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The Relationship of Five Factor Personality Characteristics and Workplace Incivility in Health Institutions: A City Hospital Example

Kadriye Sönmez* / Asst. Prof. Dr.
İstanbul Topkapı University, Plato Vocational School, Department of Medical Services and Techniques
kadriyesonmez@topkapi.edu.tr

İbrahim Halil Cankul / Prof. Dr.
İstanbul Arel University, Faculty of Health Sciences, Department of Healthcare Management
ibrahimhalilcankul@arel.edu.tr

*Corresponding Author

Abstract

The fundamental question that shapes the design of this study is whether personality traits play a role in combating the frequent workplace incivilities encountered in the delivery of health services and in developing strategies to cope with these problems. Based on this, the aim of the study is to examine the relationship between the five-factor personality traits of health personnel working in a public hospital and incivility behaviors in the workplace, as well as to determine how workplace incivilities vary according to employees' demographic characteristics. The study is designed as a cross-sectional survey. Two scales were used in the study. A total of 324 healthcare workers were included in the study, which was conducted at a city hospital in the Mediterranean region. It was found that gender, job, years of service, and income variables created significant differences in workplace incivility. A negatively low-level (r:-.200) relationship was observed between the personality trait of responsibility and workplace incivility. No significant relationship was found with other personality traits. Therefore, considering that healthcare workers are expected to be more responsible and careful in terms of the nature and consequences of their work, workplace incivility can be considered an important risk in this regard. Given that negative behaviors in the workplace can affect employee motivation, job satisfaction, and even relationships with patients, it is important for healthcare workers to work in an environment where more polite and respectful behaviors are exhibited in terms of the quality of health services.

Keywords: Five-Factor Personality Traits, Workplace Incivility, Healthcare Workers.

JEL Codes: D23, M14

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1. Introduction

Studies on the five-factor personality traits of healthcare workers are significant in understanding their interactions with colleagues, patients, and patients' relatives. The "Big Five" personality traits, commonly used in psychology, business, and multidisciplinary studies, include conscientiousness, extraversion, openness to experience, agreeableness, and neuroticism. Openness to experience is associated with imagination, curiosity, and willingness to try new things, while conscientiousness refers to being an efficient and reliable organization member with a strong sense of responsibility. Extraversion is linked to sociability, high-energy interactions, and leadership qualities. Agreeableness involves cooperation, kindness, and a general concern for others, whereas neuroticism includes emotional instability, anxiety, and a tendency toward negative emotions (Bhatti et al., 2018).

Workplace incivility refers to ambiguous behaviors that violate norms of mutual respect and may create an environment that harms colleagues or, in the healthcare field, patients. Establishing a civil and respectful workplace is essential for healthcare professionals to provide the best possible care. Identifying specific personality traits that contribute to or mitigate incivility can help proactively address these challenges (Mete, 2022).

This study aims to investigate the relationship between five-factor personality traits and workplace incivility among healthcare professionals and to determine whether these traits and workplace incivility vary based on demographic characteristics.

2. General Information

2.1. Courtesy, Incivility, and Workplace Incivility

Courtesy is defined by the Turkish Language Association (2006) as "acting respectfully and delicately toward others, politeness, and gentleness." Courtesy is influenced by an individual's upbringing, family structure, geography, and social environment. It is a key communication skill that facilitates social harmony, ensuring honesty, respect, and tolerance in interpersonal relationships. Courtesy plays a vital role in human interactions, helping maintain smooth and healthy relationships while emphasizing honesty, respect, and social decorum.

Conversely, incivility involves disrespect, prejudiced behavior, rudeness, and extreme selfishness, leading to discomfort, trust issues, exclusion, and weakened relationships (Navaey & Bakšić, 2018). Workplace incivility, in particular, describes frequent rude behaviors violating mutual respect norms, often causing harm to colleagues and organizational culture (Namin et al., 2021). Examples include disruptive actions in meetings, ignoring colleagues' feelings, passive-aggressive behavior, gossiping, discrimination, and harassment, which can damage workplace harmony. Studies indicate that workplace incivility correlates with organizational justice, cynicism, turnover intentions, work anxiety, exclusion, and job dissatisfaction (Tutar et al., 2021; Kavaklı & Yildirim, 2022; Samma et al., 2020; De Clercq et al., 2019).

In healthcare settings, workplace incivility poses significant risks to organizational well-being. Awareness of employees' personality traits can help managers foster a professional culture that promotes respectful interactions. Training on workplace behaviors, clearly defining expectations, and swiftly addressing incivility can contribute to a more supportive and professional work environment (Zhang et al., 2022).

2.2. Five-Factor Personality Traits

The five-factor personality model was introduced by Tupes and Christal in 1961, explaining personality through five key traits. Despite various personality models, the five-factor model remains the most widely used (Almlund et al., 2011). Psychologists and psychiatrists have conducted extensive studies demonstrating the significant role of these traits in various psychological and behavioral outcomes. The model provides a structured way to differentiate individuals based on distinct characteristics (Basım et al., 2009; Çiçek & Aslan, 2020).

The five-factor personality traits are commonly used in multidisciplinary research. Studies show correlations between these traits and emotional exhaustion, resilience, and organizational justice perceptions (Swider & Zimmerman, 2010; Yavaş, 2020). The subdimensions of the five-factor model are as follows (Tatar, 2021):

- **Extraversion:** Describes sociability, energy in interactions, and preference for engaging in social environments.
- **Conscientiousness:** Involves being organized, disciplined, and reliable.
- **Agreeableness:** Reflects a person's inclination toward cooperation, kindness, and empathy.
- **Neuroticism:** Characterized by emotional instability, anxiety, and frequent worry.
- **Openness to Experience:** Encompasses curiosity, imagination, and adaptability to new experiences.

2.3. Workplace Incivility and Five-Factor-Personality Traits in Healthcare Professionals

Workplace incivility in healthcare workers can lead to stress, emotional exhaustion, job dissatisfaction, decreased service quality, and social dysfunction (Raza et al., 2022; Zhang et al., 2022; Frisbee et al., 2019). Healthcare professionals work under high stress due to the nature of their jobs, long shifts, and emotional burdens, which can make maintaining workplace civility challenging (Kim & Yi, 2022). A toxic work environment can increase turnover intentions and reduce commitment to the profession. Ethical considerations and professional responsibilities play a crucial role in shaping healthcare workers' behavior (Lee et al., 2022).

Healthcare workers require teamwork and coordination to ensure high-quality patient care. Workplace incivility disrupts organizational harmony, reducing service efficiency and effectiveness (Hawkins et al., 2021). Conscientiousness, in particular, is a valuable trait for healthcare professionals, ensuring responsibility, ethical decision-making, and meticulous work performance (Karakurt et al., 2022). Extraversion is also beneficial, aiding communication and teamwork (Donald & Oluwatelure, 2016). Conversely, neuroticism is associated with increased stress and burnout, negatively impacting patient care (Boncalo & Polyakova, 2020). Openness to experience fosters adaptability, innovation, and continuous improvement in healthcare settings (Opoku Mensah & Komson, 2021).

Understanding the relationship between personality traits and workplace incivility is crucial in addressing organizational challenges. Healthcare institutions must implement policies that promote respectful workplace interactions and provide training programs emphasizing professional conduct and teamwork (Yasin & Jan, 2021).

3. Methods and Materials

3.1. Purpose and Importance

The aim of this research is to determine the relationship between the five-factor personality traits of healthcare workers in a public hospital and workplace incivility behaviors, as well as to examine these behaviors according to the demographic characteristics of the employees. Addressing workplace incivility, which is frequently encountered in healthcare services, is crucial for making situational assessments and developing strategies to combat these issues. Given that employee personality traits have been previously associated with concepts such as burnout and mobbing, evaluating them in the context of workplace incivility is considered significant. Accordingly, the study seeks to answer the following questions:

- Is there a relationship between five-factor personality traits and workplace incivility in healthcare institutions?
- How do personality traits vary according to demographic characteristics of healthcare employees?

How does workplace incivility differ based on demographic characteristics?

3.2. Population and Sample

The study population consists of 2,048 employees working in a city hospital in the Mediterranean region. With a 95% confidence level and a 50% prevalence rate, it was calculated that a sample of 324 participants was required. After reaching 324 valid survey responses, data collection was concluded.

3.3. Data Collection Tool

A "Simple Random Sampling" method was used in this study. The study consists of three sections: the first section examines the five-factor personality traits and their dimensions, the second section analyzes workplace incivility and related concepts, and the third section evaluates survey responses obtained from healthcare employees working in both public and private hospitals in Adana, Turkey.

Participants in this study were selected completely randomly. A list of healthcare professionals working in the hospital was obtained and each individual was given an equal chance of being selected. Participants were selected using a random number table (or computer-aided random selection method). No inclusion or exclusion criteria were applied.

Two scales were used in the research. The first scale is the "Big Five Personality Inventory," originally developed by Benet-Martinez and John (1998) and adapted into Turkish by Sümer and Sümer (2005). This inventory consists of 44 items, measuring five personality traits: "extraversion," "conscientiousness," "agreeableness," "neuroticism," and "openness to experience." Higher scores indicate stronger possession of the respective trait.

The second scale is the "Workplace Incivility Scale," developed by Cortina et al. (2013) and adapted into Turkish by Kutlu and Bilgin (2017). This 12-item scale is rated on a five-point Likert scale, ranging from "Never (0)" to "Very Frequently (4)," with higher scores indicating increased workplace incivility.

3.4. Statistical Analysis

Data were analyzed using SPSS 22.0 statistical software. A Pearson correlation analysis, independent sample t-test, and one-way ANOVA were con-

ducted with a 95% confidence level. To ensure the normality assumption, skewness and kurtosis values were examined following Tabachnik and Fidell's (2013) reference range (-1.5 to +1.5). Cronbach's alpha values for each scale ranged from 0.6 to 0.87, confirming sufficient reliability.

3.5. Ethical Considerations

Ethical approval was obtained from the Ethics Committee of İstanbul Arel University on October 23, 2019 (Decision No: 3). Permission from the Provincial Health Directorate was granted on February 1, 2020. Participants provided informed consent before completing the survey.

4. Finding

Demographic characteristics of the participants are presented in Table 1.

Table 1. Demographic Characteristics of Participants

Demographic Variables	Groups	Number	Percentage (%)
Gender	Female	157	48.5
	Male	167	51.5
Marital status	Connubial	181	55.9
	Single	143	44.1
Job	Doctor	14	4.3
	Dentist	4	1.2
	Pharmacist	22	6.8
	Medical Officer	34	10.5
	Health Administrator	9	2.8
	Charge Nurse	19	5.9
	Nurse/Midwife	132	40.7
	Technician	13	4.0
	Auxiliary Health Personnel	19	5.9
	Other Personnel	58	17.9
Age	18-24 age	23	7.1
	25-34 age	150	46.3
	35-44 age	99	30.6
	45-49 age	42	13.0
	50 age and above	10	3.1
Total Working Time	0-5 year	143	44.1
	6-10 year	52	16.0
	11-15 year	71	21.9
	16-20 year	29	9.0
	21-25 year	19	5.9
	26 year and above	10	3.1
Income Status	My expenses are more than my income	86	26.5
	Income-expense equal	165	50.9
	My income is more than my expenses	73	22.5
	Total	**324**	**100.0**

157 of the participants are women and 167 are men. 181 of them are married and 143 of them are single. 14 are physicians, 4 are dentists, 22 are pharmacists, 34 are health officers, 9 are health administrators, 19 are charge nurses, 132 are nurses/midwives, 13 are technicians, 19 are auxiliary health personnel, and 58 are other personnel. Other personnel include cleaning, security and canteen managers. There are 23 people between the ages of 18-24, 150 people between the ages of 24-34, 99 people between the ages of 35-44, 42 people between the ages of 45-49, and 10 people aged 50 and over. The total working period is 143 people with 0-5 years, 52 with 6-10 years, 71 with 11-15 years, 29 with 16-20 years, 19 with 21-25 years, and 10 with 26 years and above. There are 86 people whose expenses are more than their income, 165 whose income is equal to their expenses, and 73 whose income is more than their expenses (Table 1).

Correlation analysis performed to analyze the relationship between five factor personality traits and workplace incivility score is given in Table 2.

Table 2. Reliability Tests of the Five-Factor Personality Traits and Workplace Incivility Scales

Cronbach's Alpha Value		
Five Factor Personality Trait Scale (N=44)	**Workplace Incivility Scale (N=12)**	**Both Scales (N=56)**
0,67	0,96	0,86

Depending on the alpha coefficient, the scale is;

- 0.00 <α< 0.40 is not reliable,
- 0.40 <α< 0.60 is low reliability,
- 0.60 <α< 0.80 is quite reliable,
- 0.80 <α< 1.00 is highly reliable. Based on the results in the table, it was concluded that the Five Factor Personality Traits questionnaire is quite reliable and the Workplace Incivility scale is highly reliable.

Table 3. Mann Whitney U Test Results for Five Factor Personality Score and Workplace Incivility Score

		Five Factor Personality Traits Test Value			Workplace Incivility Test Value		
Groups	**Number**	**Row Mean.**	**U**	**p**	**Row Mean.**	**U**	**p**
City Hospital	324	254,13			238,91		
Medline Hospital	165	227,08	23772,5	**0,045***	256,96	24757	0,173
Total	**489**						
Male	266	253,39			243,52		
Woman	223	235,00	27428,0	0,151	246,76	29266,0	0749
Total	**489**						
Married	265	230,28			254,95		
Single	224	262,41	25780,5	**0,012***		27043,5	0,084
Total	**489**						

According to the results of the Mann Whitney U Test conducted to test whether there is a difference in the paired groups according to the Five Factor Personality Traits and Workplace Incivility Scores obtained from the applied surveys, there is a significant difference between the public and private hospitals in terms of the importance given to personality traits (p=0.045). The personnel working in the public hospital give more importance to the five factor personality traits and feel the personality traits more in personnel practices. In addition, it can be said that the single personnel working in both hospitals are more sensitive to personality traits and behaviors (p=0). According to the results of Kruskal Wallis H

Table 4. Kruskal Wallis H Test Analysis Results for Five Factor Personality Score and Workplace Incivility Score

		Five Factor Personality Traits Test Value			Workplace Incivility Test Value		
Groups	**Number**	**Queue Ort.**	**Chi-Square**	**p**	**Row rows Ort.**	**Chi-Square**	**p**
Physician	30	267,13			182,22		
Dentist	10	301,65			277,40		
Pharmacist	33	229,94			226,45		
Health Officer	51	237,25			262,99		
Health Administrator	17	264,26	11,89	0,220	214,26	33,69	**0,000***
Responsible Nurse	30	311,92			172,28		
Nurse/Midwife	169	239,21			232,78		
Technician	37	217,03			258,50		
Other Health Per.	54	239,00			284,99		
Other Personnel	58	239,21			302,99		
Total	**489**						
18-24 years old	47	227,49			255,67		
25-34 years	212	241,99			233,01		
35-44 years	153	237,52	6,00	0,199	242,87	7,02	0,135
45-49 years	65	282,76			267,95		
50 years and older	12	257,63			317,79		
Total	**489**						
0-5 years	203	245,85			257,63		
6-10 years	98	222,62			215,86		
11-15 years	101	246,67	7,32	0,198	220,97	14,84	**0,011***
16-20 years	40	293,93			265,29		
21-25 years	33	241,52			297,67		
26 years and above	14	245,71			257,11		
Total	**489**						
1600-2499	111	198,83			277,76		
2500-3499	67	217,09			230,40		
3500-4499	61	243,70	26,10	**0,000***	238,93	17,72	**0,001***
4500-5499	143	263,79			259,22		
5500 and above	107	286,00			204,61		
Total	**489**						

Test, which was conducted to test whether there is a difference in more than two group comparisons according to the Five Factor Personality Traits and Workplace Incivility Score averages obtained from the applied surveys, there is a significant difference in terms of workplace incivility scores for the occupational groups working in both hospitals (p=0.000). The difference is due to the fact that dentists and other healthcare personnel are more sensitive to workplace incivility. As the working hours in the workplace increase, the sensitivity of the personnel to workplace incivility increases (p=0.011).

As the income level of the staff increases, the attention paid to the five factor personality traits increases (p=0.000), and at the same time, the importance given to workplace incivility by the staff with low income levels is higher than the other groups (p=0.001).

Table 5. The Relationship Between Five Factor Personality Traits and Incivility

		SS	YB	NEV	DA	İNEZ
Extroversion	**r**	.252	.168	..054	.017	-.034
	p	<.001	.002**	.336	.757	.539
Ownership of responsibility	**r**		.430	.287	.137	-.200
	p		<.001	<.001	.014*	<.001
Docility	**r**			.262	.200	-.109
	p			<.001	<.001	.051
Neuroticism	**r**				.425	-.076
	p				<.001	.170
Openness to experience	**r**					.048
	p					.388

SS: Being responsible; YB: Docility; NEV: Neuroticism; DA: Openness to Experience;
INEZ: Workplace Discourtesy; r: pearson correlation analysis coefficient; *:p<.05; **:p<.01

Low-level positive relationships were found between the participants' extroversion, responsibility (r: .252) and agreeableness (r: .168). A moderate positive relationship was found between their responsibility and agreeableness (r: .430). Positive low-level relationships were found with their conscientiousness and also with their neuroticism (r: .287) and openness to experience (r: .137). Positive, low-level relationships were found between their agreeableness and their neuroticism (r: .262) and openness to experience (r: .200). A moderate positive relationship was found between their neuroticism and openness to experience (r: .425). In the correlation analysis, there is a significant relationship between workplace incivility and being responsible only, and the relationship is low-level and negative (r: -.200) (Table 2).

Comparison of the scores of the participants from the Five-Factor Personality test and the workplace incivility scale according to demographic variables is given in Table 3.

Table 6. Five Factor Personality and Workplace Incivility Intergroup Difference Analysis Results

Groups	n	Extroversion x̄±s	Ownership of responsibility x̄±s	Docility x̄±s	Neuroticism x̄±s	Openness to experience x̄±s	Workplace Incivility x̄±s
Female	157	2.9±0.69	3.5±0.93	3.58±0.91	3.55±0.96	3.55±1.17	8.88±11.13
Male	167	3.05±0.71	3.59±1.02	3.61±1.03	3.49±1.04	3.47±1.16	11.58±12.14
t (p)		-1.887 (0.060)	-0.799 (0.425)	-0.231 (0.818)	0.538 (0.591)	0.623 (0.534)	**-2.084 (0.038*)**
Connubial	181	3.01±0.75	3.44±0.96	3.52±0.93	3.44±0.97	3.42±1.07	10.28±10.05
Single	143	2.93±0.64	3.68±0.98	3.69±1.02	3.62±1.02	3.62±1.27	10.27±13.59
t (p)		0.987 (0.324)	**-2.201 (0.028*)**	-1.519 (0.130)	-1.639 (0.102)	-1.473 (0.142)	0.008 (0.994)
Doctor	14	2.93±0.92	4±1.09	3.86±1.13	3.54±1.13	3.11±1.35	4.93±12.33
Dentist	4	2.88±0.63	2.88±0.95	3.00±0.41	3.5±0.58	2.88±0.25	9.50±11.70
Pharmacist	22	2.91±0.63	3.66±1.16	3.3±1.07	3.43±1.09	3.52±1.07	7.00±12.31
Medical Officer	34	2.97±0.56	3.57±0.94	3.85±0.91	3.71±0.96	3.62±1.14	12.47±13.12
Health Administrator	9	3.28±0.87	3.94±0.68	4.06±0.77	3.11±0.89	3.22±1.66	7.78±11.45
Charge Nurse	19	2.97±0.66	3.89±1.02	4.03±0.82	3.84±0.88	3.82±1.28	3.89±6.88
Nurse/Midwife	132	2.89±0.69	3.42±0.96	3.56±0.96	3.57±1.01	3.56±1.11	9.17±10.08

Technician	13	3.04±0.59	3.42±1.13	3.65±1.05	3.15±1.13	3.12±1.02	16.31±12.98
Auxiliary Health Personnel	19	3.05±0.86	3.82±1.02	3.61±1.04	3.37±1.00	3.18±1.27	9.26±9.34
Other Personnel	58	3.13±0.73	3.47±0.87	3.39±0.96	3.4±0.95	3.59±1.19	15.53±13.54
F (p)		0.763 (0.651)	1.508 (0.144)	1.766 (0.074)	0.919 (0.509)	0.945 (0.489)	**3.353 (0.001**)**
Ph							**h,j>a,c,f,g d>a,f**
18-24 age		2.83±0.47	3.28±0.77	3.46±1.01	3.67±1.28	3.74±1.24	14.87±13.68
25-34 age		2.94±0.7	3.59±0.99	3.57±0.96	3.54±0.92	3.56±1.13	9.78±11.52
35-44 age		3±0.82	3.49±1.03	3.57±0.99	3.43±1.06	3.38±1.19	9.68±11.57
45-49 age		3.12±0.54	3.64±0.89	3.79±0.98	3.64±0.97	3.52±1.19	9.26±10.21
50 age and above		3.05±0.5	3.6±0.94	3.7±0.89	3.1±0.74	3.3±1.23	17.2±14.9
F (p)		0.852 (0.493)	0.659 (0.621)	0.579 (0.678)	0.936 (0.443)	0.695 (0.596)	1.990 (0.096)
0-5 year		2.99±0.7	3.48±1.04	3.53±1.01	3.56±1.04	3.66±1.16	12.68±13.46
6-10 year		2.8±0.47	3.63±0.77	3.52±0.82	3.45±0.81	3.35±1.1	6.6±9.13
11-15 year		2.99±0.91	3.66±0.98	3.72±1.01	3.51±1.06	3.35±1.18	7.56±9.67
16-20 year		3.17±0.64	3.69±1.05	3.72±1.01	3.47±1.08	3.33±1.3	9.34±11.23
21-25 year		3.05±0.44	3.03±0.59	3.61±0.97	3.45±0.91	3.63±1.21	13.58±9.08
26 year and above		2.9±0.52	3.75±1.23	3.65±0.94	3.55±0.9	3.45±0.72	10.6±7.72
F (p)		1.215 (0.302)	1.696 (0.135)	0.518 (0.763)	0.131 (0.985)	1.161 (0.328)	3.453 (0.005**)
Ph							a,e>b,c
My expenses are more than my income		3.26±0.55	3.60±0.97	3.29±1.11	3.30±0.93	3.41±1.05	11.42±10.67
Income-expense equal		2.92±0.68	3.45±0.92	3.58±0.95	3.62±0.98	3.56±1.14	10.19±1.14
My income is more than my expenses		2.89±0.65	3.89±1.05	3.77±0.99	3.51±1.01	3.46±1.19	5.48±9.45
F (p)		3.562 (0.030*)	5.240 (0.006**)	2.638 (0.073)	1.346 (0.262)	0.303 (0.739)	**5.737 (0.004**)**
Ph		a>b,c	c>a,b				**a,b>c**

Ph: Post-hoc; *:p<0.05; **:p<0.01; ***:p<0.001; F: one-way analysis of variance statistical value;
t: independent samples t test statistical value

A significant difference was found in the participants' personality levels of being responsible in terms of their marital status (t: -2.201; p = 0.028 < 0.05). Singles have higher levels of responsibility personality. A significant difference was found according to gender in terms of workplace incivility (t: -2.084; p = 0.038 < 0.05). Men have a higher rate of workplace incivility. A significant difference was found in workplace incivilities depending on their job duties (F: 3.353;p=0.001<0.05). Technicians and other staff have been found to have higher rates of workplace incivility than people in other roles. A sig-

nificant difference was found in workplace incivility in terms of working hours (F:3.453;p=0.005<0.05). Those who have worked for 0-5 years and 21-25 years have higher levels of workplace incivility than those who work for 6-15 years. In terms of income, significant differences were found in extroversion (F:3.562; p=0.030<0.05), conscientiousness (F:5.240; p=0.006<0.05), and workplace incivility (F:5.737; p=0.004<0.05). Those whose expenses are more than their income have higher extroversion than those whose expenses are equal and those who have more income. Those whose income is more than their expenses have a more responsible personality than those whose expenses are more than their income and those whose expenses are equal. Those whose expenses are more than their income and those who are equal have higher levels of workplace incivility than those whose income is more than their expenses (Table 3).

5. Discussion and Conclusion

Although studies on workplace incivility have increased in recent years, there are very few studies investigating how individual differences are decisive in the perception of incivility or what relationship there may be between personality types and incivility. For this reason, in the study, whether personality types could be related to workplace incivility was examined within the scope of healthcare professionals, and a negative relationship was determined between workplace incivility and the level of responsibility personality type. Batista and Reio (2019) stated in their research that provocative incivility not only affects the intention to quit at work, but also is related to personality types. In their research, Arshad and Ismail (2018) investigated workplace empowerment efforts, incivility and burnout within the scope of personality types for nurse recruitment. They stated that neuroticism is an important variable among personality types that causes incivility (Arshad and Ismail, 2018). However, in our study, no relationship was determined between neuroticism and workplace incivility. Similar studies have been examined in the literature, but it has been determined that studies that directly explain or correlate personality type with incivility are very limited. Therefore, it was thought that studies on the causes should be increased. Burch et al. (2023) found that there was a moderate (0.43) relationship between negative emotions and workplace incivility. In their research conducted in 13 different hospitals in China, Qiu and Zhang (2022) found that there was a moderate relationship between nurses' workplace incivility and psychological distress. Nawaz et al. (2022) state in their study that workplace incivility is correlated with emotional burnout. In their study on intensive care nurses, Jang et al. (2023) found that narcissistic vulnerability, mentalization and perfectionist self-presentation behaviors are personality-based behaviors that explain workplace incivility. When these studies are considered in general terms, they give an idea that there may be personality types that explain workplace incivility, and therefore it is thought that it would be appropriate to increase the studies conducted.

In their research on nurses, Zhang et al. (2022) determined a positive correlation between fatigue level and workplace incivility. Accordingly, it comes to the fore that the fatigue level of people working under more difficult conditions and those who have been working in the same way for a long time may affect workplace incivility. In this study, workplace incivility was found to be higher among employees who worked for 21-25 years and those who worked for 0-5 years. At this point, it may be recommended that new hires be given a better orientation process and that work be carried out to increase the motivation of long-term employees. On the other hand, it would be beneficial to increase employment opportunities that will reduce the workload of technicians and auxiliary health personnel and to identify their problems. De Clercq et al. (2020) found in their research that the level of education has a reducing effect on workplace incivility. Based on this, it is thought that training to reduce workplace incivility may be beneficial, especially for employees with low education levels.

In their research on healthcare workers, Çoban and Deniz (2022) found that business relations skills did not vary according to gender. In their research conducted by Smith et al. (2021) in a public institution, they determined that race and gender were effective in incivility and that women were more likely to engage in incivility. The fact that men engage in workplace incivility more than women in our study indicates that there are many different results in the literature. For this reason, it is recommended to increase the studies to be carried out and to better determine the differences according to the sector.

In their study, Hutto and Gates (2008) determined that as workplace incivility increased, the service productivity of healthcare workers, such as nurses and physicians working in patient care, decreased. In his study, Alquwez (2023) linked poor patient safety culture with workplace incivility. In this study, the low workplace incivility of physicians and responsible nurses can be considered as a positive result. However, from a holistic perspective, efforts need to be made to reduce general workplace incivility among healthcare personnel.

In their study on five-star hotel employees in Jordan, Megeirhi et al. (2020) investigated the explanation of workplace incivility by cynicism and income level, and found that employees strengthened cynical beliefs about workplace incivility and increased their job search behavior, while they found that income was an indirect explainer. In this study, it was deter-

mined that workplace incivility was less in the group with higher income levels. However, it seems that studies examining income level as a determining variable are very few in the literature. In his research on nurses, Çetin (2021) determined that workplace incivility was higher in those whose total working years were less than 10 years. In this study, it was found that workplace incivility was high in those between 0-5 years of age. Accordingly, the perception and learning of young and new people starting their working lives about workplace courtesy should be strengthened. In their research, Çelik and Gül (2022) found a relationship between organizational culture and workplace incivility, and determined that the strengthening of organizational culture had a reducing effect on workplace incivility. These findings shed light on the fact that workplace incivility can be reduced with efforts to instill a strong organizational culture, especially among young and new employees. In their study of healthcare workers, Yilmaz and Söyük (2024) found that absence from work was positively associated with burnout and negatively associated with happiness at work. Younger workers tended to be more present than their older counterparts; the same was true for those working nine hours or more per day.

This study is important in order to define the concepts in question correctly and to emphasize the relationship of negative problems with the behavioral consequences of employees, as well as to find a solution to which personality trait this problem is related to. Research on five-factor personality traits and workplace incivility has been conducted in Turkey, but the two variables have not been examined together. As a result of the study, the negative relationship between being responsible, which is perhaps the most important personality type for healthcare professionals, and workplace incivility can be considered as a critical finding. Keeping healthcare professionals away from incivility, especially in the workplace, and reducing conflicts may be a factor that increases their motivation to be responsible. However, in this study, only the relationship between them was examined. This result can be investigated from different aspects in future studies. Another issue is that, although there are many studies on topics such as mobbing (intimidation), it has been noticed that the number of studies relating to the concept of workplace incivility is limited. Based on these justifications, it is thought that this research will contribute to healthcare professionals and the literature on the subject, both due to its theoretical framework and the results it may produce. Even outside the high-stress sector, which has its own characteristics such as health, they expect a safe, happy, comfortable working environment and colleagues throughout their working hours within the organization. Therefore, the main factor that increases motivation and increases work efficiency may be the high level of peace of employees in the workplace. Institutional management has important duties in providing such an environment, and health managers should take into account the factors that negatively affect their employees and work accordingly.

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