ORIGINAL ARTICLE

Workplace Incivility –Resident's Perspective

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ABSTRACT

Objective: To explore postgraduate residents' perceptions of workplace incivility and its impact on their emotional status and job performance.

Study Design: Qualitative phenomenon study

Place and Duration of Study: Sharif Medical & Dental College, Lahore from 1st February 2023 to 1st September 2023.

Materials and Methods: Fourteen postgraduate residents were selected through purposive, qualitative sampling. In-depth interviews were audiotaped, and simultaneous field notes were taken. After the identification of any new theme after 14 participants, three more participants were interviewed till the data saturation point was achieved. Data verification was done through an audit by the researchers. The responses from these interviews were evaluated and themes were identified which were further explained in subthemes. The qualitative data was from audiotaped narratives, transcriptions, and field notes capturing participants' perceptions and experiences. Otter.ai was employed for the transcription of the recorded interviews, streamlining the process of converting audio data into text. Microsoft Word was used for further editing and organizing transcriptions. A word cloud generator, WordArt, was utilized for the graphical representation of themes and subthemes.

Results: Five themes and nine subthemes were identified. The themes derived were types of workplace incivility, emotional impact of workplace incivility, impact on professional development, coping mechanisms and addressing & preventing workplace incivility. The subthemes were subtle microaggressions, verbal disrespect, emotional distress, undermined confidence, stifled growth, compromised patient care, seeking support, finding allies and reflecting & self-care.

Conclusion: Our study determined that the most common types of workplace incivility among postgraduate trainees are subtle microaggressions and verbal disrespect. Workplace incivility has a negative impact on residents concerning their emotional status and job performance. Role play and mentoring by seniors, leadership qualities by setting examples, effective communication and reflection on your own action are the best coping strategies.

Key Words: Coping Strategies, Emotional Impact, Perspective, Residents, Workplace Incivility.

Introduction

Workplace incivility (WPI) is an important issue for

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healthcare workers. It is described as a violation of rules and standards, disrespectful and rude behavior and a vague purpose to harm a person at the workplace. Ignoring and not listening to a person, temperamental issues, eye-rolling, lip sounds, gossip, avoiding greetings, social boycotts repeatedly showing up late on calls and duties, treating colleagues rudely, workplace bullying are few examples of WPI.[1,2] It is a prevalent issue among doctors. Various factors contribute to WPI among doctors including high-stress level, hierarchical power dynamics in wards, favoritism, lack of merit policy, heavy workload, and organizational culture promoting favoritism and bullying at the workplace.[3] Healthcare workers who are either the target or witness of incivility experience several negative somatic, psychological, and behavioral effects. It

negatively affects doctors' job satisfaction, resulting in burnout, reduced engagement and finally brain drain. Chronic exposure to WPI affects doctors' physical and mental health, putting the safety of the patients at stake, and potentially jeopardizing patient care. This phenomenon primarily disrupts teamwork, cooperation, and trust among medical professionals. Patient violence and aggressive behavior toward hospital physicians and nurses are often classified as workplace violence.[3,4,5]

Workplace incivility is mostly considered as an issue at the individual level. But in reality, it affects not only individuals but the whole organization. Working in a friendly environment is associated with the satisfaction and good performance of the employees.[6] It needs to be addressed as a phenomenon that affects learning and performance. The prevalence of WPI is increasing with every passing year. In 2005, an incivility researcher reported that WPI is on a rise and almost half of the healthcare workers experience WPI once in a month worldwide.[7] The frequency of WPI was 55% in 2011 and it increased to 62% in 2016 and 76% in 2022.[7]

Workplace incivility in hospitals among doctors is worrisome as it not only hampers the mental and social well-being of doctors but also jeopardizes patient care.[8] The majority of literature on this phenomenon explores the incidence of WPI among nursing staff and medical students.

A study reported workplace incivility among adult workers in China and Vietnam.[9] A study done in Pakistan recruited faculty from various higher education institutions. According to this study, WPI negatively affects the innovative work behavior of the employees.[10] A study from Canada determined the type of workplace incivility and its impact on doctors. The study reported that doctors experienced furtive behaviors such as gossip, over talking, yelling, public ridicule, rude emails, degrading posts on various platforms, etc. Such behaviors not only affected the mental health of the doctors but also had a negative impact on the workplace environment and patient care.[11]

A lot of research work has been done on workplace incivility but there are a limited number of studies that have addressed the issue of WPI among doctors, particularly among postgraduate residents. The postgraduate residents make up a major proportion of most of the hospitals. So our study determined their perception of WPI, its impact on their health & job performance and strategies to tackle WPI. To the best of our knowledge, no such study has been done in Pakistan before. The study would give us a deep insight into the problem and the impact it creates on quality of care and performance of postgraduate residents. Moreover, it is crucial to know the negative impact of WPI and how to prevent these attitudes in healthcare settings.

Materials and Methods

A qualitative phenomenon study was carried out in Sharif Medical and Dental College, Lahore from 1st February 2023 to 1st September 2023. A total of 14 postgraduate residents of different specialties, in Sharif Medical City Hospital were included using purposive qualitative sampling. Ethical concerns were considered in accordance with the framework given by Eikelboom.[12] The study was approved by the ethical committee of the institute (Ethical approval number: No SMDC/SMRC/275-22). The participation of residents was on a voluntary basis and informed written consent was taken from them. Confidentiality of the participants was maintained.

All the selected participants were briefed regarding the interview and re-interviews. The questions without probes and prompts were handed over to participants 24 hours prior to the interview. Participants were interviewed by two researchers' multiple times, in areas with no distraction and according to their availability to explore their perceptions, taking the article by Ibno et al.,[13] as reference. The interviews were audiotaped, and simultaneous field notes were taken. The participants filled their personal details on a proforma. Provisionally, the duration of the interview was 30 minutes. Open-ended questions were asked according to the interview guide. At the end of the semi-structured interview, participants were thanked for his/her time and were asked to add anything they wanted. After the identification of any new theme after 14 participants, three more participants were interviewed till the data saturation point was achieved.[14] Interrater variability was assessed manually using the percentage agreement method, yielding a high level of agreement between coders. Data verification was done through an audit by the supervisor. The responses from these

interviews were evaluated and themes were identified which were further explained in subthemes.

The responses were color-coded into categories i.e. themes and sub-themes. These themes, sub-themes and the transcribed interviews were critically reviewed again to look for plausibility and triangulation. Several measures were taken to ensure the validity of the study. A participatory approach with member checking was used for interpretative validity and all the interviewees confirmed the correctness of the interviews by going through the transcripts. The comments verbatim under each theme to further confirm descriptive validity.

In-depth semi-structured interviews collected the qualitative data. The data was from audiotaped narratives, transcriptions, and field notes capturing participants' perceptions and experiences. Otter.ai was employed for the transcription of the recorded interviews, streamlining the process of converting audio data into text. Microsoft Word was used for further editing and organizing transcriptions. A word cloud generator, WordArt, was utilized for the graphical representation of themes and subthemes.

Results

The results showed five themes and nine subthemes drawn after thematic analysis as shown in table I.

A word cloud of themes and subthemes was generated which is shown in figure 1.

Theme	Subtheme	Verbatim
Types of Workplace Incivility*	Subtle Microaggressions	Workplace incivility could include interrupting others during meetings, spreading rumors or gossip, making sarcastic remarks, ignoring or requests for assistance, or failing to acknowledge coworkers' contributions. Favoritism during marking of list for surgical procedures.
	Verbal Disrespect	Yes, I have experienced workplace incivility in the past. There have been instances where colleagues have made derogatory comments about my work, making fun of me during ward rounds.
Emotional Impact of Workplace Incivility	Emotional Distress	Certainly, there was a time when a senior registrar consistently interrupted me during ward rounds and morning meetings, making it difficult for me to contribute effectively to discussions. This behavior not only undermined my confidence but also disrupted the flow of my learning, I was unable to clear my queries.
	Undermined Confidence	
Impact on Professional Development	Stifled Growth	The changes I associate with the experience include feeling more guarded and hesitant.
	Compromised Patient Care	Compromised well-being and shaky confidence due to incivility and continuous bullying by peers and seniors resulting in errors and mistakes, I was criticized for everything rather than constructive feedback, and I was reprimanded.
Coping Mechanisms	Seeking Support	I tried to address the issue directly with the person who was bullying me by politely talking to him. When this approach didn't yield the desired results, I sought support from my supervisor and Head of department to address the behavior and find a resolution.
	Finding Allies	Additionally, I talked to trusted colleagues or friends to discuss the problem and gain some ideas to confront this issue.
	Reflecting and Self-Care	I focused on maintaining a positive attitude, seeking support from trusted colleagues, and prioritizing self-care activities outside of work to reduce stress and maintain a healthy work-life balance.
Addressing and Preventing Workplace Incivility		Hospital administration and HOD can foster a culture of respect and civility among doctors by leading by examples.

Discussion

Microaggressions are short, common verbal, environmental or behavioral insults at workplace that have adverse impact on the personnel. Normally, those personnel who are different from others in any aspect are the target of microaggression. It causes stress, emotional distress, sleep disturbances, weight gain, nicotine and alcohol addiction. Literature has revealed that the detrimental effects of microaggressions are of the

Figure 1: Word Cloud of Themes and Subthemes

same magnitude as that of overt incivility.[15,16] Verbal disrespect is one of the elements of WPI. Harsh rude words, lack of respect and aggressive behavior are on the rise leading to significant decrease in morale and commitment of personnel at the workplace.[17]

The current study revealed the negative impact of incivility on the performance and learning of postgraduate residents in the ward. The same findings were described in other studies. Workplace incivility badly affects the job performance by decreasing the work capacity.[8] According to this study, WPI has a negative effect on learning engagement.[18]

Residents and doctors who suffer from this attitude may have to face a lot of range of variations in behavior and emotions. These negative emotions can lead to a vicious cycle of more negative emotions that not only affect doctors but also put the safety of patients at stake. The residents in our study understood the potential complications of WPI on patient safety. A study conducted on nursing students reported that bullying affected the patient outcomes and safety.[19]

Our participants responded to WPI by adopting different coping mechanisms. They seek help and support from their peers, seniors, mentors and allies. Finally, they respond to these negative emotional impacts by reflection, critical analysis and self-care. In a study done on WPI in Paramedicine, participants dealt with incivility by adopting the path of least resistance and taking decisions best for the patients.[20]

The residents in our study suggested some strategies to prevent WPI. They suggested role play by seniors, mentoring by seniors, and leadership qualities by setting examples to prevent and discourage workplace bullying in the hospitals. Not only the leadership but the residents also tried to improve their communication skills, with colleagues and patients. Reflection on your action is the best action to prevent WPI. In a study by Abdollahzadeh et al.,[21] it was suggested that finishing the assigned task on time, mastering the knowledge and skill, and communicating effectively are the ways to prevent WPI. In another study, according to medical students, reporting incivility to the seniors and taking support of peers are the ways to deal with it.[22] Hashemi et al.,[23] reported stress management, proactive coping strategies and appropriate training to reduce WPI among employees.

Conclusion

Our study determined that the most common types of workplace incivility among postgraduate trainees are subtle microaggressions and verbal disrespect. Workplace incivility has a negative impact on residents concerning their emotional status and job performance including emotional distress, decreased confidence and compromised patient care. Role play and mentoring by seniors, leadership qualities by setting examples, effective communication and reflection on your own action are not only the best coping strategies but can also prevent and discourage incivility in the hospitals.

Limitations of the Study

The study is limited by the fact that it is based only in one center, future research shall be done to know the different triggering factors and the effect of type of personality in triggering WPI. As doctors are not only the ones working in health care settings so perspectives of nurses, paramedical and more importantly patients shall be considered.

Recommendations of the Study

This study would draw attention to identify the behaviors that can be improved in future through incivility training interventions. Necessary actions should be taken in hospitals to prevent and manage WPI among postgraduate residents to avoid its negative impact on their learning, performance, and mental health.

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CONFLICT OF INTEREST

Authors declared no conflicts of Interest.

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DATA SHARING STATMENT

The data that support the findings of this study are available from the corresponding author upon request.

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