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# Strategies for Addressing Workplace Incivility and Retention in a Healthcare System

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This is to certify that the doctoral study by

Keonda L. Schenck

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Abstract

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MBA, University of Phoenix, 2014

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Doctoral Study Submitted in Partial Fulfillment

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## Abstract

Workplace incivility is increasing in prevalence in healthcare organizations. Despite the adverse effects of workplace incivility on employee engagement and voluntary employee turnover, some organizations do not have policies to address workplace incivility among employees. The purpose of this descriptive, single case study was to explore successful strategies leaders at healthcare organizations with 50 or more employees used to reduce workplace incivility and improve employee retention. The spiral theory provided the conceptual framework for the study. Semistructured interviews were held with 2 human resources (HR) professionals and 1 department manager with experience dealing with employee relations and success in retaining healthcare employees within Greenville, South Carolina. Interviews and policies were reviewed, analyzed, and coded for themes and subthemes. To assure the credibility and trustworthiness of the findings, member checking and methodological triangulation were used to verify and compare the interpretations from the interviews and the organization's policies and processes. Among the key themes that emerged were the uniform use of strategies and processes for addressing workplace incivility including consistently communicating and enforcing policies for addressing workplace incivility, using one-on-one communication techniques between managers and employees, and addressing key implementation barriers such as resistance to change. To effect positive social change, HR professionals and department managers in similar organizations can assess the findings' relevance for reducing workplace incivility, reducing employee turnover, and increasing retention for improving the quality of patient care to benefit patients, families, and communities.

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# Dedication

I give all praise to God for blessing me with the courage and determination to persevere through this challenging journey. I dedicate this research project to my mother, Deborah L. Russell, and my four grandchildren, Za'Niyah Marie, Za'Cari LaShawn, Khyl DeAnthony, and Anthony Michael, who inspire me to set higher standards to achieve greater things in life.

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# Section 1: Foundation of the Study

Workplace incivility is a problem on the rise (Doshy & Wang, 2014; Porath, Gerbasi, & Schorch, 2015) and continues to erode the social structure of healthcare work environments (Warner, Sommers, Zappa, & Thornlow, 2016). Researchers have presented evidence indicating that uncivil behaviors occur in all settings, and employers expect these actions to increase (Clark, Landrum, & Nguyen, 2013). Costs of voluntary employee turnover deplete an organization's vital resource, the workforce, affecting the retention of qualified employees (Ghosh, Reio, & Bang, 2013; Kwon & Rupp, 2013). U.S. Equal Employment Opportunity Commission's Select Task Force (2016) reported the Equal Employment Opportunity Commission receives an ongoing number of harassment-related charges from employees who work for private employers and state and local government employers. Of the 90,000 charges filed during the fiscal year 2015, 28,000 of the charges alleged harassment (U.S. Equal Employment Opportunity Commission, 2016). The disruption in team performance among healthcare employees alters employee engagement, job satisfaction, and organizational commitment (Al-Ahmadi, 2014).

## Background of the Problem

Workplace incivility is prevalent and costly within healthcare organizational systems (Porath & Pearson, 2013). Researchers have defined workplace incivility as discourteous and insulting workplace behaviors with ambiguous intent to harm the target (Loi, Loh, & Hine, 2015). The effects on organizational performance in healthcare settings are detrimental to employee productivity, financial assets, and employee turnover

(Doshy & Wang, 2014). Hodgins, MacCurtain, and Mannix-McNamara (2014) conducted a meta-analysis of research within healthcare organizations and identified that half of bullying targets stated an intention to leave employment. Managers of these distressed facilities face unique organizational development complications to retain qualified healthcare employees (Long, Ajabe, & Kowang, 2014). Over a 12-month period ending December 2015, the number of voluntary separations in the health care and social assistance industry increased in the southern region from 247,000 to 282,000 (Bureau of Labor Statistics, 2016). Forty percent of employees chose to leave their jobs voluntarily after work conditions became unjustifiable, negatively affecting the delivery of qualified health care (Namie, Christensen, & Phillips, 2014; Selden & Sowa, 2015). Human resource professionals and department managers can partner with senior executives to prevent workplace incivility and retain staff who directly contribute to service-delivery capabilities (Selden & Sowa, 2015).

## Problem Statement

Workplace incivility negatively affects an organization's financial bottom line by stifling retention of skilled healthcare employees (Collins, McKinnies, Matthews, & Collins, 2015). There were 2.6 million voluntary separations in the United States within a 12-month period ending December 2015, with 282,000 voluntary separations in the healthcare and social assistance industry (Bureau of Labor Statistics, 2016). The general business problem is that retention of employees in the healthcare industry continues to be a major challenge for healthcare organizational leaders. The specific business problem is that some human resource (HR) professionals and department managers lack strategies to

address workplace incivility for increasing the retention of highly-skilled healthcare employees in a healthcare system.

## Purpose Statement

The purpose of this qualitative, single case study was to explore successful strategies HR professionals and department managers use to address workplace incivility for increasing the retention of highly-skilled healthcare employees in a healthcare system. The target population consisted of HR professionals and department managers employed by a healthcare system with 50 or more employees in Greenville, South Carolina, selected because they have experience developing and deploying successful strategies to address workplace incivility. Implications for positive social change include improving organizational policies to improve measurement and reporting of employees' engagement and to increase access to health care and quality of care.

## Nature of the Study

I used a qualitative research method to explore the phenomenon of interest by exploring the participants in their natural setting (Turk & Kalarchian, 2014). Qualitative research involves developing confidential and trusting relationships between the researcher and participants (Denzin & Lincoln, 2011). Trusting relationships require the researcher to have access to participants in their real work setting to observe and interview them (Draper, 2014). Quantitative research is deductive with an emphasis on measuring and analyzing relationships and differences with mathematical rigor (Bryman & Bell, 2015). The objective nature of quantitative research methods may not capture the holistic view of healthcare employees and their environment (Carr, 1994). Researchers

may choose the mixed methods approach combining qualitative and quantitative components to enhance and validate research findings (McCoy, 2015; Zohrabi, 2013). Questions about this study pertained to the exploration of a phenomenon and issues associated with implementing business strategies, for which a qualitative method was appropriate (Boeje, Wesel, & Slagt, 2014).

Several types of qualitative research designs exist. The role of the researcher can vary, but the goals for each type of qualitative research design are to explore and comprehend a phenomenon (Yin, 2014). Phenomenologists give priority to the *experience* of the phenomenon based on the perceptions of participants through interviews (Bernard, 2013). Ethnographers observe a cultural group for an extended period in their natural setting (Yin, 2014). Grounded theorists employ systematic standards for collecting and analyzing qualitative data to formulate theories from the data (Charmaz, 2014). Narrative researchers understand participants' behaviors through narrated stories (Charmaz, 2014). Case study researchers use multiple sources of evidence to analyze a phenomenon the researcher cannot control and develop common themes (Yin, 2014).

I chose to conduct a descriptive single case study design to collect, analyze, and interpret data from HR professionals and department managers who work in a healthcare system in Greenville, South Carolina. A researcher's objective is to detail the contextual conditions of everyday situations (Yin, 2014). Data may incorporate participants' words and stories as well as the researcher's field notes from observations (Patton, 2015). Through a descriptive single case study, the researcher understands complex social

phenomena through a variety of evidence, including interviews, performance reviews, exit interviews, and observations (Yin, 2014). Therefore, a qualitative case study design was appropriate for identifying and describing strategies for addressing workplace incivility within a specific timeframe for a group of healthcare employees.

## Research Question

The research question guiding the study was as follows: What successful strategies do HR professionals and department managers design and deploy to address workplace incivility for increasing the retention of highly-skilled healthcare employees within a healthcare system?

## Interview Questions

From this central research question, I used the following interview questions to guide the investigation:

1. How does your organization manage workplace incivility cases?
2. What strategies does your organization have to reduce voluntary employee turnover stemming from workplace incivility?
3. How do you deploy strategies to reduce workplace incivility and retain skilled workers?
4. What barriers did your organization encounter in implementing the strategies?
5. How did your organization address and overcome these obstacles?
6. What mechanisms did your organization implement to monitor the effectiveness of these strategies?

7. What other information would you like to provide that we did not address already?

## Conceptual Framework

The conceptual framework was Andersson and Pearson's (1999) spiral theory for understanding workplace incivility, the potential outcomes, and solutions. Prior researchers hypothesized that incivility could denote the preface of an upward spiral of negative organizational incidents, eventually triggering major organizational conflicts (Babenko-Mould & Laschinger, 2014; Clark, Olender, Kenski, & Cardoni, 2013). More recently, theorists extended the works of Andersson and Pearson to include the role of the HR professional (Doshy & Wang, 2014). Researchers used the incivility spiral concept to propose clarification for the perceptions of minor forms of uncivil behaviors among employees that stimulate a desire to retaliate (Andersson & Pearson, 1999). Components of the incivility spiral theory are patterns of constant increases or decreases of simple unkind acts by individuals who lack a tolerable understanding of their situation and who are unable to alter their behavior (Andersson & Pearson, 1999). Actions of rude employees represent the beginning of an upward spiral of negative interactions, consequently potentially escalating to aggressive and violent employee behavior (Babenko-Mould & Laschinger, 2014). Using a demonstrated relevant conceptual framework of incivility spiral theory could enable a deeper understanding of the workplace incivility problem (Doshy & Wang, 2014).

## Operational Definitions

*Employee retention*: The ability of an organization to retain its employees, where HR professionals can improve the integration of comprehensive HR management programs (Roulin, Mayor, & Bangerter, 2014).

*Healthcare system*: Two or more partnering institutions pooling their resources to facilitate and support healthcare initiatives (Okihiro et al., 2014).

*Highly-skilled healthcare employees*: Medical practitioners who possess the capabilities and knowledge to make decisions outside of their defined protocols to deliver quality medical care to patients (Afsar, 2016).

*Voluntary separations:* An employee's willingness to leave employment (Bureau of Labor Statistics, 2016).

*Voluntary employee turnover*: An employee voluntarily chooses to resign from an organization as a result of another employment opportunity, lack of advancement opportunities, or conflict with other employees (Nirankari & Seth, 2015).

*Workplace incivility*: Low-intensity behavior with ambiguous intent to harm one or more individuals (Cortina, Kabat-Farr, Leskinen, Huerta, & Magley, 2013), which violates workplace norms for mutual respect (Nikstaitis & Simko, 2014)

## Assumptions, Limitations, and Delimitations

### Assumptions

Assumptions are perceptions the researcher believes as true (Sampson, 2016). I declared assumptions about the management and conclusion of this study. The first assumption was the HR professionals and department managers would approach

answering interview questions straightforward and sincerely. A second assumption was the participants would answer all questions about workplace incivility. A third assumption was the HR professionals and department managers would eagerly share their experiences and proven solutions about workplace incivility within their work environments.

**Limitations**

Limitations are unforeseen deterrents in data interpretation that are not within the control of the researcher (Sampson, 2016). My study had three limitations. The first limitation was much of my attention was spent on identifying and collecting data on the effective strategies used to address workplace incivility during the one-time period. The second limitation was not all HR professionals and department managers agreed to participate. The third limitation was that the minimal knowledge I possessed for conducting qualitative research could have affected the richness of data collected. Yin (2014) stated case study as being challenging for novice researchers. To help address this limitation, I worked closely with my faculty chair and committee members to assure my study's validity and reliability.

**Delimitations**

Delimitations are limitations within the control of the researcher (Sampson, 2016). The objective of my descriptive case study was to explore strategies HR professionals and department managers used to address workplace incivility for increasing the retention of highly-skilled healthcare employees in a healthcare system. Researchers choose case studies to explore human relationships in their actual

environments (Yin, 2014). I chose to focus on strategies to address workplace incivility instead of exploring turnover rates and transference of tacit knowledge, which delimited the scope of this study. The choice to focus only on HR professionals and some department managers in a healthcare facility in a single geographical location delimited the scope of this study. HR professionals and department managers are responsible for managing the employees within this environment, and their responses and experiences were expected to be useful for identifying key processes to retain highly-skilled healthcare employees in the subject healthcare system.

## Significance of the Study

### Contribution to Business Practice

The findings from this study could be significant to business because the conclusions and recommendations might help provide a framework for HR professionals, teaming with department managers to design and implement strategies to prevent and address uncivil behaviors and retain employees in unique settings, such as healthcare facilities. Organizations may uncover specific components that will assist HR professionals and department managers to work together to understand the importance of retaining highly-skilled healthcare workers better and increase organizational awareness and commitment to address workplace incivility.

### Implications for Social Change

Implications for positive social change include providing a comprehensive framework for HR specialists and department managers for reducing mistreatment of employees and creating a culture of collaboration to serve the community better with

quality healthcare delivery. Addressing workplace incivility, HR professionals and department managers may retain key healthcare employees to continue to provide continuity of care for patients. The positive interaction among healthcare employees may improve team dynamics in a healthcare environment to benefit patients and their families.

## A Review of the Professional and Academic Literature

In the professional and academic literature, I provide a foundation for exploring and addressing workplace incivility. I conducted research using a variety of sources, including the Internet, databases, journals, and seminal publications. I used the following research databases to find literature: Google Scholar, Business Source Complete, ProQuest, ProQuest Dissertations and Theses, ABI/INFORM, Education Research Complete, and PsycINFO. I applied the following keywords to search for literature: *workplace incivility*, *turnover*, *employee retention*, *employee engagement, person-organization fit, job performance*, *organizational performance, organizational commitment,* and *job satisfaction*.

I applied the following sources in this academic and literature review: (a) peer-reviewed journals, (b) seminal publications, (c) government websites, (d) symposium contribution, and (e) dissertations. Of the 204 sources used, 85% are peer-reviewed, and 85% are within the 5 years of publication from 2013 to 2017.

The purpose of this qualitative, single case study was to explore strategies HR professionals and department managers use to address workplace incivility for increasing the retention of highly-skilled healthcare employees in a healthcare system. A definition for workplace incivility is low-intensity atypical behavior with ambiguous intent to harm

the target, in violation of workplace norms for mutual respect (Andersson & Pearson, 1999, Doshy & Wang, 2014). Researchers have identified examples of workplace incivility including using voicemails to screen calls, answering the phone inappropriately, and not saying *thank you* or *please* (Andersson & Pearson, 1999). Andersson and Pearson (1999) began extensive research into the dynamic shift that occurs with incivility in the workplace. Subsequent literature indicated increased reports of incivility within the work environment (Clark, Olender et al., 2013; Miner, Settles, Pratt-Hyatt, & Brady, 2012), which when left unaddressed led to negative organizational outcomes (Clark, Olender et al., 2013). Because targets of incivility underreport most incidences, workplace incivility is detrimental in healthcare organizations (Warner et al., 2016). Organizations need civility to occur more often than not because of the complex interactions among people (Andersson & Pearson, 1999). A work environment with a formal system in place allows less room for uncivil behaviors to grow (Doshy & Wang, 2014). A compliant and well-mannered team is vital in a healthcare environment to avoid negative outcomes (Clark, Landrum, & Nguyen, 2013). Consequently, in an informal work environment, employees have difficulty assessing acceptable behavior from unacceptable, which can create a climate of confusion and subsequent abnormal behavior (Andersson & Pearson, 1999), poor collaboration (Jenkins, Kerber, & Woith, 2013), and voluntary employee turnover (Kwon & Rupp, 2013).

This review of professional and academic literature contains three subsections. The review begins with a detailed examination of incivility spiral theory, which includes an explanation of the impact of incivility on gender and target perceptions. The next

subsection, voluntary employee turnover, is a discussion about employee engagement and the characteristics altering employee commitment and turnover intentions. The final subsection, organizational performance, contains a description of job satisfaction and team effectiveness that affects employee retention.

**Incivility Spiral Theory**

Andersson and Pearson (1999) introduced the incivility spiral theory as an innovative application to discern workplace incivility, the outcome, and solutions. Components of the incivility spiral theory are destructive in nature (Holm, Torkelson, & Backstrom, 2015; Loi et al., 2015). Characterized by patterns of successive increases and decreases, individuals create tension in the working environment because of a lack of understanding of their situation and not possessing the skills to alter their behavior (Andersson & Pearson, 1999; Hodgins et al., 2014). Individuals experience a tipping point where feelings of anger develop, and they react aggressively toward their targets, which leads to an escalating effect of continuous perceived incivility associated with malicious behavior (Babenko-Mould & Laschinger, 2014). With each episode, perpetrators intensify the offense becoming more aggressive toward their targets (Sliter, Withrow, & Jex, 2015). By extending the research to explore the shifting dynamic on social interactions, theorists contributed to building upon the incivility spiral theory and its definition.

Prior researchers (Doshy & Wang, 2014; Loi et al., 2015) have cited Andersson and Pearson's (1999) definition as the broadest in content. Andersson and Pearson defined workplace incivility as low-intensity deviant behavior with ambiguous intent to

harm the target, which violates organizational norms. Cortina, Magley, Williams, and Langhout (2001) expanded on this premise focused on the effects of incivility on both the individual and organizational levels. Other theorists included the use of technologies undermining the richness of employee engagement (Gallus, Bunk, Matthews, Barnes-Farrell, & Magley, 2014). Jenkins et al. (2013) indicated that healthcare employees rely on communication and combining their skills to champion team cohesiveness, resulting in high-quality patient care.

Lesser forms of incivility encompass a range of specific behaviors, including sexual harassment, bullying, and workplace incivility (Hodgins et al., 2014). Researchers have indicated harmful consequences associated with sexual harassment and bullying of employees, but there is little evidence to establish a connection to workplace incivility and employee turnover (Aleassa & Megdadi, 2014; Hodgins et al., 2014). Low intensity behaviors suggests intangible, passive, and indirect outcomes, whereas more aggressive or high-intensity behaviors refer to tangible, active, and direct outcomes (Kunkel & Davidson, 2014). Although researchers have characterized incivility as minor (Hodgins et al., 2014), the effects of incivility are not (Cortina et al., 2013; Loi et al., 2015). Cottingham, Erickson, Diefendorff, and Bromley (2013) presented a well-researched article on developing the appropriate method and measurements to use to assess workplace incivility, exclusionary practices by managers, such as ignoring and ostracizing employees, and turnover intentions. In service organizations, such as hospitals, the attitudes and behaviors of employees influence the service delivery, which can result in reducing the quality to care (Walsh, 2014).

**Characteristics of workplace incivility.** A principal issue in the definition of workplace incivility is the ambiguous intent to harm (Cortina et al., 2013). Though researchers have characterized incivility as mild in nature, the negative behavior is increasing in complexity and frequency (Sliter, Withrow, & Jex, 2015). Researchers reported incivility as a strong indicator of stress in organizations (Holm et al., 2015). Ambiguous intent to harm may lead employees to not only initiate uncivil behaviors but also to reciprocate rude behaviors toward other employees (Babenko-Mould & Laschinger, 2014; Gedro & Wang, 2013). Subtle behavior becomes violent when individuals experience a tipping point where they develop strong feelings of anger and retaliate (Babenko-Mould & Laschinger, 2014). In fact, incivility acts are not generally ambiguous (Cortina et al., 2013). Individual levels of misconduct have a profound significance for team processes and performance (Gedro & Wang, 2013). Laschinger, Wong, Cummings, and Grau (2014) investigated the adverse effects uncivil behaviors have on employees' wellbeing, inclusive of job satisfaction, job performance, and turnover. In healthcare settings, employees are responsible for the care and safety of patients, which means organizations must ensure a healthy work environment is defined and enforced (Clark, Landrum, & Nguyen, 2013; Longo & Hain, 2014). Reviewing strategies that address work relationships in a healthcare setting from a group context (Spell, Eby, & Vandenberg, 2014) was necessaary to this doctoral study. The ambiguous nature of workplace incivility makes it difficult for managers to identify and address them competently (Loi et al., 2015). For that reason, evaluating the significance of addressing workplace incivility and the retention of highly-skilled healthcare employees

is vital.

**Workplace incivility and target perceptions**. Discourteous and disrespectful behavior has become common in organizations (Loi et al., 2015; Sliter et al., 2015). Danque, Serafica, Lane and Hodge (2014) asserted that incivility is more prevalent in healthcare systems. Theorists have referred to healthcare systems as complex adaptive systems shaped by external factors, which can be unpredictable and complex over time (Tolf, Nystrom, Tishelman, Brommels, & Hansson, 2015). Researchers have highlighted that incivility emerges from individuals' perceptions (Sliter et al., 2015). Among workers who have been the targets of incivility, a poll of 800 managers and employees in 17 industries responded that 48% intentionally decreased their work performance (Porath & Pearson, 2013). Further understanding of the links of individual differences and perceptions of incivility are critical to understanding how to address incivility (Sliter et al., 2015).

Analysts have reviewed traits, such as agreeableness, conscientiousness, extroversion, emotional stability, and openness, which may alter an individual's perceptions in social interactions (Sliter et al., 2015). Porath and Pearson (2012) conducted a study on fear and sadness at work. The collected data substantiating that workplace incivility affects business practices (Porath & Pearson, 2012). Workplace incivility leads to higher costs in organizations not taking the necessary actions to curb rude employees' actions (Porath & Pearson, 2013). Workplace incivility continues to rise and affect financial stability for organizations (Doshy & Wang, 2014). Understanding workplace incivility from an organizational context is critical in the development and

implementation of strategies for addressing uncivil behaviors influenced in the incivility spiral (Gallus et al., 2014).

**Workplace incivility and gender.** Emotionally draining work affects women more than men (Cifre, Vera, Rodriguez-Sanchez, & Pastor, 2013). Cifre et al. (2013) researched the influences of gender on stress processes and concluded men and women might be conditioned to traditional socialization standards. Gallus et al. (2014) identified that men are more likely than women to be perpetrators of incivility. Additionally, Gilbert, Raffo, and Sutarso (2013) conducted a study on 238 business students (143 men and 93 women) and concluded that socialization patterns predispose women to be targets of aggressive individuals more than men. Researchers identified incivility acts occurring more often among women in the workplace (Miner & Eischeid, 2012). However, there are occurrences of women behaving uncivilly to their managers as well as other employees (Gallus et al., 2014).

Individuals' perceptions of conflict strongly influence their reactions (Scott, Tams, Schippers, & Lee, 2014). Loi, Loh, and Hine's (2015) findings underlined the differences men and women experience workplace incivility. Loi et al. highlighted the differences in reaction to workplace conflicts with females adopting passive coping strategies and males demonstrating direct actions toward their perpetrators. In a study of 195 MBA students, Itzkovich (2014) identified some targets of incivility recognized their supervisors as perpetrators of rude and discourteous behaviors. Organizations have the ability to manage supervisory control and to address negative perceptions of employees (Cottingham et al., 2013). The consequences of workplace incivility lead to burnout, low

job satisfaction, decreased engagement, and thoughts of leaving employment (Miner & Eischeid, 2012).

**Voluntary Employee Turnover**

Employees are an organization's most valuable resource (Memon, Salleh, Baharom, & Harum, 2014). Researchers have indicated that employees exposed to resources that match their needs increased work engagement, lessening exposure to stressors (Biggs, Brough, & Barbour, 2014). HR professionals and department managers can create opportunities for employees to invest their interests into their job performance (Boxall, 2013). Through engagement, employees develop relevant skills, including team building and role modeling (Boxall, 2013). The person-organization fit model demonstrates the significance of employee engagement and staff's intentions to leave (Memon et al., 2014).

**Employee Engagement and Person-Organization Fit**

The relationship between employee engagement and person-organization fit is significant (de Beer, Rothmann, & Mostert, 2016). When employees establish a connection with their jobs through demonstrated skills, they exhibit a higher level of engagement (de Beer et al., 2016). Researchers have credited Kahn (1990) for his theoretical development of employee engagement (Lee & Ok, 2015). Based on Kahn's theoretical development, people engage in jobs when they believe the completion of job tasks are meaningful (Lee & Ok, 2015). Researchers have defined engagement as a positive affective state that leads to desirable outcomes (de Beer et al., 2016; Lee & Ok, 2015; Peng, Lee, & Tseng, 2014). Engagement consists of three principal components:

vigor, dedication, and absorption (de Beer et al., 2016; Peng et al., 2014). Vigor consists of high levels of energy, dedication refers to an employee's allegiance to his or her work, and absorption indicates an employee's full attention embedded in his or her tasks (Saks & Gruman, 2014). Researchers have indicated that engagement is strongly related to increased organizational commitment and retention of employees (de Beer et al., 2016). In 2004, researchers with the Corporate Executive Board cited that a 10% increase in employee engagement changed an employee's energy level by 6%, which in turn increased their performance level by 2% (Lee & Ok, 2015). Person-organization fit is vital to workplace learning, and reducing dysfunctional employee relationships is critical for organizational leaders to address (Gialusi & Coetzer, 2013).

From an HR perspective, engaged employees work persistently and immerse themselves in their work (Lee & Ok, 2015). Experts have demonstrated that targets of incivility experience greater levels of stress decreased levels of creativity and high rates of voluntary employee turnover (Clark, Olender et al., 2013). Reviewing strategies to address workplace incivility in a healthcare system can help HR professionals and department managers to manage issues related to stress, coping, and job satisfaction (Clark, Olender et al., 2013). Thus, identifying strategies to address workplace incivility warrants additional research.

**Dysfunctional relationship conflict.** Researchers have investigated employee engagement as a key component to organizational success and competitive advantage (Saks & Gruman, 2014). Saks and Gruman (2014) concluded that job attitudes and behaviors were positively related to engagement. Ghosh et al. (2013) explained the

disconnect of manager and subordinate incivility through the organizational socialization and social exchange theories. Anitha (2014) further examined the determinants of the employee and the effectiveness employee engagement has on employee performance. The author concluded that the two most dominant variables, work environment and coworker relationships, were statistically significant at a 0.01 level of significance (Anitha, 2014). Biggs et al. (2014) examined the relationship of strategic alignment and engagement and concluded that strategic alignment is a fundamental component for organizational leaders to understand as strategic alignment relates to a healthy work environment.

Drawing upon the resource-based view, Boxall (2013) reiterated the critical tasks HR professionals must meet to create competitive advantage. Workplace incivility is central to employee relationships, resulting in incivility hindering job performance (Boxall, 2013). Understanding the relationship between person-organization fit and employee engagement is a useful tool for HR professionals to gauge job satisfaction and job performance (Memon et al., 2014). Peng et al. (2014) analyzed the working relationships of nurses in two hospitals in Taiwan, of which 349 nurses responded to thoughts of leaving employment as a result of dysfunctional work relationships. They indicated that work engagement negatively correlated with turnover intentions (Peng et al., 2014). Warr and Inceoglu (2012) posited the existence of a relationship between poorer person-job fit and lower job satisfaction and increased distress. They identified a strong link between poorer person-job fit to job dissatisfaction, anxiety, depression, and irritation (Warr & Inceoglu, 2012). Employee engagement, motivation, and satisfaction

levels need to be weighed against real-life experiences to gain a deeper understanding of the phenomenon.

**Consequences of workplace incivility.** Researchers have postulated that increased job demands, changing technologies, and increased stress heighten an employee's experiences and perceptions of incivility (Gallus et al., 2014). Employees demonstrated signs of work withdrawal, that consisted of excessive absenteeism, arriving late to work, and misusing sick leave (Loi et al., 2015). In healthcare systems, managers treated physicians differently than other health care employees and thus acted accordingly (Leape et al., 2012). Their sometimes disrespectful behavior is viewed as an infectious agent, hindering the efficient delivery of quality healthcare (Leape et al., 2012). Medication and documentation errors hinder patient flow and cause patients to lose trust in the healthcare system.

The consequences of workplace incivility are identifiable to the incivility spiral theory (Nicholson & Griffin, 2015). Employees who do not recover well from experiences of incivility face health problems that hinder work performance (Nicholson & Griffin, 2015). Job resources can be a means to motivate employees and meet job demands (Saks & Gruman, 2014). With the change in the work structures when employees voluntarily leave, remaining employees face stressors or challenges, in particular, role ambiguity (Walsh, 2014). Service employees view role ambiguity as hindering their ability to complete tasks (Walsh, 2014). Uncivil employees may stall access to information and resources that employees need to complete job tasks (Porath, Gerbasi, & Schorch, 2015). Civility does not necessarily benefit the organization directly

but indirectly through increasingly positive relationships to strengthen work relationships and boost performance (Porath et al., 2015).

**Employee Engagement and Organizational Commitment**

Despite the ambiguous intent of workplace incivility, the effects of rude and discourteous behaviors have significant work-related consequences for targets, including employee engagement, turnover, job satisfaction, commitment, and productivity (Nicholson & Griffin, 2015). Employees demonstrated increased levels of commitment when they perceived respectful working relationships with their superiors (Campbell, 2015). In her doctoral study, Thomas (2015) demonstrated retaining a team of highly qualified employees improves organizational profitability.

**Damaged internal social fabric.** Organizational success depends on dedicated employees (Abdulkadir, Isiaka, & Adedoyin, 2012). Workplace incivility occurs more often at work, with 10% of employees reported witnessing uncivil behaviors daily (Zhou, Yan, Che, & Meier, 2015). Committed employees are central to business performance and beneficial organizational outcomes (Kivuva, 2015). Organizational commitment is the primary component that catalyzes camaraderie within the work environment (Abdulkadir et al., 2012). In healthcare, frontline employees, such as nurses, lab technicians, and physicians, have a critical role in driving the goals of the organization (Walsh, 2014). Ali, Aballah, and Babikir (2015) examined job satisfaction of 159 doctors and medical staff working in healthcare institutions and concluded workplace environments have an effect on job satisfaction, that affects turnover intentions. Kivuva (2015) linked the involvement of employees to increased motivation and commitment to

organizations. Employees' behaviors and attitudes drive motivation, and this motivation increases job involvement and heightens satisfaction of employees by engaging them in meaningful work (Kivuva, 2015). Individual actions, both positive and negative, of employees' initiate reactions from others (Taylor, Bedeian, Cole, & Zhang, 2014).

To increase organizational commitment, managers need to identify the antecedents and consequences of employee engagement, including job burnout (Bakker, Demerouti, & Sanz-Vergel, 2014). While investigating strategies to build social capital within a healthcare working environment for nurses, Jenkins et al. (2013) noted there is little information regarding how to address incivility. Researchers pinpointed constructs such as sociability and organizational commitment that affect service-oriented organizations (Dusek, Ruppel, Yurova, & Clarke, 2014). With effective human resource management (HRM) practices in place, HR professionals and department managers may select the right candidates to increase customer satisfaction and reduce operational expenditures (Dusek et al., 2014).

**Consequences of employee engagement.** Researchers have deemed workplace incivility as a common occurrence, and the effects of uncivil behaviors can negatively influence employee well-being, job satisfaction, job performance, commitment, and turnover (Laschinger et al., 2014). Healthcare systems, such as hospitals, rely on clinical employees to work interdependently. Hunt and Marini (2012) noted the effects incivility could have on team performance, including poor team building and collaboration. Healthcare organizations may be more susceptible to workplace incivility as a result of the fast-paced environment, stressful conditions, and challenging work requirements

(Hunt & Marini, 2012). Employees who demonstrate high levels of motivation reported increased job involvement (Kivuva, 2015). On the contrary, employees with low levels of motivation demonstrated low satisfaction with their coworkers (Gkorezis, Kalampouka, & Petridou, 2013). There are reports of some managers logging 13% of their time in resolving employee conflicts (Brennan & Monson, 2014).

**Poor collaboration.** Teamwork is beneficial to organizational success (Aube & Rousseau, 2014). Experts have posited that although incivility occurs regularly, managers struggle to identify incivility and address effectively (Sliter, Withrow, & Jex, 2015). Other researchers have supported the theory that incivility weakens the infrastructure (Shabir, Abrar, Baig, & Javed, 2014). Additionally, uncivil behaviors begin at the individual level, and if left unaddressed by management, the counterproductive behaviors escalate within teams, thus hindering collaboration (Aube & Rousseau, 2014). Through collaboration, team members can perform assigned tasks that would be difficult to accomplish individually (Aube & Rousseau, 2014). Jensen, Patel, and Raver (2014) stressed the importance of groups needing collaboration and coordination to accomplish tasks successfully. Collaboration is required for organizational leaders to develop strategies to address and prevent workplace incivilities from occurring (Oyeleye, Hanson, O'Connor, & Dunn, 2013).

**Organizational outcomes.** Researchers have defined a healthy work environment as a workplace that involves engaged employees committed to establishing a sustainable environment (Longo & Hain, 2014). Bakker et al. (2014) indicated that engaged employees are more creative and devoted to their jobs. Organizations seeking to

retain key employees need to examine the efforts of dedicated employees who go above and beyond to complete work goals (Kivuva, 2015). Spreitzer and Porath (2012) highlighted the costs of incivility and the importance for business leaders to address incivility effectively in the workplace, including developing and deploying strategies to retain and recruit employees. Few companies consider civility and incivility during the hiring process (Spreitzer & Porath, 2012). Managers must set a tone when it comes to civility and addresses uncivil behavior immediately (Spreitzer & Porath, 2012).

**Three Components of Commitment**

Understanding the behaviors and attitudes that may disturb employees' well-being, safety, and job satisfaction is a prerequisite for comprehending how employees identify with their organizations. An employee's identification with an organization can be characterized as the recognition of shared values with an organization's employees and shared experiences with the organization (Gutierrez, Candela, & Carver, 2012). Attributable to the increased challenges for HR professionals and department managers to retain qualified employees, business leaders need to explore and examine the importance of organizational commitment (Abdulkadir et al., 2012).

Researchers have employed Meyer and Allen's (1991) Three Component Model of Commitment to examine how affective commitment, continuance commitment, and normative commitment affect how employees feel about their organizations (Abdulkadir et al., 2012; Gutierrez et al., 2012; Meyer, Stanley, & Parfyonova, 2012). Affective commitment refers to employees' attachment to their organization and their work roles (Abdulkadir et al., 2012). Employees identified as exemplifying affective commitment

are motivated and attentive at work (Gutierrez et al., 2012). Continuance commitment indicates an employees' hesitancy to leave their jobs for fear of losing benefits, pay cuts, and not to find suitable employment after leaving (Abdulkadir et al., 2012). Employees are choosing to remain with their organization stay because they weigh the costs of leaving their organization as too costly (Gutierrez et al., 2012). Normative commitment exemplifies an employees' obligation to stay (Abdulkadir et al., 2012). Meyer, Stanley, and Parfyonova (2012) attributed employee commitment to influencing job performance. The authors concluded that out of the three components affective commitment is positively related to the role and voluntary performance; followed by normative commitment (Meyer et al., 2012). Conversely, the researchers noted that continuance commitment negatively influences voluntary performance (Meyer et al., 2012). HR professionals and other department managers must understand the positive and adverse effects of commitment to thoroughly comprehend the direction of behavior toward motivation (Kivuva, 2015).

**Employee Engagement and Turnover Intentions**

The loss of highly-skilled healthcare employees negatively influences operational effectiveness (Byerly, 2012). The significance of turnover on employee engagement is critical for organizations to understand the effects of work relationships (Byerly, 2012). Employee behaviors and attitudes that go against organizational norms threaten to jeopardize employee engagement (Christian & Ellis, 2014). Employees working in proximity to each other can increase social conflicts, making working together uncomfortable (Gialuisi & Coetzer, 2013). Consequently, turnover jeopardizes

operational outcomes, such as workplace learning, depletes team building, and weakens the quality of care (Ejaz, Bukach, Dawson, Gitter, & Judge, 2015).

**Workplace learning.** Turnover intentions and voluntary employee turnover plague organizations globally (Anvari, JianFu, & Chermahini, 2014). The damages of turnover costs to agencies in the United States was approximate $11 billion annually (Ghosh et al., 2013). Organizations focus more on turnover rates because employees' voluntarily leaving is costly (Anvari et al., 2014). In addition to uncivil employees' impact on profitability, incivility affects other areas of healthcare, particularly the erosion of quality and service delivery (Leape et al., 2012). Ghosh et al. (2013) extended the literature to encompass workplace learning. Through their investigation, they surveyed 420 participants, and the participants' responses indicated a need for organizations to expand on interpersonal trust and organizational climate (Ghosh et al., 2013). In a study of 1800 offshore Norwegian workers, researchers have concluded that exposure to uncivil behavior predicts increased levels of job insecurity and employees leaving within 6 months of exposure (Glambek, Matthiesen, Hetland, & Einarsen, 2014). Other experts identified high rates of incivility occurring in the work environment (Hunt & Marini, 2012) and a lack of resources for learning and collaboration (Porath et al., 2015) as hindering operational effectiveness (Gutierrez et al., 2012). High turnover is negatively associated with poor social work relationships (Ejaz et al., 2015).

**Depletion of human capital.** Workplace incivility has a profound effect on employee perceptions of job security (Allen & Shanock, 2013). The depletion of highly-skilled employees can ruin a firm's reputation and bottom line (Kwon & Rupp, 2013).

Voluntary employee turnover is detrimental to organizations but especially damaging to organizations that rely on human capital to carry out services (Selden & Sowa, 2015). Newman, Ye, and Leep's (2014) study of local health department employees across the United States identified the loss of tacit knowledge when employees leave. I used the incivility spiral theory as a means of exploring the consequences of uncivil employees and developing strategies that may strengthen work relationships and boost performance (Porath et al., 2015). To improve operational effectiveness, HR professionals and department managers need to manage human capital (Porath et al., 2015).

In the event of losing highly-skilled employees, HR may have limited resources to recruit an internal candidate (Gialuisi & Coetzer, 2013). HR professionals' knowledge of retention strategies is vital to assuring organizational effectiveness (Laddha, Singh, Gabbad, & Gidwani, 2012). Shaw, Park, and Kim (2013) focused their study on human capital losses and firm performance. They suggested a resource-based perspective to examine human capital losses and the relation to organizational performance (Shaw, Park, & Kim, 2013). With the use of the job embeddedness theory Wei (2015) posited that an employee's intent to leave linked to the level of socialization with other workers. Wei's (2015) study is the first in HR literature to explain how high-performance HR practices can lessen employees' intent to leave (Wei, 2015). However, the incivility spiral theory could enable me to explore strategies HR professionals and department managers use to address incivility to retain highly-skilled healthcare employees who may have thoughts of leaving their jobs.

**Thoughts of leaving**. Turnover intentions have an overwhelming effect on organizations (Madden, Mathias, & Madden, 2015). Turnover intentions affect providers, patients, and the organization in which staffing shortages can devastate the delivery of quality care (Madden et al., 2015). By organization career growth, authors identified increased employee organizational commitment when more opportunities are available to develop skills aligned with employees' career choices (Weng & McElroy, 2012). The greater the resources, the less likely employees will leave the job for other opportunities (Weng & McElroy, 2012). Al-Ahmadi's (2014) article on anticipated nurses' turnover in public hospitals in Saudi Arabia identified organizational and personal variables that can influence turnover intentions. Christian and Ellis (2014) investigated how turnover intentions change the relationship between nurses and their organization. The authors concluded that turnover intentions were significantly related to rude and discourteous behaviors (Christian & Ellis, 2014). Conversely, little evidence has indicated a strong relationship between person-organization fit and turnover intentions (Memon et al., 2014). From another perspective, Dane and Brummel (2013) stated the importance of exploring employees' intentions to leave from an individual perspective instead of an organizational context. Further research is needed to explore employees' experiences as instigators and targets of workplace incivility and turnover intention because an employee can be highly engaged but may still feel pressure to leave as a result of uncivil peers (Memon et al., 2014).

Researchers conducted a study in a healthcare setting to isolate the high voluntary employee turnover issue among healthcare workers (Shuck, Twyford, Reio, & Shuck,

2014). The authors argued that evidence suggest turnover intention is a strong predictor of voluntary employee turnover and is affected by employees' perceptions of organizational support (Shuck et al., 2014). Voluntary employee turnover of nurses can impede daily operations that contribute to staff shortages (Unruh & Zhang, 2014). Researchers conducted studies focused on the voluntary employee turnover at the individual and group level, but not at the organizational level (Roulin et al., 2014). At the organizational level, the authors concluded no significant relationship between policies and job satisfaction, and intent to leave in controlled individual and group settings (Roulin et al., 2014). Turnover intentions are important for managers to assess due to the reported high rates of turnover in the healthcare industry (Shuck et al., 2014). Therefore, the incivility spiral could identify factors for HR professionals and department managers to understand and to develop strategies to retain valuable employees.

**Direct and indirect costs.** Voluntary employee turnover affects organizational profitability, directly and indirectly, totaling close to $11 billion annually (Rahman & Nas, 2013). The loss of highly-skilled healthcare employees to voluntary employee turnover can be costly (Gialuisi & Coetzer, 2013). The effect of losing skilled workers has specific and contingent costs associated with employee turnover (Collins et al., 2015). The authors concluded that high turnover and the decrease in trained personnel remained as the highest ranked organizational risks (Collins et al., 2015). Other experts encouraged investing in high performing employees because their exit from the organization is costly (Rahman & Nas, 2013). Using the incivility spiral theory to expand on information about events or shocks that lead to turnover is possibly relevant to

my research because of the detrimental effects of turnover on job performance. Exploring the importance of tangible and intangible costs associated with voluntary employee turnover is essential to addressing workplace incivility (Collins et al., 2015).

Turnover costs are detrimental to organization's profitability, and depending on the tasks of the employees leaving, the costs can vary (Dusek et al., 2014). Again, with workplace incivility continuing to be an organizational problem, strategic decision makers can fail to realize the fixed and ancillary expenses linked to incivility (Harold & Holtz, 2014). The actual damages affect work relationships, such as absenteeism, lateness, and withdrawal from work tasks (Byerly, 2012). Peng et al. (2014) highlighted how hospitals were affected by increasing operational costs connected with increased medical errors and high turnover rates.

Researchers have maintained managers need to recognize and address incivility to reduce unnecessary expenditures (Porath & Pearson, 2013). The direct costs of turnover include recruitment and training of new employees and HR professionals and department managers can develop and deploy strategies to retain successful employees who retain tacit knowledge (Gialuisi & Coetzer, 2013). Contingent costs include the loss of trust from patients and the community in the organization, decreased job satisfaction and employee morale, declines in productivity (Gialuisi & Coetzer, 2013), and poor reputation (Brennan & Monson, 2014).

There is limited research on how business leaders develop strategies to decrease workplace incivility (Cortina et al., 2001). Collins, McKinnies, Matthews and Collins' (2015) research focused on how HR managers calculate employee turnover. The authors

proposed that HR managers review the organizational policies, specifically, how the organization defines separation in determining employee turnover (Collins et al., 2015). In a study concentrated on practical strategies to solve voluntary employee turnover, Anvari et al. (2014) proposed managers consider the antecedents to turnover in conjunction with costs of employees leaving. Causes and consequences of turnover indicated the importance of organizations' improving internal controls, including developing practical implications for managers to focus on monitoring turnover rates and increasing the quality of the hiring process (Heavey, Holwerda, & Hausknecht, 2013). HR professionals can control the adverse effects of turnover through standardizing processes, including implementing strategies to improve onboarding techniques for new employees and ways to transfer tacit knowledge to new hires to reduce the learning curve errors (Mohr, Young, & Burgess, 2012).

## Organizational Performance

**Job satisfaction and job dissatisfaction.** Discerning and uncovering the ramifications of working in teams is relevant to connecting the complexity of relationships in high-stress areas with the potential outcomes that change organizational performance (Alidina, Rosenthal, Schneider, Singer, & Friedberg, 2014). Chrisman, Azukike, Stone, and Davis (2014) associated uncivil behaviors with decreased productivity, increased medication errors, and the loss of highly-skilled healthcare employees. Chrisman et al. noted 7.8% of healthcare employees leaving their jobs as a result of workplace incivility. Researchers identified job satisfaction to be an underlying contributor to organizational success (Gutierrez et al., 2012). Platis, Reklitis, and

Zimeras (2015) indicated a strong relationship between satisfaction and productivity, as a result of exploring employees' attitudes, perceptions, and self-evaluations. Characteristics, such as work-life balance, incentives, and team effectiveness can influence organizational performance (Gutierrez et al., 2012). However, there is limited research on the consequences of incivility on performance (Sliter, Sliter, & Jex, 2012). In healthcare, the organizational culture is essential to business performance (Acar & Acar, 2014). Organizational culture is not the focus of this doctoral study, but managers must understand how the internal dynamics of an organization function to produce outputs (Acar & Acar, 2014).

**Work-life balance.** Work life balance gained popularity across industries, but researchers have demonstrated minimal evidence of its effectiveness within organizational cultures (Sullivan, 2014). Haar, Russo, Sune, & Ollier-Malaterre (2014) maintained that there is a consensus among researchers that work-life balance is highly valued by employees and affects people's well- being and work productivity. Despite its growing popularity within organizations, James (2014) agreed there is limited research to support work-life balance. Sullivan (2014) provided an insightful article on organizations that require extensive amounts of time from employees, work overload, and work-life balance, whereas ambitious institutions seek greater commitments in time from employees as a result of economic downturns and demand to meet goals for increasing productivity. Those employees who witness incivility tend to demonstrate a reduced commitment to the organization, lower job satisfaction and increased turnover (Harold & Holtz, 2014). James (2014) noted the irony in organizations offering flexible work

schedules meaning increased workloads and less social work hours in efforts for organizations to increase productivity and reduce labor costs. Additionally, outside factors such as work schedules, staffing, and lack of equipment can influence behaviors escalating to behaviors outside of the norm (Platis et al., 2015; Tourangeau, Wong, Saan, & Patterson, 2015). Organizations need to consider the potential effects of external factors such as globalization and increased connectivity on performance demands and review the effects of increased workloads on their employees' lives.

Kivuva (2015) maintained that employee involvement could increase job satisfaction and ultimately result in innovative ways to address changes affecting technology, demographics, and the competitive job market. Laschinger et al. (2014) employed Andersson and Pearson's (1999) incivility spiral theory to demonstrate the importance of positive business practices to support employee empowerment and discourage workplace incivility.

**Incentives, Performance Measurement, and Management Systems**

Garbers and Konradt (2014) claimed a specific advantage of team-based rewards is the means for motivating individuals to work together in teams. Incentives refer to stimuli, monetary and nonmonetary, to increase individual ambition and performance (Garbers & Konradt, 2014). This motivation would lead to improved team performance, enabling organizations to measure team-based performance more accurately than individual-based performance measures (Garbers & Konradt, 2014). Although workplace incivility can begin with a single individual, the actions, if left unaddressed by management, can escalate to have a significant effect on teams and performance

outcomes (Garbers & Konradt, 2014). Not all researchers have agreed that incentives have a bearing on decision making and improved performance (Maslen & Hopkins, 2014). Maslen and Hopkins (2014) suggested the evidence included employees increased job performance when managers linked specific jobs to incentives. Healthcare organizations should consider compensation systems to reward their employees, and managers must consistently monitor their employees' effectiveness. (Maslen & Hopkins, 2014).

HR strategies should align with the organization's goals and processes to ensure that HR professionals and department managers offer internal services that align with external customers' expectations (Ulrich & Dulebohn, 2015). Howell (2014) identified knowledge as the capabilities that create value for an organization and is critical for organizational leaders to determine how individuals' roles align with the long-term objectives of the company. Additionally, HR managers improve financial performance when effectively applying strong HR practices (Ruiz & Coduras, 2015).

Since HR professionals must be partners in strategic decision making, it fits for them to team with other department managers to develop and implement a comprehensive performance program (Tavis, 2015). A performance measurement and management system (PMM) is a uniform and progressive frame of reference that HR professionals should use to guide decision making (Taticchi, Balachandran, & Tonelli, 2012). Business leaders need to make decisions on how to measure performance strategies against an organization's core competencies and core values (Taticchi et al., 2012). While researchers identified empirical evidence components of an effective

performance measurement and management system, healthcare organizations must design a frame of reference that fits their mission and business strategies.

There are some challenges to implementing an effective performance measurement and management system. Shaw and Gupta (2015) identified possible problems with incentive system designs. Among the several significant problems the authors identified was that organizations sometimes fail to design meaningful incentive systems (Shaw & Gupta, 2015). Moreover, pay for performance should be large enough to mean something of value to employees, and in the case of performance-based pay raises, employees' pay increases need to be 7% to be effective (Shaw & Gupta, 2015). Organizations can miss the opportunity to improve relevant job skills as tasks become more complex (Aguinis, Joo, & Gottfredson, 2013). Employers faced other challenges using performance measures not associated with job-relevant tasks (Shaw & Gupta, 2015). Given these challenges, the problem with PMM systems does not lie in developing financial aspects, but in the design and implementation stages (Aguinis et al., 2013).

**Decreased Productivity/Degree of Team Effectiveness**

Al-Ahmadi demonstrated the association of low-quality teamwork with turnover intentions (Al-Ahmadi, 2014). Researchers have identified one of the effects of incivility as inhibiting employees from thriving (Spreitzer & Porath, 2012). In research conducted by Ali et al. (2015), the authors associated job satisfaction with productivity, performance, and organizational commitment. Ali et al. noted that workplace environments affect job satisfaction, which in turn affects turnover intent. On the same

accord, Dawson, Stasa, Roche, Homer, and Duffield (2014) researched the antecedents and perceptions that affect working relationships within medical and nursing units. The sample of 362 nurses indicated a poor work environment as a major obstacle to job satisfaction, contributing to turnover (Dawson, Stasa, Roche, Homer, & Duffield, 2014). Researchers have documented evidence that is transferring the delivery of health care services from an individual to a team-based system improved strategic business objectives, including reducing excessive spending, medical errors, and legal claims (Brennan & Monson, 2014). Targets who experience high levels of incivility may avoid arriving to work on time to reduce the likelihood of being affected by further negative behaviors (Sliter et al., 2012). Stressors, such as anxiety and avoidance have the potential to contribute to workplace relations and occupational stress (Leiter, Day, & Price, 2015).

**Employee Retention**

Organizational leaders face challenges retaining valuable employees, especially in markets troubled by shortages of qualified applicants (Roulin et al., 2014). Employers can lose business relationships, and the overflow of work can increase stress levels of remaining employees (Byerly, 2012). Experts have defined retention as the percentage of employees present at the beginning of the fiscal year who remain employed at the end of the fiscal year (Byerly, 2012). Retaining qualified employees is more crucial because of tight job markets (Laddha et al., 2012). Replacement costs for physicians are expensive and recruiting costs can also be excessive (Brennan & Monson, 2014). The Association of American Medical Colleges has estimated a shortage of 130,000 physicians by 2025 (Brennan & Monson, 2014). Researchers noted the cost for healthcare systems to replace

physicians ranges from $115,000 to $537,000, which may take employers up to 10 years to recover (Brennan & Monson, 2014). Allen and Shanock (2013) identified retention as a critical component for successful employee orientation.

Employees are the infrastructure of every organization (Laddha et al., 2012). Their employees' execution of job tasks is instrumental in developing and maintaining an organization's competitive advantage (Shaw et al., 2013). Employers need to understand employee retention as it affects employees at all levels (Byerly, 2012). Byerly (2012) stated negative behaviors could spiral down and affect more employees before managers recognize and address the problem. Instead of viewing why employees leave, George (2015) studied why workers stay. George concluded that retaining highly qualified employees eliminated the recruiting, selection, and onboarding costs to replace them. Researchers referred to leadership styles of managers and their influence on followers' behaviors as indicators of maintaining personnel stability (Holmes, Chapman, & Baghurst, 2013). Holmes et al. (2013) examined recruitment, retention, and generational differences, which can influence the interrelationships of employees and managers. Employing the incivility spiral theory, HR professionals and department managers can potentially review the underlying issues linked to both the instigator's and the target's situations and not assume that if an employee stays he or she is happy, and vice versa. Retention is important because motivated employees are creative, innovative, productive, and quality oriented (Laddha et al., 2012). HR professionals along with department managers can examine exit interviews, observe current employees, and monitor specific programs to see how they can affect employee turnover and employee retention (Byerly,

2012). Laddha et al. (2013) concluded that organizations could be more efficient managing employees by understanding the dynamics of working relationships, identifying direct and indirect costs of turnover, and implementing strategies to address incivility and alter employee perceptions.

## Transition

In Section 1, I introduced the problem of workplace incivility and the effects the negative behaviors and actions have on retaining highly-skilled healthcare employees in a healthcare system. The purpose of this descriptive single case study was to explore successful strategies HR professionals and department managers use to address workplace incivility. I chose a qualitative research design to identify and describe successful strategies for addressing workplace incivility within a specific timeframe for healthcare employees. Section 1 contained a thorough review of the literature beginning with a background of this phenomenon that demonstrates the need for further research on this topic. In this literature review, I discussed workplace incivility and the adverse effects negative behaviors have on employee engagement, organizational commitment, performance, and retention. The literature review contained historical and current contributions to substantiate the consequences of workplace incivility. Section 2 addresses the detailed design of the doctoral study and contained detailed discussions encompassing the research method and design, role of the researcher, participants, and data collection and analysis. Section 3 provides (a) presentations of the findings, (b) applications to professional practice, (c) implications to social change, (d)

recommendations for future action, (e) recommendations for future research, and (f) overall conclusions.

# Section 2: The Project

Section 2 of this study contains (a) the restatement of the purpose, (b) role of the researcher, (c) research participants, (d) research method and design, (e) population and sampling, (f) ethical research, (g) data collection instruments, (h) data collection techniques, (i) data organization techniques, (j) data analysis, and (k) processes for assuring the reliability and validity of the study.

## Purpose Statement

The purpose of this qualitative, single case study was to explore successful strategies HR professionals and department managers use to address workplace incivility for increasing the retention of highly-skilled healthcare employees in a healthcare system. The target population consisted of HR professionals and department managers employed by a healthcare system with 50 or more employees in Greenville, South Carolina, selected because they have experience developing and deploying successful strategies to address workplace incivility. Implications for positive social change include improving organizational policies to improve measurement and reporting of employees' engagement and to increase access to health care and quality of care.

## Role of the Researcher

I served as the primary data collection instrument. Qualitative research consists of the researcher creatively interpreting findings through strategic inquiry (Denzin & Lincoln, 2011). As the principal research instrument, I used an interview protocol (Appendix A) as the infrastructure for conducting the interview process with each participant. I collected data by following the interview protocol and the data collection

and data analysis methods I describe later. I identified all potential risks in the consent form that I discussed with potential participants. I am familiar with this topic because I have experience handling workplace incivility incidents directly and indirectly among healthcare employees. Serving as a mentor and physician liaison to employees at a community health center, I understood the challenges of managing a diverse workforce. As the researcher, I was aware of my experiences and personal beliefs managing a diverse workforce. I remained aware of my personal views and experiences so that I did not allow my experiences to influence the results. I conducted the doctoral study in Greenville, South Carolina where I have built successful relationships with other department managers, who were not part of the target population.

To mitigate bias, a researcher needs to maintain a high level of ethical principles (Yin, 2015). As I collected data, I remained open to contrary evidence, which assisted me to monitor my behavior and avoid deception (Yin, 2014). Having an unwavering awareness of the issues was critical to making rational judgments throughout the case study (Yin, 2014). To ensure participants provided rich descriptions of their experiences, I used an interview protocol with each interviewee. The interview protocol (Appendix A) provided the basis for assuring my study's reliability and guiding the interview process (Jacob & Furgerson, 2012). I conformed to all ethical standards outlined in the Belmont Report, which highlighted the importance to safeguard the well-being of the research subjects (U.S. Department of Health & Human Services, 2016).

## Participants

Denzin and Lincoln (2011) suggested humans create life concertedly. The active engagements among subjects develop their moral obligation toward one another (Denzin & Lincoln, 2011). Yin (2014) added that capturing alternative perspectives of participants will support the phenomenon of interest. I accessed three participants (two HR professionals and one department manager) through membership of two professional associations, Greenville Society of Human Resources and South Carolina Primary Health Care Association. I contacted each participant via e-mail to schedule the interview 2 weeks in advance and immediately after participants received the consent form. Each participant had a minimum of 2 weeks to review the information and ask questions before giving consent. Throughout the interview process, I maintained boundaries to preserve the integrity of the researcher-participant relationship and remained compliant with the ethical obligations to protect participants from harm (Rossetto, 2014).

Establishing rapport with participants is essential for the interview process (Charmaz, 2014). Cox (2012) stressed the significance of novice researchers negotiating relationships. I shared my intentions of the interview with participants and reassured participants to share experiences based on their viewpoints. The HR professionals and department managers possessed related experience dealing with employee relations and had success in retaining highly-skilled healthcare employees. I conducted semistructured interviews in a professional and safe environment, such as a conference room or meeting room located off of company grounds, allowing participants to feel comfortable during

the face-to-face interview sessions. I ensured confidentiality and participant consent before beginning the interview session.

## Research Method and Design

Approaching a research project requires identifying a problem, in this case, a business problem, and the steps necessary to resolve the business problem. The methodology involves the strategic steps the researcher uses to conduct research (Taylor et al., 2015). The focus of this doctoral study was to identify and explore the successful strategies HR professionals and department managers use to address workplace incivility and retain highly-skilled healthcare employees in a healthcare system. Healthcare systems incur significant losses when highly-skilled healthcare employees, such as nurses and medical practitioners, voluntarily resign from their jobs (Al-Ahmadi, 2014). To better understand the experiences of the participants, I chose a qualitative, descriptive single case study to collect information to answer the research question.

### Research Method

I chose the qualitative method to approach understanding the participants' experiences about workplace incivility. The qualitative methodology consists of descriptive data- individuals' words and observable behavior in their natural settings (Charmaz, 2014; Draper, 2014; Taylor et al., 2015). Patton (2015) reiterated the importance of the researcher obtaining rich and descriptive data by spending time in the setting under study. Charmaz (2014) and Draper (2014) maintained that qualitative research is interpretative, which enables researchers to identify and explore emerging themes. Denzin and Lincoln (2011) suggested qualitative research is interpretative,

innovative, and flexible. Cox (2012) highlighted the value of qualitative research to enhance problem-solving. Qualitative researchers explore experiences from diverse contexts (Charmaz, 2014; Goertz & Mahoney, 2012; Taylor et al., 2015). The principal goal of the qualitative researcher is to understand the phenomenon under investigation as perceived by the participants in their natural setting (Peredaryenko & Krauss, 2013). I identified and explored successful workplace strategies to prevent and address destructive working relationships among healthcare employees by conducting interviews and reviewing publicly accessible information from the company website.

A quantitative methodology was not suitable for my study. Quantitative and qualitative research is dissimilar; quantitative research is explicit and concise, and qualitative research is fluid and interpretive (Goertz & Mahoney, 2012). My purpose for this research project was to understand participants' experiences within a team dynamic in a healthcare system. In contrast, quantitative researchers usually refrain from empirical evidence (Goertz & Mahoney, 2012; Hancock & Algozzine, 2015). Quantitative researchers employ quantitative research to quantify and validate data by testing hypotheses for examining cause and effects and relationships, and by making predictions (Balkin, 2014; Bryman & Bell, 2015; Griensven, Moore, & Hall, 2014). Quantitative researchers examine variables' relationships and differences by testing hypotheses (Goertz & Mahoney, 2012; Venkatesh, Brown, & Bala, 2013). My purpose for this study was to develop relationships with HR professionals and department managers to identify principal themes (Yin, 2015).

Mixed method researchers combine both positivist and constructivist paradigms to conduct research projects (McCoy, 2015; Sandelowski, 2014; Venkatesh et al., 2013). Researchers choose a mixed method approach when either a quantitative or qualitative method is not sufficient to address the research problem and lacks scope (Griensven et al., 2014; McCoy, 2015). Mixed method researchers combine qualitative and quantitative data within the same study (Griensven et al., 2014; Venkatesh et al., 2013). Researchers use each methodology to increase the dependability and credibility of the data collection and interpretations (Griensven et al., 2014; Venkatesh et al., 2013, Zohrabi, 2013). The purpose of this study was to explore the successful strategies HR professionals and departments managers use to address workplace incivility through the use of semistructured interviews, publicly accessible information from the company's website, and the literature. The mixed method approach did not align with the intent of the study because I did not seek to examine quantitative relationships or differences among variables.

**Research Design**

Qualitative researchers use a case study design to explore areas to investigate and contribute to the body of literature (Cronin, 2014). Yin (2014) explained the characteristics of several types of qualitative designs, narrative, ethnography, phenomenology, grounded theory, and case study. Qualitative research procedures are transparent (Yin, 2016). I disclosed my intentions of my study with participants. With careful consideration of the qualitative research designs, I selected the descriptive case study design based upon the purpose of the study.

A case study is the recommended research design when researchers propose *how*, *why*, and *what* questions (Baškarada 2014; Yin, 2014). Three types of case study designs exist: exploratory, explanatory, and descriptive (Baškarada, 2014; Yin, 2014). Researchers use exploratory case study designs to contribute knowledge for theory building, explanatory to test theories, and descriptive to describe a problem or intervention in its real world context and to contribute to theory construction (Baškarada, 2014). Further supporting my case study design selection, the data I collected from a descriptive case study design can inform decision-making in the health and human performance fields.

I thoroughly reviewed other qualitative research designs before selecting a descriptive case study for this study. Researchers employ grounded theory designs for collecting and analyzing data to develop theories grounded in the data themselves (Charmaz, 2014). A researcher's primary goal in grounded theory is to generate theory (Charmaz, 2014). However, my intent was to collect data from participants' shared experiences and viewpoints to contribute knowledge to an existing theory. Ethnographic research involves the researcher observing a particular group or culture in their natural setting over a specified period (Charmaz, 2014; Cruz & Higginbottom, 2013; Matthews & Kostelis, 2011). Phenomenological researchers seek to understand the lived experiences, including emotions and feelings, of observed individuals (Matthews & Kostelis, 2011; Roberts, 2013). Although phenomenological research designs involve the researcher providing a descriptive account of participants, my focus was not to understand the feelings and emotions that may affect individuals in response to a

phenomena or event. Researchers use a narrative inquiry qualitative design to understand participants' behavior through storytelling, which they document the stories in diaries. Each research design has unique qualities that align with specific research questions, the purpose of studies, roles of researchers, and selection of participants (Bernard, 2013; Matthews & Kostelis, 2011). A descriptive case study best suited my doctoral study's purpose.

Data saturation is a major component of qualitative research (Fusch & Ness, 2015). Qualitative researchers reach data saturation when the participants present no new information (Fusch & Ness, 2015; Kemparaj & Chavan, 2013). Researchers employ semistructured interviews with participants who can address the research question in more detail (Morse, 2015a). Researchers must consider the sample size regarding how they will reach data saturation (Fusch & Ness, 2015; Morse, 2015a, 2015c). Not reaching data saturation will affect the quality of the study (Fusch & Ness, 2015). I continued with the data collection process to reach the point of data saturation. I conducted semistructured interviews, followed up with probing questions, analyzed and interpreted the data, triangulated data from the interviews with publicly accessible information from the company's website, and performed member checking with participants until no new information or themes emerged.

## Population and Sampling

The population for the study consisted of HR professionals and department managers who worked at a healthcare institution in Greenville, South Carolina and who had developed and implemented successful strategies to address workplace incivility. I

used purposive sampling to select two HR leaders and one department manager for potential face-to-face interviews. With purposive sampling, a researcher decides the purpose participants will serve (Bernard, 2013; Mohd Ishak & Abu Bakar, 2014; Oppong, 2013). Each of the three participants met the following criteria: (a) possessed HR and managerial experience, (b) possessed knowledge of employee relations, (c) had experience in developing successful strategies to reduce employee conflicts, and (d) were employed within the healthcare system with 50 or more employees in Greenville, South Carolina. Selection of research participants is critical in the research design (Jessiman, 2013; Robinson, 2014). In the selection process, researchers must select participants who have the ability to provide information on the specific study topic (Mohd Ishak & Abu Bakar, 2014). Smaller sample sizes are appropriate for engaging individuals in in-depth discussions (Ajagbe et al., 2015; Bernard, 2013) and obtaining rich and thick data to reach data saturation (Fusch & Ness, 2015; Roy et al., 2015; Rubin & Rubin, 2012). Preferably, researchers can denote a sample range with a minimum and maximum (Robinson, 2014). Morse (2015b) stated that the sample size depends on the scope of the phenomenon and trying to anticipate an exact number is impractical.

In conducting qualitative research, the researcher must have a comprehensive understanding of data saturation (Fusch & Ness, 2015; Malterud, Siersma, & Guassora, 2015; Roy et al., 2015). Researchers achieve data saturation when no new information, themes, or ideas emerge (Fusch & Ness, 2015; Malterud et al., 2015; Morse, 2015c). Demonstrating data saturation consists of the researcher developing sufficient data during the interview sessions to the point where participants share no new information (Morse,

2015c). To reach data saturation, I conducted semistructured interviews, followed up with probing questions, analyzed and interpreted the data, and performed member checking with participants until no new information or themes emerged.

## Ethical Research

I adhered to the ethical guidelines set forth by the Walden University Institutional Review Board. Ethical committees design ethical guidelines to ensure the protection of research participants (Bryman & Bell, 2015). Once Walden's Institution Review Board (IRB) approved my doctoral proposal (IRB approval number 02-20-17-0523302), I presented an informed consent letter electronically to individuals who met the criteria for participation in the study. As contained in the informed consent form, I provided an incentive in the form of a gift card valued at $5.00 for participating in the interview sessions. Before initiating each interview, I reviewed the informed consent form with all participants. Each potential participant had the option to sign the form voluntarily. Consenting participants had the right to withdraw from the study at any segment of the inquiry by stating in writing they no longer wished to participate. Hadidi, Lindquist, Treat-Jacobson, and Swanson (2013) maintained that participants mainly support research with the understanding that their participation will benefit research, and based on this principle, they have the right to withdraw. The IRB requires researchers to follow an ethical protocol that details the study's purpose and to identify the advantages and disadvantages for participants (Damianakis & Woodford, 2012; Rajib & Mou, 2014). I noted verbally and in writing my efforts to advocate care in maintaining the confidentiality of records and the identity of participants.

I safeguarded privacy throughout the research by reiterating the standards acknowledged in the informed consent document. I used a coding system to identify participants. I stored coded data on a secure, password-protected flash drive, and hard copies locked in a secure file cabinet kept in my home office. I stored the data in a safe place where it will remain for 5 years, after which data will be wiped clean from the flash drive, and I will shred all paperwork.

## Data Collection Instruments

I served as the primary data collection instrument. Ajagbe, Sholanke, Isiavwe, and Oke (2015) asserted researchers could be compliant and proficient in interacting with individuals within a particular environment and can measure different constructs for a research study. Trust in the researcher is a fundamental component for obtaining sufficient data from participants (Jessiman, 2013). The researcher is the primary instrument in data collection, and my responsibility was to ensure that each participant provided the information to answer the research question (Mohd Ishak & Abu Bakar, 2014). I used semistructured, open-ended questions to engage face-to-face with research participants during interviews. Qualitative researchers use face-to-face interviews to develop a rapport with participants (Doody & Noonan, 2013; Irvine, Drew, & Sainsbury, 2013). I explained my intentions for the study and shared my experiences about workplace incivility.

In addition to administering interview questions, I prepared an interview protocol (Appendix A) to collect similar data and maintain focus throughout the interview (Ajagbe et al., 2015; Yin, 2015). An interview protocol is a detailed plan of the data collection

process, which enhances the quality and dependability of the research (Sarma, 2015). Yin (2014) and Doody and Noonan (2013) suggested using an interview protocol to gather rich information from research participants in a uniform manner.

To ensure the reliability and validity of the data collection instrument, I used member checking and methodological triangulation. The qualitative researcher's role is to listen intently to participants' accounts (Irvine et al., 2013; Rossetto, 2014). The face-to-face interviews consist of the researcher and the interviewee engaging in conversation while the researcher gathers *descriptions of stories* (Rossetto, 2014). After each interview, I submitted a summary of the interview to participants for member checking. Member checking involves interviewees validating the researcher recorded accurate interpretations of their experiences (Houghton, Casey, Shaw, & Murphy, 2013; Thomas & Magilvy, 2011). I included the request for member checking in the interview protocol (Appendix A). Yin (2014) suggested researchers consider other sources to corroborate participants' verbal responses. Researchers use methodological triangulation to ensure the validity of the processes through cross verification from multiple sources and types of data (Bryman & Bell, 2015; Yin, 2014). The purpose of methodological triangulation is to compare the information from diverse sources and perspectives to establish rigor (Houghton et al., 2013).

## Data Collection Technique

I gained access to participants through membership within the two professional associations, Greenville Society for Human Resources Professionals and South Carolina Primary Healthcare Association. I contacted participants via emails located on the

organizations' websites. The email explained the purpose of the study along with the informed consent document. I requested participants to respond via email before scheduling any face-to-face meetings. The primary data collection technique was semistructured interviews focused on seven open-ended questions. Qualitative researchers seek to collect information from research participants using semistructured interviews to understand patterns of behaviors, how problems arise, and the course of actions used to address the issues (Draper, 2014). Qualitative researchers often use semistructured interviews as a result of the flexible nature of the open-ended questions (Doody & Noonan, 2013). Researcher utilizes semistructured interviews when the researcher has limited knowledge of the phenomenon (Morse, 2015b). Yin (2014) demonstrated interviews are one of the most influential sources of case study evidence. Interviews are the most common form of data collection technique in qualitative research whereas the participants' words contribute knowledge to explain the phenomenon of interest (Pierre & Jackson, 2014).

I interviewed participants in a safe and relaxing environment, conducive to allowing them to answer questions freely. I developed a thorough understanding of the phenomenon through the significant time spent with participants. I used semistructured interviews to explore how workplace incivility and retention of highly-skilled healthcare employees alter organizational performance. The interview process entailed participants completing face-to-face semistructured interviews, including a review of the participants' and researcher's roles, and voluntarily agreeing to participate in the study by signing the informed consent document.

The interview data collection technique has advantages and disadvantages. The benefits to using semistructured interviews in research are: (a) allowing researchers to gain insights into the thoughts and feelings of participants (Ajagbe et al., 2015; Doody & Noonan, 2013; Irvine et al., 2013), (b) face-to-face interaction enables researchers to explain the purpose of the research and answer any questions participants may have (Ajagbe et al., 2015; Doody & Noonan, 2013; Mikecz, 2012), and (c) flexibility that provides the opportunity to address issues that arise during the enquiry (Ajagbe et al., 2015; Doody & Noonan, 2013; Irvine et al., 2013; Mikecz, 2012). The disadvantages of conducting semistructured interviews involve the researcher having to pay attention to (a) scheduled time of interviews, ( b) sensitive nature of questions that may evoke strong emotional feelings from participants, and (c) susceptibility to bias (Doody & Noonan, 2013; Irvine et al., 2013; Mikecz, 2012). I used member checking throughout the interview process to strengthen credibility and reduce bias (Anney, 2015; Bryman & Bell, 2015; Thomas & Magilvy, 2011).

## Data Organization Techniques

As a result of using multiple sources of evidence, and as the primary data collection instrument, I created a case study database. Yin (2014) maintained that researchers organize and document the data collected. Rubin and Rubin (2012) and Abu Bakar and Ishak (2012) stressed the importance of coding data to obtain in-depth, rich and detailed descriptions. Ajagbe et al. (2015 defined coding as a process of reviewing, categorizing, and labeling text to identify and form descriptions or themes. I used an alphanumeric coding system to assign to maintain the confidentiality of each participant.

In the consent form, I requested permission to audio record each interview. I assigned each participant a number ranging from 1, preceded by HCM (for health care member). I transcribed each interview into a Microsoft Word® 2016 document. Each interviewee had a folder with the transcribed interview, written account of the interview, and any other documentary evidence associated with the interview.

I stored data on a password-protected USB flash drive in a locked file cabinet. After 5 years, I will shred documents, delete data on the flash drive, and destroy the flash drive.

## Data Analysis

The intent of the qualitative research is for the researcher critically to understand the phenomenon under study (Abu Bakar & Ishak, 2012; Hilal & Alabri., 2013; Sargeant, 2012). Data analysis and data interpretation are crucial for qualitative researchers to gain a broader understanding of the phenomena (Ajagbe et al., 2015; Hilal & Alabri, 2013; Sargeant, 2012). I used methodological triangulation to cross-examine the information from in-depth interviews, and publicly accessible information on the company website, including the annual report to the community, and the literature. During the in-depth interviews, I audio recorded using Audacity® 2.1.2 software. I transcribed the interview data into Microsoft Word®. After transcription, I met each participant to present a synthesis of my data interpretations from the interviews. Member checking is a vital resource for qualitative researchers to use to mitigate research bias (Anney, 2015; Bryman & Bell, 2015; Houghton et al., 2013). After transcription and member checking, I triangulated the interview data, publicly accessible information from the company

website, and literature. Methodological triangulation consists of qualitative researchers examining data from multiple sources to construct a complete and accurate picture of the phenomenon under study (Ajagbe et al., 2015; Houghton et al., 2013; Sargeant, 2012).

As the primary research instrument, my role as a researcher was to meet physically with participants at a safe location to gather data to interpret their experiences about strategies they used in reducing and addressing workplace incivility. Qualitative researchers face challenges to analyze the multiple types and amounts of evidence (Abu Bakar & Ishak, 2012; Hilal & Alabri, 2013; Zamawe, 2015). The coding process can be tedious and time-consuming if the researcher analyzes the data manually (Cope, 2014). The use of qualitative data software can increase the efficiency of data organization and data interpretation (Abu Bakar & Ishak, 2012; Hilal & Alabri, 2013; Zamawe, 2015). I used NVivo for Mac v11 software to streamline data. I coded all data from in-depth interviews, interview protocol, and publicly accessible information from the company website. Hilal and Alabri (2013) maintained that using qualitative data software facilitates researchers' efforts to produce credible results. In qualitative research, researchers can develop more informed follow-up questions as they become more focused on the findings (Male, 2016). Yin (2014) stated that case study researchers could use an analytic strategy to develop themes from the data collected from the interviews, corporate documents, and observations. The functionalities of NVivo enabled me to transcribe interviews, code data, and organize data into folders (Zamawe, 2015). I utilized NVivo for Mac v11 software to input and store data for coding and to identify and explore themes. Qualitative researchers use software, such as NVivo because of its

many functionalities (Abu Bakar and Ishak, 2012; Cope, 2014; Isaacs, 2014). Hilal and Alabri (2013) supported the use of NVivo to facilitate data analysis to yield more accurate results. Zamawe (2015) maintained that NVivo features help researchers manage and analyze qualitative data efficiently. After I had encrypted data, I reviewed the data summaries to identify themes.

## Reliability and Validity

### Reliability

Qualitative researchers focus on the inherent qualities of the phenomenon under study, and to ensure representation of the views and experiences are accurate (Baškarada, 2014; Bryman & Bell, 2015; Draper, 2014). In contrast to quantitative research, the purpose of qualitative research is not to generalize the research findings (Gheondea-Eladi, 2014). Qualitative researchers must ensure the data contribute additional knowledge to build an in-depth understanding of the phenomenon (Male, 2016; Sargeant, 2012; Thomas & Magilvy, 2011). Denzin and Lincoln (2011) explained that deception reduces the quality and accuracy of research. Researchers demonstrate reliability by presenting a study built on trust (Thomas & Magilvy, 2011). Reliability and validity are critical components for qualitative researchers to establish rigor by creating dependability through member checking and transcript reviews (Gheondea-Eladi, 2014; Sargeant, 2012; Thomas & Magilvy, 2011).

Qualitative researchers use two criteria to assess their research findings' reliability and validity (Bryman & Bell, 2015; Houghton et al., 2012). Researchers assure reliability by documenting procedures that can be repeated to obtain the same results

(Baškarada, 2014; Bernard, 2013; Bryman & Bell, 2015). Several means exist to establish reliability. Qualitative researchers rely on utilizing multiple sources of evidence to assess dependability in research (Turk & Kalarchian, 2014). Houghton, Casey, Shaw, & Murphy (2013) employed semistructured interviews, document analysis, and observations for data collection. I selected several strategies to assure the rigor of the inquiry process. Member checking consisted of following up with participants to verify their explanations, and my interpretations of the data were correct (Bryman & Bell, 2015; Thomas & Magilvy, 2011). Furthermore, Anney (2015) explained qualitative researchers employ member checking as a resource to mitigate bias when evaluating and explaining the research findings. Similarly, Yin (2014) emphasized that "doing the *same* case over, not on *replicating* the results" will mitigate bias and errors in a study (p. 49). In addition to member checking, I used the interview protocol to maintain consistency. Doody and Noonan (2013) suggested interview protocols provide a framework for researchers to follow to maintain the order of the interview sessions for assuring consistency or reliability.

**Validity**

Rich and thick description of data are significant for establishing validity in qualitative research (Fusch & Ness, 2015; Morse, 2015b). Validity refers to the accuracy of the research findings (Thomas & Magilvy, 2011). Bernard (2013) stated validity is the most important component of research. Charmaz (2014) argued the importance of researchers focusing on the appropriate use of methods to generate valid data. Denzin and Lincoln (2011) insisted that good research is a result of a sound research design that

addresses the research question, and provides valid data collection, and data analysis techniques. As a consequence of the interpretative nature of qualitative research (Denzin & Lincoln, 2011; Draper, 2014; Gheondea-Eladi, 2014), the data generated are *nonnumerical*, that is words, observations, archived documents (Pathak, Jena, & Kaira, 2013; Patton, 2015; Turk & Kalarchian, 2014). Qualitative researchers focus attention on the implication of their research study (Taylor et al., 2015). Guba and Lincoln's strategies set the foundation for attaining and demonstrating rigor in qualitative research (Bryman & Bell, 2015; Morse, 2015b).

Qualitative researchers follow Lincoln and Guba's (1985) criteria for evaluating the quality of their research studies. Lincoln and Guba (2013) proposed two principles to assess a qualitative research study's validity: *trustworthiness* and *authenticity*. Authors, such as Bryman and Bell (2015) and Houghton et al. (2013) cited Lincoln and Guba's four criteria to assess trustworthiness and authenticity of a research study: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability.

*Credibility* refers to establishing assurance in the findings and interpretations of the study (Bryman & Bell, 2015; Lincoln & Guba, 2013). The techniques to achieve credibility include prolonged engagement, member checking, peer debriefing, constant observation, and triangulation of sources, methods, and theories (Houghton et al., 2013; Lincoln & Guba, 2013). Qualitative researchers use credibility as an alternative to quantitative researchers addressing internal validity (Probyn, Howarth, & Maz, 2016). Researchers focus on emphasizing the participants' experiences to validate the data and the interpretation of the findings (Bryman & Bell, 2015; Probyn et al.; 2016, Thomas &

Magilvy, 2011). I used methodological triangulation from the in-depth interviews, publicly accessible information from the company website, and literature to assure the integrity of the findings. (Anney, 2015; Houghton et al., 2013; Nakkeeran & Zodpey, 2012).

*Transferability* is another standard qualitative researchers use to judge the validity of qualitative research. Transferability is equivalent to generalization (Probyn et al., 2016). Transferability refers to assuring other researchers can determine *if* the findings are relevant in different contexts (Lincoln & Guba, 2013). In qualitative research, the principal researchers do not generalize the findings (Bryman & Bell, 2015; Lincoln & Guba, 2013). Other researchers must be able to review the study to determine if the findings and interpretations are applicable (Lincoln & Guba, 2013). The principal researcher must provide sufficient information about the study for other researchers to determine if the findings apply to his or her context (Lincoln & Guba, 2013). Qualitative researchers refer to the detailed descriptions of processes and events as *thick description*s (Bryman & Bell, 2015; Lincoln & Guba, 2013). One strategy for establishing transferability is to describe the population and sample size characteristics thoroughly. Thomas and Magilvy (2011) maintained that a thick description of both demographics and geographic boundaries of the study provide a basis for determining the extent to which findings of the study may apply in other settings. The significance of the sample size in qualitative research is to capture a broad range of experiences to expound on the phenomenon under study (Probyn et al., 2016).

*Dependability* refers to establishing that the findings and interpretations can be determined to result from using a systematic and objective process (Lincoln & Guba, 2013). Qualitative researchers must ensure integrity during the data collection and data analysis process (Farrelly, 2013). Researchers can thereby establish audits trails which enable them or others to review the research process (Bryman & Bell, 2015; Houghton et al., 2013; Lincoln & Guba, 2013). To address the dependability issue, I described each of the key processes that I used to complete my study.

Last, *confirmability* refers to the researcher providing findings and interpretations as a result of following a dependable data collection and data analysis process (Bryman & Bell, 2015; Farrelly, 2013; Lincoln & Guba, 2013). As discussed and addressed throughout this proposal, the techniques I proposed for enabling assessing confirmability include enabling audits, using methodological triangulation, and reflexivity (Houghton et al., 2013; Lincoln & Guba, 2013; Sarma, 2015).

Data saturation is a vital element for demonstrating the rigor of qualitative research (Morse, 2015c). Data saturation occurs when no new data emerge to add to supplement the current research findings and themes (Fusch & Ness, 2015; Nakkeeran & Zodpey, 2012). Morse (2015b) posited that thick descriptions are crucial for demonstrating the validity and reliability of qualitative research. Roy, Zvonkovic, Goldberg, Sharpe, and LaRossa (2015) explained through providing rich descriptions researchers demonstrate a clear path to the potential for theoretical development and assure the authenticity of the research method and design. I scheduled follow-up

interviews with participants to member check transcripts to ensure the accuracy of data collection and interpretation of my findings, conclusions, and recommendations.

## Transition and Summary

Section 2 included a detailed description of the doctoral study's design by reinforcing the purpose of the project and the providing a detailed description of the research method and design. I described the research methodology and design, population and processes for assuring sample size sufficiency, data collection, and analysis techniques. I employed Guba and Lincoln's constructs to demonstrate trustworthiness and authenticity. In Section 3, I discuss the: (a) presentation of the findings, (b) applications to professional practice, (c) implications for social change, (d) recommendations for action, (e) recommendations for future research, and (f) my overall conclusions.

## Section 3: Application to Professional Practice and Implications for Change

This section contains (a) an overview of the study, (b) presentation of the findings, (c) applications to professional practice, (d) implications for social change, (e) recommendation for action, (f) recommendation for further study, (g) reflections, and (h) conclusions.

The purpose of this qualitative, single case study was to explore successful strategies used by HR professionals and some department managers to address workplace incivility. The conceptual framework for this study was Andersson and Pearson's (1999) incivility spiral theory.

I identified eight themes and three thematic categories. Table 1 contains a summary of the themes and thematic categories.

Table 1

*Themes Per Thematic Category*

| Thematic category | Themes |
|---|---|
| Effects of workplace incivility on employee engagement | Theme 1: Developing strategies for identifying and reducing the effects of workplace incivility |
| | Theme 2: Addressing the negative effects of workplace incivility on employee engagement |
| Strategies to address workplace incivility and increase engagement and retention | Theme 3: Increasing employee engagement |
| | Theme 4: Strategies for enhancing communications |
| | Theme 5: Strategies for recruiting techniques focused on retention |

| | |
|---|---|
| | Theme 6: Strategies for performance management systems to reduce workplace incivility |
| Identifying and addressing barriers to deploying strategies to address workplace incivility and retention | Theme 7: Resistance to change |
| | Theme 8: Strategies to counter resistance to change |

Theme 1 and Theme 2 include findings on the effect of workplace incivility on employee engagement. Themes 3 to 6 reflect leaders' strategies to address workplace incivility and retention while Theme 7 and Theme 8 address the barriers the leaders had to address when deploying these strategies.

## Presentation of the Findings

The overarching research question used to guide this study was the following: What strategies do HR professionals and department managers design and deploy to address workplace incivility within a healthcare system? I selected two HR professionals and one department manager based on their successful experiences in developing and deploying successful strategies to address workplace incivility in a healthcare system.

Eight themes emerged from my analysis of participant responses, publicly accessible information from the company website, and literature. I also explored the relationships of the findings to the conceptual framework.

### Descriptive Data Concerning Participants and the Target Company

The site for this study was a healthcare system in Greenville, South Carolina. The company has a workforce of approximately 15,000 employees. The healthcare facility has sustained a successful and thriving practice for over a century. The organization

takes pride in providing quality health care to the community, regardless of the patient's financial ability to pay. The healthcare facility has a diverse workforce, including physicians, registered nurses, support medical staff, and administration. Figure 1 contains the composition of the workforce.

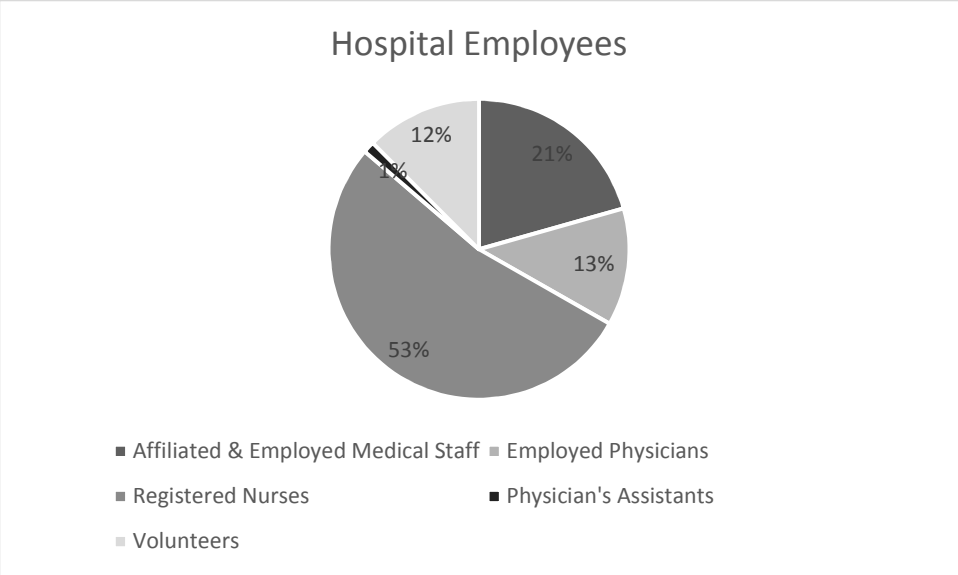


*Figure 1*. The composition of target company workforce. Of the company's total workforce, 53% were registered nurses, 21% were affiliated & employed medical staff, 13% were employed physicians (included in affiliated staff), 12% were volunteers, and 1% were physician's assistants at the time of the study.

I selected a total of three HR professionals and department managers based on their experience of successfully developing and deploying strategies to address workplace incivility in a healthcare system. Two participants were HR professionals, and one participant was a department manager. None of the participants was younger than 35 years of age. Health Care Member 3 (HCM-3) was between the ages of 35 and 44, while

Health Care Member 2 (HCM-2) was between the ages of 45 and 54, and Health Care Member 1 (HCM-1) was over 50 years of age. All participants managed a team of healthcare employees of more than 200 employees. As department manager, HCM-1 oversaw all aspects of operations, including leading and coaching management regarding HR issues. HCM-2 was responsible for addressing employee relation issues, and HCM-3 designed and implemented training programs to enhance professional development. Table 2 contains a summary of the participants' age group, managerial experience, and a total number of incivility reports they addressed and documented for 2017 at the time of this study.

Table 2

*Participants' Descriptive Data*

| Participant | Position | Age (years) | Managerial experience (years) | Total incivility reports |
|---|---|---|---|---|
| HCM-1 | PM | >55 | 20+ | 10 |
| HCM-2 | ERM | 45-54 | 20+ | n/a |
| HCM-3 | DOD | 35-44 | 7 | n/a |

*Note.* PM = practice manager. ERM = employee relations manager. DOD = director of organizational development. Total incivility reports include both direct and indirect employees who report to the participant (at the time of the study).

**Thematic Category 1: Effects of Workplace Incivility on Employee Engagement**

The emotional and perceptual variables may link workplace incivility to individual outcomes. Using the incivility spiral theory, I identified that emotional

attributes can mediate effects of workplace mistreatment on healthcare employees' behaviors, attitudes, and employee engagement. The participating HR professionals and department managers promoted employee engagement by instituting a standard protocol to reduce uncivil behaviors and increase employee engagement across the organization.

This thematic category reflects the consequences and remedies workplace incivility not only have on individual engagement but also on the team engaging as a group. Two themes emerged from the coding process and analysis. In prior literature, researchers identified negative effects of workplace incivility, such as job dissatisfaction and voluntary employee turnover affecting employee engagement and employee productivity (Clark, Olender et al., 2013; Laschinger et al., 2014; Shuck et al., 2014). The participants discussed some benefits from identifying and addressing workplace incivility. HCM-2 stated that "leadership has been key to identifying strategies to improve employee relations among the healthcare team." HCM-1 stated, "Because [workplace] incivility exists, employees do not have to be terminated. We have to find other ways to get them engaged." Managers now recognize how employees respond to workplace events as they arise and understand how their experiences change over time (Taylor et al., 2014). As developed from the data in Appendix C, Figure 2 depicts the two themes and relevant codes for Thematic Category 1.

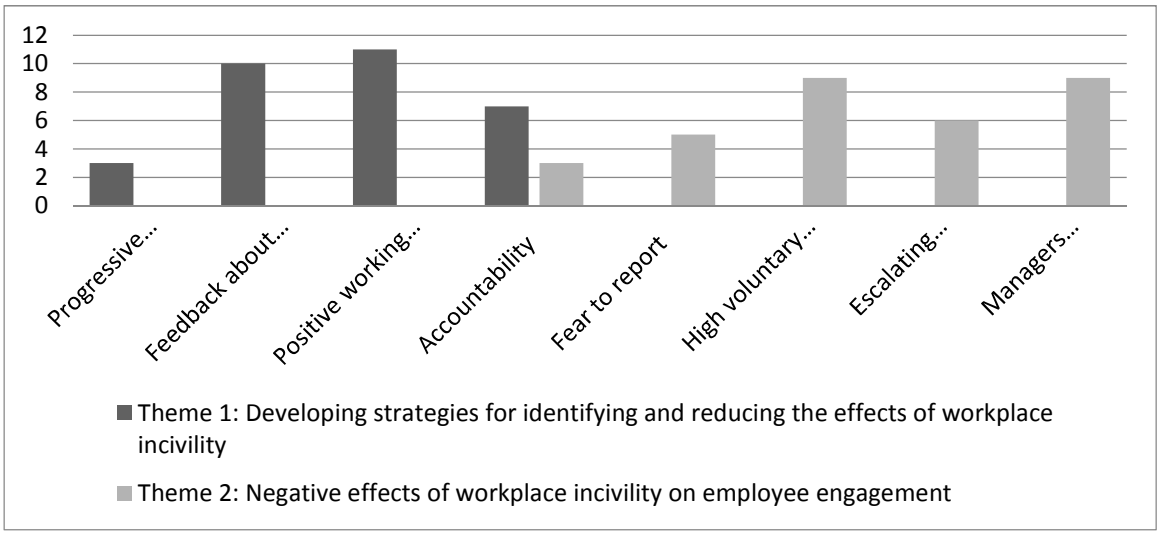


*Figure 2.* Themes 1 and 2 and codes from identifying and addressing workplace incivility for Thematic Category 1. The numbers on each subtheme represent the frequencies of mention across the three participants. The subthemes comprise the two principal themes.

**Theme 1: Developing strategies for identifying and reducing the effects of workplace incivility.** The participants shared the need to identify and combat disrespect, including proactively developing and implementing a standard protocol into their organizational structure to address uncivil behaviors: "Our policy on improper conduct (Document 3) mirrors HR's efforts to improve team performance" (HCM-2). "We follow progressive discipline; the severity of the issue can lead to termination (HCM-2). "This approach [progressive discipline] allows us to work with individual employees to identify, address, and improve job performance" (HCM-1).

The participants echoed the value of leadership, specifically encouraging feedback from employees about their supervisors. Their responses paralleled the

organization's values to continually exhibit compassion, respect, honesty, and integrity exhibited through daily communications, education, and forward thinking. Both HCM-1 and HCM-2 mirrored managers demonstrating leadership skills that will develop trust among staff members. HCM-2 recalled HR's efforts to work together with managers to "encourage staff to feel better to talk with their supervisors." HCM-1 and HCM-2 expressed the importance of the director meeting with all employees and listening to their feedback regarding their managers. The participants echoed that some nurse managers were great team leaders but not effective leaders when promoted to department managers. HCM-2 shared, "Because they were not good leaders, they did not possess the communication skills to speak with associates one-on-one, losing credibility at the same time." As a result of meeting one-on-one, employees provided experiences with uncivil employees within their departments and management took immediate action.

In contrast to workplace incivility decreasing the helping behaviors, the strategies encouraged positive working relationships. The key concern is to establish "accountability" (HCM-1, HCM-2, and HCM-3). HCM-1 emphasized her tireless efforts to "constantly research civility." Each participant understood the relevance to "tune into people's personalities and what their triggers are" (HCM-1, HCM-2, and HCM-3). All participants echoed that incivility continues to emerge in the work environment, which requires HR to continually collaborate closely with department managers to ensure a healthy work environment (HCM-1, HCM-2, and HCM-3). Through detailed investigations, each participant was dedicated to listening, understanding, and resolving workplace incivility issues and holding each associate accountable.

**Theme 2: Negative effects of workplace incivility on employee engagement.**

Even though researchers have defined workplace incivility as ambiguous, the potential effects on individual and organizational outcomes are not (Paulin & Griffin, 2016). Workplace incivility affects nearly 98% of employees within the United States (Taylor et al., 2014). Some employees face a fear of retaliation from their instigators if they report incidents of workplace incivility, which hinders their job performance (Hur, Moon, & Rhee, 2016). Furthermore, employees conditioned to focusing on mistakes tend to blame other employees, thus reducing trust among team members (Brandis, Rice, & Schleimer, 2017). HCM-1 shared an incident when an employee did not want to proceed with a formal complaint out of fear that management would see her complaint as a mere "perception." HCM-1 also stated that "it [workplace incivility] is a case by case situation based on perception." After meeting with an associate, HCM-2 asked

> Do you want to make a formal complaint or do you want to share right now? Do I need to put this on the record? She said "No": I am just concerned about how my manager made me feel during a situation.

HCM-3 confirmed,

> We want to set a culture of collaboration. We want employees to know that my door is open and they are free to talk. This is a work in progress, but our HR team will continue to educate our managers on doing.

Prior researchers identified organizations with higher levels of employee engagement show higher performance ratings (Brandis et al., 2017). Gkorezis et al. (2013) stated that

there is a need to study a more holistic perspective of organizational culture and causal relationships leading to employee turnover.

An issue HR professionals and department managers must consider is escalating behaviors. Negative behaviors can spiral down and affect more employees before management is aware (Byerly, 2012). Escalating behaviors are evident in workplace incivility (MacLean et al., 2016). In one incivility case involving a nurse, HCM-1 emphasized the nurse's "repeated behavior." Her behavior was "the same thing with multiple people, and she was the common denominator" (HCM-1). Communication and teamwork are critical in healthcare delivery (Seamons & Canary, 2017). HCM-3 added, "Employees' negative behaviors may be attributable to leaders not being properly trained". Workplace incivility affects social exchanges and if not addressed can escalate to serious forms of mistreatment (Scott et al., 2014).

Another critical issue resulting from increased and aggressive behaviors is high voluntary employee turnover. HCM-2 stated, "Being that we are a healthcare organization, the majority of turnover is voluntary." HCM-3 added, "[Voluntary] turnover is inevitable in some instances. Some employees may leave because of family reasons, moving out of the area, or just enticed by more money." Turnover rates are higher among new graduate nurses in their first year of employment, which reduces the quality of patient care and is costly to organizations (Laschinger et al., 2016). As a consequence of employees voluntarily leaving, "some refused to share their knowledge with existing employees" (HCM-1). HCM-1 added, "Losing employees to competitors hurts the infrastructure." MacLean, Coombs, and Breda (2016) cited that nurses did not

believe their managers were capable of addressing workplace incivility occurrences effectively. HCM-3 emphasized, "Nurses are in high demand. The market is ever-changing, and top management struggles to stay competitive." MacLean et al. reiterated the importance for organizational leaders to collaborate and support a civil work culture. High turnover harms team performance and directly weakens the delivery of quality patient care and patient satisfaction (Brandis et al., 2017).

Researchers have suggested that the leadership styles influence followers' behaviors (Holmes et al., 2013). Laschinger et al. (2014) asserted that new leaders need to learn new business skills that will support a positive leadership approach to empower and enable employees and discourage workplace incivility.

**Thematic Category 2: Strategies to Address Workplace Incivility and Increase Engagement and Retention**

Contextual factors within the work environment directly influence employees' behaviors (Paulin & Griffin, 2016). I reviewed the data from participants' responses and identified codes on using the data summarized in Appendix C, four themes emerged from the from the coding process and data analysis. Figure 3 shows the four themes and respective codes for thematic category 2.

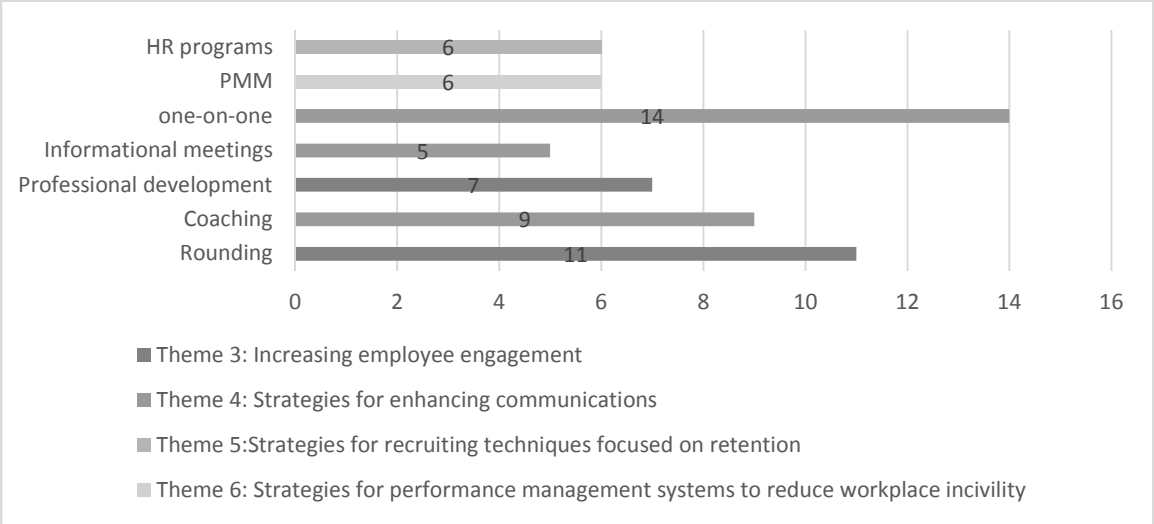


*Figure 3*. Themes 3 to 6 and codes for Thematic Category 2. The numbers on each subtheme represent the frequencies of mention across the three participants. The subthemes comprise the four listed principal themes.

**Theme 3: Increasing employee engagement.** In a healthcare system, work teams are essential to qualified health care, and the team climate is a crucial aspect affecting employee behavior and outcomes (Paulin & Griffin, 2016). Using training, team building, performance management interviews, and actions plans were common subthemes influencing employee engagement.

The rounding technique for increasing employee engagement involves managers being present on the floor with employees, asking questions, and soliciting feedback (Winter & Tjong, 2015). HCM-2 described examples of actual practices stemming from the strategy of engaging employees to reduce workplace incivility:

> Managers ask questions like, how are you today? How can I help you? What's keeping your working here? What are we doing right? If you were to

> leave the organization, what would your reasons be?

HCM-1 added, "Managers need to be talking to people. Bring them to your office and sit them down. Let them tell you what is going on." The premise is to allow managers to build trust with the employees. HCM-3 described the relevance for the meetings as:

> The meetings are 15-minute focused sessions between manager and employee. Managers get to know employees by asking informal questions. Ask about their well-being, their families. Continue to build trust with employees. Otherwise, they will not talk.

Leaders who use the rounding technique consider it an effective way for building trust and investing in the organization's outcomes (Winter & Tjong, 2015). Additionally, HCM-3 stated, "Leaders who do rounding sessions regularly have the least amount of turnover. Their employees' engagement scores are better, and the quality of work is improved, specifically fewer accidents are reported."

In a business environment with increasing changes, managerial coaching can have a positive effect on employee engagement and performance (Pousa, Mathieu, & Trepanier, 2017). HCM-2 stated, "Coaching takes place on all levels. We coach managers to ensure they follow the process for meeting one-on-one with employees. HCM-1 strongly believes that meeting one-on-one with leaders helps to pinpoint weak areas that may foster individual turnover. HCM-1 emphasized the "importance to let employees know that we value and care about their feelings. I meet with employees one-on-one to help them hone in on their job skills and to identify areas for them to grow professionally."

Two additional managerial practices used by the subject organization's HR and department managers are team building and performance management interviews (PMI). In general, HR professionals and department managers use these resources to empower and enable employees to provide them with additional resources for coping (Sguera, Bagozzi, Huy, Boss & Boss, 2016). HR conducts leadership training in a class setting. "We start right away with new leader onboarding with new hires. The leadership development classes are five classes, each scheduled four hours long" (HCM-3). HCM-2 highlighted, "We cover the recruitment process, retention of associates, HR principles, such as how to write up a disciplinary action form, coaching, communication and listening techniques." Listening and communication skills are critical with the generational differences. Another alternative to improve team building is to monitor via video surveillance. HCM-1 explained the relevance to installing monitors throughout the hospital to "keep an eye on cleanliness, keeping surgical instruments sterile, and for training purposes." From these interventions, HR and department managers provide employees opportunities to resolve issues by communicating and listening to each other.

Performance management interviews (PMIs) refer to regular one-on-one meetings between the employee and supervisor (Sguera et al., 2016). PMIs work interchangeably with team building. Unlike team building, HR and department managers focus on work teams, performance management interviews focus on individuals' needs. Each of the participants mirrored meeting with employees one-on-one regularly to voice their concerns about [workplace] incivility with coworkers. HR and department managers listen and document employee concerns. HCM-2 reiterated that "feedback in writing is

vital so the employee may benefit from resources such as psychological help and informal support." HCM-1 maintained the importance to "ask for their input."

The participants described action plans and how they incorporate action plans into improving employee engagement and preventing or reducing unprofessional conduct. Leaders can design guidelines and measures regarding a safe and civil workspace, including a zero-tolerance for incivility (MacLean et al., 2016). HR and department managers communicate a code of standards to new employees, current employees, and third party vendors. All participants maintain a code of standards all associates must follow. HCM-2 and HCM-3 affirmed that after they drill the employees (both leader and associate), they conduct focus meetings and follow-up with associates with action plans to turn things around. Another issue the subject organization faces currently involves the merger and acquisition of two healthcare facilities, which requires developing action plans for the new employees' orientation to the hospital's code of conduct standards. During meeting with an employee and writing up an action plan, HR and department managers communicate the code of conduct standards again.

**Theme 4: Strategies for enhancing communications.** Each participant described the organization's processes for ensuring employees follow organizational policies and procedures. The subject organization has a policy (Document 3) in place for managers to communicate to employees. The primary goals for prevention of inappropriate behaviors, including [workplace] incivility are identification, education, and communication. Communication is contributory to organizational growth and sustainability (Christensen, 2014).

Key workplace structures, access to information, access to professional development, access to resources, and access to support are vital to employee engagement (Laschinger et al., 2016). The subject organization values forward thinking, creative thinking and willingness to change. HCM-2 stated, "When managers come to HR with a complaint about [workplace] incivility, we ask the managers if the associate has access to policies and procedures and if they understand the organizational goals." HCM-1 recalled meeting with nurses and reviewing job tasks and responsibilities to ensure the nurses understood their roles to clear up role ambiguity among the team members. HCM-3 reiterated, "We ask them to meet with their employees. It is so important to round with them and document their meetings." All three participants (HCM-1, HCM-2, and HCM-3) echoed the importance of providing feedback to and requesting feedback from employees to continually improve working relationships with supervisors and employees. HR professionals and department managers working as a team set an example for a supportive healthcare environment characterized by good leadership communications (Laschinger et al., 2016).

**Theme 5: Strategies for recruiting techniques focused on retention.** Each participant agreed that effective recruiting allows HR professionals and department managers to hire well-rounded candidates who enhance the organization's strategic business objectives. Voluntary employee turnover creates negative consequences throughout the organization, and effective recruiting techniques focused on retaining highly-skilled healthcare employees who can reduce workplace incivility and employees' thoughts of leaving their jobs. Recruiting strategies can enhance communications

between healthcare leaders and employees to build trust and avoid thoughts of leaving their jobs.

Each participant expressed the high voluntary employee turnover in healthcare. They are most concern with the turnover among millennials. The turnover rates are high for new graduate nurses in their first year of employment (Laschinger et al. 2016). "New nurses go through a two-year Nursing Residency Program that is valued at $10,000. The problem is nursing leaving after one year, and the hospital was losing money" (HCM-2). HR fears losing nurses, who are currently in high demand because it is costly to replace them.

The organization has developed and implemented an employee referral bonus for external hires. The referral programs work if the organization hires an employee's referral, the bonus will be paid out to him or her in two installments, half at the referred associate's start date and the remaining half at the referred associate's 1-year anniversary. The recruiting process is a work in progress and HR is implementing different strategies to hire highly-skilled nurses and to conduct scheduled follow-ups with new hires to keep them on board. Recruitment involves processes and activities that identify top talent to meet organizational objectives and to attract the right pool of potential candidates to complete required tasks (Jalloh, Habib, & Turay, 2015). HCM-3 affirmed, "We do get a lot of former employees seeking to return to work for us. We look at rehires on a case by case basis, and refer to their exit interviews before making a decision to bring them back." All participants (HCM-1, HCM-2, and HCM-3) concur that recruitment is a

difficult strategy to maintain across the industry due to the market and competitive advantage. HCM-3 highlighted:

> We need to hire more internally and rely less on travelers [traveling nurses]. We continue to have a lot of nurse hiring events. We project to save millions by hiring internally. Internal hiring involves us retaining loyal and engaged employees. This is a cost difference of over $1 million.

**Theme 6: Strategies for performance management systems to reduce workplace incivility.** Devising a performance management system that aligns with job descriptions may reduce role ambiguity, improve employee commitment, job performance, and reduce workplace incivility. In health care, the organizational culture is essential to business performance (Acar & Acar, 2014). HR professionals and department managers face meeting organizational goals based on employee performance; thus, implementing a performance management system in alignment with business objectives and job descriptions can decrease workplace incivility (Al-Ahmadi, 2014; Byerly, 2012).

Effective planning integrating knowledge management strategies and performance management strategies can ensure smooth transference of tacit knowledge. Thus, organizations developing a well thought out recruiting and succession plan could help HR professionals establish accountability through efficient HR activities. Ulrich (2014) maintained that teamwork, not structures, shape organizations. Newhall (2015) presented evidence that indicated managers are struggling to identify high-performing talent, and lacking the ability to identify candidates to fill key leadership positions. An

effective performance management system may reduce adverse behaviors and increase employee relationships and performance on the job (Dane & Brummel, 2013; Garbers & Konradt, 2014).

The current performance management system in place at the subject site is not in sync with organizational objectives. HCM-2 emphasized the organization needed to "find a way for the goals to benefit the associates because the leaders' goals are different." HCM-1 agreed the organizational goals should be clear for employees to understand and be held accountable to meet specific standards in their performance appraisals. Managers grade leaders on behavioral goals and not operational. Conversely, employees are responsible for meeting operational goals even though management did not outline the goals on the performance appraisal. Rana (2015) mentioned employees need the power to make decisions and share ideas. There needs to be an effective rewards system in place, and staff should be able to participate in training and development programs that will increase their competencies and skills (Rana, 2015).

HR professionals noticed a discrepancy in performance scorecards for leaders. Managers rate leaders as *hig*h, *solid*, or *low* performers. Last year the hospital had a few low-performing leaders, and this year they have none. Out of 250 leaders, the majority are high or solid performers. HR is apprehensive that the new scores truly represent the workforce. Statistically, the new scores represent a significant shift in employee performance, and HR and top management plan to investigate what could have caused the change. HR is reviewing the data to assess if their managers did not want to be

bothered with an action plan holding their leaders accountable by moving them from low to solid (HCM-1, HCM-2, and HCM-3).

**Thematic Category 3: Identifying and Addressing Barriers to Deploying Strategies to Address Workplace Incivility and Retention**

Thematic Category 3 contains a characterization of barriers to deploying workplace incivility and retention strategies. I examined data from the semistructured face-to-face interviews and, from Appendix C, identified codes about issues affecting resistance to change and strategies for countering resistance to change. Figure 4 depicts the two themes and respective codes for thematic category 3.

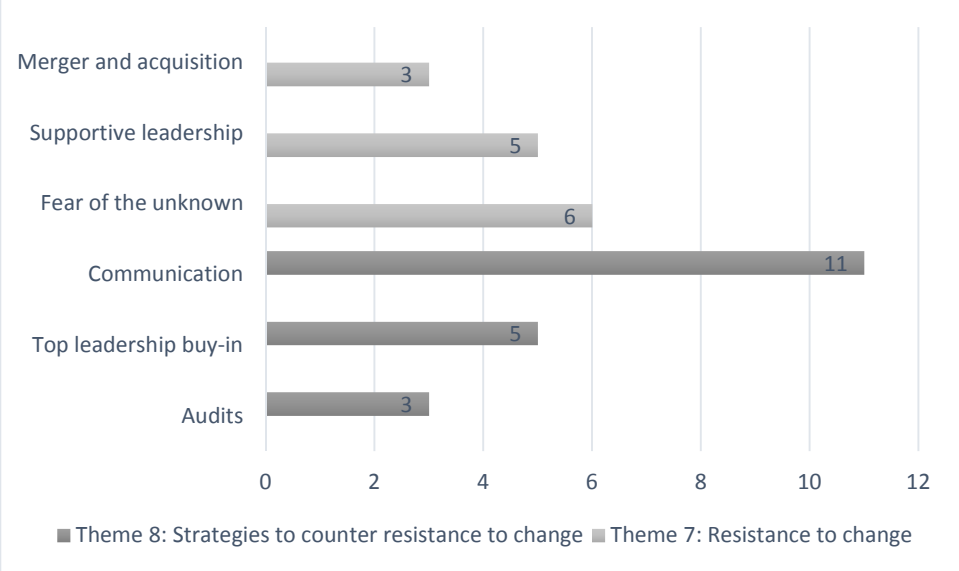


*Figure 4*. Themes 7 and 8 and codes for Thematic Category 3. The numbers on each subtheme represent the frequencies of mention across the three participants. The subthemes comprise the two listed principal themes.

**Theme 7: Resistance to change.** Employees resisting organizational change hindered the enforcement of change and slowed the change process (Christensen, 2014). The participants recognized resistance from top management and employees to change as barriers experienced when deploying strategies to address workplace incivility. HCM-3 explained a challenge to C-suite executives from supporting some HR initiatives. He added, "The market is changing so fast. We [healthcare industry] are getting hit with modifications as the new political administration takes place. We have to do more with less at the current time." Employees resist change when they are unsure about the results (Christensen, 2014). HCM-1 described a meeting with one nurse who had continued reports about incivility filed against her. HCM-1 stated:

> She did not want to be helped because she did not think her actions and behavior were the problems. She was not willing to work with management after a disciplinary action form was filed because she did not trust the system to work in her favor.

HCM-2 added, "We cannot get employees to complete exit interviews in person because they do not want to speak to the manager right then because they do not want to burn the bridge." Also, resistance from top management slows the change process. Top management supportive leadership is paramount in reducing change resistance (Jones & Van de Ven, 2016). All participants (HCM-1, HCM-2, and HCM-3) emphasized the importance of having top management's support to improve organizational commitment to implementing a standard protocol to prevent and address workplace incivility. HCM-2 emphatically replied:

> We need leadership support. We in HR struggle to implement training programs with limited funding. Leadership wants to cut funding on already struggling HR programs. If we do not train our leaders and our associates, then the program are obsolete.

Employee resistance to change emerges when merging to two different cultures. Participants shared the recent merger and acquisition of two healthcare facilities. Organizational commitment from all staff is crucial to successful change management (Jones & Van de Ven, 2016). HCM-2 added:

> The employees are not used to being held accountable for coming to work late, how they speak and treat people. It [merger and acquisition] has been a big transition for the 500 employees we have brought on board. These employees have *us* and *them* mentality, and we are trying to promote that we are *one* organization. We are trying to bridge our cultures.

HCM-3 recognized the lack of integrity across the organization and department levels. Employees misusing company equipment to access patient charts without proving a business need is increasing. HCM-1 reiterated the use of video surveillance to monitor uncivil behaviors such as misuse of company equipment. When organizational commitment for change is low among employees, performance perceptions are likely to be lower (Jones & Van de Ven, 2016).

**Theme 8: Strategies to counter resistance to change.** Wilson (2014) suggested strategies to reduce resistance to change: (a) create a unified message, (b) training and

education, and (c) establish a timeline for the change and communication. HCM-1 recalled a conversation about creating a unified standard of behaving with one physician:

> I wish you would support the nurse manager in front of and around the team because they are never going to respect her if they hear you disrespecting her verbally. At that moment, he agreed to follow a standard protocol to ensure healthy working relationships in the surgical area.

HCM-2 expressed delight with the addition of the Director of Organizational Development (DOD). Because the HR department has to do more with less, the DOD has helped to streamline training and education programs to be more effective for associates. She described the situation in the following way:

> The DOD is developing training. He has support from our VP of HR to look at our survey data to find out what the organization's trends are. We are getting the buy-in [from top management] that we did not have a year ago. He continues to create new ways to meet the associates and build training and education programs around their feedback.

HCM-3 echoed the importance of doing more with less. He continued by explaining the following:

> We have to stay competitive with the healthcare industry. We must continue to make bundle payments and partner with the right third-party vendors. We must do what we can to keep costs low because it costs $40,000 to $200,000 to replace lost talent.

All participants (HCM-1, HCM-2, and HCM-3) acknowledged the pushback from employees but work diligently as a team with department managers to proactively engage employees. Participants identify outsourcing exit interviews to a third-party vendor to assist in collecting information from employees about their exit from the organization. Supportive leadership may reduce employees' fears and anxieties, as well as help employees, feel they are important (Jones & Van de Ven, 2016).

**Relationship of the Themes to the Conceptual Framework**

I used Andersson and Pearson's incivility spiral theory as the conceptual framework for this qualitative case study on understanding the strategies the subject organization used to address workplace incivility and retain highly-skilled healthcare employees. Andersson and Pearson (1999) hypothesized that patterns of constant increases or decreases of uncivil acts by individuals creates tension in the workplace because of a lack of understanding of their situation and not possessing the skills to alter their behavior. Shifts in working relationships may negatively hinder employee engagement, organizational commitment, performance, and retention. HCM-2 and HCM-3 underlined setting a culture of high standards. Researchers summarized that social support from coworkers and supervisors enhanced employee engagement (Spell et al., 2014). Acar & Acar (2014) and MacLean et al. (2016) asserted a review of the culture is important to ascertain if HR professionals and department managers accept and reward individuals who are uncivil instead of developing policies to sanction them.

Researchers have argued that healthcare systems are complex adaptive systems and as job demands become more complex, organizations may miss the opportunity to

improve relevant job skills (Aguinis et al., 2013; Aldina et al., 2014; Tolf et al., 2015). All participants (HCM-1, HCM-2, and HCM-3) confirmed that employees in high-stress areas such as healthcare tend to lack tacit knowledge as a result of employees voluntarily leaving. HCM-3 discussed the financial aspects (Document 2) of voluntary employee turnover and agreed "it is critical to understand work relationships."

The information collected from the interviews indicated a continued need to focus on workplace incivility and retention, especially as the healthcare market continues to change. Workplace incivility deteriorates the social structure of healthcare work environments (Warner et al., 2016). All participants (HCM-1, HCM-2, and HCM-3) shared they handle reports of incivility, but most employees do want to make formal complaints out of fear of retaliation from their instigators. The U.S. Equal Employment Opportunity Commission (2016) report indicated of the total number of 90,000 charges filed during the fiscal year 2015, only 31% claimed harassment. HR professionals and department managers progress to use strategies to address incivility as well as expand on these strategies to retain highly-skilled healthcare employees.

The antecedents and outcomes of workplace incivility have positive and negative effects on employee engagement. The positive effects related to the strategies designed and deployed to help assist HR professionals and department managers in addressing workplace incivility. The participants (HCM-1, HCM-2, and HCM-3) described in detail the importance of identifying the cause and addressing issues as they emerge. HCM-3 added, "It is best to handle issues on the front end. Things get out of control when issue escalate, and no one wants to cooperate and talk." The negative effects of incivility are

critical to business operations. The lack of team performance can alter job satisfaction and commitment of employees (Al-Ahmadi, 2014). HCM-1 highlighted the effect of two nurses who bullied their coworkers for months without intervention from the head nurse. Their uncivil behavior is destructive in nature (Holm et al., 2015; Loi et al., 2015), and detrimental in healthcare (Warner et al., 2016). Participant responses to the effects workplace incivility have on employee engagement underline evidence in the literature assessing the implications and managing workplace incivility and retention is becoming critical for the delivery of quality healthcare (Boxall, 2013; de Beer et al., 2016; Saks, 2014).

Millions of employees face encounters of workplace incivility (Doshy & Wang, 2014). Based on the incivility spiral theory, the spiral begins at the starting point where an uncivil act is acknowledged and perceived by the target as rude and discourteous behavior (Andersson & Pearson, 1999; Doshy & Wang, 2014). Within a healthcare system, such as the subject organization, highly-skilled health care employees work in close proximity. HR professionals and department managers at the subject organization, recognize the potential for discord among staff members and understand that the reactions of targeted employees may trigger a desire to react negatively toward their aggressors. Through the lens of the incivility spiral theory, HR professionals and department managers can intervene with continuous support from top management. The incivility spiral theory can be instrumental for HR professionals and department managers to assess the behaviors and attitudes that may interrupt job satisfaction and patient safety. Through understanding the positive and negative effects of workplace

incivility, HR professionals and department managers can provide resources, such as employee development, coaching, and incentives, to help employees cope, communicate, and cooperate with one another during stressful moments in the healthcare environment. Based on the themes resulting from my study, the incivility spiral theory appears to be a relevant model to guide the subject HR professionals and department managers to identify, address, and measure workplace incivility and reduce the effects uncivil encounters have on the retention of highly-skilled healthcare employees.

## Applications to Professional Practice

The purpose of this qualitative, single case study was to explore strategies HR professionals and department managers need to prevent and address workplace incivility and retain highly-skilled healthcare employees. Analysis of participant responses, publicly accessible information from the company website, and literature offered a comprehensive view of the causes and effects of workplace incivility on healthcare employees. Researchers identified incivility as detrimental on all levels of learning in healthcare delivery (MacLean, Coombs, & Breda, 2016). Organizations are familiar with incivility in today's workplace, but poor employee behaviors continue to erode team performance (Paulin & Griffin, 2016).

Participants expressed the need for organizational leaders to focus on strategies for reducing workplace incivility and improving retention of highly-skilled healthcare employees. Not having a clear policy in place to address workplace incivility may dilute the effects of rude and discourteous behaviors on work teams in high-stress work environments. In addition to reiterating the workplace incivility problem in the

healthcare system, participants communicated the need for HR professionals and department managers to concentrate on strategies to improve employee engagement. The participants noted the implementation of strategies, such as the rounding technique, coaching, and leadership development led to higher levels of engagement, creativity, and team building (Boxall, 2013; Porath et al., 2015). HCM-3 stated "Retaining qualified employees is cost productive." HCM-2 added "Engaged employees are loyal employees who will work with you to regain and restore trust within their respective departments." Failure to address workplace incivility stifles employee development, reducing job satisfaction, organizational commitment and employee performance (Al-Ahmadi, 2014: de Beer et al., 2014; Dusek et al., 2014). Implementing effective communication strategies can lessen the likelihood employees will voluntarily leave and increase team dynamics in their workplace (HCM-1, HCM-2, and HCM-3).

Participants recognized resistance to change as a barrier influencing the deployment of strategies to improve workplace incivility among healthcare employees. Organizational culture is not the focus of my research, but participants mentioned culture because of the importance to understand how the internal dynamics of an organization function to produce outputs (Acar & Acar, 2014). However, for the subject organization for my study, the output is delivering high-quality healthcare services. Organizational cultures are central to the type of behavior delivered to patients as well as among employees (Brennan & Monson, 2014). HR professionals and department managers can use strategies to counter resistance to change: (a) create a unified message, (b) develop a

learning management system, and (c) establish a timeline for the change and communication.

Workplace incivility is becoming a common occurrence in the workplace and continues to permeate team dynamics, affecting retention of highly-skilled healthcare employees in a healthcare system. The result of this study might help HR professionals and department managers with the development of a comprehensive framework for addressing workplace incivility and improving employee engagement of employees in high-stress environments.

## Implications for Social Change

Organizational success depends on the effectiveness of its employees, and job performance is indicative of organizational success (Jensen, Patel, & Raver, 2014). Low-employee commitment can have a significant effect on organizational outcomes (Kunkel & Davidson, 2014). All participants (HCM-1, HCM-2, and HCM-3) expressed concerns about the increase of employee conflicts leading to a tipping point, which triggers emotional, disciplinary behaviors. Researchers have noted that one of the key reasons incivility occurs in the workplace are because the organizational infrastructure is fractured (Leape et al., 2012). Employees voluntarily leave their jobs because of work overload, stress, and dysfunctional work relationships (Gialuisi & Coetzer, 2013). Employee turnover in the healthcare industry threatens organizational success (Unruh & Zhang, 2014).

By using strategies resulting from this study, HR professionals and department managers may prevent workplace incivility and improve retention of highly-skilled

healthcare employees in a healthcare system. HR professionals and department managers' use of education and training strategies to improve employee engagement can lower mistreatment of employees and cultivate a culture of collaboration (Ghosh et al., 2013; Hunt & Marini, 2012; Porath et al., 2015). The implementation of a comprehensive human resource management (HRM) checklist for each employee to refer to report workplace incivility cases with confidence and without retaliation from their instigators. Also, with the use of communication strategies, employees' attitudes and behaviors can change to increase the quality of quality patient care.

Implementation of the strategies identified in this study includes the potential to contribute to a better understanding and awareness of workplace incivility and the effects uncivil behaviors have on employee engagement, which can reduce the voluntary employee turnover rates, improve employee relations, and create an innovative and interdependent culture of learning for improving health care outcomes for benefiting patients, families, and communities.

## Recommendations for Action

I triangulated data from the semistructured face-to-face interviews, publicly accessible information from the company website and literature, and identified eight themes. Themes 3-6 indicate strategies that HR professionals and department managers should consider addressing workplace incivility and retention and Theme 8 addresses strategies to counter resistance to change. HR professionals and department working toward managing workplace incivility and retention of highly-skilled healthcare employees should consider the following recommendations.

The first recommendation for HR professionals and department managers is to develop a comprehensive HRM Checklist. The participants follow a process to prevent and address workplace incivility; however, there was no consensus regarding a comprehensive HRM checklist to address key areas such as employee development, performance management system, grievance and dismissal procedures, and an action plan to disseminate related communications. A clear policy defining workplace incivility, the antecedents, and outcomes must be explicit (Brandis et al., 2017). Boxall (2013) reiterated the critical task HR must meet to create competitive advantage. The HRM Checklist is a tool that may help HR professionals and department managers to follow a framework to reference to achieve strategic alignment and person-organization fit for preventing and addressing workplace incivility.

A second recommendation is to develop better people strategies using data and predictive modeling tools to catalyze a culture and engagement. After reviewing the financial reports (Document 2) and receiving confirmation from HCM-3, I observed that the organization does not have a mechanism in place to account for tangible and intangible costs of employees voluntarily leaving. People analytics may aid HR and department managers to track better reports of incivility and to provide solid financial data to support requests for more funding for HR training programs. Aube and Rousseau (2014) maintained that if rude behaviors are not documented well, employees face role ambiguity about individual and team responsibilities. Organizational leaders should review identified causes for separation from employment in determining employee turnover (Collins et al., 2015).

A third recommendation is to design a performance management system aligning with organizational goals and job descriptions for catalyzing workplace incivility. All participants (HCM-1, HCM-2, and HCM-3) emphasized the disconnect between the employee job tasks and the performance management and measurement system currently in place. Within this model, HR and department managers may encourage team building. Defining job roles may decrease stress levels associated with job role ambiguity. Rahman and Nas (2013) indicated a correlation between high-stress levels in healthcare workers and job tasks. Developing a performance management system based on team-based rewards may increase chances to motivate individuals to work together in a team (Garbers & Konradt, 2014).

Organizations recognize workplace incivility as a common occurrence. Although workplace incivility is complicated and difficult to manage because the instigators' intent to harm individuals can be ambiguous, targeted employees seldom make formal complaints to their superiors or HR officials (Hur, Moon, & Rhee, 2016). The effect of incivility may interfere with employees performing well (Zhou et al., 2015). Organizations need to ensure policies are in place to specifically address workplace incivility.

I will disseminate the results of the study several ways. I will provide a summary no longer than two pages to participants and community stakeholders. I will seek the opportunity to present the study findings at relevant conferences, as well as, publish the results in a peer-reviewed journal. Finally, I will guarantee publication of the approved doctoral study in the dissertation database of ProQuest/UMI for scholars to access.

## Recommendations for Further Study

I focused my attention on identifying and collecting data during a short period was the first limitation of this study. Another limitation was that not all HR professionals and department managers of the targeted company participated and therefore the result may not reflect the experiences of HR professionals and department managers in the healthcare facility. The participants eagerly shared information about their experiences but did not answer some questions straightforwardly. Expanding the boundaries and conducting further research in different geographical locations, multiple healthcare companies, and with other departments might provide additional insight on workplace incivility phenomenon.

An additional recommendation for further study includes exploring strategies managers use to measure workplace incivility and to document the impact uncivil behavior has on overall performance. Future research should clarify the impact of high-performing employees leaving versus those employees HR managers planned to release from employment. Qualitative researchers may use a similar study in a different geographic location in multiple companies in the same industry.

Quantitative researchers may conduct studies to examine the effects incivility has on the implementation of community-related programs sponsored by healthcare organizations. Future research may uncover how incivility affects other team players that work alongside each other in high demand environments. In this area, researchers may employ a quantitative approach to assess the importance of onboarding techniques for new employees and ways to transfer tacit knowledge to new employees to reduce the

learning curve errors. HR professionals and department managers may correlate business data and employees' data to identify gaps in training which may impede working relationships and team performance.

A final recommendation for further study is to conduct a phenomenological study focused on the effect of part-time and temporary employees' rude behaviors have on the culture. Few studies involve the impact temporary employees have on workplace incivility and voluntary employee turnover rates. Correspondingly, correlational analysis of data, such as length of employment, onboarding processes, educational background, and gender, collected and subsequently analyzed from a sample of healthcare employees in multiple companies could enhance the findings from this study to assist HR professionals and department managers for better prediciting potential work environment issues realted to incivility. Such statistical analysis could enhance understanding of the previous studies' findings (e.g., improving communications addressing workplace incivility and recruiting techniques focused on retention) of employees' intentions to leave stemming from workplace incivility. Future researchers can expand the body of literature by examining working relationships within a healthcare organization among other healthcare employees besides nurses. Healthcare organizations are integrating business models within their medical models. Therefore future researchers can contribute to the literature on workplace incivility as the adverse effects continue to harm the organization's overall performance.

## Reflections

During the research process, my understanding of doctoral level research broadened. I found myself challenged at each stage of the research process. I thought I would be overwhelmed with collecting data from participants during the semistructured interviews, but the data collection process was completed without complications. However, I felt frustration with the analysis and coding process with NVivo. The participants were willing to participate and believe that this study would be a vital resource to address workplace incivility and employee retention in healthcare.

The participants' responses affected me personally as I was employed in a nonprofit healthcare environment. The findings of the study were similar to what I have experienced in addressing workplace incivility and employee retention. I was aware of my personal experiences and remained vigilant not to allow my experiences to influence the interview process and introduce researcher bias. The findings from this study disclosed successful strategies that HR professionals and department managers used to identify and address workplace incivility and to increase retention of highly-skilled healthcare employees.

## Conclusions

Andersson and Pearson (1999) stated incivility in the work environment revolved around a series of events that violate organizational policies and mutual respect. The incivility spiral theory emphasized the social nature of incivility. My study's findings, conclusions, and recommendations validated the incivility spiral theory model as being relevant for exploring the successful strategies used in a healthcare organization to reduce

uncivil behaviors and voluntary employee turnover. Key themes that emerged from data analysis and methodological triangulation of collected data included the need to expand strategies to improve employee engagement, communication, recruiting techniques, and performance management system to address workplace incivility and thereby increase retention of highly-skilled healthcare employees.

Study findings align with evidence I found in the literature assessing the implications and managing a diverse healthcare workforce is vital for the delivery of quality patient care. The findings revealed that interpersonal and interdependent working relationships affect the quality of healthcare employees' work environment. Based on the findings, several conclusions can be drawn. Healthcare employees need a standard protocol for addressing workplace incivility which is communicated and used consistently across the organization. HR professionals and department managers need to provide resources to heighten awareness of workplace incivility policies and related processes. HR professionals and department managers should develop a performance management system that aligns with job descriptions to avoid role ambiguity and frustration among healthcare workers. Finally, organizations must provide resources that are conducive to employee development, personally and professionally.

The results from this study may contribute to a better understanding of how to prevent and address workplace incivility and its effects on employee engagement and retention. Implementation of the strategies and recommendations described in this study could aid HR professionals and department managers to manage workplace incivility and improve retention of healthcare employees. A better understanding of the effects of

workplace incivility might enhance compliance and goodwill between individuals, improve working relationships, and lead to better healthy working environment for benefiting healthcare employees, patients, families, and communities.

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Appendix A: Interview Protocol

| Interview Protocol | |
|---|---|
| What I will do | What I will say |
| Introduce the interview and set the stage. | Hello. My name is Keonda Schenck, and I am a Doctorate student at Walden University. The primary goal of this interview is to explore strategies used to address workplace incivility. The interview session will take about 15-20 minutes. |
| Explain content of the consent form and address any concerns the participant may have. | On [Date] you replied granting me consent to interview you. Are there any concerns you want to address before we proceed? |
| Obtain verbal agreement to proceed with the interview. | Do I have your permission to proceed? |
| Start audio recording. | I will start the audio recorder. |
| Watch for nonverbal cues.<br>Paraphrase as needed.<br>Ask follow-up probing questions to get more in depth: Can you talk about that more? Help me understand what you mean? Can you give me an example? | 1. How does your organization manage workplace incivility cases?<br>2. What strategies does your organization have to reduce voluntary employee turnover stemming from workplace incivility?<br>3. How do you deploy strategies to reduce workplace incivility and retain skilled workers?<br>4. What barriers did your organization encounter in implementing the strategies?<br>5. How did your organization address and overcome these obstacles?<br>6. What mechanisms did your organization implement to monitor the effectiveness of these strategies?<br>7. What other information would you like to provide that we did not address already? |
| Wrap up interview thanking participant. | This concludes our interview. I thank you so much for participating and helping me to complete my doctoral study. |
| Schedule follow-up member checking interview. | I will synthesize the information you shared with me today. I would like for you to review the information to ensure I interpret your experiences correctly. What day and time will |

| | |
|---|---|
| | work best for you to meet with me to go over my interpretation of your interview? |

# Appendix B: Publicly Accessible Information From Company Website

*Company Documentation*

| Document number | Description |
|---|---|
| 1 | Annual report to the community |
| 2 | Combined financial statements |
| 3 | Improper conduct and disruptive behavior policy |

# Appendix C: Thematic Categories and Code Counts

*Thematic Categories and Code Counts*

| Thematic categories and codes | Total count |
|---|---|
| Thematic Category 1: Effects of Workplace Incivility on Employee Engagement | |
| Progressive discipline | 3 |
| Positive feedback from employees about leadership | 10 |
| Encourage positive working relationships | 11 |
| Accountability | 10 |
| Fear to report | 5 |
| High voluntary employee turnover (nurses) | 9 |
| Escalating behaviors | 6 |
| Managers lacking leadership skills | 9 |
| Thematic Category 2: Strategies to Address Workplace Incivility and Increase Engagement and Retention | |
| Rounding | 11 |
| Coaching | 9 |
| Professional development | 7 |
| Informational meetings | 5 |
| PMMS | 6 |
| One-on-one | 14 |
| HR programs | 6 |
| Thematic Category 3: Identifying and Addressing Barriers to Deploying Strategies to Address Workplace Incivility and Retention | |
| Resistance to change | 14 |
| Strategies to counter resistance to change | 19 |