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Nexus of workplace incivility, workplace violence and turnover intentions: a mediation study through job burnout

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Abstract

Purpose – The present study aims to test the impact of workplace incivility and violence on doctors' turnover intentions. Besides, the present study also tested the mediating role of employees' burnout.

Design/methodology/approach – The population of the present study was doctors working in 20 public sector hospitals. Where 250 doctors working in emergency departments participated, the sample size was calculated through Krejcie and Morgan's table. The data analysis was conducted through SPSS and Smart-PLS.

Findings – Results of the present study supported all the relationships except the relationship between workplace violence and turnover intentions. More specifically, relationship between workplace incivility and turnover intentions was confirmed, and mediation effect of doctors' burnout was also confirmed.

Originality/value – This present study is novel in a way that this study framed the study model using conservative resource theory and social cognitive theory covering both employees cognitive and external factors. Further, the nexus "workplace incivility → workplace violence → job burnout → turnover intentions" was tested for the first time, hence making a valuable addition to the body of literature. Further this study is a contribution to healthcare literature in context of incivility, violence, burnout, and turnover. Burnout is first time explored as moderator with workplace incivility which is another contribution.

Keywords Workplace incivility, Workplace violence, Job burnout, Turnover intentions, Conservative of resource theory, Social cognitive theory

Paper type Research paper

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Introduction

Employee turnover is a widespread phenomenon of recent times which is affecting almost every sector across the world (Jian *et al.*, 2022). The healthcare sector is observing high turnover, especially among doctors and nurses, causing a workforce shortage in some parts of the world (Jian *et al.*, 2022). Many developed countries are outsourcing their staff from developing countries such as Pakistan, India, and many other developing nations. According to Ali *et al.* (2019), Pakistan is the top human resource provider to developed countries; At the same time, Pakistan is placed among those countries with a low population per doctor ratio. The WHO minimum standard is that every 1,000 persons must have at least one doctor. However, in Pakistan, on average, one doctor is available for 6,325 people (Bokhari, 2019). Furthermore, the actual need for doctors in Pakistan is 436,000, but their availability is not more than 100,000. Ministry of Labour Pakistan 2019 reported the turnover ratio is continuously increasing.

Numerous expenses connected with turnover have been well-documented in the prior literature, proving that it is costly for an organisation (Jian *et al.*, 2022; Simons and Hinkin, 2001). Past literature revealed that the economic cost of turnover ranges from 90% to 200% of the existing employee's salary (Jian *et al.*, 2022). Employers attempt to fill vacancies with inexperienced workers. The work schedules of current employees are also interrupted during the training of new staff. Thus, employee turnover is one of the most significant issues in the Pakistani healthcare industry. Several researchers in the past tried to investigate the determinants that cause turnover in the healthcare sector of Pakistan. For instance, organisational cynicism, ethical leadership, workplace spirituality, work–life balance, compensation workplace safety were the studied determinants of turnover intentions among healthcare employees in Pakistan (Aman-Ullah *et al.*, 2021a,b; Hussain *et al.*, 2020; Zahra *et al.*, 2018). Even though the topic of employee turnover has been under investigation since the 1990s, the concerns persist to this day. Therefore, the present study is an effort to explore some unexplored areas of turnover intentions of healthcare workers especially doctors. Based on the existing literature and evidence from the market, workplace incivility and workplace violence are picked as possibly novel and unexplored areas (Aman-Ullah *et al.*, 2022b; Holm *et al.*, 2022).

Incivility in the workplace is detrimental to people, groups, and organisations. It negatively affects employees' attitudes, behaviour, and well-being, resulting in higher anxiety and depression, decreased self-esteem, lower performance, and higher absenteeism and turnover (Rahim and Cosby, 2016). Employers must be prepared with the necessary knowledge to comprehend the foundations of such conduct and the means for preventing it. Workplace incivility has evolved as an important concept in the management literature during the last decade (Vasconcelos, 2020). As data show that this behaviour is widespread among the workforce, it has become a major concern for management professionals. This includes derogatory language, provocative statements, gossiping, disregarding coworker requests, sending offensive e-mails, or disrespecting employees (Reich and Hershcovis, 2015). Previous researchers have found that incivility is a frequent phenomenon in the workplace (Estes and Wang, 2008; Smidt *et al.*, 2016). For instance, Porath and Pearson (2010) found that around 99% of their respondents faced incivility at their workplace, while Martin and Zadinsky (2022) found that 71% of incivility confrontations among court personnel, 75% among employees from the education sector, while 79% was observed among employees from law enforcement agencies, and lastly 85% was observed among healthcare employees. Chen *et al.* (2021) stated that incivility has a significant detrimental influence on employee emotions by exhausting employee emotional resources, leading to burnout and a higher desire to leave the organisation. Several researchers in the past also found that incivility is a key concern of burnout (Namin *et al.*, 2021; Viotti *et al.*, 2021), which eventually contributes to an increase in staff turnover within a company (Namin *et al.*, 2021). In the previous studies,

the concept of incivility was not explored among doctors in Pakistan, even though they are facing incivility regularly (Samad *et al.*, 2020). Therefore, incivility is considered the first predictor of turnover intentions.

Another essential issue reported is the frequent occurrence of violence in Pakistani hospitals. According to Ahmed *et al.* (2018), 85% of doctors in Pakistan have encountered workplace violence at least once during their work. One such incident occurred in Pakistan's Khyber Pakhtunkhwa (KPK) area when a prominent surgeon alleged that the health minister assaulted him for not offering additional protocol. Most doctors are abandoning their positions or relocating to other countries due to their ongoing fear of humiliation and physical attacks at the workplace and the lack of an adequate safety mechanism. This has resulted in a high turnover rate among doctors. According to Razzaq and Huda (2022), violence against healthcare professionals, especially doctors, is rising, with more than three-quarters of all doctors in Pakistan impacted.

Further, harsh language, hostility, bullying, threats, and harassment, including physical attacks (by patients, their attendants, or other caregivers), are the frequently used tools for harming others. According to Zubairi *et al.* (2019), 53% of doctors had encountered at least one of these forms of violence in their work. According to a separate research by Khan *et al.* (2021), over 75% of doctors at tertiary care hospitals were exposed to violence by patients or their attendants in Pakistan. The repetitive occurrence of violent events harms doctors' mental health is also on the rise, which may develop burnout, post-traumatic stress disorder, and inadequate work performance, all of which can indirectly impact patient care. According to Shaikh *et al.* (2020), young doctors who were formerly enthusiastic about saving lives and serving their nation are now contemplating employment elsewhere. A 2015 cross-sectional study revealed that approximately one-third of healthcare workers desired to work in the private sector with better security (Mir *et al.*, 2015). A further study revealed that 62% of doctors wanted to relocate the another country shortly after the opportunity arose (Mazhar *et al.*, 2019).

If the recent trends continue, Pakistan might face a significant shortage of doctors (Aman-Ullah *et al.*, 2021a,b). To safeguard the nation's future, it is thus essential to implement appropriate actions. Better hospital security, especially a zero-tolerance policy for violent behaviour, may enable doctors to relax and devote more time to patient care (Aman-Ullah *et al.*, 2021a,b). A satisfactory patient-to-doctor ratio, optimum facilities, enough medical supplies, mental health programs for doctors, and improved hospital administration may all help boost morale in stressful and often abusive situations (Aman-Ullah *et al.*, 2021a,b). As they are the primary perpetrators of hospital violence, the government should initiate public awareness campaigns highlighting the need to respect healthcare workers, comply with the one-attendant policy, and direct attendants to act appropriately (Baig *et al.*, 2018). In conclusion, violence against doctors presents a significant future potential threat to Pakistan's healthcare since doctors may be compelled to choose their own safety above the lives of their fellow beings.

The present body of research posits that burnout has the potential to mediate the impact of relationship conflict on work-related behaviours. According to Duan *et al.* (2019), job burnout is a complex psychological state characterised by mental exhaustion and depletion of emotional resources. It can be viewed as a multidimensional stress syndrome that encompasses three fundamental dimensions, namely, exhaustion, cynicism, and interpersonal strain. Burnout among Pakistani healthcare professionals is found to be very high. Andlib *et al.* (2022) inline reported 48.6% burnout among Pakistani healthcare workers, while Naz *et al.* (2016) reported 79% burnout. Several researchers in the past found that workplace incivility is a predictor of job burnout and turnover intentions (Han *et al.*, 2016; Oyeleye *et al.*, 2013; Rahim and Cosby, 2016). Further, scholars also found that workplace violence is another important factor in increasing burnout among workers (Aguglia *et al.*,

2020; Hacer and Ali, 2020) and increases turnover intentions (Duan *et al.*, 2019; Liu *et al.*, 2018). Therefore, job burnout is added as a mediator in the present study. Furthermore, the present study is supported by social cognitive theory (SCT), as the theory covers both behavioural and developmental psychology in response to knowledge acquisition (Luszczynska and Schwarzer, 2015). For instance, individuals behave based on their prior experiences. Secondly, the present study is also supported by the conservation of resource theory (COR), a stress-based theory focussing on the motivation that drives individuals to acquire, maintain, and execute resources based on their needs (Holmgreen *et al.*, 2017). These two theories are combinedly used for the first time in a healthcare study.

Lastly, the present study will add to the literature on the following grounds. Firstly, the study model "workplace incivility, workplace violence, job burnout, turnover intentions" is developed and tested to the best of our knowledge for the first time. Secondly, this research will make a valuable addition to the literature on social cognitive theory with turnover intentions and its antecedents in Pakistan. Thirdly, workplace violence and incivility are common issues in the healthcare sector. This study can help understand the challenges and behaviours of healthcare workers, which can support reducing turnover intentions and improving the human resource of health (HRH) ratio in the healthcare sector of Pakistan.

Literature review and hypotheses development

Theoretical support

The present study is supported by the conservative resource theory (COR) (Hobfoll, 1989) and social cognitive theory (SCT) (Bandura, 2001). The COR theory is based on stress explaining human behaviour concerning resource attainment and conservation. COR has been used to research conflicts, stress, and burnout-related studies (Hobfoll, 2011). COR literature on stress has examined how the distribution of one's resources has influenced another, with several studies finding that devoting an excessive amount of one's resources may result in troubles in another one (Wright and Hobfoll, 2004). Further, recent studies have found that emotional exhaustion has the highest correlation with depression symptoms compared to other forms of exhaustion. Past literature also revealed that depression and emotional exhaustion lead to job burnout (López-Cabarcos *et al.*, 2021) and turnover intentions (Ran *et al.*, 2020). Similarly, SCT stresses the distinctive ways in which individuals acquire and maintain behaviour and the situational contexts in which the behaviour is done (Schunk, 2012). The hypothesis emphasises a person's previous experiences, which determine the re-occurrence of a behaviour. These past experiences influence reinforcements, expectancies, and expectations, all of which govern whether a person will indulge in a particular activity and the reasons for doing so (Godin *et al.*, 2008).

Turnover intention

Employee turnover is the phenomenon of employees willfully departing from the organisation (Aman-Ullah *et al.*, 2022a; Özkan, 2022). However, literature shows that an employee's choice to quit an organisation is expensive for both the employee and the business. According to Hinkin and Tracey (2000), three fundamental components are often considered when calculating employee turnover costs: separation costs, replacement costs, and training expenses. Steel *et al.* (2002) further added that the average employee turnover rate in the United States is around 15%; however, this varies by industry. Evidence suggests that firms that foster cultures that value interpersonal interactions have better rates of voluntary survival than those that do not (Adriano and Callaghan, 2020). According to Chang *et al.* (2019), victims of workplace violence were more likely to contemplate turnover intentions, either by moving from the facility or resigning from the organisation.

As previously noted, when an employee disengages from work due to incivility, job burnout is possible, which may lead to a desire to quit (Han *et al.*, 2016). Similarly, some other researchers, such as Duan *et al.* (2019) and Liu *et al.* (2018), found in their studies that workplace violence is one of the big reasons for employee turnover intention in healthcare organisations as healthcare staff is regularly facing violent indents from their patients, their attendants and relatives of patients which increases dissatisfaction, burnout among them. Thus, in other words, incivility leads to burnout and the intention to leave.

Workplace incivility and turnover intention

Andersson and Pearson (1999) definition of workplace incivility is frequently cited: low-intensity behaviour with ambiguous intent to harm the target, in violation of workplace norms for mutual respect; uncivil behaviours are typically rude and impolite, demonstrating a lack of regard for others. A second description of this idea is subordinates' impressions of the amount to which supervisors participate in the prolonged display of hostile verbal and nonverbal actions, avoiding physical contact (Faheem *et al.*, 2022). A review of the relevant literature indicates that workplace incivility brings job-related dissatisfaction, resulting in employment withdrawal and psychological distress. Employees who are subjected to incivility may engage in unpleasant emotional reactions. Tamunomiebi and Ukwuije (2021) added that incivility is a big source of counterproductive workplace behaviours "production deviance, abuse, theft, sabotage, and disengagement". Several other researchers found that incivility is a source of fear, anger and sadness and absenteeism (Schilpzand *et al.*, 2016), mental stress (Huang *et al.*, 2020), dissatisfaction, burnout, turnover (Mahfooz *et al.*, 2017). Chung *et al.* (2021) further highlighted that incivility reduces workplace employee retention and productivity.

H1. Workplace incivility has a significantly positive relationship with turnover intentions.

Workplace violence and turnover intentions

Workplace violence is a widespread concern faced by health organisations worldwide (Baby *et al.*, 2018; Li *et al.*, 2019). Many researchers and organisations are working on the issue to find out ways to mitigate the problem. At the same time, the problem is regularly happening in workplaces, especially in healthcare settings. Past literature shows that healthcare workers are more likely than other workers to become victims of violence or aggression (Aman-Ullah *et al.*, 2021a,b; Bhattacharjee, 2021; Mento *et al.*, 2020). The World Health Organization (WHO) has divided workplace violence into two main categories: (1) physical violence, including beating, slapping, shooting, stabbing, and pushing, etc., (2) psychological violence, including verbal abuse, threatening, disrespecting, etc (Krug *et al.*, 2002). Violent events are being reported across the world. For instance, Belayachi *et al.* (2010) found that 70% of physicians in Morocco faced violence at their workplace, up to 80% in the USA (Phillips, 2016). Baig *et al.* (2018) found in their study that 72.5–93.2% of their respondents from the healthcare sector of Pakistan faced verbal or physical violence during their working hours. Literature also shows that as a result of regular violence or threat to violence, organisational performance, employee health and well-being is affected regularly (Binmadi and Alblowi, 2019). As a result, many employees leave or try to leave their jobs before completing their job tenures (Li *et al.*, 2019). Literature also shows that turnover ratio of those employee is very high who are dealing with violence at their workplaces (Binmadi and Alblowi, 2019; Canton *et al.*, 2009; Duan *et al.*, 2019).

H2. Workplace violence has a significantly positive relationship with turnover intentions.

Workplace incivility and job burnout

Burnout is a psychological reaction that occurs as a result of prolonged exposure to stressful job demands (Rotenstein *et al.*, 2018). The burnout theory, which was initially defined by emotional exhaustion, depersonalisation, and reduced personal efficacy in the workplace, has undergone a transformation over time (Yeh *et al.*, 2021). The present version of the theory incorporates the notion of cynicism in place of depersonalisation. The central element of burnout has been consistently recognised as emotional exhaustion, accompanied by cynicism, according to recent research (Rotenstein *et al.*, 2018). This is further supported by evidence indicating that self-efficacy is more closely associated with the concept of work engagement rather than burnout (Bernales-Turpo *et al.*, 2022). The phenomenon of burnout in healthcare has been recognised as a noteworthy contributor to professional discontentment and resulting job and career dropping out (Rotenstein *et al.*, 2018). According to Rotenstein *et al.* (2018) healthcare professionals exhibits a notably elevated incidence of burnout compared to other occupations. Addressing burnout is a crucial aspect to mitigate voluntary turnover resulting from avoidable chronic workplace stress. Several studies have demonstrated the significance of burnout in relation to outcomes within the healthcare profession. Research has indicated that burnout is significantly associated with crucial consequences pertaining to the retention of healthcare professionals, such as job satisfaction, organisational commitment, and turnover intentions (Duan *et al.*, 2019; Kim and Stoner, 2008). Hence, the following hypothesis is formulated.

H3. Workplace incivility has a significantly positive relationship with job burnout.

Workplace violence and job burnout

Workplace violence is a serious issue that can have significant negative consequences on both employees and organisations (Bhattacharjee, 2021). It can cause physical and emotional harm to individuals, reduce job satisfaction, and increase turnover intention (Cheung *et al.*, 2018). Turnover intention refers to an employee's intention to leave an organisation (Duan *et al.*, 2019). When employees experience or witness workplace violence, they may feel unsafe, unsupported, and disillusioned with their job, leading to a higher likelihood of turnover intention (Bhattacharjee, 2021). This can result in increased costs for organisations, including recruitment, training, and lost productivity (Binmadi and Alblowi, 2019). We can argue that it is crucial for organisations to take proactive steps to prevent workplace violence and provide support to employees who have been affected by it, in order to reduce turnover intention and promote a safe and healthy work environment. Therefore, the following hypothesis is formulated.

H4. Workplace violence has a significantly positive relationship with job burnout.

Job burnout and turnover intentions

Workplace burnout results in decreased productivity and staff turnover and impacts the human system by lowering productivity and performance (Davila *et al.*, 2019). Loh and Loi (2018) believe that burnout is a specific emotional exhaustion associated with intense work, loss of motivation, and lack of commitment among young volunteers who are very committed to their job. Chirico (2016) notes that job burnout is mental tiredness followed by mental stress associated with the workplace. It is also a delayed reaction to factors that contribute to chronic interpersonal stress and mobility in occupations that are most likely to be observed in alleviating and counselling occupations, obligations, and tasks. Job burnout is, in fact, one of the most severe consequences of job stress (Ibrahim *et al.*, 2023; Wu *et al.*, 2021). According to Loh and Loi (2018), incivility is likely to be connected with job burnout, a predictor of turnover intentions in various industries. Wang and Chen (2020) further discovered a closer link

between workplace incivility and job engagement, job burnout, and turnover intention. Kim and Stoner (2008) discovered that supportive work factors interact with job burnout to predict turnover intention. Therefore, the following hypothesis is formulated.

H5. Job burnout has a significantly positive relationship with turnover intentions.

Job burnout as mediator with workplace incivility and turnover intentions

Job burnout refers to a state of physical, emotional, and mental exhaustion resulting from prolonged exposure to job demands that exceed an individual's resources (Rotenstein *et al.*, 2018). Workplace incivility, on the other hand, refers to low-intensity negative behaviour, such as disrespect or rudeness that violates social norms and negatively affects the target's well-being (Vasconcelos, 2020). Research suggests that job burnout can mediate the relationship between workplace incivility and turnover intentions, meaning that the experience of burnout can help explain why employees who experience incivility are more likely to think about leaving their jobs (Namin *et al.*, 2021). Specifically, experiencing incivility can lead to burnout, which can then lead to a desire to leave the job. Therefore, it is important for organisations to address both incivility and burnout to reduce turnover intentions and promote employee well-being (Han *et al.*, 2016). Job burnout is used as mediator between workplace incivility and turnover intentions. According to Vasconcelos (2020) there is a presumed positive correlation between incivility and job burnout, which in turn is considered a predictor of turnover intention across various industries. The study conducted by Wang and Chen (2020) revealed an inverse correlation between workplace incivility and work engagement. When an individual experiences disengagement from work, there is a high likelihood of developing job burnout (Namin *et al.*, 2021; Rahim and Cosby, 2016). The present study suggests that the association between incivility and turnover intention is partially explained by burnout. Previous researchers like (Tetteh *et al.*, 2020; Van der Heijden *et al.*, 2019) revealed that the relationship between job burnout and turnover intention is moderated by supportive job conditions. Therefore, following hypothesis of formulated.

H6. Job burnout mediates the relationship between workplace incivility and turnover intentions.

Job burnout as mediator with workplace violence and turnover intentions

Over the last several years, there has been a surge in interest in burnout as people have come to recognise its enormous detrimental effect on the work environment (Rotenstein *et al.*, 2018). Burnout in the workplace is the ultimate catastrophe in the psychosomatic health of coworkers. Both external and internal pressures can trigger stress, and it has a negative influence on psychosomatic well-being (Daumiller *et al.*, 2022). Psychosocial stressors contributing to workplace burnout include extended working hours, job uncertainty, increased workloads, poorer salary and promotion scenarios, ambiguous project roles, and time and budget constraints, all of which contribute to errors and compromise on ethical and quality standards. According to Kotera *et al.* (2021), burnout is a form of stress reaction that often manifests in those with direct and extensive interaction with others, such as students, clients, or guests. It occurs when a person attempts to do many chores quickly of time owing to unrealistic deadlines, an abundance of projects, and meetings. Stress may be beneficial at times, but everyone has their limitations. Once these limitations are exceeded, burnout is more likely to occur (Chirico, 2016).

H7. Job burnout mediates the relationship between workplace violence and turnover intentions.

Figure 1 highlights the current study's main theoretical model and research hypotheses.

Methodology

Data for the present study were collected from 250 doctors working in emergency departments of 20 public hospitals in Pakistan. The employed sampling method was purposive, and the sample size was calculated through Krejcie and Morgan's table. Furthermore, questionnaires were distributed through personal meetings and with the help of hospital administration. From the collected data, two questionnaires with missing information were excluded from the data. After that, data was analysed through SPSS and smart-PLS.

This research questionnaire was designed based on a 7-point Likert scale (from 1: strongly disagree to 7: strongly agree). The language of the questionnaire was English, and the sequence followed: (1) demographic information and (2) questions related to workplace incivility, workplace violence, job burnout, and turnover intentions, respectively. More specifically, 7 items for workplace incivility were adapted from (Cortina *et al.*, 2001), with estimated reliability of 89.8%; 4-items for workplace violence were adapted from (Chen *et al.*, 2004), with estimated reliability of 87.6%; 10-items for job burnout were adapted from (Maslach *et al.*, 2001) with estimated reliability of 93.0%; 5-items for turnover intentions were adapted from (Homburg, van der Heijden and Valkenburg, 2013), with estimated reliability of 75.5%. Four doctors and academicians approved the content reliability of the questionnaire after minor changes.

Results

Demographic characteristics

Demographic characteristics of the respondents, including "gender, age, designation, and years of service", were used in this study (see Table 1). The detailed explanation of the demographics is as follows: Form the respondents, 56.8% were male, while 29.8% of participants belonged to the age group of 36–40, followed by 26.6% belonged to the 31–35 years age group. 24.3% from 41–45 age group and 19.7% from 24–30 age group, respectively. Further, general practitioners comprised the most significant proportion of respondents (46.7%), followed by medical officers (31.6%) and specialists (21.7%). Regarding working experience, 44.7% of respondents said they had been working for 6–10 years, 29.5% said they had more than 11 years, and 25.8% said they had 1–5 years of experience.

Multicollinearity and descriptive assessment

Table 2 shows the values for latent variable correlations along with descriptive assessment. The most considerable correlation was found between workplace incivility (Inc) and job burnout (BO) at 76.7%, while the lowest was between workplace violence (WPV) and turnover intentions (TI) at 21.0%. The results show that latent variable correlation is acceptable because all values are below the 80% threshold (Hair *et al.*, 2019). For inter-item

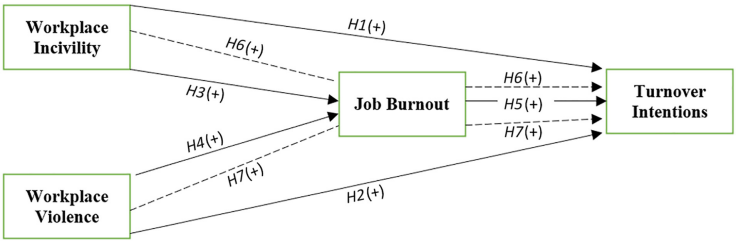


Figure 1.
Conceptual model

Source(s): Authors' computation

Demographic profile		N	(%)
Gender	Female	107	43.2
	Male	141	56.8
Age	24–30	49	19.7
	31–35	66	26.6
	36–40	74	29.8
	41–45	59	24.3
Designation	General practitioners	116	46.7
	Medical officers	78	31.6
	Specialist	54	21.7
Year in service	1–5	64	25.8
	6–10	111	44.7
	11–above	73	29.5

Source(s): Authors' computation using SPSS

Table 1. Demographic characteristics

	BO	Inc	TI	WPV	Mean	SD
BO	1.000				4.391	1.357
Inc	0.767	1.000			4.498	1.438
TI	0.604	0.630	1.000		4.352	1.067
WPV	0.311	0.309	0.210	1.000	3.425	1.392

Note(s): BO = burnout, Inc = incivility, TI = turnover intentions, WPV = workplace violence
Source(s): Authors' computation using smart-PLS

Table 2. Latent variable correlations

correlation, the variance inflation factor (VIF) was also computed (see Table 3). The VIF values ranged from 1.214 to 2.699, meeting the 5.0 threshold criterion (Hair *et al.*, 2019). After that, for descriptive assessment, mean and standard deviation were calculated (see Table 2). The mean values in this study ranged from 3.425 to 4.498, with standard deviations ranging from 1.067 to 1.438. These findings indicate that there is no collinearity in the data.

Measurement model assessment

This study used the measurement model analysis in PLS-SEM utilising the algorithm approach (Hair *et al.*, 2019). Four items were deleted based on the outer loading values: Inc 1, Inc 6, TI 3, and TI 5 since their loadings were lower than 0.60, which might impact the instrument's reliability. Cronbach's alpha (a) values, critical for determining instrument reliability, varied from 0.755 to 0.930, suggesting good to high reliability. Following Hair *et al.* (2019), we calculated average variance extracted (AVE), which is defined as the measure of the amount of variation collected by a construct in proportion to the amount of variance due to measurement error. The AVE cutoff is 0.50, and the results in this study range from 0.558 to 0.680. The reported composite reliability (CR) values vary from 0.827 to 0.944, above the minimal criteria of 0.70 (see Table 3 and Figure 2 for further information).

Discriminant validity measurement

Discriminant validity reveals how dissimilar conceptions are from one another. The Heterotrait-Monotrait ratio (HTMT) was chosen to assess discriminant validity because it allows more control over relevance and accuracy (Henseler *et al.*, 2015). The HTMT threshold requirements are 0.90. The findings reveal that the HTMT values are within the acceptable range of 0.277–0.838. As a result, the discriminant validity is sufficient to proceed; Table 4.

Construct	Items	Outer loadings	VIF	Alpha	AVE	CR
Workplace incivility				*0.898*	*0.710*	*0.924*
	Inc2	0.855	2.435			
	Inc3	0.853	2.417			
	Inc4	0.809	1.983			
	Inc5	0.848	2.291			
	Inc7	0.845	2.376			
Workplace violence				*0.876*	*0.728*	*0.915*
	WPV1	0.860	2.337			
	WPV2	0.852	2.107			
	WPV3	0.822	2.093			
	WPV4	0.878	2.478			
Job burnout				*0.930*	*0.616*	*0.941*
	BO1	0.782	2.342			
	BO2	0.784	2.123			
	BO3	0.812	2.450			
	BO4	0.725	1.885			
	BO5	0.807	2.518			
	BO6	0.738	1.983			
	BO7	0.817	2.699			
	BO8	0.818	2.669			
	BO9	0.840	2.742			
	BO10	0.715	1.809			
Turnover intentions				*0.755*	*0.591*	*0.812*
	TI1	0.773	1.214			
	TI2	0.760	1.334			
	TI4	0.773	1.319			

Table 3. Measurement model assessment

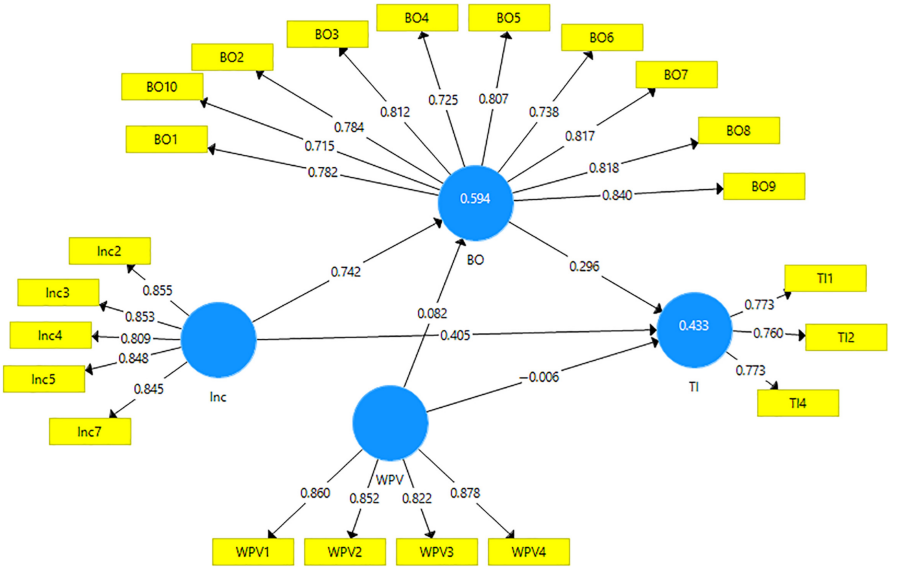
Note(s): Workplace incivility = Inc, workplace violence = WPV, job burnout = BO, turnover intentions = TI; deleted items (Inc 1, 6; TI 3, 5)
Source(s): Authors' computation using smart-PLS

Structural model assessment

This study employed respectively structural model analysis using PLS-SEM with bootstrapping and blindfolding approaches for path coefficients and hypothesis testing. To investigate predictive relevance, the estimated predictive relevance (Q^2) was determined using the blindfolding method (Geisser, 1975; Stone, 1974). The Q^2 values indicate that the relevance of workplace incivility and workplace violence with turnover intentions is $Q^2 = 34.6\%$, and the relevance of workplace incivility and workplace violence with job burnout is $Q^2 = 22.7\%$.

Likewise, the coefficient of determination (R^2) results showed that workplace incivility and violence explained 59.4% of the variance of job burnout and 43.3% of the variance of turnover intentions. Further, the effect size (f^2) of incivility to burnout was 1.227, incivility to turnover intention was 0.118, workplace violence to job burnout was 0.150, workplace violence to turnover intention was 0.010, and job burnout to turnover intentions was 0.062. According to Cohen (1988) represents a change in R^2 when exogenous variables are removed from the model. Further, the effect size is small when it is lower than 0.02, medium when less than 0.15, and large when it is 0.35 or more. Based on these criteria, the effect size is medium to high except between workplace violence to turnover intention, where the effect size is small.

Using job burnout as a mediator, the bootstrapping approach was used to evaluate direct links from H1 to H5 and indirect associations from H6 to H7. Hypotheses were evaluated against "β-values, t-statistics, and p-values", as shown in Table 5 and Figure 3. The results indicate that workplace incivility had a significant positive relationship with turnover



Source(s): Authors' computation using smart-PLS

Figure 2.
Measurement model

Heterotrait-monotrait ratio (HTMT)	BO	Inc	TI	WPV
BO	–			
Inc	0.838	–		
TI	0.767	0.815	–	
WPV	0.343	0.345	0.277	–

Note(s): Workplace incivility = Inc, workplace violence = WPV, job burnout = BO, turnover intentions = TI
Source(s): Authors' computation using smart-PLS

Table 4.
Discriminant validity measurement

H. No.	Hypothesis	(β)	SD	*T*-values	*p*-values	Decision
H1	Inc → TI	0.405	0.066	6.108	0.000***	Accept
H2	WPV → TI	−0.006	0.044	0.148	0.883	Reject
H3	Inc → BO	0.742	0.035	21.272	0.000***	Accept
H4	WPV → BO	0.082	0.030	2.718	0.007***	Accept
H5	BO → TI	0.296	0.069	4.275	0.000***	Accept
	Mediation					
H6	Inc → BO → TI	0.219	0.055	4.015	0.000***	Accept
H7	WPV → BO → TI	0.024	0.010	2.421	0.016**	Accept

Note(s): Workplace incivility = Inc, workplace violence = WPV, job burnout = BO, turnover intentions = TI; *** highly significant at 0.001, ** moderately significant at 0.01
Source(s): Authors' computation using Smart-PLS

Table 5.
Hypothesis testing results

intentions ($\beta = 0.402$; $t = 6.108$, $p = 0.000$***), thus confirming H1. The relationship between workplace violence and turnover intentions results is insignificant at $\beta = -0.006$ ($t = 0.148$, $p = 0.883$). So, H2 was rejected. Further, workplace incivility positively correlated with job

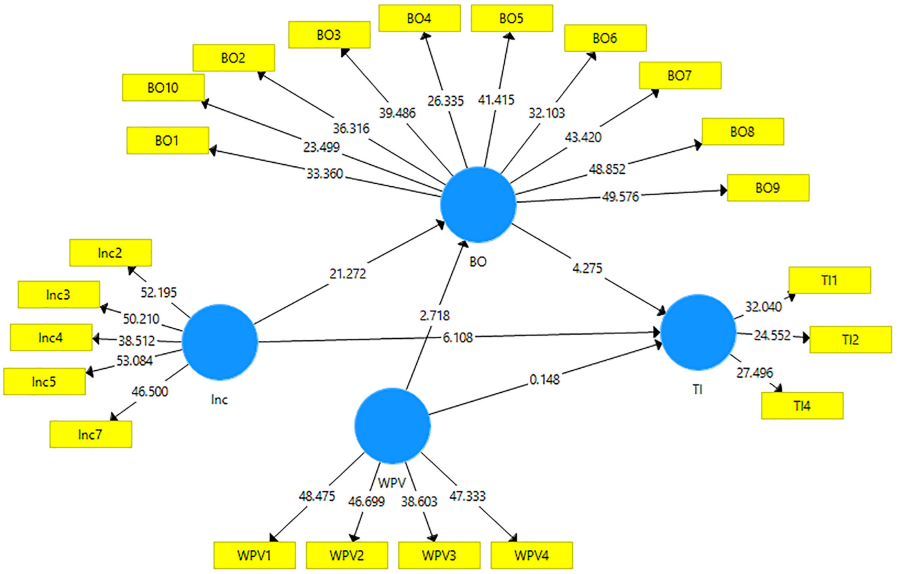


Figure 3.
Structural model

Source(s): Authors' computation using smart-PLS

burnout at $\beta = 0.742$ ($t = 21.272$, $p = 0.000$***), supporting H3. Workplace violence formed a significantly positive relationship with job burnout at $\beta = 0.082$ ($t = 2.718$, $p = 0.007$***), and H4 was supported. Finally, job burnout also formed a significantly positive relationship with turnover intentions at $\beta = 0.296$ ($t = 4.275$, $p = 0.000$***), supporting H5.

In the present study, two mediation relationships through job burnout were also tested. Results showed that job burnout significantly mediates the relationship between workplace incivility and turnover intentions at $\beta = 0.219$ ($t = 4.015$, $p = 0.000$***). These results support H6. Further, job burnout mediates significantly between workplace violence and turnover intentions at $\beta = 0.024$ ($t = 2.421$, $p = 0.016$**), so H7 was confirmed.

Discussion

This study contributes to the existing body of literature on the relationship between workplace incivility, workplace violence, and turnover intentions in the healthcare industry of Pakistan, with job burnout as the mediator. Certain professions, such as healthcare, a service-based industry, rely heavily on individuals with specialised skills of their employees. For the healthcare industry, it would be hard to maintain the healthcare system without doctors as their role is critical in every step, from problem diagnosis to cure. Therefore, their role is inevitable for the industry. The details of the obtained results of this study are given below. H1 of the present research indicates that workplace incivility has a significant positive relationship with turnover intentions. The previous results also support these findings (Mahfooz *et al.*, 2017). H2 points out an insignificant relationship between workplace violence and turnover intentions, contradictory to previous literature (Li *et al.*, 2019). The possible reason is the unemployment and inflation in the country. Employees might think that losing their current job will be difficult for them to find a new job. This factor forces them to stay until they find a suitable option. H3 indicates that workplace incivility has a significant positive relationship with job burnout, supported by the previous findings (Loh and Loi, 2018). Based on COR theory, we argue when resources and alternatives are limited people

prefer to hold the situation until they find alternative option. However, when people are not happy with their jobs the start exhausting and eventually burnout happens. Further, H4 reveals that workplace violence has a significant positive relationship with job burnout which is aligned with previous literature (Duan *et al.*, 2019). H5 indicates that job burnout has a significant positive relationship with turnover intentions, and the finding is aligned with existing literature (Kim and Stoner, 2008). Likewise, for H6 mediation relationship of job burnout between workplace incivility and turnover intentions was confirmed and aligned with previous findings of Rahim and Cosby (2016). For H7, a mediation relationship of job burnout between workplace violence and turnover intentions was confirmed and aligned with previous findings of Liu *et al.* (2018), who found a significant association between workplace violence and job burnout. Similarly, Duan *et al.* (2019) found job burnout increases turnover intentions.

Furthermore, Pakistan is one of the countries worldwide experiencing a severe human resource management crisis in the medical industry (Aman-Ullah *et al.*, 2022b). Historically, its healthcare industry has focused far more on curing than caring. Consequently, although the medical workforce continues to rise by triple digits annually, less than 100,000 professional doctors are in the country and are unevenly dispersed between provinces (Bokhari, 2019). Despite their indispensable contribution to patient care, emergency doctors are less acknowledged with the attention and respect they deserve. They are supposed to concurrently serve as mentors, well-wishers, and caregivers while being compelled to engage in vulnerable, stressful, and chaotic environments for minimal wages. The meagre patient-to-doctor ratio of about 5:1 (Aman-Ullah *et al.*, 2021a,b) expose doctors to a considerable risk of violence from coworkers, visitors, and, most importantly, patients. Most patients see doctors negatively, with some even treating them as servants. They frequently damage doctors' possessions, mistreat them, assault them, and blame them for their condition (Ahmed *et al.*, 2018). They believe doctors are their servants and get salaries from their tax money and become violent for not getting enough protocol. For instance, a doctor in a public hospital in the KPK province of Pakistan was tortured by the health minister for not getting enough protocol (Aman-Ullah *et al.*, 2021a,b). The inability of healthcare professionals to supply competent, effective, and safe care is impaired by patient violence, which generates fear and impedes their capacity to perform their duties.

At the same time, the issue of workplace incivility is also prevalent in Pakistani hospitals. Employees regularly complain about uncivil behaviours from their bosses, colleagues, and patients. Jalil *et al.* (2020) state that false pride and superiority complexes are common, especially among young Pakistani doctors. They believe there is no need to include professionalism and humanity-related regulations in their training, as these are irrelevant to medicines. The use of social media applications during duty hours, ridiculing patients, substance abuse such as smoking cigarettes in the office, referring complicated cases to other hospitals, freeing up beds before holidays, a lack of cooperation from paramedical staff, and inadequate role models were commonly observed issues in Pakistani hospitals.

In this context, the present study conceptualised and then investigated a structural framework explaining how workplace violence against doctors leads to doctor incivility toward patients and doctors' turnover intentions via burnout. The study combined scriptural concepts, human aggression models, SCT theory, and the COR theory as a foundation for establishing causal relationships with depth, rigour, and precision. The hypothesised relationships were empirically examined by applying sophisticated analytic approaches to perception-based data collected from 250 doctors at 20 hospitals in Pakistan. This is the first empirical attempt to correlate workplace incivility and workplace violence with doctors' turnover intentions in Pakistan. In addition, it is the only study to illustrate how burnout increases the propensity of frontline medical service personnel to engage in aggressive and retaliatory behaviour.

Practical implications

Healthcare organisations nowadays are modifying their cultures to offer rewards for the growth of social and diplomatic capabilities. These improvements in culture and training in social skills should help managers to minimise their personal and workers' incivility, which is necessary for enhancing job performance, job burnout, and intention to leave the organisation of their subordinates. Even while education and training are beneficial for lowering managers' incivility, there is a limit to what management can learn to lessen it. To address this issue, organisations may need to modify their policy of selecting managers with the social and diplomatic capabilities necessary to eliminate workplace incivility.

Theoretical implications

Furthermore, workplace violence is prevalent in the emergency departments of Pakistani hospitals; management should pay attention to this phenomenon and implement appropriate steps to avoid its occurrence. Doctors, particularly those working in the emergency department, exhibited significant job burnout; hence, management should implement fair and acceptable reporting procedures, preventive measures, and compensation systems to limit their burnout. In addition, the final model demonstrates that job burnout acts as a mediator between workplace violence, workplace incivility, and doctor turnover intentions. Therefore, we recommend minimising turnover intention among emergency doctors by reducing workplace incivility, workplace violence, and job burnout. This present study also caries useful implications for the researchers who want to carry further research on incivility and burnout among emergency departments. Present study explains the study model with the support of conservative resource theory and social cognitive theory.

Conclusion

The present study tested and evaluated a newly formulated model: "workplace incivility → workplace violence → job burnout → turnover intentions". The findings supported all the hypotheses except H2, which proposed that workplace violence has a significantly positive relationship with turnover intentions. The present study also expanded the literature on conservative resource theory and social cognitive theory in the context of the healthcare sector of Pakistan. Further, no prior studies have explored this model since this model was formulated for the first time.

Limitations and future directions

This study is limited to the healthcare sector of Pakistan only. Where questionnaires were filled by the doctors only once, for better generalisability, questionnaires can be filled by the same populations twice or thrice to clarify that there is no response bias. Further, other countries can also be added in a future study for better generalisability. Further, in terms of future directions, more investigations are required to understand better the relationships between management and doctors' uncivil behaviours and their impacts on the people in front of them. Future studies should focus on organisational citizenship behaviour, comfort with supervision, and organisational justice as independent variables. Future studies should focus on carefully designing and analysing the impact of training related to workplace incivility to improve the abovementioned factors. Besides, this study also helps understand workplace violence's impact on employee behaviour. Since workplace violence negatively affects the cognitive abilities of employees, it shows a negative influence on the performance of employees as well. Future studies can also focus on the effect of workplace violence on employee well-being. Furthermore, H2 of the present study showed contrasting results from

the existing literature. Future studies are encouraged to confirm whether the same results emerge or the reasons behind such behaviours could be explored.

References

Adriano, J. and Callaghan, C.W. (2020), "Work-life balance, job satisfaction and retention: turnover intentions of professionals in part-time study", *South African Journal of Economic and Management Sciences*, Vol. 23 No. 1, pp. 1-12.

Aguglia, A., Belvederi Murri, M., Conigliaro, C., Cipriani, N., Vaggi, M., Di Salvo, G., Maina, G., Vito, C., Eugenio, A. and Serafini, G. (2020), "Workplace violence and burnout among mental health workers", *Psychiatric Services*, Vol. 71 No. 3, pp. 284-288.

Ahmed, F., Memon, M.K. and Memon, S. (2018), "Violence against doctors, a serious concern for healthcare organizations to ponder about", *Annals of Medicine and Surgery*, Vol. 25 No. 1, pp. 3-5.

Ali, F.S., Zuberi, B.F., Rasheed, T. and Shaikh, M.A. (2019), "Why doctors are not satisfied with their job-current status in tertiary care hospitals", *Pakistan Journal of Medical Sciences*, Vol. 35 No. 1, pp. 205-210.

Aman-Ullah, A., Aziz, A. and Ibrahim, H. (2021a), "Anomalies of the healthcare sector using workplace safety and job satisfaction: a case study of Pakistan", *The Journal of Asian Finance, Economics and Business*, Vol. 8 No. 3, pp. 1181-1191.

Aman-Ullah, A., Aziz, A., Ibrahim, H., Mehmood, W. and Abbas, Y.A. (2021b), "The impact of job security, job satisfaction and job embeddedness on employee retention: an empirical investigation of Pakistan's health-care industry", *Journal of Asia Business Studies*, Vol. 16 No. 6, pp. 904-922.

Aman-Ullah, A., Ibrahim, H., Aziz, A. and Mehmood, W. (2022a), "Balancing is a necessity not leisure: a study on work–life balance witnessing healthcare sector of Pakistan", *Asia-Pacific Journal of Business Administration*, (ahead-of-print), doi: 10.1108/APJBA-09-2020-0338.

Aman-Ullah, A., Ibrahim, H., Aziz, A. and Mehmood, W. (2022b), "Impact of workplace safety on employee retention using sequential mediation: evidence from the health-care sector", *RAUSP Management Journal*, Vol. 57, pp. 182-198.

Andersson, L.M. and Pearson, C.M. (1999), "Tit for tat? The spiraling effect of incivility in the workplace", *Academy of Management Review*, Vol. 24 No. 3, pp. 452-471.

Andlib, S., Inayat, S., Azhar, K. and Aziz, F. (2022), "Burnout and psychological distress among Pakistani nurses providing care to COVID-19 patients: a cross-sectional study", *International Nursing Review*. doi: 10.1111/inr.12750.

Baby, M., Gale, C. and Swain, N. (2018), "Communication skills training in the management of patient aggression and violence in healthcare", *Aggression and Violent Behavior*, Vol. 39, pp. 67-82.

Baig, L.A., Shaikh, S., Polkowski, M., Ali, S.K., Jamali, S., Mazharullah, L., Soomro, M., Kumari, B., Memon, S. and Maheshwari, G. (2018), "Violence against health care providers: a mixed-methods study from Karachi, Pakistan", *The Journal of Emergency Medicine*, Vol. 54 No. 4, pp. 558-566, e552.

Bandura, A. (2001), "Social cognitive theory: an agentic perspective", *Annual Review of Psychology*, Vol. 52 No. 1, pp. 1-26.

Belayachi, J., Berrechid, K., Amlaiky, F., Zekraoui, A. and Abouqal, R. (2010), "Violence toward physicians in emergency departments of Morocco: prevalence, predictive factors, and psychological impact", *Journal of Occupational Medicine and Toxicology*, Vol. 5 No. 1, pp. 1-7.

Bernales-Turpo, D., Quispe-Velasquez, R., Flores-Ticona, D., Saintila, J., Ruiz Mamani, P.G., Huancahuire-Vega, S. and Morales-García, W.C. (2022), "Burnout, professional self-efficacy, and life satisfaction as predictors of job performance in health care workers: the mediating role of work engagement", *Journal of Primary Care and Community Health*, Vol. 13, pp. 1-9.

Bhattacharjee, D. (2021), "Workplace violence in healthcare: towards a psychosocial perspective", *Aggression and Violent Behavior*, Vol. 58, 101573.

Binmadi, N.O. and Alblowi, J.A. (2019), "Prevalence and policy of occupational violence against oral healthcare workers: systematic review and meta-analysis", *BMC Oral Health*, Vol. 19 No. 1, pp. 279-287.

Bokhari, W. (2019), "Medical Colleges and Doctors in Pakistan - too many or too few?", available at: https://nation.com.pk/21-Sep-2019/medical-colleges-and-doctors-in-pakistan-too-many-or-too-few

Canton, A.N., Sherman, M.F., Magda, L.A., Westra, L.J., Pearson, J.M., Raveis, V.H. and Gershon, R.R. (2009), "Violence, job satisfaction, and employment intentions among home healthcare registered nurses", *Home Healthcare Now*, Vol. 27 No. 6, pp. 364-373.

Chang, Y.P., Lee, D.C., Chang, S.C., Lee, Y.H. and Wang, H.H. (2019), "Influence of work excitement and workplace violence on professional commitment and turnover intention among hospital nurses", *Journal of Clinical Nursing*, Vol. 28 Nos 11-12, pp. 2171-2180.

Chen, Z.-H., Wang, S.-Y., Lu, Y. and Jing, C.-X. (2004), "Analysis on the epidemiological features and risk factors of hospital workplace violence in Guangzhou", *Zhonghua liu xing bing xue za zhi= Zhonghua liuxingbingxue zazhi*, Vol. 25 No. 1, pp. 3-5.

Chen, H.-T., Wang, C.-H. and Shih, I.-T. (2021), "Are frontline employees punching bags? The relationship between interpersonal workplace incivility and employee incivility toward customers", *Journal of Hospitality and Tourism Management*, Vol. 47, pp. 377-388.

Cheung, T., Lee, P.H. and Yip, P.S. (2018), "The association between workplace violence and physicians' and nurses' job satisfaction in Macau", *PloS One*, Vol. 13 No. 12, e0207577.

Chirico, F. (2016), "Job stress models for predicting burnout syndrome: a review", *Annali dell'Istituto superiore di sanita*, Vol. 52 No. 3, pp. 443-456.

Chung, H., Quan, W., Koo, B., Ariza-Montes, A., Vega-Muñoz, A., Giorgi, G. and Han, H. (2021), "A threat of customer incivility and job stress to hotel employee retention: do supervisor and co-worker supports reduce turnover rates?", *International Journal of Environmental Research and Public Health*, Vol. 18 No. 12, p. 6616.

Cohen, J. (1988), *Statistical Power Analysis for the Behavioral Sciences*, Lawrence Erlbaum Associates, Hillsdale, NJ, pp. 20-26.

Cortina, L.M., Magley, V.J., Williams, J.H. and Langhout, R.D. (2001), "Incivility in the workplace: incidence and impact", *Journal of Occupational Health Psychology*, Vol. 6 No. 1, p. 64.

Daumiller, M., Rinas, R. and Breithecker, J. (2022), "Elite athletes' achievement goals, burnout levels, psychosomatic stress symptoms, and coping strategies", *International Journal of Sport and Exercise Psychology*, Vol. 20 No. 2, pp. 416-435.

Davila, V.J., Meltzer, A.J., Hallbeck, M.S., Stone, W.M. and Money, S.R. (2019), "Physical discomfort, professional satisfaction, and burnout in vascular surgeons", *Journal of Vascular Surgery*, Vol. 70 No. 3, pp. 913-920, e912.

Duan, X., Ni, X., Shi, L., Zhang, L., Ye, Y., Mu, H., Li, Z., Liu, X., Fan, L. and Wang, Y. (2019), "The impact of workplace violence on job satisfaction, job burnout, and turnover intention: the mediating role of social support", *Health and Quality of Life Outcomes*, Vol. 17 No. 1, pp. 1-10.

Estes, B. and Wang, J. (2008), "Integrative literature review: workplace incivility: impacts on individual and organizational performance", *Human Resource Development Review*, Vol. 7 No. 2, pp. 218-240.

Faheem, M.A., Ali, H.Y., Akhtar, M.W. and Asrar-ul-Haq, M. (2022), "Turn the table around: workplace incivility, coworker deviance, turnover intentions and nurses' job performance", *Kybernetes*, (ahead-of-print), doi: 10.1108/K-09-2021-0837.

Geisser, S. (1975), "The predictive sample reuse method with applications", *Journal of the American Statistical Association*, Vol. 70 No. 350, pp. 320-328.

Godin, G., Bélanger-Gravel, A., Eccles, M. and Grimshaw, J. (2008), "Healthcare professionals' intentions and behaviours: a systematic review of studies based on social cognitive theories", *Implementation Science*, Vol. 3 No. 1, pp. 1-12.

Hacer, T.Y. and Ali, A. (2020), "Burnout in physicians who are exposed to workplace violence", *Journal of Forensic and Legal Medicine*, Vol. 69, 101874.

Hair, J.F., Risher, J.J., Sarstedt, M. and Ringle, C.M. (2019), "When to use and how to report the results of PLS-SEM", *European Business Review*, Vol. 31 No. 1, pp. 2-24.

Han, S.J., Bonn, M.A. and Cho, M. (2016), "The relationship between customer incivility, restaurant frontline service employee burnout and turnover intention", *International Journal of Hospitality Management*, Vol. 52, pp. 97-106.

Henseler, J., Ringle, C.M. and Sarstedt, M. (2015), "A new criterion for assessing discriminant validity in variance-based structural equation modeling", *Journal of the Academy of Marketing Science*, Vol. 43 No. 1, pp. 115-135.

Hinkin, T.R. and Tracey, J.B. (2000), "The cost of turnover: putting a price on the learning curve", *Cornell Hotel and Restaurant Administration Quarterly*, Vol. 41 No. 3, pp. 14-21.

Hobfoll, S.E. (1989), "Conservation of resources: a new attempt at conceptualizing stress", in *American Psychologist*, Oxford University Press, Vol. 44, p. 513.

Hobfoll, S.E. (2011), "Conservation of resources theory: its implication for stress, health, and resilience", *The Oxford Handbook of Stress, Health, and Coping*, Vol. 127, p. 147.

Holm, K., Torkelson, E. and Bäckström, M. (2022), "Workplace incivility as a risk factor for workplace bullying and psychological well-being: a longitudinal study of targets and bystanders in a sample of Swedish engineers", *BMC Psychology*, Vol. 10 No. 1, pp. 1-14.

Holmgreen, L., Tirone, V., Gerhart, J. and Hobfoll, S.E. (2017), "Conservation of resources theory", in *The Handbook of Stress and Health: A Guide to Research and Practice*, John Wiley & Sons, Vol. 2, pp. 443-457.

Homburg, V., van der Heijden, B. and Valkenburg, L. (2013), "Why do nurses change jobs? An empirical study on determinants of specific nurses' post-exit destinations", *Journal of Nursing Management*, Vol. 21 No. 6, pp. 817-826.

Huang, N., Qiu, S., Alizadeh, A. and Wu, H. (2020), "How incivility and academic stress influence psychological health among college students: the moderating role of gratitude", *International Journal of Environmental Research and Public Health*, Vol. 17 No. 9, p. 3237.

Hussain, S., Hussain, Z. and Hussain, S. (2020), "Workplace spirituality and turnover intentions among the doctors working in private hospitals in Karachi, Pakistan: a cross sectional study", *British Journal of Medical and Health Sciences (BJMHS)*, Vol. 2 No. 8, pp. 402-407.

Ibrahim, H., Mohd Zin, M.L., Aman-Ullah, A. and Mohd Ghazi, M.R. (2023), "Impact of technostress and information technology support on HRIS user satisfaction: a moderation study through technology self-efficacy", *Kybernetes*. doi: 10.1108/K-01-2023-0018.

Jalil, A., Mahmood, Q.K. and Fischer, F. (2020), "Young medical doctors' perspectives on professionalism: a qualitative study conducted in public hospitals in Pakistan", *BMC Health Services Research*, Vol. 20 No. 1, pp. 1-10.

Jian, Q., Wang, X., Al-Smadi, H.M., Waheed, A., Badulescu, A. and Samad, S. (2022), "Proposing a robust model to reduce employees' turnover intentions in an ethical leadership framework: empirical evidence from the healthcare sector", *International Journal of Environmental Research and Public Health*, Vol. 19 No. 15, p. 8939.

Khan, M.N., Khan, I., Ul-Haq, Z., Khan, M., Baddia, F., Ahmad, F. and Khan, S. (2021), "Managing violence against healthcare personnel in the emergency settings of Pakistan: a mixed methods study", *BMJ Open*, Vol. 11 No. 6, e044213.

Kim, H. and Stoner, M. (2008), "Burnout and turnover intention among social workers: effects of role stress, job autonomy and social support", *Administration in Social Work*, Vol. 32 No. 3, pp. 5-25.

Kotera, Y., Maxwell-Jones, R., Edwards, A.-M. and Knutton, N. (2021), "Burnout in professional psychotherapists: relationships with self-compassion, work–life balance, and telepressure", *International Journal of Environmental Research and Public Health*, Vol. 18 No. 10, p. 5308.

Krug, E.G., Mercy, J.A., Dahlberg, L.L. and Zwi, A.B. (2002), "The world report on violence and health", *The Lancet*, Vol. 360 No. 9339, pp. 1083-1088.

Li, N., Zhang, L., Xiao, G., Chen, J. and Lu, Q. (2019), "The relationship between workplace violence, job satisfaction and turnover intention in emergency nurses", *International Emergency Nursing*, Vol. 45, pp. 50-55.

Liu, W., Zhao, S., Shi, L., Zhang, Z., Liu, X., Li, L., Duan, X., Li, G., Lou, F. and Jia, X. (2018), "Workplace violence, job satisfaction, burnout, perceived organisational support and their effects on turnover intention among Chinese nurses in tertiary hospitals: a cross-sectional study", *BMJ Open*, Vol. 8 No. 6, e019525.

López-Cabarcos, M.Á., López-Carballeira, A. and Ferro-Soto, C. (2021), "How to moderate emotional exhaustion among public healthcare professionals?", *European Research on Management and Business Economics*, Vol. 27 No. 2, 100140.

Loh, J.M. and Loi, N. (2018), "Tit for tat: burnout as a mediator between workplace incivility and instigated workplace incivility", *Asia-Pacific Journal of Business Administration*, Vol. 10 No. 1, pp. 100-111.

Luszczynska, A. and Schwarzer, R. (2015), "Social cognitive theory", in *Fac Health Sci Publ*, McGraw-Hill Education, pp. 225-251.

Mahfooz, Z., Arshad, A., Nisar, Q.A., Ikram, M. and Azeem, M. (2017), "Does workplace incivility & workplace ostracism influence the employees' turnover intentions? Mediating role of burnout and job stress & moderating role of psychological capital", *International Journal of Academic Research in Business and Social Sciences*, Vol. 7 No. 8, pp. 398-413.

Martin, L.D. and Zadinsky, J.K. (2022), "Frequency and outcomes of workplace incivility in healthcare: a scoping review of the literature", *Journal of Nursing Management*. doi: 10.1111/jonm.13783.

Maslach, C., Schaufeli, W.B. and Leiter, M.P. (2001), "Job burnout", *Annual Review of Psychology*, Vol. 52 No. 1, pp. 397-422.

Mazhar, S.B., Gilani, S., Ain, Q.T. and Khan, S. (2019), "High burn out among doctors working in a tertiary care hospital; a wakeup call", *Journal of the Pakistan Medical Association*, Vol. 69, p. 349.

Mento, C., Silvestri, M.C., Bruno, A., Muscatello, M.R.A., Cedro, C., Pandolfo, G. and Zoccali, R.A. (2020), "Workplace violence against healthcare professionals: a systematic review", *Aggression and Violent Behavior*, Vol. 51, 101381.

Mir, A.M., Shaikh, M.S., Rashida, G. and Mankani, N. (2015), "To serve or to leave: a question faced by public sector healthcare providers in Pakistan", *Health Research Policy and Systems*, Vol. 13 No. 1, pp. 85-91.

Namin, B.H., Øgaard, T. and Røislien, J. (2021), "Workplace incivility and turnover intention in organizations: a meta-analytic review", *International Journal of Environmental Research and Public Health*, Vol. 19 No. 1, p. 25.

Naz, S., Hashmi, A.M. and Asif, A. (2016), "Burnout and quality of life in nurses of a tertiary care hospital in Pakistan", *Journal of the Pakistan Medical Association*, Vol. 66 No. 5, pp. 532-536.

Oyeleye, O., Hanson, P., O'Connor, N. and Dunn, D. (2013), "Relationship of workplace incivility, stress, and burnout on nurses' turnover intentions and psychological empowerment", *The Journal of Nursing Administration*, Vol. 43 No. 10, pp. 536-542.

Özkan, A.H. (2022), "Organizational justice perceptions and turnover intention: a meta-analytic review", *Kybernetes*. doi: 10.1108/K-01-2022-0119.

Phillips, J.P. (2016), "Workplace violence against health care workers in the United States", *New England Journal of Medicine*, Vol. 374 No. 17, pp. 1661-1669.

Porath, C.L. and Pearson, C.M. (2010), "The cost of bad behavior", *Organizational dynamics*, Vol. 39 No. 1, pp. 64-71.

Rahim, A. and Cosby, D.M. (2016), "A model of workplace incivility, job burnout, turnover intentions, and job performance", *Journal of Management Development*, Vol. 33 No. 10, pp. 1255-1265.

Ran, L., Chen, X., Peng, S., Zheng, F., Tan, X. and Duan, R. (2020), "Job burnout and turnover intention among Chinese primary healthcare staff: the mediating effect of satisfaction", *BMJ Open*, Vol. 10 No. 10, e036702.

Razzaq, N. and Huda, Z. (2022), "Violence against doctors at government tertiary care hospitals in Pakistan: someone's life over your own?", *Annals of Medicine and Surgery*, Vol. 79, 104012, doi: 10.1016/j.amsu.2022.104012.

Reich, T.C. and Hershcovis, M.S. (2015), "Observing workplace incivility", *Journal of Applied Psychology*, Vol. 100 No. 1, p. 203.

Rotenstein, L.S., Torre, M., Ramos, M.A., Rosales, R.C., Guille, C., Sen, S. and Mata, D.A. (2018), "Prevalence of burnout among physicians: a systematic review", *Jama*, Vol. 320 No. 11, pp. 1131-1150.

Samad, A., Memon, S.B. and Kumar, M. (2020), "Job satisfaction among nurses in Pakistan: the impact of incivility and informal climate", *Global Business and Organizational Excellence*, Vol. 39 No. 4, pp. 53-59.

Schilpzand, P., De Pater, I.E. and Erez, A. (2016), "Workplace incivility: a review of the literature and agenda for future research", *Journal of Organizational Behavior*, Vol. 37, pp. S57-S88.

Schunk, D.H. (2012), "Social cognitive theory", *The Oxford Handbook of Human Motivation*, pp. 1-564.

Shaikh, S., Baig, L.A., Hashmi, I., Khan, M., Jamali, S., Khan, M.N., Saleemi, M.A., Zulfiqar, K., Ehsan, S. and Yasir, I. (2020), "The magnitude and determinants of violence against healthcare workers in Pakistan", *BMJ Global Health*, Vol. 5 No. 4, e002112.

Simons, T. and Hinkin, T. (2001), "The effect of employee turnover on hotel profits: a test across multiple hotels", *Cornell Hotel and Restaurant Administration Quarterly*, Vol. 42 No. 4, pp. 65-69.

Smidt, O., De Beer, L.T., Brink, L. and Leiter, M.P. (2016), "The validation of a workplace incivility scale within the South African banking industry", *SA Journal of Industrial Psychology*, Vol. 42 No. 1, pp. 1-12.

Steel, R.P., Griffeth, R.W. and Hom, P.W. (2002), "Practical retention policy for the practical manager", *Academy of Management Perspectives*, Vol. 16 No. 2, pp. 149-162.

Stone, M. (1974), "Cross-validatory choice and assessment of statistical predictions", *Journal of the Royal Statistical Society: Series B (Methodological)*, Vol. 36 No. 2, pp. 111-133.

Tamunomiebi, M. and Ukwuije, O. (2021), "Workplace incivility and counterproductive work behaviour: a review of literature", *European Journal of Human Resource*, Vol. 5 No. 1, pp. 20-31.

Tetteh, S., Wu, C., Opata, C.N., Asirifua Agyapong, G.N.Y., Amoako, R. and Osei-Kusi, F. (2020), "Perceived organisational support, job stress, and turnover intention: the moderation of affective commitments", *Journal of Psychology in Africa*, Vol. 30 No. 1, pp. 9-16.

Van der Heijden, B., Brown Mahoney, C. and Xu, Y. (2019), "Impact of job demands and resources on nurses' burnout and occupational turnover intention towards an age-moderated mediation model for the nursing profession", *International Journal of Environmental Research and Public Health*, Vol. 16 No. 11, p. 2011.

Vasconcelos, A.F. (2020), "Workplace incivility: a literature review", *International Journal of Workplace Health Management*, Vol. 13 No. 5, pp. 513-542.

Viotti, S., Guglielmetti, C., Gilardi, S. and Guidetti, G. (2021), "The role of colleague incivility in linking work-related stressors and job burnout. A cross-sectional study in a sample of faculty administrative employees", *La Medicina del lavoro*, Vol. 112 No. 3, p. 209.

Wang, C.-H. and Chen, H.-T. (2020), "Relationships among workplace incivility, work engagement and job performance", *Journal of Hospitality and Tourism Insights*, Vol. 3 No. 4, pp. 415-429.

Wright, T.A. and Hobfoll, S.E. (2004), "Commitment, psychological well-being and job performance: an examination of conservation of resources (COR) theory and job burnout", *Journal of Business and Management*, Vol. 9 No. 4, pp. 389-406.

Wu, F., Ren, Z., Wang, Q., He, M., Xiong, W., Ma, G., Fan, X., Guo, X., Liu, H. and Zhang, X. (2021), "The relationship between job stress and job burnout: the mediating effects of perceived social support and job satisfaction", *Psychology, Health and Medicine*, Vol. 26 No. 2, pp. 204-211.

Yeh, T.F., Chang, Y.C., Hsu, Y.H., Huang, L.L. and Yang, C.C. (2021), "Causes of nursing staff burnout: exploring the effects of emotional exhaustion, work–family conflict, and supervisor support", *Japan Journal of Nursing Science*, Vol. 18 No. 2, e12392.

Zahra, S.S., Khan, M.I., Imran, M., Aman, Q. and Ali, R. (2018), "The relationship between job stress and turnover intentions in the pesticide sector of Pakistan: an employee behavior perspective", *Management Issues in Healthcare System*, Vol. 4, pp. 1-12.

Zubairi, A.J., Ali, M., Sheikh, S. and Ahmad, T. (2019), "Workplace violence against doctors involved in clinical care at a tertiary care hospital in Pakistan", *Journal of the Pakistan Medical Association*, Vol. 69 No. 9, pp. 1355-1359.

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