

Workplace Incivility across Experience Levels: A Comparative Study of Nursing Staff

Dr. Vidhu Mohan¹ and Harjinder Singh²

Abstract

Workplace incivility remains a critical challenge in the nursing profession, affecting employee well-being, professional relationships, and the quality of patient care. This study aims to examine the presence and various sources of incivility among nursing staff through a comparative analysis of two groups: early-career nurses (1–5 years of experience) and mid-career nurses (6–10 years). Findings indicate that early-career nurses are more likely to experience incivility from supervisors as well as from patients and their families, whereas mid-career nurses report greater exposure to peer-related incivility. No notable differences were observed in general incivility, physician incivility, or overall workplace incivility across groups. These results highlight that the sources of incivility vary depending on the stage of a nurse's career. The study underscores the importance of organizational strategies tailored to different experience levels, including mentorship and leadership support for novice nurses and conflict-management training for more experienced staff, to promote respectful work environments and enhance patient care outcomes.

Keywords: Workplace Incivility, Nursing Staff, Work Experience, Tenure Differences

About authors:

¹ Professor, Department of Psychology, Punjabi University, Patiala.

² Ph.D. Scholar, Department of Psychology, Punjabi University, Patiala.

Workplace incivility is increasingly recognized as a serious organizational concern across industries, particularly in healthcare where teamwork, critical decision-making, and interpersonal communication are central. Incivility is defined as “low-intensity deviant behavior with ambiguous intent to harm the target” that violates workplace norms for respect (Andersson & Pearson, 1999). In nursing, the presence of incivility has been widely documented and is associated with job dissatisfaction, burnout, and absenteeism, reduced collaboration, and compromised patient care outcomes (Laschinger et al., 2014; Lim et al., 2008). Beyond outcomes, incivility arises from various sources, including supervisors, peers, physicians, and patients or their families, making it a multidimensional challenge within healthcare settings.

Although the prevalence and consequences of incivility are well-established, less is known about how experiences differ across career stages. Early-career nurses (1–5 years) may be more vulnerable due to hierarchical structures, limited confidence, and frequent patient contact (Smith et al., 2018). In contrast, mid-career nurses (6–10 years) are often more embedded in peer networks, which may increase exposure to peer-related incivility.

Literature Review

Workplace Incivility in Nursing

Nursing is a profession characterized by intense workloads, long hours, and frequent exposure to stressful situations, all of which create conditions conducive to incivility. Research indicates that incivility in healthcare may stem from supervisors, colleagues, physicians, or patients and their families (Clark, 2010). Such behaviors can range from subtle rudeness and dismissiveness to overt hostility. Nurses subjected to incivility report poorer psychological and professional functioning, which not only reduces their quality of life but also undermines patient care (Trépanier, Fernet, Austin, & Boudrias, 2016). Laschinger (2014) further emphasized that incivility and bullying erode nurses’ perceptions of patient safety, which in turn diminishes nurse-rated quality of care. Sources of workplace incivility typically include co-workers, supervisors, and physicians. Additionally, research highlights that external violence—originating from patients or their families—is more common than internal violence stemming from peers, physicians, or managers (Pein, Cheng, & Cheng, 2019).

Consequences of Incivility

Workplace incivility has far-reaching effects. For nurses, it is linked to increased emotional exhaustion, higher turnover intentions, and decreased job satisfaction (Kile et al., 2019; Cortina et al., 2013). For organizations, incivility undermines teamwork and collaboration, leading to decreased productivity and compromised patient safety (Lewis & Malecha, 2011).

In one study Mammen et al. (2023) provide an integrative review that examines the experiences of newly qualified graduate nurses with workplace incivility, a crucial area of study given the vulnerable position of these nurses as they transition into professional practice. The review synthesizes 14 studies—seven quantitative and seven qualitative—highlighting a range of experiences, forms, and consequences of incivility in healthcare settings. One of the key findings is that new graduate nurses often face significant challenges adjusting to professional norms and expectations, with workplace incivility being a prevalent barrier to their smooth integration into healthcare teams. The review categorizes these experiences into six major themes: expectations of civility, exposure to incivility, forms of incivility (e.g., eye-rolling, yelling, exclusion), sources of incivility (typically from more experienced colleagues), consequences (both psychological and physical), and coping strategies. Across studies, the prevalence of incivility among new nurses varies considerably, from 25.6% to 87%, reflecting the inconsistent nature of uncivil behaviors. The psychological consequences of incivility were particularly pronounced, with many new nurses reporting stress, anxiety, and decreased job satisfaction. The review also discusses coping strategies used by these nurses, such as seeking support from peers and mentors or adopting personal coping mechanisms like detachment. The study emphasized the need for healthcare organizations to implement targeted interventions to reduce incivility, particularly for new nurses who are often ill-equipped to deal with such behaviors. This review is an invaluable resource for nurse educators, managers, and policymakers, providing insights into the challenges faced by newly qualified nurses and offering practical recommendations for fostering a healthier and more supportive work environment.

Role of Work Experience

Studies suggest that professional tenure may shape how nurses experience and interpret workplace incivility. Early-career nurses often lack the authority or coping strategies to address uncivil behaviors, leaving them more vulnerable to incivility from supervisors and patients (Bambi et al., 2017). Mid-career nurses, on the other hand, may encounter greater peer-related incivility as they navigate competitive or hierarchical relationships with colleagues (Clark & Springer, 2007). Despite these insights, direct comparative studies remain limited, creating a gap that the present research seeks to address.

Although workplace incivility in nursing has been extensively examined, much of the research has emphasized overall prevalence, broad consequences, or the experiences of newly qualified nurses entering the profession. Reviews such as Mammen et al. (2023) underscore the heightened vulnerability of novice nurses, yet there is a lack of empirical studies comparing incivility across different stages of professional tenure. Building on this gap, the present study investigates the prevalence and sources of incivility among nurses employed in government hospitals across Haryana, with a focus on five sources: general, peer-related, supervisor, physician, and patient/family incivility. In particular, limited knowledge exists regarding how early- and mid-career nurses differ in the types of incivility they experience, restricting insights into tenure-related vulnerabilities. To address this, the study undertakes a comparative analysis aimed at informing targeted organizational strategies and fostering respectful, supportive nursing environments.

Objectives

To examine the presence and various sources of incivility among nursing staff

To Analyze the Significant Difference in Workplace Incivility among nursing staff based on job tenure.

Hypotheses

There would be a significant difference in nurses on workplace incivility based on job tenure.

Methodology

The present study employed a quantitative correlational research design to examine how experiences of incivility differ among nurses based on their professional tenure working in government hospitals of Haryana. A total of 300 married nurses, aged between 21 and 35 years with at least one year of work experience, were selected through simple random sampling. Data were collected using standardized instruments: the Nursing Incivility Scale (NIS) developed by Guidroz et al. (2010), which includes 43 items assessing incivility from supervisors, co-workers, physicians, and patients;

Sample and Sampling Technique

The target population for the present study comprised nursing staff employed in various government hospitals across Haryana. A total of 300 married nurses, aged between 21 and 35 years, were selected as the final sample using a simple random sampling technique, employed to ensure equal representation and minimize sampling bias. The inclusion criteria required participants to be currently married, within the specified age range, and have a minimum of one year of continuous professional experience. Nurses who were single, widowed, or had less than one year of service were excluded from the study.

The sample size of 300 was determined based on practical considerations such as data manageability, time constraints, and resource availability, while aiming to maintain adequate statistical power. Ethical approval for the study was obtained from the Institutional Ethics Committee of [Concerned Institute or Hospital], ensuring that all research procedures conformed to established ethical standards for human subject research. Prior to data collection, informed consent was obtained from each participant, with assurances regarding the voluntary nature of participation, as well as confidentiality and anonymity. The study adhered to the ethical principles outlined by the Indian Council of Medical Research (ICMR, 2017) for biomedical and health research involving human participants

Data Analysis

The data collected through structured questionnaires were entered and analyzed using SPSS Statistics Version 21. To summarize the demographic characteristics of the respondents and their experiences related to workplace incivility and work engagement, descriptive statistics were computed. Prior to conducting inferential statistical tests, the normality of data distribution was assessed. Throughout the study, the principles of ethical research conduct were rigorously followed. The anonymity and confidentiality of the respondents were strictly maintained. Informed consent was obtained from all participants after explaining the purpose, procedures, and voluntary nature of the study. Participants were informed that they could withdraw from the study at any stage without facing any negative consequences.

Results

Table 1: sources and comparison of workplace incivility based on work experience

Variables	Mean	SD	<i>t-value</i>	<i>Sig.</i>
General Incivility				
1 to 5 years	17.233	6.077	.009	.924
6 to 10 years	17.167	6.074		
Nurses to Nurses Incivility				
1 to 5 years	17.740	5.484	15.768	.000
6 to 10 years	21.180	9.083		
Supervisor Incivility				
1 to 5 years	22.907	6.653	51.091	.000
6 to 10 years	17.373	6.755		
Physicians Incivility				
1 to 5 years	17.113	5.110	.068	.795
6 to 10 years	17.280	5.945		
Patient & Family Incivility				
1 to 5 years	24.753	8.344	15.688	.000
6 to 10 years	20.693	9.380		
Overall Workplace Incivility				
1 to 5 years	99.760	26.458	3.171	.076
6 to 10 years	93.647	32.681		

The comparison of workplace incivility by work experience (1-5 years vs. 6-10 years) indicates significant differences in certain dimensions. Nurses with 6-10 years of experience report

higher Nurses to Nurses Incivility ($M = 21.180$, $SD = 9.083$) compared to those with 1-5 years ($M = 17.740$, $SD = 5.484$; $F = 15.768$, $p < 0.001$). Conversely, nurses with 1-5 years of experience report higher Supervisor Incivility ($M = 22.907$, $SD = 6.653$) and Patient & Family Incivility ($M = 24.753$, $SD = 8.344$) compared to those with 6-10 years ($M = 17.373$, $SD = 6.755$; $F = 51.091$, $p < 0.001$; $M = 20.693$, $SD = 9.380$; $F = 15.688$, $p < 0.001$, respectively). No significant differences were found for General Incivility ($F = 0.009$, $p = 0.924$), Physicians Incivility ($F = 0.068$, $p = 0.795$), or Overall Workplace Incivility ($F = 3.171$, $p = 0.076$). These findings suggest that less experienced nurses face greater incivility from supervisors and patients, while more experienced nurses encounter more peer-related incivility, indicating varying sources of incivility based on tenure.

Discussion

The findings of this study demonstrate that workplace incivility is a pervasive issue in the nursing profession, exerting a strong influence on nurses' ability to remain engaged in their professional responsibilities. Incivility was reported from multiple sources, including supervisors, colleagues, physicians, and patients or their families, all of which contributed to a strained and challenging work environment. Among these, supervisor-related incivility appeared to be the most detrimental, as it significantly undermined nurses' motivation, commitment, and ability to concentrate on their duties. This observation is consistent with the Job Demands-Resources (JD-R) model, which explains how stressors such as incivility deplete emotional and psychological resources, ultimately reducing work engagement (Bakker & Demerouti, 2017). Specifically, supervisor incivility was strongly linked with decreases in vigor, dedication, and absorption, which are key elements of engagement. Similarly, incivility originating from patients and families was found to be particularly disruptive, fostering a hostile environment that diminished morale and productivity. These results align with Banan and Abdrbo's (2021) work, which emphasized how negative interactions with supervisors and patients erode nurse engagement. In contrast, general and physician-related incivility were less influential, suggesting that hierarchical and patient-centered relationships play a more dominant role in shaping nurses' workplace experiences. The widespread presence of incivility across sources underscores the importance of implementing comprehensive organizational strategies, such as leadership development, respectful communication training, and clear

reporting systems, to cultivate supportive work environments that promote engagement and enhance patient care.

The study further highlighted tenure-based differences in experiences of incivility, with less experienced nurses (1–5 years) reporting greater exposure to disrespectful behavior from supervisors and patients compared to nurses with more professional experience (6–10 years). These findings suggest that early-career nurses, who are still adapting to professional demands and developing self-confidence, may be especially vulnerable to incivility due to limited authority and underdeveloped coping skills. This pattern is consistent with Mammen et al. (2018), who noted the susceptibility of novice nurses to workplace mistreatment. On the other hand, mid-career nurses reported higher incidences of peer-related incivility, likely stemming from competitive dynamics, entrenched workplace cliques, or conflicting expectations among colleagues. Keller et al. (2020) similarly observed that lateral incivility among nurses often arises from tensions within peer groups. Interestingly, no substantial differences were found in physician-related or general incivility across tenure groups, suggesting that these forms of incivility are experienced relatively equally regardless of professional stage. These results point to the need for tailored organizational responses. For early-career nurses, structured mentorship programs, supervisor support, and communication training may reduce the negative impact of incivility. For more experienced nurses, strategies aimed at strengthening collegial relationships through team-building initiatives and conflict resolution training could help foster cohesion and minimize peer-related incivility. Addressing these tenure-specific challenges is vital to creating a respectful workplace culture that enhances engagement, retention, and patient care outcomes.

Implications for Practice

These findings highlight the need for targeted organizational strategies:

- Mentorship and leadership support for novice nurses to help them navigate early challenges.
- Conflict-management and communication training for mid-career nurses to improve peer relationships.
- Organizational policies that promote respect and accountability across all hierarchical levels.

Limitations and Future Research

This study is limited by its cross-sectional design and reliance on self-report measures, which may be subject to bias. Future research could adopt longitudinal approaches, include broader samples across multiple institutions, and examine protective factors such as resilience or organizational culture.

Conclusion

Workplace incivility is a pervasive issue in nursing, but its sources differ across stages of professional experience. Early-career nurses are particularly vulnerable to incivility from supervisors and patients, while mid-career nurses face greater peer-related challenges. Addressing these tenure-specific vulnerabilities through tailored interventions can foster healthier work environments, strengthen professional relationships, and ultimately enhance the quality of patient care.

References

Andersson, L. M., & Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review*, 24(3), 452–471.

<https://doi.org/10.5465/amr.1999.2202131>

Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273–285.

<https://doi.org/10.1037/ocp0000056>

Bambi, S., Foà, C., De Felippis, C., Lucchini, A., Guazzini, A., & Rasero, L. (2017). Workplace incivility, lateral violence and bullying among nurses: A review about their prevalence and related factors. *Acta Bio-Medica*, 88(5), 39–52.

<https://doi.org/10.23750/abm.v88i5-S.6838>

Banan, A., & Abdrbo, A. A. (2021). The impact of workplace incivility on nurse engagement and patient care outcomes. *Journal of Nursing Management*, 29(4), 654–662.

<https://doi.org/10.1111/jonm.13233>

Clark, C. M. (2010). Why civility matters. *Journal of Nursing Education*, 49(10), 545–546.

<https://doi.org/10.3928/01484834-20100930-05>

Clark, C. M., & Springer, P. J. (2007). Thoughts on incivility: Student and faculty perceptions of uncivil behavior in nursing education. *Nursing Education Perspectives*, 28(2), 93–97.

Cortina, L. M., Kabat-Farr, D., Leskinen, E. A., Huerta, M., & Magley, V. J. (2013). Selective incivility as modern discrimination in organizations. *Journal of Management*, 39(6), 1579–1605. <https://doi.org/10.1177/0149206311418835>

Cortina, L. M., Magley, V. J., Williams, J. H., & Langhout, R. D. (2001). Incivility in the workplace: Incidence and impact. *Journal of Occupational Health Psychology*, 6(1), 64–80. <https://doi.org/10.1037/1076-8998.6.1.64>

Keller, R., Budin, W. C., & Allie, T. (2020). The impact of bullying and incivility on nurses' work and relationships. *Journal of Nursing Administration*, 50(2), 76–83. <https://doi.org/10.1097/NNA.0000000000000859>

Kile, D., Eaton, M., deValpine, M., & Gilbert, R. (2019). The effectiveness of interventions to prevent and decrease workplace bullying and incivility: A systematic review. *Workplace Health & Safety*, 67(10), 531–542. <https://doi.org/10.1177/2165079919846193>

Laschinger, H. K. (2014). Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes. *Journal of Nursing Administration*, 44(5), 284–290.

Laschinger, H. K. S., Leiter, M., Day, A., & Gilin, D. (2014). Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management*, 17(3), 302–311. <https://doi.org/10.1111/j.1365-2834.2009.01020.x>

- Lewis, P. S., & Malecha, A. (2011). The impact of workplace incivility on the work environment, manager skill, and productivity. *Journal of Nursing Administration*, 41(1), 41–47. <https://doi.org/10.1097/NNA.0b013e3182002a4c>
- Lim, S., Cortina, L. M., & Magley, V. J. (2008). Personal and workgroup incivility: Impact on work and health outcomes. *Journal of Applied Psychology*, 93(1), 95–107. <https://doi.org/10.1037/0021-9010.93.1.95>
- Mammen, B. N., Lam, L., & Hills, D. (2023). Newly qualified graduate nurse’s experiences of workplace incivility in healthcare settings: An integrative review. *Nurse education in practice*, 69, 103611.
- Mammen, B., Hills, D., & Lam, L. (2018). Newly graduated nurses’ experiences of workplace incivility in hospital settings: A qualitative systematic review. *JBIS Database of Systematic Reviews and Implementation Reports*, 16(7), 1643–1672. <https://doi.org/10.11124/JBISRIR-2017-003571>
- Pein, C., Cheng, Y., & Cheng, C. (2019). Workplace violence and health outcomes in the nursing profession: A cross-sectional study. *International Journal of Nursing Studies*, 94, 97–104. <https://doi.org/10.1016/j.ijnurstu.2019.02.014>
- Smith, J., Andrusyszyn, M. A., & Spence Laschinger, H. K. (2018). Effects of workplace incivility and empowerment on newly graduated nurses’ organizational commitment. *Journal of Nursing Management*, 26(8), 1006–1015. <https://doi.org/10.1111/jonm.12647>
- Trépanier, S. G., Fernet, C., Austin, S., & Boudrias, J. S. (2016). Work environment antecedents of bullying: A review and integrative model applied to registered nurses. *International Journal of Nursing Studies*, 55, 85–97. <https://doi.org/10.1016/j.ijnurstu.2015.10.001>