

Customer Incivility and Counterproductive Work Behaviors in Egyptian Healthcare Service: Does Workplace Social Support Buffer?

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Abstract

Employees in the healthcare industry encounter a high volume of challenging and stressful events, particularly in light of global health disasters. Customer incivility is frequently occurring in the healthcare industry which severely depletes both psychological and physical resources. Anecdotal evidence suggests that customer incivility leads to counterproductive work behaviors (CWB). Based on the assumptions of the conservation of resources theory and stressor-strain framework, this study demonstrates empirically the impact of customer incivility on the two most common forms of CWB among Egyptian healthcare professionals. Moreover, this work sheds a spotlight on whether workplace social support (WSS) may buffer against the damaging consequences of customer incivility. Structural equation modeling was used to analyze the data collected from 343 professionals employed in public—government and parastatal—hospitals in Dakahlia Governorate in Egypt. The findings demonstrate that customer incivility increases both interpersonal-targeted and organizational-targeted CWB. However, the role of WSS as a protective mechanism against the adverse consequences of customer incivility remains contingent on the form of CWB.

Keywords: Egyptian healthcare professionals, customer incivility, counterproductive work behaviors, workplace social support

1. Introduction

Major health epidemics like COVID-19 have recently ravaged the globe, placing a tremendous burden on healthcare systems. Healthcare organizations, along with governments and politicians, have significant limitations and difficulties in order to maintain access to affordable healthcare (Krijgheld et al., 2022). Without the participation and outstanding work of healthcare professionals, who are at the vanguard of battling these epidemics and who face significant occupational obstacles as a result of these pandemics, this gap cannot be met (Ratiu et al., 2021). In this setting, fostering physical and psychological well-being requires a workplace with a respectable, secure, and efficient interpersonal communication culture. The work environment becomes susceptible, and everyone's safety is in danger if the healthcare team does not feel secure and protected (National Patient Safety Foundation, 2013).

Research on workplace incivility has gained momentum in recent years. According to Alola et al. (2019) and Schilpzand et al. (2016), it is constantly perceived as a stressor for both the employee and the organization. Reports reveal that incivility is an overgrown phenomenon in most workplaces. For instance, based on a sample of thousands of employees questioned over a period of 14 years, 98% of employees have reported experiencing uncivil behavior, and 50% of them have been victims of rudeness at least once per week (Porath and Pearson, 2013). Reports also reveal that incivility is a substantial phenomenon experienced by many professionals in the healthcare sector. For instance, the American Nurses Association (ANA) published a new position statement on incivility, bullying, and violence in July 2015, which stated that incivility is a severe problem in nursing, with incivility prevalent in all settings (ANA, 2015). In a 2017 survey of more than 800 U.S. physicians, six out of ten encountered abusive statements from patients, and many of them received little support in overcoming the wounds (Tedeschi, 2017).

Three key features—norm violation, ambiguous intent, and low intensity—distinguish incivility behavior from other forms of interpersonal mistreatment (Porath and Pearson, 2013). Perhaps as a result of these traits, incivility in the workplace is perceived to be connected to subtle forms of mistreatment that violate basic organizational standards (Cortina et al., 2022). However, Sakurai and Jex (2012) mentioned that this trait, in turn, contributes to the persistence and pervasiveness of uncivil behaviors. For the targeted employees and their organizations, these minor offenses may eventually add up to significant costs (Cortina et al., 2022). In the service sector, rudeness at work can originate from both internal (co-workers and supervisors) and external (customers) sources (Schilpzand et al., 2016); similarly, customer incivility in the healthcare sector may arise from patients or their visitors (Mostafa, 2022). Therefore, it makes sense that dealing with uncivil customers imposes increased obstacles for service employees (see, Han et al., 2016; Zhu et al., 2019).

Research examining the consequences of workplace incivility has primarily focused on incivility from organizational insiders, such as supervisors and/or co-workers (e.g., Moon and Hur, 2018; Sakurai and Jex, 2012; Welbourne and Sariol, 2017). The potential adverse effects of incivility from organizational outsiders need further investigation (Zhou et al., 2019). According to Sliter et al. (2010), customers are more probably to engage in less extreme deviant behavior, such as being uncivil. Additionally, among the various types of workplace incivility, customer incivility has a significant effect on employees' emotional exhaustion and inadequate customer service levels (Cho et al., 2016). In this research, we add to the body of literature by offering empirical evidence for the effects of uncivil customer behaviors—patients or their visitors—and their linkages specifically to the workplace environment of hospitals.

Prior Research addressed that customer incivility has a harmful impact on employee behaviors, impeding employee performance and undermining organizational effectiveness. Previous studies indicated that customer incivility is a major source of workplace stress, which lowers work engagement, and job satisfaction (Jang et al., 2020; Ugwu et al., 2022; Wang and Chen, 2020), in-role service performance (Wang and Chen, 2020), and extra-role service performance (Bani-Melhem, 2020; Cheng et al., 2020a; Shao and Skarlicki, 2014; Mostafa, 2022; Zhu et al., 2019), increases service sabotage and revenge motivation (Cheng et al., 2020b; Shao and Skarlicki, 2014), burnout and distress (Kim and Qu, 2019; Zhou et al., 2019), and turnover intention (Alola et al., 2019; Boukis et al., 2020).

Despite this well-documented negative impact of customer incivility on service performance, limited research has examined the deleterious impact of customer incivility on employees' deviant behaviors. In particular, Sliter et al. (2012) argued that customer incivility has not yet been connected to other aspects of performance or counterproductive behaviors (CWB). In their empirical work, Kim and Qu (2019) demonstrate that customer incivility can lead to employee deviant behaviors toward both customers and co-workers. Further anecdotal evidence suggests that customer incivility would result in CWB (see, Andersson and Pearson, 1999; Porath and Pearson, 2013; Schilpzand et al., 2016). There has not been much research done to date on how customer incivility provokes the different forms of employees' CWB. To fill this gap in the field of customer incivility, this study also advances the literature by empirically investigating the effect of customer incivility on CWB as one of the most significant deviant behaviors encountered by organizations.

Recently, organizational researchers, managers, and the public have all been increasingly interested in studying the CWB (Spector and Fox, 2005; Spector et al., 2006). This is because CWB is a common phenomenon in the workplace that can have extremely negative impacts on the organization, including increased costs, decreased productivity, and property damage, as well as on the organization's members in terms of increased job stress, dissatisfaction, and turnover (Penney and Spector, 2005). Studies show that the prevalence of CWB, which is defined as “employees' volitional behaviors with the intent to harm the organization or its stakeholders and includes acts such as theft, sabotage, verbal abuse, withholding of effort, lying, refusing to cooperate, and physical assault, is higher among employees who frequently experience customer incivility” (see Moon and Hur, 2018; Penney and Spector, 2005; Sakurai and Jex, 2012). CWB has been linked to several workplace stressors, including experienced incivility from sources inside the organization (supervisors and co-workers) (see Meier and Spector, 2013; Welbourne and Sariol, 2017). As a result, this study also adds to the body of existing literature by gaining insight into how employees engage in CWB when subjected to mistreatment from organizational outsiders. Additionally, considering the notion that various CWB types have various responses to potential antecedents (Spector et al., 2006). This paper also enlarges the extant literature by elucidating the impacts of customers' uncivil behaviors on both forms of CWB—interpersonal-targeted CWB and organizational-targeted CWB.

There have been some investigations into potential defences against the adverse effects associated with incivility. For instance, Miner et al. (2012) investigated two types of social support—emotional and organizational—in reducing the detrimental effects of workplace incivility on job and life satisfaction. Cho et al. (2016) investigated

how perceived organizational support might reduce the negative consequences of workplace incivility on service employees' emotions and performance. Regarding customer incivility research, Han et al. (2016) looked at the role of organizational support and supervisory support in the relationships between customer incivility and burnout. The impact of perceived WSS on work engagement and extra-role customer service was examined by Zhu et al. (2019). Boukis et al. (2020) studied whether the supervisor's leadership style can lessen the negative psychological and behavioral responses of frontline employees. Ugwu et al. (2022) investigated whether the presence of workplace friendships and favorable supervisor gossip moderated the effect of customer incivility on work engagement. The current study explores one of the potential conditions (here, WSS) under which the negative consequences (here, CWB) of customer incivility may be lessened. Considering the impact of customer incivility and potential intervention brought on by WSS for different types of CWB should offer a deeper understanding of the CWB phenomenon that will eventually help limit damage to both healthcare organizations and employees.

Over the past few years, the global healthcare sector has experienced remarkable rapid growth, underscoring its growing economic importance on a global scale. By 2050, the Organization for Economic Cooperation and Development (OECD) predicts that over 27% of the population will be over 65 and more than 10% will be over 80, resulting in an increasing demand for healthcare services (OECD, 2019). The Egyptian healthcare system, however, has substantial constraints on all levels, including human resources. Frighteningly, in April 2022, the Egyptian Medical Syndicate (EMS) reported that between 2019 and March 2022, 11,536 doctors resigned from the Egyptian public health sector (EMS, 2022). This study adds to the body of existing literature on challenges faced by the healthcare sector by addressing a research gap in the Egyptian healthcare context and providing a starting point for further investigation. Furthermore, in their comparative study, Shao and Skarlicki (2014) indicated that different nations with distinct cultural norms have varying levels of consumer incivility and employee responses to these behaviors. Lastly, considering that Egypt is the largest Arab nation with a different religious culture from Western and Asian countries, this research will depend on existing knowledge to offer further investigation on the impact of customer incivility on employees' consequences in a context that has not yet been empirically explored.

The rest of this study is divided into the following sections. In Section 2, we address the theoretical framework and put forward hypotheses of the study. Section 3 covers methodology of the study. Section 4 addresses the regression analysis and hypothesis testing. Section 5 covers conclusion. Section 6 addresses implications and limitations for future studies.

2. Theoretical Background and Hypotheses

To substantiate our theoretical predictions, this study is supported by two relevant theoretical frameworks for our focus: Hobfoll's (1989) conservation of resources (COR) theory and Spector and Fox's (2005) stressor-strain (STS) model. Previous research and theoretical analyses of the role of customer incivility in employee consequences have pointed to the relevance of COR as a pertinent theoretical framework (e.g., Alola et al., 2019; Cheng et al., 2020a; Han et al., 2016; Jang et al., 2020; Kim and Qu, 2019; Shao and Skarlicki, 2014; Sliter et al., 2012; Zhou et al., 2019). The COR theory presents a dynamic viewpoint of people and their surroundings. Its basic principle is that "people strive to retain, protect, and build resources, and that what is threatening to them is the potential or actual loss of these valued resources" (Hobfoll, 1989, p. 516). In addition, the STS framework is frequently utilized in organizational literature to describe the causes of CWB (e.g., Ugwu et al., 2017; Welbourne and Sariol, 2017; Zaghini and Fida, 2016). The basic premises of the STS model are that i) stressful job conditions can elicit intense unpleasant feelings, which are related to aggressive responses and are associated with CWB, and ii) perceived conditions influence perceptions of stressors and behavioral reactions (Penney and Spector, 2005). Integrating the premises of both COR theory and the STS framework offers a solid theoretical basis for our empirical results.

2.1 Customer Incivility

In their prominent article, Andersson and Pearson (1999) presented the term of workplace incivility as a new area of study for harmful workplace practises; accordingly, incivility is conceptualized as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect" (p. 457). During the last past decades, customer incivility has become an explosive topic in organizational behavior literature in the service industry. Grandey et al. (2004) were among the first studies to investigate consumer incivility by using employee surveys and interviews at two call centre locations. The employees claimed that average customer verbal interactions happened ten times per day on average. Drawing upon Andersson and Pearson's (1999) definition of workplace incivility, customer incivility was conceptualized as "low-intensity deviant behavior, perpetrated by someone in a customer role, with ambiguous intent to harm an employee, and in violation of social norms of mutual respect and courtesy" (Sliter et al., 2010, p. 468). According to Walker et al.

(2014), customer incivility is defined as disrespectful behavior committed by customers, including using inappropriate language or being aggressive towards staff members. Customer incivility or mistreatment occurs when customers treat employees in an unkind or disrespectful way (Mostafa, 2022).

In service professions, customer incivility is seen as a severe problem because of three reasons: a) regular communication between customers and service employees; b) in the employee-customer interaction, employees have less power than customers; and c) customers are more likely to be strangers during service interactions (Cheng et al., 2020b). Name-calling, speaking in a patronizing way, and expressing criticisms in public are all examples of impolite and rude behavior (Andersson & Pearson, 1999). The literature identified three distinct features of customer incivility: (i) customer incivility is typically gentler but more common. It is normally less severe than workplace aggression, social undermining, or abuse of customers, which are generally more extreme, include physical violence, and involve the abuse of authority (Cheng et al., 2020a; Schilpzand et al., 2016). (ii) Customer incivility is typically unintentional. Customers may not consciously intend to cause harm, whereas they might seem disrespectful or harsh to employees (Kim and Qu, 2019; Sliter et al., 2012). (iii) Customer incivility has a serious spiralling effect across the workplace. Scholars have noted that a target employee who experiences uncivil behavior often has the desire to retaliate, and the succession of incivility experiences could lead to increased hostility (Andersson & Pearson, 1999; Meier and Spector, 2013; Moon and Hur, 2018).

2.2 Customer Incivility and Counterproductive Work Behaviors

Recently, the concept of CWB has become one of the most common buzzwords in management and organizational research. According to Spector and Fox (2005), there are three typical features of CWB: i) CWB is executed by employees of an organization; ii) CWB is deliberate rather than unintentional; and iii) CWB harms or has the potential to harm an organization or its stakeholders, including co-workers, supervisors, and customers. Employees can participate in many forms of CWB for a variety of reasons inspired by many different circumstances (Spector et al., 2006). Krijgsheld et al. (2022) suggest that CWB is not sufficiently researched in the healthcare industry and ought to be taken into consideration as a subject for future study.

Although research has consistently shown that workplace incivility (from supervisors and/or co-workers) is linked to detrimental consequences for its targets, including CWB toward both individuals and organizations (Moon and Hur, 2018; Porath and Pearson, 2013; Sliter et al., 2012). For instance, Sakurai and Jex (2012) demonstrated that incivility might have a negative impact on workplace performance (such as CWB). According to Andersson and Pearson (1999), incivility may result in more extreme behaviors. They also conclude that incivility may lead to an escalating spiral of more serious acts on the part of the other party, increasingly leading to different forms of CWB. However, Spector and colleagues' studies reported mixed results. In their cross-sectional study, they found a strong relation between experienced incivility and CWB (Penney and Spector, 2005). Unexpectedly, in their longitudinal study, they revealed that experienced incivility predicted neither future interpersonal nor organizational CWB (Meier and Spector, 2013). Regarding customer incivility, considerable research indicates that uncivil interactions between consumers and staff that occur during service interactions can negatively affect companies, employees, and customers (see Alola et al., 2019; Han et al., 2016; Walker et al., 2014). For instance, Kim and Qu (2019) demonstrate that exposure to uncivil customers causes employees to act negatively (e.g., counterproductive behaviors) toward co-workers.

Theoretically, within Hobfoll's (1989) COR theory, customer incivility is a bad experience that hinders employees' ambitions for a successful career or sustaining professional relationships. Prior research has demonstrated that dealing with uncivil customers may waste employees' precious resources such as social relationship, energy, and time and probably exhaust personal resources such as pride, dignity, and respect (Alola et al., 2019; Cheng et al., 2020b; Cho et al., 2016; Sliter et al., 2012; Zhou et al., 2019), causing employees to feel distressed, sad, rejected, irrational, and hostile (Han et al., 2016). This resource depletion due to perceived customer mistreatment agitates two main responses: i) by taking action to replace any lost resources (resource replacement), and ii) by reducing any future or possible resource losses (resource protection) (Shao and Skarlicki, 2014). Thus, when employees experience resource depletion due to customer incivility, these two responses can be stated by employees. They might try to safeguard their available resources and replace their lost ones by reducing their investment in caring for human relations and protecting organizational resources (i.e., an increase in both forms of CWB).

Furthermore, drawing on Spector and Fox's (2005) STS model, stressful work environments might result in unpleasant emotions, and these forms of negative emotions are, in turn, associated with behavioral strains. According to Penney and Spector (2005), and although workplace incivility was not originally presented as a job stressor, however, it is qualified as such. Furthermore, within the STS framework, CWB is a behavioral strain that develops in reaction to workplace stressors like the incivility of the workplace (Moon and Hur, 2018). Therefore, it

is likely that under the persistent exposure of healthcare professionals to inevitable stressful customer scenarios, CWB may ensue, given their typical workplace experiences with demanding workloads that leave them exhausted emotionally and physically (Ugwu et al., 2017; Zaghini and Fida, 2016).

In line with the theoretical presumptions that guide the current study (e.g., stressors trigger strains, incivility saps resources), healthcare professionals who possess customer incivility are susceptible to engaging in retaliatory actions toward individuals and organizations, such as interpersonal-targeted CWB and organizational-targeted CWB. Therefore, we suggest:

H1: *Customer incivility is positively related to counterproductive work behaviors.*

H1a: *Customer incivility is positively related to interpersonal-targeted CWB.*

H1b: *Customer incivility is positively related to organizational-targeted CWB.*

2.3 The Potential Role of Workplace Social Support

Organizational researchers have recently begun to examine how the social context of an organization can increase or decrease the adverse effects of incivility. For example, Walker et al. (2014) theorize that the social environment can influence how employees respond to customer incivility. Recently, Cortina et al. (2022) posit that recruiting social support (e.g., from colleagues and managers) may alleviate the target's stress and help incivility-targeted workers suppress a behavioral response, recover, and move on. WSS can be conceptualized as "an interpersonal transaction that involves emotional concern, instrumental aid, information, or appraisal" and can stem from supervisors and co-workers, helping employees cope with stressful situations (see Karatepe, 2010, p. 837). According to Zhu et al. (2019), there are three ways supervisor and co-worker support can help employees when exposed to customer mistreatment: a) enable their access to necessary psychological resources; ii) devote their psychological meaningfulness and appreciation; and iii) assure that they will be assisted and protected.

Research has found that a supportive workplace can impact how targets interpret and react to uncivil behavior. According to Miner et al. (2012), the more socially supported individuals reported better outcomes compared to their less supported counterparts. The study of Beattie and Griffin (2014) indicated that employees' levels of stress increased when they encountered more incivility, but this effect was mitigated by strong supervisor support. Cho et al. (2016) also discovered that organizational support significantly moderates the relationship between incivility at work and service employees' feelings and performance. Relatedly, Sliter et al. (2012) explain that one issue that makes the incivility situation worse is when co-workers, instead of serving as a source of support, contribute to an employee's energy drain. On the contrary to most prior studies, Moon and Hur (2018) found no support for the mediation effect of perceived organizational support in the relation between co-worker incivility and emotional exhaustion.

Regarding the customer incivility findings, Han et al. (2016) confirmed that organizational and supervisory support moderates the relation between customer incivility and psychological responses. Similarly, Zhu et al. (2019) revealed that supervisor support is essential for encouraging employees' positive reactions in case of customer incivility. They also argued that while supervisor support promotes beneficial behavior, co-worker support is more effective in reducing adverse responses. Bani-Melhem (2020) noted that the impact of customer incivility on burnout is exacerbated when a leader is passive. Boukis et al. (2020) also reported that the supervisor's management style affects the psychological and behavioral reactions of uncivil customers. Ugwu et al. (2022) observed that the negative effects of uncivil customer behavior were significantly moderated by a supportive workplace.

Within Hobfoll's (1989) COR theory, social support, which contributes to the employees' better condition—is acknowledged as one of the four types of resources. The theory posits that WSS is a resource that assists individuals in managing stressors and strains. Empirical research indicates that WSS is one of the most highly regarded resources for employees to reform their damaged morale and handle difficult service encounters (Boukis et al., 2020; Shao and Skarlicki, 2014; Zhu et al., 2019). In their work, Sakurai and Jex (2012) postulate that individuals who get high levels of supervisor social support are less likely to participate in CWB, even in the presence of unfavorable feelings sparked by co-workers. Beehr et al. (2003) show that interpersonal interaction with encouraging individuals has long been suggested as a way to lessen some employees' strains. According to a review of the literature, supervisor support can be implemented as a resource protection technique by reducing the resources employees needed to deal with disruptive attacks and as a replenishment mechanism by recovering some of the resources they depleted (Beattie and Griffin, 2014; Boukis et al., 2020). Consonant with the COR theory, WSS will lessen the negative reactions towards customer incivility because social support will probably substitute people's resources and provide additional resource-depleting events (like dealing with uncivil customers).

In addition to Hobfoll's (1989) COR theory, Spector and Fox's (2005) STS model can be used to develop the hypothesized role of social support. According to the STS paradigm, people feel adverse emotions as a result of how they perceive environmental stressors, which could then result in adverse responses to the stressors (Penney and Spector, 2005). According to Andersson and Pearson (1999), one factor that causes an incivility spiral to escalate the target's exposure to negative emotions. This negative emotional experience and the resulting rise in physiological arousal energize a negative behavioral strain, which may include CWB (Sakurai and Jex, 2012; Welbourne and Sariol, 2017). Social support has occasionally been observed to operate as a moderator of the link between stressors and strain (e.g., Karatepe, 2010). According to Beehr et al. (2003), social support is supposed to reduce strain in two different ways. It can have a direct effect where a supportive environment immediately lessens strain, perhaps by soothing the person, and it can have a buffering impact if a supportive environment diminishes the link between stressors and strains. Bani-Melhem (2020) posits that the absence of the leader's support and guidance is probably going to have a detrimental impact on employees' capacity to handle uncivil customers, resulting in long-term workplace stress. Therefore, in a stressor-strain framework, employees who frequently receive WSS will perceive a weaker stressor-strain link between customer incivility and CWB, making them less likely to respond to customer incivility with CWB than employees who receive WSS less frequently.

Thus, customer incivility may interfere with WSS to forecast employees' counterproductive work habits. Therefore, we suggest:

H2: WSS moderates the relationship between customer incivility and CWB.

H2a: WSS moderates the relationship between customer incivility and interpersonal-targeted CWB, such that the relationship is weaker for individuals who report higher levels of WSS.

H2b: WSS moderates the relationship between customer incivility and organizational-targeted CWB, such that the relationship is weaker for individuals who report higher levels of WSS.

In Figure 1, the proposed model is presented.

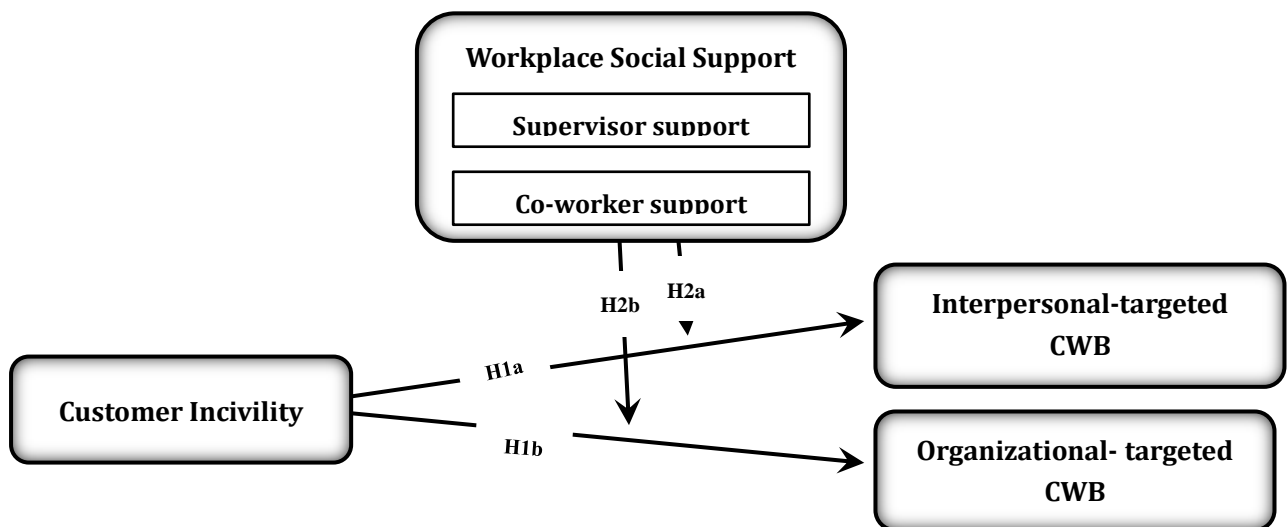


Figure 1. The proposed model

3. Methodology

3.1 Sample and Procedure

This research investigates the relationship between customer incivility and counterproductive work behaviors through moderating workplace social support in public—government and parastatal—hospitals in Egypt. The Central Agency for Public Mobilization and Statistics' records indicate that there are 73,400 doctors and 148,600 nurses employed by public hospitals (CAPMAS, 2020). The Egyptian Pharmacists Syndicate estimates that there are roughly 216,072 licensed pharmacists (EPS, 2020). In addition, the Egyptian Dental Syndicate estimates that there are 76,843 dentists (EDS, 2020). According to Saunders et al. (2012), the sample size should be between 383 and 384 people when the population is between 100,000 and 1,000,000 people. Therefore, 384 surveys are required to have a 95% confidence level and a 5% margin of error.

Considering that Egypt's has more than 27 health affairs directorates, doing the research while considering every

one of them is incredibly difficult, if not impossible. Thus, because of the similarities in the basic management systems across all those directorates as well as the limitations imposed by time and money, our investigation is focused on the Directorate of Health Affairs in Dakahlia Governorate, following Ghonim et al. (2022). Notably, Dakahlia Governorate is one of the largest five Egyptian governorates with the highest number of health care providers (CAPMAS, 2020).

with no sampling frame, a convenience sample of 384 Egyptian healthcare professionals employed by public and parastatal hospitals in the Directorate of Health Affairs in Dakahlia Governorate was surveyed. We used the paper-printed survey, the questionnaire was disseminated and gathered manually using a self-administered technique. 384 questionnaires were distributed between September and December 2021. After 41 replies were deemed to be multivariate outliers and were subsequently eliminated, 343 were valid responses (response rate = 89.32%), which is sufficient for the study. The results showed that a single factor explained 33.784 % of the total variance, which falls within the acceptable range (less than 50%) (Podsakoff et al., 2012). So, there is an absence of common method bias. The profile of the sample is displayed in Table 1.

Table 1. Sample profile

Sample profile (valid n= 343)	Frequency	Percentage %
Gender		
Male	122	35.6
Female	221	64.4
Age		
22 < 30	104	30.3
30 < 40	153	44.6
40 < 50	41	12
50 and above	45	13.1
Education		
Bachelor's degree	171	49.9
Postgraduate Diploma	48	14
Master	87	25.3
Ph.D.	37	10.8
Specialization		
Physicians	119	34.7
Nurses	85	24.8
Dentists	72	21
Pharmacists	67	19.5
Job tenure		
Less than one year	27	7.8
1 < 5 years	75	21.9
6 < 10 years	74	21.6
10 and above	167	48.7
Marital status		
Married	246	71.7
Single	67	19.5
Others	30	8.8

3.2 Measures

Customer incivility: The scale developed by Burnfield et al. (2004) was used to measure customer incivility. The scale involved 11 items, with an included sample item, “Customers take out anger on employees” (Cronbach’s $\alpha = 0.95$). Several studies (e.g., Bani-Melhem, 2020; Jang et al., 2020; Sliter et al., 2010, 2012; Wang and Chen, 2020) used and validated this scale.

Counterproductive work behaviors: To measure CWB, this study adopted the 10-item version developed by Spector et al. (2010) and derived from the CWB checklist originated by Spector et al. (2006). The scale involves two dimensions: interpersonal-targeted CWB and organizational-targeted CWB, with five items to measure each dimension. Sample items included “Insulted someone about their job performance” for interpersonal-targeted CWB and “Purposely wasted your employer’s materials/supplies” for organizational-targeted. This scale has been embraced in recent studies (e.g., Ratiu et al., 2021; Ugwu et al., 2017). The Cronbach’s alphas of the interpersonal-targeted CWB and organizational-targeted CWB are 0.93 and 0.89, respectively.

Workplace social support: As a business-level construct, perceived WSS was captured using two subscales with a total of 16 items: i) Supervisor support: We adopted the 8-item short scale from Eisenberger et al. (1986) with items including statements such as “Help is available from my supervisor when I have a problem”; and ii) Co-worker support: We employed the 8-item emotional support scale developed by Settoon and Mossholder (2002) with items including statements such as “My co-workers try to cheer me up when I’m having a bad day”.

The Cronbach's alpha of WSS was 0.89.

Control variables: In line with earlier research (e.g., Cheng et al., 2020a; Cheng et al., 2020b; Jang et al., 2020; Ugwu et al., 2022; Zhu et al., 2019), we incorporated these demographic factors (e.g., gender, age, education level, specialization, job tenure (years), and marital status) in our model as control variables.

4. Regression Analysis and Hypothesis Testing

4.1 Confirmatory Factor Analysis

In this part, we discuss the confirmatory factor analysis. In addition, this study employed the structural equation modeling (SEM) to test the predicted relations among the variables. Following Anderson and Gerbing's (1998) suggestion, a two-step modelling method was used. The measurement model was evaluated in the first step. In the second step the structural model was examined.

To make sure that the study's variables had sufficient reliability and validity, we first performed confirmatory factor analyses (CFAs). We compared the fit of our four-factor model (customer incivility, workplace social support, interpersonal-targeted CWB, and organizational-targeted CWB with the competing models. Table 2 depicts the goodness fit for our proposed four-factors structure: Results showed that ($\chi^2/df = 2.13$ (below 5.0; $p < 0.01$), the comparative fit index (CFI) = 0.95 (above 0.90), and the Tucker-Lewis index (TLI) = 0.94 (above 0.90), and the root mean square error of approximation (RMSEA) = 0.06 (below 0.080) (Hair et al., 2010; Hu and Bentler, 1999).

Table 2. Results of confirmatory factor analysis tests

Model	χ^2/df	CFI	TLI	RMSEA
Baseline Model (Four-factor Model)	2.13	0.95	0.94	0.06
Three-factor Model: Customer incivility and WSS combined into one factor	5.10	0.81	0.79	0.11
Two-factor Model: Customer incivility and WSS combined into one factor, and interpersonal-targeted and organizational-targeted CWB combined into one factor	6.13	0.77	0.74	0.12
One-factor Model: All four variables combined into one factor	8.08	0.68	0.64	0.14

Notes: N = 343; CFI = comparative fit index; TLI = Tucker-Lewis's index; RMSEA = root-mean-square error of approximation; CWB = Counterproductive work behaviors; WSS = Workplace social support.

4.2 Descriptive Statistics

Table 3 depicts the means, standard deviations, and correlations of the study's variables and the control variables. The results indicate that customer incivility was related to interpersonal-targeted CWB in a positive way ($r = 0.549$, $p < 0.01$). Additionally, customer incivility was correlated with organizational-targeted CWB in a positive way ($r = 0.609$, $p < 0.01$). The correlation matrix provides a preliminary demonstration for supporting H1a and H1b.

Table 3. Means, standard deviations, and correlation coefficients

Variables	1	2	3	4	5	6	7	8	9	10
1. Gender										
2. Age	-0.046									
3. Education	-0.160**	0.118**								
	*	*								
4. Specialization	-0.430**	-0.070	0.531**							
	*									
5. Job Tenure	0.118***	0.634**	0.128***	-0.298*						
				*						
6. Marital Status	0.068	0.311	0.123***	-0.032	0.363**					
7. Customer incivility	-0.186**	-0.362**	0.028	0.237**	-0.350**	-0.121**				
					*		(0.851)			
8. Interpersonal-targeted CWB	-0.111**	-0.199**	0.068	0.157**	-0.188**	0.009	0.549***	(0.845)		
	*									
9. Organizational-targeted CWB	-0.184**	-0.267**	0.079	0.182**	-0.280**	-0.033	0.609***	0.765**	(0.797)	
								*		
10. WSS	0.136***	0.136*	-0.107**	-0.163*	0.133**	0.053	-0.340**	-0.149**	-0.125	(0.711)
			*	*	*		*			
Mean	1.64	2.08	1.97	2.66	3.11	1.89	2.72	2.210	1.856	3.81
SD	0.479	0.972	1.089	1.191	1.006	0.521	1.062	0.897	0.891	0.616

Notes: N=343; *** $p < 0.01$; ** $p < 0.05$; * $p < 0.1$. The square roots of AVE appear in parentheses along the diagonal; CWB = Counterproductive work behaviors; WSS = Workplace social support.

4.3 Measurement Model Validation

We conduct reliability and validity tests to validate the measurement model. Concerning construct reliability,

Cronbach's alpha and composite reliability values were higher than 0.70 (See Table 4), indicating sufficient reliability of all constructs (Nunnally and Bernstein, 1994). (Nunnally and Bernstein, 1994). According to Henseler et al. (2009), the construct validity was assessed by using convergent validity and discriminant validity. For the convergent validity, the standardized factor loadings of all constructs were higher than the acceptable factor loading value of 0.5, indicating that the constructs explained a high portion of the variance (Hair et al., 2010). Moreover, the average variance extracted (AVE) value of all constructs was higher than 0.5 (See Table 4), supporting all constructs had convergent validity (Hair et al., 2010). The discriminant validity of all constructs was higher than its correlation with other latent variables (See Table 3), confirming that all constructs had discriminant validity (Fornell and Larcker, 1981). According to the findings of the model fit comparison, our four-factor model had a much better fitting effect than the other models (see Table 2). Lastly, as shown in Table 4, all constructs' variance inflation factor (VIF) values were less than 5, demonstrating that multicollinearity is not a critical problem (Hair et al., 2010).

Table 4. Composite reliability, Cronbach's alpha, AVE, VIF and MSV coefficients

Variables	Factor Loading Range	CR	Cronbach's Alpha	AVE	VIF
Customer incivility	0.752 - 0.904	0.94	0.95	0.73	1.349
Interpersonal-targeted CWB.	0.812 - 0.887	0.93	0.93	0.71	1.892
Organizational-targeted CWB	0.764 - 0.815	0.90	0.89	0.64	1.851
Workplace social support	0.611 - 0.836	0.89	0.89	0.51	1.330

Notes: CR = composite reliability; AVE = average variance extracted; VIF = variance inflation factor; MSV = maximum shared variance.

4.4 Hypothesis Testing

The results displayed in Table 5 demonstrate the results of study's hypothesis. The findings showed that customer incivility was positively related to both interpersonal-targeted CWB $\beta = 0.537$ ($p < 0.01$) and organizational-targeted CWB $\beta = 0.681$ ($p < 0.01$). These relations address that if employees encounter uncivil customers, they tend to engage in two common forms of CWB, confirming H1a and H1b.

Table 5. Results of hypothesis testing

Hypotheses Testing	Interpersonal-targeted CWB	Organizational-targeted CWB
Control Variables	β	β
Gender	-0.017	-0.080*
Age	-0.030	-0.013
Education	0.051	0.101**
Specialization	-0.006	-0.089
Job tenure	-0.025	-0.104*
Marital status	0.086*	0.079*
Directed Effects	β	Results
H1: Customer Incivility \rightarrow CWB		
H1a: Customer Incivility \rightarrow Interpersonal-targeted CWB	0.537***	Supported
H1b: Customer Incivility \rightarrow Organizational-targeted CWB	0.681***	Supported
Moderating Effects	β	Results
H2: Customer Incivility \times WSS \rightarrow CWB		
H2a: Customer Incivility \times WSS \rightarrow Interpersonal-targeted CWB	-0.187**	Supported
H2b: Customer Incivility \times WSS \rightarrow Organizational-targeted CWB	-0.038	Not Supported

Note: *** $p < 0.01$; ** $p < 0.05$; * $p < 0.10$; CWB = Counterproductive work behaviors; WSS = Workplace social support.

To investigate the hypothesis H2, a moderated regression analysis was performed. To avoid the issue of multicollinearity, we mean-centered the independent variable (customer incivility) and the moderating variable (WSS) (Aiken and Awest, 1991). The results indicate that the interaction between customer incivility and WSS was negatively related to interpersonal-targeted CWB $\beta = -0.187$ ($p < 0.05$) (see Table 5), offering support for H2a. While the interaction between customer incivility and WSS was insignificantly related to organizational-targeted CWB, offering no support for H2b.

To gain a greater insight into the moderating effect, Aiken and Awest's (1991) technique was used to plot the interactions by computing slopes one standard deviation above and one standard deviation below the mean of the moderator. Figure 2 illustrates that WSS dampens the positive relationship between customer incivility and interpersonal-targeted CWB. As shown in Figure 2, the positive relationship between customer incivility and interpersonal-targeted CWB was weaker for professionals with high WSS ($\beta = 0.158$, $p < 0.1$) compared to those with low WSS ($\beta = 0.175$, $p < 0.1$).



Figure 2. The moderating effect of workplace social support (WSS) in the relation between customer incivility and interpersonal-targeted counterproductive work behavior (CWB)

5. Conclusion

Incivility research has indicated how seemingly “small” insults can have significant impacts that eventually harm employee wellbeing. (Cortina et al., 2022). However, instances of rude and discourteous customer behaviors are on the rise (Shao & Skarlicki, 2014). Walker et al. (2014) asserted that further research is necessary to fully understand how customer incivility negatively impacts service quality and organizational effectiveness. The current study is concerned with the role of customer incivility in affecting interpersonal and organizational-targeted CWB and examines whether WSS may buffer against these negative effects. The COR theory by Hobfoll (1989) and the STS model by Spector and Fox (2005) were utilized as the basis for theorizing the relationships among the variables.

Consistent with earlier investigations that linked incivility from organizational insiders with CWB (e.g., Penney & Spector, 2005; Sakurai & Jex, 2012; Welbourne and Sariol, 2017) and linked incivility from organizational outsiders with CWB (Kim and Qu, 2019), our first hypothesis is supported. The findings demonstrate that customer incivility has a positive effect on both interpersonal-targeted and organizational-targeted CWB. These findings are in line with the premises of COR theory, and the STS framework which hold that healthcare professionals engage in CWB when they experience stress at work that makes them fear losing resources or makes it difficult for them to recover the return they have already invested.

Although Shao and Skarlicki (2014) argue that perceived social support at work is one major strategy for coping with customer mistreatment and the resulting loss of resources. Furthermore, Ratiu et al. (2021) highlight the significance of social factors at work in anticipating CWB. Scholars however have noted that the results on the moderating effects of social support were relatively shaky, contradictory, and ambiguous (Beehr et al., 2003; Zhu et al., 2019). Our findings support the assumptions of Hobfoll’s (1989) COR theory and Spector and Fox’s (2005) STS model about the importance of the social setting at work in predicting and attenuating CWB as a behavioral stress-response. The finding is commensurate with the study’s purpose of examining each type of CWB separately rather than as a whole.

Findings show that the role of WSS as a buffering mechanism against the adverse effects of customer incivility remains contingent upon the form of CWB. While WSS is found to moderate the relationship between experienced customer incivility and the performance of interpersonal-targeted CWB. This role is not supported in the case of organizational-targeted CWB. One possible explanation nicely dovetails with Andersson and

Pearson's notion of an incivility spiral (see Andersson and Pearson, 1999). Furthermore, it is in an employee's best interest to keep CWB hidden from supervisors and colleagues (Sakurai & Jex, 2012; Spector et al., 2010), such as wasting materials, telling people how the workplace is lousy, and staying home when he/she is not sick. This means that when customer incivility persists over time and across the organization, social support cannot lessen the organizational-targeted incivility harms. Neither supervisors nor co-workers will be able to ameliorate the stress with, unfortunately, most individuals being precipitated to engage in organizational-targeted hidden CWB. Thus, the role of social support will be limited to behaviors that targeted individuals rather than behaviors that target the organization. These findings are aligned with Beehr et al. (2003), who stated that "despite the intuitive appeal of social support as a treatment for occupational stress, its success and the specific ways in which it might work have remained a mystery" (p. 220).

6. Implications and Limitations

6.1 Theoretical Implications

The findings provide significant theoretical contributions to the body of knowledge on customer incivility, CWB, and workplace social support. The management field has extensively studied incivility at the workplace (Schilpzand et al., 2016), and with the growing interest in CWB as an intentional behavior harming organizations and their staff (Spector et al., 2006), empirical research has clearly shown that internal-sourced incivility is one of the work stressors that is positively related to CWB (Moon and Hur, 2018; Penney and Spector, 2005; Sakurai and Jex, 2012). However, little empirical evidence has investigated the impact of customer incivility on CWB (Kim and Qu, 2019). Considering customer incivility in different forms of CWB would help to understand this phenomenon, which in turn minimizes harm to healthcare employees and organizations. Consequently, this study responded to the call of Hur's et al. (2015) by concentrating on examining the consequences of customer incivility, which is more detrimental to workers and organizational outcomes than workplace incivility. Thus, this study addresses this gap and contributes significantly to the existing body of knowledge by examining the effect of customer incivility on the two prominent types of CWB. Moreover, this study contributes to the body of knowledge on CWB by responding to the recommendations of Krijgsheld's et al. (2022) study to conduct further future studies on CWB in the healthcare industry. The majority of research on customer incivility have focused on its benefits for employees and organizations (e.g., extra-role customer service, work engagement, and service-oriented organizational citizenship behaviors) (Mostafa, 2022; Ugwu et al., 2022; Zhu et al., 2019). Contrarily, its negative effects on employees and the organization are given less consideration (e.g., CWB).

Customer incivility has considerable negative effects on targets (Alola et al., 2019; Boukis et al., 2020; Cheng et al., 2020b; Kim and Qu, 2019; Zhou et al., 2019). However, very little is known about the effective moderating role of social context at work, with limited, unclear, and ambiguous findings (Beehr et al., 2003; Shao and Skarlicki, 2014; Zhu et al., 2019). Our study shows the relevance of social support in coping with the threat imposed by customer incivility. The findings found that WSS moderates the relationship between customer incivility and interpersonal-targeted CWB. Again, this role was not supported by organizational-targeted CWB. This indicates that social support may effectively reduce the harmful effects of customer incivility related to abusive and cynical behaviors toward individuals that harm mental or physical employees' well-being. Indeed, by examining the moderating role of WSS, this study not only offers some support to both Hobfoll's (1989) COR theory and Spector and Fox's (2005) STS model but also opens the "black box" of the nature of the moderating role of social support between customer incivility and different forms of deviant behaviors.

Prior studies have investigated customer incivility in many different service contexts, such as banks (Sliter et al., 2010, 2012), casinos (Jang et al., 2020), and hospitality contexts, such as hotels (Alola et al., 2019; Cheng et al., 2020a; Cheng et al., 2020b; Shao and Skarlicki, 2014; Wang and Chen, 2020; Zhu et al., 2019) and restaurants (Cho et al., 2016; Han et al., 2016; Kim and Qu, 2019; Ugwu et al., 2022). Healthcare is the critical context that has not received much attention, except for Zhou et al. (2019) and Mostafa (2022), with samples of nurses. The current study extends the empirical research on the negative outcomes of customer incivility in the healthcare context.

Regarding our research context, the literature shows that cultural differences can influence how employees respond to customer mistreatment (Shao and Skarlicki, 2014; Walker et al., 2014). The current data were gathered from healthcare professionals employed in public—government and parastatal—hospitals in Dakahlia Governorate in Egypt, the most populated country in the Middle East and North Africa, with a doctor population ratio in 2019 of nearly 7.5 for every 10,000 citizens, which is very low by the global standard of 33 (WHO, 2020), causing serious concern that the quality of healthcare in the country could deteriorate. Egypt also has different cultural values and religious beliefs than previously investigated. Current empirical evidence from

Egypt contributes to the theories underlying customer incivility behavior and employee performance at work (Alola et al., 2019; Schilpzand et al., 2016; Sliter et al., 2010).

6.2 Practical Implications

This study provides useful practical insights for the management of healthcare organizations. Essentially, healthcare organizations are service-oriented, and most employees have some kind of customer contact. In such contexts, employees are at risk as they work in a setting that is stressful and frequently involves complaints and annoyances from aggressive customers (Sakurai and Jex, 2012; Sliter et al., 2010). Considering the nature of healthcare services and the ethical and moral hazards related to them, customer incivility will act as a major stressor in the healthcare professions. Insights into how healthcare professionals react to insults have practical implications for healthcare management, employers, policymakers, and the government.

Management needs to be alert, raise awareness, and classify customer incivility as a problem (Alola et al., 2019). Management needs to adopt a proactive approach to lessen the negative consequences of customer incivility by cultivating an organizational culture that promotes politeness, courtesy, and respect, which in turn sustains positive social relationships at work. Thus, managers should adopt a holistic strategy that entails several forms of support (such as social, psychological, technical, and legal support) for healthcare providers who regularly face uncivil behaviors. Firstly, managers may offer social support by speaking with employees and encouraging open communication. Conjointly, hospitals may offer short breaks to employees who experience uncivil behaviors, so they may continue work and recover quickly from these unpleasant situations (Sliter et al., 2010). Secondly, managers should employ psychologists to offer psychological support to all employees who face uncivil behavior by paying close attention to their compliments and assisting them in dealing with it. Thirdly, managers may offer technical support by designing and implementing a training plan to reduce uncivil behaviors and presenting the most effective approaches and techniques for it. Training programmes are useful in decreasing the harm caused by uncivil behaviors and promoting coping skills for workplace stressors (Ugwu et al., 2022). Lastly, managers can provide legal support by allowing employees to enforce the laws and regulations when they observe abusive behaviour. All the preceding forms of support increase the employees' sense of value (Cortina et al., 2022; Ugwu et al., 2022).

Meanwhile, according to previous research (Han et al., 2016; Zhu et al., 2019), findings argue that with adequate social support, employees may receive customer incivility as a manageable challenge rather than being sucked into an incivility spiral. Thus, managers should develop the necessary skills to effectively support incivility targets, coupled with employee training initiatives that could lower the climate of customer incivility and promote coping skills for workplace stressors (Ugwu et al., 2022).

By demonstrating how incivility can result in CWB and how WSS can only buffer against interpersonal-targeted CWB, our findings may encourage organizations to move from interventions preventing incivility to programs encouraging inclusion, as well as making sure that workers are effectively supported, incorporated, and acknowledged within their organizations. According to Cortina et al. (2022), policies that promote employee appreciation and meaningful integration into all organizational facets are essential. Perhaps having a code of uncivil behavior and encouraging early reporting guarantees that patients, their visitors, and community members are committed to addressing and stopping these actions.

The current finding is consonant with Porath and Pearson's (2013) assertion that targets of incivility often penalize their organizations and stakeholders. This rings the alarm in the Egyptian healthcare system and confirms the need to develop a public policy that curbs the prevalence of customer incivility. One proactive step is for policymakers to implement policies and legislation to restrain customer rudeness in healthcare settings. This needs to attract public attention, create public awareness, classify customer rudeness as a threat, and even criminalize some forms of rudeness, such as insults and intimidation. Certainly, Egyptian healthcare authorities should adopt a holistic strategy that entails several forms of support (such as social, psychological, technical, and legal support) to protect healthcare providers who regularly face uncivil behaviors so that they may continue to work and recover quickly from these unpleasant situations.

6.3 Limitations and Future Research

The current study has some restrictions. The initial restriction is that all variables were assessed using participants' self-reports, which may raise concerns regarding common method variance (Zhou et al., 2019). Future studies should gather data from different sources, like co-workers and supervisors to measure participants' CWB. Second, it used cross-sectional data. Using time-lagged designs and longitudinal data in future research would minimize potential selection bias and support causal relationships among variables (Alola et al., 2019). Third, with no sample frame, the study employed a convenience sample of healthcare professionals employed in

public—government and parastatal—hospitals in a sole Egyptian governorate—Dakahlia—, which may limit the generalizability of the findings to other countries and other Egyptian institutions. Future studies should examine the cultural variations in customer mistreatment practices, variations in WSS, and their impacts on various forms of CWB. Finally, this study reveals that WSS is a crucial tool for dealing with consumer mistreatment and reducing interpersonal-targeted CWB. Therefore, a possible direction for future research is to examine the potential buffering roles of perceived organizational support, compassion, trust, justice, and forgiveness, which can lessen the negative consequences of customer incivility on counterproductive work attitudes and behaviors.

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