

Does employees' psychological capital buffer the negative effects of incivility?

Employees
psychological
capital

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Mohammad Fahmi Al-Zyoud
Al-Ahliyya Amman University, Amman, Jordan, and
Ibrahim Sani Mert
Antalya Bilim University, Antalya, Turkey

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Abstract

Purpose – Workplace relationship has widely been recognized as an important factor to shaping employees' workplace experience. Workplace incivility, a low-intensity form of deviant behavior, is deemed to have an adverse effect on both businesses and their employees. However, the role of individuals' positive psychology in buffering the adverse effects of workplace incivility remains unclear even though social stressors like incivility are prevalent among Jordanian health care workers. Applying the conservation of resources (COR) theory and social exchange theory (SET), the purpose of this paper is to investigate the relationship between coworker incivility and psychological distress as moderated by psychological capital (PsyCap).

Design/methodology/approach – Survey data were collected from a sample of Jordanian health workers and a structural equation modeling technique was utilized.

Findings – The findings show that coworker incivility predicts higher levels of psychological distress, and employee PsyCap moderates the link between incivility and psychological distress.

Originality/value – Although research concerning the link between incivility and unwanted work or personal outcomes has been established, studies examining the variables that can buffer these effects are largely lacking. This study fills this void in the literature. The implications for practice and theory are discussed.

Keywords Jordan, Psychological distress, Coworker incivility, Psychological capital

Paper type Research paper

Introduction

Workplace incivility is defined as “low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect” (Andersson and Pearson, 1999, p. 457). Incivility is epitomized by audacious, ill-bred or discourteous actions. Coworker incivility is among the main sources of incivility (Arasli *et al.*, 2018). Incivility disrupts the status quo; as their frequency mounts, they become the status quo. Thoughtless words add to thoughtless deeds and a downward spiral suck; this erodes the workplace, and its reversal is laborious, at best. Given employees emotional charge, acts of incivility may be catalysts for resetting organizational norms (Pearson *et al.*, 2001). According to Hutton and Gates (2008), workplace incivility in healthcare enterprises is costly for both the target individuals, observers and the enterprise itself, in that such behavior cost US\$1,235 per health worker assistant and US\$1,484 per registered health worker in lost productivity.

A set of occupational and non-occupational predictors of psychological distress among incumbent health workers have been investigated by prior studies, and these predictors include social balance, support framework, strains, stress, job demand and personality traits (Kunie *et al.*, 2017; Van der Heijden *et al.*, 2017). Having said so, psychological, social and physical resources are elements that boost psychological well-being among incumbent health workers. The absence of these elements may yield the negative affect such as psychological distress – a state characterized by unpleasant feelings, negativity and emotional discomfort that interferes with an individual's daily activities. Healthcare workers do not only go through emotional and physical stress at work but are also exposed to psychological and mechanical stress; recent studies suggest that health personnel are



among the occupational groups where psychological distress is prevalent (Abubakar, 2018; Van der Heijden *et al.*, 2017; Zhou *et al.*, 2017).

Numerous studies asserted that support from colleagues, supervisors and top management are associated with positive healthcare workers mental health such as psychological distress (Kunie *et al.*, 2017; Van der Heijden *et al.*, 2017). It is imperatively useful for healthcare enterprises to know on-the-job, work related, non-work-related and personal factors associated with distress. Insights would allow human resource managers and administrators to formulate strategies aimed at reducing distress. Favorable work environment and workplace socialization can create a collaborative and participative work environment (Spence, 2008). Furthermore, a supportive, collaborative or participative work environment is believed to result not only in better mental health but also reduce negativity among health workers. Humorous and counseling seminars were proposed by some researchers (Abubakar, 2018; Jung and Yoon, 2015). However, positive psychology remains underexplored in the context of human resource management. Moreover, the need to investigate the positive strengths and well-being of employees in the workplace has been emphasized by prior scholars (e.g. Luthans, Avolio, Avey and Norman, 2007). Positive psychology gained prominence few years ago when psychologist probed and change the preoccupation from what was perceived as wrong and dysfunctional with people, to what is right and good about them (Luthans *et al.*, 2004).

In the current study, it is believed that psychological capital (PsyCap) represents a positive motivational state that will facilitate and discourage recourse to psychological distress. PsyCap is defined as “a positive state of mind exhibited during the growth and development of an individual” (Luthans, Avolio, Avey and Norman, 2007). PsyCap is a second-order construct consisting of the shared variance of the four sub-components, namely hope, resilience, self-efficacy and optimism. This abstraction has received support both conceptually (Luthans, Avolio, Avey and Norman, 2007) and empirically (Avey *et al.*, 2011). Scholars have accepted and also reached a consensus that PsyCap is a predictor of desired employee attitudes and behaviors (Avey *et al.*, 2011; Dawkins *et al.*, 2015). The four components of PsyCap are open to development and can be managed for more effective work performance. Although the antecedents, consequences and the mediating role of PsyCap have been well established by prior research works, the current void in the literature is the moderating dynamics of PsyCap.

The harmful nature of incivility has been explored by prior studies (Sliter *et al.*, 2012; Giumetti *et al.*, 2013; Reich and Hershcovis, 2014; Smith *et al.*, 2018), and the benefits of higher PsyCap has been explored by prior studies (Luthans *et al.*, 2004; Luthans, Avolio, Avey and Norman, 2007; Luthans, Youssef and Avolio, 2007). It has been proposed that PsyCap can serve as moderator and can also abate unwanted employee outcome (e.g. Laschinger and Fida, 2014; Sliter *et al.*, 2012; Wang *et al.*, 2014). However, little has been conducted to provide empirical proof; in contrast to prior research work, this paper argues that to some extent PsyCap can insulate employees from workplace incivility. This study is looking to understand if PsyCap can alleviate the intensity of depleted resources on the psychological well-being of health workers. More specifically, this paper strives to provide answers on the ability of PsyCap to reduce the impact of incivility from the coworker on psychological distress in healthcare enterprises. The results may serve as a building block for human resource management and policy administrators in healthcare enterprises.

Theory and hypotheses

Coworker's incivility and psychological distress

Like human capital, “the recognition of and investment in social capital seems vital to the success and competitive advantage of organizations both today and tomorrow” (Luthans *et al.*, 2004). Social capital permits an individual to obtain resources from other groups members within a

social network. Furthermore, group members (superior or subordinate) are expected to contribute reciprocal efforts and obligations to accumulate “the collectivity-owned capital” (Bourdieu, 1986, p. 249). Social capital theory is interested in understanding the quality of the relationship between agents (e.g. coworker) in the organization. The development and strength of social networks on the job improve social capital, which facilitates the employee’s ability to cope with stress and with the challenges of the working environment because these relationships can be a source of support, advice or coaching (Thompson *et al.*, 2015).

Incivility refers to “uncivil behaviors that are instigated by others such as hurtful remarks, snippy emails, gossip, and shunning” (Abubakar, 2018). Coworker incivility refers to “uncivil behaviors that are instigated by a coworker, such as negligence to say please or thank you to the fellow coworker, raising one’s voice or ignoring others” (Pearson *et al.*, 2001). According to the conservation of resource (COR) theory, incivility has the capability to reduce an individual’s well-being, as psychological health requires effort and effort requires resources (Hobfoll and Shirom, 2001). Workplace incivility either from group, supervisor, coworker or customers is detrimental for the victim’s health. Several frameworks on workplace incivility have been proposed by scholars (e.g. Hershcovis and Barling, 2010; Keashly and Harvey, 2005; Lim *et al.*, 2008). Surprisingly, although the quotidian themes binding these frameworks subsume stress and strains, these themes could be triggered by social exclusion, e.g. coworker incivility.

Moreover, research evidence denotes that social exclusion is positively related to anxiety and depression (Baumeister and Tice, 1990). Thus, the quality of relationships between workers and superiors could be a determinant for psychological well-being, because individual’s sense of self-worth entails the need for belonging (Baumeister and Leary, 1995). In a scenario where a coworkers’ behavior is unpleasant and unwelcoming, respect and social support cycle may be harmed or broken; subsequently, this event may manifest unwanted outcomes such as emotional exhaustion and other health problems among incumbent workers (Kobayashi *et al.*, 2008). Coworker-initiated incivility leads to discomfort and unhappiness (Lim *et al.*, 2008), and decreases mental, emotional and social energy (Giumetti *et al.*, 2013). According to COR theory, dealing with the uncivil coworker may exhaust one’s resources; exhausted individuals lack social and emotional energy required to perform or carry out their duties (Hobfoll and Shirom, 2001). Based on this, the current study argues that victims may become vulnerable to psychological distress:

H1. Coworker incivility is associated with higher levels of psychological distress.

Psychological capital as a moderator

PsyCap can boost “employees’ positive appraisals of their circumstances and increase their perceived probability of success based on their agency, motivation, effort and perseverance” (Luthans, Youssef and Avolio, 2007). PsyCap constitutes resources that can enhance welfare through mechanisms like efficacy; efficacy can actuate the effort and tenacity required to select, pursue and accomplish goals (Bandura, 1997). Hope dimension increases the will and desire to accomplish a specific goal (Luthans, Norman, Avolio and Avey, 2008). Therefore, employees with higher hope will have higher zeal in their job irrespective of workplace- or work-related constraints. Furthermore, workers with positive internal attributions about present and future success are optimists (Chen and Lim, 2012). Optimism is a feeling of total control in one’s destiny, which develops into self-fulfilling prophecy wherein positive explanations become reality (Sweetman *et al.*, 2011).

Finally, resilience enables individuals to thrive on positive adjustment to change, more related to positive coping and the ability to bounce back when beset by problems and adversity (Luthans, Youssef and Avolio, 2007). Resilience ensures that individuals go a step beyond to achieve success. In sum, healthcare workers who are hopeful, optimist, self-efficacious and resilient generally feel energetic and dedicated and they are more likely to be immersed in their

work (Karatepe and Karadas, 2015). Several empirical studies have associated PsyCap with positive work outcomes (e.g. Luthans, Avey and Patera, 2008; Youssef and Luthans, 2013). For instance, PsyCap was found to positively correlate with job satisfaction among Egyptian employees (Badran and Youssef, 2015) and with work meaning among Iranians (Mehrabi *et al.*, 2013); that is, higher levels of PsyCap result in higher levels of job satisfaction and higher levels of meaning in one's job technically. PsyCap could also be translated as a guard against the crisis of meaning at work.

In South Africa, PsyCap was associated with increased cultural intelligence and lower levels of ethnocentrism (Reichard *et al.*, 2014) and performance rated by managers has been linked with PsyCap (Avey *et al.*, 2010). Likewise, career satisfaction and ability to find a good-paying job (Lehoczky, 2013), merit-based salary and supervisor rated performance (Luthans *et al.*, 2005) and organizational identity (Huimei and Xuan, 2011) were all associated with the higher levels of PsyCap. Research has linked PsyCap to various satisfaction outcomes (Avey *et al.*, 2011; Dawkins *et al.*, 2013). For instance, the link between mindfulness and mental well-being in managers and entrepreneurs was mediated by PsyCap (Roche *et al.*, 2014).

Nevertheless, most of these empirical studies focused more on the positive or negative relationships between PsyCap and other variables, ignoring the interaction effect of PsyCap. In other words, the ability of PsyCap to moderate the relationships between organizational variables and outcomes has been neglected. For instance, Paek *et al.* (2015) proposed PsyCap as a predictor of employee morale, arguing that it can lessen the negative consequences of stressors. Workers with higher levels of PsyCap are more likely to meet workplace or social stressors confidently (Paek *et al.*, 2015). PsyCap may influence employees' coping resource and coping strategy as incivility use-up the available cognitive and emotional resources. More subtly, PsyCap enables those resources to be sustained, by enhancing positive feeling (Thompson *et al.*, 2015) as well as providing individuals with the mental hardiness to effectively cope with workplace incivility related pressures. This paper builds on these arguments to propose PsyCap as a buffer against social stressors such as incivility.

For instance, Sliter *et al.* (2012) urged future researchers to find moderators that could buffer the negative effects of incivility. Others advocated for positive organizational behavior psychology (Laschinger and Fida, 2014) and also argued that PsyCap can play a protective role against negative consequences. In support of the notion that PsyCap has potentials to serve as a moderator on the association between important organizational variables, Thompson *et al.* (2015) claimed that social capital is contingent upon PsyCap. Similarly, Karatepe and Karadas (2015) argued that the adverse impact of hindrance stressors on employee outcomes could be lessened by PsyCap; the authors urged researchers to test this empirically and, in this regard, this paper is responding to this call. Based on the theoretical arguments, the following hypothesis is proposed:

H2. PsyCap will moderate the relationship between coworker incivility and psychological distress.

The proposed hypotheses are also presented graphically in Figure 1.

Materials and methods

Context and procedures

Social stressors such as incivility, ostracism and bullying are prevalent among health workers, and these types of stressors can cause fatigue-related errors for health workers, which also have adverse implications for public safety. In their influential study, Smith *et al.* (2018) urged researchers to diagnose the prevalence of incivility in non-western healthcare enterprises. Jordan, an Arabian country, makes a perfect fit for this research call given the intensity of workplace incivility. According to the information obtained from the Jordanian

Ministry of Health, there are about 2,263 health workers Jahmani *et al.* (2018). The management of ten healthcare establishments operating in Amman was contacted for permission; seven agreed to participate in the study.

Employees working in these seven hospitals were sampled, and participating employees were employed as doctors, physicians, nurses, interns and administrative personnel. The survey packets were distributed using a random sampling method because participants in a larger group have equal chance of being chosen or selected so that sub-groups will not be excluded or ignored. Moreover, each packet accompanied a cover letter explaining the purpose of the study and the voluntary nature of the study. Anonymity and confidentiality of the participants were assured to reduce social desirability bias and the potential effect of common method bias (Podsakoff *et al.*, 2003). In total, 500 survey packets were distributed, 359 were returned and only 326 valid responses were obtained and used for analysis due to missing information.

Measures

Co-worker incivility was measured with four items borrowed from Sliter *et al.* (2012). The response choice was 5 (very often) to 1 (never), with high scores indicating greater co-worker incivility. The standardized factor loadings for this measure are as follows: 0.526, 0.593, 0.880, and 0.848.

Psychological distress was measured with four items adopted from the General Health Questionnaire (Goldberg, 1978). The response scale was from 5 (much more than usual) to 1 (not at all), with higher scores indicating greater psychological distress. The standardized factor loadings for this measure are as follows: 0.694, 0.707, 0.845 and 0.836.

PsyCap was measured with 12 items from Luthans, Avolio, Avey and Norman (2007) study. The response scale ranges from 5 (strongly agree) to 1 (strongly disagree), with high scores indicating greater PsyCap. The standardized factor loadings for this measure are as follows: 0.935, 0.932, 0.945, 0.919, 0.916, 0.859, 0.745, 0.942, 0.838, 0.867, 0.939 and 0.852.

Demographics – the sample consists of 52.8 percent males and the rest were females, and 50.0 percent of the respondents were between 23 and 33 years old, 32.5 percent were between 34 and 44 years old, 16.9 percent were below 22 years old and the rest were above 44 years old. In terms of work experience, 41.4 percent have worked for the organization between five and eight years; 25.5 percent have worked between one and four year, 17.5 percent worked above nine years and the rest worked for less than one year.

Data analysis and results

The proposed structural model was examined using SPSS and AMOS Version 20; the model yielded a good fit ($\chi^2 = 443.415$, $df = 161$), goodness-of-fit indices (0.883, 1 = maximum fit), normed fit index (0.942, 1 = maximum fit), (0.962, 1 = maximum fit), root mean square error of approximation (0.073, values < 0.08 indicating good fit), root mean square residual (0.048, values < 0.06 indicating good fit) and χ^2 re-estimate test (CMIN/df = 2.754, values > 1 and < 5 are accepted). On the contrary, the Harman single factor test generates

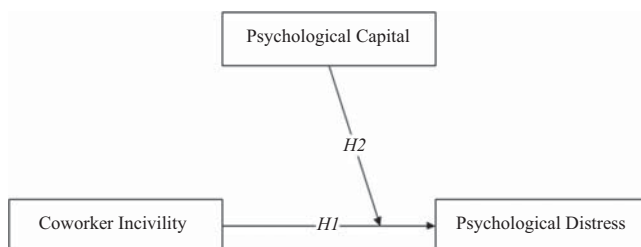


Figure 1.
Conceptual model

a poor model fit, as such the potential threat of common bias was eliminated (Podsakoff *et al.*, 2003). Standardized factor loadings, Cronbach's α , composite reliability, average variance extracted and maximum shared variance were deemed adequate in terms of convergent and discriminant validity (Hair *et al.*, 1998). Table I presents bivariate correlations, mean and standard deviations of the variables in the measurement model. The table shows that the mean values for the variables under investigation are relatively high, and the correlativity between coworker and psychological distress is significant and positive ($r = 0.151$; $p = 0.000$).

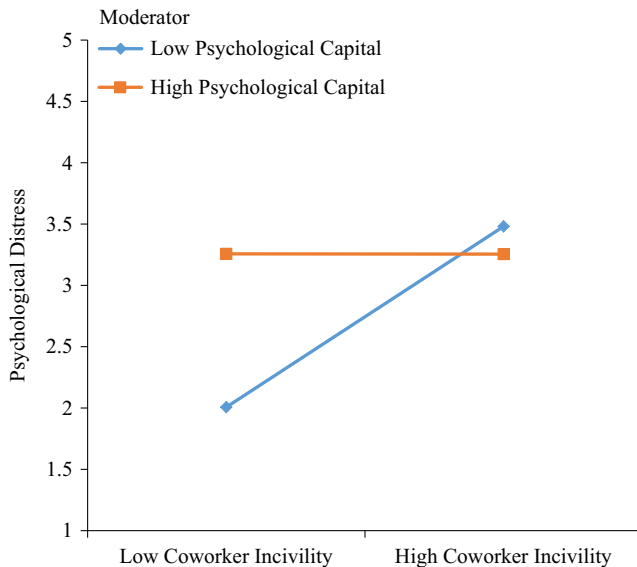
The maximum likelihood technique in AMOS was used to test the research model and the hypotheses. Results show that coworker incivility explains significant levels of psychological distress among healthcare workers ($\beta = 0.368$, $p = 0.000$). Thus, *H1* received empirical support. Furthermore, *H2* states that PsyCap will moderate the relationship between coworker incivility and psychological distress. The result revealed that PsyCap dampens the positive relationship between coworker incivility and psychological distress ($\beta = -0.369$, $p = 0.000$). Thus, *H2* received empirical support (see Figure 2).

Table I.
Pearson correlations
coefficient and
descriptive statistics

Variables	1	2	3
Coworker incivility	–		
Psychological distress	0.151**	–	
Psychological capital	0.039	0.006	–
Mean	3.416	4.271	3.630
SD	1.025	0.784	1.131
Cronbach's α	0.816	0.853	0.979
Composite reliability	0.812	0.855	0.979
Average variance extracted	0.530	0.599	0.797
Maximum shared variance	0.037	0.037	0.001

Note: ** $p < 0.001$ (two-tailed)

Figure 2.
Psychological capital
dampens the
positive relationship
between coworker
incivility and
psychological distress



Discussion

The consequences of negative interpersonal among work groups, teams and colleagues are becoming a pressing issue in most workplace; especially, healthcare enterprises where errors can have adverse effects. This paper supports that PsyCap is a potential and valuable positive psychological resource that may decrease psychological distress. Therein, understanding the relationships will improve the rehabilitation strategies for practitioners. Previous incivility and workplace mistreatment studies have focused more on employees' psychological outcomes, such as stress and emotional exhaustion (e.g. Lim *et al.*, 2008; Lim and Lee, 2011). It has been consistently shown that uncivil work behaviors can have unwanted effects on employees' work experiences and outcomes, ignoring the fact that employee's personal resources in form of PsyCap could reduce these effects if employees utilize the four (hope, efficacy, optimism and resilience) components of PsyCap.

Data analysis unveils that coworker incivility has a significant positive impact on psychological distress, and PsyCap buffered the effects of coworker incivility such that employees with high PsyCap can cope and experience lower levels of distress even when coworker incivility is high. This paper empirically tested the relationship between coworker incivility and psychological distress using COR theory and social exchange theory (SET); these theories help to explain the direction of the relationship. For example, lack of a healthy work relationship can be translated as a lack of social resources; thus, based on COR theory, people with limited resources are susceptible to unwanted health outcomes. Similarly, SET posits that individuals reciprocate positively when treated in a favorable way and vice versa; thus, uncivil behavior may solicit reactions or a feeling of social isolation, which can manifest distress. Second, this paper extended previous empirical studies by adding further evidence that PsyCap can diminish the impact of incivility on psychological distress.

Theoretical implications

Prior field work has documented the global prevalence of workplace incivility; on the contrary, there have been ongoing discussions on the need to focus on positive psychology as it can abate negative phenomena in modern organizations. Research efforts were mainly on the positive outcomes of PsyCap turning a blind eye on its ability to mitigate several unwanted personal and workplace characteristics. The present findings are theoretically important because the study has provided a more nuanced understanding of the relationships between coworker incivility and psychological distress as moderated by PsyCap. Scholars have stressed the importance of PsyCap in shaping individuals attitudes and behaviors (Luthans *et al.*, 2004; Luthans, Avolio, Avey and Norman, 2007). Consequently, several studies have linked PsyCap with positive and desired outcomes (Lehoczky, 2013; Luthans, Youssef and Avolio, 2007; Zhou *et al.*, 2017).

Little is known about the specific ability of PsyCap to nurture and/or insulate victims against workplace incivility; by addressing this gap, the present study adds to the existing body of knowledge in this field. This paper, therefore, contributes to the literature by providing a complete frame of reference and theoretical understanding of the nexus between incivility, PsyCap and psychological distress. The present outcome dictates that policy makers should teach and counsel their staffs on workplace civil conduct as a first step, and the latter punishing uncivil behaviors, thereby showing zero-tolerance policy for incivility (Pearson and Porath, 2005). Ensuring a high-quality relationship between subordinates buffered the effects of stressors on employee exhaustion (Bakker *et al.*, 2005). Thus, high-quality relationships among peers add to high PsyCap that can reduce distress.

Practical implications

The present outcomes are important for practitioners given the growing number of research in the area; moreover, although these research works mostly focus on the consequences of

incivility, very little attempt has been exerted to find buffers. Minimizing workplace incivility seems beneficial to healthcare businesses and establishments as well as the general public, because incivility at its best could harm the psychological well-being of healthcare workers. It is important to note that employees in healthcare establishments have critical roles to play, e.g., saving lives. Moreover, social stressors such as coworker incivility can cause psychological distress; employees suffering from psychological distress are prone to fatigue-related errors that also have adverse implications for public safety. Therefore, it is important for healthcare establishments to consider incivility in their managerial and human resource planning policies, to abate transferring the consequences of incivility to the public domain, e.g., medical errors, wrong drug administration, etc.

Discontent at work and work life happen seldomly; similarly, coworker incivility is almost unavoidable events. To minimize the adverse effects of workplace discontent and incivility, researchers (e.g. Luthans *et al.*, 2006; Luthans, Avolio, Avey and Norman, 2007) proposed positive psychology as development and rehabilitation driver among workers, citing that positive psychology such as PsyCap may contribute better to the development of employee well-being than human and social capital. In this regard, this paper urges healthcare human resource management to implement programs that can strengthen employees' PsyCap. Questioning, counseling and support sessions can rehabilitate, develop and create positive mindsets among incumbent workers; this could enhance employees well-being (Abubakar, 2018). For instance, counseling and support sessions can raise employee's resilience, optimism, hope and their confidence or self-efficacy.

Most perpetrators of incivility, line and middle managers, have limited knowledge of the harmful effects of incivility or limited skills to resolve such crises. Team-building meetings can serve as a strategy to develop PsyCap because such meetings could serve as a causal complain system used by the top management and human resource management department to coach and provide social support to victims of workplace incivility. Apart from the fact that these meetings can boost the morale of victims, they also serve as a catalyst by which perpetrators and bystanders can gain awareness of their antisocial behavior or support for the prevalence of such behavior and the degree of harm. According to Tripp and Bies (2015, p.470), to abate the occurrence of incivility, HRM managers should be the first responder to incivility incidents, mediate and also judge such incidents. By the means of mediation, HRM managers can persuade instigators to amend their mistakes and reconcile with the victims. Alternatively, HRM managers should design a punishment mechanism to serve as an example for potential instigators, victims and observers the organization's position regarding incivility.

Limitations and future research direction

The current outcome should be construed considering the research inherent limitations. First, the cross-sectional, non-informant and self-report nature of the survey is susceptible to social desirability bias. The generalizability of the findings is questionable, especially in work settings or nations with more effective resource. The present findings are based on the sample of health workers; thus it is only applicable to the health sector as such the outcome may vary across other industry. We recommend future study to incorporate customer, coworker and supervisor incivility, as supervisor incivility when compared to coworker incivility is likely to be more salient (Fiske and Dépret, 1996). Moreover, supervisor's incivility cannot be ignored given the legitimized powers bestowed upon them, which can jeopardize the status of employees in an organization. Customer and coworker incivility is "ambiguous, and leaves room for considerable interpretation on the part of observers" (Reich and Hershcovis, 2014). Thus, coworker incivility is in the eye of the beholder, especially when PsyCap is high, because the victims may choose to ignore the uncivil behavior, as their work status is not jeopardized. Another fruitful research area is to empirically test whether zero-tolerance

to incivility works, do managers have the skills to handle or quench uncivil workplace behaviors? How managers (in)ability to tackle workplace incivility affects employee outcomes? In particular, tolerance to workplace incivility.

Conclusion

Previous work highlighted the adverse effects of incivility, e.g., increased absenteeism, decrease sale performance (Sliter *et al.*, 2012), workplace withdrawal, turnover intention, negativity, reduced work engagement and distress (Giunetti *et al.*, 2013; Hershcovis and Barling, 2010; Reich and Hershcovis, 2014; Smith *et al.*, 2018). Complementing previous research works associated with workplace incivility (Abubakar, 2018; Andersson and Pearson, 1999; Hutton and Gates, 2008), this paper provides a nuanced understanding on how the relationship between incivility and distress can be manipulated. The missing block in prior studies is a permanent solution to incivility; most of the studies proposed zero-tolerance ignoring the psychological energy of the victims. In contrast to previous work, this study focuses on the psychological energy of the victims as an insulator against workplace incivility. In sum, the current study found that incivility is a source of psychological distress among employees, but the adverse effect is contingent upon the victim's PsyCap. Victims of incivility with high-level PsyCap are less vulnerable to psychological distress than those with low PsyCap.

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Corresponding author

Mohammad Fahmi Al-Zyoud can be contacted at: m.alzyoud@ammanu.edu.jo

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