

Influence of Workplace Incivility on Psychological Well-being of Nurses in the Southern of Iraq

تأثير الفظاظية في مكان عمل على الرفاهية النفسية للممرضين في جنوب العراق

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المستخلص

الاهداف: الهدف الرئيسي من هذه الدراسة هو إيجاد مستوى تأثير الفظاظية التمريضية على الرفاهية النفسية بين الممرضين في جنوب شرق العراق. **المنهجية:** في هذه الدراسة الوصفية الارتباطية، تم مسح عينة ملائمة من 250 ممرضاً يعملون في ثلاثة مستشفيات حكومية في محافظة ميسان في جنوب العراق باستخدام مقياس الفظاظية التمريضية ومقياس الرفاهية النفسية من تشرين الثاني 2021، الى تموز 2022. تم إجراء تحليل الانحدار المتعدد المتغيرات لتحليل التأثيرات متعددة المتغيرات للفظاظية في مكان العمل على الرفاهية النفسية للممرضين.

النتائج: أظهرت نتائج الدراسة وجود مستوى متوسط من الفظاظية التمريضية في بيئة العمل ورفاهية نفسية منخفضة إلى متوسطة للممرضين ، وعدم وجود فروق معنوية بين متغيري الفظاظية التمريضية والرفاهية النفسية.

الاستنتاجات: قد يكون لفظاظية مكان العمل تأثير سلبي على الرفاهية النفسية للممرضين ، في الدراسة الحالية لا تؤثر الفظاظية في بيئة مكان العمل على الرفاهية النفسية للممرضين. قد تساعد استنتاجات هذه الدراسة في بناء استراتيجيات الموارد البشرية لتلبية متطلبات الممرضين وتقليل الفظاظية في مكان العمل.

التوصيات: يجب على وزارة الصحة صياغة سياسات للحد من الفظاظية في مكان العمل. التقفيف حول أدوار كل فرد في المؤسسة الصحية، ووضع سياسات لقواعد السلوك، والإبلاغ عن السلوكيات التعسفية تجاه الممرضين وعدم تجاهلها وتحسين الرفاهية النفسية للممرضين من خلال توفير بيئة محترمة وداعمة لهم.

الكلمات المفتاحية: الممرضين، الفظاظية في مكان العمل، الرفاهية النفسية، مقياس الفظاظية التمريضي

Abstract

Objectives: The main objective of this study is to find the influence level of nursing incivility on psychological well-being among nurses in southeastern Iraq.

Methods: In this descriptive correlational study, a convenience sample of 250 nurses working in three government hospitals in Missan province in the south of Iraq were surveyed using the nursing incivility scale (NIS) and Ryff's psychological well-being scale (PWB) from November 2021, to July 2022. A multivariate multiple regression analysis was done to analyze the multivariate effect of workplace incivility on the psychological well-being of nurses.

Results: The study results show a moderate level of nursing incivility at the workplace environment and low to moderate psychological well-being for nurses, non-significant between two variables, nursing incivility, and psychological well-being.

Conclusions: Workplace incivility may have a negative influence on the psychological well-being of nurses, in the current study Incivility at the workplace environment does not influence on the psychological well-being of nurses. This study's conclusions may help build human resource strategies to meet nurses' requirements and reduce workplace incivility.

Recommendations: The Ministry of Health should formulate policies to reduce workplace incivility. Educating about the roles of each individual in the health institution, setting policies for a code of conduct, and reporting abusive behaviors among nurses and not ignoring them, and improving the psychological well-being of nurses by providing them with a respectful, and supportive environment.

Keywords: nurses, workplace incivility, psychological well-being, Nursing Incivility Scale

Introduction

Workplace incivility among nurses is a global problem. Nurses often care for patients around-the-clock and, Uncomfortable working conditions are inevitable for them. Doctors, nurses, patients, or bosses might cause discomfort⁽¹⁾. Consistently exposed nurses to poor conduct may assume violence is part of their job, so they do not report it. Uncomfortable working conditions will affect nurses' mental health, change how they deliver care, or enable violence⁽²⁾.

Globally, workplace incivility harms individual and organizational growth. Incivility can affect employee engagement and job performance. Incivility in the workplace causes depression, mood swings, and other bad feelings, threatening mental and physical health. It can reduce employee work satisfaction, organizational loyalty, and turnover rates⁽³⁾.

Psychological well-being is essential whether people live in a community, work, or are in a crisis. In addition to preventing and treating mental and behavioral problems, environmental or mental stressors must be relieved. Psychological well-being is essential whether people live in a community, work, or are in a crisis⁽⁴⁾. In addition to preventing and treating mental and behavioral problems, environmental or mental stressors must be relieved⁽⁵⁾.

Psychological well-being is a worker's mental condition; it includes interpersonal interactions and good workplace behavior. Incivility in the workplace affects employees' mental health by causing stress and inadequate emotional responses⁽⁶⁾. Workload and destructive Incivility at work also impair employees' mental health. The data demonstrate the necessity to study workplace incivility's causes⁽⁷⁾. Incivility at work should be seen organizationally. Building robust structural

systems and appropriate human resources can avoid workplace incivility by leaving a permanent mark^(4,5).

Understanding the problem helps identify and address workplace incivility⁽⁸⁾⁽⁹⁾. Regardless of cultural background, numerous health stakeholders may assess workplace uncivility to get a glimpse of the scope and impact of the issue, particularly in the context of how nurses provide professional care⁽¹⁰⁾⁽¹¹⁾. Hospital incivility is a typical unfortunate occurrence that continues to be a concern in the healthcare sector⁽¹²⁾⁽¹³⁾. It is a significant issue that must be addressed since uncivil behavior can severely influence patient care and staff turnover if ignored⁽¹⁴⁾⁽¹⁵⁾.

Many researches needed to be utilized to develop human resource strategies to meet the requirements of nurses, minimize workplace incivility, and promote psychological well-being⁽¹⁶⁾⁽¹⁵⁾. This research aims to investigate the workplace incivility in the departments that nurse's face while on the job in hospitals in southern Iraq and to analyze the impact that this Incivility has on the psychological well-being of nurses.

Methodology

Study Design and setting

This study adhered to the (Creswell) guidelines and is a correlational descriptive study. The research was conducted in three government hospitals in Missan (southern Iraq). The first hospital, Al-Sadr Teaching Hospital, has 700 nurse. The second hospital is Al-Zahrawi Surgical Hospital, which has a 300-nurse. The third hospital is the Missan Maternity Hospital, with 230 nurses. All hospitals provide healthcare services to their respective regions and have a culturally

diverse nursing workforce, specifically nurses from different regions of Missan and Iraq.

Study ethics

Each participant has completed an informed consent form expressing their agreement to participate in the research study. The investigators represented permission to use Nursing Incivility Scale (NIS) from the publisher of the scale via Email and took permission to translate it into the Arabic language, and obtained permission to use Ryff's Psychological Well-being (PWB) scale from the consent authority to use the scale via Research Gait, and took permission to translate it into the Arabic language.

Study collection of data

Between November, 2021, and January, 2022, 250 nurses (A convenience sample) were working in the three hospitals registered for the study (Hospital I had 118 nurses, Hospital II had 60 nurses, and Hospital III had 72 nurses). An online sample (<https://www.calculator.net/sample-size-calculator.html>) size calculator was utilized to calculate the required sample size. This calculation indicated that there should be 250 samples collected with a confidence interval of 95% and a margin of error of 5%. With proportionate sampling, the required samples for hospitals I, II, and III were 118, 60, and 72, respectively. Inclusion criteria was nurses who work in morning shift at all units.

Study instrument

The study instrument was adopted to accomplish the study's aims, which consist of four parts: the first part includes the demographic variables for nurses; the second part includes the professional variables for nurses; the third part includes the nursing incivility scale (NIS), and the

fourth part includes Ryff's psychological well-being scale (PWB). The nurse's demographic variables consist of three elements, including age, gender, and marital status.

The Nursing Incivility Scale (NIS), developed by Guidroz, Burnfield, Geimer, Clark, Schwetschenau, and Jex (2010), was employed to assess nurses' experiences with Incivility in the hospital from particular sources, such as doctors, co-workers, patients, and direct supervisors. The Nursing incivility scale (NIS) is based on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). There are total questions included in the questionnaire: (nine questions: are related to all individuals that are interacted with at work, ten questions concern interactions with other nurses; seven concern interactions with a direct supervisor; seven concern interactions with physicians; and ten concern interactions with patients/patient family/visitors). The researchers obtained permission from the consent authority to use the scale via email and took permission to translate it into Arabic.

Ryff's psychological well-being scale: A shortened version of the 18-point scaler developed by Ryff and Keyes (1995) was applied to respondents to measure psychological well-being. "Strongly agree = 7, somewhat agree = 6, a little agree = 5, neither agree nor disagree = 4, a little disagree = 3, somewhat disagree = 2, and strongly disagree = 1 on a 7-point scale"⁽¹⁴⁾.

Validity and Reliability of the Study Instrument

Face and content validity has been determined using a panel of experts (13) in the different fields. Their responses revealed that they all agreed on the questionnaire's content, clarity, relevancy, and adequacy and made minor changes to a few items,

such as a simple rewrite of their text and adding the economic status to the professional variables part. Therefore, it is deemed valid after considering their suggestions and recommendations for improvement.

A convenience sample of twenty nurses working in different units, a pilot study was carried out on December 15th, 2021. The reliability of the questionnaire was utilized to determine its accuracy since the results showed an outstanding and excellent level of stability for the studied phenomena. All of these were calculated using the most popular statistical method by calculating the results of (43) items on the nursing incivility scale, ($r = 0.936$), and (18) items on the psychological well-being scale, (0.843). The results indicate that the

questionnaire was successful, which indicates that the questionnaire was created to be reliable for the study.

Study data analysis

This study analyzed the information using a statistical package for the social science program (IBM SPSS) version 24.0. Statistical procedures were applied to analyze the results of the present study. The following statistical information analysis approaches are utilized in order to examine and estimate the consequences of this study: [Frequency (F), Percentage (%), Mean of Score (M.S), and Standard Deviation]. The tests used in this study were the Alpha Correlation Coefficient and the Spearman correlation.

Results

Table (1): Distribution of Nurses according to their Professional Characteristics

List	Characteristics	F	%	
1	Nursing qualification	High School of Nursing	110	44
		Diploma	111	44.4
		Bachelor	29	11.6
		Total	250	100
2	Years of experience M±SD= 6.42±8.014	Less than 1 year	81	32.4
		1 – less than 6 years	77	30.8
		6 – less than 11 years	34	13.6
		11 – less than 16 years	21	8.4
		16 – less than 21 years	17	6.8
		21 – less than 26 years	9	3.6
		26 year or more	11	4.4

		Total	250	100
3	Hospital	Missan Maternity Hosp.	72	28.8
		Al-Zahrawi Surgical Hosp.	60	24
		Al-Sadr Teaching Hosp.	118	47.2
		Total	250	100

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation.

Table (1) displays the related professional variables; the qualification of nurses refers to diploma among 44.4% of them, and 44% graduated from middle or secondary nursing school, and only 11.65 graduated from nursing college with bachelor's degrees degree. Regarding years of experience in nursing, the average refers to 6.42 ± 8.014 years, the highest percentage reported among those with less than one year of experience as recorded with 32.4% and 30.8% are reported 1 – less than six years of experience. The number of nurses in hospitals assigned for this study was shown 47.2% of nurses from Al-Sadr Teaching Hospital, 28.8% from Missan Maternity Hospital, and 24% from Al-Zahrawi Surgical Hospital.

Table (2): Overall Assessment of Nursing Incivility among Nurses at Workplace Environment

Incivility	f	%	M	SD
Low	60	24	123.01	29.544
Moderate	159	63.6		
High	31	12.4		
Total	250	100		

f: Frequency, %: Percentage, M: Mean for total score, SD: Standard Deviation for total score, Low= 43 – 100.33, Moderate= 100.34 – 157.66, High= 157.67 – 215, ($M \pm SD = 123.01 \pm 29.544$).

This table (2) indicates that 63.6% of nurses show a moderate level of nursing incivility in the workplace ($M \pm SD = 123.01 \pm 29.544$).

Table (3): Independent Sample Test for Nursing Incivility among Nurses with Regard to their Gender (N=250)

Incivility	Gender		M	SD	t	df	p ≤ 0.05	Sig
	Male	Female						
All individual	Male		26.09	6.910	1.438	248	.152	N. S
	Female		24.57	8.210				
Nurses	Male		28.27	9.188	.193	248	.847	N. S
	Female		28.03	9.330				
Direct supervisor	Male		17.05	5.753	-.671	248	.503	N. S

	Female	17.62	6.465				
Physicians	Male	21.22	5.850	1.348	248	.168	N. S
	Female	20.04	6.566				
Patients/families	Male	21.22	5.850	1.384	248	.168	N. S
	Female	20.04	6.566				
Overall	Male	124.5	28.443	.586	248	.558	N. S
	Female	122.2	30.111				

M: Mean, SD: Standard deviation, t: t-test, df: Degree of freedom, Sig: Significance, p: Probability value, N.S: Not significant, S: Significant, H.S: High significant.

Table (3) shows that there is no significant difference in nursing incivility with regard to nurses' gender.

Table (4): Analysis of Variance for Nursing Incivility among Nurses with Regard to their Qualification (N=250).

Qualification	Source of variance	Sum of Squares	Df	Mean Square	F	Sig.
Nursing Incivility	Between Groups	288.602	2	144.301	2.379	.095
	Within Groups	14981.498	247	60.654		
	Total	15270.100	249			
All individual	Between Groups	251.001	2	125.500	1.467	.233
	Within Groups	21129.083	247	85.543		
	Total	21380.084	249			
Nurses	Between Groups	4.048	2	2.024	.052	.950
	Within Groups	9683.296	247	39.204		
	Total	9687.344	249			
Direct supervisor	Between Groups	98.152	2	49.076	1.217	.298
	Within Groups	9958.748	247	40.319		
	Total	10056.900	249			
Physicians	Between Groups	98.152	2	49.076	1.217	.298
	Within Groups	9958.748	247	40.319		
	Total	10056.900	249			
Patients/families	Between Groups	98.152	2	49.076	1.217	.298
	Within Groups	9958.748	247	40.319		
	Total	10056.900	249			
Overall	Between Groups	1809.176	2	904.588	1.037	.356
	Within Groups	215530.80	247	872.594		
	Total	217339.98	249			

df: Degree of freedom, F: F-statistic, Sig: Significance.

Table (4) reveal that the analysis of variance in this part indicates that no significant difference was reported in nursing incivility with regard to nurses' qualification.

Table (5): Assessment of Nursing Incivility Sub-domains among Nurses (N=250).

Nursing incivility domains	M± SD	Assessment
All individual	25.06 ± 7.831	Moderate ⁽¹⁾
Nurses	28.11 ± 9.266	Moderate ⁽²⁾
Direct supervisor	17.43 ± 6.237	Moderate ⁽³⁾
Physicians	20.42 ± 6.355	Moderate ⁽³⁾
Patients and their families	20.42 ± 6.355	Low ⁽²⁾

M: Mean for total score, SD: Standard Deviation for total score, ⁽¹⁾ Low= 9 – 21, Moderate= 21.1 – 33, High= 33.1 – 45, ⁽²⁾ Low= 10 – 23.33, Moderate= 23.34 – 36.66, High= 36.67 – 50, ⁽³⁾ Low= 7 – 16.33, Moderate= 16.34 – 25.66, High= 25.67 – 35

Table (5) displays that mean scores reveal moderate Incivility regarding all domains except the domain regarding "patients and families" that show low Incivility.

Table (6): Overall Assessment of Psychological Well-being among Nurses.

Psychological well-being	f	%	M	SD
Low	81	32.4	59.36	11.222
Moderate	168	67.2		
High	1	.4		
Total	250	100		

f: Frequency, %: Percentage, M: Mean for total score, SD: Standard Deviation for total score, Low= 18 – 54, Moderate= 54.1 – 90, High= 90.1 – 126

Table (6) indicate that nurses have low to moderate psychological well-being (M±SD= 59.36±11.222), in which 67.2% showed moderate level and 32.4% showed low level.

Table (7): Regression Analysis for Measuring Influence of Nursing Incivility on psychological Well-being among Nurses (N=250).

Psychological well-being \ Incivility	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
All individual	.627	1.309	.039	.479	.633
Nurses	-1.002	1.407	-.063	-.712	.477
Direct supervisor	.483	1.198	.030	.403	.687
Physicians	-1.505	1.293	-.095	-1.164	.246

Patients and families	1.084	.612	.112	1.771	.078
Overall Incivility	4.035	2.128	.213	1.896	.059

a. Dependent variable: Psychological well-being

Table (7) shows that Incivility at the workplace environment does not influence the psychological well-being of nurses, as indicated by the insignificant difference between the two variables.

Discussion

The investigation of Incivility among hospital nurses provided a road map for advancement in this area as well as a road map for prospective interventions to improve it. Exploring incivility in healthcare settings might identify opportunities for training interventions and developing a policy regulating workplace incivility^(10,16,17). This descriptive correlational study aimed to assess the impact of workplace incivility on Psychological Well-being of nurses in three Iraqi hospitals. Regarding the NIS scale, table (2) reveals that the total mean score and standard deviation of the NIS scale are $M \pm SD = 123.01 \pm 29.544$ ($n=159$, $\%=63.6$), which indicates that nursing incivility at the workplace environment was at a moderate level. These results took place with relative similarity with a study conducted in Saudi Arabia, find a moderate amount of workplace incivility from various sources of incivility⁽⁸⁾. While other study found low incivility level among 233 samples of staff nurses⁽⁴⁾. Current investigation shows that nurses exemplify a moderate level of workplace incivility regarding the various causes of incivility, "all individuals, nurses, direct supervisor, and physicians", while showing low incivility regarding one source, "patients and their families" table (5). This finding opposite with finding conducted in Saudi Arabia they found among the five sources of incivility the nurses experienced the most incivility from patients/visitors ($M = 2.44$, $SD = 0.80$), followed by physicians

($M = 2.42$, $SD = 0.79$), general incivility ($M = 2.28$, $SD = 0.66$) and co-nurses ($M = 2.18$, $SD = 0.69$) in the workplace.

Demographics were not correlated with workplace incivility in the study conducted in the metropolitan area in the Midwest; our demographic findings were not related to levels of workplace incivility⁽⁵⁾ see table (3). A study in Australia reveals that Incivility is a significant, ongoing problem for new graduate nurses, despite the guarantees of supportive graduate nurse programs⁽¹⁵⁾. This research analysis of Variance for Nursing Incivility among nurses with regard to their qualification did not show a significant relation between Incivility and the quality of nurses see table (4). The current study reveals according to the PWB scale that the nurses have a low to moderate psychological well-being in which more than two-thirds ($n=168$) of them show moderate level, and nearly one-third ($n=32.4$) show low level while ($n=1.0$, 0.4%) show a high level see table (6), this finding is opposite to the study conducted among Australian Mental Health Nurses; they found that approximately half of the participants ($n = 244$, 50.6%) had psychological well-being levels above the mean⁽¹²⁾; the mean score (M) was 85.38 $SD = 11.81$, 95% . Psychological well-being of nurses among nurses and Incivility of the nurse on psychological well-being did not clear significant correlated value in this study see table (7).

A lack of literature supports the finding between the two variables (Nursing Incivility and Psychological Well-being).

Researchers see that there is an effect of workplace incivility on the psychological well-being of nurses by interviewing them at work. The nurses may have exaggerated or underestimated the importance of their answers to the questionnaire, and there may be a lack of freedom of expression and their feeling of some fears.

Conclusions

Workplace incivility may have a negative influence on the psychological well-being of nurses, in the current study Incivility at the workplace environment does not influence on the psychological well-being of nurses. The findings of this research might be a helpful resource that can be utilized as a reference for creating policies about human resources to meet the requirements of nurses and eliminate workplace incivility in their respective departments.

Recommendations

1. The Ministry of Health should formulate policies to reduce workplace incivility.
2. Educating about the roles of each individual in the health institution, setting policies for a code of conduct, and reporting abusive behaviors among nurses and not ignoring them.
3. Improving the psychological well-being of nurses by providing them with a respectful, and supportive environment.

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