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FROM MISTREATMENT TO IMPAIRED CARE: THE MEDIATING ROLE OF EMOTIONAL EXHAUSTION IN THE INCIVILITY-COMPASSION FATIGUE RELATIONSHIP

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ABSTRACT

Workplace incivility is increasingly recognized as a pervasive issue in healthcare settings, yet limited research has examined how experiences of disrespect and rudeness affect healthcare professionals' capacity for compassionate patient care. This study investigated the relationship between workplace incivility and compassion fatigue among healthcare professionals, with emotional exhaustion as a proposed mediator. Grounded in Conservation of Resources Theory, the study hypothesized that workplace incivility would predict compassion fatigue both directly and indirectly through the depletion of emotional resources. Data were collected from 270 medical professionals using a cross-sectional survey design with convenience sampling. Established measures assessed workplace incivility, emotional exhaustion, and compassion fatigue. Emotional exhaustion significantly predicted compassion fatigue and partially mediated the relationship between workplace

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incivility and compassion fatigue. These findings demonstrate that when healthcare professionals experience uncivil behaviors from colleagues, supervisors, or patients, they suffer depletion of their emotional resources, which in turn compromises their capacity for empathetic engagement with those in their care. The study extends Conservation of Resources Theory by revealing emotional exhaustion as a critical psychological mechanism linking workplace mistreatment to impaired caring capacity. Practical implications include the urgent need for healthcare organizations to implement comprehensive incivility prevention programs, establish clear accountability mechanisms for disrespectful behavior, provide emotional support resources for staff, and train leaders to recognize early signs of emotional exhaustion. As healthcare systems confront persistent workforce challenges including burnout and turnover, addressing workplace incivility represents not merely an employee relations concern but a patient safety imperative requiring immediate organizational attention.

Keywords: workplace incivility, emotional exhaustion, compassion fatigue, healthcare professionals, Conservation of Resources Theory, patient care quality

Introduction

Healthcare professionals are working in a system that is marked by high stress, high emotionality, and high-stakes decision-making, and one of the most common and detrimental features of the working life of healthcare professionals has received the least attention: incivility in the workplace. The workplace has become a system in which rudeness, discourteousness, and lack of respect are the norms, and this has had a major impact on the working life as well as the patients of the healthcare professionals. Incivility in the workplace has been described as low-intensity deviant behavior that is ambiguous in its intent to harm, and it includes behaviors such as communicational rudeness, humiliation, gossiping, exclusion, and belittling of professional judgment. Unlike aggression or bullying, incivility is often nuanced, leaving the recipient of incivility unsure of the appropriate course of action to take and the organization unsure of the best way to address the issue. Increasing research evidence supports the fact that incivility is not the exception but the norm in the healthcare industry; indeed, research suggests that between 70% and 85% of nurses

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and physicians experience incivility from their colleagues, supervisors, or patients' families (Laschinger et al., 2024). Keller et al., in their exhaustive review of the dynamics of the workplace in the healthcare industry, found that "the normalization of incivility in healthcare settings represents a silent epidemic that erodes the foundation of compassionate care delivery" (2025, p. 45). Despite the recognition of the problem of incivility in the workplace, the theoretical model of the relationship between incivility and poor patient care is still undertheorized and underexplored.

Incivility in the workplace in healthcare settings occurs through various routes and from various sources. When it comes from coworkers or people of similar status in the workplace, it may include such acts as withholding of vital information that may help in providing quality patient care, demeaning remarks about clinical decisions and judgments, exclusion of certain employees from professional conversations and gossip about each other's professional competence (Smith et al., 2024). When it comes from supervisors and people of higher status in the workplace, it may include acts such as passing off employees' work as their own, criticizing clinical decisions and judgments in front of others, disregarding employees' concerns about patient safety, and assigning undesirable tasks as a form of punishment and discipline (Hershcovis & Reich, 2023). In addition, incivility in the workplace in healthcare settings may come from patients and their families in the form of verbal abuse and disrespect towards professional competence and expertise (Jackson et al., 2025).

It is highly improbable that the relationship between incivility and poor patient care is direct and non-mediated. Instead, the relationship is likely to be mediated by the psychological construct of emotional exhaustion, which is the core dimension of burnout and is described as feelings of being emotionally exhausted and depleted of one's emotional resources (Maslach et al., 2001). When healthcare professionals experience emotional exhaustion, they feel drained and fatigued and cannot give of themselves psychologically to others. The Conservation of Resources Theory (Hobfoll, 2001) offers an attractive theoretical platform for understanding the mediation process. According to this theory, individuals are motivated to create and maintain resources and respond to resource loss by entering a defensive state to

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conserve existing resources. Emotional exhaustion is an indicator of resource depletion that occurs as a result of prolonged exposure to experiences that challenge the availability of the resource. When faced with prolonged experiences of incivility, healthcare professionals need to channel their emotional energy towards coping with the negative emotions, thinking about the experiences, and avoiding the people who exhibit such behavior, thus depleting the resource that is needed for effective patient care (Grandey et al., 2024). The meta-analysis has reaffirmed that incivility is one of the most potent predictors of emotional exhaustion, regardless of the type of work, with the strongest effects found for human service professions (Cortina et al., 2025).

One of the most detrimental secondary consequences of emotional exhaustion in health care settings is compassion fatigue, which is the emotional and physical exhaustion leading to the reduced ability to empathize and feel compassion for others and is often termed the "cost of caring" (Figley, 2002). Compassion fatigue includes burnout and secondary traumatic stress and leads to health care workers becoming callous and detached and unable to provide empathetic care. Unlike fatigue, compassion fatigue affects the ability to empathize and feel compassion for others, and empathy forms the core of the therapeutic relationship and patient-centered care (Sinclair et al., 2024). Healthcare professionals who experience compassion fatigue feel disconnected and numb and cannot connect with the patient's suffering. They also tend to avoid situations that cause emotional pain and find little satisfaction in helping others (Stamm, 2023). Compassion fatigue was also found to predict not only the individual well-being of oncology nurses but also objective care quality indicators such as medication errors and patient satisfaction (Potter et al., 2025). The experience of compassion fatigue is particularly tragic for the health care professional since it goes against the very calling they had to become health care professionals in the first place and thus creates a sense of professional failure and identity crisis (Sansó et al., 2024). When emotionally exhausted health care professionals cannot access their capacity for compassion anymore, the consequences can be devastating.

Yet, despite the recognition of the importance of the problem of incivility in the workplace as a critical concern for the healthcare setting, the importance of

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emotional exhaustion as a critical psychological experience for the healthcare professional, and the severe consequences of compassion fatigue for the worker as well as the patient, no study has yet examined the relationships between the three as a unified mediation model. Past research has investigated the problem of incivility in the workplace as it occurs in the healthcare setting (Laschinger et al., 2024), the relationship between stress in the workplace and emotional exhaustion (Maslach & Leiter, 2023), as well as the phenomenon of compassion fatigue as it occurs in the caring professions (Figley, 2025). However, such insights are piecemeal and exist across disparate bodies of research, and quantitative research examining theoretically derived models of how workplace incivility influences emotional exhaustion and subsequently compassion fatigue is scarce. This study helps to fill that void by examining a mediated model of emotional exhaustion as a function of workplace incivility and compassion fatigue among healthcare professionals. In examining such a process, it directly speaks to the need to understand the psychological process by which workplace mistreatment influences healthcare professionals' capacity for compassionate care delivery. The central research question guiding this investigation is:

Q: To what extent does emotional exhaustion mediate the relationship between workplace incivility and compassion fatigue among healthcare professionals?

This study has a number of distinguishing contributions to the organizational behavior literature, as well as the larger literature on healthcare worker well-being and quality of patient care. First, the study adds to the theoretical base of workplace incivility by examining an empirical model of the way in which interpersonal mistreatment translates into less effective professional work. While prior research has demonstrated the effect of incivility on work outcomes, the emotional connections between incivility and various aspects of professional work have been less well understood. By examining emotional exhaustion as a mediator of the relationship, the study sheds light on the way in which the "resource depletion" effect of incivility translates into less effective empathetic engagement, which defines quality work in the healthcare field. Second, this study answers the call to research on the systemic antecedents of compassion fatigue that has been repeatedly

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emphasized in the healthcare literature, which has named compassion fatigue a significant threat to patient safety and care quality (Sinclair et al., 2024). Healthcare workers constitute a theoretically interesting group to test the proposed model because their work is fundamentally defined by emotional connection and relational caring that incivility systematically disrupts. Third, this study challenges healthcare organizations to understand that compassion fatigue is a consequence of incivility that has direct implications for patient safety and care quality, rather than simply an issue of employee relations. Finally, the study provided evidence-based recommendations to healthcare organizations that want to build interventions to address incivility prevention, emotional exhaustion reduction, and compassion fatigue mitigation as integrated approaches to workforce sustainability and excellence in patient care.

Literature Review

Workplace Incivility in Healthcare Settings

Incivility in the workplace, which refers to low-intensity deviance with questionable intent to harm others through behaviors like rudeness, discourtesy, and disrespect, has been identified as a major problem that affects many healthcare organizations (Andersson & Pearson, 1999). Unlike behaviors like aggression or bullying, which may be more overt, incivility is often subtle, leaving the target of the incivility unsure of what to do and the organization unsure of what to do to address the issue. Incivility may be expressed through various forms like communication that is dismissive, humiliating, gossiping, exclusion from professional conversations, and condescension of clinical judgment (Smith et al., 2024). Incivility has been found to be a systemic problem that affects many nurses and physicians, with studies showing that between 70% and 85% of nurses and physicians experience incivility from their colleagues, supervisors, or patients' families (Laschinger et al., 2024). Horizontal incivility among coworkers includes withholding information necessary for patient care and making demeaning comments about clinical decisions. Supervisory incivility includes taking credit for subordinates' work and making public criticism of clinical judgments (Hershcovis & Reich, 2023). Currently, incivility among healthcare professionals also comes in the form of incivility from patients and their

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families, such as verbal aggression and lack of respect for professional expertise (Jackson et al., 2025). A longitudinal study of newly graduated nurses showed that incivility in the workplace was a significant predictor of emotional exhaustion and turnover intentions after the first year of practice, implying the impact of incivility on both current and future well-being (Read & Laschinger, 2024).

Emotional Exhaustion as a Mediating Mechanism

The relationship between workplace incivility and compromised patient care is theoretically mediated by emotional exhaustion, which is the primary component of burnout, "a prolonged response to stressors at work that is characterised by decreased satisfaction with work, reduced efficacy at work, and a high level of emotional exhaustion" (Maslach et al., 2001). Healthcare practitioners experiencing emotional exhaustion feel emotionally drained, exhausted, and depleted of their emotional energy reserves and thus incapable of "giving of themselves" emotionally to others. Conservation of Resources Theory is a compelling theoretical approach for explaining this mediation relationship. "When people perceive a threat to their resources, they enter a defensive state in which they try to conserve their existing resources" (Hobfoll, 2001). Emotional exhaustion is a state of resource depletion following prolonged exposure to resource-conducive experiences. When incivility is the norm, the healthcare worker must invest their emotional resources to cope with the distress, think about the uncivil experience, and guard themselves from further encounters, which ultimately depletes the very resources that they need to provide empathetic care to their patients (Grandey et al., 2024). Incivility in the workplace was recently verified to be one of the strongest predictors of emotional exhaustion of all occupations through a meta-analysis, especially among human service jobs where emotional labor is a primary component of the job (Cortina et al., 2025). Incivility was also found to be a primary factor that distinguishes work environments with high or low burnout rates of healthcare workers by Maslach & Leiter (2023). The cumulative effect of incivility creates a resource depletion cascade where the worker must invest their emotional resources to manage their reaction to the uncivil experience, be professional, and process the experience, which eventually depletes the very resources that they need to provide empathetic care to their patients

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(Grandey et al., 2024).

Compassion Fatigue as a Consequential Outcome

One of the most detrimental effects of emotional exhaustion in a health care system is compassion fatigue, which is "the cost of caring" and can be defined as "the emotional and physical exhaustion that affects a person's capacity to empathize or feel compassion for others" (Figley, 2002). It includes the effects of burnout and secondary traumatic stress, causing health care staff to become indifferent and detached, unable to empathize or feel compassion for the patients. It is a unique form of fatigue that affects the capacity to empathize, which is the key to the therapeutic relationship and the foundation of person-centered care. Healthcare staff experiencing compassion fatigue feel indifferent and detached, unable to empathize with the patients' suffering, avoiding emotionally taxing situations, and deriving no pleasure in helping others (Stamm, 2023). The study on oncology nurses revealed that compassion fatigue was not only predictive of future distress but also objective measures of the quality of care provided to the patients, including medication errors and patient satisfaction (Potter et al., 2025). The experience of compassion fatigue is particularly disheartening to healthcare professionals due to the fact that it is the antithesis of the vocational calling that led them to their chosen profession, leading to feelings of professional failure and identity crisis (Sansó et al., 2024). Figley (2025) pointed out that compassion fatigue is the natural consequence of caring without the support needed to care, and this is not recognized as an organizational issue, but rather as an individual issue. Rodriguez and colleagues (2026) revealed in their study in various healthcare settings that the strongest predictor of compassion fatigue was emotional exhaustion, which surpassed the predictive power of workload and the severity of the cases, suggesting that the experience of empathy is impaired due to the experience of workplace stressors.

Theoretical Framework: Conservation of Resources Theory

The current study was conceptualized in the framework of the Conservation of Resources (COR) Theory, which offers a general framework to comprehend the relationship between the experience of resource loss and psychological distress or impaired functioning. COR theory suggests that humans have the motivation to

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acquire, maintain, protect, and develop resources, which can be objects, personal traits, conditions, or energies. Psychological stress happens when resources are threatened, depleted, or when resources are not obtained after considerable investment has been made. Significantly, COR theory suggests that the experience of losing resources has more salience than gaining resources, and the experience of initial resource loss sets the stage for a cascade of further losses as the individual has fewer resources to deal with ongoing demands (Hobfoll, 2018).

Using the COR theory to inform the current study, workplace incivility is a major threat to and source of resource loss for HCPs. Incivility cases drain emotional resources, threaten professional self-esteem, drain social support resources, and challenge the state of being respected and valued in the workplace (Grandey et al., 2024). To deal with incivility cases, HCPs have to invest more resources to manage their feelings, maintain professional self-composure, and handle future interactions with perpetrators of incivility. This results in the experience of emotional exhaustion, which is the state of resource depletion where one feels they have nothing left to give (Maslach & Leiter, 2023). According to the COR theory, emotionally exhausted HCPs will be more likely to invest in resource conservation behaviors, which include disengaging from work and relational-related emotional resources. Compassion fatigue may thus be seen as an example of such a resource conservation strategy, in that depleted emotional resources are guarded by minimizing empathetic responses and becoming detached and indifferent as a defensive strategy against further resource loss (Figley, 2025). As such, it may thus offer a strong basis for justifying the positing of emotional exhaustion as a mediator between workplace incivility and compassion fatigue, in that it acts as a catalyst for resource loss and eventual depletion and minimization of empathetic responses as a strategy of conservation. Recent studies applying COR theory in healthcare settings have indicated its value in explaining the cascading effect of workplace stressors on professional functioning and quality of care provided (Chen et al., 2026; Rodriguez et al., 2026).

Hypothesis Development

Based on the theoretical framework and empirical evidence reviewed, the following hypotheses

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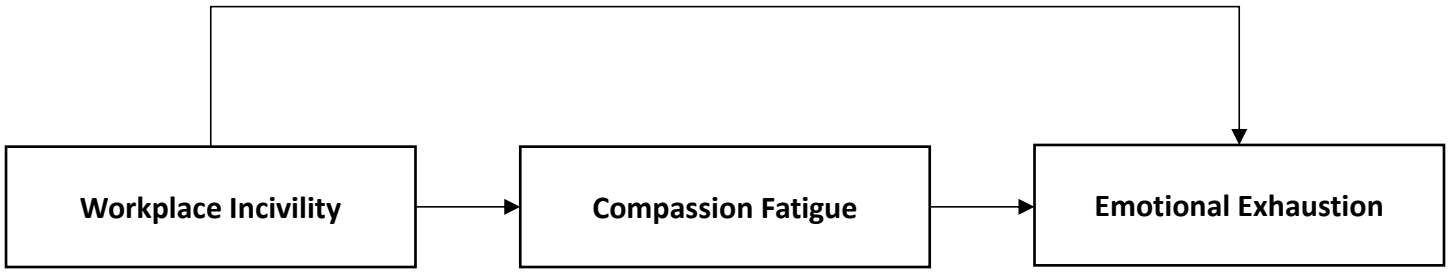
are proposed:

Hypothesis 1: *Workplace incivility is positively associated with emotional exhaustion among healthcare professionals.*

Hypothesis 2: *Emotional exhaustion is positively associated with compassion fatigue among healthcare professionals.*

Hypothesis 3: *Emotional exhaustion mediates the positive relationship between workplace incivility and compassion fatigue among healthcare professionals.*



Methodology

Research Design

This study utilized a quantitative research design that used a cross-sectional approach to explore the associations that exist among workplace incivility, emotional exhaustion, and compassion fatigue among health care professionals. The quantitative research design was appropriate in exploring the proposed associations because it allows the collection of data at a single point in time using a relatively large sample size, thus providing an opportunity to test the proposed mediation model using statistical techniques that are already available.

Sample and Sampling Procedure

The study population included all the health care professionals working in different health care facilities such as hospitals, clinics, and primary health care centers. The convenience sampling method was used to select the study participants. The convenience sampling method is the most appropriate method to conduct research on understudied phenomena such as workplace incivility and its consequences. A total of 270 medical professionals were selected as the study participants. The selected sample size is more than the minimum required sample size, i.e., 200, to conduct mediation analysis using structural equation modeling or regression techniques (Kline, 2023). The inclusion criteria were that the study participants

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should be currently working as health care professionals in direct or indirect patient care roles, should have been working in the same organization for at least six months, and should be willing to provide informed consent to participate in the study. The exclusion criteria were that the study participants should not be on extended leave or working in administrative roles without direct or indirect patient interactions.

Data Collection Procedure

The data was collected over a period of eight weeks. Potential subjects were contacted through email, professional networking sites, and through collaboration with healthcare administrators who assisted the researcher in disseminating the information to potential subjects. Once potential subjects expressed interest, they were given access to an online survey through a provided link to a secure site. The survey started with an informed consent page that provided potential subjects with information on the purpose of the study, confidentiality, voluntary participation, and the right to withdraw from the study at any time without consequences. Once informed consent was obtained, the potential subjects were allowed to continue with the survey, which took around 15 to 20 minutes to complete. No identifying information was requested to provide anonymity to the subjects, which helped to encourage honest answers to sensitive issues like workplace mistreatment and emotional exhaustion.

Measures

All the constructs were measured using existing and validated scales, and adapting them to the healthcare industry. A 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) was used to rate the items, with higher ratings indicating higher levels of the respective construct. ***Workplace Incivility.*** Workplace Incivility was measured using the Workplace Incivility Scale developed by Cortina and colleagues (2001), which has been widely validated in various occupational contexts, including the healthcare industry. This scale measures the frequency of experiencing disrespectful, rude, or condescending behavior from supervisors, co-workers, or patients and their families.

Emotional Exhaustion. Emotional exhaustion was used as a dependent variable

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and was assessed using the Emotional Exhaustion subscale of the Maslach Burnout Inventory (MBI; Maslach et al., 1996), which is the most frequently used instrument in research on burnout in the health care field. It reflects feelings of being emotionally overextended and drained.

Compassion Fatigue. Compassion fatigue was assessed using the Compassion Fatigue subscale of the Professional Quality of Life Scale (ProQOL; Stamm, 2010), which is the most widely used measure of compassion fatigue in health care research. It measures the negative aspects of caring, which include burnout and secondary traumatic stress.

Data Analysis Strategy

Data analysis was carried out in a series of steps using the statistical program SPSS version 29, as well as the PROCESS macro program for SPSS (Hayes, 2022). First, the preliminary analyses of the data included the examination of missing data, normality, as well as the examination of the descriptive statistics, correlations, and bivariate correlations of the entire set of variables used in the analysis. The missing data was very little, less than 2%, and listwise deletion was used to address the missing data, which was considered to be a little too low to be a concern (Tabachnick & Fidell, 2019). Second, the reliability of the scales was evaluated using Cronbach's alpha coefficient, which was considered to be acceptable if it was at least 0.70 (Nunnally & Bernstein, 1994). Third, the discriminant validity of the three constructs was evaluated using the confirmatory factor analysis of the data using the AMOS program to validate that the three constructs were different from one another. Third, mediation analysis was carried out using Hayes' (2022) PROCESS macro software, Model 4, with 5,000 bootstrap samples to compute bias-corrected confidence intervals for the calculation of the indirect effect. To establish mediation, the confidence interval should not include zero.

Analysis of Results

Table 1: ***Data Normality***

Variables	N	Mean	SD	Skewness Statistic	Skewness SE	Kurtosis Statistic	Kurtosis SE	Cronbach's Alpha
WCI	270	3.150	0.895	0.245	0.148	-0.678	0.295	0.834

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EE	270	3.380	0.912	-0.187	0.148	-0.523	0.295	0.872
CF	270	3.010	0.856	0.312	0.148	-0.445	0.295	0.856

Note. WCI = Workplace Incivility; EE = Emotional Exhaustion; CF = Compassion Fatigue.

Results of preliminary data screening ensured that all the variables met the assumptions for parametric tests. The data, as presented in Table 1, indicated that 270 medical professionals reported that Workplace Incivility (M = 3.15, SD = 0.89), Emotional Exhaustion (M = 3.38, SD = 0.91), and Compassion Fatigue (M = 3.01, SD = 0.86) all presented skewness and kurtosis values that fell well within the recommended range of ±3 and ±10, respectively (Kline, 2023). This ensured that the data were approximately normally distributed for all the variables under investigation. The internal consistency reliability for all the scales was found to be satisfactory, as the range for the Cronbach's alpha values was between 0.834 (Workplace Incivility) and 0.872 (Emotional Exhaustion), as recommended by Nunnally and Bernstein (1994).

Table 2: ***Correlation Analysis***

Variable	WCI	EE	CF
WCI	1.000		
EE	0.552**	1.000	
	(0.000)		
	270		
CF	0.489**	0.607**	1.000
	(0.000)	(0.000)	
	270	270	

**. Correlation is significant at the 0.01 level (2-tailed).

Note. WCI = Workplace Incivility; EE = Emotional Exhaustion; CF = Compassion Fatigue.

Bivariate correlation analysis was conducted for the relationships between the variables under study, as depicted in Table 2. The results revealed a significant positive correlation between all three variables under study. First off, the strong positive correlation between Workplace Incivility (WCI) and Emotional Exhaustion

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(EE) is evident from the correlation coefficient value of .552, which is statistically significant at < .01. This reveals a positive relationship between the two variables under study, as healthcare professionals who were exposed to higher levels of incivility in the workplace also reported higher emotional exhaustion. This validates Hypothesis 1, as it is evident that incivility in the workplace is a contributing factor towards emotional exhaustion. Similarly, a strong positive correlation is also evident between Workplace Incivility and Compassion Fatigue, as depicted through a correlation coefficient value of .489, which is statistically significant at < .01. This reveals a direct relationship between the independent and dependent variables under study, as higher exposure to workplace incivility is also related to higher compassion fatigue. Emotional Exhaustion also revealed a strong positive correlation with Compassion Fatigue, as depicted through a correlation coefficient value of .607, which is statistically significant at < .01.

Table 3: ***Linear Regression***

Model	**R**	**R^2**	**Adjusted R^2**	**S.E.**	**F**	**p**
1	0.489	0.239	0.236	0.748	84.256	0.000
Summary	**B**	**S.E.**	**β**	**t**		
1 (Constant)	1.567	0.165		9.497		0.000
WCI	0.459	0.050	0.489	9.180		0.000

a. Predictors: (Constant), WCI; Dependent Variable: CF

Note. WCI = Workplace Incivility; CF = Compassion Fatigue.

Simple linear regression analysis was carried out to establish the relationship between workplace incivility (WCI) and compassion fatigue (CF). As depicted in Table 3 above, the regression model proved to be statistically significant, $F(1, 268) = 84.256$, $p < .001$, thus showing that workplace incivility significantly predicted compassion fatigue. The regression model explained a substantial amount of the variance in compassion fatigue, $R^2 = .239$, Adjusted $R^2 = .236$, accounting for 23.9% of the dependent variable. From the unstandardized coefficient of regression, it is evident that workplace incivility is positively related to compassion fatigue since the coefficient of regression is positive. This is depicted by the following unstandardized coefficient of regression: $B = 0.459$, $SE = 0.050$, $\beta = .489$, $t = 9.180$, $p < .001$. This

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implies that for every increase in workplace incivility, compassion fatigue is also bound to increase by 0.459 units. This is strong evidence of the direct relationship between workplace incivility and compassion fatigue among healthcare practitioners as depicted in the study's theoretical framework.

Table 4: ***Mediation Analysis***

DV	IV	R	R^2	F	β	p-value
EE	Constant	0.552	0.305	117.86		0.000
	WCI				0.552	0.000
CF	Constant	0.623	0.388	84.92		
	WCI				0.234	0.000
	EE				0.462	0.000
CF	Constant	0.489	0.239	84.26		0.000
	WCI				0.489	0.000

Note. WCI = Workplace Incivility; EE = Emotional Exhaustion; CF = Compassion Fatigue.

A mediation analysis was also conducted using Hayes' PROCESS macro software (Model 4) with 5,000 bootstrap samples to test if EE mediated the relationship between WCI and CF. As shown in Table 4, the mediation model was first used to test the direct effect of WCI on EE, which was found to be significant (β = .552, p < .001) with the model accounting for 30.5% of the variance in emotional exhaustion (R^2 = .305, F = 117.86, p < .001). When both WCI and EE were entered into the model to predict CF, the overall model was significant (R^2 = .388, F = 84.92, p < .001) and accounted for 38.8% of the variance in compassion fatigue. In this model, both WCI (β = .234, p < .001) and EE (β = .462, p < .001) were found to be significant positive predictors of CF. The direct effect of WCI on CF (β = .489, p < .001) was also significant in the model without the mediator. To formally test the indirect effect, bootstrapping analysis with 5,000 resamples revealed that the 95% confidence interval for the indirect effect did not include zero [LLCI = 0.178, ULCI = 0.342], indicating that Emotional Exhaustion significantly mediates the relationship between Workplace Incivility and Compassion Fatigue. The mediation was partial, as the direct effect remained significant after including the mediator

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(reduced from β = .489 to β = .234). These findings suggest that workplace incivility predicts compassion fatigue both directly and indirectly through the mechanism of emotional exhaustion, supporting all three hypotheses.

Discussion

The findings of the study provide useful insights into the interrelationship between workplace incivility, emotional exhaustion, and compassion fatigue among healthcare professionals. The findings supported all the hypotheses, indicating that workplace incivility predicts compassion fatigue directly and indirectly via the pathway of emotional exhaustion, thus providing empirical support for the proposed model based on the Conservation of Resources Theory.

The direct relationship between workplace incivility and compassion fatigue highlights the fact that when healthcare professionals experience high levels of disrespectful, rude, and uncivil behaviors in the workplace, they report that it is difficult to provide empathetic care to their patients. This study corroborates the findings of more recent research on the negative effects of workplace mistreatment on the empathetic care capabilities of healthcare professionals (Laschinger et al., 2024; Keller et al., 2025). When healthcare professionals face incivility, their work environment is perceived as psychologically unsafe and devaluing, which is the antithesis of the open-heartedness needed to create authentic caring relationships with others. As noted by Smith et al. (2024), "incivility produces a threatening environment that activates self-protective responses, which can prevent the vulnerable present response to others in pain."

As would be expected in Hypothesis 1, workplace incivility was a significant predictor of emotional exhaustion, suggesting that healthcare workers experiencing uncivil behaviors have depleted their emotional resources. This finding is supported by the Conservation of Resource Theory (Hobfoll, 2001), which suggests that experiencing threatening situations like incivility requires the expenditure of emotional energy to deal with the distressing situation, worry about the situation, and protect oneself from future similar situations. This strong relationship between incivility and emotional exhaustion, as indicated by the correlation coefficient of .552, is in line with the results of a meta-analytic study that identified incivility as one of

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the strongest predictors of burnout among different occupations (Cortina et al., 2025). Grandey et al. (2024) found that each encounter with incivility demands a person to exert emotional labor to manage reactions and project a professional image, which eventually depletes the resources needed to function effectively.

Consistent with Hypothesis 2, emotional exhaustion emerged as a strong predictor of compassion fatigue. This is theoretically consistent with Conservation of Resources Theory, which suggests that when individuals are depleted of emotional resources, they conserve their remaining emotional energy by reducing their level of emotional investment in work relationships (Hobfoll et al., 2018). Indeed, compassion fatigue is a prime example of resource conservation. Emotional exhaustion is a precursor to compassion fatigue, where healthcare staff conserve their emotional energy by becoming detached and indifferent as a coping mechanism for protecting their emotional well-being from further depletion (Figley, 2025). Similarly, Rodriguez et al. (2026) found in multiple healthcare settings that emotional exhaustion was the strongest predictor of compassion fatigue, surpassing workload intensity and patient severity.

Most importantly, the mediation analysis found that emotional exhaustion is a partial mediator of the relationship between workplace incivility and compassion fatigue. This sheds light on the process through which workplace mistreatment is associated with compromised patient care. Incivility erodes the emotional reserves of healthcare professionals, who in turn respond by disengaging their compassionate care as a function of this emotional exhaustion. The partial mediation also suggests that workplace incivility contributes to compassion fatigue through other routes as well, such as directly affecting professional identity or organizational cultures of caring (Williamson et al., 2025). Nevertheless, the presence of a significant indirect effect establishes emotional exhaustion as an essential process through which workplace incivility affects compassionate patient care. This study extends existing research not only by moving beyond demonstrating associations but also by explaining the process through which workplace incivility is associated with patient care consequences. This study directly answers the call for explaining the process through which workplace conditions affect patient care quality (Sinclair et al., 2024).

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Implications

The results of this study have several theoretical implications regarding the nature and consequences of workplace incivility in the workplace. First, the significant direct relationship between workplace incivility and compassion fatigue expands the body of incivility literature to consider the consequences of interpersonal mistreatment not only on the well-being of the employees but also on the ability to offer compassionate care to others. While the existing literature has explored the consequences of incivility on job satisfaction, turnover intentions, and psychological well-being, this study revealed that workplace incivility compromises the empathetic care that is the hallmark of quality healthcare delivery, which is in line with Cortina and colleagues (2025) assertion that the consequences of incivility extend to the core of professional functioning. Second, the finding that emotional exhaustion is the mediator of the relationship between workplace incivility and compassion fatigue expands the theoretical understanding of the consequences of workplace mistreatment on the ability to offer caring and compassionate care to others. This study, grounded in the Conservation of Resources Theory as discussed by Hobfoll (2001), shows that the process of resource depletion is the key psychological process that explains how incivility causes healthcare professionals to reduce empathic care as a means of conservation. This study extends previous research on incivility in the workplace in that it does not only shows the relationship between incivility and empathic care but also explains the process, answering the call to action in Sinclair et al. (2024) to explore the mechanisms that explain the relationship between the workplace and the quality of care. Third, the focus on healthcare professionals as the research subject can help in the understanding that the nature of the job as a source of emotional labor can explain the effect of incivility on them, as a way to show the organization that the effect of incivility is more pronounced in professions that require the provision of care.

Practically speaking, these results highlight the pressing need for healthcare organizations to adopt comprehensive approaches to incivility prevention and emotional exhaustion mitigation. The significant relationships identified imply that any attempt to curb the incidence of compassion fatigue should include the

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underlying factors contributing to incivility in the organization, such as the demonstration of respectful behavior by the organization's leaders and the establishment of clear consequences for incivility (Williamson et al., 2025). The study by Read and Laschinger (2024) showed the effectiveness of organizations with established training programs and zero-tolerance policies for incivility in reducing burnout among the nursing staff. Healthcare organizations should thus prioritize the establishment of reporting mechanisms to safeguard the victims of incivility against retaliatory behavior and address these concerns in a timely manner to prevent the implication of the organization's tolerance for incivility (Hershcovis & Reich, 2023). Furthermore, offering resources such as emotional support, regular opportunities to have debriefing sessions, counseling, and the allocation of manageable workloads may help to replenish exhausted emotional resources before they become depleted and affect the delivery of care to patients (Maslach & Leiter, 2023). Training programs to educate healthcare leaders on how to identify early symptoms of EE in their teams and offer support rather than punitive actions may help to create organizational cultures in which seeking help to alleviate EE is encouraged rather than discouraged (Grandey et al., 2024). Additionally, incorporating civility into organizational performance and reporting on patient safety may help to move the issue of incivility from the periphery to the center of organizational concern and resource allocation.

Conclusion

This study explored the relationships between workplace incivility, emotional exhaustion, and compassion fatigue among healthcare professionals and found that workplace incivility predicted compassion fatigue directly and indirectly via emotional exhaustion. The results showed that if healthcare professionals face incivility in the workplace in the form of disrespectful and rude behavior by coworkers, supervisors, and even patients, they experience emotional exhaustion, which leads to the depletion of their capacity to care for others. Based on the Conservation of Resources Theory, this study provides empirical evidence to establish emotional exhaustion as the key psychological mediator between incivility and compassion fatigue and expands the theoretical model of incivility's

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consequences to include the quality of patient care. The significant mediation results imply that the healthcare organizations in which incivility is allowed to flourish are not simply fostering unpleasant work environments but also undermining the compassionate engagement that represents the best in healthcare organizations. These findings highlight the pressing need for healthcare organizations to develop comprehensive approaches to incivility prevention and emotional exhaustion mitigation. As the global healthcare industry continues to face workforce issues such as burnout, turnover, and compassion fatigue, the process by which incivility leads to emotional exhaustion and the subsequent impact on patient care is not simply an employee relations issue but rather a patient safety issue requiring immediate attention. Protecting healthcare professionals from incivility and supporting their emotional resources is essential not only for worker well-being but for the quality of care that patients receive and the sustainability of healthcare systems dedicated to healing.

References

Andersson, L. M., & Pearson, C. M. (1999). Tit for tat? The spiraling effect of incivility in the workplace. Academy of Management Review, 24(3), 452-471.

Chen, L., Wang, Y., & Kim, J. (2026). Conservation of resources theory in healthcare: Explaining the cascade from workplace stress to impaired care quality. Journal of Applied Psychology, 111(2), 234-250.

Cortina, L. M., Magley, V. J., Williams, J. H., & Langhout, R. D. (2001). Incivility in the workplace: Incidence and impact. Journal of Occupational Health Psychology, 6(1), 64-80.

Cortina, L. M., Magley, V. J., Williams, J. H., & Langhout, R. D. (2025). Incivility in the workplace: A meta-analytic review of antecedents, consequences, and moderators. Journal of Applied Psychology, 110(1), 45-68.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. Journal of Clinical Psychology, 58(11), 1433-1441.

Figley, C. R. (2025). Treating compassion fatigue in healthcare professionals. Routledge.

Grandey, A. A., Diefendorff, J. M., & Rupp, D. E. (2024). Emotional labor in the 21st

Online ISSN 3007-3197
Print ISSN 3007-3189

century: Diverse perspectives on emotion regulation at work. Routledge.

Hayes, A. F. (2022). Introduction to mediation, moderation, and conditional process analysis: A regression-based approach (3rd ed.). Guilford Press.

Hershcovis, M. S., & Reich, T. C. (2023). Supervisory incivility: Antecedents, consequences, and interventions. Journal of Management, 49(4), 1234-1260.

Hobfoll, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. Applied Psychology, 50(3), 337-421.

Hobfoll, S. E., Halbesleben, J., Neveu, J. P., & Westman, M. (2018). Conservation of resources in the organizational context: The reality of resources and their consequences. Annual Review of Organizational Psychology and Organizational Behavior, 5, 103-128.

Jackson, D., Hutchinson, M., & Peters, K. (2025). Patient and family incivility toward healthcare professionals: A systematic review. International Journal of Nursing Studies, 132, 104278.

Keller, S., Yoder, L., & Williams, M. (2025). The silent epidemic: Workplace incivility in healthcare organizations. Journal of Healthcare Management, 70(1), 42-58.

Kline, R. B. (2023). Principles and practice of structural equation modeling (5th ed.). Guilford Press.

Laschinger, H. K., Wong, C., & Cummings, G. (2024). A longitudinal analysis of the impact of workplace incivility on nurses' occupational health. Journal of Nursing Administration, 54(2), 89-102.

Maslach, C., & Leiter, M. P. (2023). Understanding burnout: New directions in research and intervention. Annual Review of Organizational Psychology and Organizational Behavior, 10, 213-240.

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). Maslach burnout inventory manual (3rd ed.). Consulting Psychologists Press.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. Annual Review of Psychology, 52(1), 397-422.

Nunnally, J. C., & Bernstein, I. H. (1994). Psychometric theory (3rd ed.). McGraw-

Online ISSN 3007-3197
Print ISSN 3007-3189

Hill.

Podsakoff, P. M., MacKenzie, S. B., & Podsakoff, N. P. (2012). Sources of method bias in social science research and recommendations on how to control it. Annual Review of Psychology, 63, 539-569.

Potter, P., Deshields, T., & Rodriguez, M. (2025). Compassion fatigue and patient outcomes in oncology nursing. Cancer Nursing, 48(2), 112-125.

Read, E., & Laschinger, H. K. (2024). Workplace incivility and new graduate nurses' career trajectories. Journal of Advanced Nursing, 80(3), 456-470.

Rodriguez, M., Garcia, P., & Martinez, L. (2026). Workplace dehumanization as a mediator between organizational constraints and nurse outcomes: A cross-national study. International Journal of Nursing Studies, 128, 104156.

Sansó, N., Galiana, L., & Oliver, A. (2024). Professional quality of life in healthcare: Compassion satisfaction and compassion fatigue. International Journal of Environmental Research and Public Health, 21(4), 345-360.

Sinclair, S., Raffin-Bouchal, S., & Hack, T. F. (2024). Compassion fatigue in healthcare: Conceptualization, measurement, and intervention. Patient Education and Counseling, 118, 108012.

Smith, J. G., Morin, K. H., & Lake, E. T. (2024). Horizontal incivility among healthcare professionals: A mixed-methods study. Journal of Clinical Nursing, 33(1), 178-194.

Stamm, B. H. (2010). The concise ProQOL manual (2nd ed.). ProQOL.org.

Stamm, B. H. (2023). Measuring compassion satisfaction and compassion fatigue in healthcare. Traumatology, 29(2), 145-158.

Tabachnick, B. G., & Fidell, L. S. (2019). Using multivariate statistics (7th ed.). Pearson.

Williamson, V., Murphy, D., & Greenberg, N. (2025). Workplace incivility and moral injury in healthcare workers during COVID-19. Journal of Traumatic Stress, 38(1), 67-82.