's attender are the main reasons for workplace incivility.

Table 2: Comparing means for Supervisors, Physicians, Nurses, Patient's/Patient's Attender towards workplace incivility.

Factor	Mean	Rank
Supervisors	2.9016	3
Nurses	2.9328	2
Physicians	2.9727	1
Patients / patients attender	2.9016	3

The above table explains that the mean value for factors related to physicians is 2.9727 , followed by nurses is 2.9328, supervisors is 2.9016, patients/ patient's attender is 2.7845. So it is noted that nurses experience more workplace incivility from physicians than supervisors, nurses or patients/ patient's attenders. Physicians should be given training to handle their subordinates in a civilised manner through proper training programmes.

Table 3: Independent sample T test comparing gender and nurses being targeted or witnessed for workplace incivility

Statement	F value	Significance value	T value	Df	Sig. (2-tailed)
Targeted for workplace incivility	.032	.858	-.087	59	.931
Witnessed workplace incivility	-	-	-.086	16.534	.932
	1.313	.256	-.880	59	.382

With levene's test equality of variance at 5% level of significance, T statistics is -0.087 and -0.087 with 59 degree of freedom, the significance (2-tailed) value is 0.931 and 0.382 which is greater than 0.05, accept the null

hypothesis i.e. there is no significance difference between gender and workplace incivility, in other words workplace incivility is independent of gender.

Table 4: One way ANOVA Comparing age, working experience with factors related to supervisor, nurses, physicians, patients/ patient's attender

Age	F value	Significance value
Supervisor	.140	.870
Nurse	.084	.920
Physician	.489	.616
Patients/ Patient's attender	.590	.558
Working experience	**F**	**Sig.**
Supervisor	1.199	.319
Nurse	0.846	.474
Physician	2.029	.120
Patients/ Patient's attender	1.977	.128

Table 4: The above table explains the significance value for all the statement compared to age is above the significance level 0.05, therefore accept the null hypothesis i.e. there is no significance difference between age and factors related to supervisor, nurses, physicians, patients/ patient's attender, and the significance value for all the statement related to working experience is above the significance level 0.05, therefore accept the null hypothesis i.e. there is no significance difference between working experience and factors related to supervisor, nurses, physicians, patients/ patient's attender.

DISCUSSIONS
Workplace incivility has been a concern for the nurses who are more prone to it as they have to deal with their superiors, physicians and also patients/ patient's attender. The major cause for incivility among nurses is physical/ verbal abuse, not considering nurses' advice, yelling at nurses, hostility at the workplace. Hospitals lack to provide them with a proper solution to address those issues. To avoid and address these incivilities there must be zero tolerance policy, educational programmes, a model of acceptable behaviour, avoid giving excuses, train new employee to work in civilised manner, talk to them and resolve the issues, create a open platform to share grievances, teach gender equality and penalty/punishments. Further research can be done to find workplace incivility among physicians, paramedical staff, administration part, other sectors such as various industries, educational sector, corporate sector, as this research has only limited to particular geographical areas it can be extended to other regions and also the effect of the incivility on their personal and professional life can be address.

CONCLUSION
Incivility in the workplace is the inappropriate conduct of workers in the organisation, which leads to the degradation of the decorum of the organisation, a stressful atmosphere, which has a detrimental effect on the wellbeing of employees. The research shows that primarily young nurses experienced greater incivility in the workplace, mainly those with less than 2 years of working experience. The primary explanation for occupational incivility in this research is the doctors in the hospitals. Incivility in the workplace is not influenced by work history, hospital sector, ethnicity, and qualification. The key explanation for the workplace is that the advice of nurses is not taken into account, touching nurses without their concern, opposite sex expressing curiosity in their private life, giving dirty looks. The nurses in the hospital are most concerned with sexual violence.

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