THE EFFECTS OF WORKPLACE INCIVILITY AND DEVIANCE ON TURNOVER INTENTION AND JOB PERFORMANCE AMONG NURSES IN PAKISTAN

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DEDICATION

To
My father Mukhtar Ahmad
My mother
My wife Faryal Mir
My brother Arif Nadeem
My sisters

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I owe myself to Allah S.W.T. for His countless blessings and favors. I owe each and every breath of my life to Him. It is just because of His blessings that everything gets happen for me.

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ABSTRACT

Health sector has a significant position in the services industry because it deals with the health of humans. Nurses are an indispensable part of the health sector, without their effective intervention; appropriate care of the patient is not possible to achieve. Therefore, the performance of nurses in health care settings is not compromised. Literature has identified that workplace incivility (cover and overt incivility) and workplace deviance (property deviance, production deviance, personal aggression and political deviance) can significantly influence employees' performance (task and contextual performance), however, the mediating effect of turnover intention in this relationship can be an important contribution. Therefore, this study investigated the relationship of workplace incivility and workplace deviance with turnover intention, and job performance of nurses in the public health sector. In addition, mediating effect of turnover intention was investigated. A cross sectional study was conducted using a survey based research design and data was collected through questionnaires. Initially, 364 questionnaires were distributed to the nurses from public hospitals of Lahore, Pakistan, and 348 responded to the questionnaire. Participants of the survey were ensured of their anonymity and selected based on multistage sampling technique. Analysis using structural equation modeling found the relationship of workplace incivility and workplace deviance with turnover intention. Findings revealed that covert incivility, property deviance and personal aggression are significantly related with task performance. Moreover, overt incivility, property deviance, political deviance and personal aggression are significantly related with contextual performance. Finally, the findings revealed good support for the mediation hypotheses. In this study, turnover intention fully mediated the relationship of overt incivility, covert incivility and production deviance with task performance, while overt incivility, production deviance and political deviance mediated the relationship with contextual performance. Moreover, turnover intention partially mediated between political deviances with task performance. This study concluded that turnover intention significantly mediated the relationship between workplace incivility, workplace deviance and job performance.

ABSTRAK

Sektor kesihatan mempunyai kedudukan yang penting dalam industri perkhidmatan kerana ia berkaitan dengan kesihatan manusia. Jururawat merupakan bahagian utama dalam sektor kesihatan, tanpa campur tangan yang berkesan; penjagaan yang sesuai untuk pesakit tidak mungkin dapat dicapai. Oleh itu, prestasi jururawat di persekitaran penjagaan kesihatan tidak terjejas. Kajian lalu telah mengenal pasti bahawa ketidaksopanan tempat kerja (secara rahsia dan terangterangan) dan ketidakpatuhan tempat kerja (penyelewengan harta, penyelewengan pengeluaran, kekasaran peribadi dan penyelewengan politik) ketara boleh mempengaruhi prestasi pekerja secara signifikan (tugas dan prestasi kontekstual), bagaimanapun, kesan di perantara niat pusing ganti kerja dalam hubungan ini boleh menjadi sumbangan yang penting. Oleh itu, kajian ini mengkaji hubungan ketidaksopanan di tempat kerja dan ketidakpatuhan tempat kerja dengan niat pusing ganti kerja dan prestasi kerja jururawat dalam sektor kesihatan awam. Di samping itu, kesan pengantara niat pusing ganti kerja juga dikaji. Satu kajian keratan rentas telah dijalankan menggunakan kaedah tinjauan berdasarkan reka bentuk kajian dan data dikumpulkan melalui soal selidik. Sebanyak 364 soal selidik telah diedarkan kepada jururawat dari hospital awam di Lahore, Pakistan, dan 348 menjawab borang kaji selidik tersebut. Maklumat yang diperoleh akan dirahsiakan dan sampel dipilih berdasarkan teknik persampelan berbilang. Analisis menggunakan pemodelan persamaan berstruktur mendapati terdapat hubungan antara ketidaksopanan tempat kerja dan ketidakpatuhan tempat kerja dengan niat pusing ganti kerja. Dapatan kajian menunjukkan ketidaksopanan rahsia, penyelewengan harta dan kekasaran peribadi mempunyai hubungan yang signifikan dengan prestasi tugas. Selain itu, ketidaksopanan secara terang-terangan, penyelewengan harta, penyelewengan politik dan kekasaran peribadi mempunyai hubungan yang signifikan dengan prestasi kontekstual. Akhir sekali, hasil kajian menunjukkan sokongan yang baik untuk hipotesis pengantaraan. Dalam kajian ini, niat pusing ganti kerja menjadi pengantara sepenuhnya antara ketidaksopanan terang-terangan, ketidaksopanan rahsia dan penyelewengan pengeluaran dengan prestasi tugas, manakala ketidaksopanan terangterangan, penyelewengan pengeluaran dan penyelewengan politik menjadi pengantara dalam hubungan dengan prestasi kontekstual. Selain itu, niat pusing ganti kerja sebahagiannya merupakan pengantara antara penyelewengan politik dengan prestasi tugas. Kajian ini menyimpulkan bahawa niat pusing ganti kerja menjadi pengantara penting hubungan antara ketidaksopanan tempat kerja, ketidakpatuhan tempat kerja dan prestasi kerja.

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LIST OF ABREVATIONS

AGFI _ Adjusted Goodness of Fit

AVE _ Average Variance Extracted

CFA _ Confirmatory Factor Analysis

CFI _ Comparitive Fit Index

CI _ Covert Incivility

CP Contextual Performance

CR _ Composite Reliability

GFI _ Goodness of Fit

JP _ Job Performance

NFI _ Normed Fit Index

OI _ Overt Incivility

PA _ Personal Aggression

PD _ Property Deviance

PLD Political Deviance

PND Production Deviance

RMSEA _ Root Mean Square Error of Approximation

RO _ Research Objectives

RQ _ Research Questions

SEM _ Structural Equation Modeling

TI _ Turnover Intention

TP Task Performance

WD _ Workplace Deviance

WI _ Workplace Incivility

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CHAPTER I

PREFACE

1.1 Introduction

Mistreatment and maltreatment is a widespread phenomenon that harms employees and organizational effectiveness. Violence aggression, bullying tyranny, harassment deviance and incivility are forms of negative behaviors in the workplace (Itzkovich and Heilbrunn, 2016). These antisocial behaviors create an emotional decline in the employees that adversely impact their productivity (Itzkovich and Heilbrunn, 2016). These are commonly found behaviors in health organizations (Somani and Khawaja, 2012). Since health organizations are one of the most prominent organizations around the world, it generates positive outcomes for the society as a whole (Shahzad and Malik, 2014). The nurses are significant human capital in health organizations (Laschinger, et al., 2014; Shahzad and Malik, 2014). Unfortunately, the extreme level of antisocial behaviors towards nurses by the highly powered groups like doctors, hospital management, patients and also patients' family have been observing in hospitals (Budin et al., 2013; Longo and Smith, 2011; Croft and Cash, 2012; Becher and Visovsky, 2012). As a result frustration, turnover intention, mental disorder, and job dissatisfaction increase whereas job performance decreases that can be risky for patients' health (McNamara, 2012; Walrafen et al., 2012; Sellers et al., 2010).

In the case of Pakistan, Health organizations play a significant role in country's economy and society by providing the services towards human's health (Punjani et al., 2014). A healthy workforce is largely responsible for greater

productivity which ultimately holds a substantial impact on the economy (Punjani et al., 2014). Nurses are the indispensable part of the health sector, without their effective intervention; the appropriate care of the patient is not possible, therefore, the performance of nurses in health care settings is not compromised (Hamid et al., 2014; Zia, 2012). On the contrary, nursing as a profession is considered disrespectful, and least choice for females to adopt in Pakistani society (Shahzad and Malik, 2014); which can attribute to workplace violence and aggression nurses are facing (Shahzad and Malik, 2014; The Nation, 2010).

The problem of negative behavior at workplace is very common in public sector hospitals of Pakistan, where male co-workers, supervisor, and patients negatively influence their female coworker nurses (Jafree et al., 2015; Shahzad and Malik, 2014; The Nation, 2010); and more than 95% of nurses are female in public sector hospitals of Pakistan (Jafree et al., 2016). Negative workplace behaviors at Pakistani public healthcare includes Incivility, deviance, sexual intention, harassment, biases, disgrace remarks, rape and mistreatment (Jafree et al., 2015; Shahzad and Malik, 2014; Somani and Khowaja, 2012). The damaging effects of such behaviors are increasing in turnover intention and decrease in job performance (Shahzad and Malik, 2014). A study done by Shahzad and Malik (2014) found 65% of nurses reported increase in turnover intention due to workplace violence in public sector hospital in Islamabad, Pakistan. Turnover intention is always supposed to be pricey for organizations (Burns, 2011a) because of replacement and hiring cost as well as also losing the skilled and experienced staff (Laschinger et al., 2014; Islam et al., 2013; Muafi, 2011). Furthermore, it is also imperative to notice that turnover intention has a direct bearing on the job performance of employee, organizational performance and objectives achievement (Motowidlo, 2003).

Researchers extensively investigate undesirable behaviors at workplaces that produce negative and even adverse consequences for employees and organizations (Sliter et al., 2012). Such undesirable behavior as incivility at the workplace and this is persistently found by some researchers in many organizations for instance, in US federal courts by Cortina et al. (2013), banking sector Sliter et al. (2012) and the US law enforcement institutions (Cortina et al., 2002). Also, enormous studies reported

the uncivil behavior towards nurses and their adverse effects on outcomes (Purpora and Blegen, 2012; Maddelena et al., 2012; Simons and Mawn, 2010; Farrell et al., 2006). The negative outcomes are a high level of turnover intention, low job performance, dissatisfaction and physical and psychological disorder (Cortina et al., 2013; Becher and Visovsky, 2012; Badafshani, et al., 2012; Sliter et al., 2012).

According to Caza and Cortina (2007), workplace incivility is behaving without respect or care toward others. Specific examples of incivility by Miner and Cortina (2016) includes ignoring someone, making demeaning comments, insulting or yelling at someone, giving a silent treatment to someone and addressing in an unprofessional way to someone. In other words, workplace incivility is completely separate from physical violence and aggression (Itzkovich and Heilbrunn, 2016). Furthermore, Cortina et al. (2001) discovered two features of workplace incivility that refer to covert and overt incivility. Overt incivility is a type of behavior which can be recognized easily as rude, like minor mistreatment or verbal abuse (Cortina et al., 2001). Covert incivility is usually less observable type of negative behavior like ignorance, biases, and racism in organizations (Cortina et al., 2001).

However, the major difference between other negative behaviors (workplace deviance, violence and aggression) and workplace incivility is the intensity of behavior which is "of lower magnitude of force" (Person et al., 2001, p. 401) that harms the indvidual psychologically, but there are many serious counstructs that may lead towards serious negative outcomes of indvidual and organizations or both. For instance, workplace deviance, violence and workplace aggression, from all kind of serious offences, workplace deviance is the most frequently found negative behavior which have been studied by researchers and found its negative outcomes which includes turnover intention, frustration, depression, stress, low job performance and absenteeism (Chirasha and Mahapa, 2012; Appelbaum et al., 2007; Robinson and Bennett, 1995; Lawrence and Robinso, 2007).

Robinson and Bennett (1995) coined the term deviant behavior and introduced first comprehensive model of workplace deviance behavior. Workplace deviance is defined as a "voluntary behavior that violates significant organizational

norms and in doing so threatens the well-being of an organization, its members or both" (Robinson and Bennett, 1995, p. 556). There are two main categories of behaviors that evolved from the employee deviance, one is the interpersonal deviance, and other is organizational deviance (Robinson and Bennett, 1995; Bennett and Robinson, 2000). Robinson and Bennett (1995), further classify deviant workplace behavior into four quadrants labeled as production deviance, property deviance, political deviance and personal aggression (Robinson and Bennett, 1995; Appelbaum et al., 2007; Lawrence and Robinso, 2007; Robbins and Judge, 2007).

Workplace deviance casts greater effects on employees' turnover intention (Robbins and Judge, 2007). Turnover intention is defined as "the degree of individual movement across the membership boundary of a social system" (Price, 1977, p. 3). Turnover intention means when someone is thinking to leave the job and also it is an attitude of the employee; which is influenced by internal and external factors (Robbins and Judge, 2010). Multiple studies found that turnover intention has significant impact on several outcomes like absenteeism, stress, actual turnover, job dissatisfaction, employees job performance, organizational performance and profitability (Davidson et al., 2010; Karatepe, 2011; Firth et al., 2004). In nursing sector, turnover intention directly effects the performance of nurses and brings the damaging outcome of patients health (Castle and Engberg, 2005; Aiken et al., 2002). In health sector especially among nurses; investigation on turnover intention is crucial because it is also linked to the shortage of nurses (Borda and Norman, 1997). Embree and White (2010) reported that 60% of new joiner nurses leave their first job because of discourteous behavior by coworkers. According to the study on nurses in the Public Health sector of Pakistan, 65% of nurses claimed that their turnover intention increased due to the negative behavior they received at the workplace Shahzad and Malik (2014). Dion (2006) also reported that negative behavior on workplace increased the intention to quit, decrease the satisfaction and job performance of employees.

Job performance has studied for decades as the dependent variable. Job performance is termed as the value an organization can expect from discrete behaviors performed by an employee over time (Motowidlo, 2003). According to

Borman and Motowidlo (1993), there are two types of performance required by employees for the effectiveness of organizations; task performance and contextual performance. Task performance is directly related to the services and activity, for which the employee has been hired, whereas contextual performance is not directly linked to the task or main activity but shows employees positive attitude towards organization (Werner, 2000). It is also considered as extra-role performance (Vandyne et al., 1995). Job performance of employees is ultimately the most significant factor in achieving organizational goals and fostering organizational performance (Rounok and Parvin, 2011).

A number of studies conducted in different organizations revealed that there are multiple factors that are known to affect job performance of employees, such as turnover intention, workplace incivility, workplace deviance, job stress, excessive workload and inadequate monetary rewards (Saeed et al., 2014; Hancock et al., 2013; Reio and Trudel, 2013; Sliter et al., 2012; Laschinger et al., 2014; Begenirbas and Caliskan, 2014). In case of nurses from public health care of Pakistan, the most significant aspects that contribute to the low job performance of nurses are negative behavior, lack of respect and intention to guit the job (Shahzad and Malik, 2014; Somani and Khawaja, 2012). As per the statistical evidence by Shahzad and Malik (2014), 20 nurses have been interviewed in a public sector hospital Islamabad, Pakistan out of which 75% of nurses claimed low job performance because they experienced incivility at the workplace. Furthermore, a case quoted in a study where the nurse stated during an interview that "on a Saturday night, I visited a young boy around 26 years of age, to give him dressing around his neck and give him a new bib. When I was finishing his dressing, and I had my body close to him and my face to his neck, he tried to touch me and tried to kiss me. I immediately stopped changing his dressing and got away. I was very upset, but I did not report it. Though this incident occurred many years ago, yet it still bothers me and has an adverse effect on my daily work performance" (Shahzad and Malik, 2014, p. 7). Moreover, Jehangir et al. (2011) reported that the causes of low performance among nurses in public health care of Peshawar, Pakistan were related to excessive workload 96.8%, dangerous and unhealthy work environment 84.1%, 47 % specified people suffering, 85.4% stated lack of professional respect, 80% Lack of promotion chances and 90% said the reason for being the low performer is inadequate benefits and pay.

Thus, the negative behaviors i.e. uncivil and deviance at the workplace have a positive impact on turnover intention; consequently, turnover intention negatively influences the job performance of employees. As nursing is the most sensitive area in the health sector where task performance is mandatory; even contextual performance (extra role of performance) is also required because of the job nature as nurse's deal with the human health (Shahzad and Malik 2014; Jehangir et al., 2011). Therefore, this study aims to investigate the impact of workplace incivility and workplace deviance through the mediating role of turnover intention in predicting job performance of nurses in public sector hospitals of Pakistan.

1.2 Background of Problem

The importance of health sector cannot be ignored, as health is the basic right of each citizen around the world (Punjani et al., 2014). Health sector contributes to the society and economy by providing a healthy population (Punjani et al., 2014). In Pakistan, health industry has similar significance, as healthy labor strives for excellence and productivity which automatically improves the economy and society (Punjani et al., 2014). Therefore, country's investment in healthcare has long-term positive effects on its prosperity (Punjani et al., 2014). The role of nurses has got enormous attention in the 21st century, all over the world in the health industry (Tingen et al., 2013). Due to the core position of nurses between patients, doctors, management, and patient families, they are highly significant in health settings (Somani and Khowaja, 2012; Dawn News, 2012). Moreover, according to Hamid et al. (2014), without nurses' active involvement, it is not possible to provide proper care to the patients, so the nurses have to perform the assigned duties with due diligence. Unfortunately, there have been number of issues experienced by nurses in public hospitals of Pakistan, for instance, harassment, extra workload, sexual abuse, less reward, lack of respect, unhealthy working environment, violence at workplace, biases, leg-pulling, incivility, longer working hours, blame for death even not their mistake, rude behavior by management, doctors, patients and their families (Shahzad and Malik, 2014; Somani and Khowaja, 2012; Dawn News, 2012).

The core reason for these uncivil and deviant behaviors towards nurses in Pakistan, is that the nursing profession is not considered as respectful and choosing this profession has the least preference in Pakistani culture by females (Shahzad and Malik, 2014); whereas, more than 95% of nurses are female in Pakistani Public health settings (Jafree et al., 2016). The reason of this disrespect towards nurses is that Pakistan is a country where the extension of power, influence and authority is greatly exhibited (Shahzad and Malik, 2014). This discrimination by the dominant group i.e. Physicians, administrators, patients from powerful backgrounds leads them to feel inferiority complex (Shahzad and Malik, 2014). As evident in a study by Jehangir et al. (2014), 84.4% nurses of public health care settings in Pakistan stated that their performance is negatively affected due to lack of professional respect. Furthermore, a study on Job satisfaction among nurses in Public sector hospitals of Pakistan reported that 80% of nurses were dissatisfied with their job due to lack of respect at the workplace (Bahalkani et al., 2011). There have been numerous cases that go unreported in which nurses have faced negative behavior by doctors, supervisors, coworkers, patient and other medical staff (Shahzad and Malik, 2014). Due to these reasons, nurses might show negligence while performing their responsibilities which can be the cause of serious negative outcome (loss of life) (Shahzad and Malik, 2014).

Therefore, it is significant to investigate these issues of nurses. Whether this issue is just a storm in a tea cup or it is a truth that our nurses are facing silently. Secondly, what can be the possible implications of this uncivil and deviant behavior towards nurses by coworkers and patients? How it may affect the nurses' performance and their intention to quit the job or profession. Thus, it is very much important to research on workplace incivility and workplace deviance and its implications on workplace outcomes like an intention to quit and job performance of nurses in public sector healthcare of Pakistan.

1.3 Problem Statement

Services sector is the most important sector of the economy globally, and in Pakistan it contributes 53% of GDP, thus making it the largest contributor in

country's economy (Ahmad and Ahsan, 2011). The health sector has a significant position in the services industry because they deal with the health of humans. Furthermore, a healthy population is not only valued in its own right, but it also raises the human capital of a country thereby positively contributing to the economic and social development (Punjani et al., 2014). Nurses are considered valuable human capital in any healthcare setting because of their significant role towards patient care; which is directly related to the performance of health organizations (Tingen et al., 2013). It is about thirty-three years since Roberts (1983) identified first time about nurses' issues they are facing like deficiency of power, frustration, and aggression. Since then a number of studies quoted multiple issues of nurses which they are facing in healthcare settings, for instance, harassment, deviance, sexual intention, biases, incivility, aggression, frustration, leg-pulling and workplace violence (Laschinger et al., 2014; Becher and Visovsky, 2012; Edwards and Connell, 2007; Vessey et at., 2011). These types of discourteous behaviors are usually linked with oppressed groups and according to researchers, nurses are declared as the oppressed group and can be mistreated and exploited easily for benefits by the powerful groups of healthcare like physicians and hospital administration (Longo and Smith, 2011; Croft and Cash, 2012; Fletcher, 2006; Weinard, 2010). Number of studies quoted that 65% to 80% of nurses witnessed or have experienced these discourteous behaviors (Wilson et al., 2011; Stagg et al., 2011; Stanley et al., 2007; Vessey et al., 2009). The destructive outcomes of these negative behaviors are dissatisfaction, turnover intention, risk towards nurses' physical and psychological health, low performance and most importantly threat to the quality outcome of patients health (Becher and Visovsky, 2012; Maddelena et al., 2012; Purpora and Blegen, 2012; Vessey et al., 2011; Simons and Mawn, 2010; Corney, 2008; Simons, 2008; Farrell et al., 2006; Yildirim, 2009; Woelfe and McCaffrey, 2007). Thus these issues are similarly significant for the nurses of every healthcare organization around the world.

Lack of respect towards nurses is a very common issue in Pakistan, and this behavior creates stress for them to perform their duties (Shahzad and Malik, 2014). This study focuses the nurses of public sector hospitals in Pakistan. The majority of population consults public sector hospitals because they are unable to afford private hospitals (Somani and Khowaja, 2012). Therefore in Pakistani public sector hospitals, nurses have a significant role, and it is highly important to investigate the

problem that deteriorates the nurses' capacity to perform (Somani and Khowaja, 2012). One of the common problems highlighted by the researchers is the uncivil and deviant behavior towards nurses by coworkers and patients (Shahzad and Malik, 2014; Laschinger et al., 2014; Somani and Khowaja, 2012; Lewis and Malecha, 2011; Wilson et al., 2011; Stagg et al., 2011; Stanley et al., 2007). According to Somani and Khowaja (2012), uncivil and deviant workplace behavior towards nurses is commonly found in public sector hospitals of Pakistan. Due to their central position between patients, doctors, and management, nurses are on the greater risk. Moreover, according to Shahzad and Malik (2014), nurses are less respected in Pakistani community; which increases nurses' perception of discourteous behavior towards them. This negative treatment is assumed to bring fatal and damaging outcomes, which is an unaddressed area in Pakistani hospitals and nursing sector (Jafree et al., 2015; Shahzad and Malik, 2014; Lee and Saeed, 2001; Somani and Khowaja, 2012).

Incidences of workplace incivility and deviance towards nurses are high in number around the world, where incivility is more about the psychological mistreatment which includes verbal rather than physical, indirect rather than direct, passive rather than active towards individual (Itzkovich and Heilbrunn, 2016), on the other side deviance is more about being physical towards individual and organization or both (Robinson and Bennett, 1995). A study conducted among nurses in Iraq with sample size of 116 stated that 91% nurses claimed mistreatment by coworkers and patients (AbuAlRub et al., 2007). Study on physical and psychological violence towards nurses in Hong Kong, where 420 nurses participated and findings showed 76% of them claimed mistreatment at workplace (Kwak et al., 2006). Moreover, a study in Lebanon by Alameddine et al. (2012), where 593 nurses participated in a survey out of which 62% claimed mistreatment, due to that 31.7% reported turnover intention and 24.1% notified low job performance. Furthermore, according to a study by Lin and Iu (2005), 62% of nurses notified incivility in Taiwan, similarly in a study by Mayhew and Chappell (2003) 73.5% of nurses also identified incivility in Australia.

In addition, AbuAlRub et al. (2007) found 42.2% of nurses in Iraq claimed sexual abuse by coworkers and patients with sample size of 116. Another study by Basnet (2012) on health sector of Nepal recorded data for 5 years and reported incidents of negative behavior from January 2007 to January 2012, 61 cases were identified where 18.03% of nurses claimed physical violence and sexual harassment by coworkers and patients. Moreover, a study on nurses in Hong Kong hospitals with sample of 420 reported that 18% of nurses claimed physical abuse (Kwak et al., 2006). Similarly in a study among nurses of public health area of Islamabad, Pakistan, 20 nurses were interviewed and all of them (100%) reported that they have experienced negative incidents (e.g. sexual harassment, aggressions, verbal abuse) at workplace and due to that 70% nurses conveyed absenteeism, 65% stated low job satisfaction, 75% reported low job performance, 90% stated high stress and 65% notified turnover intention (Shahzad and Malik, 2014). Another study was conducted on negative behavior towards nurses in Karachi hospitals of Pakistan, in which 458 nurses participated and 82% of nurses' experienced negative behavior out of which 16.4% claimed physical abuse (Somani et al., 2012). Furthermore, a case was highlighted in the media in which a young nurse from Jinnah hospital, Karachi Pakistan was forced to go into a room where she was brutally gang raped by the senior doctors. The case took long to resolve, but eventually the doctors who raped were sacked (Dawn News, 2010).

Further research can provide better understanding of these discourteous constructs as Badafshani et al. (2012) directed towards multi-dimensional and cross cultural investigation of workplace incivility, so that more generalizable and realistic results could be retrieved. Moreover, this study is in line with Schilpzand's et al. (2016) which calls for further investigation on incivility in diverse cultures. Similarly, Chirasha and Mahapa (2012) suggested a multidimensional research on workplace deviance for future studies. Therefore, this study has intended to address the aforementioned variables in order to fulfill the identified gap and investigate the impacts of workplace deviance and workplace incivility on nurses' outcomes.

Incivility and its outcomes have been widely investigated in other parts of the world, for instance, Cortina et al. (2013) conducted research in US federal courts and

reported that incivility could hamper employees' performance and negatively influence their attitudes and behaviors. Badafshani et al. (2012), noticed that workplace incivility significantly influences intention to quit. Whereas some studies on nurses identified the incivility on the workplace, escalate their intention to quit the job (Laschinger et al., 2014; Lewis and Malecha 2011; Becher and Visovsky, 2012; Maddelena et al., 2012; Simons, 2008; Simons and Mawn, 2010). Turnover is a significant issue, and replacement is always costly for organizations (Islam et al., 2013; Muafi, 2011). Because of incivility on workplace, approximately 60% of new nurses leave their first job within six months (Embree and White, 2010). More interventional research can provide rich understanding about this phenomenon, and that might lead to improving the environment and retention ratio at the workplace. In previous studies on the relationship of incivility and turnover intention, incivility was investigated as a one-dimensional construct, whereas Sliter et al. (2012) suggested studying incivility as a multidimensional construct.

Further, Dion (2006) suggested that incivility on workplace increases intention to quit and decreases satisfaction and job performance. Mistreatment is the major cause which directly affects the job performance of employees and overall organizational performance (Harris et al., 2007; Zellars et al., 2002). Study on US federal court by Cortina et al. (2001) reported the negative effects of workplace incivility on individuals' performance. Many researchers identified that unfairness among the employees leads to lower the positive behavioral outcomes (Colquitt, 2001; Masterson et al., 2000; Robbins et al., 2000). Similarly, several studies quoted incivility at workplace negatively influences the job performance of nurses (Townsend, 2012; Stanley et al., 2007; Bowles and Candela, 2005). Therefore, this study focused on the above mentioned relationship in the health sector of Pakistan.

Workplace deviance is another important factor which negatively affects employees and organization both. It is a common phenomenon which exists in every organization all over the world (Appelbaum et al., 2007). A study conducted by Chirasha and Mahapa (2012) at Zimbabwe universities with 60 participants including eight bosses revealed that workplace deviance increases the turnover intention of employees and negatively influence their performance. Furthermore, a study by

Begenirbas and Caliskan (2014) on 403 private services employees in Ankara, revealed negative relation of deviance with job performance at the workplace. Moreover, Edwards and Connell (2007) have found incidents of sexual harassment, workplace bullying and violence and their negative effects on the outcomes of nurses in UK health care settings. Workplace deviance has received greater attention and researchers identified that it carries harmful outcomes for employees and organization like intention to quit from job, absenteeism, frustration, substance and privilege abuses, stealing, sexual harassment, biases, and approval to theft (Chirasha and Mahapa, 2012; Appelbaum et al., 2007; Lawrence and Robinso, 2007; Bolin and Heatherly, 2001). Numerous studies in different organizations noticed that such behaviors directly affect the turnover intention of employees (Begenirbas and Caliskan, 2014; Liu and Eberly 2014; Bibi et al., 2013). Muafi (2011) suggested a multidimensional study of workplace deviance for future researchers. Since literature is not extensive on the outcomes of such behaviors in Pakistani context; specifically in health organizations of Pakistan (Somani and Khowaja, 2012). Therefore, this study investigates the relationship between workplace deviance and nurses' turnover intention at public hospitals of Pakistan.

Chirasha and Mahapa (2012) further stated that deviant behavior not only affects the turnover intention of the employee, it also threatens the performance of individual and organization both. Appelbaum et al. (2007) identified that workplace deviance reduces the productivity of the employee. Also, a study was conducted in Intel's Nigeria Ltd by Sunday (2013), in which 101 employees participated and found a highly negative relation between workplace deviance and job performance. Similarly, many researchers identified sexual harassment, sexual intention, aggression, physical assault and biases towards nurses which negatively affects the performance of nurses (Laschinger et al., 2014; Becher and Visovsky, 2012; Edwards and Connell, 2007).

Numerous studies identified that turnover intention is another major factor that leads towards low job performance of employees (Mulki et al., 2008; Schwepker, 2001; Valentine and Barnett, 2003). According to Zimmerman and Darnold (2009), there is an extremely negative relationship between turnover

intention and job performance. A number of studies found turnover intention negatively influence the job performance of nurses, and their low performance could lead to the negative outcome of patient health (Becher and Visovsky, 2012; Maddelena et al., 2012; Joint Commission, 2008; Purpora and Blegen, 2012). Consequently, this study needs to examine the relationship between turnover intention and job performance in nursing sector because in this delicate area not only task performance even contextual performance (extra role performance) is required for patient health.

Many researchers have notified that turnover is always important for organizations not only because of hiring and replacement cost but also losing the experience and skilful staff (Laschinger et al., 2014; Islam et al., 2013; Muafi, 2011). According to Islam et al. (2014), turnover intention is the major cause of actual turnover. In case of nursing staff, extreme level of turnover intention has been noticed by a number of researchers due to the workplace incivility and deviance worldwide (Laschinger et al., 2014; Becher and Visovsky, 2012; Lewis and Malecha 2011; Simons and Mawn, 2010; Simons, 2008). Similarly, numerous studies stated low performance of nurses in health sector because of high turnover intention (Purpora and Blegen, 2012; Becher and Visovsky, 2012; Maddelena et al., 2012). However, a study among nurses of Swedish emergency hospital by Sjoberg and Sverke (2000), call for future studies to examine the mediating effects of turnover intention. Therefore, this study assumed that if workplace incivility and workplace deviance are positively associated with turnover intention and turnover intention is negatively related with job performance; then turnover intention might play the mediating role between them. Moreover, this study is in line with theory of planned behaviour which reveals that unfavourable atmosphere at workplace increases the employees' intention to quit the job which will ultimately decrease their performance (Ajzen, 1991).

The mediating role of turnover intention in this study will be a major contribution to literature, specifically on nurses in public sector hospitals of Pakistan. Significant cultural insights are also evident in the existing studies that have been conducted in west. According to Willness et al. (2007), negative behaviour at

workplace has been researched greatly on Americans, followed by UK, Australia and European countries (DeSouza and Cerqueira, 2009). On the other hand, more research on negative behaviours in countries with the diverse cultural background is required (McDonald, 2012).

Conclusively, the consequences of these negative behaviors have been in discussion for many years. The damaging outcome of these behaviors includes high turnover intention; which is the major cause of nurses' shortage in health sector around the world and low performance which may harm the quality health of the patient. Therefore, according to the need of further research, this study aims to investigate the relationship of workplace incivility (covert and overt incivility) and workplace deviance (property, production, personal aggression and political deviance) with job performance (task and contextual performance) through the mediating role of turnover intention and will contribute to expand the knowledge and understanding of these negative behaviors and also the ways to fight with these behaviors among nurses in Pakistani public health care settings.

1.4 Research Questions

This study will attempt to explore the research questions given below:

- **RQ1:** What is the relationship between workplace incivility (covert and overt) and employees' turnover intention?
- **RQ2:** What is the relationship between workplace deviance (productive deviance, property deviance, political deviance and personal aggression) and employees' turnover intention?
- **RQ3:** What is the relationship between workplace incivility (covert and overt) and employees' job performance (task and contextual performance)?
- **RQ4:** What is the relationship between workplace deviance (productive deviance, property deviance, political deviance and personal aggression) and employees' job performance (task and contextual performance)?

- **RQ5:** What is the relationship between turnover intention and employees' job performance (task and contextual performance)?
- **RQ6:** Does turnover intention mediate the relationship between workplace incivility (covert and overt) and job performance (task and contextual performance) at workplace?
- **RQ7:** Does turnover intention mediate the relationship between workplace deviance (productive deviance, property deviance, political deviance and personal aggression) and job performance (task and contextual performance) at workplace?

1.5 Aim/ Objectives of the Study

This study is an effort to explore and identify the significance of workplace incivility and workplace deviance. In addition, this study aims to determine their relationship with employees' job performance through the mediating role of turnover intention. This helped in formulating the following research objectives:

- **RO1:** To examine the relationship between workplace incivility (covert and overt) and employees' turnover intention.
- **RO2:** To examine the relationship between workplace deviance (productive deviance, property deviance, political deviance and personal aggression) and employees' turnover intention.
- **RO3:** To examine the relationship between workplace incivility (covert and overt) and employees' job performance (task and contextual performance).
- **RO4:** To examine the relationship between workplace deviance (productive deviance, property deviance, political deviance and personal aggression) and employees' job performance (task and contextual performance).
- **RO5:** To examine the relationship between turnover intention and employees' job performance (task and contextual performance).

RO6: To examine the mediating role of turnover intention in the relationship between workplace incivility (covert and overt) and job performance (task and contextual performance) at workplace.

RO7: To examine the mediating role of turnover intention in the relationship between workplace deviance (productive deviance, property deviance, political deviance and personal aggression) and job performance (task and contextual performance) at workplace.

1.6 Scope of Study

This study is mainly focused on the issues of workplace incivility (covert and overt incivility) and workplace deviance (productive, property, political and personal aggression). Moreover, this study investigates the relationship of incivility and deviant behavior (as per nurses' perception) with turnover intention and the job performance (task and contextual performance) at the workplace. At the same time the study also analyzed the mediating role of turnover intention between workplace incivility, workplace deviance and job performance of employees. This study conducted in 14 public sector hospitals from the metropolitan city of (Lahore) Pakistan where the nursing staff was the population. This study is conceptually and theoretically backed by the Affective Events Theory by Weiss and Cropanzano (1996), Social Bonding Theory by Hirschi (1969) and Theory of Social Exchange by Blau (1964). Since the negative behaviors have been critical issues in nurses of public health area of Pakistan, it is imperative to examine this problem and to endorse a remedy.

This study helped in investigating the issues of workplace incivility and workplace deviance and suggested that there should be zero tolerance policy against uncivil and deviant behavior in the organization to reduce the turnover intention and increase the job performance (Willness et al., 2007). Furthermore, creating a supportive culture by management in the hospitals promote the sense of ownership among the nurses thus, enabling them to perform even better (Shahzad and Malik,

2014). Staff civility will likely get better when such an aggression prevention climate is increased (Miner et al., 2012).

1.7 Significance of Study

Theoretical Contribution

This study is enlightening the existing literature by examining the relationship of workplace incivility dimensionally (covert and overt incivility) as directed by the Sliter et al. (2012) and Badafshani et al. (2012) for future researchers and also workplace deviance dimensionally (productive, property, political, and personal aggression) as suggested by Chirasha and Mahapa (2012) and Muafi (2011) with turnover intention and job performance dimensionally (task and contextual performance). Furthermore, this study covers the relationship of these negative behaviors with turnover intention and job performance of nurses in public sector hospitals of Pakistan. The theoretical foundation for this study has been rooted in Affective Events Theory by Weiss and Cropanzano (1996), Social Bonding Theory by Hirschi (1969) and Theory of Social Exchange by Blau (1964). Moreover, cultural understandings are also evident in the existing studies that have been conducted in west for instance, Willness et al. (2007) stated negative behaviour at the workplace has been researched prominently on Americans, followed by UK, Australia and European countries (DeSouza and Cerqueira, 2009). On the other hand, more research on countries with the diverse cultural background is required (McDonald, 2012). Additionally, there is lacking of the literature of these negative behaviors and their outcomes in that particular area of nurses in public healthcare settings of Pakistan (Shahzad and Malik, 2014; Somani and Khowaja, 2012); thus, this study thinks over this gap and makes a valuable contribution in this regard.

Furthermore, Sjoberg and Sverke (2000) suggested examining the mediating effects of turnover intention for future studies. Therefore, this study is exploring turnover intention as a mediator between workplace incivility (covert and overt incivility), workplace deviance (productive, property, political and personal

aggression) and job performance (task and contextual performance) of employees. As no literature is explaining the relationship of turnover intention as a mediator between these negative behaviors and job performance at workplace; therefore, the mediating role of turnover intention in this study is one of the major contribution to the body of knowledge.

Practical Contribution

This study through earlier discussion unveils the relationship of workplace incivility and workplace deviance with nurses' turnover intention and job performance in public healthcare of Pakistan. So first and foremost beneficiary of this study is the nursing sector of Pakistan, patients (health outcome of patient linked with the performance of nurses) and overall health sector of Pakistan. This study is addressing the issues that nurses regularly face in hospitals which increase their turnover intention and consequently their performance decline. It will draw the attention of authorities towards these issues. The findings of the study can also be generalized to other similar health organization of the country.

1.8 Conceptual and Operational Definitions

Workplace Incivility

Workplace Incivility refers to "low-intensity violent behavior with ambiguous intent to harm the target in violation of workplace norms for mutual respect and uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others" (Andersson and Pearson, 1999, p. 457). In this study, workplace incivility refers to the situation in which employees face arrogance, insulting remarks, ignorance and overall psychological mistreatment by supervisors and coworkers.

Overt Incivility

Hershcovis (2011) defines the overt incivility as an active behavior which directly affects the victim; it includes minor mistreatment and verbal abuse. In this study, overt incivility is operationalized as making rude remarks about employees and addressing them in unprofessional term by coworkers and supervisor.

Covert Incivility

Covert incivility is a behavior which is usually less observable such as ignorance and biasness (Hutchinson 2009). This study covers covert incivility as a situation in which employees are excluded or ignored from professional companionship and doubt their' judgment in a matter for which they are responsible.

Workplace Deviance

Workplace deviance can be described as the deliberate or intentional desire to cause harm to an organization (Omar et al., 2011). In this study, workplace deviance is connected to employees' perception of being abused physically by supervisor, coworker, and patients, employees intentionally slowing down the work and employees gossiping about co-workers.

Production Deviance

According to Guo, (2012), production deviance is a behavior which violates the formally prescribed norms, delineating the minimal quality and quantity of work to be accomplished. In this study, production deviance refers to the situation in which employees perceive that their coworkers instead of working, waste time in gossiping with colleagues and take longer breaks from work.

Property Deviance

Property deviance can be defined as behaviors which harms the tangible assets of organization like theft and sabotage (Chirasha and Mahapa, 2012). In this study, property deviance is a perception of employees that their coworkers are making errors intentionally and stealing hospital equipment.

Political Deviance

Brkic and Aleksic (2016) define political deviance as exhibiting favoritism for some stakeholders such as customers and coworkers by placing others at disadvantage. In this study, it is a situation in which employee perceives that supervisor blame employee for their own mistakes and employees spread rumors about the organization.

Personal Aggression

Personal aggression is an argumentative and aggressive behavior which harms the organization's reputation and has serious consequences for the individuals (Sharma et al., 2014). In this study, personal aggression is opretionalized as the situation in which employee percieves that their supervisors or coworkers sexually harasse and verbally abuse other employees.

Turnover Intention

According to Robbins and Judge (2013), turnover is not an immediate occurrence but a process in which someone is probably thinking to leave the job. In this study, turnover intention is a thought in which employee frequently intends to quit the job.

Job Performance

Menges et al. (2016) defines job performance as the behavioral activities of the employee that contributes towards the achievement of organizational goals. In this study, job performance is operationalized as an act of adequately completing the assigned duties by employees and their cooperation with team members (co-workers) to accomplish their tasks.

Task Performance

Task performance refers to the actions that are linked with official reward system and addresses the requirements of job description (Kmicinska et al., 2016). In this study, task performance is the engagement of employee to fulfill the responsibilities mentioned in the job description.

Contextual Performance

According to Kmicinska et al. (2016), contextual performance encompasses behavior that less directly contributes to organizational performance and also support social and psychological environment. In this study, contextual performance is operationalized as a situation in which employees do extra task apart from their assigned duties like helping team members (co-workers) and cooperate with them for their task completion.

1.9 Organization of the Thesis

This thesis is comprised of five chapters: (1) introduction of this study, (2) literature review, (3) research methodology, (4) data analysis and results, and (5) discussion and conclusion.

The first chapter (current chapter) covers the introduction, background, problem statement, research question and research objectives of the study. Also, it

covers the scope, significance (theoretical contribution and practical contribution) and limitations followed by the conceptual and operational definitions of this study.

Chapter 2 is based on the literature of this study. Keeping the suitable flow of this study, this chapter is divided in to various portions. It is initiated with the introduction of main constructs (job performance, workplace incivility, workplace deviance and turnover intention), followed by the theoretical background of this study. This theoretical background and empirical evidences help in formulating conceptual framework for this study.

The following chapter (chapter 3) embraces the methodology of this study. It explains the research design, population and sample, sampling strategy of the study, methods for data collection, data analysis practices and assumptions for statistical techniques.

The next chapter 4 entails analysis of data acquired through questionnaire. It also explains the assumption of structural equation modeling for the purpose of tests, confirmatory factor analysis, and hypothesis testing.

Chapter 5 is based on the findings derived from the previous chapter. It is comprised of discussion on the findings, practical and theoretical implications, limitations, future recommendations and conclusion of this study. List of references and appendices (questionnaire, tables, and figures) are next to this chapter.

1.10 Summary

Chapter one centers on the purpose and underlying principle of this study. It begins with an introduction, background of problem with a look at its prevalence. The problem statement is explained, followed by the research questions and aims and objectives of the study. Further, this chapter includes the scope, significance of study followed by the conceptual and operational definitions of the variables and organization of the thesis. The next chapter carries the literature review of this study.

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