

Workplace Terror and its Consequences: Perception of Newly Graduated Nurses of Public Sector Hospitals

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Abstract

Round the globe workplace incivility is considered as devastating issue and its prevalence is documented across all disciplines. However, perception of newly graduated nurses in South Asian context has been ignored at large. This investigation explored perception of newly graduated nurses about workplace incivility and its consequences on their professional as well as personal life. Present study was conducted in the public sector hospitals in Faisalabad, Punjab, Pakistan. Data was collected through qualitative interviews and ten newly graduated nurses were approached for in-depth discussion. Thematic analysis was used to analyze the data. Respondents revealed their experiences of workplace incivility which they faced during working hours. Patients, patient's attendants, and doctors were reported as a source of harassment and incivility by the nurses. Newly graduated nurses confirmed that they faced verbal abuse in morning shifts usually and physical assault in the night shifts. They also reported depression, work-family conflicts, less job satisfaction, inefficient work performance, increase turnover intention, absenteeism and a post-traumatic stress disorder (PTSD) due workplace incivility. They also reported that their higher management never motivated them to report incidents of incivility. Results showed a vivid picture about growing ratio of incivility towards nurses and this situation demands prudential measures by hospitals management to prevent and control the workplace incivility.

Keywords: Workplace incivility; newly graduated nurses; public hospitals; job satisfaction, absenteeism, depression

Introduction

Workplace incivility and its related constructs are under discussion from the last many years (Einarsen, Hoel, Zapf, & Cooper, 2011; Miner-Rubino & Reed, 2010; Reio & Ghosh, 2009; Schilpzand, De Pater, & Erez, 2016, Rai and agarwal 2018) but the perception of South Asian individuals have been ignored at large (Ghosh, 2017; Yeung & Griffin, 2008). In the perspective of Pakistan, limited numbers of studies are available which have investigated incivility and its drastic outcomes (Saqib et al, 2017; Saleem 2018; Rai and agarwal 2018; Somani & Khowaja, 2012). Particularly, workplace incivility toward nurses has grabbed less attention from scholars and it's almost an unexplored area (Shahzad & Malik, 2014).

Workplace incivility is related with greater turnover, absenteeism, lack of satisfaction (Bowling & Beehr, 2006), less psychological wellbeing and emotional fatigue (Verkuil, Atasayi, & Molendijk, 2015), mental disturbance and stress (Trépanier, Fernet, Austin, & Boudrias, 2016). It has been identified as cause of emotional exhaustion for the nursing community (Wolf, Perhats, Delao, & Clark, 2017) and likely it affects the whole safety, norms, and health of the workplace (Alert, 2008; Vessey, Demarco, & Difazio, 2010). Nurses and other paramedical staff mostly experience uncivil behaviors at workplace than any other professional group (Adib, Al-Shatti, Kamal, El-Gerges, & Al-Raqem, 2002), as they work closely with patients, patient's relatives, doctors, and other paramedics (Gerberich et al., 2005). Almost 1/4th nurses globally report incivility in the shape of sexual provocation (Spector, Zhou, & Che, 2014) and occurrence of incivility vary considerably by age and gender (Hansen 2012). Thus quality of healthcare services can suffer upto a great extent when nurses experience workplace incivility.

Almost 99500 nurses are registered in Pakistan but 50% of the registered workforce is out of service which indicates an alarming situation. Mostly nurses left their occupation. Past research findings showed that nurses usually experience workplace incivility (Spector et al., 2014) and due this they have intention to quit this profession. This is important particularly for the newly graduated nurses that in the very first year of recruitment, 30% newly graduated nurses left their profession due to excess workplace incivility (Vogelpohl, Rice, Edwards, & Bork, 2013) and in the second year of recruitment 57% newly graduated nurses quit their profession (Bowles & Candela, 2005). Workplace incivility may trigger the perception to quite the job in nurses, putting a burden on the economy.

In Pakistan mostly hospitals either private or public sector have no specific policies, rules and regulations to report workplace incivility incidents, that's why incidents ratio is high in the records. Although, few hospitals such as Agha Khan Hospital entirely take a zero tolerance policy against workplace incivility (Shahzad & Malik, 2014). Pakistani male members have extremely pessimistic perceptions about this profession (Hemani, 1996; Misbah Bibi Qureshi, Qureshi, Taherani, & Ansari, 2012; Shaikh, 2004). Numerous preservationist Pakistani males see nurses as "corrupt and unrespectable" ladies (Chandra et al., 2009; Misbah Bibi Qureshi et al., 2012) due to their night shift duties. This perception of corrupt ladies has contributed to a 'social development' that "A female nurse leaves the house during the late evening to work; she should be a terrible lady" (Bibi, 2000; Gallagher, 1996; Misbah B Qureshi, 2008). Thus, chances to experience incivility by

female young nurses in male and parochial culture becomes high in the context of Pakistan. This study sought to make contributions into the existing body of literature. In Pakistani setting, exceptionally limited work has been done on workplace incivility toward newly graduated nurses, and it is totally an unexplored area. Secondly this study has anticipated the future call various researchers by investigating incivility in South Asia (Ghosh 2017) and documenting the in depth perception of newly graduated nurses (Saqib 2017).

Review of literature

Workplace incivility is considered as an act of uncivil and violent behavior that is verbal, physical, psychological or emotional (Lipscomb, Silverstein, Slavin, Cody, & Jenkins, 2002). Miserably, in the health care sector, workplace incivility is either underreported or unreported (Ferns, 2005; Lewis, 2001; Randle, 2003). Workplace incivility caused the greater level of absenteeism in employees (Abid, Khan, Rafiq, & Ahmed, 2015). Drastic consequences of incivility have been observed at individual as well as organizational level such as unproductive work performance of employees; weaken organizational commitment, high rate of absenteeism, turnover intention and less self-confidence. (Rehman, Karim, Rafiq, & Mansoor, 2012). World Health Organization (WHO) has recognized overall increasing trend in workplace incivility which is a genuine danger to medical attendants and nurses' wellbeing and prosperity and need to be wipe out (WHO, 2014). Workplace incivility has been depicted as 'a circumstance where somebody is exposed to social seclusion or avoidance, his or her endeavors and work are depreciated, he or she is debilitated, censorious remarks about him or her are passed in face of his or her good faith, (Kivimäki, Elovainio, & Vahtera, 2000). An investigation of Norwegian medical attendants found that nurses who experience incivility showed a higher level of burnout and less mental prosperity as compared with non-harassed medical nurses (Einarsen et al., 1998). Similarly young and newly graduated nurses were at higher risk of burnout (Spooner-Lane & Patton, 2007).

Previous literature has documented various negative impacts and consequences of workplace incivility. Nurses who face workplace incivility on regular bases, reported several mental and physical problems which include depression, anxiety, aggression and further post-traumatic stress disorder (PTSD) (Spence Laschinger & Nosko, 2015). Workplace incivility and violent incidences damage organizational performance and efficiency which ultimately cause destruction. Hence, mostly employees are reluctant and afraid to report and discuss any single

incidence of incivility with their top management and with colleagues also (Townend, 2008). According to Raziq and Wiesner (2016), employees who believe that their management is cooperative and supportive they perform their duties efficiently and effectively. Accordingly, employees whose satisfaction level is high, they show best performance, that's why it is concluded that greater satisfaction level can minimize the negative and bad impacts of workplace incivility. However, workplace incivility can badly increase the turnover intention of employees (Choi & Lee, 2017; Labrague et al., 2017; Oyeleye, Hanson, O'connor, & Dunn, 2013). Nurses are specifically vulnerable in health care sector to the uncivil and unethical conducts as compare to any other member of the greater population of health sector employees (Tee, Özçetin, & Russell-Westhead, 2016).

In health care sector, workplace incivility has very negative impacts on nurses professionally as well as personal life, for example, it disturbs the nurses' family, career and patient care also. The student nurses are at higher degree of harassment from patients uncivil and unethical activities usually (Birks et al., 2017). Yun and Kang (2018) indicated that workplace incivility depends on the environment and the culture of organization. They also stated that violent and uncivil activities directly affected by the culture of organization. Khalique, Arif, Siddiqui, and Kazmi (2018) explored that workplace incivility can effect badly and negatively the performance and health of employees. They also stated that the supportive management and organization can enhance the efficient performance of employees and can reduce the stress but in absence of support from organization and management will cause greater stress and higher intention to leave. Workplace incivility which is creating from patients and patient's attendants was depicted as an obstacle to label (Blando, Ridenour, Hartley, & Casteel, 2015).

Shi et al. (2018) exposed that newly graduated nurses are at higher risk of workplace incivility which leads to increase the stress, depression and poor health. They also stated that burnout regarding job can be minimized through greater degree of resilience of newly graduated nurses which efficiently diverse the bad effect and negative aspects which occurred due to workplace incivility. Liu et al. (2018) explored that intention to turnover of employees positively affiliated with workplace incivility. In health care sector, nurses usually under excess work burden and specifically newly graduated nurses whose experience less than one year. They usually have less training about technical skills and also face communication hazards. The doctors, higher management, patients, and patient's attendants tend to criticize newly graduated nurses when

nurse's behavior differs from senior nurses and others. This criticism of patients and higher management will minimize newly graduated nurse's spirit of work and ultimately refer to aggression and emotional exhaustion which cause turnover intention.

Newcomb (2018) explored that newly graduated registered nurses needs supportive and encouraging working settings and environment in the start of joining to adjust themselves in the practical settings from the academic and student life. Newly graduated registered nurses adjustment experience in the health sector is explored as complicated and negative which leads to less job satisfaction and greater turnover intention. Due to greater depression, excessive work burden, uncivil and violent work settings, lack of encouraging environment, supportive management, and complexity in adjustment into the practical work, most of the newly graduated nurses quit their job. According to Hartin, Birks, and Lindsay (2018), hospital itself, nurses and profession badly affected by prevalent incivility in work settings. Nurses are negatively affected physically, mentally, socially and emotionally due to workplace incivility. It enhances mental stress and anxiety of nurses which leads to greater exhaustion. Self-respect and professionally abilities and confidence of nurses decreased due to the destructive and aggressive nature of incivility. Moreover, it cause helplessness, decreased encouragement and enthusiasm and disturb the nurses work performance. In profession, incivility caused greater job dissatisfaction, with intention to leave among nurses which specifically effected in result of such incidences.

Nursing occupation in Pakistan experiences critical socio cultural illnesses (Fooladi, 2008). Society apart from this profession has extremely negative point of view about nursing (Bharj, 1995). Generally it is perceived that nursing by its verifiable need to administer male patients' ruptures the ethical/social and spiritual/religious standards (Fisher, 2000) therefore, individuals overall see that nursing isn't reasonable profession for young ladies from honorable families.

Hutchinson, Vickers, Jackson, and Wilkes (2006) indicate that when nursing student becomes a professional nurse, she generally face incivility at their workplace.

Organizations lose their potential workers due to the incivility because under uncivil environment employees become inconvenient and intend to leave employer. Employees loose affiliation and ownership of their responsibilities in such organizations. Consequently, their organizational commitment decreases and they try to find out alternatives (Baş& Oral, 2012). Di Martino, Hoel, and Cooper (2003) shows that incivility diminishes the

inspiration and the inventiveness of a worker. Workplace incivility has obstructed impacts on the productivity, work efficiency and turnover goal of organization.

Recently, mostly research studies on workplace incivility have concentrated on co-workers and supervisors as the major source of incivility. Although, the incivility occurred from the outsiders of the organization i.e. patients, patient's attendants and visitors generally ignoring (Yagil, 2008). Incivility initiated by patient's attendants and patients itself is the major cause of depression and anxiety; the nurses are also in danger of incivility by the co-workers and senior doctors. According to research study in Turkey, 58.9% nurses disclosed that the major cause of incivility was the supervisors (CevikAkyil, Tan, Saritaş, & Altuntaş, 2012). Furthermore, according to the study in South Korea, 94% of nurses reported that in the last six months they had victims of incivility and negative conducts at least once at their workplace (Yun, Kang, Lee, & Yi, 2014). The Fifth European Working Conditions Survey (Living & Conditions, 2012) showed that the young ladies not more than 30 years of age, whether recruited under temporary or permanent employment, and shift rotation workers were mostly affected by degradation, rough language, intimidation or insulting behavior, or incivility or harassment at workplace. The Institute of Medicine (IOM) identified that the performance of registered nurses to give effective care and attention to the patients depends on the environment of the workplace (Page, 2004). Deteriorated environment of workplace in which incivility exist can have bad and negative impacts on the performance of registered nurses to provide effective care and kind attention to the patients.

Material and Methods

The participants of the present study were registered nurses providing services in public sector hospitals at Faisalabad. Newly graduated nurses from three public sector hospitals in Faisalabad were interviewed. Total ten interviews were conducted and only those nurses were approached who have experience of less than one year. The interview questions/items were open ended, and most of the questions were adopted from questionnaire designed by World Health Organization (Organization, 1997) project survey and recently used by (Malik, 2014). Demographic characteristics of the respondents such as age, marital status, work experience, and education was asked from the respondents at initial level. Other questions regarding the incivility, its prevalence, source, policies and remedial measures were asked from the respondents such as would you like to briefly describe your job description? (3) Do you like the nature of your job? (4) Are you satisfied with the working environment of your Organization? (5) What

kind of problems do you face while working with others and Dealing with patients? (6) Do you have any idea about the term workplace Incivility? (7) How worried are you about Incivility in your current workplace. (8) Do you feel you are adequately trained in what to do in these Situations? (9) Does your department have a system in place for alerting hospital Security when help is needed? (10) Have you witnessed an incident of workplace Incivility? (11) Have you reported an incident of workplace Incivility? (12) In your opinion, what are the impacts of workplace Incivility on nurses' daily life and work? (13) Has your employer developed specific policies on workplace Incivility? (14) In your opinion, what are the three most important measures that would reduce Incivility in your work setting?

Most of the nurses were hesitated to be a part of interview because of the sensitivity of the subject. Each interview took 20 to 30 minutes. Interviews were conducted in conservation mode/informal settings to ensure genuine feedback. After prior permission from the respondents, mostly interviews were recorded. Researcher arranged an interview pattern before holding the interviews in order to manage the discipline and uniformity in responses. All the interviews were taken in national language (Urdu) and official language (English). After that all interviews were converted into English Language. Grounded theory method was adopted by the researcher to analyze data (Strauss & Corbin, 1990). Grounded theory summaries a few-steps in which the researcher transfers: (a) Firstly, with a common question researcher starts; (b) sampled the related people and incidents theoretically; (c) collected the relevant data; (d) data are coded that create conceptions; (e) categories are generated through a continuous contrast of indicators and conceptions, a fit between indicators and conceptions is the crucial problem; (f) associations between classifications are discovered in such a way that hypothesis about relationships between classifications develop; (g) and by using grounded theory process the theory is explored in relative settings.

Results and discussion

From total ten respondents, only two were married and rest of eight nurses were single. Only two respondents have nursing diploma whereas remaining have BS Nursing and Midwifery degrees. Only one respondent was 19 years old and rest of nine nurses were between the age limit of 21-30 years. Six nurses were on shift rotation i.e their duty rotates in morning, evening, and night shifts, two respondents were working in morning shift and remaining two were working in night shifts. By asking the likeness of respondents regarding nature of job, only three respondents like their job nature but the remaining seven nurses showed

dislike towards their job nature. Similar pattern of response was observed against satisfaction level of respondents, and 70% nurses showed dissatisfaction. Respondents who like their job nature they are also satisfied with environment of their workplace and those respondents who dislike the job nature they are also dissatisfied with the environment of their workplace. So the results are very clear and vivid that there some severe problems and issues which are needed to be explored due to which newly graduated nurses are not satisfied. These findings are in line with the recommendations of Raziq and Wiesner (2016), that employees whose satisfaction level is high, they show best performance, that's why it can be concluded that greater satisfaction level can minimize the negative and bad impacts of workplace incivility.

While asking the problems of nurses they faced at their workplace, almost all the respondents confirmed that they experience some problems. Most of the respondents, strongly believed that there is a lack of encouragement and support from top management. The respondents confirmed that they faced incivility, aggressive and rude behaviors, threats from doctors and attendants. They also said that they have communication problem, and language barrier. They are physically insecure in such a violent and uncivil environment, People considered nurses corrupt and inferior. Some respondents said that there is no cooperation and coordination between co-workers which provide a chance to visitors for violent acts and harassment. The respondents said that favoritism and nepotism effect badly the workplace norms. The patient's attitude is not good with nurses, and mostly do not regard.

Such findings have also been confirmed by other studies, that adjustment for newly graduated registered nurses is a time of anxiety, hopelessness, lack of safety, inadequacy and insensibility (Duchscher, 2009), discomfort (Cubit & Lopez, 2012), irritation, little self-respect (Feng & Tsai, 2012), and disregard (Feng & Tsai, 2012). According to Baumeister and Tice (1990), anxiety leads to a disagreeable touching condition that mostly includes such belief as nervousness, stress and to be anxious. According to Maslach and Leiter (2016), job suffer exhaustion is a character response to touching and personal stress and is associated to work load and professional trauma. As one respondent stated that:-

“The government of Pakistan has labelled us as BPS-16 level officers but in reality we are not facilitated and encouraged as any other officer in the Health Department. We just considers as subordinate and inferior personality in the society. This is the major issue in our profession that we have no respect. We faced a lot of uncivil behavior, criticism and harassment from patients, attendants and

doctors as well. We are helpless in this society and we faced a lot of problem even in marriage”. While asking the question whether the respondents have an idea about the workplace incivility, one respondent said that she have little idea about it due to less working experience but other respondents stated that it's physically and mentally assault and it includes all types of misbehave, any physically and mentally disturbance and any loss to the hospital property is considered as incivility.

Six respondents stated that they are worried about workplace incivility because there is a lot of uncivil acts and threats in our workplace, no proper protection for us, and it's our daily routine to face such violence behaviors at workplace. The respondents also stated that they remain under stress due to negative behaviors, bad intentions, and emotional incivility from doctors, patients, and attendants. Interesting finding showed that newly graduated nurses take more tension and they face more incivility and threats from patients, attendants and doctors. These findings are in connection with the previous studies that workplace incivility in health care sector regarding newly graduated nurses might enhance their psychosomatic worry (Bartlett, 2008).

While asking whether they are trained to tackle such situations seven respondents stated that they are trained to tackle the unethical situations in the workplace. They also said that they know the basic steps but can't do anything in this male dominant society and they are helpless. But remaining of the 03 respondents stated that they don't know even the basic steps to handle such uncivil incidences. Perception of newly graduated nurses regarding security system was positive but they reported that hospitals have security systems but management is very poor and always silent for all incidents. They have no concern what is happening in the hospital. That's why security alarm systems are useless. Majority of the newly graduated nurses reported that they have witnessed an incident of workplace incivility (70%) which indicates higher prevalence of incivility within public sector hospitals.

Incidents of workplace incivility

Respondent 1:

Respondent one shared her experience of harassment from senior doctor at her workplace which is a public sector hospital of Faisalabad. As she told,

“Yes I got Harassed from my senior doctor. I newly joined the hospital and had less experience. He tried to avail this opportunity to harass me. He tease me, through SMS, calls and whatsapp also. He tries to touch me physically. He knew that I would not complain and helpless in this society.

So he tried to suppress me through his verbal vulgarity and threat to expose me wrong in the society”.

Respondent 2:

Respondent 2 disclosed her experience of harassment from senior doctor at her workplace in public sector hospital of Faisalabad. As she told, “I am very much upset because my senior doctor who tried to threaten me verbally, through social media and tried to oppress me. He threaten also to kidnap me if I will not fulfil his wrong requirements. I always frightened to see him during work. I have no security that he may kidnap me after working hours and I am frightened to tell anybody regarding this matter. Because this society believes that women are responsible for such actions.”

Respondent 4

Respondent 4 shared her experience of an uncivil attack when from the patient she was performing her duty in medical ward of a public sector hospital of Faisalabad. As she told that:- “Once I had a very bad experience in night shift at my working place. It was late at night. When I was checking the patient, he tried to do vulgar things with me and tried to touch the chest of mine. I was shocked and ran away immediately with all the thing left behind”.

Respondent 5

Respondent 5 revealed her experience of an uncivil attack from the patient. As she told, “I have been assigned duty in Pharmacy department. It is common and usual way of people to touch my hand in case of providing medicine to them. They consider it's the right time to touch my hand every now and then which is very embarrassing for me all the time. Once I given medicine to patient in front of my head nurse and instead of taking medicine from my hand, he started to touch my arm, then hand and press violently, took medicine and ran away”.

Respondent 7

Respondent 7 shared her experience of harassment attack from the patient's attendant. As she told, “Yes, I have witnessed harassment a lot at my working place. Once the patient attendant which was Government officer. That attendant was constantly asking for my contact number. When I refused, he tried to touch me and abused me verbally. I had no choice to complain against him to management. He had a strong relation with the higher authority of hospital. My colleagues suggested me to take leaves in presence of this patient and his attendant. Unfortunately, I had no other choice to keep silent and took leaves”.

Respondent 8

The respondent disclosed her experience of harassment from her senior doctor. As she told:- “Once my senior doctor called me in his office to complete some assignment. When I was there, he opened the Porn videos on his laptop and later apologized that it was opened mistakenly. Then he tried to touch his private place with wrong gestures and tried to harass me. I immediately left his office”.

Respondent 10

Respondent 7 shared her experience of harassment from the senior doctor. As she told:- “There is a senior doctor at my working place. He tries to tease me, to harass me and to create problem in my work. He allocates nightshifts and give me tough situations because I don't want to involve with him. I don't want to befriend with him. That's why he also black mail me on social media and threats me to create more problems for me”.

Findings of present research also supported by the previous researches. Prevalence of incivility has been found 70% in this study which is also higher than the developed nations such as 65% in USA (Stanley, Martin, Michel, Welton, & Nemeth, 2007) 25% other nation (Lipley, 2006). Also this prevalence level is aligned with the findings of Laschinger, Grau, Finegan, and Wilk (2010) that 33% of Canadian newly graduated nurses had experienced workplace incivility in health care sectors.

Reporting of Incivility

Newly graduated nurses were asked to share their experience regarding reporting of incivility incidents to the top management. Eighty percent respondent stated that they never reported any single incident of incivility to the management or higher authority because top management shows little concern and have no time to reduce such uncivil acts. One nurse stated that:

“No I never reported because it's useless. A lot of gap between top authority and lower authority. Our management never encourage us to report any incident as there is a lot of favoritism. They didn't have any concern with the problem of anybody. Verbal violence was witnessed and also experienced frequently. But I was very frightened to report any single incident to the management because I thought if I would report it, I will get in the trouble. That's why I preferred to keep silence and sometimes go on leaves”.

Another nurse stated as:-

““I never reported to any misconduct which I had faced from doctor because I knew there would be no action and I belong to a poor family, we couldn't fight against that doctor. That's why I preferred to be silent and quit the job by

the order of my family. To whom I complain, everybody in society believes that women/nurses are responsible for such acts and violence”.

These findings are in line with the Qureshi, Qureshi, Taherani, and Ansari (2012) argument that greater number of uncivil and violent incidences are under reporting. The nurses' workforce is not enough in the health sector due to unsecure workplace environment in Pakistan. Due to the lack of implementation and accountability on rules, regulations, law of anti-harassment, and strategies, the hospital management have futile to give the obvious guiding principle in the reporting of any uncivil incident.

Consequences of incivility

Respondents reported drastic consequences of workplace incivility on their personal as well professional life. Mostly respondents believed that such incidences increase depression which affects their health badly. It disturbs the patient care and productivity of the respondents; it increases job dissatisfaction and absenteeism and ultimately leads to turnover intention. Due to such situations nurses lose their temperament. According to the perception of newly graduated nurses it cripples team cohesion and harms work performance which leads to unproductive tasks and patient care is also hampered. Workplace incivility ensures them that they are miserable and it puts them in inferiority complex. Spillover effect of incivility also enters into their personal life and young nurses have marriage problem also because general public perception about nurses is not good, they just considered the nurses corrupt and responsible for all the misconduct during their working hours. These findings are in connection with the previous studies that nurses who had experienced any misconduct or any form of incivility show dissatisfaction (Hesketh et al., 2003) and stress which leads towards improper patient care (Farrell, Bobrowski, & Bobrowski, 2006).

Remedial measures to eradicate workplace incivility

Newly graduated nurses were asked regarding their perception of policies for incivility. Almost 50% respondents stated that there is no specific and clear cut policies for such uncivil and violent activities and 20% respondents confirmed that there are enough and adequate policies to remove such incidences and immediate actions are taken by hospital administration according to government rules and regulation. However 30% respondents stated that there are some policies which are developed by their employer to remove such uncivil incidents but there is lack of implementation. Respondents confirmed that there is a lot of favoritism and nepotism. They were also asked by the research team to suggest

measures to minimize the workplace incivility within health care sector. According to their suggestions hospital management should empower women about their rights and they should be encouraged in this male dominant society. At government level policies should be formulated to boost confidence of females, so that they could work without any fear. There should be zero tolerance policy to eliminate incivility incidents. Hiring male nurses for male patients can be a great source to eradicate incivility from patients and patient's attendant's side. In addition to this, harassment acts should be displayed at every corridor for the reminder of visitors to reduce incivility. Media must highlight the dignity of nurses that nurses have gazette post, qualified and people should not considered nurses inferior. Training is the best and easiest way to control harassment, so management should train their employees how to defend themselves and what to do in such a situation.

Conclusion

On the basis of above arguments it can be concluded that prevalence of incivility in public hospitals is high and newly graduated nurses experience it regularly. This is one of the greatest difficulties for the health care administration in Pakistan to provide secure and safe work settings. The newly graduated nurses with less training and work experience are at higher plausibility for being the casualty of workplace incivility. Because of deficient staff/nurses and workload, it nurses are unable to give best performance and enough care to the patients. Sources of incivility vary from doctors, patients and patient's attendants. Team building and synchronization can diminish danger of incivility whereas absence of these components in hierarchical culture may prompt to workplace incivility. Performance of nurses can be upgraded by diminishing incivility occurrences. Hospital management can find a way to lessen workplace incivility in the hospital.

Workforce including paramedical staff and nurses must be educated regarding workplace incivility tenets and controls. Correspondingly, patients and patient's relatives should be cautioned about the outcomes of any unfortunate behavior with nurses and other paramedical staff. Reporting of incivility is ignored by the administration which engorges perpetrators to continue uncivil acts, thus zero tolerance policy should be introduced at govern level. We can pull in more females in nursing profession by providing sheltered, sound, and secure work settings. There is evidence that workplace incivility shatters the health care servants work life and wellbeing thus coaching program should be introduced to minimize toxic impacts of incivility on nurses.

Limitations and future directions of Study

First and foremost limitation of this study is its generalizability due to qualitative investigation. Newly graduated nurses of public sector hospitals were approached for interviews, thus these findings do not portray picture of private sector hospitals. All of ten respondents of this study were enlisted and registered nurses who have full-time stable work; in this way, they were engaged with social exchange based employment connections. Outcomes, in this manner, may not be important to the nurses who are working part time and associated with an economic exchange based work connections. In Pakistan, workplace incivility towards nurses is an unrevealed subject and due to the sensitivity and affectability of the subject, mostly nurses were hesitant to provide their feedback, consequently, information is limited. In future, nurses from private sector hospitals should be approach for deeper insights. This study only focused newly graduated nurses, whereas exposure to incivility might be different with age and experience, so in future other categories of nurses on the basis of age and experience must also be encircled. In future, quantitative investigation should be conducted to confirm these findings.

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