

## WORK INCIVILITY: THREAT TO A POSITIVE WORK ENVIRONMENT



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Establishment of a positive work environment (WE) is crucial for any organization. The main reason being that it is directly related to job satisfaction and retention (Duffield, Roche, Blay & Stasa, 2010) of employees. Similarly, establishing a positive WE for nurses is crucial as it influence nurses' ability to practice professionally and thus the provision of safe quality care (Djukic, Kovner, Brewer, Fatehi & Cline 2011; Nantsupawat, et al., 2011; Twigg & McCullough, 2014). Nevertheless, it is observed that nurses are subjected various factors that makes the work environment less than satisfactory. According to Ritter, (2001) poor communication, abusive behavior, disrespect, resistance to change, lack of vision or leadership and trust issues are identified as contributing to an unhealthy work environment. One factor that is severely under addressed is abusive behavior or workplace incivility. Hence, the author aims to shed some light on work incivility and its impact on employees.

### A SNEAK PEAK AT WORK INCIVILITY

Work place incivility has been defined as "low intensity and deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect" (Andersson & Pearson, 1999 as cited in Laschinger, Wong, Cummings, & Grau, 2014). Different terminologies have been used in the literature to address work incivility, which include bullying (Trépanier, Fernet & Austin, 2013) harassment (Martin, 2010), mobbing (Ofluo~glu & Somuno~glu, 2012) and work place violence (Dillon, 2012). Abundance of literature itself is suggestive of the extent this issue has been explored. However, work incivility for some people is a familiar event in their daily working life and is accepted as part of the job. Mainly because they are composed of numerous systematic events that are very small and can be unimportant and meaningless when considered in isolation (Seery, 2014). However, nurses need to know that

harassment of any kind is completely inappropriate (Seery, 2014). Especially since, though work place incivility may be subtle, its effects are colossal, and "has the potential to escalate to work place violence" (Laschinger, et al., 2014).

### HOW BIG AN ISSUE IS THIS?

Extensive researches on work place harassments among nurses have highlighted high number of nurses are exposed to work place violence with statistically significant association between workplace harassment and its negative impact on nurses as well as the patient. Much of the literature focused on workplace incivility acknowledges the severity of this issue. A study done on "mobbing activities of the world" indicated that throughout the world 81% of the employees underwent intimidation by their employers and 58% by their coworkers and compared to other professions (except police) healthcare sector is exposed to higher incidence of all sorts of violence (Ofluo~glu & Somuno~glu, 2012). According to Martin, (2010) health care employees account for around 12% of over 10,000 cases reported in United Kingdom and 85% of health-care employees claim to have witnessed or been the target of bullies. With such alarming statistics, the question of how nurses handle such incidents needs addressing.

### REACTION TO THE ACTION

Nurses are frequently exposed to uncivil behavior in the work place. However, an alarming number of individuals do nothing about such occurrences. According to studies, the most common reactions of respondents who faced sexual harassment were, evading the perpetrator, leaving them, changing the topic of the conversation (Rampal, 2012), asking others for help, scolding the perpetrator (Rampal, 2012; Pai & Lee, 2010), reporting to higher authority and doing nothing about the abuse. Study results done to explore why there is under reporting of

## ACADEMIC CORNER

work incivility showed that some nurses believed that nothing could be done to solve the mobbing problem and almost a third of nurses (31.7%) had come to accept incidents of mobbing and never lodged a complaint (Efe & Ayaz, 2010). Similarly, a study conducted among 447 nurses working in three hospitals in Jordan, highlighted that 57.1% thought it was useless to do so, while 34.2% thought they could handle the incident without help (Ahmed, 2012). This may be because there is a lack in proper mechanism to report or handle such issues (Rampal, 2012). Nevertheless what nurses need to recognize is 'reporting of violent events need to be increased in order to develop safety policies and strategies' (Koukia, et al., 2014). In addition to how work incivility is handled, we need to know who engage in such behaviours.

### COMMON PERPETRATORS

Various people have been identified in literature as perpetrators of work place incivility. Perpetrators identified by nurses includes, male patients (most common), (Rampal, 2012; Pai & Lee, 2010; Ahmed 2012), male colleagues (Rampal, 2012; Pai & Lee, 2010) patients family, (Pai & Lee, 2010), supervisors (Cevik-Akyil, Saritaş&Altuntaş, 2012; Efe & Ayaz, 2010) and doctors (Efe & Ayaz, 2010). According to Efe and Ayaz, (2010) nurses described the perpetrators behavior as aggressive and behaving harshly to others in inferior positions. However, many tend to take it as a part of the job and ignore the implications it may create for themselves and the patients.

### EFFECT OF WORK INCIVILITY

Ignoring or not voicing out such incidences has been identified as having a negative impact on the psychological or physical health of victims with resultant dislike and/or discontinuation of the profession and negative influence on quality of care. According to a regression analysis carried out among 300 health professionals in five public hospital in Lahore by Malik and Farooqi, (2014), and another study by Rampal (2012) revealed sexual harassment as the strongest predictors of post-traumatic stress symptoms among nurses. Moreover, negative interpersonal behaviors among health professionals were associated with perceived threats to patient care quality as a result of decreased team work and poor morale, ultimately hindering nurses' ability to provide high quality patient care (Hutchinson & Jackson 2013; Laschinger, 2014). According to Laschinger, (2014) patient adverse events were most strongly related to overall frequency of abuses via doctors followed by colleagues and supervisors. Similarly,

nurses perceived that their work performances decreases because of abuse (Efe & Ayaz, 2010; Pontus, 2011), as abuse resulted in low morale and increased clinical errors, difficulty with motivation, high staff turnover, increased absences, mistrust that disrupts team work (Pontus, 2011). Considering the seriousness of the implications, work incivility must be addressed in multiple levels. Way forward

Employers need to acknowledge the seriousness of work incivility and make it a priority to strictly implement zero tolerance policies. In addition, an un-biased multidisciplinary committee should handle any complaints lodged based on policies and regardless of who the perpetrator is. Effort should be made to establish an organization that is safe and is trusted by employees. Similarly, employees must be adequately informed of the policies in place and the reporting system. Education programs aimed at recognizing and acknowledging uncivil behaviour as harmful and unacceptable should be routinely conducted. Further research is crucial to acquire an in-depth understanding of work place incivility in Maldivian setting.

### CONCLUSION

Workplace incivility is a common but under addressed issue faced globally. Various terminologies like workplace violence, abuse, mobbing and harassment has been used in the literature to address the issue. Moreover, research indicates that prevalence of incivility was noted to be significantly high worldwide while the contributing risk factors include organizations that permit and ignore abusive behaviour, less administrative support, and fewer resources among others. Additionally some factors identified as making nurses victims of incivility includes 'being younger in age' and 'being new to the unit'. According to the literature, the most common perpetrator is the patient, and workplace incivility was acknowledged as negatively impacting the psychological and physical health of the victims. Thus, compromising the care provided to patients. Policy makers need to assess, develop and implement strict policies against incivility while evaluating the effectiveness of such policies and educating nurses regarding incivility and encouraging and facilitating the reporting process.

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