FACULTY-TO-FACULTY INCIVILITY AND ITS IMPACT ON JOB IN PUBLIC AND PRIVATE NURSING INSTITUTES AT KPK PAKISTAN

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Abstract

Background: Incivility is a common problem in many professions, including nursing education has been continuing from generation to generation and have very poor consequences. It affects the learning process, even the organization as a whole. Experiences of uncivil behavior in nursing education are best described in the relationship between faculty to faculty.

Objective: This aims to assess faculty-to-faculty incivility in public and private nursing institutes at KPK Pakistan.

Methodology: A Cross-sectional study was conducted at nursing colleges among 61 random sampling techniques. Nursing faculty from different colleges, governments, and non-governmental organizations were (through system-generated questionaries) surveyed using the Workplace Incivility Civility Survey (WICS).

Result: Study findings revealed that 27.4% exhibited mild incivility, 29.0% displayed moderate incivility, and the highest proportion was observed in the severe category, 40.35. Moreover, a significant difference was found between race and incivility. Conclusions**:** In conclusion, the study revealed that a significant proportion of participants experienced varying levels of incivility, with the highest percentage in the severe category. The findings highlight the negative impact of incivility on work performance, stress levels, job satisfaction, emotional and physical health, and career intentions.

Keywords: *Faculty-to-faculty, Incivility, impact, Job*

Introduction

Civility in nursing education plays a crucial role in the advancement of professional development and of the level of nursing competence, professional enhancement, and building of self-esteem which further enhance organizational and institutional development and faculty retention. Incivility in nursing education can affect the new generation and eat our young nurses due to standardizing an insulting environment, which undergraduates may take into their expertise training (1). Nurses leaving the profession and nurses being fired from their jobs due to misinterpretation in some organisations are both impacted by incivility within the nursing profession. The issue of maintaining highly competent nursing professors to instruct the next generation of nurses is exacerbated by incivility within the nursing education community (2). Most people hate the nursing profession. They leave their jobs or are not admitted to the nursing department, so the requirement for nurses is high in Pakistan, and retention or hiring was slow in is very low. Pakistan has only 75,000 nurses to service a population of 200 million people, leaving a shortfall of around a million nurses as per world health organization estimates. Experts advised production for further savings in the nursing field to advance the global healthcare system. Pakistan nursing counsel struggles, and sacrifices shifted three years of traditional diploma program to a degree program to enhance the standard of nursing education in Pakistan and to produce knowledgeable and competent nurses to educate their young generation. However, unfortunately, there is still more issue in nursing colleges that lead to faculty retention (3)

The issue of the national shortage of nurses is made worse by the lack of nursing faculties. A study was conducted in 2018 on Mideast in Lowa nursing education. According to that study, incivility is the primary cause of violence and bullying (4). The American Nurses Association issued a site declaration on Incivility, Mistreatment, and Workplace Violence in response to this phenomenon, calling deliberate by nurses and employers to generate an environment of respect and civility (5) Incivility in the workplace encompasses undesirable work atmospheres adept by the nursing profession (4). Civility is a general term that indicates social behavior. When talking in such a reasonable or respectful manner, in other words, rudeness or lack of respect for elders, vandalism, and hooliganism through public drunkenness and threatening behavior is incivility. The word "incivility" came from the Latin incivilities, meaning "not of a citizen" (6).

In conclusion, when employees continually experience stressful situations, uncivil behaviors develop, which lead to violent behavior if not controlled. Uncivil behavior takes many methods, including being bad-mannered and loutish, displaying a lack of regard for others." making abusive comments, spreading false stories, making dirty looks, being disruptive, or keeping meetings (4, 7). These behaviors affect the workplace and are threatening and a leading risk to the health and outcome of employees and students. The applicants experienced incivility in a variety of minor to severe and felt as if it was very tense; discourteous. They did not always identify the best method to respond to uncivil behavior or how to deal with the agent of abusive behavior or mistreating behavior (8). So, this study aims to assess the faculty-to-faculty incivility in public and private nursing institutes at KPK Pakistan

Methodology

The research site included nursing educational programs in Pakistan KP in specific colleges. Questionnaires were generated through the Google form and shared with different nursing colleges a link through WhatsApp and email of Swat, Buner, Dir, Mardan, Swabi, Charsadda, and Peshawar. This included only nursing programs that had a tenured faculty. Nursing programs within these areas include government, semi-government, and non-government that offer four-year baccalaureate nursing (BSN), Post RN-BSN, Fast track Post RN, CNA/LPN master in nursing (MSN), and Doctorate in Nursing (Ph.D.). All these nursing institutes are PNC recognized. Nursing Faculty of different colleges KPK was invited to participate and included requests for faculty at each level and in each to fill out the adopted questionnaires. The link was shared via email and WhatsApp groups to explore the perception of incivility among colleagues teaching in nursing institutions.

Furthermore, the study evaluated the relationship between culture and faculty's workplace behavior. A Rou soft calculator was utilized to determine the sample size. A Confidence Interval of 95% with a sample size of 66. All nursing faculty were including whose teaching experience of more than six months, and excluded the faculty whose teaching experiences are less than six months or working in a clinical area/non-nursing faculty., Adopted questionaries from the study previously done in the mid-west (Chihak, 2018) (9) were used for collecting data which consisted of two components, first eight questions contain demographic data of the participant, e.g., name, sex, age, education level, etc., and the remaining twelve questions Likert scale, related to incivility in nursing education and factors affecting on teachers in the workplace environment and the academic performance of nursing students. The final score is converted to a percentage.

A questionnaire having 23 behaviors were handed over to the faculty member and asked to mark the behavior of each item through a civility scale of 1=*always uncivil, 2=usually uncivil, 3=sometimes uncivil, and 4=never uncivil*.

Following that, participants were asked if they had engaged in each of the 23 behaviours during the course of the previous 12 months, categorising the frequency as frequently, often, sometime, rarely, or never. Third, they indicated if they had observed any of the 23 stated behaviours among nursing faculty in their organisations over the previous 12 months, grading their observations on a scale of 1 (often observed), 2 (sometimes observed), 3 (rarely observed), and 4 (never observed). Additionally, percentages were calculated for each score. Participants who received scores below 50% were deemed to have displayed mild incivility, those who received scores between 50% and 70% were deemed to have displayed moderate incivility, and those who received scores over 70% were deemed to have displayed severe incivility. And for reliability, a pilot study was conducted on 10% of the sample size, and the calculated Cronbach alpha is 0.8. The data was analyzed on the SPSS software's latest version. Percentages and Frequencies were used to describe sociodemographic characteristics and the educational level.

Result: Table 1 presents the frequency and percentage of participants according to different variables, including gender, race, experience, working title, faculty status, type of institution, and level of education.

The total number of participants was 66, where the number of male was higher (88.7%), while among the respondents the number of Pashtun race was in majority (56.5%). Nurse who experience was 1 year was (40%), and 4 years experience (24%), while in job title the maximum number of respondents was senior lecturers (51.2%). Contract base faculty was (40.3%), followed by tenure faculty (33.9%), however the number of four year program institute was higher (61.1%), while public sector institute faculty was (29%), and bachelor was the highest degree (56.5%) among the respondents. (See table 1).

Table: 1

N		(%)
Gender	Male	55(88.7%)
	Female	06(9.7)
	Transgender	0(0%)
Race	Pashtun	35(56.5%)
	Panjabi	18(29%)
	Sindi	1.6(1.6%)
	Balochi	1.6(1.6%)
Experience	1 year	25(40%)
	2 years	8(12%)
	3 years	6(9.7%)
	4 years	15(24%)
	5 years	6(9.7%)
	Above	10 (5.6%)
The working title at your college/university	Dean	5(8.2%)
	Department head/chair	4(6.6%)
	Associate head	1(1.6%)

	Professor	5(8.2%)
	Associate professor	2(3.3%)
	Assistant professor	6(9.9%)
	Senior Lecturer	32(51.2%)
	Junior lecturer	6(9.7%)
Faculty status	Tenured	21(33.9%)
	Non-tenured	11(17.7%)
	Contract base	25(40.3%)
	Part-time	1(1.65)
Type of institution	Four-year college/university	38(61.1%)
	Two-year college	2(3.2%)
	For-profit college	0(0%)
	Non-profit college	1(1.6%)
	Public	18(29.0%)
	Private	1(1.6%)
Highest level of education	Bachelor's degree	35(56.5%)
	Master's degree	21(33.9%)
	Doctorate	2(3.2%)
	other	1(1.6)

Table: 2 shows the extent of incivility. The nursing faculties were asked to rate the degree of the problem of incivility within their working areas using the type of questionnaire that is 'no problem at all' (40.3%), 'mild problem' (25.8%), 'moderate problem' (16.1%), 'serious problem' (11.3%), or 'don't know' (3.2%).

Table 2 shows the result of overall levels of incivility. Out of the total sample, 19 individuals (27.4%) exhibited mild incivility, 18 individuals (29.0%) displayed moderate incivility, and the highest proportion of incivility was observed in the severe category, with 25 individuals (40.3%) exhibiting severe incivility.

Table 2 shows the results of the level of confidence addressing workplace incivility. According to the table, 16 individuals (22.6%) reported having a minimum confidence level in addressing workplace incivility. A higher proportion, 23 individuals (37.1%), expressed moderate confidence. Additionally, 17 individuals (27.4%) reported having a high level of confidence, while a smaller number, 5 individuals (8.1%), admitted having no confidence at all when dealing with workplace incivility.

Table 2: Level of Incivility and level of problem and confidence level of participatants

Category	Level	Frequency	Percentage
As incivility a problem?	No problem at all	25	40.3
	Moderate problem	16	25.8
	Mild problem	10	16.1
	Serious problem	8	11.3
	I don't know/can't answer	2	3.2
Level of Incivility	Mild Incivility	19	27.4
	Moderate Incivility	18	29.0
	Severe Incivility	25	40.3
Level of Confidence	Poor confident	16	22.6
	Moderate confident	23	37.1
	High level of confident	17	27.4
	No confidence at all	5	8.1

Table 3 shows the impact of incivility jobs. The table shows the responses to various statements regarding the impact of incivility on different aspects.

The maximum number of participants (35.5%) answer agreed that "Incivility at work has negatively affected my work performance". In "Increased my stress level": majority (37.1%) answer strongly agreed, while answer to the item "This result are less satisfied with my job" the higher number (38.7%) of respondents answer agreed. The (35.5%) faculty answer agree to the item that "Negatively affected

my work performance", howere (38.7%) responded strongly agreed to item "This resulted in me considering changing jobs". In "Negatively affected my emotional health": 32.3% answer agreed, and 32.3% strongly agreed, in "Lowered my self-confidence": 33.9% answer agreed, while "Negatively affected my physical health": 25.8% respond disagreed, and in "This resulted in my staying home from work": 24.2% answer agreed and 24.2% strongly agreed. (See table 3)

Table 3 the impact of incivility

items	*Agree*	*Str. agree*	*Disagree*	*Str.Disagree*
Incivility affected my work performance negatively	22(35.5%)	21(33.5%)	13(21.0%)	1(1.6%)
enhance my stress level	18(29.0%)	23(37.1%)	12(19.4%)	7(11.3%)
This resulted in my being less satisfied with my position	24(38.7%)	14(24.2%)	15(24.2%)	5(24,2%)
Negatively affected my work performance	22(35.5%)	21(33.9%)	13(21.0%)	1(1.6%)
This resulted in me considering changing jobs	15(24.2%)	24(38.7%)	15(24.2%)	6(9.8%)
Negatively affected my emotional health	20(32.3%)	25(32.3%)	25(40.3%)	10(16.1%)
Lowered my self-confidence	21(33.9%)	19(30.6%)	14(22.6%)	3(4.8%)
Negatively affected my physical health	18(19.0%)	18(19.0%)	16(25.8%)	8(12.9%)
This resulted in my staying home from work	23(24.2%)	15(24.2%)	7(11.3%)	7(11.3%)

Table 4 shows the association of race with incivility. The significant difference between races was noted, and the value= was 0.001.

Table 4 Association Between Incivility and Race.

Race	Mean	N	p-value
Pashtun	127.4872	39	
Panjabi	117.6111	19	
Sindhi	138.0000	1	
Balochi	163.0000	1	0.001

ANOVA test has been applied
Discussion:
Incivility between faculty members is a common problem in educational institutions, especially nursing schools (10). To recognize the particular difficulties nursing faculty experience and to create effective strategies to lessen its harmful effects, it is essential to comprehend the scope and effects of faculty incivility in these contexts (11). This study seeks to ascertain the frequency of faculty-to-faculty incivility and its effects on employment outcomes at public and private nursing institutes in KPK, Pakistan.

The current study findings revealed that 40.3% of the participants had severe incivility. A previous study's findings are aligned and show that most participants had severe incivility (12). Additionally, another study assessed the relationship between workplace spirituality and incivility received from superiors and colleagues (13). Employees who experience severe incivility may experience higher stress levels, lower job satisfaction, and adverse physical and mental health effects. These

consequences may also increase the likelihood that employees will leave the company, which could have an impact on how the organization as a whole operates.

The current findings show that 25.8 agreed that incivility is a mild problem, while 16.1% agreed that incivility is a moderate problem. Another study also found that incivility is a problem in nursing education and recommended that intervention studies mainly focus on altering student behavior without considering how faculty members contribute to the issue of incivility (14).

Current findings show that 37.1% strongly agreed that incivility "Increased my stress level." Other studies confirmed the results and showed that emotional exhaustion mediates the relationship between workplace incivility and employee job outcomes job stress (15). An unpleasant and unfavorable work environment brought on by disrespectful acts and interactions results from workplace incivility (16). Employee stress levels can significantly increase in such a workplace (17).

Furthermore, the findings show that 33.9% strongly agreed that incivility "Negatively affected my work performance. These findings supported that incivility and exclusion from the workplace had a detrimental effect on innovative work behavior. The association between workplace rejection, workplace incivility, job anxiety, and inventive work conduct has also been mediated by job anxiety (18). A poisonous work atmosphere characterized by antagonism, disrespect, and unfavorable encounters is produced by workplace incivility (19). Employee performance can suffer greatly in such an environment, which can also harm how well they do their jobs (20). Uncivil conduct can obstruct collaboration, cooperation, and communication, resulting in diminished productivity and subpar performance. Examples include hiding information, spreading rumors, and undermining coworkers (21).

Conclusion

In conclusion, the study revealed that a significant proportion of participants experienced varying levels of incivility, with the highest percentage in the severe category. The findings highlight the negative impact of incivility on work performance, stress levels, job satisfaction, emotional and physical health, and career intentions. Addressing and mitigating incivility is crucial for creating a healthier and more productive work environment. Implementing strategies that promote respectful interactions, conflict resolution, and supportive work cultures is essential for enhancing employee wellbeing and optimizing job-related outcomes.

References

1. Green CA. Workplace incivility: nurse leaders as change agents. Nursing Management. 2019;50(1):51-3.
2. Hyun MS, Kang HS, De Gagne JC, Park J. Nursing faculty experiences with student incivility in South Korea: a qualitative study. BMC medical education. 2022;22(1):1-10.
3. McDermott C, Bernard N, Hathaway W. Taking a stand against workplace incivility. The Journal of Continuing Education in Nursing. 2021;52(5):232-9.
4. Cahyadi A, Hendryadi H, Mappadang A. Workplace and classroom incivility and learning engagement: the moderating role of locus of control. International Journal for Educational Integrity. 2021;17(1):1-17.
5. Ruggeri K, Garcia-Garzon E, Maguire Á, Matz S, Huppert FA. Wellbeing is more than happiness and life satisfaction: a multidimensional analysis of 21 countries. Health and quality of life outcomes. 2020;18(1):1-16.
6. Baker MA, Kim K. Dealing with customer incivility: The effects of managerial support on employee psychological wellbeing and quality-of-life. International Journal of Hospitality Management. 2020;87:102503.
7. Rose K, Jenkins S, Mallory C, Astroth K, Woith W, Jarvill M. An integrative review examining student-to-student incivility and effective strategies to address incivility in nursing education. Nurse educator. 2020;45(3):165-8.

8. Chris AC, Provencher Y, Fogg C, Thompson SC, Cole AL, Okaka O, et al. A meta-analysis of experienced incivility and its correlates: Exploring the dual path model of experienced workplace incivility. Journal of Occupational Health Psychology. 2022;27(3):317.
9. Chihak C. Faculty to faculty incivility in Iowa nursing education programs. 2018.
10. Kim SA, Hong E, Kang GY, Brandt C, Kim Y. Effect of Korean nursing students' experience of incivility in clinical settings on critical thinking. Heliyon. 2020;6(7):e04367.
11. Dunn CA. Development of a nurse incivility infographic to enhance awareness and recognition of incivil behaviors. 2021.
12. Singh LB, Srivastava S. I am done now! Linking workplace incivility to job search behaviour and employee silence. International Journal of Conflict Management. 2023.
13. Lata M, Chaudhary R. Workplace spirituality and experienced incivility at work: Modeling Dark Triad as a moderator. Journal of Business Ethics. 2021;174:645-67.
14. Butler AM, Strouse SM. An Integrative Review of Incivility in Nursing Education. Journal of Nursing Education. 2022;61(4):173-8.
15. Parray ZA, Islam SU, Shah TA. Exploring the effect of workplace incivility on job outcomes: testing the mediating effect of emotional exhaustion. Journal of Organizational Effectiveness: People and Performance. 2023;10(2):161-79.
16. Zhu Z, Xing W, Lizarondo L, Guo M, Hu Y. Nursing students' experiences with faculty incivility in the clinical education context: a qualitative systematic review and meta-synthesis. BMJ open. 2019;9(2):e024383.
17. Park LS, Martinez LR. An "I" for an "I": A systematic review and meta-analysis of instigated and reciprocal incivility. Journal of Occupational Health Psychology. 2022;27(1):7.
18. Samma M, Zhao Y, Rasool SF, Han X, Ali S, editors. Exploring the relationship between innovative work behavior, job anxiety, workplace ostracism, and workplace incivility: empirical evidence from small and medium sized enterprises (SMEs). Healthcare; 2020: MDPI.
19. Durrani S. Impact of gossip at workplace on workplace incivility; Mediating role of interpersonal conflict and moderating role of personality [master's thesis]. Capital University of Science and Technology, Islamabad. 2020.
20. Rasool SF, Wang M, Tang M, Saeed A, Iqbal J. How toxic workplace environment effects the employee engagement: The mediating role of organizational support and employee wellbeing. International journal of environmental research and public health. 2021;18(5):2294.
21. Tarasenko LM. Examining the relationships between the work environment and forms of workplace mistreatment perceived by nurse middle managers: University of Colorado Denver; 2019.