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

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Abstract

A. Background: *Positive outcomes as increasing organizational productivity is a result of nurses' work engagement; therefore, it is necessary to promote the work engagement of staff nurses. To achieve this, the primary step is to recognize the factors that are influencing nurses' work engagement.*

B. Aim: *Research investigated the relationship between workplace incivility and work engagement as perceived by staff nurses at the selected hospital.*

C. Setting: *This study was conducted at the Internal Medicine of El Kaser Al Aini hospital.*

D. Design: *Descriptive correlation design -Cross-sectional.*
E. Sample: *All nurses were included. Their total number was (n=90) nurses.*

F. Tools: *Data were collected by utilizing two tools: I- The first tool was the Nursing Incivility Scale, and II- The second tool was the Work Engagement Questionnaire.*

G. 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).*

H. Recommendations: *Organizations are responsible for protecting 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 useful in improving staff nurses' work engagement, which patient care services.*

Keywords – *Workplace incivility, Work engagement*

I. INTRODUCTION

Organizations are a significant side of staff nurses' lives because they spend a 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 organization, they accomplish its objectives (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 prevalent and significant business organization problem. Workplace incivility is a "low- intensity deflector behavior with a mysterious desire to hurt targeted individuals, the encroachment of workplace norms for reciprocal respect. Workplace incivility takes place over and over. 60-80 % of workers experiencing workplace incivility at their organizations (Robinson, Wang &Kiewitz, 2014.. Ali, Ryan, Lyons, Ehrhart & Wessel, 2016and Tsuno, Kawakami, Shimazu, Shimada, Inoue & Leiter, 2017).

Moreover, Arab, Sheykhshabani & 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 demeanors comprise 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 on the organization. Past studies have explored that workplace incivility has a relationship to quit, employee satisfaction, impacts mental and physical health, and work-family conflict and absenteeism. Recent studies have seen workplace incivility 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, &Jex, 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 burn-out, 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 are 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 s 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, nurses as employees also participate 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 disabilityabsence, engagement becomes an essential variable for the quality of patients care (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, characteristics, behavioral forms, and motivation that indicate a combination of effective vitality and discretionary effort directed to nurse's work and organization. It is a psychological relation of nurses with their work. Engaged

nurses possess high energy levels and are passionate about their work, and are often completely preoccupied with their work. Work engagement is recognized as a mental status 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. Three features characterize it: (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 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 ofnurses at their job, 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 might increase employees' willingness to stay and take part in the organization; in addition to that, the product and service quality produced. After that, it can also provide an employee who maintains improvement in organization profits, emotionally connected to the organization that affected their services, heightens trust within the organization, inspires loyalty even in the fully competitive environment, and offers more power in the workplace. However, Biech (2012) pointed out that less engaged employees might show low innovation, low continuous improvement, tend to be stuck in old manners, and decreased work quality, leading to additional errors. These can result in reduced product and service qualities, diminished patient perception, and costly mistakes for the organization.

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

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

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

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

Staff nurses who are exposed to or watched negative behaviors at the workplace think carefully to quit the job. Work environments that are considered unhealthy increased nurses burn-out, and increased medication errors decreased patients' care quality. Other negative outcomes of exposing staff nurses to uncivil behaviors include increasing staff nurses' absenteeism and reducing their work output (Montalvo, 2012; Zia-ud-Din, Arif& Shabbir, 2017). The characteristics of a nurse's job, which need more interaction, both among colleagues and with supervisors or clients (patients and families), lead to a lack of organizational recognition in terms of incivility. Meanwhile, earlier studies found that incivility phenomena would continuously influence nurses' 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 engagement as a critical element for human resource practices. Staff nurses' engagement is a significant factor in the 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 a work environment that enhances them to be exceptional and outstanding (Hanif, Naqvi, and Hussain, 2015).

Uncivil behavior is more often occurs in the workplace and has an important and significant impact on nurses' organizational engagement. This study has great importance, especially for healthcare organizations; it will help them eliminate uncivil behaviors at their organizations. It will give nursing executives and managers direction to enhance the level of job satisfaction and organizational trust of staff nurses by preventing uncivil behavior at the 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 were divided as follows (57) female and (33) male, around a third of the sample their age was45 years old and more, working in different departments. Most of them had a diploma degree. Staff nurses with predetermined inclusion criteria included all staff nurses with no less than one year of experience and provided direct patient care within the study settings and agreed to participate in the study. Their total number was (n=90) nurses.

E. Setting

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

F. Tools for Data Collection

To achieve the aim of the present study, data were collected during 2019 in January and February. I- The first tool has 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 the nursing profession, and years of experience in the hospital. B- Nursing Incivility Scale, 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 EngagementQuestionnaire. It was developed bySchaufeliand Bakker (2004), and it was adopted to measure nurses' engagement attheir work. The items of the questionnaire were clustered intothree subscales as follows: 1-Vigor (6 items), 2-Dedication (5 items), and 3- Absorption (6 items).

G. Scoring system

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

III. Tools validity and reliability

Validity
Questionnaires were reviewed by three nursing administration experts, 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
The reliability test was estimated using Cronbach's Alpha Coefficient for the two questionnaires, which indicates that the questionnaires were highly reliable. Test results for the questionnaires, work incivility, and work engagement was (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 were made in the questionnaires. Respondents of the pilot were included in the total study sample.

B. Ethical Consideration
Prior to the initial interview, a verbal explanation of nature and the study's aim 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 participate, and they were assured that their information would be confidentially utilized and used for the research purpose only.

C. Procedure
Official permission was obtained from the hospital administrator after explaining the nature of the research study. Researchers thoroughly explained the study's aim, nature, and significance 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. Then the investigator explained the questionnaires to them and asked them to fill it. The time spent filling the questionnaires ranged between 25 to 30 minutes. The researcher waited until the participants completed the questionnaires and were ready to answer any questions. After completing 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.

IV. RESULTS

TABLE I

Frequency Distribution of Staff Nurses Demographic Characteristics (n=90)

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

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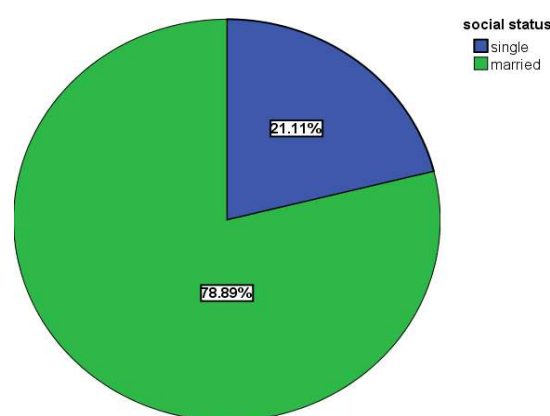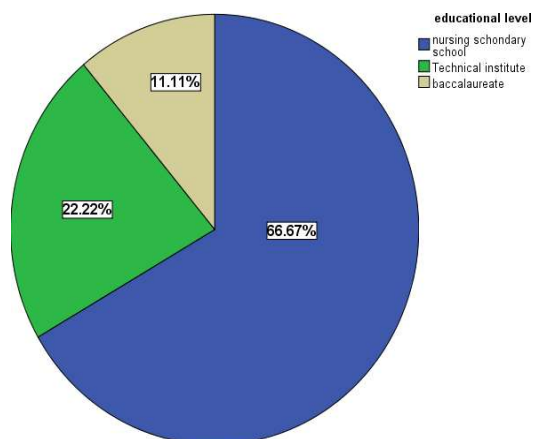

Figure 1. Frequency Distribution of Staff Nurses According to their Social Status

Figure.1 represented that the highest percentage (78.89%) of staff nurses were married.

Figure 2:Frequency Distribution of Staff Nurses According to their Educational Level

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

TABLE II
Correlation between Workplace Incivility Subscales and Work Engagement as Perceived by Staff Nurses (n=90)

Study variables	Work Engagement	
Workplace Incivility subscales	**r**	**p**
Hostile climate	-.338**	.001
Incivility from supervisors	-.353**	.001
Incivility from physicians	-.305**	.004
Incivility from patients	-.352**	.001
Incivility from other nurses	-.312**	.003

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

TABLE III
Correlation between Workplace Incivility and Work Engagement as perceived by Staff Nurses (n=90)

Study Variables	Work Engagement	
	r	**p**
Workplace Incivility	-0.322**	0.002

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

TABLE IV
Correlation between Demographic Characteristics of Staff Nurses and Their Perception of Workplace Incivility and Work Engagement

Demographic Characteristics		Workplace Incivility	Work Engagement
Age	r:	0.046	-0.069
	p:	0.666	0.517
Gender	f:	0.001	-4.302
	p:	0.977	0.041
Social status	f:	1.702	0.069
	p:	0.195	0.793
Educational level	f:	1.289	0.889
	p:	0.281	0.415
Years of experience in nursing	r:	0.039	-0.120
	p:	0.718	0.260
Years of experience in the hospital	r:	0.132	-0.135
	p:	0.213	0.204

This table demonstrated that there is a negative, statistically significant correlation between work engagement and the gender of staff nurses (p=0.041). At the same time, there isno statistically significant correlation between workengagement and staff nurse's age, social status, educational level, years of experience in nursing, and years of experience in the hospital. Furthermore, the table showed no statistically significant correlation between workplace incivility and all personal characteristics of staff nurses.

V. DISCUSSION

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

To ensure an abundance of outcomes, it is critical to have an engaged workforce, outcomes as good performance, and 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 are treated in an uncivil manner instead of monopolizing their sense of self; they will detach from their work. Subsequently, disengaged employees

can be expected to bed motivated, had a bad performance, and had an absenteeism rate (Taylor, Bedeian, and Kluemper, 2012).

Regarding the correlation between workplace incivility and work engagement as perceived by staff nurses, findings revealed a negative statistically significant correlation between all subscales of workplace incivility ((hostileclimate, incivility from supervisors, physicians, physicians, patients, and other nurses) and work engagement. From the researcher's point of view, when staff nurses work in a hostile climate and are exposed to uncivil behaviors from supervisors, physicians, and patients, they worked under stress and be dissatisfied with their work. They become less engaged in 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 supervisors 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 are faced with an inimical working environment being unprejudiced by what is experienced. They become less engaged in their work. This result was also consistent with the result of Poone (2011) and Sulea, Fischmann, &Filipescu (2012), which demonstrated that supervisor incivility relates 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 the workplace. It may be due to employee's intention to quit the environment because they are exposed to incivility from the supervisor. This may be because when supervisors handle other employees in an uncivil way, they tend to perceive the working environment as degrading and offensive, and so their engagement in work is reduced.

Regarding the correlation between workplace incivility and work engagement, the study results showed 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 workplace incivility was correlated to low work engagement. Moreover, the findings of (Sulea, Fischmann, &Filipescu(2012)., Brown (2015)., Wing,

Regan&Lashinger(2015), and Vagharseyyedin&Salmani mud (2015) were congruent with the present study findings and indicated that incivility was significantly correlated with vigor, dedication, and absorption so that employees who experienced high mistreatment were less likely to be engaged in work.

A study was 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 a negative effect on organizational engagement. They identified a strong relationship between workplace incivility and employee engagement. Jawahar &Schreurs(2018) and Menon& Priyadarshini (2018)indicated that incivility is negatively related to trust, employee engagement, performance, and citizenship. While the result of the present study was inconsistent with the result of a study by Udayani&Harsanti (2018) entitled "Nurses' Workplace Incivility Experiences and Its Correlation to Employee Engagement," who empirically examined the relationship between workplace incivility and nurses' employee engagement, their results indicated that nurses' workplace incivility experiences and employee engagement are not related.

Regarding the correlation between personal characteristics of the study sample and workplace incivility, the results showed no statistically significant correlation between workplace incivility and staff nurses' characteristics. 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.

Regarding the correlation between the personal characteristics of study respondents and work engagement, the study findings represented a statistically significant correlation between work engagement and the gender of staff nurses. In contrast, there is no statistically significant correlation between work engagement and staff nurse's age, social status, educational level, years of experience in nursing, and years of experience in the hospital. This result was congruent with Sayar, Jahanpour, Maroufi&Avazzadeh (2016), whose findings demonstrated a correlation between nurses' gender 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 the gender of nurses and work engagement are related. They added that female nurses who are 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), whofound 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.

VI. 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 the gender of staff nurses. In contrast, there is no statistically significant correlation between work engagement and staff nurse's 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 staff nurses' personal characteristics.

VII. 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 the incivility phenomenon and enhance employee staff nurses' work engagement.

3. Continuous monitoring 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 by providing training programs about incivility and work engagement.

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

6. Future studies should be carried out to investigate other variables that might affect the nurse's work incivility as ethics, work environment, communication, and policies. Factors that might affect their work engagement include loyalty, commitment, and social pressure.

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