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Workplace Incivility, Psychological Capital, And Perceived Stress Among Nurses Of Tertiary Care Hospitals

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Abstract

This study seeks to find the relationship between workplace incivility, psychological capital, and perceived stress among nurses working in the tertiary care hospital in Lahore. Predictors of the perceived stress are also investigated. The reflexive model, correlational research design, and deductive reasoning method were used. A purposive sampling technique was employed, and a sample size of N = 200 participants was determined through a G* power calculator. Personal characteristics information form, reliable and valid tools of workplace incivility, psychological capital, and perceived stress scales were used to collect the data. The Cronbach's alpha reliability coefficients of all these scales on the current sample were satisfactory. Findings revealed a significant positive relationship between workplace incivility and perceived stress during the inverse relationship between psychological capital and self-efficacy. A significant positive relationship was found between psychological capital, self-efficacy, hope, optimism, and resilience, while optimism was inversely related to

perceived stress. Stepwise regression analysis retained five models. Workplace incivility, psychological capital, self-efficacy, hope, and resilience were predictive variables that accounted cumulatively for 42 % of variances in the outcome variable (perceived stress). It means 58 % were other variables that could be investigated in future research to understand the problem of perceived stress among nurses. Limitations and the implications of the study were discussed in the cultural context of Pakistan.

Keywords: Workplace incivility, psychological capital, perceived stress, nurses

Introduction and Literature Review

Nurses are an essential part of the healthcare profession. It is commonly known that there is a global nursing shortage, which is anticipated to get worse as the population and nursing staff get older. To correct this mismatch between the supply and demand of the general public, it is essential to train and retain highly skilled professional nurses. The growing lack of nurses increased the problem of workloads, and limited resources have created tensions in nursing work environments, which has led to higher levels of workplace incivility and perceived stress (Al-Zyoud & Mert, 2019).

The goal of nursing education is to equip them with the knowledge and skills which is necessary for nursing careers. Nursing students experience both academic and clinical stress while pursuing their degrees. Academic load is the most common source of stress for nursing students, followed by interface worries, clinical concerns, personnel issues, year of study, availability of time, patient involvement, workplace rudeness, emotional exhaustion, and fatigue with constantly changing duty rosters, and supervision (Ahmed & Mohammed, 2019). The healthcare industry requires unique dedication, self-sacrifice, self-determination, and job devotion to meet the obstacles. Incompatibility endangered the physical, psychological, and emotional difficulties, which increased medical errors. Successfully managing professional obligations leads to career and life satisfaction, including a sense of achievement and peace with psychological capital is inevitable (Hamaideh, Al-Omari, & Al-Modallal, 2017).

In the nursing profession, psychological capital is crucial for creating therapeutic nurse-patient connections, providing quality care, and effectively leveraging the counseling duties of the nurse with increased social support, work engagement, creativity, productivity, and job satisfaction (Toyama & Mauno, 2017). Due to the clinical experiences that play a crucial part in nursing education, the stressors with workplace incivility that nursing students are exposed to can substantially impact their abilities and performance. Workplace incivility is low-intensity deviant behavior that targets others and contravenes the law. It is not polite and shows little regard for other people (Andersson & Pearson, 1999). It entails requesting and ignoring feedback, disregarding teamwork, and providing staff with the ignoring their contributions, giving them the cold shoulder, and talking on the phone while they are being interrupted calling in the middle of a serious business meeting and being patronizing (Lever, Dyball, Greenberg, & Stevelink, 2019). Violence at work happens when

words, actions, and hostility are justified based on gender, religion, or ethnicity. It reverses judgments without justification, writing a short note, disparaging someone behind their back, and overt displays of rudeness undermine credibility in front of others (Estes & Wang, 2008). It is a focus of workplace mistreatment since it is frequent, low-intensity, and reflects workplace culture.

In the US, 78% of managers and 81% of employees have complained about workplace incivility at work. 20% of workers said they had experienced disrespectful behavior from coworkers regularly once per week (Batista & Reio, 2019). 99% of Canadian respondents claimed to have observed disrespect on the job. 50% of workers reported receiving incivility weekly, and 25% reported observing it daily (Pearson & Porath, 2005). Singapore, Hong Kong, China, Hong Kong, India, Japan, and Korea recorded 77% of workplace incivility (Lim & Lee, 2011). The 5-year incidence rate in Singapore is 91%. In Europe, the 2010 Working Conditions Survey drew 44,000 participants from 34 nations, including 27 EU Norway, Croatia, Macedonia, Turkey, Albania, and Montenegro are all member states, and European employees have reported 4% of bullying at work. In the UK, managers often intimidate workers more than subordinates (Hoel & Cooper, 2000).

Meta-analysis of 79 publications showed that 1%–87.4% of nurses experienced workplace incivility. 75% of victims developed physical, psychological, and emotional problems, including the symptoms of the traumatic event. Their absentees amplified, resulting in high turnover intentions and low job satisfaction. Women and young employees were more prone to workplace mistreatment as compared to men and their older counterparts (Bambi et al., 2018). Nawaz and Abid (2019) found a significant inverse relationship between workplace incivility, organizational behaviors, self-efficacy, optimism, resilience, and hope among nurses.

The consequences of experiencing and witnessing workplace incivility have detrimental impacts on both targets and the eye-witnessed. It is linked to lower psychological and physical well-being, poorer job commitment, and higher turnover intention. Research indicated that in modernizations, workplace incivility might increase when the changing nature of work challenges conventional norms. It is a cycle of destructive acts in the workplace, where behavior becomes contagious and employees counterattack and reciprocates it (Andersson & Pearson, 1999). The cycle of never-ending violence is supported by the intergenerational violence theory, in which victims become the culprit by accepting the violent norms (Anjum et al., 2020). Mere witnessing incivility is linked to its adoption. Qureshi and Hassan (2019) investigated how genuine leadership shields employees from abnormal workplace behavior in Pakistan. They discovered that sincere leaders lessen rudeness at work. Authentic leadership effectively reduces workplace incivility and perceived stress in an ethical environment.

Psychological capital includes self-efficacy Psychological capital includes self-efficacy, hope, resilience, and optimism. These dimensions are beneficial for psychological

development in growth and development. Optimism and hope are adversely and significantly associated with psychological suffering (Anjum et al., 2020). Psychological capital and distress are interconnected, as nurses often experience psychological distress. It includes sadness and vulnerability to mental health issues, including depression, social isolation, and sleep disturbances. Traumatic occurrences during nursing school might cause anxiety, depression, and sleep difficulties. Harmful mental health conditions intensified turnover intentions. Psychological discomfort affects life satisfaction, job performance, and teamwork (Anjum, 2017).

Perceived stress is defined according to the psychological tradition that stress is caused by life events and viewed differently depending on the dangers that are posed and the accessibility of coping mechanisms. When pressures on the person surpass their capacity for adaptation, stress may have harmful effects. Perceived stress reflects the relationship between a person and their environment (Cohen, Kamarck, & Mermelstein, 1994). Registered nurses had a higher mean perceived stress score than other healthcare professionals in a correlational study that looked at perceived stress, mindfulness, and subjective well-being in a primary healthcare context. It has been demonstrated that there is a link between a person's workplace and malpractice claims since stress increases the likelihood of mistakes (Shelton & Renard, 2015).

Using the social environment and person-environment-fit models, the transactional approach to perceived stress (Lazarus & Folkman,1984) reduces stress in individuals (i.e., role ambiguity, conflict, and organizational constraint). The Social Environment model, backed by the Institute of Social Research (ISR), and the Person-Environment-Fit model were used to investigate the relationship between perceived stress and health and organizational-related outcomes. It explains the misalignment of an individual's goals that is hampered by stress brought on by workplace incivility. By using their resources, such as psychological capital, people can sustain harmony among differences by applying the conservation of resource theory. Therefore, there is a dire need to research the beneficial concept of psychological capital, which may aid in enhancing personal resources to deal with workplace incivility and lessen the perceived adverse effects of stress on nurses in the cultural setting of Pakistan. Considering the literature above, the following hypotheses are developed: There will be a correlation between workplace incivility, psychological capital, and perceived stress. Psychological capital and workplace incivility will forecast nurses' perceptions of stress.

Methods

The current study investigated the relationship between workplace incivility, psychological capital, and perceived stress among nurses working in tertiary care hospitals in Lahore, Pakistan. Predictors of perceived stress were also explored in the cultural context of Pakistan among nurses working in private and government tertiary care hospitals in Lahore. An empirical explanatory survey method and deductive reasoning with a correlational research design were employed.

Sample

A purposive sampling technique was used to recruit the N = 200 participants. The sample size was calculated through a G * Power 3. 0 based on six predictors with α = .05 power of .95 level of the confidence interval, the medium effect size of 0.15 to a large effect size of .35 resulted in N =170 sample size. Data from 210 participants were collected after fulfilling the inclusion and exclusion criteria. Volunteer nurses working in different private and tertiary care hospitals in Lahore with full-time employment status experienced and witnessed workplace incivility and having one year of working experience were included. The detailed demographic characteristics of the participants are reported in table 1.

Table 1 Demographic Characteristics of the Nurses (N = 200)

Variable	f	%	Variable	f	%
Age	(M = 26.78, SD = 1.22)		Shift change in 3 month		
Monthly Income	M = 67500.72, SD=46.93		Yes	92	46.0
Weekly working hours	M = 52.18, SD = 15.52		No	108	54.0
Family structure			Workplace Incivility		
Joint family	120	60.0	Experienced	200	200
Nuclear	80	40.0	Witnessed	200	200
Residence			Position in job		
Personal	149	74.5	Supervisor	50	50.0
Rent	32	16.0	Subordinate	150	150.0
Hostel	19	9.5	Job		
Marital status			Government	129	64.5
Single	100	50.0	Private	71	35.0
Married	100	50.0			

Table 1 shows the personal and professional characteristics of the nurses working in the private and government tertiary care hospitals of Lahore.

Demographic Information Sheet

The demographic information sheet contained personal and professional information such as age, gender, marital status, family system, monthly income, residential information, and workplace incivility.

Workplace Incivility Scale (WIS)

Workplace Incivility (Abas & Yuniasanti, 2019) is a unidimensional six positively worded items scale. Cronbach alpha reliability coefficient of the measure on the current sample is reported to be satisfactory. Higher scores on the scale depicted a higher level of workplace incivility, and low scores mean a low level of workplace incivility.

Psychological Capital Questionnaire (PCQ)

Psychological Capital Questionnaire (Gorgens-Ekermans & Herbert, 2013) has 24 items and four subscales: Self-efficacy items ranging from 1-6; hope has item number 7 to 12. Resilience includes items 13 to 18; optimism includes items 19 to 24. It has a 6-point Likert response pattern 1 = strongly disagree, 2 = Disagree, 3 = somewhat disagree, 4= somewhat agree, 5 = agree, and 6 = strongly agree). Item numbers 13, 20, and 23 have reverse scoring (1= 6, 2 = 5, 3 = 4, 4 = 3, 5 = 2, 6 = 1). Higher scores on the PCQ and its subscales depicted higher psychological capital, and low scores mean a low level of psychological capital.

Perceived Stress Scale (PSC)

Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1994) has ten positively worded items measuring the perception of stress from the last month. Sample item of the scale: In the last month, how often have you been upset because of something that happened unexpectedly? It has a five-point Likert response format pattern ranging from 0 = never, 1 = almost never, 3 = sometimes, 4 = fairly often, and 5 = very often. High scores on the scale mean high stress, and low scores indicate a low-stress level. Cronbach alpha reliability coefficient of the scale on the current sample was found satisfactory.

Procedure

Approval to conduct the current research was taken from the Ethical Review Committee of the Lahore Leads University. Permission from the higher authorities to approach the participants was taken from the government and private tertiary care hospitals. A written informed consent letter was taken from the N = 210 volunteer participants. In order confidentiality, actions were taken to preserve the integrity of each participant. Participants received information about the study's purpose and consented to participate. The opportunity to withdraw from the survey at any point was also offered. All data were handled separately from any information that linked it to the participants and securely held for analysis. A demographic information form, workplace incivility scale, psychological capital questionnaire, and perceived stress scale were used to collect the data. On average, it took 15-20 minutes to complete the form. The response ratio was 98 percent.

Participants were thanked for their time and corporation. No compensation was provided to them. Data were screened to identify the respondents' missing values and ceiling and floor response patterns before entering into the SPSS-22 (Statistical Package for Social Sciences). Missing values were replaced with the means, assumptions of normality were checked through descriptive statistical analysis, mean, standard deviations, skewness, kurtosis, P-P-plots, and Q-Q-plots. Based on statistical grounds, data from ten problematic questionnaires which created the outliers were deleted. Descriptive statistical analysis was used to compute the demographic variables. Cronbach alpha reliability coefficients, correlation, and regression analysis were calculated.

Results

The current study unfolded the relationship between workplace incivility, psychological capital, and perceived stress among nurses working in the tertiary care hospital in Lahore. It also intended to explore the levels of predictors and outcome variables, including the predictors of perceived stress. Results indicated the satisfactory level of the psychometric properties of the constructs, which were workplace incivility, psychological capital, and perceived stress. Descriptive statistics, parameters of normality, and reliability analysis are reported in following table 2.

Table 2

Psychometric Properties of the Study Variables on the Data of Nurses (N = 200)

Measures	k	M	SD	α	Range		Skewness
					Actual	Potential	
Workplace Incivility	6	104.3	13.23	.73	28	1-30	.79
Psychological Capital	24	29.08	4.03	.89	114	1-144	.89
Self-efficacy	6	27.93	5.03	.82	36	1-36	-.75
Hope	6	28.16	4.67	.85	36	1-36	-.96
Resilience	6	25.57	4.99	.81	36	1-36	.73
Optimism	6	22.88	2.85	.82	33	1-36	.33
Perceived Stress	10	12.85	5.02	.77	34	0-50	.25

Table 2 indicates the psychometric properties of workplace incivility, perceived stress, psychological capital, and its four subscales: Self-efficacy, hope, resilience, and optimism. Mean, standard deviations, and actual and potential values of the measures help to understand the descriptive characteristics of the constructs. Normality analysis shows that the skewness values of each measure are normally distributed. The findings of reliability analysis reveal the satisfactory level of Cronbach alpha reliability coefficients of the study variables on the current sample.

Table 3 Inter-correlation between Workplace Incivility, Psychological Capital, its Subscales, and Perceived Stress

Variables	Workplace Incivility	Psychological Capital	Self-Efficacy	Hope	Resilience	Optimism	Perceived Stress
Workplace Incivility		-.18	-.13	-.22*	-.06	-.16	.38**

Psychological Capital	.92**	.89**	.60**	.83**	-.47**
Self-Efficacy		.71**	.47**	.63**	-.24*
Hope			.39**	.69**	-.55**
Optimism				.34**	-.22*
Resilience					-.49**
Perceived Stress					

Note. *p<. 05, **p<. 01 (Two-tailed)

Table 3 indicates that workplace incivility is positively associated with perceived stress and has an inverse relationship with hope. Psychological capital has negatively associated with perceived stress and has a positive relationship with self-efficacy, hope, resilience, and optimism. Subscales of psychological capital such as hope, optimism, self-efficacy, and resilience have an inverse relationship with the outcome variable. The magnitude of the study variables is found to be satisfactory (-.22 to .92).

Table 4 Predictors of Perceived Stress among Nurses (N =200)

Model and Predictive Variables		B	SEB	β	t	Sig.	R^2	ΔR^2
Step 1	(Constant)	10.52	1.87		5.61	.000	.14	.14
	Workplace Incivility	.56	.14	.38	4.06	.000		
Step 2	(Constant)	32.90	5.41		6.07	.000	.28	.15
	Workplace Incivility	.46	.13	.31	3.55	.001		
	Psychological Capital	-.20	.04	-.38	-4.35	.000		
Step 3	(Constant)	37.43	5.34		7.01	.000	.39	.07
	Workplace Incivility	.43	.12	.29	3.51	.001		
	Psychological Capital	-.47	.09	-.87	-5.11	.000		
	Self-efficacy	.84	.25	.56	3.30	.001		
Step 4	(Constant)	34.06	5.41		6.29	.000	.42	.05
	Workplace Incivility	.40	.12	.27	3.32	.001		
	Psychological Capital	-.20	.14	-.37	-1.36	.174		
	Self-efficacy	.64	.26	.43	2.44	.016		
	Hope	-.68	.29	-.43	-2.3	.022		

Predictive variables, workplace incivility, psychological capital, hope, optimism, resilience, and self-efficacy, were subjected to stepwise regression analysis, and table 4 indicated significant predictors. Durbin-Watson's statistics results demonstrated that the data met the regression analysis's assumptions, ranging from 2.13 to 2.25, with values lower than 1 and above 3. $R^2 = .14$, F (1, 199) = 16.51, P < .000 for model 1, $R^2 = .28$, F (2, 198) = 19.25, p < .000 for model 2, $R^2 = .39$, F (3, 197) = 17.80, p < .001 for model 3, $R^2 = .42$, F (4, 196) = 15.33, p < .001 for model 4, $R^2 = .37$. Findings of the overall fit of the model have retained four models which collectively accounted for 42% of the variances which means 58 % of unknown other

factors (which can be explored in future studies) predicted the stress among nurses working in tertiary care hospital of Lahore. Values of the t-test ranged from -1.36 to 7.01, indicating that all predictors significantly contributed to the model. The magnitude of the relationship (.27 to -.87) is satisfactory. Values of unstandardized beta coefficients showed psychological capital and hope inversely related to perceived stress, and all other variables have a positive relationship the perceived stress.

Discussion

The current study aimed to find out the relationship between workplace incivility, psychological capital and perceived stress among nurses. Predictors of the perceived stress were also investigated. Results supported the hypothesis and contributed to the current literature by enriching the positive role of psychological capital to reduce perceived stress among nurses. In current researchers, positive psychology emphasized to focus on the strengths rather than the shortcomings of individuals. Having the self-confidence (self-efficacy) to take on and make the necessary effort to succeed at challenging tasks was referred to as psychological capital. Other characteristics include: making a positive attribution about success now and in the future; (ii) persevering toward goals and, when necessary, redirecting paths to goals (hope); and (iii) when faced with problems and adversity, remaining psychologically capital. The components of positive psychological capital are resilience, self-efficacy, hope, and optimism. It encourages healthy organizational growth, lessens rudeness, and eases workplace stress. Psychological capital and social support lowered nurses' perceptions of stress and attenuated the effects of workplace incivility (Cassidy, McLaughlin, & McDowell, 2014).

The research found a considerable link between job stress, psychological capital, and workplace incivility. Incivility at work among nurses was correlated with organizational commitment, job stress, and personality traits. Rude coworkers were associated with higher levels of psychological distress, and low levels of employee psychological capital. Psychological capital, structural empowerment, adequate social support, and job satisfaction were correlated (Tuna & Kahraman, 2019). It is a fact that healthcare professionals put in more effort with fewer resources to meet organizational and global market demands. This demanding work environment may cause workplace incivility (Schabracq & Cooper, 2000). Too frequently, extra effort does not result in the wage increases, bonus structures, career advancement, job security, and mobility anticipated. This annoying situation leads to uncivil behavior at work, as employees have more likely to vent about missed expectations (Reio & Ghosh, 2009). Conservation of resources (COR) theory helped to understand that humans can deal with stressors by employing resources to mitigate the effects of mounting demands. Positive emotions, according to the Broaden-and-Build idea, expand thought processes and increase social and personal resources. Self-efficacy, optimism, hope, and resilience are the sources of psychological capital that represent a person's good psychological development (Fredrickson, 2004).

Xu and Shalendra (2020) found that workplace incivility harms employees' commitment to their organizations, level of involvement at work, and pleasure at work. Psychological capital was inversely connected with workplace incivility. The association between psychological capital and organizational commitment, job involvement, and job satisfaction was correlated. Lee and Kim (2020) reported that positive psychological capital indirectly and directly increased job satisfaction, turnover intention, organizational citizenship behavior, and nursing performance. A supportive work environment and adequate psychological capital help nurses reduce their perceived stress. Job performance, well-being, and mental health were all positively correlated with psychological capital. Stress, turnover intentions, burnout, anxiety, depression, negative affect, substance misuse, and unproductive workplace behaviors, including workplace bullying, were all found to be negatively correlated with psychological capital (Luthans, Youssef, & Avolio, 2007). Psychological capital can also influence bullying at work and its detrimental psychological effects. In other words, people with high levels of positive psychological capital can fight against risky conduct (like bullying at work) and lessen its effects. The harmful effects of workplace incivility can be reduced by strengthening an individual's psychological capital through an intervention like training programs (Stratman & Youssef; Morgan, 2019).

Conclusion

The current study unfolded the relationship between workplace incivility, psychological capital, and perceived stress among nurses working in the tertiary care hospital in Lahore. Predictors of perceived stress were also explored. Findings showed a significant positive relationship between workplace incivility and perceived stress, while these two constructs were negatively associated with psychological capital. Moreover, workplace incivility, psychological capital, its four subscales, hope, optimism, self-efficacy, and resilience, including demographic variables, were predicted the psychological capital.

Limitations and Suggestions

Qualitative aspects of the study will be explored in future research to better understand the problem of workplace incivility and perceived stress among nurses working in the tertiary care hospital of Lahore. More advance statistical analysis, such as moderation analysis, can be applied to check the buffering, antagonistic, or moderating effects of workplace incivility on perceived stress through psychological capital. The probability sampling technique instead of the non-probability sampling technique can be used in the next study to minimize the problems of generalizability.

Implications of the Study

This study will be helpful for the traditional medical health structure to introduce training workshops to enhance personal resources like psychological capital to reduce the effects of workplace incivility, and perceived stress among nurses. It will be beneficial to introduce these constructs in the curriculum to develop an understanding of the problem and its coping

mechanism. Implacable law enforcement, supportive management, and positive social support can reduce the problem of workplace incivility and perceived stress for the betterment of the victim, the culprit, and ultimately for the betterment of the patients.

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