

WORKPLACE CIVILITY, VERBAL ABUSE, AND EMPLOYEE HEALTH & SAFETY

Nicholas D Warren*, UConn & VHA National Center for Organizational Development (NCOD), David Mohr, PhD, Center for Organization, Leadership and Management Research (COLMR), Mark Meterko, PhD, COLMR, Katerine Osatuke, PhD, NCOD, Mark Nagy, PhD, Xavier University, Michael Hodgson, MD, VHA, Sue Dyrenforth, PhD, NCOD, Martin Charns, PhD, COLMR

THE PROBLEM: Health care institutions suffer high rates of aggressive behavior, ranging from low-level incivility to actual violence. The objectives of this study were to evaluate the relationship of workplace civility and other workplace climate constructs to coworker verbal aggressive behavior and to estimate the relationship of these workplace phenomena to measures of employee health and safety.

METHODS: The study was a cross-sectional observation design. Subject population: 207,110 employees of the Veterans Health Administration (VHA). Data were obtained from an anonymous census survey of all VHA employees in the spring of 2001 and VHA administrative databases of facility-level outcomes and covariates.

Exploratory factor analysis and multi-trait analysis on survey items generated the Civility scale and three other organizational climate constructs: Leadership, Resources and Safety, and Job Demands (single item). Verbal abuse was assessed by six items asking employees to report the number of specific incidents in the last 12 months (e.g., shouting, swearing, threatening). Analyses were adjusted for individual level demographics and work organization measures, as well as facility characteristics. Facility-level administrative outcomes data included: sick leave usage rate, EEO claims rate, and Lost Time workers compensation Claims Rate (LTCR). Hierarchical regression modeling at the individual and facility levels explained variance in self-reported verbal abuse and administrative health and safety outcomes, respectively.

RESULTS: In the individual-level model predicting a summary measure of verbal abuse, Civility was the strongest predictor among the climate measures. Employees who reported high Job Demands had higher rates of reported verbal abuse. Resources and Safety were consistently protective against all abuse. Assessing work organization variables, employees mandated for overtime and who had to switch shifts also reported notably higher rates of coworker verbal abuse.

At the facility-level, Civility was associated with lower usage of sick days, EEO complaint rates, and LTCR. Of the 3 other organizational climate predictors, only Job Demands was significant in select models.

CONCLUSIONS: Workplace Civility and, to a lesser degree, other workplace climate constructs have strong associations with both self-reported and administratively-derived employee health outcomes; they are appropriate targets for interventions designed to improve employee health and organizational outcomes.

CORRESPONDING AUTHOR: Nicholas Warren, University of Connecticut Health Center, 263 Farmington Avenue, MC 6210, Farmington, CT 06030-6210 USA