

## CUSTOMER INCIVILITY AND EMPLOYEES' UNETHICAL BEHAVIOR: THE MEDIATING ROLE OF SURFACE ACTING – AN ANALYSIS OF PRIMARY DATA

Fahim Riaz<sup>1</sup>, Shamyla Anwar<sup>2</sup>, Farhat Rasul<sup>3</sup>, Muhammad Ghulam Shabeer<sup>\*4</sup>

<sup>1,3, \*4</sup>Department of Economics, University of Management and Technology, Lahore

<sup>2</sup>Department of Management Sciences, COMSAT University Islamabad, Lahore Campus, Pakistan

<sup>\*4</sup>imgshabeer@gmail.com

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Corresponding Author: \*

Muhammad Ghulam Shabeer

### Abstract

Incivility, harassment, and savagery in the workplace are significant issues in healthcare. Incivility can negatively affect both healthcare professionals and patient care. This study investigates the impact of customer incivility on employee unethical behaviour in private healthcare in Pakistan, with surface acting as a mediator. Unlike previous research on workplace incivility caused by colleagues or supervisors, this study focuses on customer incivility in a developing country. Data was collected from 384 healthcare professionals in Lahore, with 339 usable responses. Statistical tools like descriptive statistics, correlation analysis, reliability analysis, and regression analysis were used. Results indicate that customer incivility leads to unethical behaviour, with surface acting partially mediating this relationship. The findings will help policymakers in the private healthcare sector address customer incivility and its impact on employee behaviour.

### INTRODUCTION

Workplace incivility has garnered significant attention in management and work stress literature (Cortina et al., 2001). Although numerous anecdotal accounts of uncivil behavior in nursing and healthcare environments have been reported, empirical research remains sparse. Workplace incivility is typically defined as low-intensity deviant behavior with unclear intentions to harm the recipient, breaching norms of mutual respect within the workplace. Anderson and Pearson (1999) noted that such behaviors are commonly associated with rudeness, discourtesy, and a general lack of regard for others.

Research by Pearson and Porath (2005) revealed that employees subjected to uncivil behavior deliberately

reduced both their work effort and quality, ultimately leading to a decline in the overall effectiveness of their team. Similarly, Cortina et al. (2001) identified a link between workplace incivility and lower job performance, as well as increased dissatisfaction. Additionally, Lim et al. (2008) demonstrated significant associations between incivility, employee health and well-being, and increased turnover intentions. Dion (2006) concluded that perceptions of workplace incivility were closely linked to feelings of supervisor support, as well as contributing to greater occupational stress and higher turnover intentions.

Incivility, while deviant, is not aggressive or violent, and its intent to harm is unclear, unlike other more

aggressive behaviours. Examples of workplace incivility include answering the phone rudely, neglecting basic politeness, or leaving trash for others to clean up. Other forms may involve exclusion, rude notes, or interrupting others during conversations. Although incivility may not seem threatening, repeated acts can escalate, leading to more severe behaviours such as violence. Research suggests incivility can reduce productivity, voluntary effort, retaliation, and turnover. Despite the focus on workplace incivility, customer incivility has received less attention, although its incidence is rising (Han, Bonn & Cho, 2016).

Service industries, such as the hotel sector, involve frequent employee interactions, some of which are uncivil. Since guests may interact with the same employee multiple times during a stay, the hotel industry presents a unique challenge in addressing incivility. However, the actions employees find uncivil and the effects of customer incivility on the business climate and employee reactions require more attention. Identifying factors that mediate customer incivility and employee reactions can help managers create better work environments and improve employee well-being.

Episodes of workplace incivility are unavoidable, with the most extreme representatives detailing as a base one incident. Research by Pearson et al. (2000) affirmed that an astounding lion's share of workers have experienced different demonstrations of incivility, including verbal or non-verbal maltreatment. Scholars have tried to show that being managed uncivilly impacts additional endeavor strain, subjective diversion, mental wretchedness, and diminishing action delight and imagination (Alola, Olugbade, Avci & Öztüren, 2019). Work environment incivility is exorbitant for each individual and the business.

The healthcare sector in Pakistan is a human-intensive sector. The phenomena of customer incivility are critical to investigate to know how customer incivility disturbs healthcare delivery staff in terms of destroying their positive attitude and pushing them into the action of uncivil behaviour because Exposure to uncivil behaviours can hurt employees self respect. The current study is a pioneer study that will investigate the phenomenon of customer incivility in the context of the healthcare

sector of Pakistan. Most of the existing literature on workplace incivility considers the source of incivility from coworkers and supervisors, and little is known about the consequences of workplace incivility due to customers on employees.

So, the present study aims to bridge this gap, and it will investigate the phenomenon of workplace incivility in the context of Pakistan's healthcare sector. This study will consider the incivility at work that customers toward employees initiate.

#### The Objectives of the studies are:

- a) To investigate the impact of workplace incivility on the unethical behaviour of employees
- b) To investigate the impact of workplace incivility on surface-acting
- c) To investigate the impact of surface acting on the unethical behaviour of employees
- d) To investigate whether surface acting mediates between workplace incivility and unethical behaviour of employees

#### Based on the objectives, the following questions are set to explore:

- a) What is the impact of workplace incivility on the unethical behaviour of employees?
- b) What is the impact of workplace incivility on surface acting?
- c) What is the impact of surface acting on the unethical behaviour of employees?
- d) Does surface acting mediate between workplace incivility and unethical behaviour of employees?

The significance of the present study is twofold: theoretical significance and practical significance. In terms of theoretical significance, the present study adds to existing literature as it introduces novel constructs of surface acting as a mediator. Furthermore, the present study will extend our understanding of workplace incivility initiated by customers in the context of a developing country like Pakistan and what is the impact of workplace incivility on unethical behaviour. Similarly, in terms of practical significance, the present study will help policymakers and strategists in the health sector in Pakistan understand the phenomenon of workplace incivility and how to address it so that employees do not behave unethically with customers.

## 2. LITERATURE REVIEW

Incivility is a costly issue that adversely affects organisations and individuals in managerial settings. From the representative's viewpoint, not strange managerial focus incivility seems to diminish their experience of having a place in the endeavor (Demsy, Fritz, Hammer & Black, 2019), adds to mental misery, builds the dimension of passionate fatigue (Rahim & Cosby, 2016), undermines their endeavors and could development the time required at the intrigue, decreases intrigue fulfillment and cultivates a reason to withdraw the workplace.

Besides, a spot of workplace incivility will increase the cost of enrollment, preparation, and maintenance of abused staff. Besides, incivility, without a doubt, undermines the acknowledgment and benefit of an association on account of the reality that customers can end up a great deal considerably less ready to purchase items from an association whose workforce is seen as inconsiderate (Fida, Laschinger & Leiter, 2018).

### 2.1 The impact of workplace incivility on unethical behaviour of employees

Workplace incivility is a pervasive issue that has garnered considerable attention in organisational research. Pearson et al. (2000) highlight that incivility is a worldwide phenomenon characterised by low-intensity deviant behaviour with ambiguous intent to harm the target, violating social norms of mutual respect. Similarly, Andersson and Pearson (1999) define incivility as rudeness and discourtesy, often leading to a lack of regard for others. As noted by Cortina et al. (2001), this lack of respect results in decreased job performance and job dissatisfaction, contributing to unethical behaviours. As employees disengage from their responsibilities, they may act unethically as a form of coping.

The negative effects of incivility on employees' well-being are well-documented. According to Fida et al. (2018), workplace incivility reduces organisational commitment and job satisfaction, increasing turnover intentions and fostering unethical behaviour as employees become less motivated to comply with organisational norms. Moreover, Rahim and Cosby (2016) argue that the emotional exhaustion caused by workplace incivility drives employees to engage in unethical behaviour to cope

with emotional distress. Employees who feel less engaged are more likely to demonstrate unethical actions, such as neglecting their duties or retaliating against perceived injustices.

Furthermore, the relationship between workplace incivility and unethical behaviour has been further explored by Demsy et al. (2019), who find that incivility reduces employees' sense of belonging to the organisation, contributing to emotional distress and unethical behaviour. Hershcovis et al. (2017) further show that incivility is linked to increased turnover intentions, workplace aggression, and unethical behaviour, emphasizing incivility's significant role in fostering deviance. Dion (2006) supports this by noting that incivility in the workplace leads to higher levels of occupational stress and turnover intentions, which are closely tied to unethical behaviour, such as cutting corners or violating organisational policies.

### 2.2 Impact of Workplace incivility on surface acting

Workplace incivility impacts employees' behaviour and influences their emotional regulation strategies, particularly surface acting. Grandey et al. (2015) found that employees experiencing incivility from customers are more likely to suppress their negative emotions and fake positive ones, a form of surface acting. This emotional regulation strategy is essential in customer-facing roles, especially when dealing with difficult or rude customers. Similarly, Rupp and Spencer (2006) demonstrated that service employees often respond to customer incivility by faking positive emotions, such as smiling, despite anger or frustration, highlighting the relationship between incivility and surface acting.

The emotional labour required to deal with incivility is further emphasized by Goldberg and Grandey (2007), who noted that the more employees are exposed to customer incivility, the more likely they are to engage in surface acting to meet job demands. Grandey (2003) also argues that employees often fake emotions to comply with organisational expectations, especially in emotionally charged customer interactions. As employees experience increasing levels of customer incivility, they are forced to manage their emotions externally, which can result in significant emotional strain, leading them to engage in surface acting more frequently.

Research by Hong et al. (2017) underscores the role of emotional labour in response to incivility, particularly in service-oriented businesses. They found that the more incivility employees face, the more they engage in surface acting as a coping strategy to maintain professionalism despite emotional discomfort. Park (2018) also points out that customer incivility stimulates ineffective emotional regulation strategies, such as surface acting, as employees suppress negative emotions to fulfil their job requirements. In addition, Grandey et al. (2015) further validate that service employees often fake emotions, such as smiling, to reduce tension in interactions with rude customers, ultimately leading to increased emotional exhaustion.

### 2.3 Impact of surface acting on unethical behaviour of employees

Surface acting has been shown to impact on employees' unethical workplace behaviour significantly. Grandey (2003) explained that surface acting, which involves amplifying positive emotions and suppressing negative ones, can lead to negative outcomes such as reduced job satisfaction and unethical behaviour. As employees engage in surface acting to meet emotional display rules, they often experience emotional exhaustion, which can foster unethical behaviour as a coping mechanism. Similarly, Hülshager and Schewe (2011) found a strong link between surface acting and emotional exhaustion, which, in turn, increases the likelihood of unethical behaviour as employees seek to manage their stress.

The negative consequences of surface acting on employee behaviour are well-documented. Goodwin et al. (2011) found that surface acting can lead to job withdrawal behaviours and unethical actions due to the emotional strain it places on employees. As surface acting requires employees to manage their emotions artificially, it depletes emotional resources, making them more likely to engage in unethical behaviour. Mesmer-Magnu et al. (2012) further emphasized that emotional fatigue from surface acting can catalyse unethical actions as employees seek to reduce their emotional strain through deviant behaviours.

Moreover, Grandey et al. (2005) suggested that surface acting is related to unethical behaviour

because it drains employees' emotional energy, making them more likely to cut corners or act in ways that violate organisational norms. Pugh et al. (2011) also highlighted that employees who frequently engage in surface acting tend to feel more disconnected from their work, leading to lower levels of organisational citizenship behaviour and higher levels of unethical conduct. Similarly, Goldberg and Grandey (2007) found that the emotional exhaustion caused by surface acting can result in unethical behaviour, as employees look for ways to cope with the negative emotions they are suppressing.

### 2.4 Surface acting mediates between workplace incivility and unethical behaviour of employees

The mediation effect of surface acting between workplace incivility and unethical behaviour has been explored in several studies, highlighting the crucial role emotional regulation plays in this relationship. Hochschild (1983) and Shabeer (2022) suggested that when employees experience workplace incivility, they engage in surface acting as a means of emotional regulation, which increases the likelihood of unethical behaviour. This emotional labour, required to manage their outward expressions while suppressing negative emotions, leads to emotional exhaustion, making unethical actions more likely as a coping mechanism to relieve stress.

Furthermore, Goldberg and Grandey (2007) demonstrated that employees subjected to workplace incivility often use surface acting to suppress their genuine emotions, resulting in unethical behaviour. The emotional discord caused by surface acting depletes employees' emotional resources, leading to a higher likelihood of unethical actions. Rupp and Spencer (2006) similarly found that surface acting can serve as a mediating factor, intensifying the negative effects of incivility, as employees may act unethically in response to the emotional strain caused by faking positive emotions.

In line with these findings, Park (2018) pointed out that surface acting amplifies the emotional toll of incivility and directly influences unethical behaviour. Employees who engage in surface acting as a coping mechanism are more likely to act unethically due to the emotional exhaustion and frustration from suppressing their true feelings. Yip et al. (2018) also found that surface acting mediates the relationship

between incivility and unethical behaviour, showing that when employees feel disrespected by customers or coworkers, they often resort to surface acting, which ultimately leads to unethical conduct to manage their emotions.

### 3. METHODOLOGY

#### 3.1 Data Description

The data description and collection of data for this study were performed through a survey in which an adapted questionnaire in English was used. The questionnaire was designed on a five-point Likert scale. The researcher will elaborate on the methodology in detail in the subsequent section.

#### 3.2 Sample, Population, and Nature of Data

The present study targeted healthcare professionals, like doctors and nurses, in private hospitals in Lahore. The two-stage sampling strategy was applied in this regard, and in the first place, simple random sampling was done to select different hospitals from the list of private hospitals in Lahore. In the second phase, the non-probability convenient sampling method was opted to collect the data from the healthcare staff of private hospitals. The data was cross-sectional, which provides information at one point in time. The researcher used the online sample calculator available at [www.raosoft.com](http://www.raosoft.com) and obtained a figure of 384 for the sample size. In this online calculator, the researcher picked the unknown population number as the researcher does not know the exact number of staff working in the public and private sectors of Lahore city, so the calculator estimates the total population as 20000. Similarly, the researcher selected the option of a 95 percent level of significance from this calculator. The formula for sample calculation is as under

$$n = \frac{Z^2(c/100)^2 r(100-r)N}{E^2 + Z^2(c/100)^2 r}$$

Where N is the population size, r is the fraction of responses we are interested in, and Z(c/100) is the critical value for the confidence level.

To attain this number, the researcher distributed 400 questionnaires among people included in the

population. A total of 339 filled questionnaires were returned, which were used for data analysis purposes. Hence, the response rate remained at almost 84 per cent, which is reasonable.

Out of 52 prominent private hospitals, the following ten are selected for the study. The hospitals selected are the National Hospital, Masood Hospital, Hijaz Hospital, Hameed Latif Hospital, Igra Hospital, Family Hospital, Zia Hospital, Omar Hospital & Cardiac Centre, Muslim Hospital, and Mumtaz Bukhtawar Memorial Trust Hospital.

#### 3.3 Questionnaire and Variables

The present study has three variables: surface acting, unethical behaviour, and customer incivility. The detail of each scale with its source is given below.

##### 3.3.1 Surface Acting

The scale of surface acting was adapted from Brotheridge and Lee (2003) and Grandey (2003). It consists of five items. The statements will range from 1= Never, 5= Always

##### 3.3.2 Unethical Behaviour

The items of unethical behaviour were adapted from Akaah's (1992) and Akaah & Lund (1994) and consist of five items. The statements will range from 1= Not at All, 5= Very much

##### 3.3.3 Customer Incivility

Similarly, the scale of customer incivility will be adapted from Wilson and Holmval (2013), consisting of 6 items. The statements will range from 1= Never to 5= Daily.

### 4. RESULTS AND ANALYSIS OF DATA

#### 4.1 Descriptive Data Analysis

The subsequent section presents the results and analysis part of this write-up. Different statistical tools and techniques are used for analysis using SPSS software. The researcher examined reliability, correlation, and regression tests to test the hypothesis. Furthermore, the descriptive part is also discussed in this chapter.

Table 1: Descriptive Statistics

Category	Subcategory	Frequency	Percentage
Gender Information	Male	112	36.0%
	Female	217	64.0%
	<b>Total</b>	<b>339</b>	<b>100%</b>
Age Information	15-25	49	14.5%
	26-35	99	29.2%
	36-45	104	30.7%
	Above 45	87	25.7%
	<b>Total</b>	<b>339</b>	<b>100%</b>
Education Information	Under Graduation	47	13.9%
	Graduation	184	54.3%
	Post-Graduation	107	31.6%
	<b>Total</b>	<b>339</b>	<b>100%</b>
Experience Information	1-3 years	44	14.2%
	4-6 years	91	29.4%
	7-10 years	102	32.9%
	Above 10 years	73	23.5%
	<b>Total</b>	<b>310</b>	<b>100%</b>

Table 1 provides a detail about the demographic characteristics of the study participants. Regarding gender, most of the respondents were female (64%), while males comprised 36% of the total sample. The age distribution reveals that most participants (30.7%) were in the 36-45 age group, followed by those aged 26-35 (29.2%). Participants over 45 and between 15-25 years comprised 25.7% and 14.5%, respectively. Regarding education, most respondents

were graduates (54.3%), with 31.6% holding post-graduate degrees and 13.9% being undergraduates. Experience levels varied, with 32.9% of participants having 7-10 years of experience, 29.4% having 4-6 years, 23.5% having more than 10 years, and 14.2% having 1-3 years of experience. The table effectively summarizes the diverse backgrounds of the respondents, providing a clear snapshot of the demographic profile for the study.

#### 4.2 Results of Reliability Analysis

The results of the reliability analysis are given in Table 2.

Table 2: Results Of Reliability Analysis

Variable	Items	Cronbach's Alpha
Unethical Behaviour	5	.883
Surface Acting	5	.737
Customer Incivility	6	.843

Gerbing and Anderson (1988) suggested that a reliability value of 0.70 is considered good, while values above 0.60 can also be acceptable (Hair et al., 2007). In this study, all reliability values meet or exceed the recommended threshold. For instance, Cronbach's alpha for "unethical behaviour" is 0.883, for "surface acting" is 0.737, and for "customer

incivility" is 0.843. These values indicate strong reliability, surpassing the 0.70 cutoff, confirming that the study's variables are reliable.

#### 4.3 Correlation Results

The results of the correlation are given in Table 3.

Table 3: Correlation Results

Variables	Descriptive		Correlation		
	Mean	S.D	UB	SA	CI
Unethical Behaviour (UB)	3.0622	.78783	1		
Surface Acting (SA)	3.1527	1.1406	.653**	1	
Customer Incivility (CI)	3.1767	.67790	.456**	.429**	1

\*\* . Correlation is significant at the 0.01 level (2-tailed) The correlation analysis shows that Unethical Behaviour (UB) and Surface Acting (SA) have a significant positive correlation of 0.653\*\*, indicating a strong positive relationship. Similarly, the correlation between Unethical Behaviour (UB) and Customer Incivility (CI) is 0.456\*\*, suggesting a positive and significant relationship. Additionally, Surface Acting (SA) and Customer Incivility (CI) have a positive and significant correlation of 0.429\*\*, further highlighting the positive relationships between these variables.

4.4 Testing Major Assumptions of Multivariate Analysis

The assumptions for multivariate analysis, such as normal distribution, homoscedasticity, linearity, and multicollinearity, were tested using various statistical tools. The researcher examined box plots, normal Q-Q plots, and normal P-P plots for normality. The

results showed that the data were normally distributed for all variables, as indicated by bell-shaped distributions in the figures. In addition, the normal P-P graphs confirmed the data's normality, with most data points closely following the straight line, suggesting no issues with normality. Scatter plots were used to test these assumptions regarding homoscedasticity and linearity. The scatter plots for customer incivility and unethical behaviour, customer incivility and surface acting, and surface acting and unethical behaviour showed no specific patterns, indicating that heteroscedasticity was absent. The absence of heteroscedasticity in the data confirmed that the assumption for regression analysis was met, allowing further hypothesis testing.

4.5 Regression Results for H1, H2, H3 and H4

Regression Results for all hypotheses are given in Tables 4, 5, 6, and 7.

Table 4: Regression Results through Process Macro Model 4

Part	Outcome	Model	Coeff	SE	t	p
Part I	SA	constant	1.1221	.2050	5.4737	.0000
		CI	.4667	.0534	8.7404	.0000
Part II	UB	constant	.0890	.1942	.4580	.6473
		SA	.6263	.0494	12.6784	.0000
		CI	.2625	.0537	4.8890	.0000
Part III	UB	constant	.7917	.2259	3.5044	.0005
		CI	.5548	.0589	9.4279	.0000

TABLE 5: Summary Outcome

Part	Outcome	R	R-sq	F	df1	df2	p-value
Part I	SA	0.4294	0.1844	76.3952	1	338	0.0000
Part II	UB	0.6811	0.4639	145.8186	2	337	0.0000
Part III	UB	0.4563	0.2082	88.8862	1	338	0.0000

**Table 6: For Total effect, Direct effect, and Normal theory tests for indirect effect**

Part	Effect Type	Effect	SE	t/Z	p-value
Part IV	Total effect of X on Y	0.5548	0.0589	9.427	0.0000
	Direct effect of X on Y	0.2625	0.0537	4.889	0.0000
	Normal theory tests for the indirect effect	0.2923	0.0407	7.181	0.0000

**Table 7: For Indirect effect of X on Y (SA) and Preacher and Kelley (2011) Kappa-squared (SA)**

Part	Effect Type	Effect	Boot SE	BootLLCI	BootULCI
Part IV	Indirect effect of X on Y (SA)	0.2923	0.0446	0.2171	0.3935
	Preacher & Kelley (2011). Kappa-squared (SA)	0.2510	0.0340	0.1892	0.3262

For hypothesis testing and mediation analysis, the researcher executed regression analysis in SPSS through the Process Macro written by Andrew F. Hayes. In this process, the researcher picked model 4 appropriate for testing mediation.

The results of Model 4 are discussed in the above table. This table is divided into four parts so that the readers can comprehensively and easily understand the interpretation of the results. In the first part, the results for H2 are given. According to part I, the value for R-squared is almost 18 percent, which means the variable customer incivility is causing an 18 percent change in variable surface acting. Furthermore, this 18 percent change in surface acting is significant as the value of  $F(1,338) = 76.3952$ , which is significant as indicated by the P value ( $<0.05$ ). So, all these results confirm that the R-squared value is significant.

The next section gives the other important values, such as beta, t-value, and P values. First, the researcher observed a beta value of 0.466, which is positive, meaning that one unit change in the predictor variable (customer incivility) will predict 0.466 unit of change in the criterion variable (surface acting). Similarly, the T-value is 8.74, well above the cut-off value of 2.00, so the T-value is also significant. Finally, the researcher observed the probability value of the P-value and found that it is less than 0.05, meaning that it is significant. So, all these values statistically confirm that the null hypothesis is rejected here and the alternate hypothesis H2 is accepted here. So, it is proven that customer incivility positively and significantly influences surface acting.

The next part of the above table is part II, which shows the results of H3a and H1a. According to the results of part II, the value of R-squared is 0.463,

which means a 46 percent change in the variable unethical behaviour is due to the variables of surface acting and customer incivility. Furthermore, the value of F-statistics is  $F(2, 337) = 145.81$  that is significant as indicated by the P value ( $<0.05$ ), so our R-square is significant here. The next row in part II discusses the output for H1a and H3a. According to the results, the beta value for the variable surface-acting is 0.62, which is positive and shows that a unit change in the surface-acting variable will cause a 0.62 unit change in unethical behaviour. The t-value is 12.67, which is also significant as it is above the threshold value 2.00. Finally, the probability value or P value is less than 0.05 (.0000), which is significant, meaning that the researcher must reject the null hypothesis for H3a and accept the alternate hypothesis for H3a. So, it is proven that surface acting is positively related to unethical behaviour.

Similarly, the beta value for customer incivility is 0.262, which is positive, meaning that one unit change in customer incivility will cause 0.262 unit of change in unethical behaviour, and the t-value is also significant as it is 4.88, which is positive and larger than the cut-off value of 2.00. Lastly, the p-value also supports that H1a is statistically proven true. Hence, it is concluded that a positive association exists between customer incivility and unethical behaviour. So, H1a is found to be true.

Part III of the above table describes the results of the total effect when there is no mediator involved in the model. Customer incivility is treated here as the independent variable, and Unethical behaviour is treated as the dependent variable. According to the results of this part, the value of R-squared is 0.208, which means that almost 21 percent of change in unethical behaviour is due to customer incivility. When the researcher examined the F-statistic values,

it was confirmed that our R-squared is significant because the value of the F-statistic is  $F(1, 338) = 235.96$  with a p-value less than 0.05, which is indicative of the fact that our F-statistic is significant. So, there is no issue of data fitting to the model, as indicated by the results above.

Similarly, the beta value is .554, which is positive and shows that one unit change in customer incivility will cause .554 units of change in unethical behaviour. Furthermore, the t-statistic value is also significant, as the t-statistic value is 9.42, which is positive and greater than the threshold value of 2.00. Finally, the probability value of the P-value is also significant as the P-value is less than the 0.05 significance level, meaning that customer incivility significantly and positively predicts customer-oriented OCB. So, our H1a is statistically true, proving that customer incivility and unethical behaviour are positively associated.

The last part in the above table is part III. In this part, the mediation results are discussed for H4a. According to this part, it is obvious that the variable surface acting partially mediates between customer incivility and unethical behaviour, as the beta value is reduced from 0.554 to 0.292, indicating that partial mediation is happening here. Similarly, the lower-level confidence interval (LLCI) and upper-level confidence interval (ULCI) do not include zero, so mediation is significant here. The same findings are supported by the results of Preacher and Kelley's Kappa-squared values and the results of the normal theory for the Sobel test, as the p-value is significant here. So, all these results prove that surface acting partially mediates between customer incivility and unethical behaviour. So, it is concluded, according to the statistical results of the above table, that H1, H2, H3, and H4 are found to be significant and true.

Table 8: All Results of Hypotheses

Hypothesis	(B)	(Std. Error)	t-value	p-value	Significant/ Insignificant
H1	.357	.0487	7.341	.000**	Significant
H2	.169	.0389	4.343	.000**	Significant
H3	.399	.0678	5.88	.000**	Significant
H4	.067	.0205	6.091	.000**	Significant

## 5 CONCLUSIONS AND POLICY IMPLICATIONS

### 5.1 Conclusion

The service zone is developing as a high supporter of the economy, and service organisations are contending with each other to offer clients superb contributions. The context isn't any different in the medical services undertaking, which creates a main source of income and work in any state. Thus, the sentiments of the representatives are exceptionally basic in organisational collaborations, and taking care of emotions within the working environment has developed as a key part of our work presence. It requires an attempt at the piece of those service representatives to show proper feelings as assigned by the organisations, as they are said to perform emotional labour.

Healthcare has turned out to be one of the most sincerely aggravating service professions, in which healthcare professionals are prone to stress from numerous sources and are continually required to

provide care for the patient to build a holistic relationship with the patients to encourage reclamation. Therefore, their duty includes a parcel of emotional labour. Enthusiastic work as job demand is imperceptible; however, even though parcels are less substantial, the expenses and significance are indistinguishable from those of physical work. Emotional labour has developed as a research subject over the last thirty years and is now attaining huge significance among academicians.

The administration staff faces verbal animosity and humiliation, and the roughly patient offensive behaviour, such as "Medical disputes," happens consistently. Customer uncivil conduct not only impacts the organisation and different customers but also affects the administration staff's physical or mental strain, together with specialist emotional working, job burnout, turnover, and dishonest conduct. Healthcare professionals are individuals who expertly look after patients and help them recover. To take care of such sufferers is incredibly

intense and distressing, physically, yet sincerely as well. Healthcare professionals, in every case, are not only task-based assignments but also involve heavy work in the emotional domain.

They are also obliged to fulfill patient emotional objectives, routinely resulting in burnout and sorrow. Such an enthusiastic Burdon is one of the ability antecedents of turnover.

To conclude, medical services specialists reveal an implication of uncivil connections in work settings. They may utilize surface acting as an approach to respond to those cases, particularly in the meantime, as the incivility is in the form of unessential jokes or antagonistic vibes from doctors and patients. Together, those two elements can affect emotional outcomes, expanding enthusiastic depletion and a dreadful state of mind, as proven statistically by the present study's findings. The results have also shown that customer incivility is an act that eventually leads healthcare professionals to behave unethically and take things to a further level. The phenomenon of surface acting partially mediates this relationship. Additionally, in organisations, incivility is a significant inconvenience for workers. Healthcare policymakers must catch incivility conduct and should take action to decrease or dispose of it from their organisation

### 5.2 Implications

The current study widens the reasonable work and exact research in customer incivility writings by illuminating a basic system with the helpful asset of buyer incivility adversely impacting healthcare professionals' client direction. The outcomes of the present study also recommend that stifling horrendous feelings or faking high sentiments (for example, surface acting) plays an indispensable role in the relationship between buyer incivility and unethical behaviour; the relationship is influenced by how regularly organisation workers smother and fake their enthusiastic presentations. Additionally, the more often the bearer representatives stand up to uncivil customers, the more easily they utilize surface acting as a technique for enthusiastic, diligent work, which leads to a dreadful part significantly less self-control and a customer-centered attitude during the delivery of service because of the prevailing situation of emotional burnout.

Second, employing COR theory, this study hypothesizes how buyer incivility and surface acting have a combined effect on healthcare professionals. This examination demonstrates that the more customer incivility workers adapt to, the more likely they are to engage in surface acting (for example, smothering and faking their enthusiastic displays. Also, surface acting driven by customer incivility may lead to a resource deficit for healthcare professionals since it is genuinely connected with a feeling of enthusiastic fatigue.

Through these lines, the researcher expanded the contemplations of COR theory by recommending that surface acting caused by utilizing buyer incivility leads to emotional resource depletion, which affects healthcare professionals badly, and their health delivery performance is lowered in response to customer incivility to protect any more emotional resource depletion further.

### 5.3 Limitations and Future Research Directions

The present study also has some limitations, but the researchers find that these limitations also help upcoming researchers deal with customer incivility differently. The first limitation of our study is that the data were collected only from private hospitals in Lahore, so the generalizability of the present study may be interpreted with care. Future researchers are required to collect data from public sector hospitals, too.

Similarly, the sampling method chosen for the present study was nonprobability sampling because most hospitals refused to share the list and data of healthcare professionals working in their hospitals due to certain reasons, like security reasons and organisational policies. As a non-probability sampling method is weak in its philosophy compared to probability sampling, future researchers need to apply some probability sampling methods in the future.

Similarly, the present examination was conducted based on the self-reported questionnaire, which raises the question of common method variance. The researcher could not get exact numbers of uncivil cases from patients or their families. Some of the respondents also exaggerated the phenomenon of customer incivility, and some may have underweighted it.

Finally, the data were cross-sectional, so causation is not possible because the researcher does not have any historical information; therefore, future researchers are requested to use longitudinal data to infer strong causation.

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