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Linking Workplace Incivility to Perceived Stress: Moderating Role of Psychological Capital among General Health Professionals

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Abstract: The current study unfolded the moderating role of psychological capital between workplace incivility and perceived stress among general health professionals in the tertiary care hospital of Lahore. 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. Cronbach's alpha reliability coefficients of constructs were found satisfactory. Findings showed that psychological capital moderates the relationship between workplace incivility and perceived stress in general health professionals. Limitations and the implications of the study were discussed in the cultural context of Pakistan.

Keywords: Workplace incivility, psychological capital, perceived stress, general health professionals

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Introduction and Literature Review

The healthcare industry recognizes the contemporary challenges that general physicians face before becoming effective practitioners. The medical field requires self-motivation, tenacity, passion, and resiliency to alleviate human suffering. Adjusting to the demanding and stressful bureaucratic

working circumstances, hospital accreditation procedures, clinical audits, and administrative duties is challenging. The Hippocratic Oath in medical school emphasizes patient wellness; despite the enthusiasm, young medical professionals face adjustment problems initially. The expectations of training, combined with insufficient infrastructure, workplace incivility resulting in stress, poor eating practices, and excessive tea/ coffee consumption. Excessive workload and never-ending exams chain reduce social interaction and a decrease in physical activity, which lead to sleep deprivation and causes workplace incivility problems (Anjum et al., 2020).

Workplace incivility is a low-intensity deviant behavior that targets others and violates workplace rules for mutual respect. It is impolite and lacks consideration for others (Andersson & Pearson, 1999). It includes soliciting and dismissing criticism, ignoring teamwork, giving employees the cold shoulder and interrupting them, not paying attention to their contributions and talking on the phone during a formal business meeting, and speaking patronizingly. Workplace violence occurs when race, religion, or gender are used to justify words, gestures, and antagonism. Overturning decisions without explanation, sending a nasty and demeaning note, talking about someone behind their back, and undermining credibility in front of others are overt acts of incivility (Estes & Wang, 2008).

78% of supervisors and 81% of coworkers in the US have reported incivility at work. 10% of workers had everyday encounters with rude coworkers, and 20% claimed to be the subject of rudeness at least once every week (Batista & Reio, 2019). In Canada, 99% of respondents said they had seen rudeness at work. 50% of workers reported receiving incivility at least once per week, and 25% reported witnessing it daily (Pearson & Porath, 2005). China, Hong Kong, India, Japan, Korea, and Singapore recorded 77% incivility (Lim & Lee, 2011). Singapore's 5-year incidence rate is 91%. European Working Conditions Survey (2010) attracted 44,000 respondents from 34 countries (including 27 EU member states, Norway, Croatia, Macedonia, Turkey, Albania, Montenegro, and Kosovo), and 4% of European workers reported experiencing bullying at work. In the UK, supervisors bullied employees more frequently than subordinates (Hoel & Cooper, 2000).

Bambi et al. (2018) conducted a meta-analysis of 79 publications and found that the percentage of medical professionals who experienced workplace bullying ranged from 1% to 87.4%. Up to 75% of victims may experience physical and mental aftereffects worldwide. 10% of bullied health professionals get symptoms of post-traumatic stress disorder. It has a negative link with job efficiency and predicts burnout. Victims reported 1.5 times more absences than their non-victimized peers. With less than five years of service, 78.5% of mistreated health professionals have quit and moved on to other institutions.

Torkelson, Holm, and Backstrom (2016) approached 3001 (1461 men and 1540 women) Swedish employees through a stratified sampling technique to identify the prevalence of exhibiting, experiencing, and witnessing workplace incivility. It measured incivility's impact on gender and occupational status. The mean age was 43.7 (SD = 12.3). Two thousand eight hundred sixty-nine of the sample were born in Sweden, 132 were from other countries, and 438 had non-Swedish parents. 2467 had permanent jobs, 181 had part-time jobs, and 173 owned enterprises (entrepreneurs). Seven hundred sixty-two respondents were supervisors or managers; 2239 did not have this position. Almost three-quarters of respondents had experienced coworker incivility, and 52% supervisor incivility in the preceding year. 75% of respondents saw coworkers and 58% witnessed the boss misbehaving, and 66% incited uncivil behavior. Female and younger employees were more likely to experience incivility from coworkers, and younger employees and supervisors were more likely to incite it. Experienced incivility predicted low psychological well-being, and watched incivility predicted initiated incivility.

Workplace bullying, incivility, and hostility cause PTSD, fatigue, and decreased well-being (Anjum, 2017). It increases turnover attention in victims and reduces job satisfaction. It promotes absenteeism, low organizational commitment, sick leaves, and impaired effective communication between culprit and victim (Anjum et al., 2020). It induced adjustment issues resulting in mental health problems (stress, anxiety, emotional exhumation, fatigue, low mood, lack of energy, burnout, post-traumatic stress disorder, and sleep disturbance). It exacerbated adaptation issues. Incivility at work reduces accountability and respect resulting in stress (Pamela & Julie, 2001). Mehmood et al. (2021) found that workplace incivility negatively affects employee performance, and psychological well-being mediates the relationship.

Psychological Capital and social support moderated the impact of workplace incivility and reduced perceived stress (Cassidy, McLaughlin, & McDowell, 2014). Positive psychology has contributed to an emphasis on positive resources rather than weaknesses and negativities. Psychological capital defines as an individual's positive psychological state of development, characterized by: I having confidence (self-efficacy) to take on and put in the necessary effort to succeed at challenging tasks; (ii) making a positive attribution (optimism) about succeeding now and in the future; (iii) persevering toward goals and, when necessary, redirecting paths to goals (hope); and (iv) when beset by problems and adversity, remaining psychological capital is one's favorable judgment of circumstances and success based on tenacity and motivated work. Positive psychological capital includes hope, optimism, self-efficacy, and resilience. It promotes positive organizational development and reduces incivility and job stress (Luthans, Youssef, & Avolio, 2007).

Shabir, Abrar, Baig, and Javed (2014) identified a link between workplace incivility, job stress, and psychological capital. Psychological capital moderated incivility and job stress. Nawaz and Abid (2019) studied prosocial motivation and psychological capital in public and private Pakistani hospitals. They found that psychological capital improved organizational citizenship behavior, even when workplace incivility was low.

The transactional approach to perceived stress (Lazarus & Folkman,1984) utilizes the social environment and person-environment-fit models (i.e., role ambiguity, conflict, and organizational constraint). In order to examine the connection between perceived stress and health- and organizational-related outcomes, the Social Environment model, supported by the Institute of Social Research (ISR), and the Person-Environment-Fit model. It describes the mismatch between the individual's goals which hinder by workplace incivility-induced stress. Conservation of resource theory helps individuals to maintain harmony between discrepancies by utilizing personal resources like psychological capital. Therefore, it is a dire need to investigate the positive construct of psychological capital, which may help to strengthen the individual resources to cope with workplace incivility and reduce the perceived stress consequences in the cultural context of Pakistan (Jiang & Probst, 2018). The following hypotheses are generated by considering the above literature: There will be a significant relationship between workplace incivility, psychological capital, and perceived stress among general physicians. Psychological capital will moderate between workplace incivility and perceived stress.

Methods

The current study investigated the moderating role of psychological capital between workplace incivility and perceived stress among health professionals 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 simple random 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 (Faul, Erdfelder, Lang, & Buchner, 2007). Data from 210 participants were collected after fulfilling the inclusion and exclusion criteria. Inclusion criteria indicated that the participants worked as medical and women medical officers after completing a one-year house job in medical wards. Experienced and witnessed workplace incivility were included in the study. Who were not currently employed were excluded from the study. They were approached in different departments such as medicine, dermatology, psychiatry, peads, and ENT. These departments were included due to the predictability of the working hours and not having medical emergencies or evening and night calls. They had at least one year of working experience. They were currently working in private and government tertiary care hospitals in Lahore. Those health professionals who were working part-time jobs were excluded from the study. The detailed demographic characteristics of the participants are reported in table 1.

Table 1

Demographic Characteristics of the General Health Professionals (N = 200)

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

Variables	*M, SD*	*f (%)*	Variables	*M, SD*	*f (%)*
Age	*M* = 27.62, *SD* = 6.93		Income	*M* = 67500.72, *SD*=46.93	
Gender	Male	63(31.5)	Nature of job	Government	129(64.5)
	Female	137(68.5)		Private	71(35.5)
		141(70.5)	Shift change in three months	Yes	92(46.0)
		59(30.0)		No	108(54.0)
Family System	Joint family	120(60.0)	Specialties	Medicine	70
	Nuclear	80(40.0)		Paeds	50
Residence	Personal	149(74.5)		ENT	50
	Rent/ Hostel	51(25.5)		Dermatology	30
			Workplace Incivility	Experienced	200
				Witnessed	200
Marital status	Single	105(55.0)	Weekly working hours	*M* = 52.18, *SD* = 15.52	
	Married	95(45.0)			

Demographic Information Sheet

The demographic information sheet contained personal and professional information such as age, gender, marital status, family system, monthly income, residential information, working experience, and working hours were used.

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 WIS depicted a higher level of workplace incivility, and low scores mean a low level of workplace incivility.

Psychological Capital Questionnaire (PCQ)

Psychological Capital Questionnaire (Peterson et al., 2011) 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 theLahore 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 to assure 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 (Field, 2018). Descriptive statistical analysis was used to compute the demographic variables.Cronbach alpha reliability coefficients and correlation analysis were calculated, and moderation analysis was computed through SPSS.

Results

The current study unfolded the moderating role of psychological capital between workplace incivility and perceived stress among general health professionals. 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

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 (N = 200)

Variables	*Workplace Incivility*	*Psychological Capital*	*Self-Efficacy*	*Hope*	*Resilience*	*Optimism*	*Perceived Stress*
Workplace Incivility		-.22**	-.20**	-.17*	-.17*	-.03	.42**
Psychological Capital			.82**	.84**	.74**	.52**	-.36**
Self-Efficacy				.61**	.38**	.35**	-.29**
Hope					.51**	.29**	-.34**
Resilience						.18*	-.35**
Optimism							-.09
Perceived Stress							

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

Table 3 shows that workplace incivility has a significant positive relationship with perceived stress and is negatively associated with psychological capital, self-efficacy, hope, and resilience. Psychological capital, hope, and resilience have an inverse relationship with perceived stress. The magnitude of the significant relationship ranges from .17-.84, which is satisfactory.

Table 4

Moderating Role of Psychological Capital between Workplace Incivility and Perceived Stress

Variables	Model 1			Model 2		
	B	*β*	*SE*	*B*	*β*	*SE*
Constant	16.61***		.46	16.55***		.46
Workplace Incivility	2.56***	.35***	.46	2.53***	.34***	.47
Self-Efficacy	.74**	.10**	.59	.78**	.10**	.59
Hope	-1.60**	-.22**	.61	-1.78**	-.26**	.64
Resilience	-1.68**	-.23**	.52	-1.52**	-.22**	.59
Optimism	-.20*	-.21*	.48	-.08*	-.18*	.52
Workplace Incivility X Self-Efficacy				-.26*	-.18*	.72
Workplace Incivility X Hope				-.32*	-.17*	.76
Workplace Incivility X Resilience				.32*	.16*	.67
Workplace Incivility X Optimism				.51*	.16*	.57
R^2	.28				.29	
ΔR^2					.01	

Note. N =200.

*** p<.001.

Table 4 shows the moderating role of subscales of psychological capital between workplace incivility and perceived stress among general health professionals in tertiary care hospitals of Lahore. In model 1, R^2 values of .28 revealed that predictors explained the 28% variances in the outcome variable with F (5, 194) = 14.71, p < .001. The findings indicate that workplace incivility (β=. 35, p < .001) and self-efficacy (β=. 10, p < .001) are positively predicted the perceived stress while hope (β=- .22, p < .001), resilience (β= -. 23, p < .001), and optimism (β= - .21, p < .001) negatively predicted the outcome variable. In model 2, R^2 values of .29 show that predictors explained the 29% variances in the outcome variable with F (9, 190) = .33, p< .001. Results indicate that workplace incivility (β=. 34, p < .001) and self-efficacy (β=. 10, p < .001) positively predicted the perceived stress while hope (β= - .26, p < .001), resilience (β= -. 22, p < .001, optimism (β= - .18, p < .001), and the rest of the interactions negatively predicted the perceived stress. The ΔR^2 valueof .01 revealed a 1 % change in the variance of model 1 and model 2 with ΔF (4, 190) = .33, p < .001. It means the subscales of psychological capital moderate between workplace incivility and perceived stress among general health professionals.

Discussion

The current study hypothesized that psychological capital would moderate the relationship between workplace incivility and perceived stress in general health professionals working in tertiary care hospitals in Lahore. Results supported the hypothesis that workplace incivility induced the phenomena of perceived stress, but the moderating role of psychological capital reduced the effects of perceived stress. Demographic characteristics of the participants showed that they all witnessed and experienced workplace incivility and its adverse effects, such as stress, anxiety, and low mood.

The consequences of experiencing and witnessing workplace incivility have detrimental impacts on both targets and bystanders. It is linked to lower psychological and physical well-being (Ghosh, 2017). It depicted poorer commitment, lower job satisfaction, and higher intention to leave the

organization. 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) studied how authentic leadership prevents deviant work behavior in Pakistan. They found that authentic leaders reduce workplace rudeness. An ethical atmosphere helps authentic leadership mitigate workplace incivility. Leiter et al. (2015) believe that incivility is a focus of workplace mistreatment since it is frequent, low-intensity, and reflects workplace culture.

Employees mustwork harder with fewer resources to meet global market and organizational needs. This stressful work atmosphere can lead to incivility (Schabracq & Cooper, 2000). Too often, the income increases, bonus structure, career growth, job security, and mobility expected from extra effort do not materialize. This frustrating condition generates workplace incivility, where employees are likelier to release unmet expectations through uncivil behavior (Reio & Ghosh, 2009).Conservation of resources (COR) theory states that people can cope with stressors by using resources to offset the consequences of piling demands. According to the Broaden-and-Build concept, positive emotions extend thinking patterns and build social and personal resources. Psychological capital (PsyCap) symbolizes a person's positive psychological development, generated from self-efficacy, optimism, hope, and resilience(Fredrickson, 2004).

Conclusion

The medicalhealth profession is very demanding and requires updated knowledge and skills with limited resources resulting in workplace incivility and stress. However, personal resources such as psychological capital, self-efficacy, hope, optimism, and resilience help them cope with challenging workplace situations to acquire professional growth in a tertiary care hospital in Lahore.

The Implications of the Study

This study helped the professionals to introducetraining workshops for general health professionals to enhance their resources, such as psychological capital, to effectively deals with workplace incivility and its adverse effects, such as stress. The management must introduce policies, rules, and regulations to deal with workplace incivility. Awareness regarding workplace incivility can be created through seminars, workshops, and updated medical field curricula to deal with the victim and culprit effectively.

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