

Exploring Workplace Incivility in the Nursing Profession: A Qualitative study

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ABSTRACT

Introduction: Maintaining politeness is necessary because nurses are fundamentally dedicated to tenderheartedness and veneration in human life. This study aimed to investigate nurses' experiences regarding workplace hostility.

Methodology: A qualitative thematic approach was employed in this study. The researchers used a consolidated criterion for reporting qualitative research (COREQ), a 32-item checklist designed to outline the important aspects of the research team, study methods, context of the study, findings, analysis, and interpretations. The researchers conducted this study in one of Zamboanga City's hospitals from June to November 2023, with the participants being nursing professionals. The data were analyzed thematically, as outlined by these authors.

Results: Three themes stemmed from verbatim reports provided by the respondents; thus, "crossing ethical border" with a subtheme: (a) Disrespect and (b) Positional power; Callous behavior with subtheme such as: (a) putting some worth on it; (b) demoralization; "Upholding professional integrity" had two subthemes namely; "coping after all"; and "perception toward intervention."

Conclusion: Workplace incivility among nurses remains widespread and underscores its negative effects on professional conduct, job satisfaction, and overall well-being. Nurses have resolved and decorum, but recognizing that they need help shows an urgency for studies; hence, there is a need for action plans that will fight rudeness while creating support systems within organizations for each other's colleagues.

Keywords: Workplace incivility, disrespect, nursing profession, nurses, qualitative

INTRODUCTION

Healthcare institutions still grapple with the issue of workplace incivility (WPI), which refers to impoliteness, lack of respect, and contempt for others, adversely affecting patient care and staff wellbeing. Recent research has confirmed that WPI have negative effects on patients, health workers, and institutions. In 2023, for example, Lasch et al. ¹ carried out a meta-analysis that showed that disrespecting healthcare workers is positively correlated with higher emotional fatigue, job dissatisfaction, and intention to leave a place of work. Moreover, this study showed that patient dissatisfaction was associated with nurse incivility, which directly affects patient care. Similarly, the relationship between nurses' disrespectfulness and prescription errors in healthcare settings, also noted that medical errors involve contempt. Unfortunately, nursing is a paradoxical profession that cherishes compassion over "eating their young"; however, this fact is still not generally known ². As described, moral discomfort and rudeness as common among nurses ³, which is consistent with the earlier finding ⁴ on degrading and dehumanizing acts experienced by registered nurses while working with other professionals in their workplaces. This discourages new hostile nurse environments stemming from bullying rather than mentorship among new nursing graduates, leading to an alarming rate of turnover contributing towards the already existing nursing scarcity in hospitals according to ⁵.

The implications of behaving rudely and disrespectfully at work extend far beyond interpersonal life. As such, it discourages professionalism,

hampers communication and teamwork, and ultimately puts patient safety at risk. According to new research, however, there is a growing interest in studying where incivility comes from and what its effects are, especially in workplaces ¹. Conversely, civility promotes genuine regard for and respect for each person by wanting to identify commonalities in open dialogue and attentive listening ⁶. These organizations perform their functions effectively and obtain better results when they embrace civility. This is because impoliteness among nurses can dramatically increase medical costs and endanger patient lives. Lasch et al. ¹ provided evidence that showed rudeness towards nurses to be linked with medical errors, poor patient satisfaction ratings, and high nursing turnover.

In this fast-moving healthcare industry, characterized by globalization and the proliferation of communication technology, leaders must create an atmosphere of courtesy through transparent value communication leadership development initiatives, as well as strong anti-bullying rules. This has involved many studies on workplace incivility, as well as strategies for dealing with it ^{1,5}. Workplace incivility was defined by Laschinger et al. ⁷ as "low-intensity deviant behavior which has ambiguous intent to harm the target." These may take subtle but incessant forms, such as verbal abuse or exclusion, eye rolling, or open sarcasm. It affects all people everywhere at any time, and cannot escape. Possible professionals who could perpetrate or become victims of incivility within an organization include employees, supervisors and customers ^{1,2}. The consequences go far beyond company performance, affecting team dynamics and individual well-being. Long-term

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consequences of occasional rudeness in the workplace rather than open bullying or mobbing usually take place under everyone's eyes with its gentle persistent sting eroding participation, morale, and ultimately success. In most cases, however, these victims could be anyone, since they may take too long to realize their subtle impacts. Some personality traits may make individuals more susceptible to it, although they may seem less harmful than other counterproductive work practices⁸.

Frequent victims of this innocent action include new members, such as fresh-grad nurses and those perceived in the lower ranks. This "innocent" act amplifies how it increases company objectives by causing a domino effect on disengagement. Workplace incivility from a Singaporean perspective affects different cultures⁹. Owing to the significance of this disease, nursing is a field in which its impact is dire. In a study by Laschinger et al.⁷, 77.6% and 67.5% of nurses and supervisors, respectively, had disrespectfully treated nurses, and many instances of this abuse lead to fatigue, job dissatisfaction, and even thoughts about leaving nursing altogether¹⁰. Dealing with workplace incivility is not just a good way; it is more than that. When people are subjected to an uncivil work environment, they have an impact on their health personally, change the dynamics of groups, and impair overall organizational performance. Organizations can secure staff well-being, facilitate their potential maximization, and foster durable prosperity through the proactive promotion of a respectful professional culture.

Many Filipino healthcare institutions have recorded widespread workplace incivility against nurses, which this research addresses. The article also highlights how rudeness, disrespecting behavior towards each other among other types, such as bullying or belittling by colleagues, leads to high burnout rates in this profession, resulting in high turnover rates. Consequently, teamwork breaks down when communication channels fail, leading to compromised patient safety. With information from these experiences among others, it therefore becomes imperative for interventions regarding nurse managers who need skills and knowledge to handle cases related to incivility within the Philippine context. Therefore, this study makes sense as researchers examine the urgency within which it tries to investigate the nature and impact of incivility. These nurses' perspectives were considered because there was an urgent need to understand and present the notion of incivility in that country. This study aimed to motivate changes in the nursing profession in the Philippines. A healthcare system that values both nurses and patients can be developed by addressing workplace incivility challenges. Therefore, this study aimed to delve into how nurses experience incivility in their workplace.

METHODS

Research Design: A qualitative-thematic approach was used to assess this study. The criteria used by researchers to present important elements of their teams, research methods, study area of the project, findings, analysis, and interpretations were consolidated criterion for reporting qualitative research (COREQ).

Research Locale: This study sought data from a hospital in Zamboanga City. As part of the ethical protocol, this hospital was coded as Hospital X.

Participants of the study: The participants of this study were the nurses in the hospital as they are prone to incivility due to complex issues related to their duties. The sample size was determined through purposive and snowball sampling techniques, on the basis that researchers are interested in finding out more about something or someone else. Personal contacts, acquaintances, friends, and colleagues at work in the hospital became the basis for selecting respondents. Participants were selected based on two criteria: (a) who

had experienced negative behavior indicating a lack of respect within the organization hierarchy and (b) who had criticisms about what they did or how they made decisions/leadership.

Instrument: The researchers used a semi-structured interview guide for data collection. This semi-structured interview guide was submitted to three experts for validation. The first expert is a doctorate degree holder, whose field is qualitative research. This expert has conducted research, both locally and internationally. The second expert is a clinical psychologist who works in the research department of a prestigious hospital in the city and is also a member of the institutional ethics review committee of the same facility. The last expert heads psychiatric nursing at one of the hospitals located in Zamboanga City. She has been a psychiatric nurse for 15 years and has now been linked with various other health provider establishments conducting research across Zamboanga City. Three experts validated the semi-structured guide questions and agreed that they were appropriate for resolving the problem.

Data collection: The researchers met participants at a predetermined time. They also explained to them how this would be done, including the timing and frequency of meetings, documenting the interview (taking notes and tape recording), and how the data collected should be handled. The respect for autonomy, where the respondents were allowed to decide whether to participate in the study, is an example of ethical considerations. Maintaining the privacy of participants was one way to ensure confidentiality. Finally, each person had their code name as a measure of anonymity.

Validation: To ensure internal validity, Creswell¹¹ suggested that there should be triangulation of instruments. This makes the data more reliable. Additionally, to ensure the truth value of the data member, checking with the informants on interpretations is needed¹².

Ethical Consideration: The participants' understanding of the protocol and their rights were clarified by researchers. The researchers respected individual participants' right to freely choose whether or not they will participate and withdraw at any stage without facing any circumstances. Furthermore, they must remain confidential. Personal information was locked in a secure cabinet, where only researchers were allowed access. Respect for solitude time was used as a privacy policy for the participants (s). After all these activities, the researchers who conducted the interviews asked how they felt about it. In addition, given that contact numbers in case need arose at later stages, can they still call back in case there is a need for assistance from those who carried out this exercise? Finally, all the people involved were given "code names" or pseudonyms.

Data Analysis: Thematic Data Analysis was employed by the researchers. Thematic analyses demand researchers who are deeply submerged in their dataset. Qualitative methods often encompass mixed-mode designs that offer multiple opportunities to collect qualitative data. The approach used subjective coding followed by thematic analysis, which interpreted participants' experiences in a descriptive manner without any specific theory or framework.

Braun and Clarke¹³ suggested a six-step procedure for performing thematic analysis to guide qualitative researchers: data familiarization, creating initial coding, looking for themes, reviewing prospective themes, defining and naming themes, and producing the report.

RESULTS

Three themes stemmed from verbatim reports provided by the respondents; thus, "crossing ethical border" with a subtheme: (a)

Disrespect and (b) Positional power; Callous behavior with subtheme such as: (a) putting some worth on it; (b) demoralization; “Upholding professional integrity” had two subthemes namely; “coping after all”; and “perception toward intervention.”

Crossing the Ethical Border

The theme of crossing the ethical border represents stepping over the boundary of professional ethics, that is, behaving like an unprofessional. This means that despite being educated, others and even professionals tend to show their untoward manners that occur inside and outside the confines of the wall of their workplace.

In participant's words,

N 1: “My experience of incivility was traumatic. I was treated very unfairly, since there were some professionals who acted unprofessionally towards me. She was my boss in our organization, who tried to show her authority by humiliating me, among others, by assuming that I did not know what I was doing. At least she tried to conceal her own errors when she blamed me for not having enough staff.”

N 2: “I think because am also a supervisor it really affects my job because I don't want to get any blame from those under me. My boss shouted me before the staff nurse. I know it is just a way to scold us, yet she wants us to know if we can understand.”

N 3: In fact, perhaps this discourse could be termed unethical practices by one nurse. It is truly a nightmare of any professional nurse that happened when I forgot to transfer information about the patient's antibiotic discontinuation as another colleague failed to give it up while handing over.”

In this context, two major points have been extracted from the participants' relevant statements: (a) respect and (b) positional power.

Disrespect

The subtheme “disrespect” portrays the cruel and disrespectful acts of the oppressor towards their victim. Therefore, such behavior depicts the misconduct of an oppressor. Nonetheless, rudeness is subjective to victims' views, although at times, it may be difficult to know until it takes effect. This was seen in the interview, where participants expressed their grievances concerning the lack of respect from their bosses.

Participants claimed:

N 2 “I was not up for going to work that day because of how my boss yelled at me. At times, she always blamed me for every problem that arose. For instance, sometimes what she wants is what we need to do... Being a supervisor, I am supposed to make decisions about my unit, but when everything was done, some things she wanted them changed. She wanted the staff nurses to see/know that she was the one doing and I am not doing anything. With that, I am no longer interested, and it seems I do not have any worth in the hospital.)

N 3: “My boss behaves rudely or arrogantly around me. Just as I explained myself, she looked down at me and walked out while I had not yet completed my response. To me, it would have been okay if we had been just two people present by then. You know what [...] this time, I do not have reason why should I stick or suggest for betterment of my unit”.

N 1: “I felt devalued as a manager within the organization but yet still instead My boss should have done things that a boss should do. This showed her crossing over from being a professional nurse.” In the second thought, am I, right? Why should I take a challenge if there is not mind on what am trying to improve for?”

Positional Power

The subtheme of positional power deals with the authoritative acts of the superior, as they hold the highest position. It can be argued that this kind of behavior is undoubtedly established in a managerial setting. Nonetheless, rude manners are a matter of course at present because of organizational “striking crudity”. Workplace incivility is caused by power relations within an organization as well as personally. It should be noted that incivility resulting from the position's authority can become the norm in the workplace, thereby making it difficult to change.

In the process of conversation with participants, they talked about how they had used their positional power to behave uncivilly. For instance;

N 1: “She's the one who is allowed to shout at me, because my boss said so, regardless of where I am positioned. The only issue is that she ensures that many people are around whenever she wants to shout. I tried to understand her because I knew that she was my supervisor. To my mind, she can shout at me anytime she wants as long as there are no people around them. I came to realize that every time she was shouting me, there were people around as if it were necessary for her to be seen as [...].

N 2: Each time I closed my eyes, all I could hear was the voice of my superior saying, 'do not you remember that I am your [...]?' Instead of supervising nurses like you (though it was all wrong)”. As those words rang in my ears, all she said during this period without any doubt concerned about showing herself as my boss.”

N 5. Our standing here, as nurses, became a topic of reflection among themselves and other colleagues. Is it because we are nurses and doctors who have the right to disrespect us? What is it in us that nurses can easily disregard our presence? They emphasized this point repeatedly until maybe some of them think they are doctors while others feel inferior by calling themselves mere nurses”.

The above observations indicate that incivility can be manifested in different ways by the respondents.

Callous Behavior

The heartlessness of managers toward their subordinates has been described as callous behavior. Two subthemes emerged from the verbatim accounts of the participants: (a) putting value on and (b) humiliation.

Putting some worth on it

This subtheme refers to the belittling experiences of participants from their superiors. The dealings of these officials with their peers during trying times in the ward are characterized by a lack of humanity.

As participants expressed:

N 3: “Despite him speaking to me disrespectfully and shouting, I kept my cool and told him to read the policies and procedures before he can make any suggestions. My calmness made him angrier. For that matter, I felt belittled when he said that I am the [...] nurse he ever met”. However, he is not yet satisfied until now, still saying that I am nothing more than a nurse working in that department, therefore why should be staying in this unit since my stay still adds no value to my unit.”

N 10: With regard to this experience, they are very much looking down on us. Sometimes, [...] would just see us as mere decorations in this hospital. Personally, I did my degree, so others should respect me, but it looks like for them our being here is useless. I am not undermining anyone's position as a health aide, but definitely, my responsibilities cannot be equated with those duties."

N 8: "I will tell the chief nurse of this hospital that he hired an [...] nurse..." These words are not meant to describe just any nurse found anywhere in any hospital. It was really hard for me when she finished her sentence". That was so unfair for nurses".

Demoralization

Theme demoralization addresses the effects of incivility. Indeed, the results of incivility indicate more than fear and extremely unpleasant emotions; pain-related problems were reported by them. Participants' narratives highlighted a sense of being demoralized.

As participants verbalized:

N 3: "The worst acts of my boss shattered me; I felt like just giving up on everything". Sometimes, I do not feel like going to work because another insult will be said, which can hurt me to the core. It already does not sound right to me, even my charting, so I need to make sure with my co-workers. Despite that, she is there trying at least help me out and makes me smile."

N 6: "To me, it seemed as if I had taken down somebody's esteem through humiliation from the doctors. This demotivated me from doing good at work. Right now, I do not have any self-assurance while working. Anytime am doing such a nursing procedure, his words are always echoing, leading to my frustrations."

N 9: "My supervisor has already said her piece about my past personal life; it was so devastating. I always wonder why she labored much to dig my personal life and when I am myself (smiling) answering that she wanted me to be demoralized and leave".

Upholding professional integrity

Participants' views on the most appropriate steps against incivility were expressed in terms of upholding professional integrity. This implies valuing one's own profession despite having experienced incivilities within this profession. Truly speaking, the code of nurse Article IV sec.12 directed nurses to recognize and protect the reputation and dignity of members of nursing and other professions, avoid making unfair or unjustifiable criticisms or comments about their competence, behavior, or actions, or taking any actions that would dishonor a fellow worker as well as any member of other professions respecting co-workers' rights.

Verbatim accounts for two subthemes: coping after all "coping after all" and (b) "love thy neighbor."

As N 4 mentioned: "I believe being a professional whether you are doctor, supervisor or chief nurse etc., we should be reminded what we learnt at school. In addition, we should not forget those values that were instilled in us when we were young nor should we forget the virtues of being real men".

Coping after all

This subtheme illustrates the reactions of participants after their incivility. Of course, they still do their jobs despite facing incivility in their professions. Coping with uncivil behavior during conversation is determined by personal attributes such as resilience and maturity.

Participants said:

N2: "I vented my frustrations to my friends and family about the doctor's bad manners even though it did not change anything but I felt relieved." In this way, I could express myself in words that helped me cope with what I felt was my attitude towards him, but it was negative for me. Almost all we would call ourselves children if someone asks us whether we ever faced such experiences from other people or even friends? "At that time I believed all these things were completely gone when I began thinking like this; maybe it happened so because of my ignoring." This rude experience helped me find myself. Finally, I can confidently state that ignoring all my terrible experiences makes me a better person."

N7: "I wake up every morning with hope for myself and for my work; this is how I try to cope every day. Then closing down your eyes tightly and supplicating God always guides me on what to do next.

N8: Despite humiliation, Still, I am standing on my own two feet working until constraints allow. Smiling consciously was a way to control my degradation. Hence, there are employees who expect you to be hard because they are found anywhere. Through all these years, in different organizations, among many more situations of this sort."

Perception towards intervention

Subtheme perception towards intervention refers to recommendations made by respondents on how incivility in their profession should be addressed by management. These perceptions are grounded in real-life experiences.

As articulated;

N3: "It does not matter who it is but everyone deserves respect regardless of who he/she is or what he/she does. I think that when you enter an institution, it is best for all individuals to have professional ethics in place to prevent incivility.

N4: "I believe that one way of getting over or handling these cases of incivility at work places can be by enhancing communication channels. Good communication should always prevail in any department, despite the difficulties encountered during their downfall. In this case, there should be free information flow, either from the top to the bottom or sideways. This has to start with the chief executive officer.

N1: "It would also be important if they could attend seminars on values and professional ethics which are held probably once or twice in a year." In this manner, too comradeship will prevail; hence, rude actions will not happen between themselves as employees."

DISCUSSION

This study aimed to explore nurses' experiences regarding workplace incivility in their work places. Although there are occasional conflicts in the workplace, respect for one another must be prioritized. Respect is the foundation of everyday talk fostering cooperation and a moral climate⁶. Expert nurses can provide aggressive and constructive conflict, which makes it difficult for them to show that disagreement does not necessarily translate into impolite¹⁴. This emphasis on ethical leadership fosters an atmosphere of professionalism within healthcare organizations. It allows for compassion, integrity, ethical decision-making, and technical proficiency among nurses at all levels¹⁵. Eventually, such leadership develops a healthcare system that ensures the highest regard and dignity to its community, while delivering efficient treatment and performing as an exemplar of moral behavior¹⁶.

The narratives of the study participants vividly show how unprofessional behavior can affect the lives of nursing personnel. These acts, which are often regarded as breaches of professional norms and self-respect, cause emotional pain, resulting in compromised patient safety as well as low morale among employees and nurse retention¹⁷. For example, although rudeness has been found to be common and distressing in nursing practice, it occurs also within other health occupations^{17, 18}. These findings have shown widespread scorns among criminals who act with ruthless disregard for their victims' feelings. This is in line with earlier study¹⁹ which emphasized the need for nurses to differentiate between genuine respect for people's humanity and reverence based on hierarchy or social pressure. These uncaring actions constitute misconduct that makes working environments unbearable. The victim's subjective evaluation becomes very important because it may be difficult to identify incidents of incivility, as their outcomes may not be immediate. Incivility depends on how the recipient feels about it²⁰ and this emphasizes the need for an empathetic and polite reaction.

The participants' experiences show that rudeness has a negative impact, consisting of a sense of insignificance and a reduced desire to contribute because they are perceived as being useless. This finding supports a recent study²¹ which found that workplace rudeness significantly decreases employees' perceptions of Organizational Citizenship Behavior (OCB), such as information sharing and involvement in cooperative projects. In addition, owing to its detrimental effects on trust and cooperation²² revealed that rudeness negatively affects employee engagement and collaboration.

Positional power confers authority; however, abuse by superiors can result in toxic workplace relationships. This is particularly important in environments where there is more stress and competition that may normalize "aggressive crudity"²³ a subtle form of antagonism. The root causes of incivility at work are individual personalities and hierarchical systems²⁴. A toxic environment that is difficult to reverse arises when rudeness becomes coupled with power dynamics, resulting in negative consequences. Managers and nurses find this disturbing because they want it to be addressed before it is too late to prevent it from becoming a normal behavior²⁵. Allowing rudeness to be the norm not only negatively affects productivity and job satisfaction negatively²⁶ but also requires significant effort to rebuild an effective and healthy workplace.

Moreover, hierarchies can obscure the reality of incivility. In their positions of authority, higher-ranking superiors could interpret their forceful communication as an appropriate behavior based on their authority's nature²⁷. This explains why companies should have clear communication policies and administer cultural changes to promote respectful working relationships across various ranks. Previous study²⁸ explained how positionality interacts with the personality traits of individuals who hold them, thereby leading to low-level workplace incivility. They assert that one person's organizational job and personal features play a crucial role in determining whether he or she will experience, provoke, or respond to impoliteness. Importantly unequal power structures are among the main reasons behind incivility when victims possess less authority or act submissively. In their narratives, the accused abuse their positional powers, while the victims suffer because of differences in power and personality. This vulnerability allows organizations to overlook disrespectful conduct as they deal with it. Owing to a general reluctance to confront them and fear of reprisals, powerful persons who engage in such activities may incur minor consequences²⁰. Thus, this silence reinforces offenders' impunity²².

The participants' statements revealed a worrying trend of being treated with insouciance and callousness by supervisors, particularly during

trying times. These accounts of ward interactions exhibit how cruel this conduct is, and how it negatively affects personal and professional relationships. This can destroy focus, hamper effectiveness, and result in long-term emotional damage. Rude acts or words can form a sequence of experiences because people pain²¹. This leads to effects on self-esteem, such as nervousness about social interactions, regular sadness, sleeplessness, and constant tension²⁶. Trauma associated with impoliteness may make individuals hypervigilant and constantly scan likely targets²⁹. Therefore, addressing rudeness in the workplace requires comprehensive intervention. It can be argued that in addition to effective reporting mechanisms insulated from retaliation, there should be explicit rules against rude behavior²⁰. Another important aspect is maintaining an open communication culture that respects every employee regardless of their positions²³. Therefore, the only alternative would be to take action ahead of time and even change a climate with a view to creating such a working atmosphere that will foster individuals' well-being and boost their performance.

In this study, some participants chose professionalism despite experiencing drastic consequences because of workplace meanness. Accordingly, moral resilience is the ability to maintain ethical behavior and professionalism in the face of adversity²². This interpretation follows from commitment to professional standards. The code of ethics for nurses further reinforces this commitment; Article IV, Section 12, is illustrative of this commitment. By defending their colleagues' integrity and not making any unprofessional utterances, nurses express their unwavering devotion to their occupation. Several benefits arise from this persistence and moral commitment. In addition, if civility is maintained amid incivility, it can serve as a preventative measure against deteriorating conduct, which might decrease the levels of harm they would cause²⁰. Furthermore, creating an environment where people can openly talk about things with each other respectfully will enable them to respond back whenever someone behaves rudely, even if they will not face any consequence when doing so²². To handle rude behavior and maintain professional dignity, nurses may be supplied with instruments by organizations that create a supportive climate that values personal health and professional ethics.

Participants who remain committed to their jobs in the face of rudeness manifest different "coping strategies." It then offers guidance on how to handle difficult work situations that are important for individual diversity such as coping with adversity and maturity²². The recollections of participants indicate their recourse to 'inner strength' as a mechanism to protect professional integrity. Building individual resilience has become particularly important in light of the increasing focus on nurses struggling to cope with adversity²⁰. For instance, one study showed the need for the identification and utilization of resilience-building techniques among nurses³⁰. Therefore, healthcare organizations must be concerned about making their nursing staff resilient. Thus, organizational initiatives must move beyond addressing superficial incivility. To create a strong healthcare system where nurses can thrive despite barriers they might face, it has become necessary to develop programs that instill resilience-building skills in them, provide mental health resources, and create positive working environments.

The individuals gave perceptive counsel on ways of handling mistreatment at work that was based on their experience and stressed the importance of "perception and context-specific interventions" This is supported by a growing realization that "one-size-fits-all" approaches seldom create enduring effects. Therefore, viable strategies must take into account the specific dynamics and viewpoints that exist between each workplace. Hence, it is postulated that personal resilience can be developed through emotional intelligence, stress management, and mindfulness training, among others, to enable nurses to cope with

difficult situations, thereby reducing the adverse effects of rudeness³¹. Peer support groups and mentoring initiatives are programs that can make one feel part of the organization, thereby offering useful strategies for overcoming problems at work.

CONCLUSION

The study suggests that the issue of incivility is widespread in hospitals where nurses work. The themes, such as, “crossing ethical border” and “callous behavior,” demonstrate areas where contemptuous, unprofessionalism, and injury can be observed. According to these reported experiences of “disrespect,” “positional power dynamics,” and “demoralization,” it can be assumed that incivility adversely affects job satisfaction, wellness, and professional behavior among medical practitioners. This would also affect patient care, as well as the organization’s productivity. Despite this, nurse resilience still emerged in this study. After all, the subtheme ‘coping after all’ suggests personal strategies to deal with incivility while maintaining professionalism and integrity. Respect for the profession shows how much nurses recognize the need to root out incivility from their workplace. Informed by the perspectives mentioned above, further research and practical actions are imperative to fight workplace rudeness, thus promoting safety and supportiveness towards attendants.

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