RESEARCH ARTICLE: Workplace incivility among hospitals in Jolo: nurses perspectives

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*ABSTRACT***.** This study looked at nurses' perceptions of workplace rudeness in Jolo hospitals throughout the 2023 fiscal year. The research used statistical analysis procedures such weighted mean, standard deviation, t-test, One-way ANOVA, and Pearson's r, using a non-probability sampling method with 100 nurse responders. The following are the conclusions: 1) The bulk of nurse responders were unmarried females 26 years of age and older who were employed as staff nurses with a bachelor's degree under contract or job order; 2) In terms of workplace incivility, nurse respondents disagreed that forms like inappropriate jokes, hostility and rudeness, inconsiderate behavior, gossip and rumors, and free-riding were common; 3) Nurse respondents disagreed with the occurrence of supervisor, physician, and patient/visitor incivility in Jolo hospitals on average; The study supports Betty Neuman's System Model (1982), which emphasizes that people are unique, composed of various factors, and respond to stressors within a specific range. 4) Profile variables, such as age, gender, civil status, employment status, and educational attainment, did not significantly influence nurse-respondents' assessments of workplace incivility in Jolo hospitals. 5) In general, nurse-respondents who disagreed with the extent of sources of workplace incivility were probably the same group that disagreed with the extent of forms of workplace incivility in Jolo hospitals. Stressors can affect a system both inside and outside the client system boundaries. They can come from internal, external, or manufactured environments.
KEYWORDS: Workplace Incivility, Hospitals In Jolo, Nurses Perspectives

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Introduction

Incivility in the workplace, also referred to as Workplace Psychological Incivility (WPI), is currently receiving increased recognition due to its capacity to inflict harm upon individuals or workgroups, while evading legal consequences. As per the elucidation presented by Anderson and Pearson (1999), workplace violence can be characterized as deviant conduct of relatively low intensity, aimed at causing harm to the target, but with unclear motives, and it contravenes the prevailing norms of mutual respect within the workplace.

According to the American Nurses Association (ANA) in 2015, it is imperative to establish a nursing workplace that fosters a culture of respect and is devoid of incivility in order to achieve optimal health outcomes for patients and cultivate a setting that is favorable for nurses to work in.

One of the salient constituents of a multifaceted issue encompassing deleterious behaviors such as bullying and violence within the professional setting, it is a subject of considerable apprehension. As stated by Hutton and Gates (2008), the phenomenon under consideration can be characterized as a form of deviant conduct that is delineated by a deficiency in displaying regard towards fellow colleagues.

This deficiency in respect has the potential to resulting in adverse psychological or physiological consequences for each and every person affected. Disruptive behaviors that fall under the umbrella of harassment encompass quantity of actions, among other things, but not limited to impoliteness, sarcasm, humiliation, hostile glares, verbal intimidation, spreading rumors, and misusing the privileges of others.

These behaviors are widely recognized as examples of harassment and are deemed detrimental to a harmonious and respectful social environment. As per the findings of Elmblad, Kodjebacheva, and Lebeck (2014), it has been established that the presence of incivility within healthcare settings can result in adverse consequences not only for the overall functioning of the business but also for the safety of patients. Incivility in the workplace, or Workplace Psychological Incivility (WPI), is a multifaceted phenomenon that has received significant scholarly and societal interest in recent years. As noted by Spiri, Brantley, and McGuire (2016), the World Population Initiative (WPI) has garnered considerable attention within healthcare settings worldwide. The dynamic work environment in which nurses operate has brought about significant transformations in the nature of nursing, leading to the recurrent disregard or dismissal of incivility (Ibrahim & Qalawa, 2016).

Notwithstanding the fact that nursing is a vocation centered on providing assistance to individuals, it is noteworthy that the study conducted by Abdollahzadeh, Asghari, Ebrahimi, Rahmani, and Vahidi (2017) suggests that exposure to Workplace Incivility (WPI) can have an impact on a nursing staff's actions,, cognitive processes, and perspective on the nursing career.

Thus, it is highly probable that Workplace-Related Psychological Issues (WPI) will exert an influence on the overall health and well-being of a nurse, in addition to impacting their job performance and the level of care provided to patients. Recent studies conducted based on a global scale have consistently indicated that the nursing profession is confronted with a significant obstacle in the shape of workplace incivility. The study conducted in Iran by Abdollahzadeh et al. (2017) revealed a notable occurrence of incivility among a group of 34 Iranian nurses employed in seven distinct hospitals. The study conducted by Shi et al. (2018) in China examined the relationship between work pressure index (WPI) and anxiety and burnout levels among a sample of 696 newly employed nurses.

The findings of this study revealed a meaningful connection between the WPI and higher levels of anxiety and exhaustion. As per the findings of D'Ambra and Andrews (2013) and Danque et al. (2014), it has been observed that hospital nurses across various countries, that include the United States of America, among others (U.S.), Australia, Canada, and New Zealand, consistently face the challenge of incivility within their work environment. As per the findings of Smokler Lewis and Malecha (2011), a research study conducted in the United States revealed a noteworthy occurrence of incivility among coworkers within a selected group of staff nurses.

Furthermore, empirical evidence has demonstrated a significant correlation between the occurrence of incivility and a subsequent decrease in productivity levels. As per the conclusions drawn from a separate study, it has been suggested that the lack of civility among nurses could potentially compromise for the protection of patients and overall the standard of care that is offered (Laschinger 2014). According to the research conducted by Laschinger et al. (2009), it was

observed that nearly 80% of nurses employed in Canada acknowledged encountering instances of nurse incivility. The present study revealed a strong link between rudeness and disrespectful behavior also reduced levels of fulfillment in one's work and organizational commitment. It is plausible to hypothesize that the working environment experienced by nurses may be a contributing factor to the occurrence of rudeness within their professional setting. Lake (2002) defines the concept of "nurse work environment" while the set of characteristics of the organization within a workplace namely, can either facilitate or hinder the ability to engage in professional nursing practice. The dynamic nature of the work environments in which nurses carry out their duties consists of highlighted in the time before research (Kutney-Lee et al., 2013).

It is worth noting that these work environments can exhibit significant variations across different healthcare institutions, such as hospitals (Lake & Friese, 2006). The utilization of these environments holds significant potential for nurse managers in their efforts to mitigate impoliteness among coworkers and the subsequent negative consequences associated with such behavior. The researcher is a person who conducts systematic investigations, often in a specific field of study, in order to gather and analyze data.

They employ various research methods and techniques to The researcher holds the viewpoint that there is a presence of disrespectful behavior in the workplace within Jolo hospitals. The rationale regarding conducting this particular research in the province of Sulu stems from the researcher's keen interest and profound passion for the subject matter. Based on the accounts and firsthand observations of nurses in Jolo, it can be deduced that they encounter occurrences of workplace incivility within the hospital where they are currently employed. Similarly, this phenomenon is observed in the hospital setting where these individuals are employed.

Notwithstanding the prevalence of incivility when it comes to the nursing sector, One can find a notable scarcity the empirical proof specifically examining this phenomenon among hospital nurses within the context of the local community. As far as we are aware, this study was conducted represents a pioneering effort in its field and is only the second study to have been carried out in the BARMM region. The preliminary investigation was conducted in the National Capital Region (NCR) with the objective of analyzing the attributes of incivility in the workplace among Filipino nurses within the specific local setting. The primary purpose of this study was to offer a comprehensively analysis for the perceived sources and expressions of incivility within the professional setting, specifically focusing on the workplace.

Additionally, the study aimed to ascertain whether any variations emerged when the incidents were categorized based on specific characteristics related to nurses. With regard to the major goal of this study in order to supply valuable realization that can inform the development of institutional policies aimed at mitigating incivility across its diverse manifestations and sources. By offering pertinent information, this research aims to contribute to the creation of a conducive work environment where incivility can be effectively minimized. The selection of this topic by the researcher was based on its significance and relevance in the current context.

The focus of the research on examining the occurrence of incivility in the job environment, the particular focus being placed on the healthcare business sector. The rationale for the choice stems from recognition of the crucial role played by nurses in delivering error-free nursing care to their patients. The phenomenon of workplace incivility has been recognized as a significant concern due to its potential to inflict harm upon individuals within the organizational setting.

Consequently, it is imperative to address this issue in a manner that is both effective and appropriate. Due to the limited research conducted in the past, there exists a significant urgency to undertake a comprehensive investigation on the phenomenon of workplace incivility within the

Canadian province of Sulu. The researcher is enthusiastic about conducting this research to ascertain a high incidence of rudeness in the workplace in hospitals situated in Jolo. The findings of this research study will supply valuable reflections on the situation enhancement for the health care delivery system in the province of Sulu, thereby potentially influencing the overall quality of health care services at the national level in the Philippines.

Research Questions

This research seeks to determine the Workplace Incivility among Hospitals in Jolo: Nurses Perspectives.

Specifically, it aims to answer the following:

1. What is the extent of workplace incivility among hospitals in Jolo as perceived by the nurses in terms of:
1.1 Sources and
1.2 Forms?
2. Is there significant difference on the workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of:
2.1 Age;
2.2 Gender
2.3 Civil Status;
2.4 Status of Appointment; and
2.5 Educational Attainment;
3. Is there significant correlation among the subcategories subsumed under the extent of workplace incivility among hospitals in Jolo as perceived by nurses?

Literature

A. Literature And Studies

Workplace Incivility (WPI)

Workplace incivility, also referred to as WPI, is a conceptual framework used to describe behaviors within a professional setting that are characterized by their disruptive and bothersome nature. These behaviors, which can initially elicit feelings of frustration, encompass a range of actions that deviate from accepted norms of respectful and courteous conduct. Nevertheless, in the event that these behaviors are left unaddressed, there is a possibility that they might serve as a catalyst for the perpetrator to escalate their actions, leading to the inclusion of aggressive behaviors that pose a physical threat.

This escalation could potentially culminate in acts of physical violence, as suggested by Pearson and Porath (2009). Pearson and Porath (year) define the concept of "workplace infraction" (WPI) as encompassing verbal and behavioral exchanges that may seem trivial and thoughtless, but deviate from the established norms and expectations within the workplace. Regarding coworkers, it is common to observe instances where their actions are often inaccurate, which can be either deliberate or unintentional in nature. Based on the results of several studies, Torkelsan et al. (2016) discovered that there is a growing prevalence of workplace incivility on a global scale.

Incivility in the workplace can be conceptually deconstructed into three distinct components. The workplace is a dynamic environment where numerous events occur. The occurrence of uncivil behavior at work can vary when it comes to frequency, density, also uncertainty, which are all factors that can fluctuate over time. Incivility in the workplace is a behavior that exhibits a low density. However, it is important to note that this does not suggest that it lacks harm or significance in any manner. The phenomenon of workplace incivility it has observed to make a major influence on the overall execution of companies. Primarily due to the fact that such incivility tends to induce

employees to modify their attitudes and behaviors towards their colleagues as well as the organization itself.

Soyuk (2018) posits the fact that there is a lack of civility in the workplace potential to have a detrimental effect on organizational performance. This is due to its ability to diminish employee engagement and dedication towards their assigned tasks and responsibilities. The presence of The presence of incivility in the workplace has found to possess a negative effect on the the the state of being of employees. Cortina et al. (2019) posit that the presence of severe incivility within the workplace may potentially lead to a range of psychological consequences for employees.

These consequences encompass heightened levels of stress, feelings of sadness, and in extreme cases, even suicidal ideation. During the advanced phases of workplace incivility, there is evidence to suggest that employees experience a gradual erosion of their professional identities. This erosion is accompanied by a noticeable decline in their self-confidence and professional skills, ultimately leading to a state of increased submissiveness. It has been observed that employees may undergo emotional exhaustion, leading to a propensity to resign from their current role, even when they are exposed to uncivil behavior and discomfort.

Furthermore, a study conducted by Paulin and Griffi (2016) revealed that the existence of incivility within The workplace was connected to the presence of a detrimental effect on social productivity. A significant body of data has been collected as a result of the occurrence of incivility within the workplace. In their recent study, Cortina et al. (2021) investigated. Research studies suggest that there is a relation between a collection of evidence suggesting a significant correlation between incivility and its impact on both behavioral patterns and physiological responses.

Surveys have traditionally been the preferred method for assessing the prevalence of incivility in the workplace, although other qualitative approaches, such as interviews, have also been employed (Vasconcelos, 2020). Notwithstanding this, a dearth of research has been conducted to assess the influence that this event has exerted on the nursing profession. Given the intricate and intricate nature of the subject matter, it is imperative to undertake a comprehensive investigation that spans multiple days, employing a within-person methodology to capture diverse daily influences in authentic environments. Based on the research findings, it has been observed that the presence of The presence of incivility in the workplace has been associated with negative consequences across various dimensions. These include reduced levels of contentment with one's job, devotion to the organization, diminished organizational trust, altered perception of the ethical standards of the organization, weakened the identity of the organization, increased the intention to give up, heightened a cynical attitude also elevated levels of exhaustion at the workplace.

The presence of incivility within the workplace generates a milieu characterized by heightened levels of stress and anxiety, consequently exerting a detrimental impact on the overall organizational climate and impeding the establishment and maintenance of harmonious working relationships among employees. The sources utilized to acquire this information include the works of Miner et al. (2012) and Miner & Cortina (2016). It has been observed that newly graduated nurses may encounter significant levels of anxiety due to the presence of incivility in their workplace. This phenomenon can subsequently lead to a detrimental effect on the quality of care provided to patients. Ensuring a workforce that exhibits strong commitment to their work and demonstrates effective teamwork is of utmost importance in delivering exceptional care to patients.

As per the research conducted by Laschinger, Finegan, and Wilk (2009), it has been observed that an optimal working environment plays a crucial role in facilitating newly graduated nurses to effectively deliver the care they have been trained for. Research indicates that there is a correlation between inadequate connections within the workplace and the experience of emotions such as

isolation and alienation. These negative emotions can significantly impact the levels of collaboration and cooperation among individuals. Therefore, it is important to acknowledge that this can potentially have a significant influence on the overall quality of care delivered to patients (Laschinger, 2014). The doctor exhibited a deficiency in terms of interpersonal decorum.

Extensive research and scholarly literature have been dedicated to investigating the phenomenon of suboptimal working relationships between physicians and nurses in the domains of nursing and medicine (Faigin, 1992; Porter, 1991; Sirota, 2007; Stein, 1967; Stein, Watts, and Howell and Howell, 1990). Rosenstein and O'Daniel (2005) have posited that the presence of improper, disruptive, or aggressive behavior exhibited by physicians may play a role in the emergence of suboptimal relationships between nurses and physicians. In addition, it has been observed that physicians frequently engage in the practice of terminating the employment of nurses, as documented by Faigin (1992) and Rosenstein (2002). Moreover, it is important to note that the issue at hand is further exacerbated by the intricate interplay between power dynamics and gender dynamics within the workplace (Porter, 1991; Zelek & Phillips, 2003).

Another contributing factor to conflict is the presence of incivility among supervisors. Interpersonal mistreatment in workplace settings is a prevalent phenomenon, often perpetrated by individuals occupying higher positions within the corporate hierarchy. Numerous instances of such mistreatment can be observed in various workplaces. In the course of their investigation, Cortina et al. (2001) collected data from a sample of over 1,200 individuals employed in the public sector. The researchers specifically directed their efforts towards examining the phenomenon of rudeness as experienced by nurses from their colleagues. Several researchers have conducted studies on the topic and have consistently found that experiencing abuse from coworkers can lead to various forms of psychological distress. The research conducted by Frone (2000) has identified that the experience of dealing with incivility from coworkers can have significant implications for individuals' mental health and well-being. Specifically, it has been found to be a contributing factor in the development of conditions such as depression, somatic disorders, and low self-esteem.

Individuals who consistently exhibit behaviors that are perceived as unpleasant or disrespectful by others. When patients exhibit impolite behavior towards nurses, it can result in interpersonal tension within the workplace, potentially causing negative consequences for the nurses involved. Dormann and Zapf (2004) conducted a study in which they investigated the relationship between customer-related social stresses and burnout in non-healthcare contexts. Their findings revealed that customer-related social stresses, such as verbal hostility or unexpected client requests, were significant indicators of burnout. Female nurses who experience incivility in the workplace may exhibit various symptoms, including stress, lower work performance, decreased job satisfaction, absenteeism, and a desire to leave their professions.

These manifestations highlight the negative impact of workplace incivility on the well-being and professional fulfillment of female nurses. It has been observed that the occurrence of verbal aggression in Asian societies is comparatively more frequent when compared to other forms of physically violent behavior. The susceptibility of nurses to incivility is heightened due to their close interactions with patients, their families, physicians, and other medical personnel, as highlighted by Adib, Al-Shatti, Kamal, El-Gerges, and Al-Raqem (2002). According to the study conducted by Gerberich et al. in 2005, it was observed that nurses exhibit a higher susceptibility to experiencing incivility compared to other healthcare professionals. The nursing workplace environment remains marked by a prevalent presence of incivility. According to the research conducted by Edmonson and Zelonka (2019), it has been observed that instances of bullying tend

to occur more frequently in environments that exhibit elevated levels of stress, have significant consequences for outcomes, impose excessive workloads, and offer limited job autonomy.

Within the realm of nursing, occurrences of lateral aggression encompass acts such as bullying and uncivil behavior, both of which can be identified as manifestations of psychological abuse. Rainford et al. (2015) have identified a range of behaviors that can be classified within this category, including gossip, insults, harsh criticism, and verbal assault. As posited by Roberts (1983), the oppressed group hypothesis offers an explanatory framework for understanding the occurrence of lateral aggression. This hypothesis suggests that individuals belonging to an oppressed group internalize the norms and values of the dominant group, resulting in the suppression of their own group's characteristics. Freire's (1970) theory on oppression, which elucidates the hierarchical power dynamics that ensue when a particular group wields authority over another, forms the fundamental basis for the model of the oppressed group.

The instructions provided to the disadvantaged group are comprehensive in nature, aiming to facilitate their understanding of the oppressor's role. Additionally, these instructions guide them on how to effectively engage in conversations with the dominant group, with the ultimate goal of achieving humanization. As per the findings of Rainford et al. (2015), instances where individuals belonging to the oppressed group hold a subordinate position to those belonging to the dominant group may lead to the emergence of internalized anger directed towards fellow members of the oppressed group.

B. Locale Literature And Studies

A study was carried out by Garma, P.U., et al. MA, RN, RM (2018) on workplace incivility among nurses employed in a national tertiary hospital. Most people agree that the main source of rudeness is the communication medium used with medical professionals, especially physicians. There were very few negative experiences related to interactions with coworkers, patients, family, and guests that were mentioned. The least inappropriate relationship is that with one's immediate supervisor. The most common forms of incivility that are described include inconsistent behavior, an unwelcoming environment, and misplaced annoyance. Other forms of rudeness include, but are not restricted to: rumors, gossip, rudeness, free-riding, strict oversight, and improper humor. These are all regarded as instances of mild rudeness.

Sources of Workplace Incivility

The communication medium is widely regarded as the primary cause of rudeness in encounters with medical professionals, particularly doctors. Several instances of rudeness were reportedly observed in interactions with coworkers and individuals seeking medical attention, including patients, their families, and guests. According to our research findings, it has been observed that the direct supervisor within a given organizational context tends to exhibit a relatively lower degree of rudeness in their interpersonal interactions compared to other individuals in positions of authority. This observation suggests that the direct supervisor, as a key figure in the hierarchical structure, is more likely to display a higher level of professionalism and respect towards their subordinates.

Forms of Workplace Incivility

Regarding the phenomenon of incivility, the behaviors that are commonly cited as being of utmost concern include inconsistencies in behavior, the creation of hostile environments, and the expression of misdirected frustration. Furthermore, it is worth noting that various forms of incivility, such as engaging in gossip, exhibiting free riding behavior, displaying a lack of respect, implementing harsh supervision tactics, and engaging in inappropriate humor, have also been acknowledged, albeit to a lesser extent. Furthermore, it should be noted that they are also widely

acknowledged and acknowledged by others in the field. When examining the interactions between individuals and hospital personnel, including direct supervisors, no significant variation in the nature of impolite encounters was observed based on the nursing designation of the individuals involved.

Methodology

The current chapter outlines the methodology employed in the research. It covers the research design, research location, study participants, sampling method, research tools, as well as the validity and reliability measures. Additionally, it discusses the statistical techniques that will be utilized in data analysis.

Research Design

The study utilized a quantitative research design that was both descriptive correlational and cross-sectional in nature. This approach involved collecting data from a sample through the administration of questionnaires and interviews, as stated by Crestita Barrientos-Tan (2011).

1. *Research Locale*

Jolo- Situated in the island province of Sulu, this coastal municipality acts as the provincial capital. It consists of eight barangays: Asturias, Bus-bus, Chinese Pier, San Raymundo, Takut-takut, Tulay, and Walled City.

There are two (2) hospitals located in Jolo, specifically the Sulu Sanitarium and General Hospital, as well as the Camp Teodulfo Bautista Station Hospital.

The Sulu Sanitarium and General Hospital, a government healthcare facility situated in Jolo, also serves patients from various municipalities in Sulu.

Camp Teodulfo Bautista Station Hospital is the exclusive military treatment facility in Sulu province, attending to military patients and their dependents. It is also recognized as the trauma center for the province.

2. *Respondents of the study*

The participants in this research consist of one hundred nurses from Sulu Sanitarium and General Hospital, Camp Teodulfo Bautista Station Hospital, and Sulu Sanitarium Hospital in Jolo. Purposive sampling will be employed to choose individuals aged between 20 and 50 who are presently working at these healthcare facilities.

HOSPITALS IN JOLO	NUMBER OF RESPONDENTS (NURSES)
SULU SANITARIUM AND GENERAL HOSPITAL	87
CAMP TEODULFO BAUTISTA STATION HOSPITAL	13
TOTAL	10

3. *Sampling design*

The research study employs purposeful sampling as the sampling method. This is because specific criteria must be met by the sample to ensure its representativeness of the population according to predetermined characteristics for the study's objectives.

4. *Data Gathering Procedure*

Initially, the researcher must seek approval from the Dean's office. Subsequently, a formal letter of permission should be drafted by the researcher and sent to the three hospital heads in Jolo to carry out the study in that specific area. This step is crucial to ensure maximum cooperation from

the participants. Following this, a validated questionnaire is distributed to the respondents. To ensure truthful and accurate responses, the researcher explains the study's objectives and potential benefits to the participants. To maintain formality, a request letter stating the study's purpose is enclosed for each respondent.

Research Instrument

The questionnaire for this study consists of two sections. The first section is the socio-demographic section, which includes essential information such as age, gender, civil status, appointment status, highest level of education, position, and area of assignment. The second section focuses on workplace incivility. The researcher utilized a well-established survey questionnaire called the Nursing Incivility Scale (NIS), which was adapted to the healthcare context. This instrument has been widely used globally and was previously employed by Burnfield, Clark, Devendorf, and Jex (2004) in their research paper titled "The Nursing Incivility Scale: Development and Validation of an Occupation-Specific Measure." The NIS questionnaire consists of 43 items and employs a Likert scale to assess workplace incivility, including its sources and forms. For the responses in the second section of the survey questionnaire, the following interpretations were used: 1- Strongly disagree, 2- Disagree, 3- Agree, 4- Moderately agree, and 5- Strongly agree.

Scale legend	Range scale	Descriptive equivalent	Interpretation
5	4.51-5.0	Strongly Agree	Always Observed
4	3.51-4.50	Moderately Agree	Often Observed
3	2.51-3.50	Agree	Observed
2	1.51-2.50	Disagree	Not Observed
1	1.0-1.50	Strongly Disagree	Never Observed

5. Validity And Reliability

In order to confirm the instrument's ability to accurately measure its intended constructs, the survey questionnaire items undergo validation and verification by field experts. This process ensures that the instrument is appropriate for its intended purpose, a concept known as face validity.

6. Statistical Treatment Data

i. The measurement of frequency and percentage is employed as a statistical tool to determine the socio-demographic characteristics of nurses employed in hospitals in Jolo. These characteristics include age, gender, civil status, status of appointment, and educational attainment.

ii. The statistical technique used in this study is the weighted mean and standard deviation, which has been applied to assess the extent of workplace incivility in hospitals in Jolo, as reported by nurses regarding the origins and types of uncivil behavior.

iii. The statistical techniques employed in this study involve grouping the data based on socio-demographic factors such as age, gender, civil status, status of appointment, and educational attainment. The analysis of variance (ANOVA) and t-test are the statistical tools used to examine these groupings. The main objective of this study is to assess the presence of any notable disparities in workplace incivility among hospitals in Jolo, as perceived by nurses.

iv. The statistical technique employed is Pearson's correlation, aiming to determine if there is a notable correlation between the various subcategories falling under the realm of workplace incivility levels among hospitals in Jolo, as evaluated by physicians and nurses.

Results and Discussion

In this chapter, we present the findings of our study through a series of presentations, analyses, and interpretations. These findings are derived from the data that was collected for this research. We examine the extent of workplace incivility among hospitals in Jolo as perceived by the nurses, focusing on the sources and forms of incivility. Furthermore, we explore the significant differences in the extent of workplace incivility among hospitals in Jolo when the data is grouped according to the demographic profiles of the respondents. Lastly, we investigate the significant correlation between the sources and forms of workplace incivility among hospitals in Jolo. Each of these research topics is accompanied by a corresponding presentation, analysis, and interpretation, which are based on the appropriate scoring and statistical treatments of the acquired data.

Question 1: What is the extent of workplace incivility among hospitals in Jolo as perceived by the nurses in terms of: 1.1 Sources and 2.2 Forms?

In terms of Sources of Workplace Incivility

Table 1.1 The extent of incivility in the workplace among nurses working in hospitals at Jolo, as perceived by the nurses, in terms of the sources of incivility in the workplace

	Supervisor Incivility	Mean	S.D.	Rating
1	My supervisor is verbally abusive.	1.7700	.72272	Disagree
2	My supervisor yells at me about matters that are not important.	1.6800	.78983	Disagree
3	My supervisor shouts or yells at me for making mistakes.	1.7100	.83236	Disagree
4	My supervisor takes his/her feelings out on me (e.g., stress, anger, blowing off steam).	1.6600	.80679	Disagree
5	My supervisor does not respond to my concerns in a timely manner.	1.6900	.72048	Disagree
6	My supervisor factors gossip and personal information into personnel decisions.	1.7400	.83630	Disagree
7	My supervisor is condescending to me.	1.8600	.72502	Disagree
	Total Weighted Mean	*1.7300*	*.66104*	*Disagree*

	Physician Incivility	Mean	S.D	Rating
1	Some physicians are verbally abusive.	1.9500	.65713	Disagree

2	Physicians yell at nurses about matters that are not important.	1.8400	.59831	Disagree
3	Physicians shout or yell at me for making mistakes.	1.8700	.71992	Disagree
4	Physicians take their feelings out on me (e.g., stress, anger, blowing off steam).	1.7200	.62085	Disagree
5	Physicians do not respond to my concerns in a timely manner.	1.7400	.69078	Disagree
6	I am treated as though my time is not important.	1.7700	.66447	Disagree
7	Physicians are condescending to me.	1.8000	.65134	Disagree
	Total Weighted Mean	*1.8129*	*.53556*	*Disagree*

	Patient/Visitor Incivility	Mean	S.D.	Rating
1	Patients do not trust the information I give them and ask to speak with someone of higher authority.	1.7200	.62085	Disagree
2	Patients are condescending to me.	1.6600	.60670	Disagree
3	Patients make comments that question the competence of nurses.	1.8000	.79137	Disagree
4	Patients criticize my job performance.	1.5700	.57305	Disagree
5	Patients make personal verbal attacks against me.	1.5800	.55377	Disagree
	Total Weighted Mean	*1.6660*	*.47572*	*Disagree*

Legend: (5) 4.50-5.0=Strongly Agree (SA); (4) 3.50 – 4.49=Moderately Agree (A); (3) 2.50 – 3.49=Agree (U); (2) 1.50 – 2.49=Disagree (D); (1) 1.00 – 1.49=Strongly Disagree (SD)

Table 1.1 The study conducted among nurse-respondents in Jolo hospitals reveals the level of incivility in the workplace. The sources of incivility were evaluated in terms of supervisor incivility, physician incivility, and patient/visitor incivility. The nurse-respondents disagreed with the notion that Nurse Supervisors, Physicians, and Patients/Visitors are the sources of incivility in Jolo hospitals. The findings suggest that low-intensity behavior with ambiguous intent to hurt, which breaches workplace standards of mutual respect, is not observed among nurse supervisors, physicians, and patients/visitors in Jolo hospitals. The nurse-respondents expressed disagreement with various items related to verbal abuse, yelling, and criticism from supervisors, physicians, and patients.

1.2 In terms of Forms of Workplace Incivility

Table 1.2 The extent of incivility in the workplace across hospitals in Jolo, as it is viewed by the nurses, in terms of the many forms of workplace incivility

	General Incivility: Inappropriate Jokes	Mean	S.D.	Rating

1	Health personnel make jokes about minority groups.	1.8000	.71067	Disagree
2	Health personnel make jokes about religious groups.	1.5700	.55514	Disagree
3	Employees make inappropriate remarks about one's race or gender	1.6000	.53182	Disagree
	Total Weighted Mean	*1.6567*	*.51347*	*Disagree*

	General Incivility: Hostility and Rudeness	Mean	S.D.	Rating
1	Hospital employees raise their voices when they get frustrated.	1.7700	.73656	Disagree
2	Health personnel blame others for their mistakes or offense.	1.6300	.66142	Disagree
3	Basic disagreements turn into personal verbal attacks on other employees.	1.5900	.69769	Disagree
4	Some health personnel take things without asking.	1.7500	.72995	Disagree
5	Employees don't stick to an appropriate noise level (e.g., talking too loudly).	1.7700	.69420	Disagree
	Total Weighted Mean	*1.7020*	*.58499*	*Disagree*

	Nurse Incivility: Inconsiderate Behavior	Mean	S.D.	Rating
1	Nurses argue with each other frequently.	1.6400	.55994	Disagree
2	Nurses have violent outbursts or heated arguments in the workplace.	1.5800	.55377	Disagree
3	Nurses scream at other employees.	1.5900	.57022	Disagree
	Total Weighted Mean	*1.6033*	*.49621*	*Disagree*

	Nurse Incivility: Gossip and Rumors	Mean	S.D.	Rating
1	Nurses gossip about one another.	1.8700	.88369	Disagree
2	Nurses gossip about their supervisor at work.	1.7800	.79874	Disagree
3	Nurses bad-mouth others in the workplace.	1.6800	.66485	Disagree
4	Nurses spread bad rumors around here.	1.6800	.70896	Disagree
	Total Weighted Mean	*1.7525*	*.68396*	*Disagree*

	Nurse Incivility: Free-Riding	Mean	S.D.	Rating
1	Nurses make little contribution to a project but expect to receive credit for working on it.	1.7500	.78335	Disagree
2	Nurses claim credit for my work.	1.6900	.74799	Disagree
3	Nurses take credit for work they did not do.	1.6900	.70632	Disagree
	Total Weighted Mean	*1.7100*	*.67279*	*Disagree*

Legend: (5) 4.50-5.0=Strongly Agree (SA); (4) 3.50 – 4.49=Moderately Agree (A); (3) 2.50 – 3.49=Agree (U); (2) 1.50 – 2.49=Disagree (D); (1) 1.00 – 1.49=Strongly Disagree (SD)

Table 1.2 The study conducted among nurses in Jolo hospitals reveals the extent of workplace incivility they perceive. The various forms of workplace incivility were measured and assessed by the nurse-respondents. The results indicate that the nurse-respondents disagreed with the presence of general incivility in the form of inappropriate jokes, hostility, and rudeness. They also disagreed with the notion that nurse incivility is characterized by inconsiderate behavior, gossip and rumors, and free-riding. Therefore, based on these findings, it can be concluded that none of the hospitals in Jolo exhibit any of the aforementioned types of workplace incivility.

Nurse-respondents in the study expressed their disagreement on several issues, including: "Health personnel making jokes about minority groups", "Hospital employees raising their voices when frustrated", "Frequent arguments among nurses", "Gossiping among nurses", "Gossiping about their supervisor at work", "Speaking negatively about others in the workplace", and "Expecting credit for minimal contribution to a project".

Question 2. Is there a significant difference in the extent of sources and forms of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of: 3.1 Age; 3.2 Gender 3.3 Civil Status; 3.4 Status of Appointment; and 3.5 Educational Attainment?

2.1 On Sources of Workplace Incivility

2.1.1 According to Age

Table 2.1.1 Differences in the extent of sources of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of age

VARIABLES	Grouping	Mean	S. D.	Mean Difference	*t*	Sig.	Description
Supervisor incivility	25 yrs-	1.7600	.71157	.04000	.261	.795	Not Significant
	26 yrs+	1.7200	.64807				
Physician Incivility	25 yrs-	1.9371	.55647	.16571	1.345	.182	Not Significant
	26 yrs+	1.7714	.52568				

Patient/Visitor Incivility	25 yrs-	1.8560	.53079	.25333*	2.358	.020	Significant
	26 yrs+	1.6027	.44173				

*Significant alpha .05

Table 2.1.1 The study conducted in Jolo hospitals examined the various sources of workplace incivility experienced by nurses, focusing on their age as a socio-demographic factor. The results of the study are presented in a table, which indicates that, except for "Patient/Visitor Incivility," the Mean Differences and P-values of all other sub-categories related to workplace incivility lack statistical significance at the alpha level of .05. In simpler terms, regardless of the age range of the nurse-respondents, their evaluation of the presence of workplace incivility in Jolo hospitals does not differ significantly. Therefore, it can be concluded that older nurses or those within the age range of 26 years and above are not necessarily better at assessing the level of workplace incivility compared to those within the age range of 25 years and below, and vice versa.

However, it is important to note that the variable of age does not play a significant role in how nurse-respondents perceive the level of workplace incivility in Jolo hospitals. Consequently, the hypothesis stating that "There is no significant difference in the extent of sources of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of age" is accepted. This finding has been confirmed through the study.

2.1.2 According to Gender

Table 2.1.2 Differences in the extent of sources of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of gender

VARIABLES	Grouping	Mean	S. D.	Mean Difference	*t*	Sig.	Description
Supervisor incivility	Male	1.8125	.70897	.09821	.543	.589	Not Significant
	Female	1.7143	.65484				
Physician Incivility	Male	1.9643	.41568	.18027	1.237	.219	Not Significant
	Female	1.7840	.55284				
Patient/Visitor Incivility	Male	1.6000	.40000	-.07857	-.604	.548	Not Significant
	Female	1.6786	.48992				

*Significant at alpha 0.05

Table 2.1.2 Upon categorizing the data based on the socio-demographic characteristics of the nurses, specifically gender, disparities in the perceived sources of workplace incivility among nurses in Jolo are revealed. The Mean Differences and P-values for all sub-categories related to workplace incivility sources in Jolo hospitals are not statistically significant at alpha.05 level, as shown in the provided table. This suggests that despite gender differences among nurse-respondents, their evaluations of the contributing factors to workplace incivility in Jolo hospitals

do not vary significantly. Therefore, being a male or female nurse-respondent does not necessarily influence their assessment of workplace incivility sources in Jolo hospitals. It can be inferred that gender did not have a significant impact on how nurse-respondents perceived the extent of workplace incivility sources in Jolo hospitals. The conclusion that there is no significant difference in the perceived sources of workplace incivility among nurses in Jolo hospitals based on gender is supported by the hypothesis acceptance.

2.1.3 According to Civil Status

Table 2.1.3 Differences in the extent of sources of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of in terms of civil status

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Supervisor Incivility	Between Groups	.571	2	.285	.648	.525	Not Significant
	Within Groups	42.690	97	.440			
	Total	43.261	99				
Physician Incivility	Between Groups	.434	2	.217	.753	.474	Not Significant
	Within Groups	27.962	97	.288			
	Total	28.396	99				
Physician /Visitor Incivility	Between Groups	1.282	2	.641	2.945	.057	Not Significant
	Within Groups	21.122	97	.218			
	Total	22.404	99				

*Significant alpha .05

Table 2.1.3 This study demonstrates the disparities in the prevalence of workplace incivility sources among hospitals in Jolo, as observed by nurses. The data is organized based on the socio-demographic characteristics of the nurses, specifically their civil status. From the provided table, it can be inferred that the F-ratios and P-values of all the subcategories related to the extent of workplace incivility sources in Jolo hospitals are not statistically significant at the alpha level of .05. This suggests that despite variations in civil status among the nurse-respondents, their perceptions regarding the magnitude of workplace incivility sources in Jolo hospitals do not differ. The findings indicate that being married as a nurse-respondent does not necessarily give them a better understanding of the magnitude of workplace incivility sources compared to those who are single, separated, or widowed, and vice versa.

Nevertheless, it can be concluded that civil status does not play a significant role in how nurse-respondents evaluate the level of workplace incivility sources in Jolo hospitals. Therefore, the hypothesis stating that "There is no significant difference in the extent of workplace incivility sources among hospitals in Jolo as perceived by nurses when data are grouped based on their socio-demographic profile in terms of civil status" has been accepted.

2.1.4 According to Status of Appointment

Table 2.1.4 Differences in the extent of sources of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of in terms of status of appointment

VARIABLES	Grouping	Mean	S. D.	Mean Difference	*t*	Sig.	Description
Supervisor incivility	Perm.	1.8947	.70897	.26570	1.980	.051	Not Significant
	J.O.	1.6290	.65484				
Physician Incivility	Perm.	1.7970	.41568	.02559	-.231	.818	Not Significant
	J.O.	1.8226	.55284				
Patient/Visitor Incivility	Perm.	1.5263	.40000	-.22530*	-2.351	.021	Not Significant
	J.O.	1.7516	.48992				

*Significant alpha .05

Table 2.1.4 The disparities in workplace incivility sources among hospitals in Jolo, as perceived by nurses based on their socio-demographic profile in terms of employment position, are evident in the data analysis. Except for "Patient/Visitor Incivility," the Mean Differences and P-values for other sub-categories do not show statistical significance at the alpha level of .05. Despite variations in appointment status, nurse-respondents share similar views on workplace incivility sources in Jolo hospitals, indicating no significant differences among them. This suggests that a nurse with a permanent appointment status may not necessarily have a better perception of workplace incivility sources compared to those with contractual or job order statuses. The variable of appointment status does not significantly influence how nurse-respondents assess workplace incivility sources in Jolo hospitals. Therefore, the hypothesis stating that there is no significant difference in workplace incivility sources perception among nurses in Jolo hospitals based on appointment status is supported.

2.1.5 According to Educational Attainment

Table 2.1.5 Differences in the extent of sources of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of in terms of educational attainment

VARIABLES	Grouping	Mean	S.D.	Mean Difference	*t*	Sig.	Description

Supervisor incivility	BSN Enrolled in Masters	1.6800 1.8800	.60237 .80779	-.20000	-1.315	.192	Not Significant
Physician Incivility	BSN Enrolled in Masters	1.8190 1.7943	.54136 .52825	.02476	.199	.842	Not Significant
Patient/Visitor Incivility	BSN Enrolled in Masters	1.6667 1.6640	.48249 .46447	.00267	.024	.981	Not Significant

*Significant at alpha 0.05

Table 2.1.5 The data presented in this study highlights the variations in the causes of workplace incivility among hospitals in Jolo, as reported by nurses. These variations are categorized based on the nurses' socio-demographic profile, specifically their educational attainment. It is evident from the table that the level of incivility experienced by nurses differs across different hospitals. However, when considering the mean differences and p-values of all other sub-categories within the scope of workplace incivility, it is found that these differences are not statistically significant at the alpha level of .05. This suggests that despite variations in educational attainment among the nurse-respondents, they generally hold similar judgments regarding the extent of workplace incivility in the hospitals of Jolo. Therefore, it can be concluded that being enrolled in a master's program does not necessarily provide a better perception of workplace incivility compared to having a bachelor's degree, and vice versa.

Despite these findings, it is reasonable to argue that educational attainment does not significantly influence how nurse-respondents evaluate the level of workplace incivility in Jolo's hospitals. As a result, the hypothesis stating that there is no significant difference in the extent of workplace incivility among hospitals in Jolo, as perceived by nurses when categorized based on their educational attainment, is accepted. This acceptance is based on the fact that the data is grouped according to the educational attainment of the nurses.

2.2 On Forms of Workplace Incivility

2.2.1 According to Age

Table 2.2.1 Differences in the extent of forms of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of age

VARIABLES	Grouping	Mean	S.D.	Mean Difference	*t*	Sig.	Description
Inappropriate Jokes	25 yrs- 26 yrs+	1.6800 1.6489	.49516 .52245	.03111	.261	.795	Not Significant
Hostility and Rudeness	25 yrs- 26 yrs+	1.6160 1.7307	.49302 .61292	-.11467	-.848	.399	Not Significant
Inconsiderate Behavior	25 yrs- 26 yrs+	1.5733 1.6133	.45664 .51125	-.04000	-.347	.729	Not Significant
Gossip and Rumors	25 yrs- 26 yrs+	1.6700 1.7800	.52895 .72940	-.11000	-.695	.489	Not Significant

Free-Riding	25 yrs- 26 yrs+	1.7600 1.6933	.66332 .67952	.06667	.427	.670	Not Significant

*Significant alpha .05

Table 2.2.1 The data presented in the table highlights the differences in workplace incivility among hospitals in Jolo, specifically as experienced by nurses, when categorized based on their age. The analysis reveals that, apart from "Patient/Visitor Incivility," the Mean Differences and P-values of all other sub-categories related to workplace incivility are not statistically significant at the alpha level of .05. This suggests that regardless of the age range of the nurse-respondents, their evaluation of the presence of various forms of workplace incivility in Jolo hospitals remains consistent. Therefore, it can be inferred that older nurse-respondents or those aged 26 years and above are not necessarily better equipped to assess the extent of workplace incivility compared to their younger counterparts aged 25 years and below, and vice versa.

However, it is important to note that the variable of age does not play a significant role in influencing the nurse-respondents' evaluation of different forms of workplace incivility in Jolo hospitals. Consequently, the hypothesis stating that "There is no significant difference in the extent of forms of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of age" is accepted. This acceptance is based on the fact that the data has been categorized according to the age of the nurses.

2.2.2 According to Gender

Table 2.2.2 Differences in the extent of forms of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of gender

VARIABLES	Grouping	Mean	S.D.	Mean Difference	*t*	Sig.	Description
Inappropriate Jokes	Male Female	1.8125 1.6270	.50139 .51329	.18552	1.330	.187	Not Significant
Hostility and Rudeness	Male Female	1.7625 1.6905	.31172 .62433	.07202	.450	.654	Not Significant
Inconsiderate Behavior	Male Female	1.7083 1.5833	.41944 .50928	.12500	.923	.358	Not Significant
Gossip and Rumors	Male Female	1.6406 1.7738	.45615 .71937	-.13318	-.712	.478	Not Significant
Free-Riding	Male Female	1.7500 1.7024	.73535 .66469	.04762	.258	.797	Not Significant

*Significant at alpha 0.05

Table 2.2.2 The data presented in the table demonstrate the variations in workplace incivility among hospitals in Jolo, as reported by nurses, when analyzed based on their gender. Upon examining the table, it becomes evident that the Mean Differences and P-values for all sub-categories related to the extent of workplace incivility are not statistically significant at the alpha level of .05. This suggests that despite the differing genders of the participating nurses, their evaluations of the presence of various forms of workplace incivility in Jolo's hospitals do not differ significantly. Consequently, it can be inferred that being a male nurse-respondent does not

necessarily provide an advantage in assessing the level of workplace incivility compared to their female counterparts, and vice versa.

Nevertheless, it is reasonable to conclude that gender does not play a significant role in how nurse-respondents perceive the extent of workplace incivility among hospitals in Jolo. Therefore, the hypothesis stating that "There is no significant difference in the extent of workplace incivility among hospitals in Jolo as perceived by nurses when data are categorized based on their gender" is supported. This conclusion is drawn from the fact that the data is categorized according to the nurses' gender.

2.2.3 According to Civil Status

Table 2.2.3 Differences in the extent of forms of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of in terms of civil status

SOURCES OF VARIATION		Sum of Squares	df	Mean Square	F	Sig.	Description
Inappropriate Jokes	Between Groups	.149	2	.074	.278	.758	Not Significant
	Within Groups	25.952	97	.268			
	Total	26.101	99				
Hostility and Rudeness	Between Groups	.026	2	.013	.038	.963	Not Significant
	Within Groups	33.853	97	.349			
	Total	33.880	99				
Inconsiderate Behavior	Between Groups	.008	2	.004	.016	.984	Not Significant
	Within Groups	24.368	97	.251			
	Total	24.377	99				
Gossip and Rumors	Between Groups	.035	2	.018	.037	.964	Not Significant
	Within Groups	46.277	97	.477			
	Total	46.312	99				
Free-Riding	Between Groups	.368	2	.193	.422	.657	Not Significant
	Within Groups	44.426	97	.458			
	Total	44.812	99				

*Significant alpha .05

Table 2.2.3 The study highlights the disparities in workplace incivility among hospitals in Jolo based on nurses' reports, categorized by their civil status. The analysis reveals that there is no statistical significance in the F-ratios and P-values across different sub-categories of workplace incivility forms, indicating that civil status does not influence nurses' perceptions of workplace incivility levels in Jolo hospitals. Therefore, it can be concluded that civil status does not significantly impact how nurse-respondents assess workplace incivility in Jolo hospitals.

2.2.4 According to Status of Appointment

Table 2.2.4 Differences in the extent of forms of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of in terms of status of appointment

VARIABLES	Grouping	Mean	S.D.	Mean Difference	*t*	Sig.	Description
Inappropriate Jokes	Perm. J.O.	1.6404 1.6667	.52780 .50858	-.02632	-.248	.805	Not Significant
Hostility and Rudeness	Perm. J.O.	1.7842 1.6516	.64996 .54072	.13260	1.101	.273	Not Significant
Inconsiderate Behavior	Perm. J.O.	1.6140 1.5968	.52862 .47959	.01726	.168	.867	Not Significant
Gossip and Rumors	Perm. J.O.	1.7763 1.7379	.79225 .61476	.03841	.271	.787	Not Significant
Free-Riding	Perm. J.O.	1.8158 1.6452	.77381 .60015	.17063	1.234	.220	Not Significant

*Significant alpha .05

Table 2.2.4 The data presented in the table highlights the disparities in workplace incivility among hospitals in Jolo, as perceived by nurses. These disparities are categorized based on the nurses' socio-demographic profiles, specifically their positions of employment. Upon analyzing the table, it becomes evident that the Mean Differences and P-values for all sub-categories related to workplace incivility are not statistically significant at the alpha level of .05. This implies that regardless of their appointment status, the nurse-respondents do not differ in their perceptions of the number of workplace incivilities in Jolo hospitals. In other words, the nurse-respondents are similar to each other in this regard. Consequently, it can be inferred that a nurse with a permanent appointment status may not necessarily have a better understanding of workplace incivility across Jolo hospitals compared to those with contractual or employment order statuses.

Despite these findings, it is reasonable to conclude that the variable of appointment status does not significantly influence how nurse-respondents evaluate the level of workplace incivility in Jolo hospitals. Therefore, the hypothesis stating that "There is no significant difference in the extent of workplace incivility among hospitals in Jolo, as perceived by nurses when data are grouped according to their socio-demographic profile in terms of appointment status" is accepted. This acceptance is based on the fact that the data is organized according to the socio-demographic profiles of the nurses.

2.2.5 According to Educational Attainment

Table 2.2.5 Differences in the extent of forms of workplace incivility among hospitals in Jolo as perceived by nurses when data are grouped according to their socio-demographic profile in terms of in terms of educational attainment

VARIABLES	Grouping	Mean	S.D.	Mean Difference	*t*	Sig.	Description
Inappropriate Jokes	BSN Enrolled In Master's	1.6667 1.6267	.51698 .51208	.04000	.336	.738	Not Significant

Hostility and Rudeness	BSN Enrolled In Master's	1.7120 1.6720	.59660 .55940	.04000	.295	. 769	Not Significant
Inconsiderate Behavior	BSN Enrolled In Master's	1.6089 1.5867	.51223 .45420	.22222	.193	.847	Not Significant
Gossip and Rumors	BSN Enrolled In Master's	1.7267 1.8300	.67430 .72068	-.10333	.-.652	.516	Not Significant
Free-Riding	BSN Enrolled In Master's	1.6933 1.7600	.62903 .80231	-.06667	-.427	.670	Not Significant

*Significant at alpha 0.05

Table 2.2.5 The data presented in this study highlight the disparities in workplace incivility among hospitals in Jolo, as perceived by nurses. The nurses' perceptions of the level of workplace incivility are categorized based on their socio-demographic profile, specifically their educational attainment. Upon analyzing the table, it becomes evident that the Mean Differences and P-values for all sub-categories related to workplace incivility are not statistically significant at the alpha level of .05. This suggests that despite variations in educational attainment, the nurses' judgments regarding workplace incivility do not differ significantly among the hospitals in Jolo.

Based on these findings, it can be inferred that nurses currently enrolled in a master's program may not necessarily have a better understanding of workplace incivility compared to those with a bachelor's degree, and vice versa. Therefore, the variable of educational attainment does not play a significant role in how nurse-respondents evaluate the extent of workplace incivility in hospitals in Jolo. Consequently, the hypothesis stating that there is no significant difference in workplace incivility among hospitals in Jolo, as perceived by nurses based on their educational attainment, is accepted. This acceptance is supported by the fact that the data are categorized according to the nurses' educational attainment.

Question 3. Is there significant correlation between the subcategories subsumed under the extent of workplace incivility in terms of sources and forms among hospitals in Jolo as perceived by nurses?

Table 3. Correlation between the extent of sources and forms of workplace incivility among hospitals in Jolo as perceived by nurses

Variables					
Dependent	Independent	Person *r*	Sig	N	Description
Sources of workplace incivility	Forms of incivility	.713**	.000	100	Very high

*Correlation Coefficient is significant at alpha .05

Correlation Coefficient Scales Adopted from Hopkins, Will (2002):

0.0-0.1=Nearly Zero; 0.1-0.30=Low; .3-0.5 0=Moderate; .5-0.7-0=High; .7-0.9= Very High; 0.9-1=Nearly Perfect

Table 3 he table presented below demonstrates the connection among the various subcategories falling under the umbrella of workplace incivility in hospitals in Jolo, as witnessed by nurses. The Pearson Correlation Coefficients (Pearson r) calculated for these variables indicate statistical significance at the alpha level of .05.

The subsequent enumeration outlines the varying levels of relationship between the subcategories linked to the prevalence of workplace incivility in hospitals in Jolo, focusing on the sources and manifestations encountered by nurses.

1) Nurses in Jolo perceive a strong positive correlation between the range of causes and types of workplace incivility among hospitals.

The findings indicate that the nurses who rated the level of workplace incivility sources as Disagree are likely the same nurses who rated the level of workplace incivility forms in Jolo hospitals as Disagree.

Currently, it is acceptable to assert that, overall, there is a strong correlation between the various sources and manifestations of workplace incivility within hospitals in Jolo, as reported by nurses. This correlation is evident in both the extent of the incivility and the different ways in which it is expressed.

The hypothesis suggesting that there is no notable correlation between the variety of sources and types of workplace incivility among hospitals in Jolo as perceived by nurses has been determined to be incorrect.

Conclusion

Based on the findings:

1) The participants in this study, who are nurses, represent a diverse range of demographics, including age, gender, marital status, employment status, and educational attainment.

2) On average, the nurses who took part in the study do not believe that Supervisor incivility, Physician Incivility, and Patient/Visitor Incivility are prevalent in hospitals in Jolo.

3) If there is any form of incivility in the workplace among the hospitals in Jolo, the nurses who participated in the study do not consider the following types of incivility as workplace incivility: general incivility such as inappropriate jokes, general incivility such as hostility and rudeness, nurse incivility such as inconsiderate behavior, nurse incivility such as gossip and rumors, and nurse incivility such as free-riding.

4) Overall, factors such as age, gender, marital status, job position, and educational attainment do not significantly influence how the nurse-respondents assessed the prevalence and forms of workplace incivility in hospitals in Jolo.

5) Generally, the group of nurse-respondents who disagreed with the extent of sources of workplace incivility is likely the same group of nurse-respondents who disagreed with the degree of forms of workplace incivility in hospitals in Jolo.

6) The findings of this study support Betty Neuman's System Model (1982), which suggests that each individual is unique, composed of various traits and characteristics, and operates as an open system with specific responses to different stressors. Stressors can originate from internal, external, and constructed environments, and they impact the functioning of the system both within and beyond its boundaries.

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