Impact of Workplace Incivility on Job Satisfaction: Moderating Role of Perceived Organizational Support

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ABSTRACT

The negative workplace behaviors are relevant to understand qualified nurses' job satisfaction and their advance level roles. The focus of this study is to reveal the impact of workplace incivility on job satisfaction of degree holder nurses and moderating role of perceived organizational support. The data collected through adopted questionnaire from clinical degree holder nurses and nurse educators of Armed forces hospitals and nursing colleges and both are degree holder nurses working in clinical setting and academia. The questionnaires were 350 in numbers but only 300 were responded. SPSS software used to analyze the respondents' feedback. The results showed that workplace incivility is negatively significantly correlated with job satisfaction. This study also provides the evidence that there is less perceived organizational support to moderate the negative impact of workplace incivility on job satisfaction of degree holder nurses in hospitals and nursing colleges under study. The strength of this study is to provide implications for medical and nursing leadership to enhance organizational support and to promote the advance roles such as Advance Nurse Practitioner (ANP) for qualified nurses in health sector.

Key Words: Workplace Incivility, perceived organizational support, job satisfaction, degree holder nurses

Introduction

Background of Study

This research study substantiates that the degree holder nurses including **BSN Generic** (Bachelor of Science, four years degree program), **Post RN** (Two years nursing degree program), **MSN** (Master of Science degree in nursing) and MPH (Master in public health) experience challenges of workplace incivility, role conflict and workload but intervention of organizational positive role can minimize the lethal impact of these variables on their job satisfaction. Male nurses are not part of study because they are not meeting educational criteria as there is no degree holder male nurse in Military setup so only female nurses are part of this study with higher nursing degrees. These female nurses are working as clinical nurses and nurse educators in military hospitals and colleges.

Degree holder nurses working in different healthcare settings and colleges faced various situations like workplace incivility, workload, role conflict and less job satisfaction (Alshehry et al., 2019). Agency discourteousness, role variance, workload, organizational prop up and job satisfaction investigated in earlier research as standalone programs. Perceived organizational support (POS) can be seen to modest the effects of workload, Role conflict and organizational discourtesy to create job satisfaction in nurses (Islam et al., 2017). According to Mehmood and Sajid (2020), workplace bullying has adverse effects of performance of frontline workers like female nurses in AJ&K, Pakistan. It is also revealed by them that workplace bullying contributes to reduce the psychological well-being of the employees and finally there is low employee performance that affects overall productivity of the health related organizations in AJ&K Pakistan.

A basic level of civility and reverence is anticipated in any kind of relationship. In the workplace especially, individuals want to work in a milieu where they are treated with esteem. Bad-mannered and impolite treatment can result in unhappy workforces. Uncouth remarks, being overlooked, less graciousness, and cynicism are all examples of workplace incivility. Andersson and Pearson (1999) throws light on Occurrences of workplace incivility that are omnipresent with most employees reporting at least one experience. A survey by Pearson et al., (2000) showed that a crushing majority of employees have experienced more than one entertainment of incivility in the form of verbal or non-verbal abuse. Research has shown that being treated uncivilly results in greater work stress, perceptive disruption,

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emotional anguish, and poorer job satisfaction and resourcefulness (Cortina & Magley, 2009; Pearson, Andersson, & Porath, 2005). Evidently, workplace incivility is overpriced for both the employee and the organization. Workplace incivility has been defined as a minor form of interactive hurt. However, a review of the literature suggests that researchers never ponder on source of incivility when scrutinizing its upshots. Incivility involves three characteristics: destruction of workplace customs and respect, vague intent, and squat power (Andersson & Pearson, 1999). The first characteristic of incivility is a destruction of workplace rules. Not every organization runs in the same way, yet every organization has its particular customs and outlooks for what is measured acceptable mutual conduct among employees. This mutual understanding allows for support within the organization. Actions of incivility dent that empathy and dislocate the welfare of the organization and its employees (Andersson & Pearson, 1999; Lim, Cortina, & Magley, 2008). The second characteristic of incivility is vague intent. The mastermind's goal is not always clear to the target. The impolite manners could be intentional, but might also be due to unfamiliarity, misunderstanding, or the personality of the mastermind (Andersson & Pearson, 1999). The third characteristic of incivility is referred to as squat force. Compared to hostile acts such as bullying, incivility is of lesser brutality. Even if incivility is of poorer force, it can still lead to belligerence and rising conflicts (Lim et al., 2008).

According to Mehmood and Sajid (2020), workplace bullying has adverse effects of performance of frontline workers like female nurses in AJ&K, Pakistan. It is also revealed by them that workplace bullying contributes to reduce the psychological well-being of the employees and finally there is low employee performance that affects overall productivity of the health related organizations in AJ&K Pakistan. Job satisfaction is a product of workplace behaviors (Atefi et al., 2015). The strength of this relationship in nursing profession is based on organizational support for degree holder nurses (DHNs) in healthcare system (Kunecka &

Skowron, 2019). Many researchers have described parallel aggression among nurses working in healthcare settings. Nurses suffer cost as an effect of their experiences such as wretchedness, nervousness, distrust, less sense of worth and self-possession and career dissatisfaction (Purpora & Blegen, 2012). All this mutual interaction of variables contributes to social image of degree holder nurses and nursing profession (Kanji, White & Ernst, 2006). Considering the brunt of these variables on degree holder nurses' career contentment can assist policy makers to make strategies to change their traditional social image and help in introducing new prescribing role for qualified degree holder nurses (Begley et al., 2014).

Self-sufficiency is the capability of an agent to act according to principles rather than under the sway of wishes, however, qualified nurses believe in their professional autonomy and recognition (Paley, 2002). Degree holder nurses are not only to provide traditional care to the patients but now they are fully prepared to perform nurse Practitioner role (Schober & Affara, 2009). Advance healthcare systems leads to increasing requisite of qualified nurses (Kerr & Macaskill, 2020). This tryout can be tackled with resetting the way the care is given by authorizing degree holder nurses (DHNs) and increase their independence with their professional competence (Kroezen et. al., 2014).

Health care systems face challenges to come up with innovative approaches that may provide them competitive advantage of best utilization of their qualified nursing workforce (Welsh, 2014). The root causes of job dissatisfaction of degree holder nurses (DHNs) are less self-governing, sufferer of the bureaucratic coarseness leading to role divergence and poor demonstration (Welsh, 2014). Health system can offer independent prescribing role to DHNs in Pakistan as Word Health Organization mentioned the best way for modern health system that is to develop a deliberate occasion through empowerment of qualified nursing workforce (World Health Organization, 2002).

The actions similar to parallel aggression occur among healthcare providers. Rosenstein and O'Daniel (1989) reported that doctors and nurses

in hospitals face unruly behaviors, such as use of rude tone of voice or threatening body language and decreased communication (Rosenstein & O'Daniel, 2008). Uncivilized behavior harmed degree holder nurses sense of worth in the organization and the culture of lack of respect can lead to compromised patient safety, less cooperation and higher leaving intentions (Adil, Hamid & Waqas, 2020). Eisenberg explores the harmonizing role of organizational prop up. According to secretarial support assumption, employees start to make out human-like uniqueness of organization and thus encourage the expansion of perceived organizational support (Eisenberg et. al., 1986). Role variance occurs when a person is subjected to opposing sets of expectations in the organization, or when there are multiple commands (Collette et al., 2017).

Research Questions:

This research study has following research questions:

- Does workplace incivility negatively affect job satisfaction of degree holder nurses?
- Does perceived organizational support moderates between workplace incivility and job satisfaction?

Research Objectives:

This study has following research objectives:

- To investigate the negative influence of Workplace incivility on job satisfaction of degree holder nurses.
- To develop the understanding of moderating role of Perceived organizational support between workplace incivility and job satisfaction

Significance of the study:

The organizational impoliteness and its blow on performance and job satisfaction of degree holder nurses is not adequately addressed in Pakistan in context of higher nursing education and adoption of nurse prescribing role, therefore it is necessary to generate relevant evidence through this study to guide higher management levels to develop strategies of enhancement of authority of degree holder nurses. As research work supports that acknowledgement by the manager and community are more central rousing factors in health workers (Dieleman et al., 2006). The need to feel esteemed and braced was much greater and to be reliable in the community was an essential aspect for professional impulse (Manongi et al., 2006). The evidence from this study can feed into new performance appraisal of degree holder nurses and makes them as self-sufficient as medical practitioners. This research evidence can help in controlling the negative behaviors and can change the social image of nurses when community will find them in practicing and autonomous roles. This research work can contribute in policy making and enable healthcare managers to review their policies to accommodate qualified nursing work force. This study findings can pave the way for cost effective care in too much expensive health system in Pakistan and can make easy approach of qualified and skilled health care providers.

Literature Review

This chapter describes the research based literature about workplace behaviors like workplace incivility (WPI), role conflict(RC), perceived organizational support (POS), workload (WL) and their impact on job satisfaction of degree holder Nurses (DHNs) and obstacles in introducing advance nurse practitioner role (ANP). This study uses Freirs' assumption of Oppression. In his theory Freire accentuates that a circumstances of repression are the result of an unfair communal constitution not destiny and it can be altered (Freire, 2008).Nurses used to act under suppression in a system controlled by male doctors as policy makers (Roberts, Demarco & Griffin, 2009). Nurses were explained in conventional roles in early 1900s and considered as subordinates in health care settings(Ashley & Reverby, 1993).Today, degree holder nurses are accountable for treating the patients and making their health decisions yet they have less sovereignty (Kluska, Laschinger & Kerr,2004). The literature searches revealed that unquestionably the nurses have been the sufferer of work place incivility, role conflict and less organizational support. The intensity of these factors is sterner. The impact of these factors is not limited to degree holder nurses (DHNs) but healthcare system that gets affected by dissatisfaction and poor utilization of qualified nursing workforce.

Hypothesis development:

This research study has following hypothesis

H1: Workplace incivility has negative impact on job satisfaction of degree holder nurses.

H2: Perceived organizational support moderates the impact of workplace incivility on job satisfaction of degree holder nurses.

WORKPLACE INCIVILITY AND JOB SATISFACTION:

We originally reported on the influence of disruptive physician behavior on nurse satisfaction and retention in 2002. The results of this research showed a significant relationship between disruptive physician behavior, poor nurse satisfaction and morale, and an increase in nurse turnover. A literature review conducted to appraise existing knowledge of incivility in the nursing workplace through the lens of professional ethics and higher nursing education. Literature presented a consistent theme of less job satisfaction and role uncertainty when incivility was injected into the workplace. (Andersson & Pearson, 1999). According to Dalal, "Negative workplace behaviors employ less in organizational citizenship behaviors" (Dalal, 2005). Similarly, such behavior ultimately results in higher leaving intentions (Chiaburu & Harrison, 2008). Research has shown examples of uncivil behavior include chatting down to others, making debasing remarks, and least bothering to somebody (Porath & Pearson, 2009). Antecedents are variables that make possible workplace incivility. These variables can categorized as enablers, motivators, and triggers. **Enablers** are "factors that assist uncivil behaviors, **Motivators** enhances circumstances to stalk others in the workplace, **Triggers** are precipitating processes, serving as challenges for the status quo (Salin, 2003)". DHNs usually face triggers. Higher insulting attitudes decline job satisfaction these uncivil behaviors distort work roles and making life roles more preferable for workers (Corinta et al., 2000). Incidents of agency rudeness for DHNs would likely generate apprehension and job dissatisfaction. Few nurses with high levels of hardiness could resist the unconstructive manipulation by workplace coarseness but not all

(Shi et al., 2018). Discourtesy of co-workers and superiors make them feel apprehensive for example, their competence is not being valued, or they receive vicious nasty evaluations by others. Fretful employees experience lower work contentment with attenuation of emotional assets (Baumeister, & Tice., 1990). New nurses encounter odious behaviors, which infringe the code of parity and esteem sway of place of work discourteousness on emotional vigor of nurses mainly leads to trepidation, perceptive discord unnecessary strain and highbrow gloominess ᶜEl-Amrosy, Elkholy, & Elshall, 2019). Impact on physical health includes headache and hypertension (Pearson, & Porath, 2005). Impolite behaviors caused by organizational divergence result in shoddier work contentment (Cortina, Magley, Williams, & Langhout, 2001). Job exhaustion can cause chain of unpleasant outcomes for nurses such as lack of sense of institutional belonging and poorer work contentment. It causes less aptitude in nurses (Lee, & Lee, 2011).

Work place discourteousness reflects an abuse, passive-aggressive behaviors and bullying, where degree holder nurses are more sufferers of passive aggressive behaviors (McNamara, 2012). Uncivil behaviors harm employee's sense of worth in the organization (Lauer, 2002). DHNs are part of research at various levels of education but they face obstacles and strain in performing researcher roles and sovereign clinical roles in society (Grov, 2018). Stress is a powerful fact that linked with excellence of dealings between a person and organizational hassles and degree holder nurses (DHNs) find such dealings taxing (Hancock & Warm, 1989). Stress at work is usually leading to psychological injustice (Kumar, 1994; Mc Downald, 2003). Work anxiety an inaptness between the person and his work strains and this kind of inaptness is emotional agony in degree holder nurses' career (Humphrey, Nahrgang & Morgeson, 2007).

"Hence, after the literature review the following hypothesis can be formed:"

H1: WORKPLACE INCIVILITY HAS NEGATIVE IMPACT ON JOB SATISFACTION OF DEGREE HOLDER NURSES.

Perceived Organizational Support, Workplace Incivility and Job Satisfaction:

Organizational managers relish their employee's effectiveness, contentment and they shed light on work according to educational competencies (Duffield et al., 2009). Nursing manager's Professional approach is necessary and evident by personal measures and interpersonal relations of group (Curtis & O'Connell 2011). Nurses expect good decisions and are confident that these decisions will resolve their problems and identify their competencies (Aloustani et al., 2020). This will create a climate in which the qualified nurses are satisfied with their jobs and feel more dedicated to organization. This study creates enhancing link of perceived organizational support(POS) and nurse's social representation as Moscovici states that social representations correspond to acts of thoughts in which subjects relate to the object and that object through some process replaced by symbols turning it into a representation in the subject's mind (Moscovici, 2001).This study also strengthens itself by applying social exchange theory that studies the social behavior in the interaction of two parties that implement a cost-benefit analysis to determine risks and benefits. This study supports the notion that degree holder nurses can exchange their best professional yield with society in exchange of societal respect and acceptance (Moscovici, 1989).

Introducing nurse practitioners in healthcare requires organizational policy to revamp and reframe professional borders (Niezen & Mathijssen, 2014). Previous studies squabble that organizational help weakens the unconstructive outlay of exterior work on job behaviors (Federici & Skaalvik, 2012). Study discovered that exterior working had no momentous alliance with career satisfaction but connected with organizational pledge (Yang & Chang, 2008). Organizational

support theory (OST) proposes that employees establish their judgment that how organization honor their offerings and prefer their wellbeing (Wattoo & Zhao, 2018). Organizational helps intercede in-role and extra-role performance and discourage taking out attitudes (Cheng, Cui, et al., 2020).

Degree holder nurses need such level of perceived organizational support in Pakistan.

"Hence, after the literature review the following hypothesis can be formed:"

H2: Perceived organizational support moderates the negative impact of workplace incivility on job satisfaction.

Hypothesis of Study
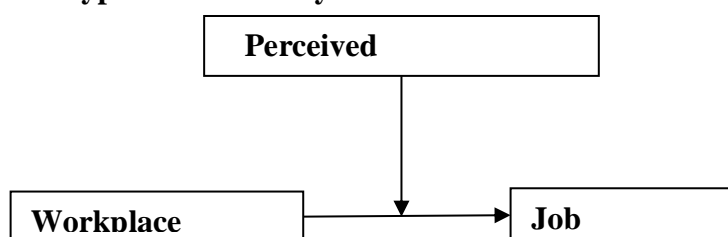
H2: Perceived organizational support moderates the negative impact of workplace incivility on job satisfaction.

Research Methodology

This segment makes clear the stratagem that follows right through the research work. It contains research intend, population and sampling, data drawing together, instrument spreading out and data scrutiny procedure.

Study Type:

This is a quantifiable research study where the brunt of role conflict, workplace incivility and workload on degree holder nurses' job satisfaction and controlling role of perceived organizational support were calculated on respondents' feedback.

Time Horizon:

The data gathering for this research work conducted in time distributions under the support

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of Aneta Brayer and Ludmila Marcinowicz (2018) study in which they probe the need of better organizational operation for nurses. I did pilot study on 100 respondents in college of nursing including clinical nurses and nurse lecturers both were degree holders. Clinical nurses were also present for their post degree courses in college and developed best understanding of my questionnaire. Numerical data were analyzed using evocative and summary statistics. In existing study data composed in phases. Phase1, with the permission of administration of hospitals and colleges data gathered from degree holder nurses on their work places through objective questionnaires with statements measured on likert scales from strongly disagree to strongly agree responses, most of MSN and BSN were working in different clinical settings including Combined Military Hospital, Military Hospital and AFIC, I approached the respondents in their break times. Phase 2 data gathered from MSN and MPH working in college of nursing with the time intermission of one week. Such data assortment ropes steadiness of respondent's feedback and tributes their might of involvement in this research cram accordingly.

Research Interference:

There was bare minimum research interference which persuades study results. The sample consists of degree holder nurses working in clinical setting and college of nursing. The data gathering done through self-ordered survey from 300 respondents. A covering letter attached with opinion poll, which guarantees that the study rationale is solely academic and its aim is to offer the information about bang of role combat, workplace discourteousness and workload on job satisfaction of degree holder nurses and controlling role of professed organizational sustenance. This method helps the respondents to respond in the opinion poll unperturbed and permits them for genuine and deliberative response.

POPULATION AND SAMPLE:

The populace for this research study was consist of degree holder nurses of diverse hospitals and nursing colleges of military hospitals, with basic degree in nursing as BSN and different postgraduate degrees like MSN, and MPH.

Sampling techniques:

This research study is based on non-probability convenient sampling due to time limitations and the justification for which data collection from this population showed educational malleability with nurse prescribing role. Male nurses with minimum nursing education could not be the part of this study. Data collection done through self-administered questionnaire from 350 respondents but only 300 out of 350 responded. This method helps the respondents to retort in the questionnaires unperturbed and allows them for realistic and deliberative response.

INSTRUMENT DEVELOPMENT:

Data gathered through self-directed opinion poll. There is five point likert scale where 1=strongly disagree to 5= strongly agree. The scales include Role conflict, Workplace incivility, Workload, Job satisfaction and Perceived organizational support. There were some demographics such as gender, age, education, designation and experience.

Measures of Workplace Incivility:

Workplace incivility was measured by questionnaire developed by (Cortina, et al 2000) containing 10 items.
One sample item is "Doubted your judgment in a matter over which you have responsibility."

Measure of Job satisfaction (Dependent variable):

Job satisfaction was measured using items from instrument Job Satisfaction Index derived from nurse Executive survey developed by Schriesheim and Tsui (Fields, 2002) containing 6 items.
One sample item is "You are satisfied with the opportunities which exist in this organization for advancement and promotion.

Measures of Perceived organizational Support (Moderating variable):

Perceived organizational support was measured by questionnaire developed by Eisenberg, et al. (1986) containing 36 items. One sample item is "The organization values my contribution to its well-being."

DATA ANALYSIS TOOL:

SPSS SOFTWARE USED TO SCRUTINIZE THE DATA. THE OVERALL ANALYSIS SUCH AS DESCRIPTIVE STATISTICS, REGRESSION, CORRELATION, RELIABILITY, VALIDITY AND MODERATION DONE TO GET THE RESULTS.

CONTROL VARIABLE

ONE-WAY ANOVA used to deal with Demographic variables.

Demographics:
For the idea to acquire consistent results demographics trivia of respondents also composed such as; gender, age, qualification and experience. In existing research efforts demographics proscribed in regression analysis. Demographics shows momentous upshot of these variables on the hypothesized model in ONE-WAYNOVA.

Data analysis procedure:
Firstly, the data is tested for detection of absent values after clarifying that there were no absent values in data, in next step data is examined for out liar analysis. Secondly, afterwards, the reverse coded questions are tested in the results. Some statements from WPI scale and POS scale were reverse coded. Thirdly, the frequency analysis for populace has been revised. Co-relationship and Moderation regression analysis was performed in the last concise statistics to determine the findings of the research.

Results and Analysis

This chapter describes the results of gathered data. SPSS software used to analyze the data. Analysis comprises the summary of demographics, reliability analysis, correlation analysis and regression analysis. Stepwise regression is also done.

Table: 4.1. Demographic Characteristics of a sample:
There are six demographics included in this research study. The summary of each demographic variable elucidated distinctly in following table.

Demographics Table

Demographics		Frequency	Percentage	Valid	Cumulative
Gender	Female Male	3000	3000	1000	1000
Age	25 – 30	195	65	65	65
	31 – 50	105	35	35	100
Marital Status	Married	245	81.7	81.7	81.7
	Unmarried	55	18.3	18.3	100.0
Education	BSN	271	90.3	90.3	90.3
	Masters	29	9.7	9.7	100.0
Designation					
	Nursing Lecturer	24	8.0	8.0	8.0
	Clinical Nurse	276	92.0	92	100
Experience					
	5 – 10	44	14.7	14.7	14.7
	11-20	256	85.3	85.3	100.0

The above table shows that all the respondents are females. In Military set up, there is no male degree holder nurses, there are only male nursing assistants who are auxiliary nurses and do not meet eligibility criteria of study. There are 65% respondents who are between age limit of 25years to 30 years and 35% respondents who are between the age limit of 31years to 50years. From total population of 300 respondents, there are 81.7% nurses are married and 18.3% nurses are unmarried. From total population of 300 respondents there are 92 % respondents whom

designation is Clinical Nurse and other 8 % are nursing lecturer. The qualification distribution of target audience shows that 92.3% respondents are graduates (BSN) and 9.7 % respondents are master's degree (MPH, MSN).From total population of 300 respondents, there are 14.7 % nurses have 5 to 10 years of experience of job and there are 82.3% nurses in organization ~~who have~~ 11 to 25 years of job experience.

DESCRIPTIVE ANALYSIS

The table shows mean value 3 that means most respondents on likert scale are between three and 4. Mean value of WPI (3.1), RC (3.1) WL (3.0), POS (3.2) and JS (3) indicate that greater part of respondents agreed that workplace incivility, role conflict and workload decrease their job satisfaction. In case of data about workplace incivility, role conflict SD is 0.5 this value is less so the spread of the scores is less indicating that scores are very close to the Mean. In case of data about POS, SD is 0.4 this value is less so the spread of the scores is less indicating that scores are very close to the Mean. In case of data about JS SD is 0.6 this value is less so the spread of the scores is less indicating that scores are very close to the Mean. The high means support this study.

	WPI	RC	WL	POS	JS
Mean	3.1	3.1	3.0	3.2	3.0
Standard deviation	0.5	0.5	0.6	0.4	0.6

Reliability Analysis.

By doing reverse coding of negative statements transforming from 4 (agree) to 2 (disagree) in POS and WPI scales I succeeded to improve POS chronbach's alpha .839 and WPI chronbach's alpha (.864) and JS (.744).

Reliability Analysis

Variable	Cronbach Alpha
Perceived Organization	.839
Support	
Job Satisfaction	.744
Workplace incivility	.864

Table 4.3

Correlation Analysis

	1	2	3
POS	1		
WPI	.018**	1	
JS	-.002**	.632**	.431**	.797**

n = 300, p < 0.05*, p < 0.01**

The Correlation Analysis in table discloses the direction of relationship (either positive or negative) among variables. In this study, correlation analysis shows that variables, workplace incivility is negatively correlated with job satisfaction with P value from coefficient table, .755**. POS is positively correlated with job satisfaction at P value, .967**.POS is positively correlated with job satisfaction.

Correlation Regression Analysis

In above table and in step 1 effect of demographic variables are controlled that are age, gender, experience, education, designation and marital status. In step2 variables WPI incorporated, 1 unit change in predictor WPI will bring .882 unit decrease in JS. The above model is able to explains more than fifty percent data (**.587****) according to predicted hypothesis so model is significant at p value .005

Moderation Regression analysis

Predictors	B Significance
POSXWPI	.261
	.180

In step 3 interaction term, POSXWPI was added. POS does not moderate the negative impact of

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workplace incivility on job satisfaction as (β= .180 P= .261) as the P > .05 so hypothesis 4 is

rejected

Accepted / Rejected Hypothesis:

Summary of Hypothesis Acceptance / Rejection

Hypothesis	Statements.	Results
H1:	Workplace incivility has negative impact on job satisfaction of degree holder nurses.	**Accepted**
H2:	Perceived organizational support moderates the impact of workplace incivility on job satisfaction.	**Accepted**

DISCUSSION AND CONCLUSION

DISCUSSION

Though there are many research work conducted on job satisfaction, workplace incivility, workload, role conflict and perceived organizational support in past with different constructs. The vigor of this study is the new standpoint to explore the impact of these factors on job satisfaction of degree holder nurses in context of modern nurse practitioner role and propositions of supporting leadership to moderate negative impact of these variables. This research work on proposed hypothesized model is been conducted in Armed forces hospitals and nursing colleges where there is no ease to perform proper modern nurse practitioner and nurse researcher roles. Nurses still optimize for positive workplace behaviors and autonomy.

Additionally public sector is one of the input indicators of any state and affirmative work behaviors are very imperative for them to enhance job satisfaction of nursing workforce in new era of modern nursing education. Modern leadership styles are integral in healthcare setting to initiate and promote new nurse practitioner roles. Public sector's organizations specifically the healthcare organizations are somehow the ethical mirror of state where humanity is treated with dignity by dignified health professionals specially nurses.

The discussion about following hypothesis and their results is the matter of interest in this study.

Hypothesis (H1): Workplace incivility has negative impact on job satisfaction of degree holder nurses.

The regression analysis shows the results of direct negative effect of workplace incivility on job satisfaction. The results proved the compatibility with hypothesis. The result is backed up by the theory, the spiraling effect of incivility at workplace by Andersson and Pearson and this theory states that impoliteness is a squat force, bizarre attitude with formless endeavor to smash up the target in infringement of workplace values (Andersson & Pearson, 1999). Andersson and Pearson (1999) stated that workplace incivility is manifest in actions that demonstrate less esteem for others in the workstation, actions that are described as impolite. Workplace incivility has been describe a slow-power unexpected conduct with vague intent to hurt the victim, in destruction of workplace customs for communal esteem. More research on workplace incivility debates on the escalating effect. The escalation effect describes, how incivility can latent spiral into progressively penetrating deeds with an initial point and sloping points. In this regard, some outcomes can become backgrounds to carry on the cycle of rudeness. This theory emphasize that Incivility has been stated as being toward the lowest of the range of exploitation and displaying low intensity counterproductive work behavior. However, Vickers (2006) support this hypothesis that "squat force" should not be muddled with being a "slight" problem. According to this hypothesis the degree holder nurses are victim of

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unseen lethal workplace behaviors. These behaviors are detrimental for their professional expansion and regard. Squat force of loutishness and fuzzy endeavor to smash up the target are supporting component of this hypothesis where intention of superiors to smash up the nurses professionally is hazy to degree holder nurses (Lewis & Malecha, 2011).

There is call for to develop beneficial work behaviors as researcher mentioned that non enthusiastic organizational attitudes operate less in organizational residency approach (Vogelpohl, 2013). Despite mounting the organizational ownership behaviors the degree holder nurses unintentionally develop detestation against organization (Jones & Bartlett Learning, 2016). Similarly, such behavior ultimately results in elevated intentions to change profession (Chiaburu & Harrison, 2008). Degree holder nurses (DHNs) often interact with discourteous behaviors (Porath & Pearson, 2012). DHNs usually mugged by triggers. Higher insulting attitudes decline job satisfaction and these insulting behaviors disfigure work roles and cause psychological smash up (Corinta, et al., 2000). Degree holder nurses are more sufferers of inert belligerent behaviors that silently deprived them of their professional rights (McNamara, 2012).As Lauer explains that discourteous behaviors hurt employee's self-worth in the organization (Lauer, 2002). Incivility behaviors not only smash up nursing profession but also organization and health system (Itzkovich & Heilbrunn, 2016).

Degree holder nurses (DHNs) are well paid yet they have less job satisfaction as literature provides information that remuneration is not the only source of job satisfaction (Demerouti, et al., 2001). Finally, independence in the work refers to the freedom individuals have in carrying out their work including arrangement of work and decision-making. This freedom of work is badly affected by workplace incivility and less organizational prop up leading to psychological tribulation in degree holder nurses (Boyd et al., 2011). Relationship with superior represents the relationships between employees and their higher and the probable communal support that workers can obtain from their higher (Bakker et al., 2010;

Idris & Dollard, 2011). Degree holder nurses found least support that enhances the lethal effects of workplace incivility.

Hypothesis (H2): Perceived organizational support moderates negative impact of workplace incivility on job satisfaction.

For the mitigating role of POS, we found the unexpected evidence opposite to our hypothesis that POS curbs the negative impact of workplace incivility. Regression analysis results shows that POS does not temperate negative impact between variables such as workplace incivility and job satisfaction while literature provides the evidence of moderating role of POS. The literature provides the support of organizational support theory (OST), this theory proposes that employees give to organization a uniqueness like a person and thus enhance organizational readiness (Shanock & Eisenberger, 2006). Employees establish their judgment that how organization honor their offerings and prefer their wellbeing (Wattoo & Zhao, 2018). Organizational helps intercede in-role and extra-role performance and discourage taking out attitudes (Cheng et al. 2020). Organizational support theory (OST) opines that workers develop a general understanding of the extent to which the organization rates their offerings and upkeeps about their welfare (perceived organizational support – POS), and respond to that sustenance through assertiveness and conducts that are valuable toward the organization. Although OST emphasizes both societal interchange and self-development processes, most accounts of POS's possessions are rooted in societal interchange. For example, POS's associations with pledge and preservation have been enlightened as give-and-take of care for assertiveness and nonstop engagement. Organizational support theory grasps that in order to meet cultural and psychological requirements and to judge the paybacks of work effort, employees develop general insight concerning the extent to which the organization prices their inputs and overhauls about their welfare. Such perceived organizational support (POS) would boosts workers' sensed duty to help the organization reach its goal. Interactive outcomes of POS would include upsurges in in-role and extra-role performance and cuts in stress

and drawing behaviors such as absence and leaving organization. When the organization gives possessions to workers in an intended manner rather than under conditions outside their control, workers will perceive these previliges as being genuinely respected by the organization. Based on this principle, POS will be more effectively boosted if workers perceived organizational prizes and auspicious job conditions such as salary, upgrades, job enrichment, and influence over organizational procedures as intended behaviors of organization (Eisenbergeretal.,1986).

Finding of study deviate from hypothesis and negate equity in a work station that states that everybody receives fair treatment. There's clearness to origin and consequence, and everybody knows what to anticipate in terms of outcome and recompenses. When justice occurs, individuals have equal access to chances. It sets up a valuable atmosphere for both the workers and the managers (Adam, 1963).

The findings of the study overheated by theory of oppression that states, when a single group in the social order discriminatorily takes lead of and work out power over another cluster facing ascendancy and subordination (Frier, 1999). Theory also states that adopted oppression is a sensation experienced by members of both subsidiary clusters (i.e., those who are oppressed) and overriding clusters (i.e., those who benefit from oppression). However, the literature focuses on the internalized oppression of subsidiary clusters, also known as adopted subservience. This study provides the evidence that in Pakistan health care system The qualified nurses, because of less organizational support face domination and negative workplace behaviors of medical professionals that hurt their professional role.
The findings are again scorched by Catalyst research work that explains that many competent nurses working in organizations who want to be more self-directed but they are facing resistance from higher organizational posts that make their social and professional role more tenuous (Catalyst, 2010). There is huge push for nurses to have bachelor's degree in nursing (Aiken, 2020).

This push also required in Pakistan health system to promote nurse practitioner role.

The hypothesis scald by study results that exterior working had no momentous alliance with career satisfaction but connected with organizational pledge (Yang & Chang, 2008). Degree holder nurses (DHNs) usually mugged by triggers. Higher insulting attitudes decline job satisfaction these insulting behaviors disfigure work roles and cause psychological damage (Riskind et al., 2000).Degree holder nurses are more sufferers of inert belligerent behaviors and deprived of professional rights (McNamara, 2012). As Lauer explains that discourteous behaviors hurt employee's self-worth in the organization (Lauer, 2002). Degree holder nurses are not fully part of clinical and organizational decision making and their professional careers are influenced by others decisions as mentioned by Bakker that Chipping is refers to the employees' capacity to sway in decisions (Bakker & Bal, 2010).

Conclusion:

Job satisfaction is an imperative research topic for managers and organizations. Job satisfaction is still important for organizations because workers, who are contented with their job, may demonstrate high struggle in their jobs. Broome and his colleagues (2009) explained this interest in job satisfaction with its associations with job-related conducts, including performance and worker's income and turnover intents (Smith, 1992).
In Pakistan healthcare system because of workplace incivility and medical profession's ascendancy, the degree holder nurses even find it thorny to use practice jurisdiction under the regulation of doctors this leads to professional dissatisfaction among them. This cram also investigates the role of organizational support in controlling negative work behaviors to support prescribing roles for nurses. This study finds out that organizational support is an important determinant of adopting new prescribing role of degree holder nurses. Adoption of nurse practitioner role in other words is absence of

negative work behaviors and the presence of advancement. The qualified nurses go for extra role performance with professional satisfaction. Existing cram verdict shows that control of off-putting work behaviors depends on the positive organizational top management who ensures the implications of affirmative leadership strategies.

The study reveals the results that workplace incivility, workload and role conflict significantly negatively correlated with job satisfaction of qualified nurses. Additionally it also shows that the organizational support is positively associated with job satisfaction of degree holder nurses and moderates the negative relationship among workplace incivility, workload and role conflict to enhance job satisfaction of degree holder nurses.

This study adds to current health system in such a way that there should be proper organizational supervision to sustain their qualified nurses and help them to adopt modern practice levels according to their education. In other words, this study highlights the need of nurse practitioner role for degree holder nurses and for up gradation of cost effective health system and suggests the policy makers to establish a proper law for nurses who protect them when they adopt advance nurse practitioner role.

Implications (Practical and Theoretical):

There are some matter-of-facts and hypothetical implications of current study. They will discuss one by one in coming paragraphs.

The existing study has some handy implications for nursing profession. Pakistan health system can augment its performance and efficiency. Firstly, when the organization will clearly declare the importance of qualified nurses the degree holder nurses will perceive that their organization is doing fair enough with them and this will boost their professional satisfaction. Secondly, best utilization of nursing work force and promotion of nurse practitioner role will increase the capacity of Pakistan healthcare system to provide cost effective care to the community. Thirdly, it will enable nurses to practice by adopting practicing models, independent and shared.

This research work makes policy makers to pay special attention towards the government side where there is a need of proper legislation to initiate and protect nurse prescribing role as in western countries they provide protection to their nurse practitioners .The solution of all issues mentioned in research gap are basically linked with innovation, motivation and satisfaction. The role of Pakistan Nursing Council (PNC) in making practice legislation and its execution to empower degree holder nurses is very important.

Existing study emphasizes that health system in Pakistan need such kind of nurses who are capable to perform nurse prescribing role and face negative workplace behaviors with hardiness and zeal. It is also important for the better performance of degree holder nurses who are the actual backbone of health system. Study also turned the attention towards the importance of prescribing role and an initiative to perceive nurses in advance role. Usually workplace incivility, role conflict and unnecessary workloads are major hurdles to bring in prescribing innovations in nursing. This study highlight the role of organizational leadership and that has to be to become equally ethical in their actions and practical in controlling negative behaviors for nurses.

LIMITATIONS

Each research study has some confines and necessitates more totaling in other facets. The existing research study also has numerous confines, which has necessity to be overcome in future by other researchers.

- Initially the current study appears not to be generalized due to purposive sample (degree holder nurses) on all nursing work force in Pakistan.
- Furthermore, the present study discovers observations from precise geographic locality that is Punjab health sector only.
- Moreover, the existing study fixated only on negative workplace behaviors as basis of degree holder nurses' job dissatisfaction.
- Finally, the current study only focuses on self-report feedback rather dyad etc.

Commands for Future Research:

- Future researchers are required to collect data with an augmented sample size.
- Future researchers are required to collect data from other regions of Pakistan.
- Future research is required to find out other obstacles in adopting and executing nurse prescribing role in Pakistan.
- The future crams should scrutinize the other superseding variables between negative behaviors and degree holder nurses' job satisfaction.

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