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**EFFECT OF CUSTOMER INCIVILITY AND EMOTIONAL EXHAUSTION ON JOB
SATISFACTION AND TURNOVER INTENTIONS IN NURSES AT A TERTIARY
CARE CANCER HOSPITAL IN PAKISTAN**

By

SAIMA RUBAB

A thesis submitted in partial fulfilment of the requirements for the degree

of Masters of Science in Nursing

Karachi/Pakistan

Date (10, 01, 2024)

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The Aga Khan University School of Nursing and Midwifery Karachi Pakistan

Submitted In partial fulfilment of the requirements for the degree of Masters of Science in
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Members of the Thesis Evaluation Committee appointed to examine the thesis of

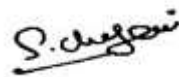
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Date (10,01,2024)

Dedication

I would like to dedicate this dissertation to my beloved husband **Mr. Muhammad Ahmed**. His wisdom, love, support, and motivation has always given me the strength to believe in myself, and inspiration to choose correct path in my personal and professional ventures.

Abstract

Background

Workplace incivility significantly impacts nurses' job satisfaction and turnover intentions. However, the incivility of the patients and their family emotionally drain health care providers. Subsequently, the lack of support from one's organisation and job dissatisfaction contribute to healthcare employee turnover.

Aim of the Study

The study explores the associations between customer incivility and emotional exhaustion and determines whether they contribute to or affect the nurses' job satisfaction and turnover intentions.

Methodology

The study used a cross-Sectional analytical study design to explore the study questions. A well-defined questionnaire was used to collect the data from the target population of staff nurses of a tertiary care cancer hospital in Pakistan. Data was collected from staff nurses and analysed using SPSS™ version 22. The sample size was 337. A descriptive analysis was performed for the categorical variables while reliability, correlation, and mediation analysis were carried out for the study variables.

Conclusion

The results showed that there is negative relationship between customer incivility and job satisfaction, while positively relating with turnover intentions. However, emotional exhaustion negatively relates to job satisfaction and positively to turnover intentions. Thus, the findings urge hospital executives and management to address customer incivility and its ripple effects to avoid job dissatisfaction and turnover intentions among nurses.

Keywords: Customer Incivility, Burnout, Mistreatment, Emotional Tiredness, Job Satisfaction, Intentions to Leave, Turnover Intentions.

List of Abbreviation

BO	Burnout
CIVT	Customer Incivility (by patients and family)
CVI	Content Validity Index
COR	Conservation of Resources
DV	Dependent Variable
EEXT	Emotional Exhaustion
ERC	Ethical Review Committee
IV	Independent Variable
ISO	International Standardization Organization
IRB	Institutional Review Board
JS	Job Satisfaction
JCIA	Joint Commission International Accreditation
SRC	Scientific Review Committee
SKMCH & RC	Shaukat Khanum Memorial Cancer Hospital & Research Center
TOI	Turnover Intentions

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Thank you all

Declaration

I declare that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university and to the best of my knowledge it does not contain any material previously published or written by another person, except where due reference has been made in the text.

The editorial assistance provided to me has in no way added to the substance of my thesis which is the product of my own research endeavors.

S Rubab

(Signature of Candidate)

10,01,2024

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Chapter One

1. Introduction

This chapter will provide an overview of the effects of Customer Incivility (CIVT) and Emotional Exhaustion (EEXT) on Job Satisfaction (JS) and Turnover Intentions (TOI) in nurses at tertiary care cancer hospital in Pakistan. This chapter includes the background, the problem statement, the rationale of the study, the significance of the study, its objectives, research questions, hypothesis, and operational and definitions of the used variables that culminate with the summary.

1.1 Background

Maintaining a good reputation in this competitive world is quite challenging for any organisation or corporation related to the service industry. In the service industry, quantity and quality matter greatly to satisfy the customers. For this purpose, organizations seek workers with extraordinary job skills for the best performance and efficiency. However, such performance by the frontline service providers is markedly inclined by the employee's job satisfaction (Erwin, et al., 2019). However, there is a chance for customer misbehavior in case of any variation or deviation from the set standards /protocols.

Customers' rude behaviors flourishes when there is a driving stimulant, such as the absence of a skilled service provider, and/or failure to satisfy the customer. This context may advance to abusive customers when they feel any gap in the service provision (Daunt, et al, 2015). Here in this study the researcher refers the customer as patients and their family in healthcare industry. Fong, et al. (2017) noted that service failure is a primary source of insulting customer behavior. However, the organizations which deal with customers as stakeholders and are interested in customer's trust, want to increase their productivity, and brand themselves through their customers are more concerned about their behaviors and opinions. Therefore, managers emphasize their employees must aim to satisfy their customers by provision of exceptional services. This imperative for satisfaction aligns with the healthcare environment, where patient satisfaction is paramount (Cohen et al., 2017). While expected to deliver exceptional services, employees were at risk of workplace violence in the form

of mistreatment and harassment by customers (means patients and their family) resulting in significant emotional strain for the employees (Zopiatis et al., 2014).

The prevalence of such situations is more often experienced among private healthcare sector employees than those in public sector institutions. Moreover, many private healthcare organizations strive to achieve quality standard certifications like International Standardization of Organization (ISO) and Joint Commission International Accreditation (JCIA) standards to distinguish themselves in the industry, so they value patients and their family member's feedback about the organization. Therefore, to gain the trust of their customers, the leaders emphasize and prioritize patient and their attendant's satisfaction as a key focus. Despite facing disrespectful behavior from some care consumers, the health care providers are expected to strive for excellence in their professional responsibilities to satisfy their patients.

1.2 Problem Statement

Kavaklı and Yildirim (2022) reported that workplace incivility significantly impacts nurses' job satisfaction and turnover intentions. However, incivility of the patients and their family may induce the employee to be emotionally drained and if not supported by the organization or peers feel more dissatisfied with the jobs/working environment and leave the organization. Nursing care services are affected significantly by the negative and deviant behaviors of the patients and families, leading to job stress and job dissatisfaction of nurses (Lee, et al, 2019). Therefore, these negative behaviors, mistreatment, and burnout impact nurses' job performance regarding task execution, completion, and efficiency of their work (Giorgi, et al., 2018).

Many reputable private healthcare institutions focus on their staff and patients' rights, ensuring that both sets of rights are well-explained and providing education about the workplace and organizational ethics to care providers and care recipients. The intent is to message clearly that no one is allowed to misbehave, mistreat, or disrespect another.

However, sometimes the patients and their families launch report unnecessary complaints against the staff nurses, leading the managers to shout/yell at staff or to put them under some inquiries or investigations (Ma et al.,2021).

Therefore, staff has at times faced disciplinary actions, with some instances being false allegations. Repeated incidences of such misconduct being ingenuine disrupts employees' psychological and physical well-being and the job satisfaction of the staff. Ultimately, such disrespectful and unfair decisions pressure employees to think and resign from their jobs. Several studies have highlighted similar concerns and their consequences regarding negative staff and workplace outcomes (Schilpzand et al., 2016). Another study conducted in the Indian context reported that almost 60.7% of nurses faced incivility at some point in time of their career. As a result, 30% of nurses intended to leave the organization due to customer incivility (Kanitha, et al 2021).

1.3. Study Rationale

Customer incivility is a global issue, and its harmful effects on the growth of individuals and organizations have been recognized (Yu, et al. 2016). For example, workplace incivility can reduce workers' job engagement and decline their job performance at an individual level. It may also extinguish or eliminate employees' job fulfillment and organizational commitment and contribute to increased turnover rates (Lim et al & Cortina, et al, 2008). Though workplace incivility inversely impacts the job site and care rendered by the nurses, its negative effect in hospital environments is heightened (Smith et al, 2018). For example, several nurses reported that workplace incivility induces emotional disturbances, suffering, and burnout. As incivility increases, emotional exhaustion and fatigue increase, and the risks of making mistakes and errors in patient care are catalyzed (Alquwez, 2020).

When the patients deal staff with rude behaviors, the quality of care they provide is compromised, leading to demotivation, job dissatisfaction, and intentions to leave organizations (Khan et al., 2021). Most healthcare providers experience incivility from patients, families, colleagues, and others. Westbrook et al. (2021) reported in their study conducted in Australia that approximately 93-94% of nurses face incivility, rudeness, and bullying by patients, families, colleagues, supervisors, and physicians at their workplaces on yearly while 39-40% encounters it on weekly bases. Incivility arises from a negative association in which one person is considered

lower than another. Recently, the brutality of incivility has been considered and recognized within organizations worldwide (Alquwez, 2020; Kile, et al., 2019).

The International Council of Nurses (ICN), a Geneva-based organization of global nurses, estimated that the world will be short of 13 million nurses by 2030 unless drastic action is taken to stem the tide of attrition and deploy new healthcare providers (ICN, 2023). Mistreatment, burnout, and emotional exhaustion are the top concerns that nurses across the globe have experienced. In addition, there are many convincing and strong shreds of evidence observed in the Korean context which indicates that incivility has become a regular part of nursing organization's culture and society (Kim.et al., 2013; Lee et al., 2019; Ko et al., 2017).

In the Pakistani context, many private and public healthcare organizations have displayed and practiced the Protection against Harassment of Women at the Workplace Act 2010, which was recently amended again in 2022. However, male healthcare providers, like male nurses, nursing assistants, physicians and pharmacists, involved in direct patient care are at the same risk of rudeness and inappropriate behavior. Moreover, primarily renowned healthcare organizations have well-defined structures about the rights and responsibilities of patients and their families for themselves and staff. Moreover, they are well informed at time of admission and, as a reminder, signs are placed at several places in patient care settings for better compliance.

Despite having structures and strategies in place at the institutional level by educating staff about safety measures and workplace violence, the staff are still unsafe or experience these negative behaviors, such as it is reported by a male staff nurse being beaten by the patient's attendant. Workplace and care consumer incivility have been thoroughly explored within the nursing domain, which is considered caring for others but not intra-professional caring (McPherson, et al. 2019).

Frequently facing incivility exposes nurses to patient care incidents, decreased job performance, dissatisfaction, compromised quality patient care services, and thoughts of quitting the organization (Riskin et al., 2019).

Given the growing issue of incivility of patients and family contributing to emotional exhaustion, job dissatisfaction, and turnover intentions of nursing staff, this study was planned to conduct in a tertiary care cancer hospital in Pakistan to explore the relationship among these variables.

1.4. Significance of the Study

Since the pandemic, nursing depreciation has been present globally, and many nurses have been moved from one region to another. Many developing countries like Pakistan are facing an acute shortage of skilled nurses. Therefore, healthcare organizations need help to complete the number of skilled workers to complete the adequate number of workforces to provide quality care services to their patients. Thus, this study will potentially help healthcare organizations and institutions develop strategies to create a safe environment that discourages uncivil behaviors for their staff, patients, and families. It will inform mechanisms to prevent workplace violence to enhance job satisfaction reducing the turnover intentions among their working staff. (Kim et al., 2014). Likewise, it will guide organizations to retain their skilled staff to provide high-quality care to their patients through better peer and organizational support via counseling in cases of uncivil behavior of the patients and family.

The study's findings might be significantly important for the leaders of healthcare organizations, especially for private sector healthcare institutes, which are highly concerned with safe, quality patient care and staff satisfaction by informing predefined guidelines. Furthermore, the study results will help institutional influence to endorse an optimistic communal adjustment and working environment by detecting and executing educational and awareness programs. That could facilitate the patients and their families to behave appropriately with healthcare providers to prevent stress, emotional dysfunction, job dissatisfaction and intentions to leave among care providers.

Han et al. (2016) proved that care consumer's mistreatment with frontline staff positively relates to employee dissatisfaction and turnover intentions through emotional exhaustion and mental fatigue. This mental fatigue further declines job satisfaction with increasing turnover intentions. Furthermore, job stress is negatively related to the job satisfaction of the staff as they become

dissatisfied with their jobs and working environment, and concomitantly decline in their job performance (Chung et al., 2017). Nurses are commonly exposed to uncivil behavior in their daily routine work; they encounter this incivility in their interactive dealings, including from managers, peers, physicians, patients, and their caretakers. Newly graduated nurses reported that high levels of incivility by their colleagues hurt their job satisfaction and incline their intentions for turnover (Laschinger & Read, 2016).

Similarly, incivility inversely affects the culture of that organization and the nurses working within that culture. Eventually, nurses who bear such deviant behaviors are more prone to leave their organizations than those who are not (Viotti, et al., 2018). Thus, the healthcare organization that tolerates incivility will disseminate it more (Karatuna, et al., 2020) resulting in increased turnover intentions and burnout within the hospital industry that could negatively affect the quality of customers care and staff satisfaction levels.

1.5. Study Objectives

To assess the effect of customer incivility on job satisfaction and turnover intention among staff nurses at a tertiary care cancer hospital in Pakistan.

To explore the mediation of emotional exhaustion on customer incivility, job satisfaction, and turnover intention among staff nurses at a tertiary care cancer hospital in Pakistan.

1.6. Research Questions

How does customer (Patients, families) incivility affect job satisfaction and turnover intention among staff nurses at a tertiary care cancer hospital in Pakistan?

How emotional exhaustion mediates the relationship between customer incivility, job satisfaction, and turnover intention among staff nurses at a tertiary care cancer hospital in Pakistan?

1.7. Hypotheses

H0: Customer Incivility and Emotional Exhaustion are not associated with Job Satisfaction and Turnover Intentions among nurses at tertiary care cancer hospitals in Pakistan

H1: Customer Incivility and Emotional Exhaustion are associated with Job Satisfaction and Turnover Intentions among nurses at tertiary care cancer hospitals in Pakistan

1.8. Operational Definitions

1.8.1. Customer Incivility

Customer incivility is defined as treating the employee in an uncivil manner such as being rude, disrespectful, or insulting. In this study customer incivility is measured by using Likert scale. It has total six items with minimum incivility score of five and maximum of thirty. The following criteria will be used to report the customer incivility like low incivility 1, medium incivility 2 and 3 will reflect high incivility.

1.8.2. Emotional Exhaustion

Emotional exhaustion is defined as a state of feeling emotionally worn-out and drained as a result of accumulated stress from your personal or work lives, or a combination of both. In this study the emotional exhaustion is measured by using Likert scale. It has total five items to measure the emotional exhaustion of the staff, minimum score of five and maximum of twenty-five. The following criteria will be used to report the emotional exhaustion among the staff as low emotional exhaustion 1, medium emotional exhaustion 2 and 3 as high emotional exhaustion.

1.8.3. Job Satisfaction

Job satisfaction: one's positive perceived emotion on the appraisal of his/her job. In this study the job satisfaction is measured by using the Likert scale. It has total three items to measure the job satisfaction of the staff with minimum score of five and maximum fifteen. The following criteria will be used to report the job satisfaction among the staff as low job satisfaction 1, medium job satisfaction 2, and 3 as high job satisfaction.

1.8.4. Turnover Intentions

Turnover intention is an employee's reported willingness to leave her organization within a given period of time and is often used for studying actual employee turnover. In this study the turnover intentions are measured by using the Likert scale. It has total three items to measure the turnover intentions with minimum score of five and maximum score of fifteen. The following criteria will be used to report the turnover intentions among the staff as low turnover intention 1, medium turnover intention 2, and 3 as high turnover intentions.

1.9. Summary

Chapter one illuminates the details of the problem statement, the magnitude of the issue, its significance for the healthcare influentials, the aim, and research inquiries that will be answered in subsequent chapters, introduces the theoretical framework, and provides operational and conceptual definitions of the concepts used as variables. Through this study, the researcher will study the effects of customer incivility and emotional exhaustion on job satisfaction and turnover intentions among nurses at a tertiary care cancer hospital in Pakistan.

Upon the basis of research findings, the study would identify the associations among these variables, which would help managers to devise some strategies that would impart the enhancement of motivation, job satisfaction, and handling of incivility appropriately among the nurses to address emotional exhaustion, and job dissatisfaction.

Chapter Two

Literature Review

2 Introduction

This chapter furnishes the in-depth, critical analysis of the existing research work related to the topic under exploration. This component of the research provides an understanding of the research topic, and its background information, establishes the current context of the study, outlines the status of the knowledge, highlights research gaps identified by the previous research studies, identifies utilized theoretical framework/underline theory, relating and crediting the previous studies already done in the field, and proposing/ formulating the hypothesis for the current study and summarizing the contents of this chapter.

2.1. Search Strategy

To search the relevant literature and studies, different databases are explored like PubMed, CINAHL, Cochrane, Science Direct, and Google Scholar. These searches invoked different Booleans with the variables and Mesh words like OR, AND, TBI, ATBI, etc. “Customer Incivility” AND “Emotional Exhaustion” AND “Job Satisfaction” AND “Turnover Intentions” AND “Nurses” “Customer Incivility” OR “Emotional Exhaustion” OR “Job Satisfaction” AND “Turnover Intentions” OR “Nurses”. "Customer Relations"[Mesh] OR "Consumer Behavior"[Mesh] OR "Incivility"[Mesh] OR Hostility"[Mesh] OR "Emotions"[Mesh] OR "Burnout, Professional"[Mesh] OR "Emotional Exhaustion"[Mesh]) AND ("Job Satisfaction"[Mesh] OR "Personnel Turnover"[Mesh] OR "Intention"[Mesh]) AND ("Nursing Staff"[Mesh] OR "Nurses"[Mesh]) AND ("Hospitals, Special"[Mesh] OR "Tertiary Care Centers"[Mesh]) AND "Neoplasms"[Mesh] AND "Pakistan"[Mesh] to search in different databases. Then different filters were applied to narrow down the searches, like full text, last five years, and language to have focused searches related to the topic. A few of the studies were excluded due to the non-availability of the full text, only abstract, irrelevant study designs, duplication, etc. Of note, the majority of the relevant studies have been taken from Google Scholar.

PRISMA DIAGRAM

PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only

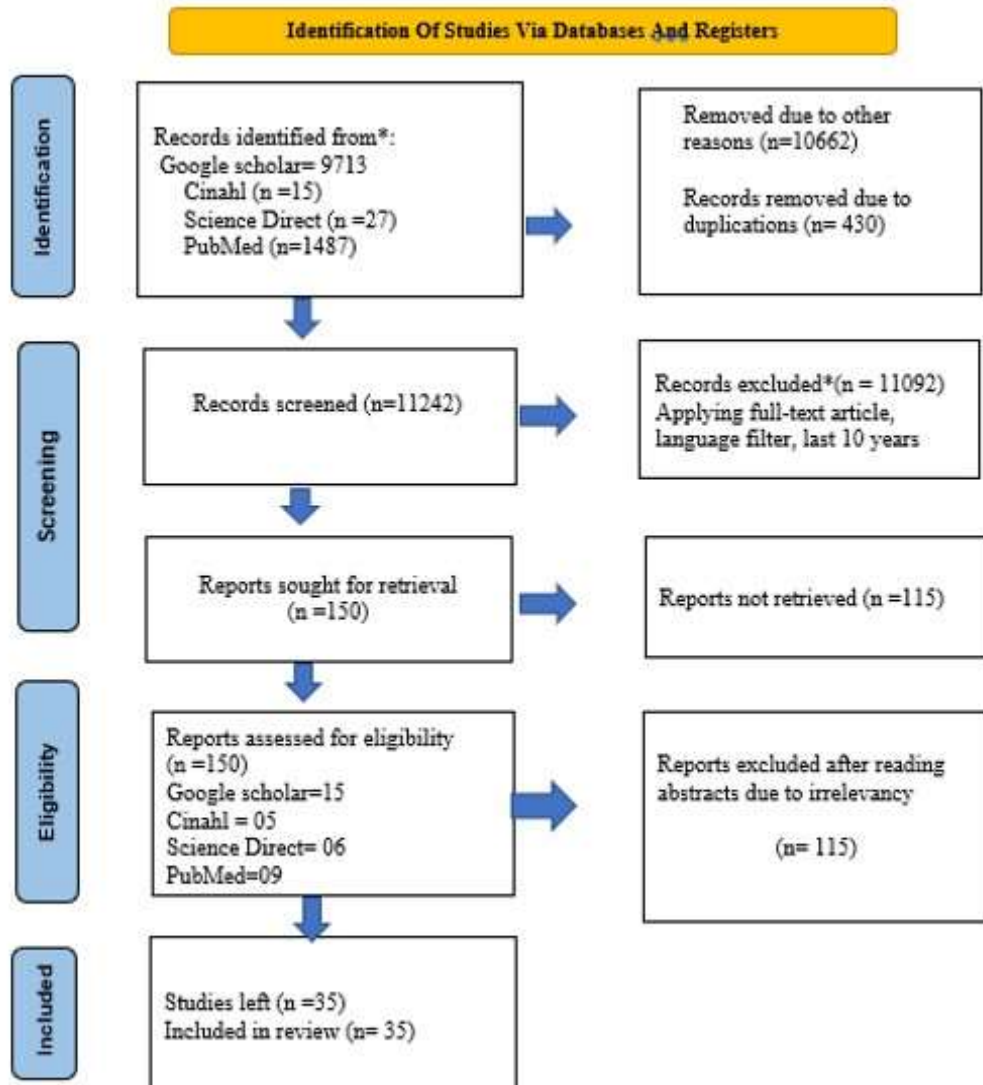


Fig. 1.1. Proffered reporting items for systematic reviews and meta-analysis PRISMA

2.2. Underlying Theory / Theoretical Framework

The Conservation of Resource (COR) theory is the theoretical underpinning used to develop the hypothesized relationships in the current research study. Hobfoll (1989) suggests that individual consideration is less important than central, and these central values are equally valued among people. Among these the most commonly valued attributes are health, safety, family, self-esteem, and a sense of meaningful life. The theory proposes that employees tend to obtain, sustain, and preserve particular resources which facilitate them to complete their tasks at the job place. The COR theory elucidates how to respond to and combat employees' work-related stresses

and burnout.

The theory approved four kinds of resources: the object (e.g., physical/perceptible resource invested by individual), social support (e.g., adding employees' betterment), employee special characteristics (e.g., skills), and vital resources (e.g., money and information). The theory posits that an individual becomes strained when he/she is unable to maintain resources invested in the job place. COR theory describes the process of stress in an individual who has a restricted number of psychological /mental resources and is encouraged to reserve and gain those depleted resources (Hobfoll, 1989).

Abusive language, along with rude and deviant behavior, is regularly reported as a workplace stressor that consumes employees' resources (Agarwal, et al. 2020; Akram et al., 2019) resulting in emotional exhaustion, declining physical strength, and passion due to a disproportionate amount of work, unmet personal needs, and incessant pressure. For example, Koay (2018) identified that workplace snubbing reduces employees' resources (e.g. time, energy), which leads to emotional exhaustion. Consequently, emotionally exhausted employees attempt to eradicate undesirable feelings caused by emotive fatigue in counterproductive work behaviors. Moreover, Agarwal and Avey (2020) discussed the relationship between abusive supervisors and psychological capital that abusive supervision drains employees' emotional resources, which, in turn, causes high levels of stress among the staff. Therefore, the staff involved in direct patient care are likely to become stressed and risk losing their accumulated emotive capital while trying to create a caring environment, control their emotions, and remain pleasant while dealing with the patients.

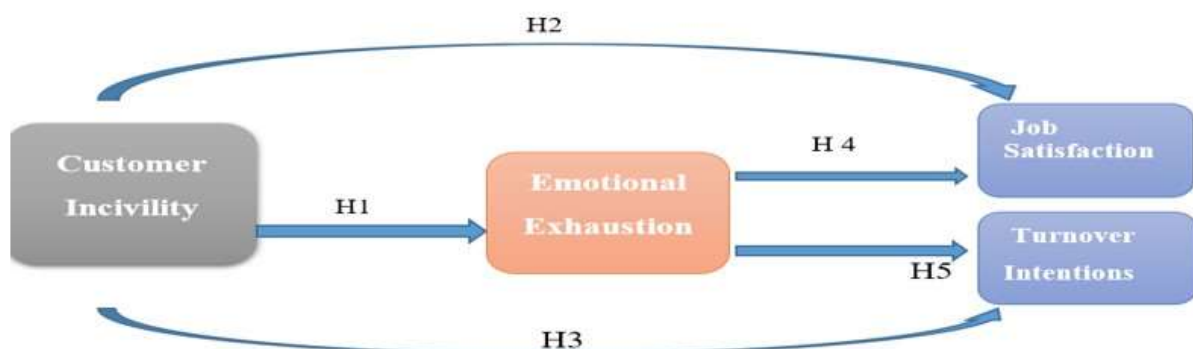


Fig 1.2. Theoretical Framework

2.3. Customer Incivility and Emotional Exhaustion

According to Andersson & Pearson (1999) incivility/rudeness is “less aberrant conducts with unclear intentions damaging the targeted persons, as disgracing the workstation rules of dealing with respect for reciprocal esteem”. Despite less harm and confusion, workstation rudeness is measured as one of the most alarming sources of misconduct for working employees (Sliter et al., 2010). An empirical study conducted in the Nigerian context reflects that mistreatment influences an individual performance at the workplace, declines work involvement, and impedes innovations, productivity, and efficiency to accomplish the job (Alola et al., 2019). According to Porath and Pearson (2010), approximately 99% of the employees out of the 9000 reported that they encountered workplace incivility.

According to Hur et al (2016) if customers mistreat the on-duty staff, it leads to emotional tiredness in the staff thereby reducing the internal motivation towards the job and the organization. Although it has always been claimed unintended by the instigator, however, it depends upon the person who encountered such negative behaviors and how he handles the situation. Therefore, if the person is acquainted well with the emotional intelligence and able to conserve the resources required in handling the circumstances of the negative conduct by the customer then employee will be able to manage. Otherwise, they will be at risk for burnout and/or emotional dysfunction if not supported by peers and their organization. Prior studies have emphasized that customer incivility has a strong association with job stress and burnout and a positive relationship exists between customer incivility and emotional exhaustion (Han et al., 2016).

Frequent events of customer incivility with the frontline service providers not only increase the poor quality of the service but elevate the level of mental stress and emotional tiredness (Voorhees, et al., 2020). Patient’s and family incivility enhances the feelings of emotional fatigue and exhaustion which leads the nurses to impart less effort to provide quality care resulting in poorer service provision or even failure of the services. Therefore, when they put less effort into their work creates more dissatisfaction in nurses leaving them with suboptimal service provision.

When the services deviate from the organizational standards then it exacerbates or instigates the patients for incivility with the frontline nurses providing the care (Yue, et al., 2021). Several studies reported that this discourteous behavior of the care consumers either increases internal demotivation or increases mental trauma and stress disorder in the nurses (Ekici, et al. 2014; Spence et al. 2015). Thus, the nurses who experienced more incivility events are at more than 92% risk of having consequences in the form of illness and absenteeism (Ortega et al., 2011). Workplace incivility experiences inversely affect the nurses physically and psychologically both with the symptoms of sleeplessness, headaches, anorexia, stress, dissatisfaction, demotivation depressive feelings, and burnout (Thomas et al., 2022). In critical situations, this burnout and emotional disturbances induce turnover intentions in the nurses.

According to Kanitha and Naik (2021), patient's incivility events range from 67% to 94 % among the nurses which causes stress and anxiety leading turnover intentions. Incivility is underreported, the available information about it is just as superficial as a tip of an iceberg that further needs to be explored (Hartin et al., 2020). The main reason for this underreporting is the lack of awareness of the nurses about mistreatment or else they don't share the incidences as they perceive that it will get back to them as negligence at their end. Mostly the nurses are the main target of the patient's and families' discourteous behavior in the healthcare system among the multidisciplinary team (Kanitha, et al. 2021). Cortina et al., (2001) conducted a study that found that 71% of employees had experienced uncivil behavior in the past five years. Similar findings were shared in other studies, which showed that 75% of university employees, 79% of law enforcement employees, 71% of court employees, and 85% of nurses had experienced workplace incivility (Cortina, et al. 2009).

Mostly, Oncology patients' vulnerability and the disease progression instigated them and their families to be discourteous with assigned nurses upon the disclosure of the diagnosis or disease advancement. Therefore, the organizations have a zero-tolerance policy for workplace violence and well-defined patient, family, and staff rights but still, they need to train nurses regarding workplace violence and therapeutic communication skills to better handle it.

Due to this training, the staff deals with such issue properly. Moreover, the experience also helps the nurses deal with such incivilities because of their competence, assertiveness, and adherence to the organizational standards of care. However, the novice or less experienced staff nurses will be more at risk of facing such deviant behavior because of passive communication skills, lack of workplace violence training, lacking competency, and noncompliance with the standards of care provision that these oncology patients are fully aware because of their multiple visits at the hospitals. Whereas healthcare organizations are responsible for providing high-quality and safe patient care as one of their primary focuses (Alshehry et al., 2019).

When safety is compromised in patient care by the nurses leading the errors that pose negative effects on patients that in turn encourage them to mistreat the nurses. (Cruz, 2017) Incivility positively relates to emotional discomfort, stress, and emotional fatigue but it is inversely related to the working experience. Hence, based on the aforementioned evidence the following hypothesis can be proposed: H1: CIVT positively related to EEXT.

2.4. Customer Incivility and Job Satisfaction

Incivility is one of the important aspects which was ignored and least explored and reported globally in different contexts including the Asian context. That has detrimental effects on the frontline staff's job satisfaction. Approximately one million people die annually across the globe in hospital settings due to preventable medical errors and nurses can contribute by playing a significant and timely role in avoiding these negative patient outcomes (Godschalk et al., 2017).

On one hand, if the nurses will be empowered and encouraged to intervene timely to follow the standards of care of that particular healthcare organization will influence safe and error-free patient-centered care. On the other hand, if nurses would be discouraged, disgraced, and mistreated by the patients, families and colleagues will refrain from intervening in the situations impacting negatively to the patient outcomes. Similarly, if the rude behaviors will be continued with the frontline care providers will leave them demotivated and unhappy costing the healthcare organizations poor performance, efficiency, staff, and patient satisfaction.

Previous studies (Rhee, Hur, & Kim, 2017) reported that nurses who faced customer incivility shared it as the main reason for their decline in professional skills competence, job performance, and satisfaction related to it. Particularly, the incivility of coworkers, physicians, pharmacists, and supervisors negatively affects the quality of patient care given by the nurses. As it facilitates lowering the emotional resources of the nurses to deal with such incivilities putting them at risk of making mistakes. Further, these mistakes made the nurses mentally disturbed, with poor performances, demotivated, and dissatisfied with their working situations and job (Westbrook et al., 2021).

Mistreatment greatly affected the nurses in international and national healthcare systems like Pakistan as well (Zia-ud-Din et al., 2017). The situation is getting worse due to less or no support by the governmental or regulatory authorities for Pakistani nurses leading to job dissatisfaction (Laeque et al., 2018). Job Satisfaction is considered the most positive and pleasant feeling of employees about their job (Yousef, 2017). Job satisfaction is the general attitude of employees toward their jobs or organization.

Many researchers work on this variable (Job Satisfaction) with various other variables such as employee behavior, employee intention, commitment, loyalty, attitudes, and organizational change (Robbins et al., 2013; Yousef, 2017). Job satisfaction denotes the optimistic responsive state of workers, ensuing from the evaluation of their job experiences or job (Yousef, 2017). Likewise, job satisfaction is crucial among nurses being the second most critical person while providing safe and high-quality care after the doctors in hospital settings.

The previous research clarified that in the healthcare sector, the interaction of the nursing staff has a significant impact on their job satisfaction. If they are treated with civility then the service care providers can maintain the resources and manage the care within their scope and obligations to satisfy their customers through their outstanding service provision. Conversely, if the patient fails to maintain or handle the employee with mannerisms or appropriate behavior then the staff will also lack in attaining to provide exceptional care and satisfaction (Dahri et al., 2020).

However, such staff must comply with the hospital or organizational standard procedures and defined principles to make the people mollified in any case would put the employee under emotional burden or pressure, which ultimately fosters non-gratification or demotivation. (Piccoli et al., 2017).

Similarly, managers or supervisors need to monitor job performance and its related deterioration. If any kind of deterioration in the competence of the staff nurses is observed then they must need to evaluate because it can be due to demotivation and job dissatisfaction that arises from incivility and emotional distress. Therefore, strict strategies like healthy relationships among the organization, supervisor, and peer support must be devised in healthcare organizations to avoid such atmospheres. However, if this incivility of any kind will go on as routine it will impart a detrimental effect on the nursing staff's emotional condition which will influence significantly their motivational and satisfaction levels. Hence, it is suggested that there is a negative relationship between customers incivility and job satisfaction as incivility increases job satisfaction decreases. Therefore, upon the basis of the above-mentioned studies we can propose the following hypothesis:

H2: CIVT negatively related to the JS

2.5. Customer Incivility and Turnover Intentions

Customer Incivility is the deviant, low-grade intensity rude behavior with confused intentions instigated by the customers (Andersson & Pearson, 1999). Currently, service-oriented organizations especially healthcare organizations face the challenges of high turnover rates due to the increased demands of nursing staff running through the pandemic, mainly focused on employee retention and they use different techniques to retain the employee in their organization. Because turnover is disturbing for both parties (employers and employees). Prior researchers have proven that human resource (HR) practices have a significant effect on employee intention, behavior, commitment, performance, and loyalty toward the job and organization (Anis et al., 2011; Bryant et al., 2013).

Therefore, many well-known organizations develop policies and implement strategies to streamline the core process of patients handling at the organizational level to run their customer's related activities smoothly. Moreover, quality care provision is not a one-man job but rather a

coordinated multidisciplinary approach, and sometimes any delays or negligence in one area affects other delivery of care too, resulting in patients' and families' uncivil attitudes toward the nursing staff as front liners. Similarly, the frequent episodes of these bad behaviors of the patients and family compel the staff to decline in physical, mental, emotional, and social instability. Initially, the staff tries to manage and cope with the situation by himself but when his/ her reserved possessions of emotions and feelings are depleted or fails to handle the situation it is reflected in the form of absenteeism and low self-esteem. (Freudenberger, 1989).

Incivility prompted incivility and nurses have been observed frequently experiencing incivility as a routine during their interactions with colleagues, supervisors, doctors, patients, and their attendants. The institutions which take incivility for granted spread more incivility and promote this culture more across the organization. Because their deployed strategies deliver the message to the customer regarding the organizational culture to be followed. Therefore, a respectful organizational culture must be developed and practiced mutually by the customers and the staff providing the care/services. Thus, this culture can affect positively or negatively in both ways to the behaviors and actions of the people of that organization. Most nursing institutions have a culture of bearing incivility and are less likely to report it.

The nurses more frequently exposed to the mistreatment of patients, families, and colleagues are prone to have more intentions to leave their organizations or workplaces as compared to them faced very few events. (Viotti et al., 2018). However, if staff gets better support from managers, colleagues, and the organization they recover from the situation. Conversely, if the staff does not get support but rather is blamed for this mistreatment, then demoralization induced them to have the intentions or thoughts to leave the job.

Moreover, in some situation, patients raise concerns against the staff when they are very innocent but the leadership unfairly treat the staff with the given justification that the patient /customer is always right. In such organizations, patients usually take advantage of such intonation "The Patient is Always Right", by making unrealistic demands from staff or treating them badly.

These reactions or discourteous behaviors from patients, either duly or unduly, have some effect on employee satisfaction and turnover intentions (Bamfo et al., 2018). This negative attitude made the employee feel injustice and pushes under severe psychological and emotional distress, which provides him/her the only way out to have the intention to leave the job/organization.

Further, it costs the organization a depreciation of the skilled staff and increases the cost of new hiring, and training. Likewise, organizations that consider incivility as part of the profession flourish the incivility and increase the intentions of turnover. Therefore, upon the basis of the above-mentioned shreds of evidence, it can be suggested that there is a positive relationship between the CIVT and TOI, as CIVT goes up TOI increases. Hence, the following hypothesis can be proposed: H3: Customer Incivility is positively related to Turnover Intentions.

2.6. Mediating Role of Emotional Exhaustion between Customer Incivility and Job Satisfaction

In the healthcare industry, the care providers especially the direct patient care providers need to spend more time with their patients as a routine task. However, occasionally due to acute shortages, they need to work extended hours to provide the appropriate coverage to the patients as per their acuity. Similarly, in such situations, it becomes so hard for the staff to work longer due to personal reasons, like, sleeplessness, physical tiredness, underlying sickness, and family concerns. Therefore, they had to manage the limited staff with increased patient ratios and workload. Which results in increased emotional disturbance, burnout, and poor performance outcomes. Moreover, the institution wants them to interact with the patients pleasantly and strive to make them satisfied through their outstanding care regardless of their intrinsic situation.

Contrary, it will be difficult for the person to portray egoistic personality traits with variant extrinsic or intrinsic environments. (Gann, 1979). Additionally, if staff tries to do it requires high psychological demand with such conflicts that finally give an extra emotional burden to the person and leads to emotional tiresome, and at some point, in time, he fails to cope with such situations.

When they face any negative interactions or violence by the patients, they get flare-ups and as a reactive response perform poorly. Suboptimal quality care provided to the patient by the nurse is a major risk to the patient's safety (Tingle, 2019) and has a profound negative impact on the efficiency and productivity of the hospital. Healthcare organizations manage the performance of the staff nurses because their performance controls the organizational outcomes. However, nursing performance is affected by diverse negative factors like job stress (Lee et al., 2019). Therefore, these distressing emotions and negative behaviors in the form of bullying, burnout, shouting, and violence in the working areas can inversely influence the job performance of the nurses (Magnavita et al., 2020).

Numerous studies exhibited that the occurrence of incivility in the working area ranges between 11 to 99% (Kanitha, et al. 2021). The events of workplace incivility may be taken as for granted but it has a massive influence on the psychological health of the nurses. According to J. Wang (2017) "Several people encountered mistreatment by the customers, but they never share with others and choose not to speak because they need the job or worry about reprisals upon sharing,". Impolite actions of workplace incivility are also considered low-level violence and have been discussed as the most important cause of employee turnover, poor workplace climate, and job dissatisfaction. Therefore, once the healthcare consumers misbehave with the staff they declined in the resource of self-control and emotional smartness so in turn behave in the same manner with the care consumers (Johnson et al., 2009).

Besides, few customers treat negatively to the staff just to exert their powers or to threaten the staff so that they cannot delay a single aspect of their care. (Andersson & Pearson, 1999). Currently, the healthcare system is more complicated, leading to numerous problems for healthcare providers especially nurses, including stress and dissatisfaction with their job.

Ultimately, nurses exposed to incivility go through high emotional and moral distress, decrease professional excellence, lowering job fulfillment, and eventually withdraw from work (Austin et al., 2017). Similarly, a survey conducted by healthcare (2017) revealed varied feelings among nurses, where nurses quit their jobs just because of their decline in physical and mental

capabilities. Several empirical, international studies also indicated nurses' frustration regarding their jobs lowering satisfaction levels (Aslan et al., 2017). This dissatisfaction is evident in the Asian context as well. For instance, studies conducted in Sindh, Pakistan, emphasized the challenging conditions in the healthcare sector and lower job satisfaction among public hospital nurses. (Shah et al., 2018; Tasneem, et al.2018). This highlights the need for effective remedial efforts, as urged by numerous scholars, particularly in the public healthcare sector of Pakistan. However, contrasting findings exist that found qualified nurses from Ghana expressing neither satisfaction nor dissatisfaction with their job. (Boafo, 2018)

Whereas, in Pakistan, for example, most of the nurses in Pakistan reported being satisfied with their job and with existing working conditions in different findings. (Kanwal et al., 2017). Thus, the potential significance of job satisfaction among nurses in the healthcare sector has generated vivid importance in developing economies like Pakistan as well. Therefore, incivility by any source, patients, families, colleagues, physicians, supervisors, or any others leads the nurses emotionally drained or tired resulting in decreased job gratification. (Laeque et al., 2018). Thus, in the light of the above-mentioned literature it can be suggested that EEXT mediates the relationship between the CIVT and JS, as uncivil behaviors of customers and EEXT increase, job satisfaction decreases. However, if CIVT increases but the person is not drained emotionally then it does not affect job satisfaction. Hence based on these literary evidences, it can be suggested the following hypothesis as H4: EEXT mediates the relationship between the CIVT and JS.

2.7. Mediating Role of Emotional Exhaustion between Customer Incivility and Turnover Intentions

According to Wright & Cropanzano (1998) emotional exhaustion is a chronic condition in which a person is depreciated in the bodily and psychological demands due to his increased personal and occupational demands. Besides if, it continues the person/staff becomes physically and mentally depressed. Thus, if it has not intervened timely can reflect in the form of psychosomatic manifestations, such as fatigue, migraines, appetite, and sleep disturbances. However, sometimes person /victim who is going through this situation feels trapped or stuck and fails to concentrate and

cope with the situation because of this emotional wearing and tearing. (Zohar, 1997). According to the literature in organizational psychology, there is a growing prevalence of rude and discourteous behaviors in the workplace (Pearson et al., 2000).

Research suggests that employees who encounter incivility often have negative emotional responses to such situations. Bibi et al. (2013) identified that there is a positive relationship between incivility and behaviors like reduced productivity, absenteeism (Porath et al., 2012) burnout, decreased creativity (Porath et al., 2009), and intention to leave the job (Spence, et al., 2009). This turnover intention can be costly for organizations, as employee turnover in the USA is estimated to result in a loss of \$50,000 per employee who quits (Sanchez, et al. 2000).

Additionally, the staff will lose control, become agitated and hostile, and be unable to handle it if he tries to carry out his regular personal or professional tasks and encounters the patient's and family incivility instead of any motivating drive. Therefore, such staff must be supported as early as they are identified as emotionally drained and must be helped by colleagues, peers, managers, and even through professional counseling by the organization too. For example, if such employees are ignored and left in that manner, it will have disastrous consequences for both the organisation and the individual in the shape of poor performance and plans to leave due to emotional disorder and rude customers.

Similarly, when a person is sad, dissatisfied, or anxious, it is difficult for him to focus on his work, which leads to subpar results that increase his level of unhappiness and make him consider leaving (Han et al., 2016). Besides, deploying problem-focused coping strategies the incivility demonstrated by the managers/ supervisors has influenced the nurses' performance directly and indirectly both. Nurses are commonly exposed to incivility on daily bases as routine usually by patients, caregivers, co-workers, supervisors, and physicians (Laschinger & Read, 2016). Incivility inversely influences the organizational culture and the nurses performing their jobs in it. Eventually, the nurses more frequently encounter incivility-inclined mental stress, and emotional dysfunction and are more convinced to quit the organization via contributing to the turnover as compared to them are never exposed to incivility (Viotti et al., 2018).

The organization that tolerates incivility will proliferate incivility more (Karatuna et al., 2020). Ma et al. (2018) reported in their study conducted in China that the incivility of the supervisor had devastating effects on the nurse's performance leading to negative organizational behaviors in the form of poor job performance that finally induces the intentions to leave the organization as in such cases the staff declines the resources of emotions to manage. Therefore, in light of these studies, it can be inferred that as the incivility goes up emotional exhaustion increases and as these both incline turnover intention increases.

Hence upon the basis of the aforementioned literature, it can be suggested that EEXT mediates the relationship between the CIVT and TOI. Therefore, we can propose the hypothesis as H5: EEXT mediates the relationship between the CIVT and TOI.

2.8. Gap Analysis

According to a recent systematic review/bibliometric analysis by Lages, et al. (2023) customer incivility concept needs additional exploration and is considered an area of rising academic and literary interest since the previous decade. It is crucial to emphasize that the literature's approach to customer incivility has mostly been behavioral, with little attention paid to the role of incivility or its impact on the employee. Several studies were conducted internationally and nationally in almost all service industries including healthcare but still need to pay more attention to the intentions of these deviant behaviors by the customers because intentions of the uncivil behavior of the customer remain unclear yet (Cortina et al., 2017). Further, studies were conducted in healthcare, especially on nurses in the public and private sectors but this incivility was not yet explored in the oncology setup and its effects on the nurse's job performance, satisfaction, and emotional well-being. Therefore, this study is going to fill this gap by exploring incivility by the patient, family, and others and going to find out the associations among customer incivility, emotional exhaustion, job satisfaction, and turnover intentions among nurses at tertiary care cancer hospitals in Pakistan.

2.9. Summary

In summary, the literature review chapter serves as an essentially a traditional descriptive literature review of existing knowledge in the research field. It provides detailed information about the theoretical foundations and underpinning, theoretical framework/ proposed model, search strategies used to explore the previous studies relevant to the topic, their associations and relationships, and effects on the population that are being explored through the independent and dependent variables, identifying the research gaps and proposing the research hypothesis to fulfill those gaps. Moreover, it also illuminates the current knowledge status and the gap to combat the issue that the researcher wants to resolve through this study. Overall, this part of the study showcases the major part of the research which highlights the global, regional, and contextual perspective of the relevant studies to support the study.

Chapter Three

Research Methodology

3 Introduction

This chapter outlines the research approach and procedures used to conduct this study. The research design was a cross-sectional study. This section considers the study setting, target population, and sampling procedure. This part of the research also includes the study variables, the tools employed, their validity and reliability and rigour. Moreover, the procedure to secure informed consent from the participants has been described. Furthermore, the ethical considerations that were rigorously followed throughout data collection to ensure confidentiality have been described in the chapter, followed by the summary. Thus, this chapter serves as a crucial foundation for understanding how the research was conducted and also provides a roadmap for interpreting the subsequent findings.

The research methodology is essential to any academic or scientific study since it comprehensively describes the methodology and processes utilised to conduct the research. This chapter serves numerous purposes that include demonstrating dependability, validity, and reliability, allowing other researchers to reproduce the study, and guaranteeing the general integrity and rigour of the research process. Moreover, through this section, the reader knows the aim of the study and how the selected technique efficiently answers these questions.

Overall, the research methodology serves as a bridge between the research objectives and the methodologies used, thus laying the groundwork for understanding the research methodology and its significance to the study.

3.1. Research Design

The research design is a blueprint, conceptual structure, or plan/strategy to conduct the study and facilitates the researcher's collection, measurements, and analysis of the data (Bhattacharyya, 2009). This study has utilised an analytical cross-sectional study design.

A cross-sectional design is an observational study by which a researcher measures the outcomes and the exposure at the same time (Wang & Cheng, 2020). Thus, this study's design is the most relevant and appropriate when assessing the relationships and associations among the variables or between the exposure and outcomes over a specific period of time. Therefore, it was selected because of convenience it offered in terms of following a particular timeline (Kesmodel, 2018). Hence, through this study design, we would see the impact of the relationships.

3.2. Measurement of the Study Variables

The measurement scale for different variables is to be discussed in an area where it discusses the original author and items of scale.

3.2.1. Study Tool

A study specific demographic tool was developed comprised of the following:

- Age group
- Gender
- Marital status
- Educational level
- Years of experience at SKMCH & RC
- Designation in the department /Role
- Working hours/shift

The questionnaire has been adapted from Alola et al. (2019) and was used to collect nurses' data. The reason for using this tool was that it was simple, easy to understand in this particular context, and open access. Moreover, the researcher secured permission from the previous researcher to use it (Please find the evidence of permission as Appendix I).

The study tool is comprised of three parts: the first part consisted of informed written consent; the second part had the demographic details; and the third part was the questionnaire related to the study variables (Please find the tool attached as Appendix II).

The questionnaire was provided to the department managers in hard form for distribution to the participants included all three cancer care centers.

3.2.2. Study Variables and Scales

Customer Incivility, Emotional Exhaustion, Job Satisfaction and Turnover Intentions were the study variables used to conduct this study.

3.2.2.1. Customer Incivility (CIVT)

The CIVT six-item scale was taken from Han et al. (2016). The responses to the items were measured on a five-point Likert Scale option (e.g., 1 = strongly disagree, to 5 = strongly agree) ($\alpha = 0.88$). (in Appendix II)

3.2.2.2. Job Satisfaction (JS)

The JS three-item scale was adopted from Lee & Ok (2012) to measure this variable. Items were rated on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree), ($\alpha = 0.88$). (in Appendix II)

3.2.2.3. Turnover Intentions (TOI)

The TOI three-item scale was adopted from Karatepe (2013). Responses to the items were measured on a five-point Likert scale (e.g., 1 = strongly disagree, to 5 = strongly agree), ($\alpha = 0.89$). (in Appendix II)

3.2.2.4. Emotional Exhaustion (EEXT)

The EEXT five-item scale was adopted from Moore (2000). Responses to the items will be measured based on the five-point Likert scale (e.g., 1 = strongly disagree to 5 = strongly agree), ($\alpha = 0.90$). (in Appendix II)

3.3.0. Operational Definitions

A concise statement defining how a certain variable or idea will be measured or observed in a scientific study is an operational definition. Moreover, it is an essential component of research because it gives a tangible and unambiguous method of quantifying or identifying a given occurrence, thus making the study or experiment more objective and reproducible (Sager, 1976). Also, when researchers plan a study or do an experiment, they must specify the essential factors they are researching so that others may understand and duplicate their findings. Furthermore, an operational definition specifies the processes, techniques, or equipment that will be utilized to measure or observe the variable of interest (Charuplakkal, et al. 2021). The four key concepts from this study are operationally defined herein.

3.3.1. Customer Incivility

Customer incivility is defined as treating the employee in an uncivil manner such as being rude, disrespectful, or insulting. In this study customer incivility is measured by using Likert scale. It has total six items with minimum incivility score of five and maximum of thirty. The following criteria will be used to report the CIVT like low (1 score), medium (2 score), and high incivility (3 score).

3.3.2. Emotional Exhaustion

Emotional exhaustion is defined as a state of feeling emotionally worn-out and drained as a result of accumulated stress from your personal or work lives, or a combination of both. In this study the EEXT is measured by using Likert scale. It has total five items to measure the emotional exhaustion of the staff, with a minimum score of five and a maximum score of twenty-five. The following categories will be used to report the EEXT among the staff as: low (1 score), medium (2 score) and high (3 score) emotional exhaustion.

3.3.3. Job Satisfaction

Job satisfaction refers to one's positive perceived emotion on the appraisal of his/her job. In this study the JS is measured by using the Likert scale. It has a total of three items to measure the JS of the staff with a minimum score of five and a maximum of fifteen. The following categories

will be used to report the job satisfaction among the staff as low (1 score), medium (2 score) and high (3 score) job satisfaction.

3.3.4. Turnover Intention (TOI)

Turnover intention is an employee's reported willingness to leave their organization within a given period of time and is often used for studying actual employee turnover. In this study the TOI are measured by using a three item Likert scale with a minimum score of five and a maximum score of fifteen. The following categories will be used to report the TOIs among the staff as low (1 score), medium (2 score) and high (3 score) turnover intentions.

3.4.0. Conceptual Definitions

A theoretical and abstract explanation of a specific variable or idea in the context of a research investigation is referred to as a conceptual definition. A conceptual definition dives into the underlying meaning and theoretical knowledge of the idea being investigated, in comparison to an operational definition, which gives a specific and quantifiable means to observe or measure a variable (Markus, 2008). Moreover, conceptual definitions are often larger in scope and focus on the essence and character of the concept, with the goal of clarifying its theoretical relevance and how it fits within the context of the research. Furthermore, they assist researchers in developing a common understanding of the issue under investigation and ensuring that everyone engaged in the research is using the same underlying meaning (Wacker, 2004). When creating a research project, researchers frequently begin by presenting a conceptual description.

3.4.1. Customer Incivility (CIVT)

Customer incivility is defined as an employee's perception that the customer is behaving in an uncivil manner (e.g., being disrespectful or insulting) (Van Jaarsveld et al., 2010). This experience negatively impacts the employee's well-being and job satisfaction (Alola et al., 2019).

3.4.2. Emotional Exhaustion (EEXT)

Emotional exhaustion is defined as the state of physical and emotional depletion that results from a demanding job, excessive workload, personal demands, and continuous stress (Maslach, et al. 2001)

3.4.3. Job Satisfaction (JS)

Job satisfaction is a combination of attitude and emotions, influenced by internal and external factors that individuals feel about the job they are performing (Xuan, 2013)

3.4.4. Turnover Intentions (TOI)

Garland et al. (2013) defined TOI as an employee's thoughts or plan to exit or quit an organisation.

3.5. Study Setting

The physical, institutional, or contextual environment where the research study is done referred to as the study setting. It serves as the backdrop against which the research is done and helps the readers grasp the study's real-world setting. Moreover, details, such as location (particular city, region, or institution), time duration, and important traits and qualities of the setting that are relevant to the research, are often included in the description of the study environment. Furthermore, it contextualises the study and is frequently important in influencing research ideas, data-gathering techniques, and interpretation of the findings. The setting selected for this particular research study was a tertiary care cancer hospital/research network in Pakistan (Shaukat Khanum Memorial Cancer Hospital & Research Center), including all three centers as Lahore, Peshawar and Karachi. The reason for selecting this setting was to examine the effects of cancer patients and their families' behaviors on nurses' job satisfaction and turnover intentions within the tertiary care cancer hospital in Pakistan.

3.6. Target Population

The target population of this study consists of registered nurses from the Staff Nurse I- Team Leader, including oncology nurses, chemotherapy nurses, bone marrow transplant nurses, pediatric oncology nurses, and palliative care nurses, working in a tertiary care cancer hospital/research network in Pakistan. Moreover, these nurses are licensed healthcare professionals who provide direct patient care, support, and treatment to individuals diagnosed with different kinds of cancer and are committed to their care. These nurses working in cancer settings possess specialised knowledge, competence and expertise in oncology care.

Thus, they play a crucial role in delivering comprehensive care, managing symptoms to improve quality of life, coordinating treatments, and providing emotional support to cancer patients and their families as well. However, since the nurses are directly involved in care as frontline providers, they are at risk to be treated with incivility. It was anticipated that this cohort would be well positioned to participate in a study to see the impact of CIVT on nurses' JS and TOIs in the presence of EEXT.

3.7. Eligibility Criteria

The following two sections outline the criteria used to identify participants eligible to participate in this study.

3.7.1. Inclusion Criterion

- Registered nurses working at a tertiary care cancer hospital/research network in Pakistan (involved in direct patient care From Staff Nurse I – Team leader level).
- Minimum 3 months working experience at the tertiary care cancer hospital/research network in Pakistan, because at least three months' time duration is required to get familiar with the policies and standards of that particular institution to provide care accordingly.

3.7.2. Exclusion Criterion

Nurses who did not fulfil the inclusion criterion were excluded from the study, which was as follows:

- Staff in supervisory /managerial roles and not involved in direct patient care
- Staff under probationary period

3.8. Sample Size and Sampling Method

The sample size was calculated using Open-Epi with evidentiary prevalence of incivility among the nurses ranging from 60% to 94% with the percentage taken to calculate the sample size as 67.5% (Bambi et al., 2018) yielding a sample size of 337 at 95% confidence interval.

After calculating the sample size, a non-probability (quota sampling) technique was used to collect the data where each cancer center site (i.e., Lahore, Peshawar, Karachi) was allocated a proportion to collect the data. Furthermore, the sample was calculated considering the total population of 500 altogether, including the staff nurses of all three cancer centers of Shaukat Khanum Memorial Cancer Hospital & Research Center. Quota sampling was calculated as follows:

Table 1 Quota Sampling

Prevalence of Incivility	Lahore	Peshawar	Karachi	Total
from Evidence				
60-94%	398	98	4	500
(Kanitha et al. 2021)	79.6%	19.6%	0.8%	
(Westbrook et, al 2021)	268	66	3	337

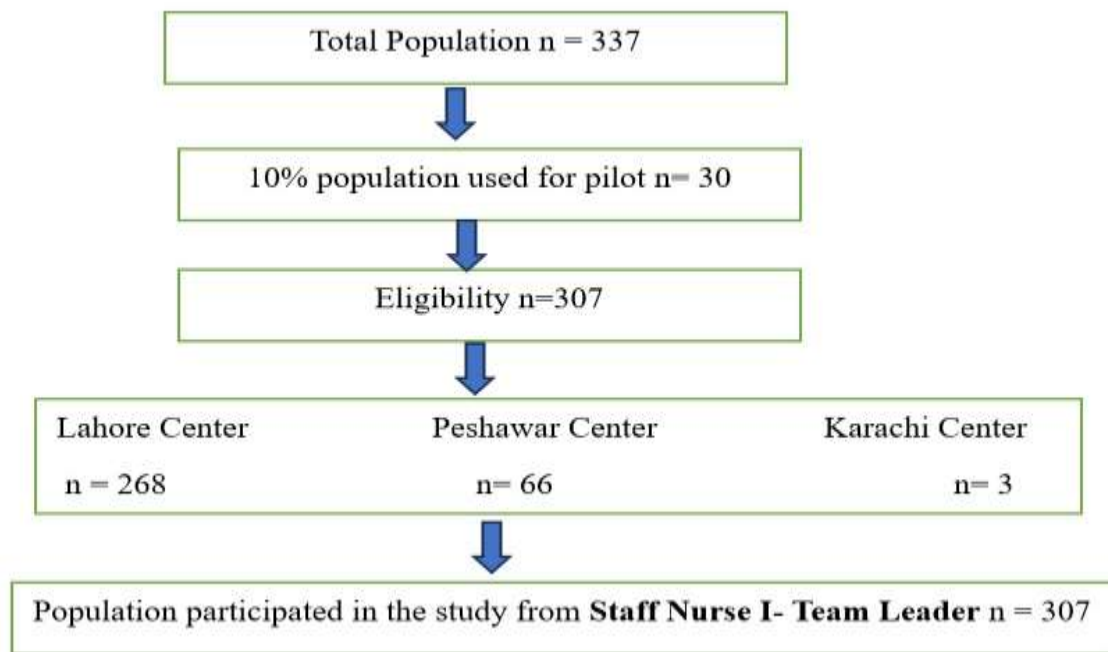
Note. This table includes the quota sampling of a Tertiary Care Cancer Hospital

Keeping in view the prevalence of incivility from the literature, quota was allocated to the all three cancer centers like for the Lahore 79.6%, 19.6% for Peshawar and 0.8% for the Karachi centers respectively to get the true representation of the sample. After assigned percentages, the sample of 337 was allocated as follows: 268 for Lahore, 66 for Peshawar, and 3 for the Karachi center.

3.9. Recruitment Plan

A thorough plan that describes how researchers or study organisers expect to discover, attract, and enrol people for their research project. Moreover, a well-executed recruitment plan is critical for ensuring that research has a large enough sample size to produce relevant and trustworthy results. Thus, a plan was followed and executed in a systematic manner. First, the department heads were contacted, the staff were identified from the departmental lists as per the inclusion criteria, and then, with the department heads' permission, the meetings were scheduled and conducted with the staff.

Figure 1.3 Sample Size



Note. This figure is an overview of the population participating in the study.

3.9.1. Content Validity Index /Reliability

After ensuring all ethical considerations the tool was sent to the six experts upon the bases of their qualifications and experience in the disciplines of nursing and management sciences ranging the experience from 10-15 years of their fields. A four-point ordinal Likert scale was used to evaluate the 17 questions' content validity.

Six experts assessed each question's clarity and applicability to the study topic. For both relevance and clarity, the rating system went from 1 (not relevant) to 4 (highly relevant). Scores of 1 and 2 meant significant changes were required, whilst ratings of 3 and 4 were considered appropriate to use. After computing the scores of the experts, the tool's clarity was 0.86 while the relevancy to the topic of the research was 0.84. Likewise, the internal reliability of the study tool Cronbach's alpha was calculated using SPSS which was found ranging from .80-.89. Hence, upon the bases of content validity index (CVI) and Cronbach's alpha's values, it was evident that the study tool was valid, clear, and reliable for the study.

3.9.2. Pilot Testing of Tool

The content validity index calculation was followed by a pilot testing of the tool with 30 participants (10% of the sample size). The objective was to evaluate the tool's practicality and pinpointing any flaws. The pilot testing phase yielded no noteworthy suggestions or modification.

3.10. Data Sources and Data Collection Process

Department heads were contacted to seek permission to meet the staff. The departmental conference rooms were booked according to availability, and participants were informed by the department heads about the date and time of the meetings. During the meetings the researcher explained about the consent study purpose and all related information to the participants. After ensuring the written consent of the participants, the questionnaire was handed over to the staff and queries regarding the questionnaire were considered and responded too. Next, the filled forms were collected back from the staff. Furthermore, staff privacy and confidentiality were ensured and forms were then coded according to the master list. More importantly, the coded questionnaire and the master list have been kept in separate places in lock and key and can only be accessed by the researchers. However, the data was shared with the institutions after analysis in results form. Lastly, the data was stored in a password-protected file. It will be kept safe for ten years, after that, it will be disposed of per institutional ethics requirements.

3.11. The Process of Data Entry and Analysis

The data was first entered into an Excel™ spreadsheet and after that was analysed through SPSS™ software version 22. The following main statistical tests were run using SPSS to find out the results:

- Descriptive Analysis (control variables)
- Reliability Analysis
- Correlation Analysis
- Chi Square Analysis
- Mediation Analysis

3.12. Study's Rigour

In quantitative investigations, rigour is assessed by assessing the validity and reliability of the methods or instruments used in the study. Although the tool used for the study was valid and reliable, as the previous researchers (Alola et al., 2019), the factors of pilot testing, validity, and reliability were checked again for the tool and then applied to the actual data collection.

3.13. Ethical Considerations

The researcher sought the University's Ethical Review Committee's (ERC) approval which included getting approval from the Scientific Review Committee (SRC) and the Institutional Review Board (IRB) of the study institution. Subsequently, the department heads were contacted through the research department formally to seek permission and cooperation with the primary investigator. Furthermore, written consent was taken from the participant after a detailed explanation of the consent form. In addition, the participants were also ensured regarding protection of their data and identity. The deidentified study results were shared with the institution under study to plan and deploy the strategies according to the findings.

3.14. Summary

In a nutshell a research methodology part describes the methodical process used to collect, examine, and evaluate data. It includes information about the participants, research design, methods for gathering and analyzing data, ethical issues, constraints, and any pilot studies carried out. This chapter addresses validity and reliability concerns as well as the tactics and instruments employed for data collecting. It also provides an explanation of the selected methodologies and their reasoning. The methodology chapter gives readers insight into the research process, which helps them evaluate the study's dependability and rigor.

Chapter Four

Results

4 Introduction

In this pivotal chapter, the researcher has presented the outcomes of the comprehensive investigation shedding light on the key findings that emerged from the meticulous analysis conducted in accordance with the research objectives. The data amassed during this study was rigorously examined, leading to valuable insights and a deeper understanding of the topic under investigation that is, Effects of Customer Incivility and Emotional Exhaustion on Job Satisfaction and Turnover Intentions in Nurses at a Tertiary Care Cancer Hospital in Pakistan. Hence, the ensuing sections detail the empirical evidence garnered from cross-sectional analysis and offer a critical examination of the results regarding the research hypothesis.

These findings not only contribute to the existing body of knowledge but also have significant implications for the private healthcare industry. After following a successful data-gathering process the analysis was performed including factors like demographics or categorical variables, scales, reliabilities, correlation, chi square and mediation analysis, the findings obtained after several tests run using the SPSS version 22. The researcher aims to provide a clear and comprehensive account of the outcomes that have unfolded, paving the way for a nuanced discussion and interpretation in subsequent chapters.

4.1 Demographics

Total 350 survey forms were distributed among the target population according to the inclusion criterion. All survey forms were printed in hard forms and handed over to the participants after ensuring and getting the written informed consent at all three tertiary care cancer hospitals, out of which 337 responses were received. After screening and cleaning, no data were found duplicate and incomplete. Furthermore, data were collected from different people belonging to different categories. The respondents' demographic data is displayed in the table below.

Table 4.1:*The Demographics*

Demographic Statistics of Employees (N=337)						
Sr #	Variables	Categories	Frequency	Percentages	Mean	SD
1	Age	Less than 30	243	72.1	1.38	.684
		31-40	65	19.3		
		41-50	24	7.1		
		Above 50	5	1.5		
2	Gender	Male	113	38.9	1.61	.488
		Female	206	61.1		
3	Material status	Single	185	54.9	1.45	.498
		Married	152	45.1		
4	Educational level	Diploma in Nursing	160	47.5	1.53	.517
		BS in Nursing	174	51.6		
		Masters	3	.9		
5	Years of Experience at SKMCH & RC	3 months-1 year	143	42.3	1.93	1.08
		2-5years	126	37.4		
		6-10years	32	9.5		
		11-15years	21	6.2		
		More than 15years	15	4.5		
6	Designation	Staff Nurse I	47	13.9	2.45	1.14
		Staff Nurse II	192	57		
		Staff Nurse III	31	9.2		
		Official Shift Leader	34	10.1		

	Team leader	33	9.8		
7 Working hours/shifts	Morning	273	81	1.31	.667
	Evening	25	7.4		
	Night	39	11.6		

Note. This table comprises the demographic characteristics of the target population, such as age, gender, education level and designation.

A wide range of characteristics are shown in the study's respondent demographic dispersion. The age distribution of the sample was dominated by participants under 30 years old (72.1%), followed by those between 31 and 40 years (19.3%), 41 to 50 years (7.1%), and over 50 years (1.5%). There were 61.1% female respondents and 38.9% male respondents according to the gender breakdown. According to marital status, 45.1% of people were married, while 54.9% of people were single. There was a range of educational attainment: 47.5% had a nursing diploma, 51.6% had a nursing BS, and at least 0.9% had an MS.

The experience levels of the following groups were varied: less than three months to one year (42.3%), two to five years (37.3%), six to ten years (9.5%), eleven to fifteen years (6.2%), and more than fifteen years (4.5%). Official Shift Leader (10.1%), Team Leader (9.8%), Staff Nurse-I (13.9%), Staff Nurse-II (57%), and Staff Nurse-III (9.2%) were among the designations. When it came to working hours, 81% of respondents performed the morning shift, while 7.4% and 11.6% of respondents chose the evening and night shifts, respectively. The above-mentioned data highlights the study participants' heterogeneous makeup across multiple demographic domains. Moreover, it was also observed that the population was skewed and not normally distributed.

4.2 Reliability Analysis

To test the internal reliability of the scales, the values of Cronbach's alpha were checked using the SPSS 22 and the values shown in table given below.

Table 4.2:*Cronbach's Alpha Reliability Test*

Sr No.	Variables	No of items	Reliability
1	Customer incivility	6	.899
2	Emotional exhaustion	5	.861
3	Job satisfaction	3	.806
4	Turn over intension	3	.856

Note. Cronbach's alpha of each scale of the current study (N= 337).

Table 4.3 shows the reliability test (Cronbach's alpha). The ranges of Cronbach's Alpha were from .806 to .899. This indicates the high reliability of variables. In this reliability analysis, the first variable was CIVT which had 6 items and 5-point Likert scale, and Cronbach's alpha value was .899; the second variable was EEXT which had 5 items on 5-point Likert scale, and Cronbach's alpha value was .861; the third variable was JS which had 3 items and 5-point Likert scale and Cronbach's alpha value was .806; similarly, the fourth variable was TOI which had 3 items and 5-point Likert scale and Cronbach's alpha value was .856.

4.3 Correlation Analysis

Correlation analysis was performed in SPSS between customer Incivility and emotional exhaustion on job satisfaction and turnover intentions. The result is shown in table 4.3.

Table 4.3: *Correlations Analysis*

<i>Correlations</i>			CIVTOTAL	EETOTAL	JSTOTAL	TOITOTAL
Spearman's rho	CIVTOTAL	Correlation Coefficient	1.000			
		Sig. (2-tailed)				
		N	337			
	EETOTAL	Correlation Coefficient	.441**	1.000		
		Sig. (2-tailed)	.000			
		N	337	337		
	JSTOTAL	Correlation Coefficient	.004	.037	1.000	
		Sig. (2-tailed)	.942	.504		
		N	337	337	337	
	TOITOTAL	Correlation Coefficient	.195**	.189**	-.290**	1.000
		Sig. (2-tailed)	.000	.000	.000	.
		N	337	337	337	337

**. Correlation is significant at the 0.01 level (2-tailed).

Table 4.3 shows the correlation analysis that customer incivility was positive and significantly related to emotional exhaustion. On the other hand, customer incivility was not associated with job satisfaction. Customer incivility was positively and significantly related to turnover intention. On the other hand, Emotional exhaustion was not associated to job satisfaction. Moreover, emotional exhaustion was positively and significantly related to turnover intention. However, job satisfaction was negative and significantly related to turnover intention. Therefore, the data illuminates the significant associations among these variables. Hence, upon the bases of the above - mentioned results the hypothesis H1, HIII are accepted. However, the HII is rejected as the customer incivility was not having any associations with job satisfaction.

4.4 Chi Square Analysis

To investigate the connection between the two variables to compare the expected and observed results. This comparison of the control variables was done with all the study variables to see the difference among them. The results are displayed in the following tables.

Table 4.4:*Chi Square Analysis*

<i>Crosstab</i>				
Count		CIVCT		
		LOW CIVT<12	MEDCIVT >12-18	HIGH CIVT >18
				P value
Age group	< 30 years	87 (36%)	74(30%)	82(34%)
	30-40	19(29%)	18(28%)	28(43%)
	41-50	9(38%)	10(42%)	5(20%)
	>50 years	2(40%)	3(60%)	0
Total		117	105	115

The data indicates that there is variation in CIVT levels among various age groups. The groups under 30 years old and those between 30 and 40 years old exhibit a fairly balanced distribution in the low, medium and high CIVT categories. However, the prevalence of medium CIVT is higher in the age group of 41 to 50, suggesting a possible trend that merits additional research. The majority of respondents who are over 50 belong to the MEDCIVT category, indicating that CIVT is more common in this age range.

Important information about the frequency of rudeness can be gleaned from the distribution among CIVT categories.

Table 4.4.1: Chi Square Analysis

<i>Crosstab</i>				
Count		EEXTCAT		
		LOW EEXT<10	MED EEXT >10-15	HIGH EEXT >15
				P value
Age group	< 30 years	36(15%)	82(34%)	125(51%)
	30-40	6(9%)	19(29%)	40(62%)
	41-50	3(12%)	9(38%)	12(50%)
	>50 years	0	3(60%)	2(40%)
Total		45	113	179

The majority of people who have reported high EEXT were in the 30- to 40-year-old age range. The prevalence of this condition rises with age. A possible area of worry for this population was relatively high proportion of people in the 30–40 age group who report experiencing high EEXT. The distribution of individuals in the 41–50 age range fell more evenly into the low, medium, and high EEXT categories. However, most respondents who were over 50 years old added into the categories of medium and high emotional exhaustion.

The findings highlight the need for focused therapies, particularly for individuals in the 30–40 age range, by pointing to differing patterns of emotional exhaustion across age groups. Given the possible effects on mental health and general wellbeing, the prevalence of high emotional exhaustion in the younger age range may require attention. All things considered, this succinct explanation offers important insights into the distribution of emotional exhaustion, allowing for well-informed choices for workplace well-being tactics.

Table 4. 4.2:

<i>Crosstab</i>					
Count					
		TOICAT			P value
		LOW TOI <6	MED TOI >9-12	HIGH TOI >12	
Age group	< 30 years	80(33%)	90(37%)	73(30%)	0.47
	30-40	27(42%)	18(28%)	20(30%)	
	41-50	9(38%)	7(29%)	8(33%)	
	>50 years	0	3(60%)	2(40%)	
	Total	116	118	103	

According to the data, there is a complex relationship between age and turnover intention, with younger people indicating a larger likelihood of turnover. The 30–40 age bracket has a higher prevalence of low TOI, which could point to a more stable workforce in this age range. Targeted retention tactics can help organizations reduce employee turnover, especially for younger workers. Considering this succinct analysis offers insightful advice on how management and human resources might handle turnover issues among various age groups.

Table 4. 4.3:

<i>Crosstab</i>					
Count		EECAT			
		LOW EEXT <10	MEDIUM EEXT >10-15	HIGH EEXT >15	P value
Marital Status	Single	25(13%)	68(37%)	92(50%)	0.33
	Married	20(13%)	45(30%)	87(57%)	
	Total	45	113	179	

The degree of emotional exhaustion seems to depend on one's marital situation. Compared to married people, the percentage of single people in the medium EEXT and high EEXT groups is slightly higher. A noticeable fraction (50%) of single people reported high emotional exhaustion, indicating a possible need for focused well-being treatments. The distribution of people in the low, medium, and high emotional exhaustion categories seems more balanced in married people. According to the research, there may be variations in emotional weariness depending upon a person's marital status; as significant emotional exhaustion is reported more in single people.

Table 4.4.4:

<i>Crosstab</i>					
Count		JSCAT			
		LOW JS <6	MEDIUM JS >9-12	HIGH JS >12	P value
Exper SKM	3 months to 1 year	4(3%)	35(24%)	104(73%)	0.11
	2 years to 5 years	6(5%)	19(15%)	101(80%)	
	6 to 10 years	3(10%)	11(34%)	18(56%)	
	11 to 15 years	0	5(24%)	16(76%)	
	More than 15 years	0	5(33%)	10(67%)	
	Total	13	75	249	

Data indicates that longer tenures are linked to better levels of job satisfaction, according to the research, which also shows a positive correlation between experience in the current skill match and job satisfaction. There is a trend toward higher job satisfaction with more experience in the current skill match. A significant majority of employees with three months to one year and two to

five years of experience indicate high job satisfaction. Though to a little lower extent, the group with 6 to 10 years of experience also exhibits a noteworthy proportion with high job satisfaction. A considerable majority of workers with higher experience those with 11 to 15 years and over 15 years consistently report high job satisfaction.

Table 4.4.5:

<i>Crosstab</i>					
Count		TOICAT			
		LOW TOI	MEDIUM TOI	HIGH TOI	P value
		<6	>9-12	>12	
Exper_skm	3 months to 1 year	52(36%)	48(34%)	43(30%)	0.07
	2 years to 5 years	39(31%)	49(39%)	38(30%)	
	6 to 10 years	18(56%)	5(16%)	9(28%)	
	11 to 15 years	5(24%)	10(48%)	6(28%)	
	More than 15 years	2(13%)	6(40%)	7(47%)	
Total		116	118	103	

While viewing the data set there is a discernible pattern of differing TOI levels with diverse working experience. A comparatively stable workforce is indicated by the high percentage of low and medium TOI displayed by workers with 3 months to 1 year and 2 to 5 years of experience, respectively. Whereas, majority of staff with six to ten years of experience have low TOI, which indicates greater job satisfaction and a lower intention to leave. However, workers with over 15 years of experience and those with 11 to 15 years show more varied patterns; a significant percentage of them indicated medium to high TOI.

Table 4.4.6:*Crosstab*

Count

		EECAT			P value
		LOW EEXT <10	MEDIUM EEXT >10-15	HIGH EEXT >15	
Exper_skm	3 months to 1 year	17	60	66	0.04
	2 years to 5 years	20	31	75	
	6 to 10 years	3	7	22	
	11 to 15 years	4	7	10	
	More than 15 years	1	8	6	
Total		45	113	179	

A statistically significant association has been seen between the variables "Exper_skm" (years of experience at SKM) and "EEXT" (levels of emotional exhaustion - low, medium, high) in the cross-tabulation table. Based on the observed individuals' emotional tiredness levels, a significant association between experience and emotional exhaustion exists that is significant as less than 0.05. This suggests that depending upon the staff experience they are distributed at different levels of emotional tiredness with highly significant association.

Table 4.4.7:*Crosstab*

Count

		CIVCT			P value
		LOW CIVT <12	MEDIUM CIVT >12-18	HIGH CIVT >18	
Shift	Morning	98(36%)	86(32%)	89(33%)	0.11
	Evening	11(44%)	8(32%)	6(24%)	
	Night	8(21%)	11(28%)	20(51%)	
	Total	117	105	115	

There are differences in the CIVT distribution between shifts. The distribution of workers in the low, medium, and high CIVT categories is balanced during the morning shift. While during the evening shifts greater percentage of workers with low CIVT comparatively lower percentage with high CIVT. Further, the employees with high CIVT are more common during the night shift,

which may indicate a higher incidence of incivility.

Table 4.4.8:

Crosstab

Count

		EECAT			P value
		MEDIUM			
		LOW EEXT	EEXT	HIGH EEXT	
		<10	>10-15	>15	
Shift	Morning	38(14%)	87(32%)	148(54%)	0.12
	Evening	5(20%)	12(48%)	8(32%)	
	Night	2(5%)	14(36%)	23(59%)	
	Total	45	113	179	

Across the shifts, there is an obvious variation in the distribution of emotional exhaustion. Most of the staff during the morning shift exhibit high EEXT, which may indicate higher levels of stress or burnout during this shift. However, distribution of employees in the low, medium, and high EEXT categories is fairly even throughout the evening shift. Additionally, there may be difficulties in maintaining emotional well-being during the night shift, as evidenced by the increased frequency of employees with medium and high emotional exhaustion during the night shift.

4.5 The Mediation Analysis

SPSS's PROCESS macro was used to conduct a mediation analysis, employing the bootstrapping method of evaluating moderation, with 5000 resamples and 95% confidence intervals developed by Preacher and Hayes (2008). When there was a significant indirect effect but no zero in the confidence intervals between the variables, we could say that mediation existed. The bootstrapping approach was preferred because it accommodates data sets of arbitrary dimensions.

Table 4.5.1. Shows the Mediation Analysis Results. H4: Emotional Exhaustion mediates the relationship between Customer Incivility and Job Satisfaction.

Table 4.5.1:*Mediation Result Analysis*

CI → EE → JS					
	Effect	S. E	P	LLCI	ULCI
Total Effect	-.2083	.0561	.0001	-.3098	-.1067
Direct Effect	-.1880	.0597	.0018	-.3055	-.0705
Indirect Effect	-.0203	.0336	.0000	-.0886	.0430

$N = 337$. Reported estimates are Unstandardized.

SE = Standard Error,

LLCI = Lower limit confidence interval

ULCI = Upper limit confidence interval

The result showed the effect of customer incivility and job satisfaction. The total effect of customer incivility and job satisfaction was significant (LLCI = -.3098: ULCI = -.1067). Secondly, a direct effect of customer incivility and job satisfaction was also significant (LLCI = -.3055: ULCI = -.0705). Finally, the indirect effect of customer incivility and job satisfaction via emotional exhaustion was non-significant that was because no zero exists in between lower and upper confidence interval limits (LLCI = -.0886: ULCI = .0430).

Therefore, it is stated that mediation results were non-significant. So, no mediation was found. Hence upon the basis of above-mentioned results H4 was rejected. As emotional exhaustion did not mediate between the customer incivility and job satisfaction.

Table 4.5.2. shows the mediation analysis results. H5: Emotional Exhaustion mediates the relationship between Customer Incivility and Turnover Intention.

Table 4.5.2:

Mediation Result Analysis

CI → EE → TOI	Effect	S. E	P	LLCI	ULCI
Total Effect	.2864	.0537	.0000	.1807	.3921
Direct Effect	.1579	.0606	.0096	.0386	.2772
Indirect Effect	.1285	.0359	.0000	.0561	.1984

$N = 337$. Reported estimates are Unstandardised SE = Standard error

LLCI = Lower Limit confidence interval ULCI = Upper limit confidence interval

The result showed the effect of customer incivility and turnover intention. The total effect of customer incivility and turnover intention was significant (LLCI = .1807: ULCI = .3921). Secondly, a direct effect of customer incivility and turnover intention was also significant (LLCI = .0386: ULCI = .2772). Finally, the indirect effect of customer incivility over turnover intention via emotional exhaustion was also significant that was because no zero existed in between lower and upper confidence interval limits (LLCI = .0561: ULCI = .1984). Therefore, the mediation results were significant and upon the bases of it H5 was accepted. However, this was the partial mediation that existed between customer incivility and turnover intention through emotional exhaustion.

4.7. Summary

Important findings were presented in the results chapter in a number of different dimensions. The prevalence of customer incivility, emotional exhaustion, and turnover intention is highlighted by demographic analysis in relation to age, marital status, educational attainment, years of experience, designation, and working hours. Interestingly, CIVT and emotional exhaustion are more common in younger age groups and particular transitions. There is a negative link with turnover intention and a positive correlation with job satisfaction when it comes to experience in the current

population. These revelations offer a thorough comprehension of the variables impacting organizational dynamics and workers well-being.

Chapter Five

Discussion

5 Introduction

The researcher has set out on a voyage of interpretation and investigation as one enters the discussion part of this investigation, hoping to extract significance from the complex web of findings presented in chapter four. After revealing empirical results and patterns in the data in the previous chapter, the researcher will now explore the intellectual landscape in chapter five where these findings are integrated into the body of known knowledge.

This conversation acts as the furnace in which the researcher has combined the theoretical and empirical to provide a greater understanding of the complexities present in the Effects of Customer Incivility and Emotional Exhaustion on Job Satisfaction and Turnover Intentions in Nurses at Tertiary Care Cancer Hospital Pakistan. The researcher's critical eye goes beyond simple observation in an attempt to understand the deeper meaning of the findings, clarifying unexpected relationships, and considering the wider ramifications for the healthcare industry. The synthesis of facts and theory emerges as one set outs on this interpretive journey, providing a thorough picture that not only answers the research questions but also adds to the conversation that is developing within nursing.

5.1 Discussion

Organising studies to find answers to problems requires carefully planned research designs. By illuminating the characteristics of the respondents, the reader begins to understand the demographics engaged in the study. In the current study, demographics showed that the majority of respondents were in the age category of less than 30 years and 31-40 years that indicates the young workforce as compare to the other brackets. Similarly, the female staff were more than the male who participated in the survey that showed the trend of nursing profession within the context as more opportunities are provided to the females in nursing profession as males. However, the profession is evolving and considering the increased demand of the professionals and males are also been taken in to account. The proportion of single respondents was slightly higher than married ones, that could

be a representation of younger people or a trend in the industry and the profession as the average age of a newly graduate nurse in Pakistani context is 22-23 years. There is evidence of a highly educated skilled force within the setting as a large number of respondents were having Bachelor of Science in Nursing degree. Moreover, only a small percentage of employees had master's degree, which suggested that whether cap on opportunities for professional advancement or assuming managerial, supervisory or educational roles after graduate degrees. Furthermore, despite having a wide range of prior work experience, the majority of responders have been with the organisation for less than five years. Hence, it's possibly due to the culture of the organisation, as well as professional competency, available job opportunities/relocation, and potential employee turnover.

Furthermore, the majority of respondents held the position of Staff Nurse II. When investigating the relationship between rudeness from customers and emotional exhaustion on the job, it is essential to have a thorough understanding of the duties and levels of stress associated with each designation. The majority of workers were assuming the morning shifts which could have an impact on emotional exhaustion as well as job satisfaction due to increased work load and tasks. The tool content validity index for the clarity and relevancy was also ensured before its implementation. The reliability test was also performed using SPSS version 22 where Cronbach's alpha values indicated that the study's construct scales were reliable and can be trusted for future researches. As each scale's reliability was within the appropriate ranges. However, to provide consistent measures and meaningful research results, reliability is must.

Both correlation, chi square and descriptive statistics investigated the relationships between variables. It appears that rude behavior on the part of customers can make employees feel emotionally worn out. Because of the influence that this connection has on the health and happiness of workers, it is therefore essential to gain an understanding of it. Incivility has a

detrimental effect on employee job satisfaction, which, in turn, may affect the stability of the workforce (Kim, et al. 2019).

Furthermore, there is a positive correlation between emotional exhaustion and intentions to leave a company, which suggests that emotionally exhausted employees are likely to leave their jobs more often. The idea that dissatisfied workers are more likely to leave their jobs supported by the fact that there is a negative connection between job satisfaction and turnover intentions. As evidence, correlation analysis presented in the tables demonstrates a connection between customer rudeness, emotional weariness, levels of job satisfaction, and intentions to leave the company. Therefore, in order to improve employee experiences and outcomes, established relationships are required (Ahmad, et al. 2020).

Next, we choose to use a mediation analysis in order to better understand the observed relationship we were seeing between CIVT, JS and TOI. We did this by adding in the mediating variable of EEXT. It was found that emotional exhaustion did not mediate the relationship between customer incivility and job satisfaction. This finding suggests that while incivility on the part of customers and emotional exhaustion affect job satisfaction, emotional exhaustion doesnot bridge the gap between these two. This study is intriguing because it suggests that incivility on the part of customers have an effect, either directly or indirectly, on job satisfaction. However, the significant mediating effect that emotional exhaustion has on the aggressive behavior of customers and staff's intentions to leave a company reveals a more complex interaction. The incivility of customers has an effect on the desire of employees to leave their jobs; therefore, reducing emotional weariness may mitigate some of the negative effects of this factor (Wang et al., 2022).

Moreover, according to the findings of these analysis, an employee's age, gender, marital status, education, experience, designation, and working shifts may have an impact on how staff observes customer incivility, and experience emotional exhaustion at work, job satisfaction, and their likelihood of leaving their current position.

Furthermore, the reliability of the scales used to measure these various constructs contributes to the robustness of the findings. The analysis of mediation reveals the intricate nature of these relationships, particularly the role of emotional exhaustion as a mediator between rude behaviours employee intentions to leave. Thus, both the correlation and chi square analyses highlight the associations that exists between these variables. The clear understanding of these associations is essential for developing strategies to increase employee retention and satisfaction in the workplace (Han et al., 2022).

5.2 Implications of the Study

The study's theoretical implications on customer incivility and emotional exhaustion, job satisfaction, and intention to turnover among nursing staff add to the existing literature on job stress and employee well-being. Furthermore, this research investigates that client rudeness should be understood and intervened that has the potential to deplete an employee's emotional reserves. The findings of this research indicate that dealing with rude customers can be emotionally draining, Negative behaviors of customers reduce the job satisfaction. Significance of emotional exhaustion and its ripple effects leading turnover intentions, dealing with incivility and supporting staff can reduce emotional exhaustion. Likewise, encountering uncivil customers can cause emotional dysfunction for the care providers which highlights the emotional toll that service-oriented work can take on its employees. This demonstrates that employment requirements include both the quantity of work and the quality of social contact in the workplace (Lages et al., 2023).

In addition, the study investigates the role that emotional weariness plays as a mediator between customer incivility and job satisfaction, thereby shedding light on the indirect ways in which workplace stressors may influence attitudes toward work and intentions to leave. It also demonstrates how persistently negative social behaviours can reduce job satisfaction, which is a predictor of organizational commitment and attrition. Thus, this understanding contributes to the enhancement of theoretical discussions on how job demands increasing, putting an emphasis on the significance of emotional exhaustion.

The research has an impact on the management and human resource policies and procedures of hospitals (Shin et al., 2022). Given the substantial connection between rudeness displayed by customers and emotional exhaustion, it is suggested that supportive actions to be taken to mitigate its effects. Training in workplace violence, stress management and conflict resolution may be included in this to assist staff members in dealing with challenging circumstances, customers and avoiding burnout. Moreover, because rudeness on the part of customers has a negative impact on job fulfillments, it is therefore essential to cultivate a positive environment at work in which employees feel valued and supported. Thus, hospitals could take steps to foster positive patient-nurse relationships or provide employees with the opportunity to report and discuss rude behaviours (Hur et al., 2021).

Furthermore, job satisfaction and employee retention can be improved through the use of open communication, colleagues, peers, and psychological support, particularly in high-stress jobs. Given the strong correlation that exists between emotional weariness and the intention to leave one's current position, it is likely that well-being measures can assist in the retention of skilled nurses. It is possible to lower employee turnover by recognising and treating emotional fatigue through various well-being initiatives (Ngotngamwong, 2020).

Based on the aforementioned factors, counselling, rest and being in an environment with a supportive team could be necessary. Because emotional weariness is a mediator between customer rudeness and intentions to leave a company, management strategies that aim to alleviate it may have dual effects. In addition, they have the ability to improve employee well-being and cut down on employees' intentions to leave, thereby resolving the costly problem of staff turnover or stopping these revolving doors. Thus, deploying motivational strategies to enhance job satisfaction and employee retention can both be increased through professional development that focuses on improving coping skills.

5.3 Strengths Limitations and Future Directions

Despite the fact that it offers some important findings, the study has numerous strengths and limitations that call for additional research. The primary strength of the study was first of its kind explored the incivility in cancer setting within the Pakistani context.

This study finds out the relationships of study variables that can be predictive for the management of the healthcare institution to retain their skilled workforce and intervene job dissatisfaction. Moreover, a valid and reliable tool was used to assess the study findings.

For limitations study uses a cross-sectional analytical design which only collects data at one point in time. Because of this, drawing conclusions about the relationship between customer rudeness, emotional exhaustion, job satisfaction, and intention to leave might be challenging. Additionally, the study was conducted in three cancer centers that may reduce the external validity, however, we assume that considering three centers in the study having people from diverse backgrounds might have helped getting representative sample. As the study was cross-sectional, it limits the findings at one point in time data collection and due to time constraints, we could only find associations, but causation was not possible to establish.

Thus, in the future, longitudinal or experimental studies may show the directionality and causality of the relationship. Moreover, statistics that were self-reported run the risk of being skewed by social desirability or inaccurate self-assessment. Thus, incivility and turnover rates among nurses may be measured objectively, which, along with self-reports, would provide more well-rounded picture of the phenomenon that is being investigated.

The generalisability of a phenomenon is limited as a result of its hyper-specific attention to a single healthcare profession. The results of this research could be replicated in other service industries and healthcare roles in the future as part of an investigation into whether or not the patterns seen apply to other types of work environments. Furthermore, the generalisability may also be affected by the sample size as well as the methodology. Because of the convenience sampling and the extremely similar demographics and working conditions of the participant it is possible that the results are not representative of all nursing workers in other regions or countries. Thus, for future research, it would be beneficial to use samples that represent a wider range of demographics.

Moreover, the institutions must include the trainings related to the workplace violence, conflict resolution and emotional well-being as part of nursing programs. Establishing formal peer and professional counseling/mentoring program to deal with incivility could also help. Similarly, defining the clear patient and family rights and responsibilities to comply and be informed at the time of admission. Establishing policy to address incivility and motivating the staff to increase job satisfaction and retention at institutional levels. The moderating variables that affect customer incivility and its results should be investigated in more researches in the future.

Additionally, the ability of employees to deal with incivility may be influenced by factors such as their personal fortitude, the organisational assistance they receive, and the culture of the workplace. If these factors are understood, the design of the intervention might be improved. Therefore, it is important to investigate not only the short-term effects of rude customers on businesses but also the longer-term effects on the mental health, job-related performance, and personal life of workers.

Finally, conducting study on how to avoid and manage rude behaviour of customers might be helpful. Evaluating the effectiveness of alternative training programmes, support systems, and legislative changes in reducing incivility and its effects on workers may be one possible step in this direction. To conclude, future research may be able to better comprehend customer incivility and inform more effective strategies to improve employee well-being and organisational outcomes if it addresses these constraints and follows the identified future paths.

5.4 Conclusion and Summary

This research was conducted at a Pakistani Tertiary Care Cancer Hospital to examine how patients and their family's incivility affects staff nurses' job satisfaction and turnover intentions and how emotional tiredness mediates these effects. This study reveals the complex nature of workplace interactions and their effects on nurses, who provide direct patient care in a high-stress oncology setting. Firstly, the association between the customer incivility and emotional tiredness in nurses suggests a substantial relationship.

This exhaustion is not just a function of their rigorous profession but also of bad care consumer interactions, especially patients and their families. Secondly, customer incivility negatively impacts job satisfaction, highlighting its detrimental impact on nurses' morale and professional satisfaction. Moreover, the positive association between customer incivility and turnover intention highlights the impact of continuous incivility on nursing staff stability. This study found a strong negative correlation between emotional exhaustion and job satisfaction, supporting the literature that implies emotionally exhausted individuals are less satisfied with their roles. Thus, there is a substantial positive correlation between emotional tiredness and turnover intention. As emotional weariness increases, nurses are more likely to consider leaving their professions. This trend is concerning in healthcare, where continuity and experience are crucial. This study goes further by showing that emotional weariness mediates the association between customer incivility and turnover intention but not job satisfaction. This contrast emphasises that client incivility directly affects job satisfaction, regardless of emotional tiredness. Furthermore, it shows that incivility affects job satisfaction by affecting professional respect, workplace atmosphere, and personal values, which are not fully captured by emotional weariness.

The considerable negative association between job satisfaction and turnover intention highlights the importance of job happiness in keeping nursing staff. In addition, job satisfaction is vital to staying in one's current job, especially in a hard and highly stressful sector like Oncology. Moreover, the convergence of these studies provides a multidimensional view of oncological nursing. Thus, the findings urge hospital executives and governments to address customer incivility and its ripple effects. Conclusively, mitigating incivility and emotional exhaustion could improve job satisfaction and reduce turnover, stabilising the nursing workforce within the context and across the globe.

References

- Agarwal, U. A., & Avey, J. B. (2020). Abusive supervisors and employees who cyberloaf: Examining the roles of psychological capital and contract breach. *Internet Research*. doi/full/10.1080/23311975.2018.1522753
- Ahmad, I., & Begum, K. (2020). Impact of abusive supervision on intention to leave: A moderated mediation model of organizational-based self-esteem and emotional exhaustion. *Asian Business & Management*, 1-20. <https://doi.org/10.1057/s41291-02000116-0>
- Akram, Z., Li, Y., & Akram, U. (2019). When employees are emotionally exhausted due to abusive supervision. A conservation-of-resources perspective. *International Journal of Environmental Research and Ppublic Health*, 16(18), 3300. doi:10.3390/ijerph16183300
- Alola, U. V., Olugbade, O. A., Avci, T., & Öztüren, A. (2019). Customer incivility and employees' outcomes in the hotel: Testing the mediating role of emotional exhaustion. *Tourism Management Perspectives*, 29, 9-17. <https://doi.org/10.1016/j.tmp.2018.10.004>
- Alquwez, N. (2020). Examining the influence of workplace incivility on nurses' patient safety competence. *Journal of Nursing Scholarship*, 52(3), 292-300. <https://doi.org/10.1111/jnu.12553>
- Alshehry, A. S., Alquwez, N., Almazan, J., Namis, I. M., & Cruz, J. P. (2019). Influence of workplace incivility on the quality of nursing care. *Journal of Clinical Nursing*, 28(23-24), 4582-4594. <https://doi.org/10.1111/jocn.15051>

Andersson, L. M., & Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review*, 24(3), 452-471.

<https://doi.org/10.5465/amr.1999.2202131>

Anis, A., Nasir, A., & Safwan, N. (2011). Employee retention relationship to training and development: A compensation perspective. *African journal of business management*, 5(7), 2679-2685. DOI: 10.5897/AJBM10.1036

Aslan, M., & Yildirim, A. (2017). Personality and job satisfaction among nurses: The mediating effect of contextual performance. *International Journal of Caring Sciences*, 10(1).

Austin, C. L., Saylor, R., & Finley, P. J. (2017). Moral distress in physicians and nurses: Impact on professional quality of life and turnover. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(4), 399. <https://psycnet.apa.org/doi/10.1037/tra0000201>

Bambi, S., Foà, C., De Felippis, C., Lucchini, A., Guazzini, A., & Rasero, L. (2018). Workplace incivility, lateral violence and bullying among nurses. A review about their prevalence and related factors. *Acta Bio Medica: Atenei Parmensis*, 89(Suppl 6), 51.

<https://doi.org/10.23750%2Fabm.v89i6-S.7461>

Bamfo, B. A., Dogbe, C. S. K., & Mingle, H. (2018). Abusive customer behaviour and frontline employee turnover intentions in the banking industry: The mediating role of employee satisfaction. *Cogent Business & Management*, 5(1), 1522753.

<https://doi.org/10.1080/23311975.2018.1522753>

Bhattacharyya, D. K. (2009). *Research methodology*: Excel Books India.

Bibi, Z., Karim, J., & Din, S. (2013). Workplace incivility and counterproductive work behavior: Moderating role of emotional intelligence. *Pakistan Journal of Psychological Research*, 28(2), 317-334.

Boafo, I. M. (2018). The effects of workplace respect and violence on nurses' job satisfaction in Ghana: A cross-sectional survey. *Human Resources for Health*, 16(1), 1-10. DOI 10.1186/s12960-018-02699

Bryant, P. C., & Allen, D. G. (2013). Compensation, benefits and employee turnover: HR strategies for retaining top talent. *Compensation & Benefits Review*, 45(3), 171-175. <https://doi.org/10.1177/0886368713494342>

Charuplakkal, J., & Kumaramkandath, R. (2021). The Use of Operational Definitions in Social Work PhD Theses in India. *Journal of Social Work Education and Practice*, 6(2), 31-43.

Chung, E. K., Jung, Y., & Sohn, Y. W. (2017). A moderated mediation model of job stress, job satisfaction, and turnover intention for airport security screeners. *Safety Science*, 98, 89-97. <https://doi.org/10.1016/j.ssci.2017.06.005>

Cohen, J. B., Myckatyn, T. M., & Brandt, K. (2017). The importance of patient satisfaction: A blessing, a curse, or simply irrelevant? *Plastic and reconstructive surgery*, 139(1), 257-261. DOI: 10.1097/PRS.0000000000002848

Cortina, L. M., Kabat-Farr, D., Magley, V. J., & Nelson, K. (2017). Researching rudeness: The past, present, and future of the science of incivility. *Journal of Occupational Health Psychology*, 22(3), 299. <https://psycnet.apa.org/doi/10.1037/ocp0000089>

Cortina, L. M., & Magley, V. J. (2009). Patterns and profiles of response to incivility in the workplace. *Journal of Occupational Health Psychology, 14*(3), 272.
<https://psycnet.apa.org/doi/10.1037/a0014934>

Cortina, L. M., Magley, V. J., Williams, J. H., & Langhout, R. D. (2001). Incivility in the workplace: Incidence and impact. *Journal of Occupational Health Psychology, 6*(1), 64.
<https://psycnet.apa.org/doi/10.1037/1076-8998.6.1.64>

Cruz, J. P. (2017). Quality of life and its influence on clinical competence among nurses: A self-reported study. *Journal of Clinical Nursing, 26*(3-4), 388-399.
<https://doi.org/10.1111/jocn.13402>

Dahri, A. S., & Ab Hamid, K. The Journal of Social Sciences Research.
<https://doi.org/10.32861/jssr.spi4.80.90> can you please list the article properly?

Dahri, A. S., Asif, M., & Mallah, A. G. (2020). The negative effect of incivility on job satisfaction through emotional exhaustion moderated by resonant leadership. *3c Empresa: Investigación y Pensamiento Crítico, 9*(4), 93-123.
<https://doi.org/10.17993/3cemp.2020.090444.93-123>

Daunt, K. L., & Greer, D. A. (2015). Unpacking the perceived opportunity to misbehave: The influence of spatio-temporal and social dimensions on consumer misbehavior. *European Journal of Marketing, 49*(9/10), 1505-1526. <https://doi.org/10.1108/EJM-01-2014-0061>

Dion, M. J. (2006). *The impact of workplace incivility and occupational stress on the job satisfaction and turnover intention of acute care nurses*: University of Connecticut.

Ekici, D., & Beder, A. (2014). The effects of workplace bullying on physicians and nurses.

Australian Journal of Advanced Nursing, 31(4), 24-33.

<https://doi.org/10.3316/ielapa.654958756331595>

Erwin, S., Rahmat, S. T. Y., Angga, N. D., & Semerdanta, P. (2019). Transformational leadership style and work life balance: The effect on employee satisfaction through employee engagement. *Russian Journal of Agricultural and Socio-Economic Sciences*, 91(7), 310-318. DOI 10.18551/rjoas.2019-07.36

Fong, L. H. N., So, A. S. I., & Law, R. (2017). Exploring jaycustomer behavior and handling approach in casinos. *International Journal of Contemporary Hospitality Management*, 29(5), 1403-1425. <https://doi.org/10.1108/IJCHM-12-2015-0691>

Freudenberger, H. J. (1989). Burnout: Past, present, and future concerns. *Loss, Grief & Care*, 3(1-2), 110.

Gann, M. L. (1979). *The Role of Personality Factors and Job Characteristics In Burnout: A Study Of Social Service Workers*: University of California, Berkeley.

Garland, B., Hogan, N. L., Kelley, T., Kim, B., & Lambert, E. G. (2013). To be or not to be committed: The effects of continuance and affective commitment on absenteeism and turnover intent among private prison personnel. *Journal of Applied Security Research*, 8(1), 1-23. <https://doi.org/10.1080/19361610.2013.738402>

Giorgi, F., Mattei, A., Notarnicola, I., Petrucci, C., & Lancia, L. (2018). Can sleep quality and burnout affect the job performance of shift-work nurses? A hospital cross-sectional study. *Journal of Advanced Nursing*, 74(3), 698-708. <https://doi.org/10.1111/jan.13484>

- Godschalk, B., Härtel, I., & Sbrzesny, R. (2017). Best practices in patient safety. 2nd Global Ministerial Summit on Patient Safety. *Berlin (DE): Federal Ministry of Health.*
- Han, S., Harold, C. M., Oh, I. S., Kim, J. K., & Agolli, A. (2022). A meta-analysis integrating 20 years of workplace incivility research: Antecedents, consequences, and boundary conditions. *Journal of Organizational Behavior*, 43(3), 497-523.
<https://doi.org/10.1002/job.2568>
- Han, S. J., Bonn, M. A., & Cho, M. (2016). The relationship between customer incivility, restaurant frontline service employee burnout and turnover intention. *International Journal of Hospitality Management*, 52, 97-106. <https://doi.org/10.1016/j.ijhm.2015.10.002>
- Hartin, P., Birks, M., & Lindsay, D. (2020). Bullying in nursing: How has it changed over 4 decades? *Journal of nursing management*, 28(7), 1619-1626.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American psychologist*, 44(3), 513. <https://psycnet.apa.org/doi/10.1037/0003-066X.44.3.513>
- Hur, W.-M., Moon, T.-W., & Lee, J.-H. (2021). The effect of self-efficacy on job performance through creativity: The moderating roles of customer incivility and service scripts. *Asia Pacific Journal of Marketing and Logistics*, 33(3), 888-905.
<https://doi.org/10.1108/APJML-03-2019-0138>
- Hur, W.-M., Moon, T., & Jun, J.-K. (2016). The effect of workplace incivility on service employee creativity: The mediating role of emotional exhaustion and intrinsic motivation.

Journal of Services Marketing. <https://doi.org/10.1108/JSM-10-2014-0342>

Johnson, S. L., & Rea, R. E. (2009). Workplace bullying: Concerns for nurse leaders. *JONA: The Journal of Nursing Administration*, 39(2), 84-90. DOI: 10.1097/NNA.0b013e318195a5fc

Kanitha, D., & Naik, P. R. (2021). Experience of workplace incivility and its impact on stress and turnover intention among the nurses working at a hospital: Cross-Sectional survey approach. *Iranian Journal of Nurse Midwifery Research*, 26(3), 285-287.
doi:10.4103/ijnmr.IJNMR_124_20

Kanwal, N., Riaz, G., Riaz, M. S., & Safdar, S. (2017). Identify the causes of absenteeism in nurses Mayo Hospital Lahore Pakistan. *International Journal of Social Sciences and Management*, 4(2), 110114. <https://doi.org/10.3126/IJSSM.V4I2.17171>

Karatepe, O. M. (2013). High-performance work practices and hotel employee performance: The mediation of work engagement. *International Journal of Hospitality Management*, 32, 132-140. <https://doi.org/10.1016/j.ijhm.2012.05.003>

Karatuna, I., Jönsson, S., & Muhonen, T. (2020). Workplace bullying in the nursing profession: A cross cultural scoping review. *International Journal of Nursing Studies*, 111, 103628.
<https://doi.org/10.1016/j.ijnurstu.2020.103628>

Kavaklı, B. D., & Yildirim, N. (2022). The relationship between workplace incivility and turnover intention in nurses: A cross-sectional study. *Journal of Nursing Management*, 30(5), 1235-1242. doi:10.1111/jonm.13594

Kesmodel, U. S. (2018). Cross-sectional studies—what are they good for? *Acta obstetricia et*

gynecologica Scandinavica, 97(4), 388-393. <https://doi.org/10.1111/aogs.13331>

Khan, M. S., Elahi, N. S., & Abid, G. (2021). Workplace incivility and job satisfaction: Mediation of subjective well-being and moderation of forgiveness climate in health care sector. *European Journal of Investigation in Health, Psychology and Education*, 11(4), 1107-1119. <https://doi.org/10.3390/ejihpe11040082>

Kile, D., Eaton, M., deValpine, M., & Gilbert, R. (2019). The effectiveness of education and cognitive rehearsal in managing nurse-to-nurse incivility: A pilot study. *Journal of Nursing Management*, 27(3), 543-552. <https://doi.org/10.1111/jonm.12709>

Kim, G., Ro, H., Hutchinson, J., & Kwun, D. J. (2014). The effect of jay-customer behaviors on employee job stress and job satisfaction. *International Journal of Hospitality & Tourism Administration*, 15(4), 394-416. <https://doi.org/10.1080/15256480.2014.961797>

Kim, H., & Qu, H. (2019). The effects of experienced customer incivility on employees' behavior toward customers and coworkers. *Journal of Hospitality & Tourism Research*, 43(1), 58-77. <https://doi.org/10.1177/1096348018764583>

Kim, S. Y., Kim, J. K., & Park, K.-O. (2013). Path analysis for workplace incivility, empowerment, burnout, and organizational commitment of hospital nurses. *Journal of Korean Academy of Nursing Administration*, 19(5), 555-564. <https://doi.org/10.1111/jkana.2013.19.5.555>

Ko, Y., Kim, J., & Chung, M. (2017). Structure antecedents of workplace incivility: A social network perspective. *Korean Management Review*, 46(6), 1523-1553.

Koay, K. Y. (2018). Workplace ostracism and cyberloafing: A moderated–mediation model.

Internet Research. <https://doi.org/10.1108/IntR-07-2017-0268>

Laeque, S. H., Bilal, A., Hafeez, A., & Khan, Z. (2018). Violence breeds violence: Burnout as a mediator between patient violence and nurse violence. *International Journal of*

Occupational Safety and Ergonomics. <https://doi.org/10.1080/10803548.2018.1429079>

Lages, C. R., Perez-Vega, R., Kadić-Maglajlić, S., & Borghei-Razavi, N. (2023). A systematic review and bibliometric analysis of the dark side of customer behavior: An integrative customer incivility framework. *Journal of Business Research*, 161, 113779.

<https://doi.org/10.1016/j.jbusres.2023.113779>

Laschinger, H. K. S., & Read, E. A. (2016). The effect of authentic leadership, person-job fit, and civility norms on new graduate nurses' experiences of coworker incivility and burnout. *The Journal of Nursing Administration*, 46(11), 574-580.

DOI: 10.1097/NNA.0000000000000407

Lee, E.-J., Yang, S.-K., Lee, B.-R., Youn, J.-H., Park, Y.-Y., & Song, S.-R. (2019). Convergence relationships between leisure satisfaction, job stress and nursing performance of nurses.

Journal of the Korea Convergence Society, 10(9), 75-84.

<https://doi.org/10.15207/JKCS.2019.10.9.075>

Lee, J. J., & Ok, C. (2012). Reducing burnout and enhancing job satisfaction: Critical role of hotel employees' emotional intelligence and emotional labor. *International Journal of*

Hospitality Management, 31(4), 1101-1112. <https://doi.org/10.1016/j.ijhm.2012.01.007>

Lee, S., & Kim, Y. (2019). The effect of incivility on employee's productivity in exchange

relationship: Implication for hospital managers. *The Journal of Professional Management*, 22(1), 105-122.

Lim, S., Cortina, L. M., & Magley, V. J. (2008). Personal and workgroup incivility: Impact on work and health outcomes. *Journal of Applied Psychology*, 93(1), 95.
<https://psycnet.apa.org/doi/10.1037/0021-9010.93.1.95>

Ma, C., Meng, D., Shi, Y., Xie, F., Wang, J., Dong, X., . . . Sun, T. (2018). Impact of workplace incivility in hospitals on the work ability, career expectations and job performance of Chinese nurses: A cross-sectional survey. *BMJ Open*, 8(12), e021874.
<http://dx.doi.org/10.1136/bmjopen-2018021874>

Ma, J., Zhou, X., & Mu, Z. (2021). Can abusive supervision motivate customer-oriented service sabotage? A multilevel research. *The Service Industries Journal*, 41(9-10), 696-717.
<https://doi.org/10.1080/02642069.2020.1715949>

Magnavita, N., Heponiemi, T., & Chirico, F. (2020). Workplace violence is associated with impaired work functioning in nurses: An Italian cross-sectional study. *Journal of Nursing Scholarship*, 52(3), 281-291. <https://doi.org/10.1111/jnu.12549>

Markus, K. A. (2008). Constructs, concepts and the worlds of possibility: Connecting the measurement, manipulation, and meaning of variables. *Measurement*, 6(1-2), 54-77.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job Burnout. *Annual Review of Psychology*, 52(1), 397-422. doi:10.1146/annurev.psych.52.1.397

McPherson, P., & Buxton, T. (2019). *In their own words: Nurses countering workplace incivility*.

Paper presented at the Nursing Forum. <https://doi.org/10.1111/nuf.12354>

Moore, J. E. (2000). Why is this happening? A causal attribution approach to work exhaustion consequences. *Academy of Management Review*, 25(2), 335-349.

<https://doi.org/10.5465/amr.2000.3312920>

Ngotngamwong, R. (2020). A study of millennial job satisfaction and retention. *Human Behavior, Development & Society*, 21(3).

Ortega, A., Christensen, K. B., Hogh, A., Rugulies, R., & Borg, V. (2011). One-year prospective study on the effect of workplace bullying on long-term sickness absence. *Journal of Nursing Management*, 19(6), 752-759. <https://doi.org/10.1111/j.1365-2834.2010.01179.x>

Pearson, C. M., Andersson, L. M., & Porath, C. L. (2000). Assessing and attacking workplace incivility. *Organizational Dynamics*, 29(2), 123-137.

Piccoli, G., Lui, T.-W., & Grün, B. (2017). The impact of IT-enabled customer service systems on service personalization, customer service perceptions, and hotel performance. *Tourism Management*, 59, 349-362. <https://doi.org/10.1016/j.tourman.2016.08.015>

Porath, C. L., & Erez, A. (2009). Overlooked but not untouched: How rudeness reduces onlookers' performance on routine and creative tasks. *Organizational Behavior and Human Decision Processes*, 109(1), 29-44. <https://doi.org/10.1016/j.obhdp.2009.01.003>

Porath, C. L., & Pearson, C. M. (2010). The cost of bad behavior. *Organizational Dynamics*.

doi: 10.1016/j.orgdyn.2009.10.006

Porath, C. L., & Pearson, C. M. (2012). Emotional and behavioral responses to workplace incivility and the impact of hierarchical status. *Journal of Applied Social Psychology*, 42, E326-E357. <https://doi.org/10.1111/j.1559-1816.2012.01020.x>

Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40(3), 879-891. doi: 10.3758/BRM.40.3.879

Rhee, S.-Y., Hur, W.-M., & Kim, M. (2017). The relationship of coworker incivility to job performance and the moderating role of self-efficacy and compassion at work: The job demands-resources (JD-R) approach. *Journal of Business and Psychology*, 32, 711-726. DOI 10.1007/s10869-0169469-2

Riskin, A., Bamberger, P., Erez, A., Foulk, T., Cooper, B., Peterfreund, I., . . . Riskin-Guez, K. (2019). Incivility and patient safety: A longitudinal study of rudeness, protocol compliance, and adverse events. *The Joint Commission Journal on Quality and Patient Safety*, 45(5), 358-367. <https://doi.org/10.1016/j.jcjq.2019.02.002>

Robbins, S. P., & Judge, T. A. (2013). *Organizational behavior*: Pearson education limited.

Sager, E. (1976). Operational Definition. *The Journal of Business Communication* (1973), 14(1), 23-26. doi:10.1177/002194367601400104

- Sanchez, J. I., & Levine, E. L. (2000). Accuracy or consequential validity: Which is the better standard for job analysis data? *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 21(7), 809-818. [https://doi.org/10.1002/1099-1379\(200011\)21:7%3C809::AID-JOB28%3E3.0.CO;2-O](https://doi.org/10.1002/1099-1379(200011)21:7%3C809::AID-JOB28%3E3.0.CO;2-O)
- Smith, J. G., Morin, K. H., & Lake, E. T. (2018). Association of the nurse work environment with nurse incivility in hospitals. *Journal of nursing management*, 26(2), 219-226.
- Schilpzand, P., De Pater, I. E., & Erez, A. (2016). Workplace incivility: A review of the literature and agenda for future research. *Journal of Organizational Behavior*, 37, S57-S88. <https://doi.org/10.1002/job.1976>
- Shah, S. M. M., Ali, R., Dahri, A. S., Brohi, N. A., Maher, Z. A., & Hameed, W. (2018). Determinants of job satisfaction among nurses: Evidence from South Asian perspective. *International Journal of Academic Research in Business and Social Sciences*, 8(5), 19-26.
- Shin, Y., Hur, W.-M., & Hwang, H. (2022). Impacts of customer incivility and abusive supervision on employee performance: A comparative study of the pre-and post-COVID-19 periods. *Service Business*, 16(2), 309-330. <https://doi.org/10.1007/s11628-021-00456-7>
- Sliter, M., Jex, S., Wolford, K., & McInnerney, J. (2010). How rude! Emotional labor as a mediator between customer incivility and employee outcomes. *Journal of Occupational Health Psychology*, 15(4), 468. <https://psycnet.apa.org/doi/10.1037/a0020723>
- Spence Laschinger, H. K., Leiter, M., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal*

of Nursing Management, 17(3), 302-311. <https://doi.org/10.1111/j.1365-2834.2009.00999.x>

Spence Laschinger, H. K., & Nosko, A. (2015). Exposure to workplace bullying and post-traumatic stress disorder symptomology: The role of protective psychological resources. *Journal of Nursing Management*, 23(2), 252-262. <https://doi.org/10.1111/jonm.12122>

Tasneem, S., Cagatan, A. S., Avci, M. Z., & Basustaoglu, A. C. (2018). Job satisfaction of health service providers working in a public tertiary care hospital of Pakistan. *The Open Public Health Journal*, 11(1). <http://dx.doi.org/10.2174/1874944501811010017>

Thomas, C. L., Johnson, L. U., Cornelius, A. M., Cobb, H. R., Murphy, L. D., & Vega, D. (2022). Incivility begets incivility: understanding the relationship between experienced and enacted incivility with customers over time. *Journal of Business and Psychology*, 37(6), 1255-1274.

Tingle, J. (2019). Urgent and emergency care: patient safety and quality issues. *British Journal of Nursing*, 28(21), 1426-1427. <https://doi.org/10.12968/bjon.2019.28.21.1426>

Van Jaarsveld, D. D., Walker, D. D., & Skarlicki, D. P. (2010). The role of job demands and emotional exhaustion in the relationship between customer and employee incivility. *Journal of Management*, 36(6), 1486-1504. <https://doi.org/10.1177/0149206310368998>

Viotti, S., Converso, D., Hamblin, L. E., Guidetti, G., & Arnetz, J. E. (2018). Organisational efficiency and co-worker incivility: A cross-national study of nurses in the USA and Italy. *Journal of Nursing Management*, 26(5), 597-604. <https://doi.org/10.1111/jonm.12587>

- Voorhees, C. M., Fombelle, P. W., & Bone, S. A. (2020). Don't forget about the frontline employee during the COVID-19 pandemic: Preliminary insights and a research agenda on market shocks. *Journal of Service Research*, 23(4), 396-400.
<https://doi.org/10.1177/1094670520944606>
- Wacker, J. G. (2004). A theory of formal conceptual definitions: developing theory-building measurement instruments. *Journal of Operations Management*, 22(6), 629-650.
- Wang, J. (2017). Workplace incivility: The silent epidemic. *Texas A&M University*.
- Wang, X., & Cheng, Z. (2020). Cross-sectional studies: Strengths, weaknesses, and recommendations. *Chest*, 158(1), S65-S71. <https://doi.org/10.1016/j.chest.2020.03.012>
- Wang, Y., Wang, T., & Gui, C. (2022). A meta-analysis of customer uncivil behaviors in hospitality research. *Journal of Hospitality Marketing & Management*, 31(3), 265-289.
<https://doi.org/10.1080/19368623.2021.1973934>
- Westbrook, J., Sunderland, N., Li, L., Koyama, A., McMullan, R., Urwin, R., . . . Loh, E. (2021). The prevalence and impact of unprofessional behaviour among hospital workers: A survey in seven Australian hospitals. *Medical Journal of Australia*, 214(1), 31-37.
<https://doi.org/10.5694/mja2.50849>
- Wiersma, W., & Jurs, S. (2005). Research methods in education. (9th Ed.) Allyn and Bacon.
- Wright, T. A., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of Applied psychology*, 83(3), 486.
<https://psycnet.apa.org/doi/10.1037/0021-9010.83.3.486>

- Xuan Gu, Q., Chuan Yu, M., & Guan, Y. (2013). *Linking personality traits and job satisfaction to creativity*. Paper presented at the 2013 International Conference on Advanced Computer Science and Electronics Information (ICACSEI 2013).
<https://doi.org/10.2991/icacsei.2013.118>
- Yousef, D. A. (2017). Organizational commitment, job satisfaction and attitudes toward organizational change: A study in the local government. *International Journal of Public Administration*, 40(1), 77-88. <https://doi.org/10.1080/01900692.2015.1072217>
- Yu, M., & Kang, K. J. (2016). Factors affecting turnover intention for new graduate nurses in three transition periods for job and work environment satisfaction. *The Journal of Continuing Education in Nursing*, 47(3), 120-131. <https://doi.org/10.3928/00220124-20160218-08>
- Yue, Y., Nguyen, H., Groth, M., Johnson, A., & Frenkel, S. (2021). When heroes and villains are victims: How different withdrawal strategies moderate the depleting effects of customer incivility on frontline employees. *Journal of Service Research*, 24(3), 435-454.
<https://doi.org/10.1177/1094670520967994>
- Zia-ud-Din, M., Arif, A., & Shabbir, M. A. (2017). The impact of workplace incivility on employee absenteeism and organization commitment. *International Journal of Academic Research in Business and Social Sciences*, 7(5), 205-221.
- Zohar, D. (1997). Predicting burnout with a hassle-based measure of role demands. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 18(2), 101-115.
[https://doi.org/10.1002/\(SICI\)10991379\(199703\)18:2%3C101::AID-](https://doi.org/10.1002/(SICI)10991379(199703)18:2%3C101::AID-)

JOB788%3E3.0.CO;2-Y

Zopiatis, A., Constanti, P., & Theocharous, A. L. (2014). Job involvement, commitment, satisfaction and turnover: Evidence from hotel employees in Cyprus. *Tourism Management, 41*, 129-140. <https://doi.org/10.1016/j.tourman.2013.09.013>

Appendix-I

Ethical Review Committee's Evidences

ERC AKU



Letter ERC SR.pdf

Institutional Review Board Letter SKM



IRB - Saima
Rubab.pdf

Permission from Previous PI



Permission from
Previous PI..pdf

Appendix-II

Study Tool & Consent



SR Study Tool final
14 april (1).pdf



2. Informed Consent
English V4.doc

Appendix-III

Data Extraction File



Data Extraction.xlsx