



A study of effects of incivility of nursing staff on patients' health management in public hospitals

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Article Information	Abstract
Article history: Submitted: 25 th Dec, 2022 Accepted: 15 th April, 2023 Published: 30 th June, 2023	<p><i>The current study aimed to examine the incivility of nursing staff and its effect on their performance in public sector hospitals. The study was carried out in one of the public sector hospitals namely Pakistan Institute of Medical Sciences (PIMS). PIMS is a general hospital with all medical facilities in Islamabad having a large number of nursing staff and respectively patients. The objectives of the said study are to identify the factors related to the incivility of the nursing staff working in the public sectors hospitals. Another objective of the study is to know the relationship between incivility of nurses on patients' health in public sector hospitals. The data collected through questionnaires from the hospital staff and patients. The result of the study prevailed that, inconsiderate behavior, free riding, gossip, and rumors were incivility indicators of the nurses working in PIMS. It was also found that emotional state, physical comfort, psychological support, pain management, and physical independence indicate the patient's recovery outcomes. Further, demographic factors that, gender, age, and qualifications of patients were recorded to analyze the characteristics of the population. The results of the study pointed that, incivility is multiple factors constructs, and these entire factors are associated with each other. It was also found incivility of nurses negatively affects patients' health. It was recommended from the results that hospitals as health services organizations may conduct need assessment programs for nurses to explore the causes of their incivilities and disruptive behaviors.</i></p>
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Introduction

The word incivility came from an ancient Latin word known as “incivility” which means a lack of civility, this translates to community and then to the city (Anderson, et. al., 2009). Incivility is the term used to describe rude, disruptive, intimidating, and undesirable behaviors that are directed toward another person. Workplace incivility causes physical as well as emotional distress in normal human behavior and potentially affects the quality of care provided during the routine working environment (Armstrong et al., 2018).

It was also described by agency for healthcare research and quality (2017) that word incivility of nursing staff in public hospitals is normally used in the sense of good or bad social behavioral manners. There are different aspects from which we can find the reflection of

nursing staff incivility. For example, communicate with people with respect and norms, but if not then it is called communication incivility. Nursing means to treat with care. World Health Organization (WHO) has defined a nurse as a person who has a basic qualification in nursing education and practices nursing in their area. An experienced nurse or the paramedic staff always offers high-quality nursing care towards the promotion of health and illness patients to exhibit good prevention tactics. Those staff members form an excellent and important connection between the patient and their associated doctors with their skills of care and remain a source of decreasing the communication difference among the patient and their doctors (Smith et al., 2016).

Laschinger et al., (2014) defined that, Incivility can effect on the environment of the workplace., Sahay et al., (2015) pointed out in one of the study that unsupportive work, relationship and unsafe medication administration practices in the organization. Found an association between unsupportive work relationships and unsafe medication administration practice among new graduate nurses. Individuals who experience incivility, either as targeted or witnesses may suffer numerous negative behavioral, psychological, and somatic effects. Moreover, the threaten attitude of the supervisor also effect the work efficacy of the worker at their workplace.

In most of the public hospitals of Pakistan, the incivility of nursing staff is evident due to their extra workload because of less staff, lethargic behaviors of other co-workers, and even unethical behavior of patients and attendants (Berry et al., 2016). On the other side, the uncivil behavior may arise because of their job security (Johns, 2016) being a contractual employee or personal problems, workload, low substitutability, and forced overtime (warner et al., 2016) and it always compels them to show unethical attitude with the patients and their attendants due to mental stress. Incivility is any discourteous or ill-bred conduct toward one more with or without the expectation to hurt (Embree et al., 2013). It isn't extraordinary for people to be ignorant about the effect of their pessimistic comments. Incivility can leave people feeling embarrassed, detached, unfortunate, and restless. Troubled with such pessimistic sentiments impedes meticulousness and puts them in danger of making clinical blunders. A work environment that is hampered by fear and lack of trust, communication, and teamwork, which are considered pivotal elements for good patient care and safety, is significantly impaired (Griffin et al., 2013). Research shows that the Nurses and the staff deployed in public sector hospitals including other health care facilities around the world have a critical impact on the recovery of the patients during ailment, their safety, and quality of service (Clark, 2013).

Incivility in the Nursing is conceptually distinct from physical aggression and violence because there is no direct intention to harm, and it does not include overt physical threats to others (Ncoter et al, 2014). The nursing profession is ever ensuring patient safety and plays a critically important role while providing care directly to the patients. Nursing is the primary occupation where violence does occur. From a patient safety perspective role of a nurse is to monitor patients for clinical deterioration and perform countless other practices to ensure patients receive high-quality care. There are a lot of risks and medical practices associated with insecure nursing care. While nursing is a demanding job that sometimes moves from one high-stress situation to another. Taking breaks and being mindful of nurses help them better manage their stress in hospitals and ultimately keep them civilized in inpatient care. Patient safety is also important to recognize in reducing costs related to patient harm and improving efficiency in the healthcare system. Attendants and Nurses who hold experience or have the sense to feel pain, especially over the long-running unrecognized the presence of disappointment, long-running ailment, strains of uncoverable debase, regularly produced from the medical caretaker and doctor struggle over persistent objectives and communicated desires for their recovery (Vessey et al., 2009). Resulting from intense nurse caring and identification with patient suffering, compassion fatigue ultimately leads to emotional exhaustion (Stagg et al., 2010).

Definitions of Incivility in Nursing

In general, incivility is a human behavior that is surfaced in various situations. Much research has been carried out to define the actions that fall under the domain of incivility and the reasons that cause incivility. Various researchers and practitioners define Incivility as under:

“Incivility is a single term used to describe rude, disruptive, intimidating and aggressive behavior” According to Dahly et al., (2014) give the examples related to uncivil includes spreading rumors, silent treatment, hostile stares, sarcasm, verbal abuse, continual criticism, backstabbing, losing one’s confidence, failing to support coworkers, undermining the work, intimidation and so forth are included in the study.

The concept was presented by Patterson (2002) related to incivility and it was defined as “The low intensity of different behavior presented with ambiguous intentions to damage the victim. The violation at the workplace is termed as “Norms for mutual respect”. The uncivil behaviors at the workplace are character-wise discourteous or somehow rude for others by displaying a lack of regard and respect”. “An incivility is an inconsiderate act or deed that violates workplace conduct and offends another person” (Melnik et al., 2011). He further elaborates that it can be blatant, such as yelling at someone in public, checking email is more subtle, texting during meetings or presentations, or ignoring, or interrupting someone. This can lead to losses in efficiency, productivity, and of course, profitability.

Uncivil behaviors can be thought of as “a continuum in which less severe forms constitute one-time or sporadic incidents, while more severe forms include repeated exposure to negative acts, or bullying” (Laster et al., 2015) describes incivility as “a rude and disorderly conduct, speech, or attitude which can be any verbal or non-verbal communication that often promotes conflict and disrespect”.

Types of Incivility

The Rusk et al., (2014), describe the followings types of the incivility areas: The describe that the perception of injustice and lower job satisfaction is also one of the major factors of the incivility in the worker at workplace. The characteristics and traits of the management is also one of the key factors of the incivility in the nursing staff as well. The main types of the incivility areas:

Instigated incivility: Instigator perceptions and attitudes are also related to the type of enacted incivility. conflict style is positively related to instigated incivility,

Witnessed Incivility: Female witnesses of behavioral incivility incidents consider incidents, as are more inappropriate than their male counterparts. Witnessing incivility results in a higher level of witnesses, reduces their task performance, negative effects, helpfulness towards others, and creative performance also increase dysfunctional ideation.

Experienced Incivility: Most of the incivility research focuses on experienced incivility and targets uncivil conduct, especially among researchers working on its various outcomes. Experienced incivility includes behavioral, contextual, and dispositional aspects that predict the conduct of uncivil practices at the workplace. To predict experienced incivility the target behaviors that have been found include the target's interpersonal counterproductive and organizational behavior.

Causes of Incivility in Nursing Staff

Incivility some of the time looked at by the Individuals (medical attendants) in the individual life is normal to gather pointless realities concerning their worth and their respective families (Lim and Lee, 2011). The family stalemates and the ability to be self-aware values have gravely impacted the negative image of the person. According to Anderson et al., (2009),

an important element is not necessary to get back home while the work-related issues come back with them. It is challenging for any person to develop a line between home and work life due to performing various tasks, and adaptable working in the present state. Many structures may consider Incivility - peaceful, and impolite, in the majority the insolent conduct and its consequences for those people that come under its effect are large in number. According to the study of Armstrong et al., (2018), the activity might cause profound mental hurt to another when one individual may just oddball and not recall them. The family climate sways the display by the medical attendants. This region got little consideration. Overlooking, yelling, mockery, or disparaging somebody, may remember nursing incivility yet doesn't include an intent to hurt others (Lim et al., 2010). Through composting approaches and authorizes, incivility can be represented in the clinic. As of late according from a business point of view, an agreement creates in the associations. Numerous associations foster zero-resistance approaches towards working environment maltreatment for getting the representatives and overseeing pressure (Cortina et al., 2010).

Essentially, at the clinic when staff individuals show discourteous practices put-downs and utilize, yet uncivil practices are moreover ordinary in the medical clinic and majorly affect attendants' presentation. An earlier report likewise spectacles that an individual observing unfriendly practice shall be furious or removed as they are operating in such working environments (Cortina et al. 2001).

Incivility Model and Theories

Washington state Department of labor and industries (2011) infer that overflow in the outline of actions feelings, perspectives, or tension of individual facing every day or one more everyday issue. Further Overflow make references to the solid impact that remain different for different persons in a single state and have a separate set of economies for other. In addition, Impatience, and low energy shift starting with one circle and then onto the next circle because of negative overflow. Hardly any analysts bring up that training in the equilibrium from one another to such an extent that prizes may be achieved in one regular issue while denied of the other; thusly, an inverse interface between the two spaces of life should be surveyed. This shows that incivility rehearsed in one individual's life circle shifts into someone else's life cycle and causes pressure or tension in the second life circle as well. Considering two regions i.e., nursing incivility and patient wellbeing are the two most significant everyday issues, overflow results can happen in two assorted bearings for example from incivility to wellbeing side and from wellbeing to incivility side. Yet, this concentration essentially centers around the overflow from nursing incivility to patient's wellbeing. The state of mind or mentality connected with nursing incivility is conveyed in the work environment. Overflow's hypothesis guarantees what is happening in which there is a change in connecting the patient wellbeing and nursing incivility is positive or negative means shift of conduct starting with one space then onto the next area. The review saw that assuming patient wellbeing relations and incivility relations are completely ready as far as reality, then, at that point, changes as far as time, energy, and conduct are generally negative. The concentration likewise energizes the idea that incivility flexibility which empowers people to consolidate and reach out past persistent well-being and work liabilities as far as existence, leads towards positive overflow and gets sound life and work security.

Objectives of the Study

The objectives of the study areas:

- i. To identify the factors related to the incivility of the nursing staff working in the public sector hospitals.
- ii. To know the relationship between incivility of nurses on patient's health in public sector hospitals.

Hypothesis of the study

Followings are the hypothesis of the study areas:

- H-1: The Inconsiderate Behavior negatively affects the Patient's Health.
- H-2: The Free Ridding negatively affects the Patient's Health.
- H-3: Gossip and Rumors negatively affect the Patient's Health.
- H-4: Nursing Incivility is negatively and significantly affecting the Patient's Health.

Selection Criteria of the Study

The selection criteria areas:

Inclusion Criteria

- i. Patients
- ii. Nursing staff of public sector hospitals of Islamabad.
- iii. Both Male and Female gender of patients.
- iv. Patients visiting public sector hospitals.

Research Methodology

In this study the survey methodology for the collection of the responses of the population were adopted.

Sampling techniques

Researchers used convenience (or accidental volunteer) sampling to recruit participants from hospitals that have certain inclusion criteria. The reason for adopting this technique was that the exact information of all the indoor patients was difficult to collect in a short period. Therefore, it was more appropriate to visit the various wards of the hospital and get the questionnaire filled out by the patients.

Table 1: Hospital for the study

Sr. No	Name of the Hospitals
01	Pakistan Institute of Medical Sciences (PIMS)

There was only one hospital taken for the study.

Table 2: Population of the study

Sr. No	Hospital	Patients Category			Patients
01	PIMS Islamabad	OPD Patients 1200	Indoor Patient 60	Emergency Patients 200	Its 592 beds Hospital 592

Source: www.pims.gov.pk

Table 3: Sampling framework of the population

Sr. No	Hospital	Patients Category				Patients	
01	PIMS Islamabad	Male Patients		Female Patients		Its 592 beds Hospital	
		Population	Sample	Population	Sample	Population	Sample
		422	246	320	117	Unknown	357

Source: www.pims.gov.pk

Questionnaires were distributed among the literate patients in PIMS (Pakistan Institute of Medical Sciences) Islamabad. The questionnaire was adopted from previously tested research and is used to conduct this research for data collection was personally administered.

Instruments: Data were collected from the respondents with the help of questionnaires and the questionnaires were developed with the help of literature review and all the attributes, of the incivility were taken in the tool.

Validity and Reliability: The face validity of the content was verified with the consultancy of the experts in working in the same filed. The application of the Cronbach's alpha was taken. After modification of the items, the reliability analysis shows that Cronbach's alpha for the questionnaire consisting of nurses' incivility scale was $\alpha:0.89$, signifying that the questionnaire was internally consistent. The values of Alpha for each sub-indicator of the Patients health scale were: Emotional state, .82; Physical Comfort, .83; psychological Support, .83. The alpha coefficient results indicated that the instrument was reliable.

Research Results

Demographic Characteristics of Respondents

The indoor and outdoor patients' demographic and responses to a structured questionnaire are presented here. Information regarding demographic characteristics of respondents in terms of age, gender, and qualification of patients is analyzed and presented in the following tables.

Table 4: Demographic characteristics of the study

Demographic Factor	Category	Frequency	Percentage (%)
Gender	Male	246	67.76
	Female	117	32.24
Age	30 Years or below	19	5.23%
	31 – 40 Years	42	11.57%
	41 - 50 Years	112	30.85%
	51 - 60 Years	101	27.82%
	60 Years and above	89	24.51
Qualification	Illiterate	89	24.51%
	Middle	65	17.90%
	Matric	92	25.34%
	Intermediate	71	19.56%
	Masters	46	12.67%

Results Based on Responses Filled by Patients

Descriptive Statistics

These measurements give an outline of normalized values of the variables under consideration. This test shows the size, minimum, and maximum possible values of the variable, and the mean of the values, The Standard Deviation (SD) shall be also reflected in the descriptive statistics. Table No.6 exhibits the study factors as mentioned before. The values show the variable response by the participants of the survey. The third and fourth columns show the least and greatest upsides of the information announced by the participants.

Table 5: Descriptive analysis statistics

	Minimum	Maximum	Mean value	Standard Deviation	Skewness Stats	Standard Error
Patient Health (PH)	1.78	4.71	3.799	0.437	-0.435	0.176
Inconsiderate Behavior (IB)	1.40	5.00	3.882	0.444	-0.136	0.176
Free Riding (FR)	2.00	4.83	3.685	0.486	-0.437	0.176
Gossip and Rumors (GPR)	2.00	5.00	4.039	0.496	-0.772	0.176

The data values found for the skewness of Patient's Health (- 0.435) lie in the class of symmetric distribution. By applying the Bulmer Rule of thumb, the skewness of Inconsiderate Behavior (- 1.136) lies in a highly skewed distribution. For the variable of Free Riding skewness (- 0.437) the value lies in approx. symmetric distribution. The skewness values of Gossip and Rumors (- 0.772) respectively are Approximately symmetric. Whereas the distribution skewness of Incivility Nursing (- 0.877) lies at approximately.

Correlation Analysis of the Model

Table 6: Correlation analysis

Variable		PH	IB	FR	G&R	NI
Patient Health (PH)	Pearson Correlation	1				
	Significance 2-tailed					
Inconsiderate Behavior (IB)	Pearson Correlation	-.555**	1			
	Significance 2-tailed	.000				
Free Riding (FR)	Pearson Correlation	-.542**	.641**	1		
	Significance 2-tailed	.000	.000			
Gossip and Rumors (G&R)	Pearson Correlation	-.292**	.576**	.663**	1	
	Significance 2-tailed	.000	.000	.000		
Nursing Incivility (NI)	Pearson Correlation	-.492**	.676**	.723**	0.702**	1
	Significance 2-tailed	.000	.000	.000	.000	

* Correlation (2-tailed) is significant at the value of 0.05 level

** Correlation (2-tailed) is significant at the 0.01 level

Regression Analysis

In this study, only the Simple Linear Regression test is used to verify the hypothesis since it is just to check the impact of the variables under the consideration. This study is verifying the impact of variables on the one dependent variable therefore, the following regression equation will be used for the verification of the hypotheses:

$$A = c + m(X)$$

Inconsiderate Behavior to Patients health (HY-1)

Table 7: H1 - Model summary

Model	R	R Squ	Adjusted R Squ	Std. Err(Estimate)
1	.545a	.3081	.3042	.36497

Table 8: ANOVA for hypothesis – 1

Model	Sum of Squares	Value of df	Mean Squared	F	Significance
Regression	11.2121	1	11.2121	84.1690	.000a
Residual	25.1767	189	.1333		
Total	36.3888	190			

Predictors: IB (Constant)

Table 9: Standardized & un-standardized coefficients (Hypothesis -1)

Model	Unstandardized Coefficients		Standardized Coefficients		T	Significance
	Beta	StdErr	Beta			
(Constant)	1.6767	.2331			7.191	.000
IB	.5477	.0600	.555		9.174	.000

Therefore, the final regression equation with the coefficient value of beta equal to 1.6767 and coefficient values of 0.5477:

$$PH = 1.6767 - 0.5477 (IB)$$

Therefore, Inconsiderate Behavior to Patients health (HY-1) is accepted.

Free Riding Contributes Negatively to Patient Health (HY-2)

Table 10: Model summary (Hypothesis -2)

Model	R	R Squ	Adj R Squ	Std. Err (Estimate)
1	.5421a	.2934	.2893	.3688789

a.Predictors: FR(Constant)

Table 11: ANOVA table (Hypothesis-2)

Model	Sum if Squ	Df	Mean Square	F	Significance
Regression	10.6701	1	10.6703	78.415	.0000a
Residual	25.7181	189	.1361		
Total	36.3881	190			

a.Predictors: FR(Constant)

Table 12: Standardized & un-standardized coefficients for PH (Hypothesis -2)

Model	Unstandardized Coefficients		Standardized Coefficients		T	Significance
	Beta	StdErr	Beta			
(Constant)	2.000	.205			9.758	.000
FR	.4888	.055	.542		8.855	.000

The Coefficient of the test indicates that the t values associated with Free Riding are significant at the same level as F statistics were. Therefore, the final regression equation with the coefficient value of beta equal to 2.0000 and coefficient values of 0.4888:

$$PH = 2.00 - 0.4888 (FR)$$

Therefore, Free Riding contributes negatively to Patient's Health, Hypothesis -2 is accepted.

Gossip and Rumors Negatively Affect the Patient's Health (HY-3)

Table 13: Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.2921a	.0853	.0801	.4196621

Predictors: G&R(Constant)

Table 14: ANOVA for hypothesis 3

Model	Sum of Squares	Df	Mean Square	F	Significance
Regression	3.1027	1	3.102	17.611	.000a
Residual	33.2861	189	.176		
Total	36.3883	190			

Predictors: G&R(Constant)

Table 15: Standardized & un-standardized coefficients for PH (Hypothesis - 3)

Model	Unstandardized coefficients		Standardized Coefficients		T	Significance
	B	StdErr	Beta			
(Constant)	2.7593	.2501			11.0401	.000
G&R	.2582	.0612	.2922		4.1971	.000

The Coefficient values of the Regression test indicate that the t-values associated with Gossip and Rumors were found significant at the same level of F statistics. Therefore, the final regression equation with the coefficient value of beta equal to 2.7593 and coefficient values of 0.2582:

$$PH = 2.7593 - 0.2582 (G\&R)$$

Therefore, Gossip & Rumors has a positive influence on Patient's Health we accept the H3
Nursing Incivility is negatively and significantly affecting the Patient's Health (HY-4)

Table 16: Model summary (Hypothesis – 4)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.3573a	.1288	.1233	.4097873

a. Predictors: (Constant), NI

Table 17: ANOVA

Model	Sum of Squares	DF	Mean Square	F	Significance
1 Regression	4.6502	1	4.6502	27.6897	.000a
Residual	31.7381	1892	.1689		
Total	36.3885	1902			

a. Predictors: (Constant), NI

Table 18: Standardized & un-standardized coefficients for PH (Hypothesis – 4)

Model	Un-Standardized Coefficients		Standardized Coefficients		Significance
	B	Std. Error	Beta	T	
1 (Constant)	2.5491	.2391		10.6451	.000
NI	.3262	.0623	.3571	5.2621	.000

The Coefficient values of the Regression test indicate that the t-values associated with Inconsiderate Behavior were found significant at the same level of F statistics. Therefore, the final regression equation with the coefficient value of beta equal to 2.5491 and coefficient values of 0.3262:

$$PH = 2.5491 - 0.3262 (NI)$$

Hence, Nursing Incivility negatively and significantly affects the Patient's Health, H4 is accepted.

Discussion

The purpose of the study was to identify the factors of the incivility of nurses and find out the relationship between nurses' incivility and patients' health. The results of the study are almost applicable to our hypotheses that show the significant relationship and impact of incivility and patient's health. Following that hypothesis, the other hypothesis shows a positive as well as the significant impact of Nurse's Incivility on Patient's Health. Such interaction has explained a pattern that shows a rise in nursing incivility upon the instability of the patients' health. Consequently, all the proposed hypotheses of the study are found adequate and were accepted.

Therefore, a rude, discourteous, and disrespectful working environment from the senior nurses is having a great impact on the lives of the other associate nurses, junior workers, and patients in the hospital. The study findings are found significant in the Pakistani medical environment, and that explains a loud and clear impact of the nurses' incivility upon patient health. Subsequently, the study remains a consistent match with the conclusions of samad at el., (2020) who proposed that the adverse impact of incivility can extend broad objectives over the nurses' wellbeing. Likewise, the negative effects of incivility upon the patients with time had adverse implications for the hospitals as well. An insulting work atmosphere causes behavior clashes and decreases team effectiveness as one of the most important parts is becoming nonfunctional that is nurses are becoming non-cooperative.

That far is hard for a long-time watchman and they put assets into some opportunity to handle or address how orderlies' show can affect by private issues and strains like incivility at the emergency office. These issues all things considered need to legitimize less compassion from bosses. Dismissing how issues are generally innocuous there is a need to settle them. Up until this point, a colossal heap of understanding incivility impacts people having uniqueness who are to a great extent the more astounding to safeguard its horrendous effects. In like way, try not to consider the advantage of shared clinical escorts as well as the emergency community.

Essentially, those people perhaps will in like way keep on conveying incivility in the clinical focus, which encounters incivility in their own life. Since people information to saw and notice such kind of lead as regular. It is additionally seen that when clinical escorts utilize engaging remarks essentially a couple of times towards/her senior assistants, they face genuine protest from them; since they felt that these remarks were humorous, yet which had come to pressure/her accomplices. Support conceivably will limit reaching their relatives and payout still additional second at emergency focus, hence, which would it have the choice to turn out seriously appropriately utilizing additional time at the office prompts thoughtlessness from

patients (Person et al., 2016).

Effectively applicable our findings show that under a discourteous hospital environment nurses are more likely to show conflicts with other fellow nurses on minor or major both work-related matters. According to Chuadhry et al., (2017) proposed that often the workplace stress tilde the individual toward the incivility at workplace.

Conclusion

It was concluded from the literature review and results of the study, reflects that environment plays a very important role on the performance of the individual. Moreover, in the case of nursing working at hospital, it is more critical to look into the working environment, as this is directly related to the health of the patients. The uses of spillover theory are this study is also mapping the relationship of incivility with the patients' health. The finding of this study shows that there is a significant relationship between Nursing Incivility and Patient Health. Whereas the samples in this study the effect have been calculated at 32%. Moreover, the effect of Inconsiderate Behavior on Patient Health has been calculated to be 54%. This shows that there is a dire need to work more on the improvement of Inconsiderate Behavior of the nurses and overall reducing the factor of the incivility of nurses in the Public Sector Hospitals to improve the overall environment and services in the hospital.

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