

The Effect of Workplace Incivility on Psychological Well-Being in Health Nurses with Emotional Exhaustion as a Mediator Variable

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Abstract

Nurses are health service provider professionals. Work demands have detrimental effects on nurses' physical and mental health, which can negatively affect their psychological well-being. Nurses who are psychologically well will provide high-quality care, which has implications for patient recovery. Interpersonal relationships with coworkers and superiors influence nurses' well-being. Poor treatment in the work environment (workplace incivility) can cause nurses to be psychologically unwell. However, we do not yet know how workplace incivility affects psychological well-being. This study aimed to examine the effect of workplace incivility on nurses' psychological well-being through the mediation of emotional exhaustion. This explanatory quantitative study involved 270 health nurses at Hospital X Medan. We analyzed the data using structural equation modeling (SEM) with the Smart-PLS program. The results indicated that emotional exhaustion mediated the effect of workplace incivility on nurses' psychological well-being. This study contributes to nurses' well-being intervention, which is influenced by workplace incivility and mediated by emotional exhaustion.

Keywords: *workplace incivility, psychological well-being, emotional exhaustion, nurses, hospital.*

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Introduction

Nurses are integral to the medical and healthcare system and play a crucial role in preserving and enhancing human health (Xie et al., 2020). They often operate in demanding environments (Waddill-Goad, 2019), providing around-the-clock care to patients. The responsibility of delivering quality care to sick and injured people underscores the demanding nature of nursing within

healthcare (Akinwale & George, 2021). This demanding workload, coupled with an unstable and stressful work environment, exposes nurses to heightened vulnerability to negative emotions that can impact their psychological well-being (Melnyk et al., 2018).

The psychological well-being of nurses not only affects their own experience but also influences patient perceptions of the care received and its quality (McClelland et al., 2018). Psychological well-being refers to individuals' emotional states during daily activities and encompasses their overall mental health (Ryff, 2013). It entails positive perceptions and conducive conditions, both at work and in personal life, fostering personal development and the realization of potential (Chari et al., 2018). Holm et al. (2022) posit that good relationships and positive behaviors in the workplace characterize psychological well-being.

Tutupary et al. (2021) suggested that nurses with high psychological well-being demonstrate enhanced workplace cooperation and lower absenteeism rates, punctuality, and longevity in their roles. Conversely, nurses with low psychological well-being may suffer from emotional exhaustion (Fahmawati, 2019), a critical component of burnout syndrome that threatens their psychological health (Garzaro et al., 2021). Burnout often manifests as emotional and physical exhaustion, persistent fatigue despite rest, and diminished problem-solving abilities and energy levels (Maslach & Leiter, 2016).

Logan (2016) defines psychological well-being as the mental state of employees characterized by positive interpersonal interactions and behavior within the workplace. While these social exchanges are integral to caregiving roles, they can also induce stress and undermine nurses' psychological health. One prevalent form of negative workplace interaction is incivility (Hanrahan & Leiter, 2014), which typically manifests as workplace incivility, where superiors and colleagues engage in disrespectful behavior toward their peers (Cortina et al., 2001). Workplace incivility is widely acknowledged as one of the most detrimental forms of mistreatment encountered by employees (Namin et al., 2022).

Andersson & Pearson (1999) initially defined workplace incivility as low-intensity behavior lacking clear harmful intent but still contravening social norms and causing emotional distress to its targets. Unlike bullying, workplace incivility is characterized by subtle interpersonal mistreatment with ambiguous harmful intent. Examples of such behavior include being ignored, being excluded from meetings, being publicly belittled, disregarding opinions, or making demeaning comments about coworkers (Laschinger et al., 2014). Workplace incivility can escalate into aggression and foster severe interpersonal conflicts (Ko et al., 2021).

Research by Handoyo et al. (2018) in Indonesia revealed that 50 % of employee respondents experienced weekly incivility from coworkers and superiors. Similarly, Udayani & Harsanti (2018) reported that 56 nurses experienced workplace incivility from their peers. Kavakli's study (2022) indicated that nurses' average workplace incivility score was 6.68 ± 7.96 . Nurses affected by workplace incivility may suffer emotional repercussions (Layne et al., 2019). Notably, workplace incivility among nurses is crucial because it can directly or indirectly impact patient care quality (El Ghaziri et al., 2022). However, previous research has not explained how workplace incivility affects psychological well-being. Cho et al. (2016) explained that a person who continuously experiences negative behavior will experience emotional exhaustion. Negative workplace behaviors can have damaging impacts on individual nurses' emotions (Hawkins et al., 2023). These negative workplace behaviors can give rise to negative psychological reactions such as feeling depressed and emotionally injured due to the workplace incivility experienced. Emotional exhaustion is common when individuals are faced with workplace incivility. This is because employees continue to expend more effort in avoiding incivility (Cho et al., 2016).

Numerous studies have investigated the psychological well-being of nurses, which is influenced by various factors such as mental stability, self-acceptance, adaptability, social relationships, supportive environments, and workload (Delgado et al., 2021). Despite this broad exploration, there remains a dearth of research specifically examining the impact of workplace incivility on nurses' psychological well-being, particularly in relation to emotional exhaustion.

Ambarita (2020) explored the correlation between psychological well-being and burnout in nurses at Prof. Ildrem Mental Hospital Pemprowsu Medan, highlighting how mental fatigue due to work stress and fatigue can detrimentally affect nurses' psychological well-being, compounded by a perceived lack of appreciation for their service. This study aims to extend these findings by investigating the influence of emotional exhaustion on psychological well-being.

The emotional exhaustion resulting from a lack of positive regard can be categorized as workplace incivility, as evidenced by Mehmood et al. (2021), who identified workplace incivility in nurses through behaviors such as gossip, harassment, misuse of authority, and failure to address issues directly with those involved. This incivility contributes significantly to emotional exhaustion, ultimately affecting nurses' psychological well-being and their ability to remain motivated, independent, and adaptable at work.

Existing research on workplace incivility primarily focuses on its impact on employees, such as in Akhtar et al. (2017), who demonstrated that employees experiencing incivility are prone to emotional exhaustion, which affects their emotional well-being. Similarly, Neto et al. (2017) examined the effect of workplace bullying on psychological well-being, including emotional exhaustion, among service company employees.

This study uniquely aimed to explore how workplace incivility, specifically emotional exhaustion, impacts the psychological well-being of nurses. Unlike previous studies that broadly address nurses' psychological well-being, this research specifically investigated the repercussions of workplace incivility on emotional exhaustion and subsequent psychological well-being. This study sought to establish emotional exhaustion as a mediating factor in the relationship between workplace incivility and nurses' psychological well-being.

Method

Participants

The study included 270 health nurses employed at Hospital X Medan. Their demographic characteristics are detailed in [Table 1](#). The majority of participants were female (65.2 %), aged 26-30 years (30.7 %), and held a bachelor's degree (56.3 %). A significant portion were married (61.5 %) and had 2-5 years of work experience (41.1 %). Prior to completing the survey, participants were briefed on the study's purpose, read the informed consent, and provided their signatures indicating their voluntary participation as research respondents.

Table 1
Demographic Data

Participant Characteristic	Category	N	%
Age	20 - 25	35	13 %
	26 - 30	83	30,7 %
	31 – 35	34	12,6 %
	36 – 40	61	22,6 %
	41 – 45	37	13,7 %
	46 – 50	20	7,4 %
Gender	Male	94	34,8 %
	Female	176	65,2 %
Last Education	DIII	105	38,9 %
	S1	152	56,3 %
	S2	7	2,6 %
	Nursing Profession	6	2,2 %
Marriage Status	Not yet married	104	38,5 %
	Married	166	61,5 %
Length of Time Working	1 – 12 months	65	24,1 %
	2 – 5 years	111	41,1 %
	6 – 10 years	63	23,3 %
	11 – 15 years	24	8,9 %
	16 – 20 years	7	2,6 %

Design

This study constitutes an explanatory quantitative research endeavor designed to explore the impact of workplace incivility on psychological well-being, with emotional exhaustion serving as a mediator. The research commenced with ethical approval and received approval from the Ethics Commission of Medan Health Polytechnic under certificate number 0125276.

Measurement

The psychological well-being scale, workplace incivility scale, and emotional exhaustion scale were used for data collection. Each of these scales underwent validation and reliability testing, yielding satisfactory outcomes as measurement tools.

Psychological Well-being Scale

The psychological well-being scale assesses individuals' psychological well-being across 42 items with six response options ranging from 1 (very unsuitable) to 6 (very suitable). Adapted from Savitri & Listiyandini (2017) and based on the dimensions developed by Ryff (2013), this scale achieved a reliability coefficient of 0.988 and an AVE validity value of 0.682. Sample items include "I believe it is important to have new experiences that challenge the way I think about myself and the world," "I tend to be concerned about what others think of me," and "I feel that I have grown significantly as a person over time."

The Workplace Incivility Scale

The workplace incivility scale utilized in this study was developed by Naris (2020) based on dimensions identified by Andersson & Pearson (1999). This scale comprises 12 statement items, each offering five response options ranging from "Never" to "Very Often". The scale demonstrated high reliability, with a Cronbach's alpha coefficient of 0.968 and a validity (AVE) of 0.714. Examples of workplace incivility items include instances such as "Supervisors or coworkers ignore my opinion," "Supervisors or coworkers do not invite me to join formal or informal discussion groups," and "Supervisors or coworkers don't thank me for something I've done."

Emotional Exhaustion Scale

The emotional exhaustion scale employed in this study was the Maslach-Trisni Burnout Inventory (M-TBI), adapted for Indonesians by Widhianingtanti & Luijtelaar (2022). This scale consists of 9 statement items, each rated on a scale of 0 to 6 to indicate the frequency of experiencing emotional exhaustion. The M-TBI scale exhibited strong reliability, with a Cronbach's alpha coefficient of 0.966 and a validity (AVE) of 0.807. Examples of emotional exhaustion items include statements such as "I feel emotionally drained because of work," "Facing people or clients and working for them all day long makes me stressed," and "I feel extremely physically exhausted at the end of the workday."

Data analysis

Data analysis was performed using structural equation modeling (SEM) within the partial least squares (PLS) framework using SmartPLS. The planned data analysis involved inferential statistical methods, primarily utilizing structural equation modeling (SEM).

Results

Based on the validity test results of the average variance extracted (AVE) values, the three variables exhibit AVE values > 0.5, indicating that they meet the validity requirements based on AVE (refer to Table 2).

Table 2

Validity test results based on average variance extracted (AVE)

Variable	Average Variance Extracted (AVE)
Workplace Incivility (X)	0.741
Psychological Well-Being (Y)	0.682
Emotional Exhaustion (M)	0.807

According to the results of the Cronbach's alpha test, the three variables had a Cronbach's alpha value exceeding 0.7, indicating that they met the reliability criteria (refer to Table 3).

Table 3

Reliability Testing Based on Composite Reliability (CR) and Cronbach's Alpha (CA)

Variable	Composite Reliability	Cronbach's Alpha
Workplace Incivility (X)	0.972	0.968
Psychological Well-Being (Y)	0.989	0.988
Emotional Exhaustion (M)	0.971	0.966

The R-square value for emotional exhaustion is 0.209, indicating that workplace incivility can explain or influence emotional exhaustion by 20.9 %. Similarly, the R-square value for psychological well-being is 0.251, suggesting that workplace incivility combined with emotional exhaustion can explain 25.1 % of the variance in psychological well-being. The Q-square (Q²) value for emotional exhaustion is 0.167, indicating the predictive relevance of workplace incivility for emotional exhaustion. Likewise, the Q-square (Q²) value for psychological well-being is 0.168, showing the predictive relevance of both workplace incivility and emotional exhaustion to psychological well-being.

Table 4

R-square and Q-square

Variabel Dependent	R Square	Q ² (=1-SSE/SSO)
Kelelahan Emosional	0.209	0.167
Kesejahteraan Psikologis	0.251	0.168

Based on the SRMR goodness of fit test results, where the SRMR value of 0.055 is less than the threshold of 0.1, it is concluded that the model fits well.

Table 5

Testing the Goodness of Fit Model

	Estimated Model
SRMR	0.055

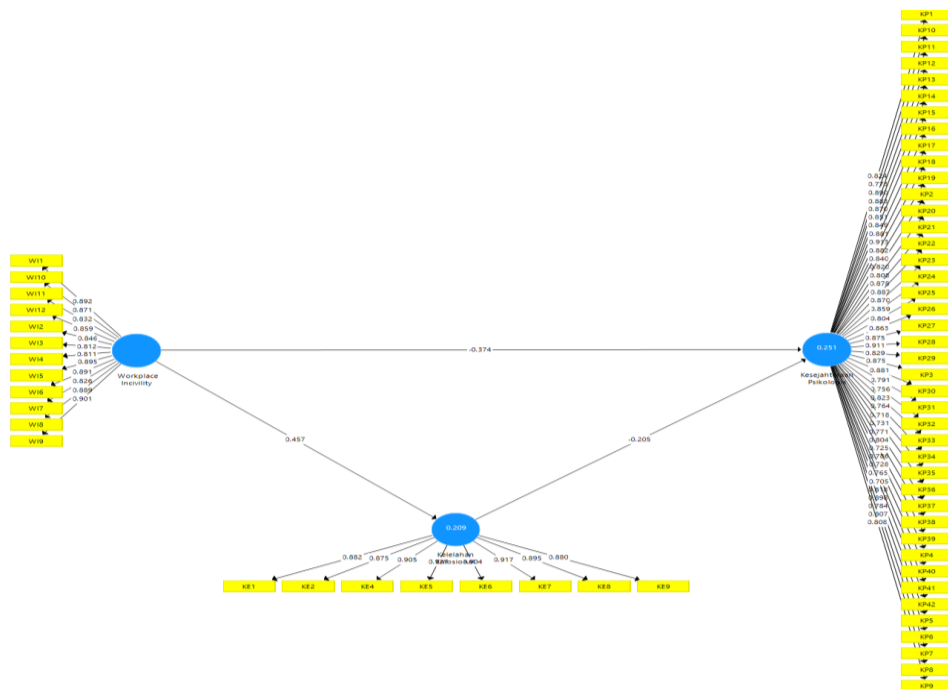


Figure 1. Results of the SEM-PLS Model Test

Table 6
 Path coefficient and significance test of the direct effect (boosting)

			Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Workplace Incivility	Emotional Exhaustion	->	0.457	0.456	0.049	9.373	0.000
Workplace Incivility	Psychological wellbeing	->	-0.374	-0.376	0.060	6.203	0.000
Emotional Exhaustion	Psychological wellbeing	->	-0.205	-0.206	0.079	2.598	0.010
Workplace Incivility	Emotional Exhaustion	->	-0.094	-0.095	0.039	2.379	0.018

The comparison between the hypothetical mean and empirical mean indicates that psychological well-being, workplace incivility, and emotional exhaustion are classified as moderate, as shown in [Table 7](#) and [Table 8](#).

Table 7

Comparison of the Empirical Mean and Hypothetical Mean

Variable	Hypothetical Mean				Empirical Mean			
	Min	Max	Mean	SD	Min	Max	Mean	SD
Psychological wellbeing	42	252	147	35	113	213	160,63	17,9
Workplace Incivility	12	60	36	8	12	44	27,09	7,29
Emotional Exhaustion	0	54	27	9	7	54	26,44	9,39

Table 8

Categorization of workplace incivility

Range	Category	Number of Participants	Percentage (%)
$X < 19,80$	Never	28	10,4 %
$19,80 \leq X < 34,37$	Sometimes	200	74,1 %
$X \geq 34,37$	Often	42	15,6 %

Categorization of emotional exhaustion

Range	Category	Number of Participants	Percentage (%)
$X < 17,05$	Low	51	18,9 %
$17,05 \leq X < 35,83$	Moderate	179	66,3 %
$X \geq 35,83$	High	40	14,8 %

Categorization of psychological well-being

Range	Category	Number of Participants	Percentage (%)
$X < 142,8$	Low	28	10,4 %
$142,8 \leq X < 178,5$	Moderate	200	74,1 %
$X \geq 178,5$	High	42	15,6 %

Discussion

Based on statistical tests, it was determined that emotional exhaustion mediates the relationship between workplace incivility and psychological well-being (p value = $0.018 < 0.05$). This finding is supported by Akhtar et al.'s (2017) research, which similarly demonstrated that emotional exhaustion mediates this relationship. Frazier & Bowler (2015) also utilized emotional exhaustion to explain the link between workplace incivility and workers' psychological well-being.

Furthermore, the study revealed a positive association between workplace incivility and emotional exhaustion (p value = $0.457 < 0.05$), indicating that increased exposure to workplace incivility among nurses is correlated with increased levels of emotional exhaustion. This result is consistent with Fida et al. (2018) findings that workplace incivility impacts emotional exhaustion. Cho et al. (2016) additionally posit that employees experiencing emotional exhaustion attribute this to continuous negative behavior, specifically workplace incivility.

Regression calculations indicated that workplace incivility explained 20.9 % (R -square = 0.209) of the variance in emotional exhaustion among nurses. This exhaustion reduces individuals' ability to cope with and meet emotional demands at work (Nikolova et al., 2019), leading to a negative interpretation of workplace interactions that adversely impacts psychological well-being (Akram et al., 2019).

Moreover, emotional exhaustion adversely affects nurses' psychological well-being, as evidenced by Ulfah et al. (2022). Nurses experiencing high emotional exhaustion tend to exhibit poor psychological well-being, aligning with Neto et al. (2017) assertion that psychological well-being suffers from emotional exhaustion. Nurses who feel emotionally drained and stressed in patient care struggle with self-acceptance, independence in decision-making, positive workplace relationships, life management, and career alignment with healthcare roles.

Psychological well-being is also influenced by workplace incivility, resulting in work-related stress, emotional disturbances, dissatisfaction, reduced creativity and cooperation, and psychological pressure (Cortina et al., 2001). Baker & Kim (2020) and Karam & Mohammed (2022) similarly highlighted the detrimental impact of workplace incivility on psychological well-being among nurses. Liu et al. (2020) underscore that disrespectful treatment at work leads to decreased psychological well-being and intentions to quit.

This study emphasizes the role of emotional exhaustion in mediating the effect of workplace

incivility on psychological well-being. Nevertheless, it also suggests that workplace incivility can directly influence nurses' psychological well-being, independent of emotional exhaustion. This indicates that emotional exhaustion partially mediates the impact of workplace incivility on psychological well-being, either directly or indirectly.

The findings have practical implications for healthcare nurses and hospital management. Nurses can enhance psychological well-being by improving emotion regulation to mitigate emotional exhaustion resulting from workplace incivility. Hospital management can address low psychological well-being among nurses by minimizing workplace incivility incidents. Improved psychological well-being enables nurses to deliver healthcare services to meet hospital patients' needs.

However, the study's limitations include being predominantly female, being married, having 2-5 years of service, being aged 26-30 years, and having SI participant demographics. Further research is needed to generalize these findings to diverse samples and explore reciprocal or longitudinal relationships. Future studies should also consider different work divisions and gender factors affecting psychological well-being, such as female nurses or specific departments such as pediatrics. Additionally, researchers should mitigate social desirability bias in psychological scale data collection by ensuring confidentiality and anonymity.

Conclusion

The findings of this study suggest that emotional exhaustion plays a mediating role in the relationship between workplace incivility and nurses' psychological well-being. Consequently, workplace incivility can impact nurses' psychological well-being either directly or indirectly via emotional exhaustion.

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