Original Article

Exposure to Workplace Incivility During the COVID-19 Pandemic and Turnover Intentions Among Nursing Professionals

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ABSTRACT

The COVID-19 pandemic was found to be associated with work stress among workers in healthcare organizations, and it may have increased the risk of experiencing workplace incivility. It is a form of interpersonal mistreatment and becoming a huge concern due to its negative implications both on employees' well-being and organizations' efficiency. A descriptive quantitative research design was employed to investigate the experiences of workplace incivility among nursing professionals and the relationship of workplace incivility with turnover intentions. The study sample comprised 190 female nurses who are foreign nationals and are employed in hospitals located in the Ha'il region of Saudi Arabia. The data on study variables were collected on reliable and valid measures of workplace incivility and turnover intentions. Multiple regression analysis was applied to determine the predictive relationship between workplace incivility with turnover intentions among nursing professionals. The adjusted R-square value depicts that 64% of the variation in turnover intentions can be explained by workplace incivility and the regression coefficient value illustrates that workplace incivility significantly ($\beta=.79$; $p<0.001$) predicts intention to leave the organization among nursing professionals. The findings emphasize necessary actions to promote mutual respect and prohibition of uncivilized behaviors at the workplace to decrease turnover intentions.

Key words: *Occupational health, Workplace, Turn-over, Unethical practices*

INTRODUCTION

Healthcare workers encounter complex and critical tasks that are associated with various stressors and could influence negatively their mental and emotional health. The literature demonstrated that frontline healthcare workers experienced high levels of stress and burnout during the COVID-19 pandemic around the world [1], and in Saudi Arabia [2]. The increased vulnerability to experience burnout among nursing professionals is reported in a recent study from this region [3]. One study reported that healthcare professionals working in emergency departments faced challenging work environments that disrupted their professional quality of life and management at the workplace [4]. Another study reported that physicians reported experiencing anger, high levels of fear, and feelings of abandonment [5]. The stressful experiences in healthcare organizations pose a risk for health managers, clinicians, and subordinates. A study reported that nursing professionals were at an increased risk of experiencing workplace incivility [6] and this could be due to the inherent nature of their subordinate position to both health

managers and senior clinicians and more encounters with patients during the delivery of healthcare services. There are enormous negative influences of incivility on employee's psychological well-being, for example, fatigue, work dissatisfaction, abuse, deviation and resignation, and absenteeism followed by fear, unhappiness, and anger at the workplace [7]. Other research studies have shown that workplace incivility influences both work engagement, work satisfaction and performance [8].

Nursing professionals have a pivotal role in healthcare organizations and low levels of work engagement and high rates of turnover among nurses have serious repercussions on the effectiveness of healthcare organizations [9]. The demanding nature of work in healthcare settings and workplace incivility cumulatively pose the risk of emotional exhaustion and burnout, which influences work productivity and job satisfaction. A recent study in Jordan demonstrated that nurses working in emergency departments were exposed to workplace violence during the COVID-19 pandemic [9]. A study from Saudi Arabia reported that a lack of awareness about the abuse reporting system is associated with experiencing continuous suffering due to workplace violence [10]. The conflict and stress at the workplace for nurses influence their intention to stay in the organizations and it has negative implications in maintaining the good quality of care. The trained and experienced nursing professionals when leaving the organizations, have poor outcomes on the efficiency of healthcare management [11, 12].

Workplace incivility is now being discussed as a huge concern and grabbed the interest of organizational researchers, mental health practitioners, and the global press due to its negative implications for individuals and organizations. The concept of workplace incivility is often ignored as it is taken as a mild form of interpersonal mistreatment despite it spreading widely within the organization. Uncivil behaviors are usually carried out by the person who is in a power position at the workplace as compared to the one who has less power, and this is also one of the underlying reasons for not reporting such incidents [13]. Though employees usually do not report such kind of low-intensity deviant behaviors, it has a devastating impact on one's physical and psychological health [14]. In healthcare settings, nurses' relatively lower hierarchical position increases their risk for such exposure. Literature has reported an association of communication skills with exposure to workplace incivility [15]. The risk of facing workplace incivility is increased when professionals with foreign nationals are working and either unaware of local cultural values or have inadequate social skills to deal with uncivil behaviors increasing their risk of experiencing inappropriate attitudes and behaviors.

The COVID-19 pandemic brought significant challenges for both hospital management and healthcare workers and an overall stressful environment caused emotional exhaustion and secondary trauma [16]. Nurses faced uncivil behaviors from both management and patients which had negative implications on their quality of life and work satisfaction [17]. In Saudi Arabia, expatriate nurses are recruited in large numbers to meet the human resource demands of healthcare organizations, and many problems are associated with it, such as less understanding of Arabic culture, poor language competency, high workload, and exposure to uncivil behaviors by both co-workers and patients [18]. Employers are less likely to report such incidents out of fear of losing respect and jobs, or confusion and lack of information about how and where to report it. Many employers resolve the issue by job turnover which has serious implications [18]. High attrition rates of foreign nursing professionals have financial implications and present significant challenges to meet the healthcare service demands of the communities.

Keeping in view currently, Saudi Arabia is already facing challenges such as a shortage of nursing professionals, immature nursing education, and ambiguity among local people in choosing nursing as a profession [19]. The current study was designed to study the exposure to workplace incivility among foreign nursing professionals and its relationship with job turnover intentions. It was hypothesized that workplace incivility will significantly predict turnover intentions. The study has broad scope due to the significance of a sustainable and healthy work environment that promotes mutual respect among employees and employers.

MATERIALS AND METHODS

Participants & procedure

The study sample comprised 191 foreign female nursing professionals employed at the time of this study either in private or government hospitals located in Ha'il region. The respondents were recruited through a purposive convenience sampling technique with a 95% confidence level and $\pm5\%$ error margins. An online survey was designed to collect data which was a suitable approach to abide by the social distancing protocols implemented during the COVID-19 pandemic. The data for the study was collected in March 2021. The prospective respondents were invited to participate in the study through their professional online meeting groups and social media

platforms. The survey collected data from only those nurses who were foreign nationals and had adequate command to read, understand, and respond in the English language.

Study tools

Socio-demographic

Keeping in view, the sensitivity of the topic and to maintain the privacy and confidentiality of respondents, the background information which may reveal the identity of respondents was not collected except for age, marital status, level of qualification, healthcare department, and work sector.

Workplace incivility

Workplace incivility was operationally defined in this study as "*a low-intensity interpersonal mistreatment or deviant behavior with the vague intention of the perpetrator towards the victim at the workplace*"[20, 21]. This is measured with a reliable and valid tool named as Workplace Incivility Scale [22]. It consists of a seven-item scale that measures the low-intensity deviant behaviors experienced by an employee working in an organization during the past year. The sample items on the scale are *"How often someone at work (supervisor, co-worker, or other employees) paid little attention to statements you make and show little interest in your opinion*" and "*How often someone at work (supervisor, co-worker, or other employees) made unwanted attempts to draw you into personal matters".* Participants are required to answer the items by using a 5-point Likert scale where responses were phrased as never, rarely, sometimes, often, most of the time. The score range between 7-35 and a higher score indicated higher exposure to uncivil behaviors by the respondents. The scale is known to have appropriate validity to be used in healthcare settings for the assessment of workplace incivility. The internal reliability as measured by the Cronbach Alpha value was found to be in the range of 0.87 to 0.89 [23].

Turnover intentions

The turnover intention is operationally defined in this study as *"an employee's behavioral intention to leave the organization voluntarily"* [24]. This is measured by using a short version of the Turnover Intentions Scale (TIS-6) [24]. The scale is comprised of six items with sample items *"How often have you considered leaving your job?* and *"How often do you dream about getting another job that will better suit your personal needs?"* Responses are recorded on a 5-point Likert scale, and it aims at predicting whether an individual would stay or leave in their current position within their organization. The minimum score is 6 and the maximum score is 18 on the scale. If the total score is above 18 that means, an employee desires to leave the organization and if the score is below 18 that means an employee wants to stay in the current organization. The scale has high internal consistency with Cronbach Alpha values lying between 0.88 and 0.91 [24, 25].

Data analysis

Both descriptive and inferential analysis were applied to report descriptive findings and to test the study hypothesis. Pearson correlation analysis and multiple regression analysis were applied to determine the role of workplace incivility and turnover intentions with the p-value level of significance chosen at $p < 0.01$ and $p < .05$.

RESULTS AND DISCUSSION

Table 1 shows findings from both descriptive and inferential analysis of study variables.

Table 1. Frequency, Percentage, Mean scores, S.D., and mean difference significance (n=191)

Study Variables	Categories	*f* (%)	WIS (Mean; S.D)	TIS (Mean; S.D.)
Age	25-30 years	47 (25%)	19.7 (3.98)	16.3 (4.45)
	31-35 years	50 (26%)	20.01 (3.69)	16.9 (4.61)
	36 & above	94 (49%)	20.04 (3.96)	17.7 (5.31)
F-test: p-value			*F=0.56;p=o.56*	*F=1.58; p=0.21*
Marital Status	Single	154 (80%)	20.1 (3.68)	16.5 (4.65)
	Married	37 (20%)	22.1 (4.24)	19.5 (5.45)

t-test: p-value			*t=3.01;p=0.004*	*t=3.36;p=0.001*
Qualification	Diploma	43 (22%)	20.3 (4.16)	17.4 (5.56)
	Bachelor	61 (32%)	20.0 (3.71)	16.9 (4.72)
	Post-graduate	87 (46%)	20.2 (3.92)	17.1 (4.83)
F-test: p-value			*F=0.07;p=0.92*	*F=0.13; p=0.87*
Department	Medical/Surgical	37 (19%)	19.3 (3.18)	16.3 (4.61)
	Intensive Care Unit	32 (17%)	20.3 (4.45)	16.9 (5.43)
	Emergency Room	34 (18%)	19.8 (3.46)	17.6 (4.63)
	Children	46 (24%)	21.1 (4.69)	18.2 (5.42)
	Orthopedic	42 (22%)	20.2 (3.89)	16.5 (4.51)
F-test: p-value			*F=01.30;p=0.26*	*F=1.10; p=0.35*
Work Sector	Private	65 (34%)	20.0 (4.01)	17.4 (5.49)
	Government	126 (66%)	20.3 (3.84)	17.03 (4.66)
t-test: p-value			*t=0.45;p=0.65*	*t=0.54;p=0.58*

WIS=Workplace Incivility Scale; TIS=Turnover Intention Scale; S.D.=Standard Deviation

Table 1 shows that there were non-significant differences in both experiences of workplace incivility and turnover intention across age, qualification, department, and work section except marital status. Married nursing professionals reported a high incidence of workplace incivility and turnover intention ($p<0.05$). Non-significant differences indicate that nursing professionals do not vary on these two variables with regard to age, qualification, department, and work sector.

Table 2 illustrates the findings from linear regression analysis to inspect the relationship of background variables, and workplace incivility with turnout intentions.

Table 2. Regression analysis to determine the relationship between background variables and workplace incivility with turnover intentions (n=191)

Predictor Variables	Categories	Standardized Coefficients	t (p-value)	95% CI
Age	25-30 years	-	-	-
	31-35 years	0.05	1.03(ns)	0.59-1.92
	36 & above	0.01	0.28(ns)	1.01-1.34
Marital Status	Single	-	-	-
	Married	0.73	1.44(ns)	0.39-2.28
Qualification	Diploma	-	-	-
	Bachelor	0.01	0.06(ns)	1.43-1.52
	Post-graduate	0.02	0.38(ns)	0.92-1.36
Department	Medical/Surgical	-	-	-
	Intensive Care Unit	0.11	0.21(ns)	1.17-1.45
	Emergency Room	0.23	0.43(ns)	1.04-1.64
	Children	0.73	1.39(ns)	0.39-2.28
	Orthopedic	0.49	0.91(ns)	0.62-1.83

Work Sector	Private	-	-	-
	Government	0.61	1.25 (ns)	0.36-1.63
Workplace Incivility	WIS Score	0.79	17.6***	0.89-1.11

* p-value significance; ***p<0.001; **p<0.01; *p<0.05; ns=non-significant; 95% Confidence Interval

Table 2 shows that the overall model has an adjusted R2 = 0.64, which means that 64% of the variance in stress symptoms is explained by this model, and workplace incivility demonstrated significantly increases the intention to turnover among nursing professionals by 17.6 times. These findings demonstrate that exposure to workplace incivility significantly increases the risk of attrition among female foreign nursing professionals due to its strong positive relationship with intention to turnover.

The current research aimed to examine the association between workplace incivility and turnover intentions among foreign nursing professionals employed in healthcare organizations in Saudi Arabia. The results of the current study suggest that nursing professionals had some moderate to high levels of exposure to workplace incivility during the COVID-19 pandemic regardless of age, qualification levels, health department, and work sector. Married participants had significantly high scores both on workplace incivility and intention to turnover. Married women may be more able to recognize such experiences and discomfort due to this understanding as compared to unmarried professionals. Other reasons could be due to fear or more acceptance towards such attitudes and behaviors or other psychological factors such as job insecurity or less protection from the organization to report and encounter such instances [26]. The negative emotional impacts of workplace incivility on unmarried and young nursing professionals' significant impact on their professional commitment and performance and literature has emphasized that organizations should adopt appropriate policies and practices to combat such instances and ensure the protection of young nurses who join this profession for the service to humanity [13].

In this analysis, the study sample comprises only female nursing professionals, however, a review of the literature has shown the vulnerability of female professionals in both traditional and non-traditional societies to experience uncivil behaviors at workplaces [27]. A previous study discussed the role of socio-cultural norms that may lead to varying levels of tolerance towards workplace incivility [28]. According to Lim and Lee (2011) [29], the conceptualization and operational definition of workplace incivility may vary across nations. For example, in Asian and Arab cultures men might expect greater respect at work than women due to higher social status in the society at the larger scale. In most traditional societies as per social norms, it's expected that females tolerate uncivil behaviors at the workplace from their co-workers or supervisors, whereas males have zero tolerance towards workplace incivility as they think they are superior in terms of respect, power, and position [15]. Gender plays a key role in workplace incivility as men and women both can be perpetrators or victims. Men and women often have different ways of responding to workplace incivility as men react aggressively while facing rude behaviors from their coworkers and supervisors. On the other, female employees are more likely to avoid conflict when confronted with incivility and it could be the underlying reason for underreporting [30].

The current study findings demonstrate that uncivil behaviors at the workplace increased the intent to leave the organization among nursing professionals almost seventeen times. This is because a less conducive workplace environment causes emotional exhaustion and workers often tend to find escape from such environments. This may result in high rates of attrition, which is potentially harmful to the organization itself other than employees. Literature has reported increased rates of absenteeism, poor work engagement, and reduced productivity in healthcare organizations where employees are frequently exposed to demeaning and rude behaviors from managers, co-workers, or patients [31]. The relationship of workplace incivility with turnover intentions has been reported not only in the healthcare profession but in other organizations as well such as higher education [32], business organizations [33], and the hospitality sector [34].

The current study findings thus validate the previous literature, and the possible explanation of this relationship would be job satisfaction. A previous study demonstrated that those exposed to uncivil behaviors at the workplace employees weren't satisfied with their jobs which leads to turnover intentions, and they start searching for new jobs [35]. Moreover, a study of employees from the service sector revealed that workplace incivility is influenced by organizational context which in turn increases turnover intentions. Another recent study based on data from the nursing field demonstrated that nurses who do not experience workplace incivility from their supervisors or coworkers tend to have lower turnover intentions than those who are exposed to uncivil behaviors at the workplace [36].

Some of the study limitations relate to limiting the study sample size and characteristics. The analysis is based on a limited sample of 191 female foreign professionals and may not provide a complete insight into another role of other social and demographic factors that may have influenced the experience and outcome of exposure to uncivil behaviors in healthcare environments. Future research studies should investigate the issues by taking a sample from diverse social and work backgrounds. Besides, the study obtained data by using an online survey form and quantitative measures thus study lacked the in-depth information that might be useful to understand the other psychological and emotional consequences of such experiences as well as protective factors to design appropriate policies and plans.

Despite these limitations, the current study has broad scope and significant implications since the health sector in Saudi Arabia is enduring speedy developments, as part of Saudi's vision for the future, Vision 2030, it is important to address problems such as exposure to uncivil behaviors as part of policy reforms and implementation of the action plan at the organizational levels. Some positive outcomes of such measures such as awareness about procedures of reporting have been found effective in overcoming such challenges [10]. Fostering a sustainable and healthy work environment has both short-term and long-term benefits to promote employee wellness, community health, and work productivity.

CONCLUSION

In summary, the current study supports the risk of exposure to workplace incivility during health crises such as the pandemic and its negative implications such as high turnover intentions among female nursing professionals. Based on current and previous empirical evidence, findings emphasize reforms at the policy and practice levels. Healthcare management needs to pay attention to workplace incivility situations and stop them as early as possible to prevent more alarming consequences. The top management needs to identify such situations where employees experience uncivilized behaviors from their supervisors or coworkers to reduce a desire to leave the current organization. Zero tolerance policies against workplace incivility should be formulated and strictly implemented to reduce the instances of workplace incivility and that will help overcome the challenges of high attrition rates in the nursing field.

ETHICS STATEMENT : An informed consent was obtained before the presentation of the study questionnaire and only willing participants took part in this online survey.

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