I Have A Good Purpose in Life! Investigating the Moderating Role of Personal Spirituality In Relation Between Workplace Incivility and Organizational Deviance

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Abstract: The prevalence of organizational deviance is serious threat for the organization and workplace mistreatment faced by employee may steer that threat. The present study investigates the relationship between employees perceived workplace incivility and their reciprocity in the form of deviant behaviors towards organization. Additionally, authors examine the moderating effect of personal spirituality. They hypothesized that the relationship between workplace incivility and organizational deviance would be weaker when individual holds high personal spiritual ethical believes. Data collected cross-sectionally from nurses working in public health sector organizations such as hospitals. Complete confidentiality was ensured to the participants of survey. Findings of this study shows that the deviant acts of nurses escalated due to the uncivil interactions encountered by them while the personal spirituality weakens the effects of workplace incivility and plays as intervening role to reduces the organizational deviance. The implication of the results for understanding the consequences of uncivil interaction in the workplace are examined.

Keywords: Workplace incivility, organizational deviance, personal spirituality, healthcare sector, Social Exchange Theory

I. INTRODUCTION

Mistreatment is a phenomenon that harms the employee productivity and overall organizational performance. Harassment, aggression, violence and incivility are forms of interpersonal mistreatment (Itzkovich and Heilbrunn, 2016). These violent behaviors adversely influence the employees' emotions and increase their deviant behavior at workplace which can be destructive (Itzkovich and Heilbrunn, 2016). According to Somani and Khawaja (2012), antisocial behaviors are very common in health organizations. Health organizations are considered the most important around the world as it generates the positive externalities for the society as a whole (Shahzad and Malik, 2014). Nurses are the valuable part of health organizations worldwide and appropriate care of the patient is not possible without their effective involvement (Hamid, Malik, Kamran and Ramzan, 2014). Unfortunately, antisocial behaviors are commonly found towards nurses by the hospital management, doctors and patients Budin Brewer, Chao, and Kovner, 2013; Becher and Visovsky, 2012).

Nursing profession is considered less respected (Shahzad and Malik, 2014) which might be the reason of aggressions and workplace violence (Lee and Saeed, 2001). A recent study byJehangir,Kareem, Khan, Jan and Soherwardi, (2011) stated that due to the lack of professional respect in Pakistan 84% of nurses quoted their productivity is negatively affected in public hospitals. This creates job dissatisfaction, mental disorder, turnover intention, and frustration and makes them to encountered deviant acts that can be risky for the patients' health (Walrafen et al., 2012; McNamara, 2012). Therefore, workplace incivility is assumed to bring serious and destructive outcomes, which is unaddressed area among nurses from emergency ward of public sector hospitals of Pakistan(Jafree, Zakar, Fischer,& Zakar,2015; Shahzad and Malik, 2014). In addition to that, this study is in line with the call of Jiménez, Bregenzer, Leiter and Magley (2018) which directed to measure the uncivil interactions from customer or patient's side. Further, Schilpzand, De Pater, and Erez (2016) directed the cross culture investigation of workplace incivility. However incivility is low intensive behavior which creates emotional decline among employees, stress and discouragement (Schilpzand's et al.,

2016; Chirasha and Mahapa, 2012) but there are more serious constructs such as deviance at workplace. Deviance is more serious and harmful construct for organization (Liu and Eberly, 2014. Norsilan, Umar and Ahmad (2014) stated the prevalence as almost 75% of employees are engaged in deviance acts such as theft, sabotage, destruction (property deviance) and bunking (production deviance) which are costly for organization.

Liu and Eberly (2014) stated the theft by employees is predominant wrongdoing against business. A study by Kidwell and Kochanowski (2005) on US restaurants found 80% of employees intentionally working slow and 60% were engaged in theft. In addition to that a study by Jiménez et al. (2018) suggested to assess the deviance of employees noticed by the others, therefore, this study collected the deviance data from colleagues. Moreover, this study is in line with the direction of Chirasha and Mahapa (2012) study on deviance which recommended the dimensional work needed for future studies on workplace deviance. Therefore, the first objective of this study is to examine that how uncivil interactions by colleagues and patients contribute towards the organizational deviance (production and property deviance) by nurses, as production deviance (bunking, wasting time in chitchat with coworkers and taking excessive breaks) and property deviance (theft, destruction and sabotage to organization or patient) which can be the cause of irreversible loss in emergency ward of hospitals. However, the affective interventions are important to improve the productivity (Strauss and Parker, 2018), and suppress the stressors to reduce the workplace deviance of employees (Schilpzand's et al., 2016).

Strauss and Parker (2018) stated that the positive intervention is the active element to improve the productivity and growth of individual. Therefore, personal spirituality at workplace is a noteworthy aspect; as it decreases the perception of stressors and brings the sense of positivity, honesty, moral values, fairness, encouragement and support (Dhiman and Marques, 2011). The spirituality at workplace enlarges the values and ethics of businesses (Hu and Liden, 2011). Furthermore, individuals work related interactions and outcomes are influenced by the values of workplace spirituality (Dhiman and Marques, 2011). As personal spirituality positively influence the employees work related interactions and outcomes (Dhiman and Marques, 2011); on the other side organizational deviance (production and property deviance) of employees escalated due to the experience of uncivil interactions (Itzkovich and Heilbrunn, 2016). Thus, this is assumed that the existence of personal spirituality will cope up the effects of uncivil behavior towards nurses as well as their organizational deviance from workplace. Moreover, this assumption is in line with the directions of Woerkom and Meyers (2018), to examine the constructive intervention to improve positivity and growth of individual. Therefore, the second objective of this study is to investigate the suppressing effects of personal spirituality between workplace incivility and organizational deviance (production and property deviance) of nurses in healthcare.

II. LITERATURE REVIEW AND HYPOTHESES

2.1 Workplace Incivility

The workplace incivility concept has been defined as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect, uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others" (Andersson and Pearson's 1999). Furthermore, Nicholson and Griffin (2016) stated the disregard and rudeness is a form of incivility which threaten the individual wellbeing at workplace. The concept of incivility at workplace among employees is characterized as "hostile, aggressive, and harmful behavior by a employee or group of employees toward a coworker or group of via attitudes, actions, words and/or behaviors" (Thobaben, 2007). A number of sources derived these uncivil interactions towards nurses and paramedical staff in health care sector for instance, by powerful groups of healthcare like physicians and administration (Croft and Cash, 2012), by patient and their family members (Laschinger, Wong, Cummings and Grau, 2014), and by coworkers (Budin et al., 2013). This uncivil behavior can be harmful for employees and organizational outcomes, as Laschinger et al. (2014) stated that US health sector faced heavy loss of 23.8 billion annually due to the incivility at workplace. A number of studies on nurses quoted multiple issues faced by nurses due to the uncivil interactions like, anxiety, depression, self-confidence lost, sleeping disorder, high blood pressure

and low productivity that results vanished the patient health care (Laschinger et al., 2014; Becher and Visovsky, 2012).

2.2 Workplace incivility and Deviant Acts

Incivility is a low intensive behavior but on the opposite side is deviant behavior at workplace which is more destructive and harmful for organization, its stakeholders and its customers (Chirasha and Mahapa, 2012). Workplace deviance is defined as "voluntary behavior that violates significant organizational norms and, in doing so, threatens the well-being of the organization or its members" (Robinson and Bennett, 1995, p. 556). A huge cost is borne by the organization due to workplace deviant behavior (Liu and Eberly, 2014; Begenirbas and Caliskan, 2014; Bibi, Karim & Din, 2013). Those who are involved in deviant acts such as theft, destruction, sabotage, misappropriation or bunking off are up to 75% (Norsilan et al., 2014). A study on US restaurant by Kidwell and Kochanowski (2005) found 60% of employees were engaged in theft at work from the past six months and 80% were involved in substance exploitation and intentionally working slow. The utmost loss because of wrongdoings against business is the employee theft which is predominant (Bibi et al., 2013). A study on US nurses by Lewis and Malecha (2011) quoted the annual productivity cost per nurse is $11581 due to the workplace incivility.

Workplace incivility has a positive relationship with negative job outcomes. Extensive research work has been done in past to find out the consequences of various kinds of mistreatment towards employees and their effect on job outcomes (Zellars, Tepper, & Duffy, 2002). According to Pearson and Porath (2005), number of negative emotions is caused by incivility, and these emotions ought to be discordant with employee outcomes. Cropanzano and Mitchell, (2005) stated that undesirable and disrespectful treatment will make the other party to react negatively such as deviant behaviors (production and property deviance). Biswas and Bhatnagar (2013) observed that the relationship between employee and supervisor creates engagement between them which can positively and negatively affect the job outcomes. Moreover, according to social exchange theory(Cropanzano & Mitchell,2005), individuals, in an attempt to keep balance in their social exchange are more prone to counter workplace behavior when they think that they are treated unfairly (Colbert, Mount, Harter, Witt, Barrick, 2004; Zellars et al., 2002). Therefore, Theory of Social Exchange is the core foundation of predicting the outcomes of exchange relations.

Workplace incivility topic has attracted various researchers' immense interest because bearing of workplace mistreatment creates lot of detrimental impacts such as mental and work exhaustion. Lot of consequences regarding uncivil behavior in organizations have been examined, less attention have given on non-professional wellbeing of employees like spousal or home satisfaction. Furthermore, emotions have been understood as one of crucial instrument for amplification why mistreatment is interrelated to some harmful outcomes.

Much of this work has focused on revenge and retaliatory behaviors and general emotions such as negative effect, actions that are designed to inflict injury or discomfort on the person who is judged responsible for having caused harm Gouldner's (1960) concept of negative reciprocity norms explains why victims of mistreatment may be motivated to retaliate. According to Gouldner, the treatment people experience creates an obligation to respond in kind – favorable treatment for favorable treatment (i.e., positive reciprocity) and unfavorable treatment for unfavorable treatment (i.e., negative reciprocity). Negative reciprocity can restore a sense of justice and inhibit further acts of mistreatment. Hence, negative reciprocity in the wake of perceived mistreatment satisfies the victim's self-interests.. We hypothesized that individual subjected to workplace incivility may display anger in the form of deviance at workplace.

Hypothesis 1: There is positive relationship between employees perceived workplace Incivility and their organizational deviant behavior.

2.3 Moderating Role of Personal Spirituality

Personal, psychological and ethical stance of employees have been extensively studied at workplace, however the conncept of individuals' workplace spirituality has been ignored in the literature in relation to the

workplace outcomes (Walt, 2007). However, researchers are putting their interest in this ethical side of individual seemingly studies related to workplace spirituality has grown enormously over the past years (Noor & Arif, 2011). Spirituality at workplace is considered to be a substantial and significant aspect to investigate (Pawar, 2009). The spiritual values have distended the association between business ethics and values (Hu & Liden, 2011). There is an immense need to give greater attention towards spiritual values by the organizational leaders as it certainly contributes towards employee's satisfaction and productivity (Giacalone & Jurkiewicz, 2010). In case of emergency ward of health organizations, ethical and spiritual standards should be on prior because their effort is for the human safety and as a whole for the furtherance of the society. A healthy workforce is mainly responsible for better productivity which eventually holds a considerable impact on the economy (Punjani, Shams and Bhanji 2014). The concept of personal spirituality is defined as "accentuating connection—the association and connection between him and the divine God and the acknowledgement of linkage between all Being and Nonbeing" (Shahjahan, 2004). Multiple studies found that the social support replenish the socio-emotional as it is negatively related with emotional exhaustion, depersonalization, and burnout and positively related with positive job outcomes even with organizational citizenship behavior (Baruch,Brondolo, Ben-Dayan & Schwartz 2002; Brown, Prashantham, & Abbott 2003). Another way to replenish the socio-emotional resources is a strong sense of faith or personal spirituality. Milliman, Czaplewski and Ferguson, (2003) found that the higher levels of positive job outcomes (job involvement, job satisfaction and job commitment) exhibited by the spiritual individual. Studies by Rego and Cunha (2008) confirmed these findings. Dhiman and Marques (2011) found that the individual spirituality contributes towards the sense of positivity thus reduces the negative intentions (individual deviance acts) as well as the perception of stressors (uncivil interactions towards individual) at workplace. Therefore, this study enlightened the existing literature through examining the suppressing effect of personal spirituality between incivility at workplace and organizational deviance of nurses in emergency ward of public health area of Pakistan.

Hypothesis 2: The positive relationship between employees perceived workplace incivility and organizational deviance is moderated by their personal spirituality, such that the relationship is weaker at higher levels of spirituality.

III. RESEARCH METHOD

3.1 Sample and Data collection
The aim of this section is to cover the research design on which the endeavor of this study is based. Population of this study was the nurses from emergency ward of public health organizations working in the city of Lahore, because Lahore is the metropolitan city with maximum number of hospitals in Pakistan. Non probability, convenient sampling was used to collect data from the sample. Thus, self-administered cross sectional survey method was used for the data collection. The survey packages included a consent form and questionnaire(Hameed et al., 2018; Basheer et al., 2018; Basheer et al., 2019; Hafeez et al., 2018). To deal with the social desirability or compliance biases (Spector, 2006), complete consent form has been filled by all the participants. That form explained the purpose of the study and assured their complete confidentiality of responses, including the assurance that their responses would be only accessible to the researchers of this study. No individual level data would be made public only accumulated findings of the study would be available to the research world. Moreover we ensure them there is no judgment of their performance and we asked the respondents to answer the questions with honesty. These precautions helped us to fulfill the research ethics and made the respondents feel confident. The data collection was completed by one paper and pencil survey.
Each public sector hospital was provided a personal locker with attached drop box to the nursing staff. The questionnaires were conveniently dropped in the drop box by hand with the help of superintendent of nurses with instructions of time and returning procedure with prepaid postage envelop. Although we have not sure that they filled in a given time but it was wonderful experience. A total of 15 working days were given to each hospital from the day on which questionnaire were dropped in the nurses drop box. For this study, the researcher has distributed the 400 questionnaires among the nurses working in emergency ward of public sector hospitals of Lahore and 317 completed surveys were returned. The final sample size after discarding incomplete questionnaires was 273.

3.2 Measure

Workplace Incivility:To measure the extent to which nurses perceive that they are facing workplace incivility, this study applied the 7 item scale of Cortina et al. (2001). This sample items include Put you down or was condescending to you?, "Made demeaning or derogatory remarks about you?" (Cronbach Alpha=0.83). Instrument has shown reliable and valid psychometric properties (Cortina et al., 2001, Smith et al.,2010).

Personal Spirituality: The individual spirituality measures called Daily Spiritual Experience Scale (DSES) used in the questionnaire includes 16 items to examine the personal spirituality from the experiences of individual in daily life (Underwood, 2011). The scale items reflect the theoretical building according to interest as well as excellent elements of spirituality, the Cronbach alpha values of 0.80 which shows the high reliability and more than 70 studies applied same scale (Underwood, 2011). Sample items include; "I feel God's presence", "I feel a deep inner peace or harmony". "I find comfort in my religion of spirituality" etc.

Organizational deviance: The measure used to examine the organizational deviance of employees adopted from Bennett and Robinson (2000), 12 items scale was used, sample items include,"Made fun of someone at work", "Made an ethnic, religious, or racial remark at work", etc.(Cronbach Alpha=0.803).

Responses of all the studied variables were measured on the five point likert scale with the anchors 1 = strongly disagree, 2 = disagree, 3 = neither disagree/nor agree, 4 = agree, and 5 = strongly agree.

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IV.   RESULTS

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4.1 Demographics of Respondents

The demographical information of the nursing staff was gained through questionnaires having queries about gender, qualification and experience. All the information that is retrieved is provided in the following table 1.

In present study, the data is gathered from 273 respondents of nursing department of public sector hospitals in Lahore Pakistan. Majority of the respondents are female in 235 with the percentage of 86.08% and male respondents are 38 with the percentage of 13.9%. 121 (44.3%) respondents belong to the age group of 25 To 35 years, 82 (30.0%) were below 25 years of age, while just 43 (15.7%) from 35 to 45 years of age and only 27 (9.8%) were above 45 years of age. 121 (44.3%) respondents were having nursing diploma, 57 (20.8%) have bachelor's degree. In sample, 114 (41.7%) respondents were having 5 to 10 years of experience, while just 41 (15.0%) have more than 15 years of experience. 139 (50.9%) are charge nurses and 37 (13.5%) are head nurses.

Table 1

Variables		Frequency	Percentage
Gender	Male	38	13.9%
	Female	235	86.08%
Age	Below 25	82	30.0%
	25 To 35	121	44.3%
	35 To 45	43	13.4%
	Above 45	27	7.4%
Education	Intermediate	24	8.79%
	Diploma	121	44.3%
	Bachelor	57	20.8%
	Master	41	15.0%
	Other nursing degree	30	10.9%
Experience	Less than 5 years	63	23.0%
	5 To 10 years	114	41.7%
	10 To15 years	55	20.1%
	15 years and above	41	15.0%

Current position	Student Nurse	97	35.5%
	Charge Nurse	139	50.9%
	Head Nurse	37	13.5%
Total			100%

4.2 Descriptive Correlation Analysis

Reliability, Mean, Standard Deviation and Correlation of each variable are given in table 2 which is given in appendix after table 1. The reliability of each variable is showed diagonally in below table which are as follow, workplace incivility =0.85, Organizational deviance =0.82 and workplace spirituality =0.90 which were within the acceptable range (Hair, Black, Babin & Anderson., 2006). Organizational Deviance has the mean (2.80) and Workplace Incivility has the mean (2.29). Among the demographic variables, age and experience have high correlation with the hypothesized variables. Correlation matrix shows the significant relationship between explained and all explanatory variable. Workplace Incivility and organizational deviance have positive and significant relationship (r = 0.341, p<0.01).

Table 2
Descriptive Statistic, Reliability and Correlations Analysis

		M	S.D.	1	2	3	4	5	6	7
1	**Gender**	1.52	0.5							
2	**Age**	4.99	6.02	-.117						
3	**Qualification**	5.3	5.11	-.158**	-0.024					
4	**Experience**	1.44	1.7	-0.136*	0.842**	-0.029				
5	**WIC**	2.29	0.9	-0.150*	-0.029	-0.020	0.016	**(0.85)**		
6	**ODV**	2.8	0.71	-.205**	-0.040	0.09	-0.016	0.341**	**(0.82)**	
7	**Spirituality**	3.75	0.69	0.181**	0.07	-.065	0.48	-0.243**	-0.152*	**(0.90)**

Note: n=273, WIC= Workplace Incivility, ODV= Organizational Deviance

* p< 0.05

** P<0.01

4.3 Confirmatory Factor Analysis (CFA)

Figure 1 is given in appendix represents, measurement model through confirmatory factor analysis and constructs validation is described. By using the instructions from Tabachnick and Fidell (2001); Byrne (2010); Hair et al. (2006) and Kline (2005) the model could be re-specified if found inconsistent. Variables were analyzed further in the follow up for validity and their reliability. Collinearity, data normality and missing values are checked before data analysis. Afterward two step structural equation models are used; in first step goodness of measurement model examined then imputed the data to check the relationship between variables in structure equation model. With maximum likelihood estimation AMOS 23.0 is used for this purpose. Measurement model fitness is examined by following good fit indices (CMIN/DF<3, GFI>0.9, AGFI >0.9, CFI >0.9 and RMSEA< 0.08) good fit indices are given by the Kline (2005), which are followed to check the model fitness. The result of below measurement model is as follow which are acceptable as per the above reference, (CMIN/DF=1.09, GFI=.903, AGFI=.879, CFI=0.92 and RMSEA=0.05).

Table 3

Model Test	x2	x2 /df	CFI	RMSEA
2- Factor model for WIC and SPIR	**641**	**1.96**	**0.85**	**0.06**
1-Factor model for WIC and SPIR	2373	4.5	0.32	0.12
2-factor model for WIC and ODV	**319**	**2.11**	**0.915**	**0.06**
1-factor model for WIC and ODV	1076	7.08	0.534	0.15
2-factor model for SPIR and ODV	**729**	**2.34**	**0.836**	**0.07**
1-factor model for SPIR and ODV	2119	4.28	0.476	0.11
3-factor model for WIS, SPIR and ODV	**1254**	**1.09**	**0.92**	**0.05**
1-factor model for WIS, SPIR and ODV	3396	3.91	0.38	0.11

N = 273, Note: WIC= Workplace Incivility, SPIR = Spirituality, ODV= Organizational Deviance

Figure 2 Measurement Model for confirmatory factor analysis
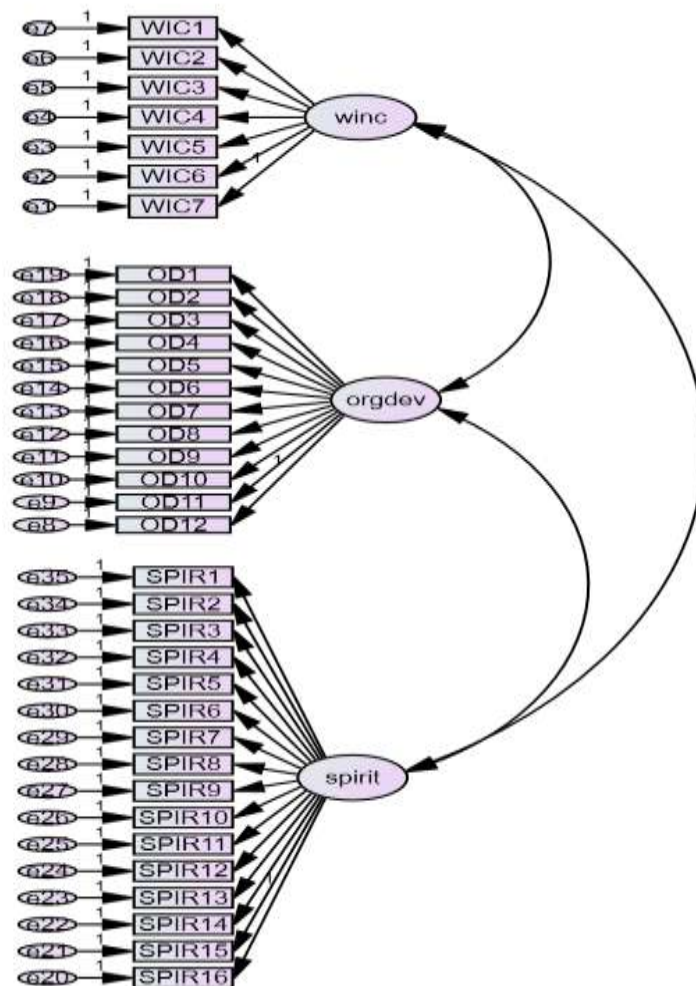
- WIC= Workplace incivility, OD= organizational deviance, SPIR= Spirituality

4.3 Hypothesis Testing

Confirming the model fitness indices, the next step was to test hypotheses including estimation of coefficient scales. For statistical testing of hypothesized relation, we used hierarchical regression to assess. Following the recommendation of Cohen, we mean centered the predictor variables to reduce multicollinearity. Variance inflation factor VIF scores were assessed for predictive variables, all if wich were under required range that were below the 10 standard (Ryan,1997). Seemingly indicate that multicollinearity did not exist.

Regression results are in table 4. Model 1-3 predicted organizational deviance. Hypothesis 1 states that employees who perceive work place incivility as important threat at workplace are more likely to reciprocate in term of deviance.

Results of this study are in line with the objectives, as first objective of present research was to investigate the effect of workplace incivility that it escalate the organizational deviance of employees, and study finding are in line with the proposed hypothesis (β= 0.241, P<0.001). Second research objective was to identify the effect of coping mechanism that is if spiritual values are high in individual he will not be actively engaged in organizational deviance even facing uncivil interactions by co-workers or customers. The results are in line with our proposed hypothesis, (β= -0.222, P<0.001). The employees with high spiritual values have very less intentions towards organizational deviance as compare to those who have low spiritual intelligence even in the exposed to workplace incivility as shown in fig 3. This type of intelligence is highly important for nurses working in emergency ward of healthcare as their concerns and timely treatment to the patient is far important than any contextual misbehaviors faced by them.

Table 4

Regression Results

	Organizational Deviance		
	Model 1	Model 2	Model 3
Gender	-0.299**	-0.221**	-0.236**
Experience	-0.019	-0.016	-0.018
Workplace Incivility		0.242***	0.241***
Personal Spirituality			-0.064
Workplace Incivility × Personal Spirituality			-0.222***
R^2	0.044	0.144	0.186
ΔR^2		0.101***	0.041***

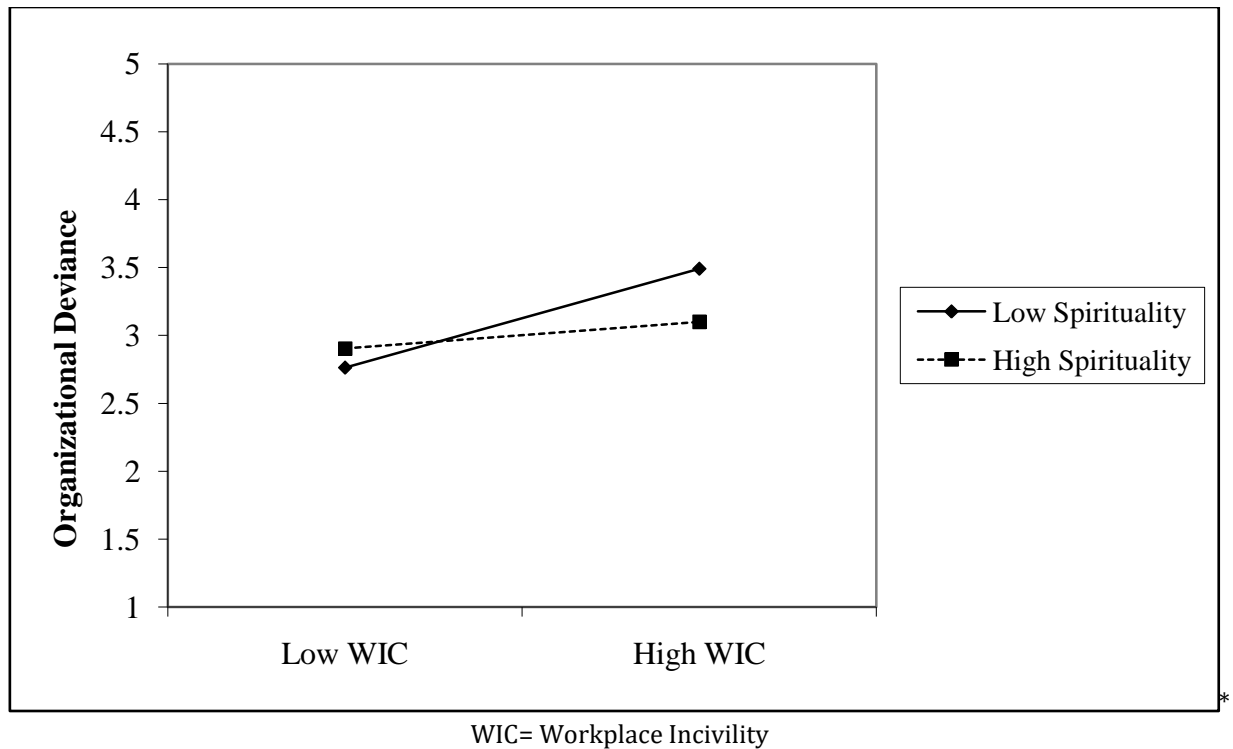Mean n=273, *p<0.05, **P<0.01, *** p<0.001

Fig 3. Moderating effect of spirituality on the relationship between workplace incivility and organizational deviance

V. DISCUSSION

This study was based on cross sectional data collected within single time frame to attain the objectives, where the first objective was to examine the organizational deviance (production and property deviance) of nurses working in emergency ward of public hospitals of Pakistan due to the negative behavior they faced by coworkers and patient. Negative behaviors in public hospitals of Pakistan include mistreatment and rape, sexual intentions, disgraceful remarks and harassment (Jafree et al., 2015; Shahzad and Malik, 2014). The destructive outcome of such events escalates deviant acts of nurses (Shahzad and Malik, 2014). Current study findings confirm that the nurses working in emergency ward of public hospitals of Pakistan shows workplace deviance due to the uncivil interactions they encountered: As incivility influence the both form of organizational deviance (production and property deviance). These findings are offering consistent results compared to the past studies.Moreover, according to social exchange theory, individuals, in an attempt to keep balance in their social exchange are more prone to counter workplace behavior when they think that they are treated unfairly (Colbert et al., 2004; Zellars et al., 2002).Furthermore, Krishnan (2008) stated that the existence of personal spirituality at workplace has the potential to bring the extraordinary positive change. In addition, Walt (2007) suggested that personal spirituality within individual increases the tolerance level, positive self-esteem, capacity to coping with stress affectively and emotional intelligence.

5.1 Theoretical implication
The findings of this study offer both practical and theoretical implications. This study has considerable practical implications for both hospital administrators and policy makers. Nurses play a vital role in delivering healthcare services to the community at large. Any discrepancy in nursing services would deteriorate the entire healthcare services. The study dealt with variables that directly impact nurses. Findings of this study help managers of health care settings of Pakistan to take serious actions against these behaviors at the workplace, to keep the environment safe and secure. Clear expectations for acceptable and unacceptable work behavior should be established.Zero tolerance policy should be implemented against uncivil and deviant behaviors (Willness et al., 2007). Further, this study highlighted that the existence of

spirituality suppresses the negative emotions and bring the positive change (Krishnan, 2008). Therefore, the organizing the spiritual seminars, workshops and trainings frequently by human resource department of healthcare can enhance the positivity among employees: which can play a vital role to further diminish the incivility and deviant acts of nurses in the sensitive area of emergency ward as well as overall in healthcare settings.

The study adds to the existing body of literature by investigating the relationship of workplace incivility and workplace deviance in non-western culture (Pakistan) with the suppressing role of personal spirituality. This proposition conceptually and theoretically supported the formulation of this study conceptual framework. This study considers the call of previous studies like, Jiménez et al. (2018) which directed to measure the uncivil interactions by customer or patient side. Further, Cortina et al. (2013) suggested for more work as incivility is a contextual phenomenon and Sliter, Sliter & Jex,. (2012) recommended multidimensional and cross cultural study of incivility at work settings. Similarly, Chirasha and Mahapa (2012) suggested the need for future researchers to investigate workplace deviance multidimensionality at work settings.

VI. LIMITATIONS AND FUTURE RESEARCH

The present research has much strengths containing data collection on suppressing role of personal spirituality on employees deviant acts at workplace. Since the population of this study consists of 92.64% female nurses and statistics generally regress towards majority and results probably focus on females' responses only. So, future study can be confined to only male paramedical staff that may give some different results. Future study can be extended towards other employees of health care including doctor, para-medics, ancillary staff and administrators with the same model. This research shows only suppressing role of personal spirituality in coping up the effects of uncivil interactions on employee's organizational deviance at workplace. Future research could explore the relationship of other coping positive interventions against workplace deviance behavior like ethical leadership and perceived organizational support as a suppressing effect within the same framework. Positive interventions are helpful to cope with uncivil interactions on employee's organizational deviance at workplace but before applying these interventions there is need to understand self-selection interventions. In these study self-selection interventions benefits have not discussed. Future research needs to discuss these benefits on employees in this study context. Furthermore, future researchers may get benefits by investigating other job outcomes like employee creativity and job burnout. The results of this study are limited to the health sector of Pakistan; whereas the results could vary in other sectors (Jo and Joo, 2011) such as telecom, education & textile. The findings could also differ because of different targeted populations, nature of employees and organizations (Yew, 2010). This study used a cross-sectional design to examine the presumed relationships between the variables. Podsakoff et al. (2003) claimed that such data may have time variation in it as responses for one variable may affect the quality of response for other variables. Subsequently future research may opt for time lagged data collection method.

VII. CONCLUSION

Our study contributes to the existing literature by examining the effect of workplace incivility on organizational deviance. Study results depict that a negative experience of a workplace incivility faced by employees reciprocate and steer the deviant behavior by the employees.The destructive outcome of such events escalates deviant acts of nurses. Current study findings confirm that the nurses working in emergency ward of public hospitals of Pakistan shows workplace deviance due to the uncivil interactions they encountered. Second objective of this study was to examine the suppressing role of personal spirituality between workplace incivility by co-workers/patients and organizational deviance of nurses from emergency ward of public healthcare settings. The results highlighted that the existence of personal spirituality suppresses the effects of workplace incivility as well as decreases the deviant acts of nurses on workplace. Thus, these results substantiated with existing research as it is suggested that the individual spirituality at workplace brings the exceptional feelings of perfection and high motivation (Divine existence) in their work. Organizational deviance is as intense problem for the organization that may hinder their smooth working. Understanding the low intensity mistreatment in the form of workplace incivility that causes an intense cost to the organization may help the top management and researchers to identify the ways to reduce or suppress

the financial as well as non-monetary emotional cost of deviance at workplace. High level of spirituality helps employees to cope the uncivil interaction and increases their tolerance level. It is anticipated that our research is one step forward to provide better solution to cope the organizational deviance.

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