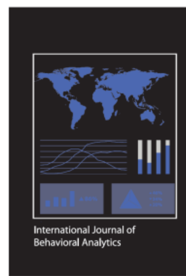


A Review and Conceptual Development of the Contributing Factors for Workplace Incivility in Healthcare Organisations in Malaysia

Baxter Ma Sian Tong[1], Vijayesvaran Arumugam[2], Adlina Suleiman[3]
International Medical University[1,2,3]

Baxmst84@gmail.com
Vijayesvaran@imu.edu.my
AdlinaSuleiman@imu.edu.my

Abstract/Summary

Workplace incivility is prevalent in many workplaces especially those with higher contact time such as healthcare organisations. Most research has focused on the framework for workplace incivility among nurses which showed certain predictors and triggers that can lead to an increase in prevalence of deviant behaviours at the workplace from milder incivilities to more serious aggression and violence which can negatively impact on staff performance, organisational goals as well as patient safety. Despite that, there are only a few academic studies conducted on the contributory factors of workplace incivility in healthcare organisations, especially in Malaysia. This conceptual paper is envisioned to establish the antecedents of predictors and triggers of workplace incivility from the Malaysian perspective. A total of eighteen studies related to workplace environment, culture, organisational factors, and managerial factors on the prevalence of workplace incivility were reviewed and analysed. A frequency analysis was used to determine the independent variables of the conceptual framework. The findings indicated that the following: workload/demands, healthy work environments, intolerance to incivility, workgroup cohesion/teamwork, policies, and procedures for addressing incivility, perceived leadership in ability to handle and respond to workplace incivility and supervisory/mentor support are significantly influencing the prevalence of workplace incivility.

Keywords: *workplace incivility, predictors, triggers, Malaysia.*

1.0 Introduction

Despite the pandemic which started roughly in the beginning of the year 2020, surveys such as the one done by the Department of Labor, USA (2021) showed that the typical working adult spends about 7.6 hours a day working. This is just down by 0.1 hours compared to year 2019 whereby respondents reported working 7.7 hours a day on average. Hence, it can be inferred that most employed adults will spend about one third of their working week at a workplace (physically or virtually). This period can be more extended especially for jobs that require staff to work in shifts such as healthcare workers, some of which can be at their workplace for up to 12 hours or more (RCN, 2021). For example, a doctor on an active call duty may at times be

required to be at the hospital for 32 hours stretch (from 8am to 5pm the next day) (Morecroft, 2015). Notwithstanding this is the amount of contact-time required for staff at healthcare organisations during their jobs whether it be with their clients/patients, intra-departmental staff such as colleagues of the same ward or inter-departmental staff such as interactions during referral of cases or transfer of patients to other departments for support services. Although there are no definitive studies to quantify the amount of such contacts, there has been great research interest in its nature and characteristics, particularly the impacts and management of undesirable patterns of workplace interactions in healthcare organisations (Armstrong, 2018; Blackstock et al., 2018).

These deviant behaviours amongst staff within a healthcare organisation can occur in many forms and in varying degrees of severity, which led to a wide range of descriptors such as lateral violence, bullying or workplace incivility that can mean different things to different people. Lateral violence can be regarded as a subset of “workplace violence” (Bambi et al., 2018) and is characterised by “disruptive and inappropriate behaviour demonstrated in the workplace by one staff to another who is either in an equal or lesser rank” (Coursey et al., 2013). Psychological harassment is the most common form of lateral violence which can be expressed by “verbal abuses, threats, humiliations, intimidations, criticism, innuendo, social and professional exclusion, discouragement, disinterest, and denied access to information” (McKenna et al., 2003) but it can also rarely be manifested as physical or sexual assault. On the other hand, bullying is depicted as an “enduring offensive and insulting behaviour worsened by an intimidating, malicious, and insulting pattern” which is characterised by power-abuse often leading to victims feeling humiliated, vulnerable, and distressed (Ishmael & Alemoru, 2002).

Comparatively, workplace incivility is described as “the exchange of seemingly inconsequential inconsiderate words and deeds that violate conventional norms of workplace conduct” (Pearson & Porath, 2009). Some examples afforded by incivility researchers Christine Pearson and Christine Porath (2009) are “interrupting a conversation,” “talking loudly in common areas,” “arriving late,” “not introducing a newcomer,” “failing to return a phone call,” and “showing little interest in another individual’s opinion”. Often, there is conflation of workplace incivility with lateral violence and bullying and sometimes they can be used interchangeably. The trend seen is that incivility research is often used to support investigations of more severe forms of workplace deviant behaviours. Thus, logically we can purport that while not every act of incivility rises to the level of violence or bullying, many acts of violence or bullying would surely qualify as acts of incivility.

Incivility although persistently present with varying degrees in our everyday exchanges at the workplace, it is not always readily apparent and yet can lead to multitudes of impacts such as increase in costs to individual and organisations (Porath et al., 2015). Thus, it has become an important issue to tackle and have been regarded as “a problem that truly matters” in an organisation no matter how abstruse it may be (Pearson et al., 2000; Pearson & Porath, 2004). In general, not all interactions in human relationships are harmonious and calm. Intentional or not, some actions of incivility might result in unpleasant experiences, which is the cornerstone of workplace incivility. Workplace incivility is associated with a set of "rude or discourteous acts" (i.e., demonstration of low-intensity deviant behaviour and ambiguous intent), not to mention the "lack of regard for others," in contrast to workplace civility, which has core objectives of creating a climate of mutual respect at work settings and showing concerns geared toward others (Andersson & Pearson, 1999; Pearson et al., 2005). To summarize, workplace incivility can be characterized by “low intensity deviant behaviour with ambiguous intent to

harm the target, in violation of workplace norms for mutual respect" (Andersson & Pearson, 1999).

2.0 Research Gap

Perhaps what is more worrying is that behaviours of workplace incivility can be subtle yet have the potential to escalate over time often with repetition (Hutchinson et al., 2006). The cumulative effects of these seemingly intangible behaviours can encompass personalized insults and passive-aggressive actions that can intensify the harm more than those that can be incurred from a single violent act (Einarsen, 2005). Surveys have shown that the prevalence of workplace incivility among peers in healthcare organisations are remarkable and can reach values higher than 75% (Spence Laschinger et al., 2009; Smith et al., 2010).

The pervasiveness of these behaviours can lead to negative impacts on the individual as well as the organisation. Continued exposure to workplace incivility can decrease the victim-staff's sense of wellbeing and increase physical and psycho-social complaints such as somatic symptoms and depressive mood (Dehue et al., 2012). Victims can view themselves, others, and the world negatively and regularly demonstrate pathological coping strategies (Dehue et al., 2012; Mikkelsen & Einarsen, 2002).

Further psychological impacts that were reported include anxiety, sleep disorders, and even "suicidal ideation" and warning signs in-line with "post-traumatic stress disorder" (Mikkelsen & Einarsen, 2002; Quine, 2001; Randle, 2003; Vessey et al., 2010).

In terms of organisational outcomes and impact, there is significant correlation between workplace incivility with turnover request (8.9%) (Ceravolo et al., 2012), intentions to leave (Laschinger et al., 2009; Oyeleye et al., 2013; Leiter et al., 2010), and with job commitment (Hutton & Gates, 2008). Zia-ud-Din et al. (2017) also found a significant association between workplace incivility with employee absenteeism which can indirectly incur additional costs to the healthcare organisation. Nurses who experience severe form of workplace incivility amounting to lateral violence show higher intentions to leave the organisation which can be costly to replace and train new staff (Armmer & Ball, 2015). A medical-surgical nurse, for example, can cost up to $92,000 to replace and train, while a speciality nurse, such as a nurse with a post-basic certification in critical care, can cost up to $145,000. (Kennedy et al., 2012). These impacts of workplace incivility can potentially jeopardise patient care and in turn patient safety (Leape et al., 2012; Flin, 2010).

Healthcare professionals themselves have perceived a correlation between workplace incivility and decreased patient safety (Rosenstein & O'Daniel, 2006). This can be inferred from simulation studies that link a decrease in communication after the expression of incivilities which negatively impacted on performance (Riskin et al., 2015). These potentially detrimental effects to patient quality of care and safety ultimately represent one of the key factors for their recognition as a salient issue in healthcare management.

Therefore, it is imperative to determine the cause of workplace incivilities to better tackle the issue. Previous analyses and research have explored more than 20 antecedents to better understand the factors predicting and triggering incivility within healthcare teams (Keller et al., 2020). The antecedents are generally divided into subcategories of initiators, situation, target, profession, and culture. Initiator predictors such as the rank of the aggressor and perceived superiority in the organisation show correlation with increased incivility between doctors and nurses (Bansal, 2014). The situational and cultural category can include physician non-

employee status in hospitals, presence of silos within the department, lack of leadership, a culture of silence, and the presence of power cliques (Pattani et al., 2018). While target and profession factors are represented by victim's characteristics such as the department that they might be from or perceived personal autonomy at the workplace among others (Brewer et al., 2013; Shetty et al., 2016).

There is inadequate research that holistically examines factors contributing to workplace incivility in healthcare organisations particularly among non-nurses (for example physicians, pharmacists, and other allied healthcare workers or administrators) in scholarship. Therefore, the concept of this paper is aimed at combining the most common constructs to develop hypotheses and a conceptual framework for forthcoming research into the factors contributing to workplace incivility in healthcare organisations in Malaysia.

3.0 Research Question & Research Objective

The problem statement stated that there is a scarcity of research into the most common antecedents and their impact on the prevalence of workplace incivility in healthcare organisations among all levels of employees. The research question for this conceptual paper is: What are the most common antecedents that contribute to workplace incivility in Malaysian healthcare organisations?

Therefore, the goal of this conceptual paper is to identify the most researched factors that predicts and triggers occurence of workplace incivility in Malaysian healthcare organisations, to develop hypotheses based on these identified antecedents, and to develop a conceptual framework for future research into the factors that contribute to workplace incivility in Malaysian healthcare organisations.

4.0 Literature Review

The act of forming reasoned judgments and organising thoughts into a written review is called a literature review. It entails a critical evaluation of the current body of knowledge on a certain subject (Saunders et al., 2021). According to Creswell and Poth (2017), literature can be used in research projects in three ways: (1) preliminary search aids in the generation and refinement of research ideas and plan research proposals; (2) critical literature review provides the context and theoretical framework for research; and (3) to place research findings within a larger body of knowledge and form parts of the discussion chapter. The author is concerned with the second approach, which is based on a deductive approach and involves using literature to identify theories and concepts that will then be tested using data (Blaikie & Priest, 2019).

4.1 The Workplace Incivility Model

This model was first introduced by Anderson and Pearson (1999) and is described as a "tit for tat" phenomenon. Their initial work purported a spiralling and potentially escalating effect of incivility at the workplace with a tipping point that can lead to escalation of more serious negative behaviour (Andersson & Pearson, 1999). In their proposed theory, workplace incivility is seen as a negative social interaction between instigator, target and observer or witness that can also be non-singular. It is postulated that individual factors such as personality traits and organizational factors such as the organizational climate can contribute to the phenomenon. These seemingly minor deviant behaviours can culminate in the 'tipping point' which the authors referred to as the situation whereby the behaviour intensifies into stronger actions and one of the individuals involved perceives a threat which further prompts an intense behavioural response (Anderson & Pearson, 1999).

This initial work was followed by a comprehensive 3-year multi-method qualitative study where Pearson et al. (2001) developed the theoretical framework over 4 phases. Firstly, an inductive approach was taken to differentiate workplace incivility from other forms of workplace deviant behaviours. The model depicted organizational climate and individual differences which influence and contribute to the impact of workplace incivility (Estes & Wang, 2008; Pearson et al., 2005). The purported predictors of workplace incivility are social contextual shifts and organizational pressures. The social contextual shifts may result from societal irreverence, shifting demographics, and altered psychological contract whereas the organizational pressures may be due to technology, inferior leadership, deadlines, and corporate change initiatives (Pearson et al., 2005).

The framework also provided possible outcomes or impact of workplace incivility and have divided them into individual and organisational outcomes. Some of the individual outcomes of workplace incivility were negative affect and attitudinal outcomes such as strained relationships, interactional justice, damaged social identity, and job dissatisfaction. Furthermore, behavioural outcomes may include retaliate/reciprocate, ignore/avoid, withdraw, and engage in self-help. The organizational outcomes were described as uncivil climate, workplace aggression, decreased communication, increased turnover, decreased productivity, legal issues, and diminished corporate reputation (Pearson & Porath, 2005).

4.2 The role of organisational factors, workplace environment, culture, and managerial characteristics

The social process and constructs of incivility has been investigated as a group-level phenomenon in contemporary research (Andersson & Pearson, 1999; Griffin, 2010). Andersson and Pearson (1999) propose the possibility of incivility manifesting as a reciprocal social process between participants in a negative spiral feeding into interpersonal confrontations as aforementioned. Further study has now backed up this theory, demonstrating that the destructive spiral of workplace incivility could be the harbinger of a toxic workplace (Pearson et al., 2000).

According to Taylor and Kluemper (2012), there is a link between perceived incivility and the escalation of workplace aggressiveness, with incivility acting as a mediator between role stress and aggression. In a hostile workplace environment, more incidences of initiated incivility would follow, leading to more reciprocal behaviours and increased aggression. Incivility has been seen as a stressor at the workplace by certain academics (Lim et al., 2008; Griffin, 2010). The "demand-control-support (DCS) model" of Karasek and Theorell (1992) has been widely used in the area of occupational health psychology in relation to stress-and-strain studies. Variables from the DCS model were used in previous research (Notelaers et al., 2013) on the emergence of bullying as an explicit form of hostility. As a result, incorporating organisational factors from the model when examining more subtle forms of workplace deviant behaviours such as workplace incivility can be noteworthy.

In Andersson and Pearson's (1999) model, the self-sustaining character of an uncivil spiral with "tit-for-tat" responses underscores the possibility of induced incivility as a result of either experienced or witnessed incivility in the workplace. In an interview-based study, Pearson et al. (2001) revealed that witnesses to incivility modelled their behaviour after their observations, retaliating uncivil behaviour. People in highly knit groups were also found to be more prone to engage in uncivil behaviour if they witnessed it (Ferguson & Barry, 2011). In this conceptual paper, the author is interested to find correlations between induced incivility with the

organisational factors, workplace environment, culture, and managerial characteristics that all help to create a milieu that predisposes to these deviant behaviours at the workplace.

5. 0 Research Methodology:

A literature review related to workplace deviant behaviours (such as horizontal violence, lateral violence, bullying, mobbing and incivility) was performed to analyse and determine the factors contributing or predicting the prevalence or incidences of workplace incivility in healthcare organisations. All scholarly articles are retrieved from online databases or journals, such as Emerald, PubMed, Elsevier Science, ScienceDirect, ResearchGate and Taylor & Francis Online. Keywords that were utilised to obtain the papers include “workplace incivility,” “bullying,” “workplace violence,” “lateral violence,” “horizontal violence,” “healthcare,” “physicians,” “nurses,” and “Malaysia” as well as a combination of these terms. There are various workplace incivility studies that use both qualitative and quantitative methodologies, according to the findings.

Between 2011 and 2020, the research included a wide range of geographic areas, including the Canada, United States, Australia, Israel, the United Kingdom, Italy, South Korea, and the Middle East. It was eventually limited down to 18 articles that looked into the predictors and triggers of workplace deviant behaviour in healthcare organisations or settings. The name of the author(s), title of the article, dependent variables, independent variables, mediators (if any), moderators (if any), findings, research gap, and methods were all tabulated in a research summary table (matrix) (Appendix 1). This is a critical initial step in identifying the most common research. The number of occurrences of the dependent variable utilised in all 18 publications was determined using a frequency analysis.

According to the frequency table in Appendix 2, 11 of the 18 research papers looked into 'incivility,' either as workplace incivility or manager incivility. Another frequency table was created to identify the most commonly used constructs in the form of predictors and triggers for workplace incivility. The letter "A" stands for article, so "A1" stands for Article no. 1, "A2" for Article no. 2, and so on. Frequency is represented by the letter "F." In the following part, several tables are shown and discussed.

6.0 Findings & Development of Conceptual Model:

The study's conclusions are based on a frequency analysis of variables related with predictors and triggers of workplace incivility in prior studies. It found 18 papers which were organised into a frequency table to depict the most relevant independent variables. Table 1 shows the 24 independent variables that have been utilised as predictors and triggers of workplace incivility in prior studies. The independent variables are also further grouped into broader categories.

Table 1: Frequency table for Independent Variables using Frequency Values

INDEPENDENT VARIABLE	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15	A16	A17	A18	F
Work Environment	X		X	X				X	X	X	X	X	X		X	X	X	X	13
High Workload/Demands (Staffing adequacy)			X	X					X		X	X	X				X	X	8
Healthy work environment – accredited QA (e.g., Magnet Hospitals)	X							X				X			X	X			5
Variety				X															1

Experienced Listening (Being heard)									x		x								2
Work Culture		x		x	x					x	x		x		x	x	x		**9**
Intolerance for incivility		x			x										x	x			4
Workgroup cohesion/ Teamwork				x						x	x		x				x		5
Autonomy				x									x						2
Organisational Factors		x		x	x	x				x		x	x						**7**
Polices & procedures for addressing incivility		x		x	x	x				x									5
Promotional opportunities				x															1
Distributive Justice				x						x									2
Organisational constraints				x						x									2
Organisational efficiency												x	x						2
Managerial/Supervisor Factors	x			x			x			x	x		x			x			**7**
Manager's awareness of WI	x																		1
11perceived Manager's Ability to handle and respond to WI (Leadership)	x	x					x				x		x			x			6
Supervisory/mentor support				x						x	x								3
Leadership styles													x						1
Dispositional/personal factors				x		x				x						x			**4**
negative affectivity				x						x									2
work motivation										x									1
work family conflict				x															1
position						x													1
experience of work						x													1
Cultural misunderstandings																x			1
Age						x													1
Education						x													1

There are 7 separate independent variables were identified based on a minimum frequency value of 3 and a maximum frequency value of 8. The fact that these variables have been frequently included in various studies indicates that they are important contributory factors in the occurrence of workplace incivility in healthcare organisations. Therefore, for the development of the conceptual framework, these factors are established as independent variables. The other components are not included because their frequency values are only 1 or 2. There are however no discernible mediating or moderating factors found in the literature for the scope of the study in question.

Table 2 summarises all the independent variables which has a frequency value of 3 to 8 together with workplace incivility as the most frequent dependent variable.

Table 2: Summary of the most frequent Independent Variables

VARIABLE	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15	A16	A17	A18	F
Incivility – Workplace incivility, Incivility behaviour,	X	X					X	X		X	X	X	X	X	X	X			11
Work Environment	X		X	X				X	X	X	X	X	X		X	X	X	X	**13**
High Workload/Demands (Staffing adequacy)			X	X					X		X	X	X				X	X	8
Healthy work environment – accredited QA (e.g., Magnet Hospitals)	X							X				X			X	X			5
Work Culture		X		X	X						X	X		X		X	X	X	**9**
Intolerance for incivility		X			X											X	X		4
Workgroup cohesion/ Teamwork				X							X	X		X				X	5
Organisational Factors		X		X	X	X					X		X	X					**7**
Polices & procedures for addressing incivility		X		X	X	X					X								5
Managerial/Supervisor Factors	X			X			X				X	X		X			X		**7**
12perceived Manager's Ability to handle and respond to WI (Leadership)	X	X					X					X		X			X		6
Supervisory/mentor support				X							X	X							3

The definitions of the independent variables are discussed, as well as the construction of hypotheses for each variable.

6.1 High workload/demands

Based on the spiralling theory of Andersson and Pearson (2001), workplace incivility can be precipitated by stressful workplace environments that predisposes the individual to low level deviant behaviours that could escalate into higher levels of aggression or even violence. Elhoseny et al. (2016) and Brewer et al. (2013) in their research both found that perceived high workloads are positively correlated with a higher prevalence of workplace incivility for both the physician and nurse cohorts that were surveyed separately. This was further endorsed by more recent studies on nurses in the USA and Italy by two respective groups of incivility researchers (Smith et al., 2018; Viotti et al., 2018). Higher workloads also correlated with more severe forms of incivility such as verbal abuse, disruptive behaviours, aggression, and lateral violence (Nemeth et al., 2017; Keller et al., 2018; Chang et al., 2019; Rehder et al., 2020). As a result, the construct hypothesis for this study is as follows:

H1: High workload/demands is a positive contributory factor of the prevalence of workplace incivility

6.2 Healthy work environments

As an extension of the aforementioned model for workplace incivility as well as the "demand-control-support (DCS) model" of Karasek and Theorell (1992), the nature of the workplace environment can lead to perceived normalization of deviant behaviours such as incivility. Hence it follows that an environment of workplace where civility is intentionally practiced may reduce these incidences and prevent further escalation. There are quality measurements for this element for hospitals accredited with certain certifications in the USA and Turkey such as Magnet Hospitals. Research has shown that hospitals that achieve such accreditation show a negative correlation with prevalence of workplace incivility particularly among nurses (Lewis

& Malecha, 2011; Sellers et al., 2012; Budin et al., 2013; Arslan & Kocaman, 2019). Hence, the construct hypothesis for this paper is as follows:

H2: Healthy work environments are negatively correlated with the prevalence of workplace incivility.

6.3 Intolerance for Incivility

Birks et al. (2017) found that a workplace culture that have zero tolerance for incivility correlates negatively with bullying incidences. The researchers also noticed that in centres that tolerates these behaviours, nurses are more fearful of reporting any episodes as they may face retribution. A culture where incivility is viewed as 'part of the job' can leave younger nurses vulnerable to bullying by their seniors. Sleem & Seada (2017) found similar patterns of correlation between intolerance for incivility with total score of workplace incivility behaviours among nurses in hospitals in Egypt. Although not a direct antecedent studied by Nemeth et al. (2017) and Sellers et al. (2012), organisational culture that promotes tolerance for incivility have shown to correlate with an increase in reported workplace incivility and lateral violence among nurses, staff, and managers. As a result, the construct hypothesis for this study is as follows:

H3: Intolerance for incivility has negative contributory effect on the prevalence of workplace incivility

6.4 Workgroup cohesion/ teamwork

According to Brewer et al. (2013), healthcare organisations with lower workgroup cohesion had a higher prevalence of verbal abuse among physicians and nurses. Workgroup cohesiveness, as described by Keller et al. (2018), is a characteristic that exhibits the quality of interpersonal interactions by recognising perceptions of having friends in one's immediate work group. Their study also showed a correlation between poor workgroup cohesion with a greater prevalence of workplace incivility and verbal abuse. Smith et al. (2017) also showed a relationship between perceived poor collegial nurse–physician relations in a team that correlated with greater co-worker incivility. The behaviours that had the greatest influence on reducing levels of incivility among nurses were creating a "sense of teamwork" between leader and staff and working together to make choices or to fulfill tasks (Kaiser, 2016). Rehder et al. (2020) found similar trends where disruptive behaviours among all healthcare workers either in clinical or non-clinical work environments was significantly correlated with poorer teamwork climate. Therefore, the construct hypothesis for this study is as follows:

H4: Perceived workgroup cohesion/teamwork is a negative contributory factor for the prevalence of workplace incivility.

6.5 Policies and procedures for addressing incivility

The presence of policies and procedure for addressing incivility when it does occur is important in preventing further incivilities among staff. Particularly the quality of procedural justice showed positive correlation with reducing the prevalence of workplace incivility (Brewer et al., 2013). Keller et al. (2018) defined that procedural justice properly relates to the degree at which employees are engaged in forming those policy decisions allowing empowerment at workplace to deal with incivility when it does occur. Small et al. (2015), Sleem & Saeda (2017) and Birks et al. (2017) showed that there are organisational factors particularly the presence of policies and procedures to address incivility such as protection of the victim correlates with a lower

prevalence of workplace incivility and bullying. Thus, the construct hypothesis for this study is as follows:

H5: The presence of policies and procedures for addressing incivility is a negative contributory factor for the prevalence of workplace incivility.

6.6 Perceived Manager's ability to handle/respond to WI (Leadership)

In the domain of managerial factors, the perceived leadership in terms of how well staff perceive leaders' ability in handling and responding to workplace incivility is an important factor in reducing the prevalence of workplace incivility in general (Lewis & Malecha, 2011; Sleem & Saeda, 2017; Smith et al., 2018). The quality of leadership in this regard relates to their authenticity as perceived by staff which results in greater feelings of trust. Authentic leaders were found to display less uncivil behaviours as well (Alkaabi & Wong, 2019). Leadership style that are consistent with proactive behaviour were shown to be more favourable in handling workplace incivility (Kaiser, 2016). Nemeth et al. (2017) showed a correlation between unwillingness of leaders to intervene to the decline in civil behaviours at the workplace among nurses, staff, and managers. Therefore, the construct hypothesis for this study is as follows::

H6: Perceived leadership (manager's ability to handle/respond to workplace incivility) is a negative contributory factor for the prevalence of workplace incivility.

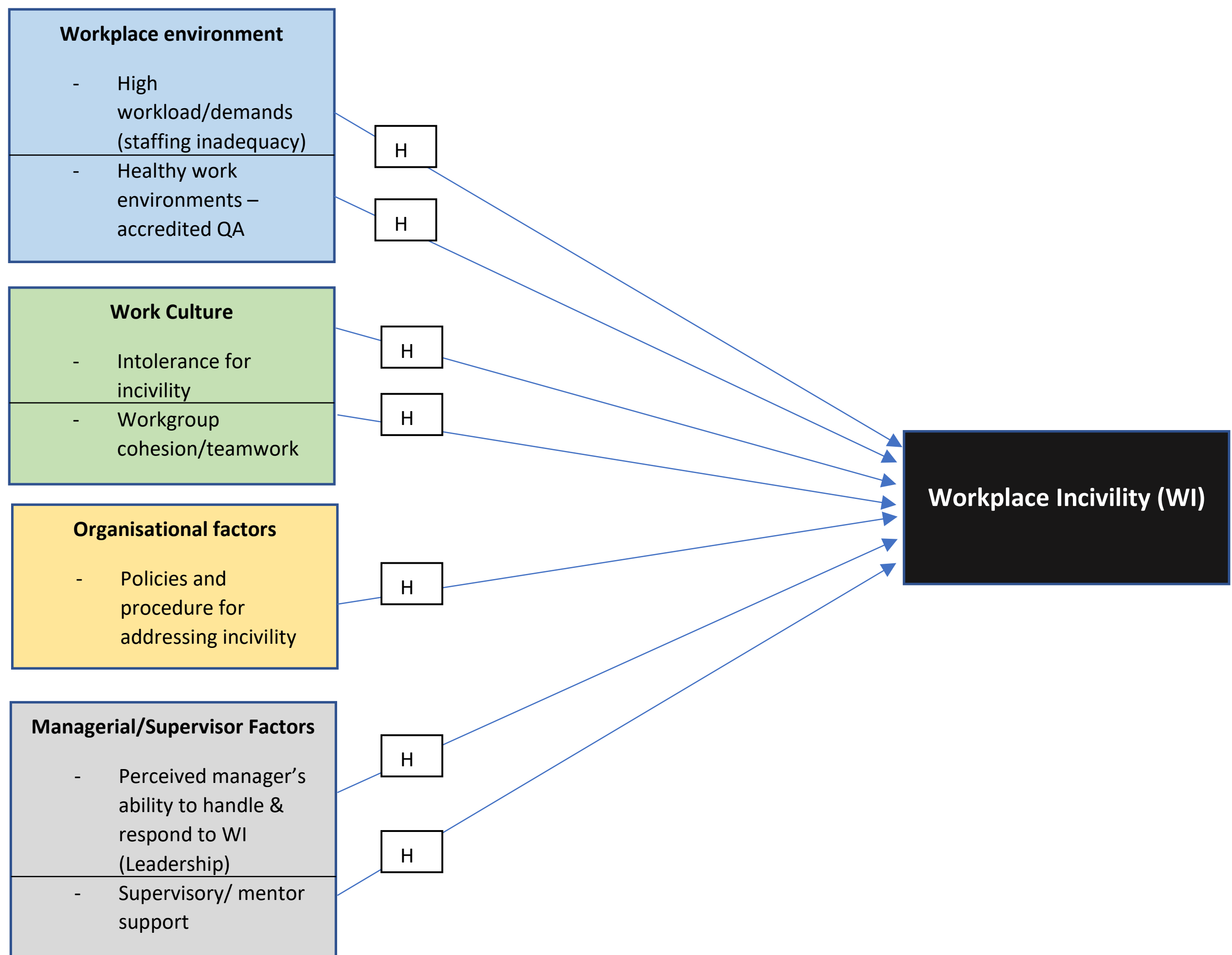
6.7 Supervisory/mentor support

Apart from manager's ability to handle workplace incivility, some studies showed that the perceived supervisor/mentor support can help reduce uncivil behaviours (Brewer et al., 2013; Keller et al., 2018). This perhaps is also related to the leadership styles and creating an environment of teamwork which has also shown to be important factors (Smith et al., 2018). As a result, the construct hypothesis for this study is as follows:

H7: Perceived supervisory/mentor support is a negative contributory factor for the prevalence of workplace incivility.

Based on these findings, a conceptual framework with 7 independent variables was created to plan for a future study on the factors that contribute to workplace incivility in healthcare organisations (as shown in Figure 1).

Figure 1. Conceptual Framework of Workplace incivility



7.0 Research significance

More than 20 different antecedents were identified in the literature review which were used to study the predictors and triggers for workplace deviant behaviours in healthcare organisations particularly among nurses and in developed countries such as the USA. Despite this, there is lack of studies that bring together the most frequently used constructs to examine the contributory relationship for workplace incivility among a broader range of healthcare workers in their organisations and in the setting of developing countries such as Malaysia. Therefore, this conceptual paper is instigated to assess all these factors in relation to the prevalence of workplace incivility in healthcare organisations.

The assessment's findings will serve as a foundation for academic study on the contributory factors for workplace incivility in healthcare organisations in developing countries like Malaysia, with the goal of obtaining more generalised results. The importance of this conceptual paper is valuable for management, administrators, and the organisation to better understand and obtain insight into the substantial constructs that promote and deter the likelihood of workplace incivility among their staff at a healthcare organisation in order to reduce its negative impact on the staff, organisation, and ultimately on patient safety and care, which is the imperative consideration of all organisations in the business of delivering quality

healthcare. They may be more able to plan preventative strategies, improve staff training and create a more conducive workplace environment. Creating a more civil workplace can also improve staff retention, motivation and organisational commitment which will aid in achieving organisational vision and mission.

8.0 Conclusion & Future Plans

The goal of this conceptual paper was to identify the most prominent predictors and triggering factors utilised in prior research of workplace incivility in healthcare organisations, as well as to build a conceptual framework. There was a total of 18 studies found on workplace deviant behaviour, ranging from incivility to verbal abuse, hostility, and lateral/horizontal violence. According to the frequency analysis, workplace incivility as a dependent variable was frequently examined for its relevance to independent variables. Workload/demands, healthy work environments, intolerance to incivility, workgroup cohesion/teamwork, policies and procedures for addressing incivility, perceived leadership in ability to handle and respond to workplace incivility, and supervisory/mentor support are the seven most common factors used in previous studies.

In the future, an empirical study will be conducted to verify this conceptual model. Using a quantitative approach, data will be collected using a cross-sectional questionnaire method using individuals as the unit of analysis, in this case, the personnel of healthcare organisations in key cities across Malaysia, with the goal of achieving generalised outcomes. A future study will benefit from a randomised sample strategy since it will lessen selection bias. More publications are needed to gather understanding and consensus on the most important construct in the predisposition to deviant behaviour in the workplace, particularly workplace incivility. It will ascertain our knowledge on the evolution of more serious behaviours such as bullying, aggression and horizontal/lateral violence in the workplace of healthcare organisations in Malaysia.

Reference

Alkaabi, O., & Wong, C. (2019). Relationships among authentic leadership, manager incivility and trust in the manager. *Leadership in Health Services*, *33*(1), 27–42. https://doi.org/10.1108/lhs-06-2019-0030

Andersson, L. M., & Pearson, C. M. (1999). Tit for Tat? The Spiraling Effect of Incivility in the Workplace. *Academy of Management Review*, *24*(3), 452–471. https://doi.org/10.5465/amr.1999.2202131

Armmer, F., & Ball, C. (2015). Perceptions of horizontal violence in staff nurses and intent to leave. *Work*, *51*(1), 91–97. https://doi.org/10.3233/wor-152015

Armstrong, N. (2018). Management of Nursing Workplace Incivility in the Health Care Settings: A Systematic Review. *Workplace Health & Safety*, *66*(8), 403–410. https://doi.org/10.1177/2165079918771106

Arslan Yürümezoğlu, H., & Kocaman, G. (2019). Structural empowerment, workplace incivility, nurses' intentions to leave their organisation and profession: A path analysis. *Journal of Nursing Management*, *27*(4), 732–739. https://doi.org/10.1111/jonm.12751

Bambi, S., Foà, C., Felippis, C., Lucchini, A., Guazzini, A., & Rasero, L. (2018). Workplace incivility, lateral violence and bullying among nurses. A review about their prevalence and related factors. *Acta Bio-Medica : Atenei Parmensis*, *89*(6-S), 51–79. https://doi.org/10.23750/abm.v89i6-S.7461

Bansal, A. S. (2014). Disruptive Behaviour Amongst Doctors, Myth Or Reality? *Journal of Evolution of Medical and Dental Sciences*, *3*(2), 399–406. https://doi.org/10.14260/jemds/2014/1841

Birks, M., Cant, R. P., Budden, L. M., Russell-Westhead, M., Sinem ÜZar ÖZçetin, Y., & Tee, S. (2017). Uncovering degrees of workplace bullying: A comparison of baccalaureate nursing students' experiences during clinical placement in Australia and the UK. *Nurse Education in Practice*, *25*, 14–21. https://doi.org/10.1016/j.nepr.2017.04.011

Blackstock, S., Salami, B., & Cummings, G. G. (2018). Organisational antecedents, policy and horizontal violence among nurses: An integrative review. *Journal of Nursing Management*, *26*(8), 972–991. https://doi.org/10.1111/jonm.12623

Blaikie, N., & Priest, J. (2019). *Designing Social Research: The Logic of Anticipation* (3rd ed.). Polity.

Brewer, C. S., Kovner, C. T., Obeidat, R. F., & Budin, W. C. (2013). Positive work environments of early-career registered nurses and the correlation with physician verbal abuse. *Nursing Outlook*, *61*(6), 408–416. https://doi.org/10.1016/j.outlook.2013.01.004

Budin, W. C., Brewer, C. S., Chao, Y. Y., & Kovner, C. (2013). Verbal abuse from nurse colleagues and work environment of early career registered nurses. *Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing*, *45*(3), 308–316. https://doi.org/10.1111/jnu.12033

Ceravolo, D. J., Schwartz, D. G., Foltz-Ramos, K. M., & Castner, J. (2012). Strengthening communication to overcome lateral violence. *Journal of Nursing Management*, *20*(5), 599–606. https://doi.org/10.1111/j.1365-2834.2012.01402.x

Chang, H. E., Park, M. Y., Jang, H., Ahn, S., & Yoon, H. J. (2019). Relationships among demands at work, aggression, and verbal abuse among registered nurses in South Korea. *Nursing Outlook*, *67*(5), 567–577. https://doi.org/10.1016/j.outlook.2019.04.007

Coursey, J. H., Rodriguez, R. E., Dieckmann, L. S., & Austin, P. N. (2013). Successful Implementation of Policies Addressing Lateral Violence. *AORN Journal*, *97*(1), 101–109. https://doi.org/10.1016/j.aorn.2012.09.010

Creswell, J. W., & Poth, C. N. (2017). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (4th ed.). SAGE Publications, Inc.

Dehue, F., Bolman, C., Völlink, T., & Pouwelse, M. (2012). Coping with bullying at work and health related problems. *International Journal of Stress Management*, *19*(3), 175–197. https://doi.org/10.1037/a0028969

Department of Labor, USA. (2021, July). *American Time Use Survey – May to December 2019 and 2020 Results*. Bureau of Labor Statistics, Department of Labor, USA. https://www.bls.gov/news.release/pdf/atus.pdf

Einarsen, S. (2005). The nature, causes and consequences of bullying at work: The Norwegian experience. *Perspectives Interdisciplinaires Sur Le Travail et La Santé*, *7–3*. https://doi.org/10.4000/pistes.3156

Elhoseny, T. A., & Adel, A. (2016). Disruptive physician behaviors and their impact on patient care in a health insurance hospital in Alexandria, Egypt. *Journal of the Egyptian Public Health Association*, *91*(2), 80–85. https://doi.org/10.1097/01.epx.0000482793.51921.cb

Estes, B., & Wang, J. (2008). Integrative Literature Review: Workplace Incivility: Impacts on Individual and Organizational Performance. *Human Resource Development Review*, *7*(2), 218–240. https://doi.org/10.1177/1534484308315565

Ferguson, M., & Barry, B. (2011). I know what you did: The effects of interpersonal deviance on bystanders. *Journal of Occupational Health Psychology*, *16*(1), 80–94. https://doi.org/10.1037/a0021708

Flin, R. (2010). Rudeness at work. *BMJ*, *340*(may19 2), c2480. https://doi.org/10.1136/bmj.c2480

Griffin, B. (2010). Multilevel relationships between organizational-level incivility, justice and intention to stay. *Work & Stress*, *24*(4), 309–323. https://doi.org/10.1080/02678373.2010.531186

Hutchinson, M., Vickers, M., Jackson, D., & Wilkes, L. (2006). Workplace bullying in nursing: towards a more critical organisational perspective. *Nursing Inquiry*, *13*(2), 118–126. https://doi.org/10.1111/j.1440-1800.2006.00314.x

Hutton, S., & Gates, D. (2008). Workplace Incivility and Productivity Losses among Direct Care Staff. *AAOHN Journal*, *56*(4), 168–175. https://doi.org/10.3928/08910162-20080401-01

Ishmael, A. (1999). *Harassment, Bullying and Violence at Work: A Practical Guide to Combating Employee Abuse in the Workplace (Employment Matters)*. Spiro Press.

Kaiser J. A. (2017). The relationship between leadership style and nurse-to-nurse incivility: turning the lens inward. *Journal of nursing management*, *25*(2), 110–118. https://doi.org/10.1111/jonm.12447

Karasek, R., & Theorell, T. (1992). *Healthy Work: Stress, Productivity, and the Reconstruction Of Working Life* (Revised ed.). Basic Books.

Keller, R., Krainovich-Miller, B., Budin, W., & Djukic, M. (2018). Predictors of nurses' experience of verbal abuse by nurse colleagues. *Nursing Outlook*, *66*(2), 190–203. https://doi.org/10.1016/j.outlook.2017.10.006

Keller, S., Yule, S., Zagarese, V., & Henrickson Parker, S. (2020). Predictors and triggers of incivility within healthcare teams: a systematic review of the literature. *BMJ Open*, *10*(6), e035471. https://doi.org/10.1136/bmjopen-2019-035471

Kennedy, J. M., Nichols, A. A., Halamek, L. P., & Arafeh, J. M. R. (2012). Nursing Department Orientation. *Journal for Nurses in Staff Development*, *28*(1), 24–26. https://doi.org/10.1097/nnd.0b013e318240a6f3

Leape, L. L., Shore, M. F., Dienstag, J. L., Mayer, R. J., Edgman-Levitan, S., Meyer, G. S., & Healy, G. B. (2012). Perspective. *Academic Medicine*, *87*(7), 845–852. https://doi.org/10.1097/acm.0b013e318258338d

Leiter, M. P., Price, S. L., & Spence Laschinger, H. K. (2010). Generational differences in distress, attitudes and incivility among nurses. *Journal of Nursing Management*, *18*(8), 970–980. https://doi.org/10.1111/j.1365-2834.2010.01168.x

Lewis, P. S., & Malecha, A. (2011). The Impact of Workplace Incivility on the Work Environment, Manager Skill, and Productivity. *JONA: The Journal of Nursing Administration*, *41*(1), 41–47. https://doi.org/10.1097/nna.0b013e3182002a4c

Lim, S., Cortina, L. M., & Magley, V. J. (2008). Personal and workgroup incivility: Impact on work and health outcomes. *Journal of Applied Psychology*, *93*(1), 95–107. https://doi.org/10.1037/0021-9010.93.1.95

McKenna, B. G., Smith, N. A., Poole, S. J., & Coverdale, J. H. (2003). Horizontal violence: experiences of Registered Nurses in their first year of practice. *Journal of Advanced Nursing*, *42*(1), 90–96. https://doi.org/10.1046/j.1365-2648.2003.02583.x

Mikkelsen, E. G., & Einarsen, S. (2002). Basic assumptions and symptoms of post-traumatic stress among victims of bullying at work. *European Journal of Work and Organizational Psychology*, *11*(1), 87–111. https://doi.org/10.1080/13594320143000861

Morecroft, J. D. W. (2015). *Strategic Modelling and Business Dynamics: A feedback systems approach* (2nd ed.). Wiley.

Nemeth, L. S., Stanley, K. M., Martin, M. M., Mueller, M., Layne, D., & Wallston, K. A. (2017). Lateral Violence in Nursing Survey: Instrument Development and Validation. *Healthcare (Basel, Switzerland)*, *5*(3), 33. https://doi.org/10.3390/healthcare 5030033

Notelaers, G., Baillien, E., De Witte, H., Einarsen, S., & Vermunt, J. K. (2013). Testing the strain hypothesis of the Demand Control Model to explain severe bullying at work. *Economic and Industrial Democracy*, 34(1), 69–87. https://doi.org/10.1177/0143831X12438742

Oyeleye, O., Hanson, P., O'Connor, N., & Dunn, D. (2013). Relationship of Workplace Incivility, Stress, and Burnout on Nurses' Turnover Intentions and Psychological Empowerment. *JONA: The Journal of Nursing Administration*, *43*(10), 536–542. https://doi.org/10.1097/nna.0b013e3182a3e8c9

Pattani, R., Ginsburg, S., Mascarenhas Johnson, A., Moore, J. E., Jassemi, S., & Straus, S. E. (2018). Organizational Factors Contributing to Incivility at an Academic Medical Center and Systems-Based Solutions. *Academic Medicine*, *93*(10), 1569–1575. https://doi.org/10.1097/acm.0000000000002310

Pearson, C. (2010). The Cost of Bad Behavior: How Incivility Is Damaging Your Business and What to Do about It. *Human Resource Management International Digest*, *18*(6). https://doi.org/10.1108/hrmid.2010.04418fae.002

Pearson, C. M., & Porath, C. L. (2004). On incivility, its impact, and directions for future research. In R. W. Griffin & A. O'Leary-Kelly (Eds.), *The Dark Side of Organizational Behavior* (1st ed., pp. 403–425). JosseyBoss, San Francisco, CA.

Pearson, C. M., & Porath, C. L. (2005). On the nature, consequences and remedies of workplace incivility: No time for "nice"? Think again. *Academy of Management Perspectives*, *19*(1), 7–18. https://doi.org/10.5465/ame.2005.15841946

Pearson, C. M., Andersson, L. M. & Porath, C. L. (2005). Workplace incivility. In S. Fox & P. E. Spector (Eds.), *Counterproductive Work Behavior: Investigations Of Actors And Targets* (1st ed., pp. 177–200). Amer Psychological Assn.

Pearson, C. M., Andersson, L. M., & Porath, C. L. (2000). Assessing and attacking workplace incivility. *Organizational Dynamics*, *29*(2), 123–137. https://doi.org/10.1016/s0090-2616(00)00019-x

Pearson, C. M., Andersson, L. M., & Wegner, J. W. (2001). When Workers Flout Convention: A Study of Workplace Incivility. *Human Relations*, *54*(11), 1387–1419. https://doi.org/10.1177/00187267015411001

Porath, C. L., Gerbasi, A., & Schorch, S. L. (2015). The effects of civility on advice, leadership, and performance. *Journal of Applied Psychology*, *100*(5), 1527–1541. https://doi.org/10.1037/apl0000016

Quine, L. (2001). Workplace Bullying in Nurses. *Journal of Health Psychology*, *6*(1), 73–84. https://doi.org/10.1177/135910530100600106

Randle, J. (2003). Bullying in the nursing profession. *Journal of Advanced Nursing*, *43*(4), 395–401. https://doi.org/10.1046/j.1365-2648.2003.02728.x

RCN. (2021, June 16). *Working time and breaks | Advice guides | Royal College of Nursing*. The Royal College of Nursing. https://www.rcn.org.uk/get-help/rcn-advice/working-time-rest-breaks-on-call-and-night-work

Rehder, K. J., Adair, K. C., Hadley, A., McKittrick, K., Frankel, A., Leonard, M., Frankel, T. C., & Sexton, J. B. (2020). Associations Between a New Disruptive Behaviors Scale and Teamwork, Patient Safety, Work-Life Balance, Burnout, and Depression. *Joint Commission journal on quality and patient safety*, *46*(1), 18–26. https://doi.org/10.1016/j.jcjq.2019.09.004

Riskin, A., Erez, A., Foulk, T. A., Kugelman, A., Gover, A., Shoris, I., Riskin, K. S., & Bamberger, P. A. (2015). The Impact of Rudeness on Medical Team Performance: A Randomized Trial. *PEDIATRICS*, *136*(3), 487–495. https://doi.org/10.1542/peds.2015-1385

Rosenstein, A. H., & O'Daniel, M. (2006). Impact and Implications of Disruptive Behavior in the Perioperative Arena. *Journal of the American College of Surgeons*, *203*(1), 96–105. https://doi.org/10.1016/j.jamcollsurg.2006.03.027

Saunders, M. N. K., Lewis, P., & Thornhill, A. (2021). *Research Methods For Business Students* (8th ed.). PEARSON.

Schilpzand, P., de Pater, I. E., & Erez, A. (2014). Workplace incivility: A review of the literature and agenda for future research. *Journal of Organizational Behavior*, *37*, S57–S88. https://doi.org/10.1002/job.1976

Sellers K.F., Millenbach, L., Ward K., & Scribani, M. (2012). The Degree of Horizontal Violence in RNs Practicing in New York State. *JONA: The Journal of Nursing Administration, 42*(10). https://doi.org/10.1097/NNA.0b013e31826a208f

Shetty, A. L., Vaghasiya, M., Boddy, R., Byth, K., & Unwin, D. (2016). Perceived incivility during emergency department phone consultations. *Emergency Medicine Australasia*, *28*(3), 256–261. https://doi.org/10.1111/1742-6723.12564

Sleem, W. F. (2017). Role of Workplace Civility Climate and Workgroup Norms on Incidence of Incivility Behaviour among Staff Nurses. *International Journal of Nursing Didactics*, *7*(6). https://doi.org/10.15520/ijnd.2017.vol7.iss6.230.34-43

Small, C. R., Porterfield, S., & Gordon, G. (2015). Disruptive behavior within the workplace. *Applied Nursing Research*, *28*(2), 67–71. https://doi.org/10.1016/j.apnr.2014.12.002

Smith, J. G., Morin, K. H., & Lake, E. T. (2017). Association of the nurse work environment with nurse incivility in hospitals. *Journal of Nursing Management*, *26*(2), 219–226. https://doi.org/10.1111/jonm.12537

Smith, L. M., Andrusyszyn, M. A., & Spence Laschinger, H. K. (2010). Effects of workplace incivility and empowerment on newly-graduated nurses' organizational commitment. *Journal of Nursing Management*, *18*(8), 1004–1015. https://doi.org/10.1111/j.1365-2834.2010.01165.x

Laschinger, S., H. K., Leiter, M., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes.

Journal of Nursing Management, *17*(3), 302–311. https://doi.org/10.1111/j.1365-2834.2009.00999.x

Taylor, S. G., & Kluemper, D. H. (2012). Linking perceptions of role stress and incivility to workplace aggression: The moderating role of personality. *Journal of Occupational Health Psychology*, *17*(3), 316–329. https://doi.org/10.1037/a0028211

Tikva, S. S., Kluger, A. N., & Lerman, Y. (2019). Disruptive behaviors among nurses in Israel – association with listening, wellbeing and feeling as a victim: a cross-sectional study. *Israel Journal of Health Policy Research*, *8*(1). https://doi.org/10.1186/s13584-019-340-6

Vessey, J. A., Demarco, R., & Difazio, R. (2010). Bullying, Harassment, and Horizontal Violence in the Nursing Workforce The State of the Science. *Annual Review of Nursing Research*, *28*(1), 133–157. https://doi.org/10.1891/0739-6686.28.133

Viotti, S., Converso, D., Hamblin, L. E., Guidetti, G., & Arnetz, J. E. (2018). Organisational efficiency and co-worker incivility: A cross-national study of nurses in the USA and Italy. *Journal of nursing management*, *26*(5), 597–604. https://doi.org/10.1111/jonm.12587

Zia-ud-Din, M., Arif, A., & Shabbir, M. A. (2017). The Impact of Workplace Incivility on Employee Absenteeism and Organization Commitment. *International Journal of Academic Research in Business and Social Sciences*, *7*(5). https://doi.org/10.6007/ijarbss/v7-i5/2893

Appendix 1: Research Matrix (refer assignment 1)

Appendix 2: Frequency table for Dependent variables

DEPENDENT VARIABLE	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12	A13	A14	A15	A16	A17	A18	F
Incivility - Workplace incivility, Incivility behaviour,	X	X					X	X		X	X	X	X	X	X	X			11
Workplace disruptive behaviour			X			X				X								X	4
verbal abuse				X					X		X				X				4
workplace bullying					X														1
Workplace aggression									X										1
Lateral violence																	X		1