

Impact of Workplace Incivility on Work Engagement Among Nursing Staff

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ABSTRACT

Background: Workplace incivility has become a growing concern in healthcare settings, particularly among nursing staff, where interactions with supervisors, patients, colleagues, and physicians can significantly affect psychological well-being and job performance. This study explores the sources and extent of incivility within hospital environments and its influence on nurses' work engagement.

Purpose: The primary aim of this study is to examine the correlation between workplace incivility—arising from various sources—and levels of work engagement among nursing professionals. It also seeks to identify key predictors of disengagement and highlight critical areas requiring organizational intervention.

Methods: A quantitative research design was employed with a sample of 150 nursing professionals. Data were collected using standardized questionnaires measuring workplace incivility and work engagement. Pearson's correlation was used to assess relationships between variables, and stepwise regression analysis was conducted to determine significant predictors among the sources of incivility.

Results: The findings reveal a significant negative correlation between workplace incivility and work engagement. Incivility from supervisors and patients emerged as the strongest predictors of reduced engagement levels. These results are consistent with prior studies demonstrating the harmful impact of hostile workplace interactions on employee motivation and performance.

Conclusions: The study highlights the critical role of workplace environment in influencing nurses' engagement at work. The pronounced effects of supervisor and patient incivility emphasize the need for effective management practices and supportive institutional policies. Addressing these issues can enhance nurse well-being, strengthen engagement, and improve patient care outcomes. The findings contribute to the understanding of organizational behavior in healthcare and offer actionable insights for hospital administrators and policymakers.



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1. Introduction

Workplace incivility has emerged as a significant issue in modern healthcare settings, impacting the well-being and productivity of employees. Incivility refers to mildly inappropriate behaviour that violates professional norms of respect and courtesy, though it often lacks a clear intention to harm. It can show up as actions such as making hurtful remarks, ignoring co-workers, or using dismissive gestures. Even though these actions may seem insignificant, they can have a big impact, especially in high-stress settings like the medical field where good interpersonal skills are essential for providing patient care (Khairunisa & Muafi, 2022). Being on the front lines of patient care, nursing staff are especially susceptible to the negative

effects of workplace incivility. Their jobs require a lot of emotional labour, which can lead to burnout and disengagement, especially when combined with long working hours and frequent emergencies. Furthermore, teamwork, communication, and mutual respect are essential components of the collaborative nature of the nursing profession. Any alteration to these relationships, like incivility, can make it more difficult for them to carry out their responsibilities efficiently, which could jeopardize patient safety and the quality of healthcare as a whole (Bar-David, 2018).

For nursing staff, such incivility is not limited to interactions with supervisors or colleagues; it also frequently stems from physicians, patients, and even patients' families. Each source of incivility presents

unique stressors and contributes differently to emotional exhaustion, professional disengagement, and decreased job satisfaction. Given the central role nurses play in direct patient care and interdisciplinary coordination, it is essential to conceptualize workplace incivility as a multidimensional construct. Supervisor incivility may undermine authority and confidence; physician incivility often reflects hierarchical tension; and patient or family incivility can erode the caregiving relationship and morale. These components, though distinct, collectively influence nurses' work engagement, defined as a positive, fulfilling, work-related state of mind characterized by vigor, dedication, and absorption.

There are several ways that workplace incivility affects nurses' personal and professional lives. It may result in diminished work satisfaction, emotional tiredness, and psychological stress. Research indicates that nurses who encounter incivility are more prone to burnout, anxiety, and depression, which can lower the standard of care they give to patients (Liu *et al.*, 2019). Moreover, incivility can foster a hostile work atmosphere that undermines employee cooperation and trust, which weakens the cohesiveness of the healthcare team. This can lead to a decline in the overall morale of the nursing staff, along with increased absenteeism and reduced retention rates. Another outcome that may get affected by workplace incivility is work engagement. It is defined as a positive, fulfilling state of mind related to work that is marked by vigorous dedication and absorption. Better job performance, greater job satisfaction, and fewer plans to leave the company are all correlated with high levels of work engagement. Workplace incivility negatively impacts work engagement by depleting nurses' emotional and psychological resources, leading to reduced commitment and a higher likelihood of job resignation. This disengagement can result in lower productivity, patient care errors, and higher costs due to absenteeism and turnover. These consequences affect not only the nurses but also the healthcare organizations they work for.

Depending on how experienced the nursing staff is, the effects of incivility can differ. New nurses, particularly, are more susceptible to the negative effects of incivility in the workplace. A new nurse may find it difficult to adjust to a new role in a high-stress workplace when faced with instances of incivility. This

could result in early burnout, disengagement, or even a decision to quit the field. A toxic work environment can also have a negative effect on experienced nursing staff, even though they are better able to handle stress. Their resilience may be gradually compromised by a series of unpleasant experiences, which can result in a decrease in engagement and job dissatisfaction (Bar-David, 2018). Workplace incivility in healthcare settings is a common occurrence due to various factors. Important factors include staffing shortages, excessive workloads, hierarchical structures, and the emotionally taxing nature of the work. Nurses working in high-stress environments with short deadlines are more prone to experiencing or exhibiting incivility due to emotional strain. Furthermore, the power dynamics in healthcare organizations can foster cultures where incivility is accepted or ignored, especially when it comes from people in positions of authority.

With this backdrop, the purpose of the present study was to assess the relationship between workplace incivility and work engagement and also to analyse workplace incivility as a predictor of work engagement.

1.1. Objectives

1. To assess the correlation between workplace incivility and work engagement of nursing staff.
2. To analyse workplace incivility as a predictor of work engagement of nursing staff.

1.2. Hypotheses

1. There would be a negative correlation between workplace incivility and work engagement among nursing staff.
2. Workplace incivility significantly predicts the level of work engagement among nursing staff.

2. Literature Review

A number of researchers have assessed the relationship between workplace incivility and work engagement. In this context, Hosseinpour-Dalengan *et al.* (2017) investigated the connection between nurses' work engagement and workplace incivility. It finds a negative correlation between these two variables, demonstrating that lower work engagement is a direct result of higher levels of workplace incivility. The study was conducted in Iran. The results highlight how incivility negatively impacts nurses' professional zeal and dedication,

which lowers job satisfaction and performance. The study adds to our understanding of the psychological effects of hostile work environments on healthcare professionals and suggests that in order to increase staff engagement and patient care, healthcare institutions should prioritize addressing incivility. The lack of longitudinal research to examine the long-term effects of incivility is one of its limitations.

Wang and Chen (2020) investigated the connections between job performance, work engagement, and workplace incivility in the hospitality and tourism sector. The findings of the study reveal that incivility has a negative effect on workers' work engagement, which lowers worker productivity. In order to lessen the negative effects of incivility and increase work engagement, the authors contend that organizations must foster a positive work environment. Given that the hospitality industry experiences high-pressure dynamics akin to those in the healthcare industry, this research offers insightful information. The study's useful implications for management tactics are its strongest point; however, it does not examine how varying degrees of incivility affect different employee groups.

Furthermore, Tricahyadinata *et al.* (2020) used a multi-group analysis in a variety of organizational settings to examine how workplace incivility affects work engagement and turnover intentions. The study comes to the conclusion that incivility increases employee intentions to leave the company and decreases work engagement. Diverse organizational cultures moderate the strength of these effects according to the multi-group approach. This study contributes to the body of literature by highlighting the need for tailored interventions based on organizational culture and demonstrating the differing effects of incivility depending on contextual factors. Nevertheless, the study's narrow focus on particular industries might not adequately convey the wider effects of incivility in the workplace across all industries.

Attia *et al.* (2020) investigated the impact of bullying at work on nurses' job satisfaction in an Egyptian hospital. The results indicate that bullying at work, a more severe kind of incivility, dramatically lowers nurses' engagement and has a detrimental impact on their mental health. In order to combat bullying and promote a supportive environment, it emphasizes the significance of management interventions. The

study contributes to the conversation about workplace incivility by highlighting the unique and serious effects of bullying, but it would be useful to contrast bullying consequences with those of less severe uncivil behaviours. Because of its regional emphasis and insights into the Egyptian healthcare context, the research is valuable.

Guo *et al.* (2020) examined the correlation among perceived insider status, affective organisational commitment, and organisational identification as mediators in the relationship between workplace incivility and job engagement. According to the study, being rude weakens these mediators, which in turn lowers work engagement. This suggests that cultivating a strong sense of commitment and belonging can mitigate the negative effects of being rude. A deeper understanding of how incivility undermines work engagement through psychological mechanisms is provided by the article's multi-stage mediation model, which is its strongest point. It is, however, constrained by its concentration on particular mediators, allowing opportunity to investigate other psychological variables that might be relevant.

Shi *et al.* (2018) focused on how incivility at work affects new Chinese nurses' job burnout. The results demonstrate that incivility plays a major role in job burnout, especially for less experienced nurses who are more susceptible to hostile work environments. The research underscores the significance of providing supportive environments for novice nurses in order to avert premature burnout and its consequent impact on retention rates. The cross-sectional design offers a valuable snapshot but is devoid of longitudinal insights to evaluate how incivility affects burnout over time. This research is essential to comprehending the particular difficulties faced by newly licensed nurses.

Ma *et al.* (2018) evaluated the effects of workplace incivility in hospitals on Chinese nurses' work capacity, aspirations for their careers, and job performance. The results indicate that incivility has a detrimental impact on nurses' opinions of their own work performance, career opportunities, and work ability overall, indicating that unfriendly work environments can seriously impede nursing career advancement. The study emphasizes how crucial it is to deal with incivility in order to raise organizational commitment and job satisfaction among nurses. Its thorough evaluation of the various consequences of incivility is its strongest

point, though the study would profit from looking into potential countermeasures.

Laschinger *et al.* (2014) conducted a study in Canada, demonstrating that workplace incivility leads to increased emotional exhaustion and decreased job satisfaction among new graduate nurses, highlighting the psychological burden of toxic work environments.

In the Indian context, Singh *et al.* (2023) explored workplace incivility among nurses in a government hospital in South India. The study found that incivility significantly reduced job satisfaction and increased stress levels, especially among younger nurses and those in emergency units.

Similarly, Resmi (2023) examined incivility in private hospitals in Delhi and found a direct negative relationship between incivility and organizational commitment. The study recommended implementing anti-incivility training and support systems to protect nurses' mental health and performance.

3. Methodology

3.1. Sample

The present study targeted female nursing staff employed in government hospitals across Haryana. To collect data, the investigator visited the civil hospitals of Sirsa, Fatehabad, and Hisar districts. From this population, a total of 150 married nurses aged between 21 and 35 years were selected as the final sample.

The sample size was determined using G*Power 3.1 software. An a priori power analysis was conducted for a linear regression (fixed model, single predictor) assuming a medium effect size ($f^2 = 0.15$), an alpha level of 0.05, and power $(1-\beta) = 0.80$. The analysis indicated a minimum requirement of 89 participants. However, to strengthen the reliability of findings and compensate for possible non-responses, the final sample was expanded to 150 nurses drawn from the selected districts.

Participants were included based on the criteria of being currently married, falling within the specified age range, and having at least one year of continuous professional experience. Those who were single, widowed, or had less than a year of service were not considered. Prior to data collection, informed consent was obtained from each nurse, and they were assured of the voluntary nature of participation, confidentiality, and anonymity of their responses. The

research procedure adhered to the ethical guidelines of the Indian Council of Medical Research (ICMR, 2017) for studies involving human participants.

The demographic profile of the sample covered variables such as age, education, and professional experience. The participants' ages ranged from 21 to 35 years, with a mean of 28.4 years ($SD = 3.2$). In terms of qualification, 62% of the nurses had completed General Nursing and Midwifery (GNM), while 38% held a Bachelor of Science in Nursing (B.Sc. Nursing) degree. Most participants had 1–5 years of professional experience, reflecting a relatively young and active workforce. In sum, the demographic characteristics suggest that the selected group represents a diverse and credible sample of married nursing professionals employed in government hospitals across Haryana, aligning well with the objectives of the present study.

3.2 Measures

3.2.1. Workplace Incivility

Workplace incivility was measured using the Nursing Incivility Scale (NIS) developed by Guidroz *et al.* (2010), which is a comprehensive 43-item instrument designed to assess various forms of incivility in the workplace. The NIS utilizes a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), and can be administered either through traditional paper-and-pencil methods or electronic survey platforms.

The scale comprises eight subscales: hostile climate, inappropriate jokes, inconsiderate behavior, gossip/rumors, free riding, abusive supervision, lack of respect, and displaced frustration. It also allows for source-specific assessment, with items categorized based on the target of incivility—namely, general coworkers (9 items), other nurses (10 items), direct supervisors (7 items), physicians (7 items), and patients/patient families/visitors (10 items). Subscale-level scores were computed for analysis.

The NIS has demonstrated strong internal consistency, with Cronbach's alpha coefficients ranging from .81 to .94, all exceeding the recommended threshold of .70. The average item-total correlation was .76, indicating high internal consistency. The scale was selected for this study due to its robust psychometric properties and its utility in identifying

both the prevalence and sources of incivility, thereby enabling the development of targeted interventions.

3.2.2. Workplace Engagement

Workplace engagement was assessed using the Utrecht Work Engagement Scale (UWES) developed by Schaufeli and Bakker (2002), a theoretically grounded instrument comprising 17 items designed to measure the level of employee engagement among IT sector employees in Kerala. The UWES conceptualizes engagement as a multidimensional construct consisting of vigor, dedication, and absorption.

Vigor is captured through six items reflecting high energy, resilience, willingness to invest effort, low fatigue, and persistence in challenging situations. Dedication is assessed by five items that measure a sense of significance, enthusiasm, pride, and inspiration derived from one's work. Absorption, measured by six items, refers to being deeply and happily immersed in work, to the extent that detachment becomes difficult and time appears to pass quickly.

Responses are recorded on a 7-point Likert scale ranging from 0 (Never) to 6 (Every Day). The UWES yields both individual subscale scores and a composite engagement score. It demonstrates strong internal consistency, with reported Cronbach's alpha coefficients ranging from .66 to .87 for vigor, .83 to .92 for dedication, .79 to .88 for absorption, and .88 to .95 for the total engagement score.

3.3 Data Analysis

The data collected through structured questionnaires were entered and analyzed using SPSS Statistics Version 21. To summarize the demographic characteristics of the respondents and their experiences related to workplace incivility and work engagement, descriptive statistics were computed. Prior to conducting inferential statistical tests, the normality of data distribution was assessed. Based on the results, Pearson's correlation coefficient was employed to examine the strength and direction of the relationships between variables. A p-value less than 0.05 was considered indicative of statistical significance.

Throughout the study, the principles of ethical research conduct were rigorously followed. The anonymity and confidentiality of the respondents were strictly maintained. Informed consent was obtained from all participants after explaining the purpose,

procedures, and voluntary nature of the study. Participants were informed that they could withdraw from the study at any stage without facing any negative consequences.

4. Results

The study aimed to explore the correlation between workplace incivility and work engagement among nursing staff. Pearson's correlation coefficient was applied to examine the relationship between work engagement and incivility from various sources, including supervisors, patients, colleagues, and physicians. A stepwise regression analysis was then performed to identify the most impactful predictors of work engagement.

Table 1: Pearson Correlation Coefficients for Work Engagement and Workplace Incivility Sources

Workplace Incivility Sources	Work Engagement	
	<i>R</i>	<i>p-value</i>
General Incivility	-.527**	.000
Colleague (Nurses) Incivility	-.332**	.000
Supervisor Incivility	-.617**	.000
Physician Incivility	-.294**	.000
Patient Incivility	-.615**	.000

All correlations with work engagement are significant at the 0.01 level.

- **General Incivility:** General incivility shows a strong negative correlation with work engagement ($r = -0.527$). This indicates that as general incivility increases, nurses' work engagement decreases significantly. Such incivility likely creates a hostile environment, reducing nurses' motivation, dedication, and focus on their roles.
- **Supervisor Incivility:** The strongest negative correlation with work engagement is observed for supervisor incivility ($r = -0.617$), indicating that incivility from supervisors substantially decreases work engagement.
- **Patient Incivility:** There is a strong negative correlation between patient incivility and work engagement ($r = -0.615$), showing that interactions with disrespectful patients can significantly affect work engagement.
- **Colleague (Nurse) Incivility:** Incivility from other nursing staff shows a moderate negative correlation with work engagement ($r = -0.332$), indicating a somewhat lesser yet still meaningful relationship.

- **Physician Incivility:** Physician incivility has a lower but notable negative correlation with work engagement ($r = -0.294$).

Summary: The findings suggest that workplace incivility—regardless of its source—has a detrimental

effect on employees' commitment and involvement in their work. Supervisor and patient incivility appear to be the most influential factors. Therefore, minimizing workplace incivility is crucial to enhancing employee engagement and productivity.

Table 2: Stepwise Regression Analysis

Model	Variables Entered	R	R ²	Adjusted R ²	R ² Change	SE	Sig.
1	Supervisor	0.617	0.380	0.376	.380	5.302	0.000
2	Supervisor, Patients	0.657	0.431	0.423	.051	5.097	0.000

The above table presents the results of the stepwise regression analysis examining the effect of different types of incivility on work engagement. The first model includes only supervisor incivility, with a regression coefficient (R) of 0.617. This indicates that supervisor incivility is a significant predictor of work engagement. The R² value of 0.380 shows that supervisor incivility explains 38% of the variation in work engagement. This model is highly statistically significant ($p = 0.000$).

Interpersonal mistreatment from individuals in higher positions within the organizational hierarchy is common in workplaces. In a survey of 1,200 public sector employees, Cortina *et al.* (2001) found that one-third of the most powerful individuals within organizations were instigators of workplace incivility. Researchers such as Frone (2000) and Tepper (2000) have also found that when employees experience incivility from their supervisors, it results in lower organizational commitment, reduced job satisfaction, higher psychological distress, and stronger intentions to leave the job.

The second model includes patient incivility along with supervisor incivility. The R value increases to 0.657, indicating that when both types of incivility are considered together, their combined relationship with work engagement strengthens. The R² value of 0.431 shows that supervisor and patient incivility together explain 43.1% of the variation in work engagement. Furthermore, an increase in R² of 0.051 indicates that adding patient incivility improves the explanatory power of the model. This model is also statistically significant ($p = 0.000$). Uncivil treatment from patients is an additional source of workplace conflict that can negatively affect nurses' performance and emotional well-being.

The results indicate that supervisor incivility and patient incivility are the strongest predictors of work engagement. The adjusted R² shows that the model explains approximately 42.3% of the variance in work engagement among nursing staff, with a significant improvement when patient incivility is added. Overall, the regression analysis demonstrates that both supervisor and patient incivility are key determinants of work engagement, emphasizing the need for strategic interventions to reduce their negative effects.

5. Discussion

The findings of the present study indicate that workplace incivility has a significant negative impact on work engagement among nursing staff. When nurses encounter rude, dismissive, or disrespectful behavior—whether from supervisors, peers, physicians, or patients—it undermines their motivation, reduces their sense of dedication, and diminishes overall job satisfaction. This aligns with theoretical models such as the Job Demands–Resources (JD-R) model (Bakker & Demerouti, 2007), which posits that interpersonal stressors at work drain emotional resources and reduce engagement.

These findings are consistent with several prior studies across healthcare systems. Hosseinpour-Dalengan *et al.* (2017) found that higher levels of workplace incivility significantly predicted lower engagement among nurses. Similarly, Guo *et al.* (2020) highlighted that incivility weakens organizational belongingness and commitment—key dimensions of engagement. In the present study, this may explain why some nurses reported emotional fatigue and reduced enthusiasm for their roles. Ma *et al.* (2018)

further noted that repeated exposure to incivility affects nurses' confidence and perceived professional competence, a pattern mirrored in our findings.

The strong negative correlation between workplace incivility and work engagement indicates that as perceptions of incivility increase, engagement levels significantly decline. Nurses who frequently experience discourteous or disrespectful interactions report lower enthusiasm, reduced focus, and diminished willingness to contribute beyond their job requirements. Farrell, Bobrowski, and Bobrowski (2006) also reported that most nurses identified patients as the main perpetrators of verbal or physical abuse—factors that heighten distress, reduce productivity, and increase withdrawal intentions.

The findings also align with studies outside healthcare. Wang and Chen (2020) reported that in high-pressure service industries such as hospitality, incivility disrupts focus and performance. This cross-sector consistency suggests that the emotional toll of incivility is not profession-specific, though its effects may be more severe in emotionally demanding fields like nursing.

A noteworthy observation in this study is the vulnerability of younger or less-experienced nurses to incivility's adverse effects, as supported by Shi *et al.* (2018). Such nurses may lack coping mechanisms or institutional support to handle these challenges, making them more prone to disengagement and burnout. This has critical implications for nurse retention and professional development.

Furthermore, research indicates that customer-related social stressors, such as verbal aggression or unreasonable demands, predict burnout (Dormann & Zapf, 2004), reduce emotional regulation (Grandey, Dickter, & Sin, 2004), and occur more frequently than aggression from coworkers or supervisors (Grandey, Kern, & Frone, 2007).

In the Indian context, similar patterns have been observed. Kanitha and Naik (2021) and Sharma and Singh (2016) found that workplace incivility contributes to stress, emotional exhaustion, and turnover intentions among Indian nurses. The current study extends this literature by focusing specifically on work engagement—a positively framed construct encompassing vigor, dedication, and absorption—offering a nuanced understanding of how incivility erodes psychological investment in work.

The consistency between national and international findings suggests a shared occupational vulnerability among nurses, although cultural factors—such as hierarchy, communication styles, and tolerance for rudeness—may influence how incivility is perceived and expressed in Indian healthcare settings.

Variations across studies may result from differences in measurement tools, sample composition (public vs. private hospitals), or cultural context. Some studies separate incivility sources (supervisors, peers, patients), whereas the present study analyzed them collectively, which may have affected effect sizes. Future research could further explore specific sources, mediating mechanisms (e.g., emotional exhaustion, perceived support), and protective factors (e.g., resilience, psychological capital).

6. Implications

The cumulative evidence highlights the urgent need for healthcare institutions to address workplace incivility proactively. Initiatives such as respectful communication training, zero-tolerance policies, support systems for younger nurses, and robust feedback mechanisms can mitigate its adverse effects. Enhancing workplace civility is not just about interpersonal harmony—it is a strategic necessity for improving staff engagement, reducing turnover, and enhancing patient outcomes.

7. Conclusion

This study demonstrates the substantial negative impact of workplace incivility on work engagement among nursing staff. Incivility from supervisors and patients exerts the strongest influence, explaining a significant portion of the variance in engagement levels. These findings emphasize the critical role of leadership behavior and patient interactions in shaping a positive work environment.

From a policy perspective, healthcare organizations should implement supervisor communication training, patient-handling protocols, and supportive HR policies to combat incivility. Promoting a culture of respect and psychological safety can enhance nurses' satisfaction, engagement, and ultimately, the quality of patient care.

In the Indian healthcare context, where nurses face heavy workloads and limited resources, this research carries particular relevance. Addressing workplace incivility can inform policy reforms and institutional practices, improving nurse well-being, engagement, and performance. Ultimately, sustained engagement in nursing depends on a respectful and supportive organizational climate (Vasconcelos, 2020).

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Authorship Contribution

All authors contributed equally to the study's design, analysis, and manuscript preparation. All approved the final version.

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Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Declarations

The authors declare that this work is original, has not been published or submitted elsewhere, and adheres to ethical research standards. All authors significantly contributed to the research and preparation of the manuscript, approved the final version, and confirm that there are no conflicts of interest. Proper acknowledgment has been given to all sources and support.

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