

Unravelling the Nexus: Exploring How Workplace Incivility Shapes Nurse Well-Being via Emotional Exhaustion Pathways

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Abstract

Based on the Conservation of Resource theory, the current research investigates how workplace incivility affects employees' psychological well-being. It also discovers how the psychological resources are depleted through emotional exhaustion among Pakistani nurses in health care centers; as a result, the psychological well-being of the nurses deteriorates. When extrinsic and extrinsic motivation does not replenish psychological resources, nurses' psychological well-being may be compromised. The present study primarily focuses on the registered nurses working in different secondary and tertiary hospitals in southern Punjab, Pakistan. Data was collected from 350 nurses in different government hospitals using the nonprobability, purposive sampling technique. The primary data is collected by disseminating and collecting structured questionnaires to maintain the anonymity of the respondents. The findings represent that Pakistani nurses do encounter incivility in the workplace. This study suggests that, among the factors considered, workplace incivility has the most substantial adverse effect on nurses' psychological well-being. The research suggests developing better human resource practices by bringing attention to this issue. Such initiatives could focus on encouraging support for nurses, diminishing workplace incivility, and ultimately enhancing their psychological well-being.

Keywords: Workplace Incivility, Emotional Exhaustion, Psychological Well-being

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1 Introduction

Nurses around the world face a constant challenge: workplace incivility. Working long hours and providing care in demanding situations can expose them to inappropriate behaviors from colleagues, patients, and employers (Hutton & Gates, [2008](#)). This constant bombardment can lead to a sense of normalcy, causing them to under-report incidents as simply an unavoidable part of the job. The consequences of such an environment are dire. Being exposed to incivility can have adverse effects on a nurse's mental health, resulting in depression, anxiety, and burnout (Logan, [2016](#)). According to Abolfazl Vagharseyyedin ([2015](#)), workplace incivility, consequently, may impact the standard of patient care and could potentially lead to aggressive behavior. Workplace rudeness is a worldwide issue that hinders the accomplishment of both employees and organizations (Logan, [2016](#)). It decreased engagement, productivity, and satisfaction, leading to higher staff turnover (Mammen et al., [2018](#)).

Further, past research shows the prevalence and impact on nurses (Burke et al., [2011](#)). Organizations must take an active position by applying clear policies and implementing a culture of respect via robust HR practices (Arafa et al., [2003](#)). Incivility is a visible issue, and by acknowledging its presence, organizations can identify and address it (Mammen et al., [2018](#)). Research across cultures highlights the true extent of this problem and apprises strategies to endorse professional behavior in the healthcare context.

Hospital rudeness is a severe concern that demands immediate consideration. Overlooking risks the individual's psychological well-being and may compromise the quality of patient care (Hutton & Gates, [2008](#)). This study aims to add to the development of remedies. It aims to examine nurses' experiences in government hospitals across southern Punjab, Pakistan, investigating the path between workplace incivility and their mental health. The low ranking of Pakistan in global well-being surveys (Helliwell et al., [2024](#)) underlines the urgency of addressing employee well-being in Pakistani healthcare organizations.

2 Literature Review

2.1 Workplace Incivility

The pervasive problem of workplace incivility (WI) discovers its characteristics, consequences, and potential outcomes. There looks to be a general agreement on the significance of WI, with studies emphasizing its adverse impact on employees and, ultimately, on organizations (Porath et al., [2015](#); Pearson & Porath, [2004](#)). WI unambiguously contrasts workplace civility, which fosters respect and consideration for others. On the other hand, incivility is demonstrated as a range of rude and disrespectful behaviors, repeatedly characterized by low-intensity acts and uncertain intentions (Pearson et al., [2005](#)). Further, Andersson and Pearson ([1999](#)) describe it as disregarding workplace norms of respect. The adverse outcomes of WI are well-documented. It can decay employee dignity, create anxiety, and hinder collaboration (Zauderer, [2002](#); Felblinger, [2008](#)). It includes taking credit for others' work, spreading rumors, or displaying outbursts. The influence extends beyond the target to colleagues, friends, family, and the organization (Pearson et al., [2000](#)). Further, WI can decline job satisfaction, increase stress, and hinder productivity (Caza & Cortina, [2007](#); Porath & Pearson, [2013](#)).

Further, it explores potential causes of WI, suggesting that factors like company restructuring, mergers, and technological changes can contribute to a rise in negative emotions and strained relationships (Pearson et al., [2005](#)). Notably, some researchers view workplace abuse as a broader concept encompassing incivility (Johnson & Indvik, [2001](#)). While significant research has been conducted on WI, there seems to be a call for further investigation into specific aspects. Areas of potential exploration include the connection between WI and interpersonal issues, the different types of incivility (witnessed, experienced, instigated), and the role of identity factors (Hodgins et

al., [2014](#); Schulpzand et al., [2016a](#), [2016b](#); Cortina et al., [2017](#)). This emphasizes the necessity for a thorough review of research on workplace incivility in the 21st century, encompassing factors like publication trends, sample characteristics, theoretical frameworks, and critical findings (Vasconcelos, [2020](#))

2.2 Emotional Exhaustion

Burnout is a severe problem in the healthcare industry, especially for nurses. It is characterized by emotional tiredness, depersonalization, and decreased efficacy. A significant contributing factor to this issue is the demanding nature of their employment, which involves long hours and continuous patient engagement (Demerouti et al., [2000](#)). According to a global survey by Woo et al. ([2020](#)), more than 11% of nurses report having burnout, with critical care unit and Southeast Asian nurses being most at risk.

Past research indicates a relationship between burnout and declined employee well-being, with emotional exhaustion more predominant in women and newer nurses (Reichl et al., [2014](#)). Further, Emotional exhaustion stems from constantly spending emotional resources to cope with demanding circumstances. Burnout occurs when these resources are exhausted (Malik & Sattar, [2019](#)). Unfavorable work environments containing high workloads, inadequate staffing, and limited resources further exacerbate this delinquency for nurses (Poku et al., [2020](#)). Organizations that fail to support their staff risk burnout-related costs, containing decreased productivity and staff turnover (Falguera et al., [2021](#)).

An imbalance between the resources available and the profession's demands is a sign of emotional exhaustion (Hewitt et al., [2020](#)). Chronic stress, heavy workloads, and individual stressors add to this emotional depletion. Further, organizational structures and psychological factors also play a role (Rhéaume, [2022](#)). In contrast past studies shows link emotional exhaustion to decreased productivity, patient dissatisfaction, and negative consequences for nurses themselves, including a higher risk of work-related injuries, medication errors, and job dissatisfaction (Purpora et al., [2019](#); Akkoç et al., [2021](#); Balducci et al., [2021](#)).

For nurses in under developing nations, challenging work environments added escalate emotional exhaustion. Poor leadership, noise, and crowded workspaces add to burnout and hinder patient care (Balducci et al., [2021](#)). Further, the workplaces with solid leadership and nurse involvement in decision-making depict lower burnout rates (Hailay et al., [2020](#)). The World Health Organization emphasizes the need for optimal nurse-patient ratios, particularly in under developed countries. Further, it shows that the nurse staffing shortages to prevent burnout and its negative consequences on nurses and patients (Hailay et al., [2020](#)).

2.2 Psychological Well-being

Psychological well-being (PWB) is a broad concept encompassing an employee's sense of purpose, fulfillment, and overall effectiveness (Wright & Cropanzano, [2000](#); Wrzesniewski et al., [2003](#)). It goes beyond work satisfaction and delves into the impact of workplace stressors, including interactions with difficult colleagues (Cropanzano et al., [2003](#)). In the hospitality industry, where service professionals frequently interact with peers and prioritize customer satisfaction, recurring encounters with rude customers can threaten employee PWB.

From the management perspective, impolite clients are a significant cause of stress that can result in psychological depletion and harm work-related behaviors, including commitment, job satisfaction, and output (Liu et al., [2019](#)). Former researchers have often focused on specific, short-term aspects of psychological well-being, such as anger (Brotheridge & Lee, [2003](#)). Further, Huang et al. ([2016](#)) define well-being as an inclusive term that includes positive experiences contributing to work productivity and several life domains. Diener et al. ([1985](#)) categorize well-being into hedonic and eudaimonic phases. Hedonic well-being emphasizes positive emotions and

life satisfaction from experiences and cognitive assessments (Diener, [2009](#)). In contrast, eudaimonic well-being emphasizes self-actualization and living a fulfilling life with one's true self (Ballesteros-Leiva et al., [2017](#)). While hedonic well-being prioritizes pleasure and happiness, eudaimonic well-being emphasizes personal growth and attaining one's full potential (Ryff et al. [2021](#)). Though dissimilar concepts, these two have a positive correlation (Sheldon et al., [2018](#)). Moreover, Hameed et al. ([2022](#)) said that individuals with greater PWB demonstrate better decision-making, positive interpersonal behaviors, and firm performance.

2.3 Workplace Incivility, Emotional Exhaustion and Psychological Well-being

WI (Workplace incivility) is a lack of respect and typical politeness that significantly disturbs employee well-being. A noticeable consequence is emotional exhaustion, a state of emotional depletion and powerlessness (Maslach & Jackson, [1986](#)). Coworker incivility is a major contributor to emotional exhaustion. Rude behavior and disrespect violate established workplace norms of cooperation and respect, leading to social stress and depletion of emotive and mental resources (Laschinger et al., [2009](#); Kern & Grandey, [2009](#)). Simple actions like ignoring basic courtesies or ignoring colleagues can be forms of incivility with harmful effects (Pearson et al., [2001](#)).

Previous studies have demonstrated a correlation between emotional exhaustion and aggressiveness toward coworkers and customers (Sliter et al., [2011](#); Lim & Cortina, [2005](#)). Like nasty coworkers, frequent rude customers drain emotional resources and increase tiredness (Sliter et al., [2011](#), [2012](#)). Grandey et al. ([2004](#)) discovered a link between enhanced emotional exhaustion from elevated professional stress and frequent customer rudeness. Further evidence for this relationship between being around nasty people and exhaustion comes from Kern and Grandey ([2009](#)) and Sliter et al. ([2011](#)).

This emotional exhaustion eventually harms people and the organization (Ferguson, [2012](#)). Additionally, Cortina et al. ([2001](#)) and Lim et al. ([2008](#)) proposed the negative consequences, including lower job satisfaction, psychological well-being, and a higher chance of employees leaving the organization.

2.4 Theoretical Framework

This study used the conservation of Resources (COR) theory (Hobfoll, [1989](#)). This theory posits that individuals strive to acquire, maintain, and develop resources they value. The potential loss of these resources is perceived as a threat (Hobfoll, [1989](#)). COR theory also introduces the concept of resource caravans, which represent how external factors in work and non-work environments can influence resource acquisition (Hobfoll, [2011](#)). This study considers workplace bullying as a job demand that depletes resources. Employees' perceptions of resources influence their engagement and sense of internal employability. It is also assumed that bullying, as a job demand, depletes job resources, leading to decreased emotional exhaustion and employee Psychological well-being. The study also explores self-esteem's potential as a buffer against workplace bullying. High self-esteem may help employees maintain a sense of self-worth and protect them from the adverse effects of bullying.

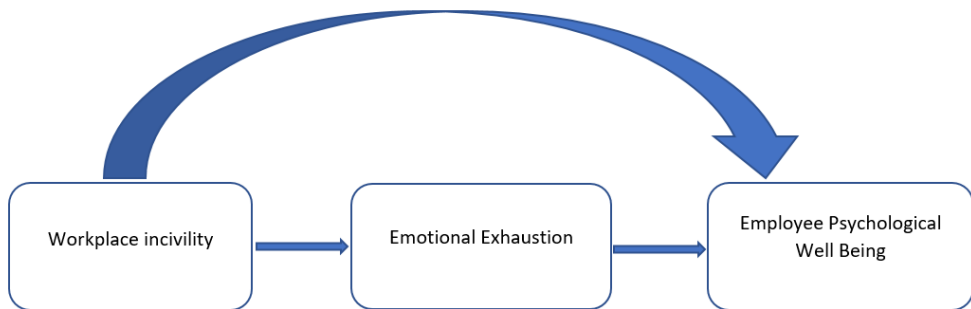


Figure 1: Conceptual Framework

3 Methodology

This study employed a cross-sectional design. The data was collected at a single point in time. To gather information, researchers distributed self-administered surveys. The participants were 350 head nurses and nursing staff working in government hospitals across Southern Punjab, Pakistan. Researchers used purposive sampling to select participants. This technique involves strategically choosing individuals who best represent the population of interest. In this case, the researchers focused on staff working in tertiary and secondary care units within the government hospitals.

3.1 Measures

This study employed established measures to assess the core concepts: emotional exhaustion, workplace incivility, and psychological well-being. Four items from Maslach and Jackson's (1981) burnout inventory were employed to capture the feeling of being emotionally depleted. A 7-item measure created by Cortina et al. (2001) measured workplace incivility. The participants' overall psychological well-being was assessed using a 5-item World Health Organization (World Health Organization Quality of Life Group, 1998) measure.

4 Data Analysis

For the analysis of data, partial least squares structural equation modeling (PLS-SEM) was chosen (Ringle et al., 2015). Because of its variance-based solid SEM capabilities, SmartPLS-3 was chosen (Hair et al., 2017). This second-generation SEM technique allows for simultaneous evaluation of all interactions within the model (Hair et al., 2017; Kock & Hadaya, 2018). As predicting the effects on endogenous variables was the primary objective, PLS-SEM was deemed a suitable excellent (Hair et al., 2017).

Though the normality of data distribution is not a strict prerequisite for PLS-SEM, it is still suggested to check. Histograms and standard probability plots generated with SPSS 27 were used to inspect the data (Pallant, 2010). The results indicate that the data distribution was suitable for this analysis. Further, PLS-SEM can handle both formative and reflective constructs. In this study, all constructs were reflective and first-order.

Before analyzing the structural model, Hair et al. (2017) emphasize how crucial it is to evaluate the measurement model. This entails ensuring that each reflective construct employed in the study is valid and reliable. To evaluate each item's reliability, each construct's outer loadings were examined. All elements were kept within the permissible range of 0.704 to 0.837, as shown in Table I (Duarte & Raposo, 2010; Hair et al., 2017).

Figure 2 depicts the measurement model.

Cronbach's alpha and composite reliability (CR) were used to evaluate internal consistency reliability. The score was between 0.839 and 0.880, respectively, representing satisfactory reliability (Bagozzi & Yi, 1988; Hair et al., 2017).

Fornell and Larcker's (1981) average variance extracted (AVE) criterion was employed to assess convergent validity. However, the AVE scores meet the 0.5 threshold (Chin, 1998; Hair et al., 2017). Further, the discriminant assessed discriminant validity via the heterotrait-monotrait ratio (HTMT), cross-loadings, and the Fornell-Larcker test (Fornell & Larcker, 1981; Hair et al., 2017; Henseler et al., 2015). These findings show discernment validity established in our data.

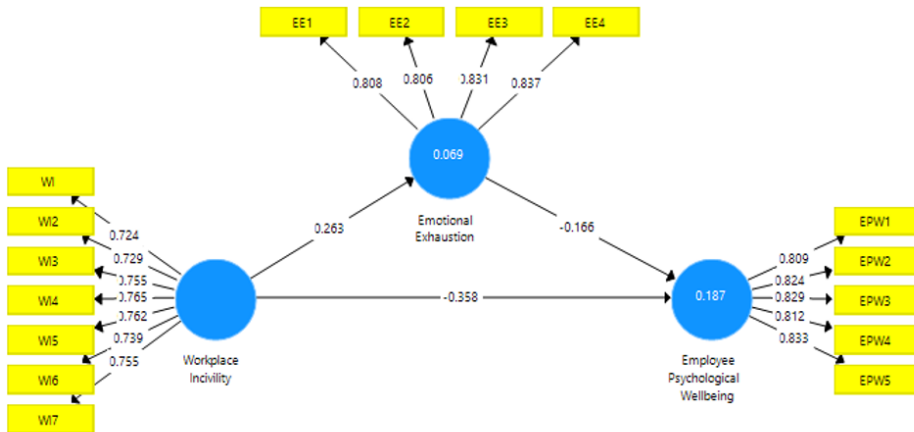


Figure 2: Measurement Model

Table 1: Reliability and Validity Statistics

Construct	Items	Loading	α	Composite Reliability	AVE
Emotional Exhaustion	EE1	0.808	0.839	0.892	0.673
	EE2	0.806			
	EE3	0.831	0.862	0.907	0.709
	EE4	0.837			
Employee Psychological Well-being	EPW1	0.809	0.880	0.912	0.675
	EPW2	0.824			
	EPW3	0.829			
	EPW4	0.812			
	EPW5	0.833			
Workplace Incivility	WI1	0.724	0.869	0.899	0.559
	WI2	0.729			
	WI3	0.755			
	WI4	0.765			
	WI5	0.762			
	WI6	0.739			
	WI7	0.755			

Discriminant validity was appraised via the Fornell-Larcker criterion (Fornell & Larcker, 1981). This criterion requires the Average Variance Extracted (AVE) square root for every variable to be higher than the correlations between that variable and any other construct in the study. The Fornell-

Larcker criterion was used to evaluate discriminant validity (Fornell & Larcker, 1981). For a variable to meet this condition, the square root of the Average Variance Extracted (AVE) must be greater than the correlations it has with any other study construct. According to Table II, the correlations between the latent variables are more significant for all variables whose square root of the AVE values is known. Additionally, Table III's Heterotrait-Monotrait Ratio (HTMT) values are below the 0.85 recommended threshold (Henseler et al., 2015; Hair et al., 2017). It means that the constructs share no method variance and are dissimilar.

To solidify the discriminant validity of the constructs, each measurement item's loading on its intended construct should be higher than its loadings on other constructs (cross-loadings). Table IV displays the cross-loading values. The results confirm that all items have higher loadings on their designated constructs compared to other constructs, further supporting discriminant validity.

Table 2: Fornell-Larcker Test

	1	2	3
Emotional Exhaustion	0.820		
Employee Psychological Well-being	-0.260	0.822	
Workplace Incivility	0.263	-0.402	0.747

Table 3: Heterotrait–Monotrait (HTMT) Ratio

	1	2	3
Emotional Exhaustion			
Employee Psychological Well-being	0.296		
Workplace Incivility	0.302	0.451	

Table4: Cross-Loading

	Emotional Exhaustion	Employee Psychological Well-being	Workplace Incivility
EE1	0.808	-0.186	0.176
EE2	0.806	-0.188	0.196
EE3	0.831	-0.216	0.225
EE4	0.837	-0.251	0.253
EPW 1	-0.167	0.809	-0.316
EPW 2	-0.217	0.824	-0.361
EPW 3	-0.242	0.829	-0.342
EPW 4	-0.221	0.812	-0.310
EPW 5	-0.215	0.833	-0.315
WI1	0.213	-0.213	0.724
WI2	0.144	-0.274	0.729
WI3	0.224	-0.350	0.755
WI4	0.163	-0.372	0.765
WI5	0.199	-0.296	0.762
WI6	0.248	-0.262	0.739
WI7	0.185	-0.302	0.755

Figure III shows that the following step involved estimating a structural model by bootstrapping.

The collinearity problem was initially assessed using the VIF (variance inflation factor) (Hair et al., 2017). The VIF score is less than 5, indicating no collinearity in the data. According to Hair et al. (2017), the results show that the structural model under examination has a robust explanatory ability. For emotional exhaustion, workplace incivility has a weak explanatory power of R2 of 0.069, while all predictors have a medium explanatory power of R2 of 0.187 for employee psychological well-being, as shown in Table V.

Table 5: R2

Construct	R ²	T Stat	P Values
Emotional Exhaustion	0.069	3.155	0.002
Employee Psychological Well-being	0.187	4.906	0.000

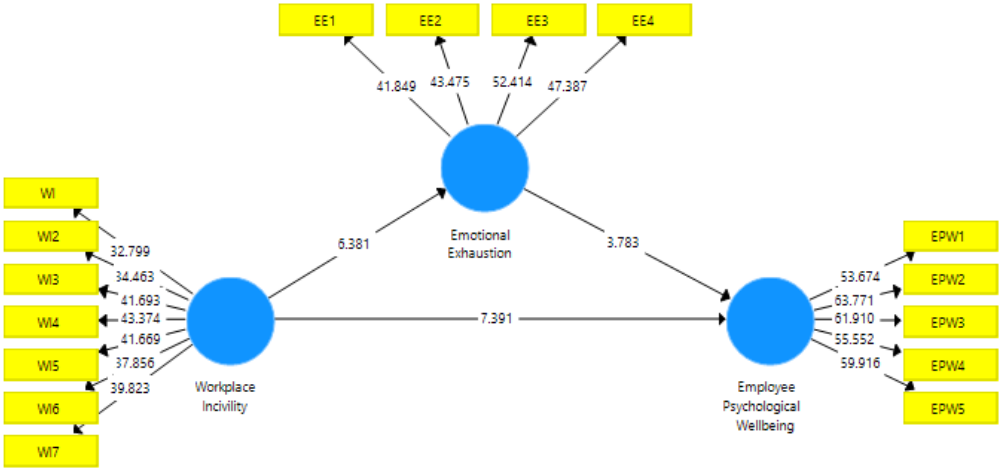


Figure 3: Structural Model

Table 6: Hypothesis Testing

Hypotheses		β	S. error	t-value	p-value	Decisions	Confidence Interval	
							2.50%	97.50%
Emotional exhaustion	Employee Psychological Well-being	-> -	0.044	3.783	0.000	Supported	-0.245	-0.075
Workplace Incivility	Emotional Exhaustion	-> 0.263	0.041	6.381	0.000	Supported	0.184	0.341
Workplace Incivility	Employee Psychological Well-being	-> -	0.046	8.766	0.000	Supported	-0.493	-0.314
Workplace Incivility	Emotional Exhaustion	-> -	0.013	3.486	0.001	Supported	-0.068	-0.020
Employee Psychological Well-being		-> 0.044						

Additionally, Table VI's data show that H1 is supported since there is a negative and significant link ($\beta = -0.402$; $t = 8.766$; $p = 0.000$) between workplace incivility and employee psychological

well-being. In a similar vein, emotional tiredness is negatively and substantially correlated with employee psychological health ($\beta = -0.166$; $t = 3.783$; $p = 0.000$) for H2, while workplace incivility has a significant and positive correlation with emotional exhaustion ($\beta = 0.263$; $t = 6.381$; $p = 0.000$) for H2. Furthermore, an indirect association exists ($\beta = -0.044$; $t\text{-value} = 3.486$; $p < 0.001$) between the Emotional Exhaustion and Workplace Incivility and Employee Psychological Well-being.

It is still debatable, nevertheless, whether mediation is partial or comprehensive. Baron and Kenny (1986) presented a systematic method for assessing mediation. However, some authors—Zhao et al., 2010 being one—challenged this antiquated approach. The current study utilized the bootstrapping method following Zhao et al. (2010) mediation model. Consequently, in the present study, we utilized a methodical mediation analysis procedure (Hair et al., 2017). Complementary (partial) mediation is approved by this method since both the direct and indirect routes are helpful and constructive.

5 Limitations and Future Recommendations

This research into workplace incivility and its impact on nurses in Pakistan sheds light on a critical issue but also has limitations that suggest avenues for future research:

The study may not be generalizable to the entire Pakistani nursing population if it focuses on a specific region or healthcare facility (e.g., government hospitals in southern Punjab). Further, relying on self-reported incivility, emotional exhaustion, and well-being measures could introduce bias. Moreover, the study design cannot establish causality; it only shows a correlation between variables. While acknowledging the potential cultural influence, the research may not have delved deeply into how cultural background affects the experience of incivility.

Future Recommendations are to conduct research with a larger, more diverse sample of nurses across Pakistan to enhance generalizability. Further, future studies must consider using a combination of self-reported measures and objective data (e.g., incident reports) to minimize bias. Moreover, the employee longitudinal studies establish cause-and-effect relationships between incivility, emotional exhaustion, and well-being. Moreover, it might explore the cultural factors influencing how nurses perceive and respond to workplace incivility. Further, to investigate the effectiveness of interventions designed to reduce workplace incivility and promote well-being among nurses in Pakistan.

6 Conclusion

This study examines the negative impact of workplace incivility (rude and disrespectful behavior) on Pakistan's nurses' well-being. The findings suggest that emotional exhaustion is mediating, meaning that incivility leads to exhaustion, harming well-being (Alquwez, 2023).

The pervasiveness of workplace incivility in healthcare, particularly for nurses, is well-documented (Smith et al., 2010). However, research on its effects in the Pakistani context, especially considering cultural nuances, remains limited (Alshehry, 2019).

Interestingly, the study found a link between specific workplaces and the prevalence of incivility. This suggests a potential departmental influence on the issue, requiring further investigation (Lewis, 2009). The results highlight the importance of addressing workplace incivility in Pakistan's healthcare system. By implementing effective human resource policies, organizations can better support nurses' psychological well-being and create more respectful work environments within departments (Kalantari, 2012).

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