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Work Place Incivility and the Mediatory Role of Self-Monitoring on Social Skills of Nurses.

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The study investigated Workplace Incivility and the Mediating role of Self-Monitoring on Social Skills of Nurses. Two hundred and ninety-one (291) participants were selected from five (5) hospitals in Uyo metropolis, Akwalbom State, Nigeria using purposive sampling technique. Participants were 250 female and 41 male nurses with age range between 21 and 69 years and the mean age of 33.19. Three instruments were used in this study: Nursing Incivility Scale, Revised Self-Monitoring Scale and Health Professional Communication Skill Scale. Regression was used for data analysis. Results revealed that Nurses who reported low incivility in the workplace had high social skills compared to Nurses who reported high incivility (β = -.293; t = -5.202; P<.05). Moreover, the result also showed that Workplace Incivility and Self-Monitoring jointly predicted Social Skills of Nurses (F = (2,291) 13.87; P <.05). However, the hypothesis which stated that Self-Monitoring will mediate the relationship between Workplace Incivility and Social Skills of Nurses such that nurses who report low Workplace Incivility will have low social skills (β = -.273, P<.05) was not confirmed meaning that self-monitoring plays no mediatory role between workplace incivility and social skills in the study. Based on these results, workplace civility, which should be encouraged through training and sensitization, should be sought and embraced in every hospital and health facilities as well as other work settings by all stakeholders.

Keywords: Workplace Incivility, Self-Monitoring, Social Skills, Hospital, Nurses, Patients.

The quality of a good nurse-patient relationship is associated with some set of skills which is necessary to be acquired and displayed by nurses in the health sector. Psychologically, this positive behaviour is termed social skills. A social skill is any competence facilitating interaction and communication with others where social rules and relations are created, communicated, and changed in verbal and nonverbal ways (Angelico, Crippa & Louriero, 2013). To a layman, social skills are simply the tools that enable people to communicate, learn, ask for help, get needs met in appropriate ways, get along with others, make friends, develop healthy relationships, protect themselves, and in general, be able to interact with the society harmoniously. In all these, social skills are the specific abilities and behaviours that allow for effective responding in a social task. The ability to communicate and interact with other members of the society without undue conflict or disharmony over time could be referred to as social skills (Shatter, 2015).

Employers consistently rank interpersonal skills as being as important as, or more important than vocational preparation (Bullis, Davis, Bull, & Johnson, 2007). Even Hagner and Rogan (2012) reported that 90% of job loss is related to social problems. Several investigations recognize that a person with a good repertoire of social skills has a better chance of learning and teaching, being inserted in their social world, maintain satisfactory interpersonal relationships and perform efficiently and effectively in the workplace (Fernandez, Teruel, 2009; Mourshed, 2008; Naranjo, 2007). However, social skills are vital to a person's wellbeing and a major component in a person's ability to keep a job especially in institutions where employees get to meet very different and new faces every day.

The social skill of any nurse explains the level of nurse-patient interaction. Nurses work at the frontlines of most healthcare systems, and their contributions are recognized as essential in delivering effective patient care (Buchan & Aiken, 2008). Nurses are expected to help

bridge the gap between coverage and access, to coordinate increasingly complex care for a wide range of patients (Institute of Medicine, 2011). Nurses working in the health institutions need some degrees of social skills since their work is to interact with the patients and make them feel loved in their new confined setting, rather, than exacerbating the illness. Social skills expected of nurses are numerous but include; assertiveness (rather than aggressiveness), empathy, respectfulness, solidarity, conflict-resolution skills, selflessness, approachability, carefulness, tolerance, politeness, coping skills, emotional intelligence, communicational or conversational skills and friendship making skills. The main aim of high quality of this interaction is to increase psychological and physical health, wellbeing and psycho-social functioning in this vulnerable population (Haugan, 2014).

According to Nicole (2015), social skills of a nurse alone are therapeutic as the patient feels comfortable and safe, being open with the nurse. It is associated with the development of an effective relationship and positive outcomes (Canning, Rosenberg & Yates, 2016). Rather than curing the disease, this interaction is concerned with showing empathy and warmth to help the patients feel relaxed and secured (McCabe & Timmins, 2013). Nursing empathy skill is the ability of the nurse to perceive and reason as well as the capacity to interact as the core characteristic of a nurse to build a relationship with the patient (Ukah-Ogbonna, 2010). A good conversational skill is also needed. To support the social relationship, the nurse has to be a skilled communicator. High quality care for patients and nurses entirely depends on communication skills. It is by employing all these elements when communicating with the patients that the nurses can gain the patients trust and establish a sense of togetherness (Balzer-railey, 2008). Also, nurses need assertiveness skill. Assertiveness is defined as interpersonal behaviour which promotes equality in human relationships, enabling an individual to act in his/her own best interest, to stand up for himself/herself without anxiety, to express honest feelings comfortably and exercise his/her own rights without denying the right of others (Phillips, 2014). Assertiveness, therefore, shows the dignity and uniqueness of each and every person with whom a nurse comes into contact with, and the value and worth one feels about them (Philips, 2014). Therefore to support this therapeutic relationship, the nurse has to be socially skilled.

Unfortunately in Nigeria, some health workers including nurses are considered as being selfish, reckless, self-centered, hostile or rude, or even standoffish and unapproachable; thus, lacking social skills, and becoming a challenge in the health sector. The attitude a nurse holds towards patients and their state of ill health strongly determines the quality and extent of the emotional, physical, and psychological help that patients receive from that nurse (Rana, 2008). The negative attitude of many nurses had contributed to quite a number of health, social, economic, and societal problems including patients getting discouraged from coming freely to seek health in the health institutions (Charlotte &Olufunke, 2017). It is disheartening that some Nigerian pregnant women most often plan to travel abroad for child delivery due to their assumptions that they would not be treated nicely by the Nigerian nurses. According to Adepoju, Watkins and Richardson (2007), patients prefer consulting some private clinics where there are inadequate facilities for proper diagnosis and treatment. Even some patients who go to public health institutions keep their problems to themselves and hide their true feelings for fear of insult or hostile treatment from the nurses (Adetoyeje, Bashir & Ibrahim, 2008; Thomson, 2007). This has also led many patients opting for quacks and traditional healers, thus, jeopardizing the National Health Policy of the Nation (Charlotte &Olufunke, 2017). Also, nurse's lack of social skills can eventually lead to permanent disability and even death of patients in some cases. But, this ought not to be so in a fast developing country like Nigeria. Social skills are paramount in the nursing profession.

Treating one another with respect is fundamental to establishing and sustaining healthy workplaces, interpersonal and intrapersonal relationships. This respectful relationship is termed civility. A civil workplace is where employees are respectful and considerate in their interactions with one another. It is based on showing esteem, care and consideration for others and acknowledging their dignity. It is related to greater job satisfaction, greater perception of fairness, a more positive attitude,

better teamwork, greater interest in personal development and engagement in problem-solving. Unfortunately, the reverse – incivility is often the case in most social encounters. Vogelpohl, Rice, Edward, and Bork (2013) defined workplace incivility as "disrespectful, deviant work behaviours of a person to harm another that violates workplace rules". Incivility encompasses several disruptive behaviours and manifests in rudeness, disrespect, and aggressiveness (Rocker, 2012). Incivility as defined by Anderson and his colleagues (1999) is low-intensity, deviant behaviour with ambiguous intent to harm a target in violation of workplace norms for mutual respect and courtesy. It is difficult to label uncivil behaviours as intentional acts of aggression because it is not clear why the perpetrator would harm the target.

However, workplace incivility is an epidemic that can negatively affect organizations and their members (Dosh & Wang, 2014; and Abdollahzadeh, Asghari, Ebrahimi, Rahmani&Vahidi, 2017). Lim and Bernstein (2014) presented individual factors such as self-centeredness, immaturity, defensiveness, and lack of conflict management skills and system factors such as job pressure, empowerment roles, and continual changes related to shift rotations that contributed to incivility in the workplace. Other factors include job stress and long-working days without time-off. Several examples from the literature exist to help develop a better understanding of incivility. Lack of politeness, offensive comments, rudeness, withholding information that could be helpful to another, a general disdain for coworkers, nonverbal innuendoes, verbal insults, gossiping, undermining, backstabbing, betraying confidences, scapegoating, uncooperative attitudes, and condescending language all encompass incivility behaviors that occur in the workplace (Blair, 2013; Lim & Bernstein, 2014). It may also include derogatory statements, insulting jokes, harassment, violence, bullying, mobbing, making sarcastic grimaces while talking with a coworker, yelling, lying, disrespect and spreading of rumoursetc (Hutton & Gates 2008).

Apart from incivility, the present study also intends to locate the role of self-monitoring. More than 25 years ago, Mark Snyder came up with the concept of self-monitoring. According to Denhham, Hatfield, Smethurst, Tan & Tribe (2008), the concept is like a personality trait that has to do with awareness and flexibility. Self-monitoring is the tendency to notice visual, vocal, and verbal cues for socially appropriate behaviour and to modify one's behaviour accordingly. It is the act of observing and regulating one's own behaviour in a social context. Self-monitoring is metacognitive and metacognition concerns the ability of individuals to predict learning outcomes, apportioning learning time and priorities, explaining to oneself in order to improve understanding, self-coaching and noting failures to understand (Bransford, Brown and Cocking 2009). Whichever contemporary theoretical positions on metacognition are used as bases, numerous empirical investigations have demonstrated that various forms of learning are enhanced when individuals have knowledge of and apply appropriate monitoring or executive strategies (Alexander and Murphy 2014). Self-monitoring allows humans to measure their behavioural outcomes against a set of standards. Self-monitoring can be conscious and deliberate; alternatively, it can be subconscious and automatic. Individuals can be classified into two groups with regards to their level of self-monitoring which are low self-monitors and high self-monitors.

Those who score high on self-monitoring are characterized by sensitivity to social clues indicating socially appropriate behaviours, and they use those cues to modify self-presentation. Those who monitor themselves in a highly meticulous manner are considered high self-monitors. They tend to project a particular image of themselves in order to fit in or impress others. They readily adjust their behavior to the situation at hand. Clearly high self-monitors are better at reading nonverbal cues and adjusting their behaviour accordingly. They are highly socially flexible and adaptable. Some would say that they are social chameleons.In contrast, low self-monitors are thought to be relatively insensitive to social cues, and tend to maintain a consistent self-presentation across different situations (Mueller, 2016).They tend to regulate themselves according to their own internal beliefs and are typically less concerned with social context. They tend to project an image true to their inner selves rather than put on a facade. Low self-monitors tend to care

little about adjusting their behavior to the social situation and keep the same beliefs and attitudes regardless of others' opinions. Low self-monitors are honest with themselves and their beliefs, but can be seen as stubborn and socially unskilled.

Nevertheless, self-monitoring is closely tied to self-awareness of strengths and weaknesses. Nursing is concerned actively and vitally with all activities related to planning, coordinating and administering primary care to people. Inherent in the process of maintaining a helpful relationship with the patient is the nurse's self-monitoring behaviour in which she frequently assesses her own behaviourand its impacts upon the patients. In this study, self-monitoring will serve as a mediatory variable. A mediating variable is brought into a study when existing literature reveals a strong correlation between an independent and dependent variable. There are two types of mediation; complete and partial mediation. Complete mediation is the case in which an independent variable no longer affects dependent variable after the mediating variable has been controlled, making the correlation zero. Partial mediation is the case in which the relationship between independent and dependent variable is reduced in absolute size but is still different from zero when the mediator is introduced. This study will therefore investigate workplace incivility and the mediatory role of self-monitoring on social skills of nurses in Akwalbom State, Nigeria. Following from these, the following research questions are presented:

1. To what extent can Workplace Incivility influence the social (communication, empathic, assertiveness, and respect) skills of nurses?
2. To what extent can Workplace Incivility and Self-Monitoring jointly influence the social skills of nurses?
3. To what extent will Self-Monitoring play a mediatory role in the development of Social Skills of nurses?

These questions therefore lead to the following hypotheses:

1. Nurses who report low incivility in workplace will express high social skills than nurses who report high incivility in workplace.
2. Workplace Incivility and Self-Monitoring will jointly and independently predict the social skills of nurses in the hospital.
3. Self-Monitoring will mediate the relationship between Workplace Incivility and Social Skills of nurses such that nurses who report low in Workplace Incivility will express low social skills.

Method

Design

A cross-sectional design was used in the study. The independent variable was Workplace Incivility at two levels; high and low workplace incivility. The mediating variable was Self-Monitoring at two levels; high and low self-monitors. The dependent variable was Social Skills of nurses at four levels; conversational (communication) skill, empathic skill, assertiveness, and respect.

Setting

The study was conducted in Uyo metropolis, Akwalbom State, Nigeria. The state is located in the southern part of the country and is regarded as one of the smallest states in Nigeria in terms of land mass (Usoro, 2010). Five (5) hospitals were selected for the study using purposive sampling technique. The hospitals included University of Uyo Teaching Hospital (UUTH), Abak Road; St. Athanasius Hospital, Ufeh Street; Staphender Clinic, Aka Road; Dammy Memorial Hospital, Ukanaoffot Street; and St. Lukes Hospital, Anua.

Participants

Two hundred and ninety one (291) nurses from the five hospitals identified were purposively selected from the population of 1,940 registered nurses in Akwalbom State (Akwalbom State Ministry of Health, 2010). They were made up of two hundred and fifty (250) female and forty one (41) male nurses comprising of 153 nurses from UUTH, 110 nurses from St. Lukes Hospital, 15 nurses from St. Athanasius Hospital, 8 from Staphender Clinic, and 5 from Dammy Memorial Hospital. Participants were between the age range of twenty one (21) and sixty nine (69) with the mean age of 33.19 years.

Instruments

Three (3) instruments were used in this study: The Nursing Incivility Scale (NIS), Revised Self-Monitoring Scale and Health Professional Communication Skills Scale (HP-CSS). The questionnaire was divided into 4 sections. Section A tapped into demographic variables such as age, gender, marital status, years of experience, type of hospital (public, private or missionary) and the name of hospital.

Section B was the Nursing Incivility Scale (Guidroz, Burnfield-Geimer, Clark, Schwetschenau and Jez, 2010). The scale was revalidated by the researcher for the present study. The NIS is based on a five-point Likert scale ranging from "strongly disagree" (1), "disagree" (2), "neither agree nor disagree" (3), "agree" (4) to "strongly agree" (5). The items are all negatively worded and directly scored from 1 to 5. NIS is a 43-item scale made up of eight (8) sub-scales which are hostile climate (HC), inappropriate jokes (IJ), inconsiderate behavior (IB), gossip/rumors (GR), free riding (FR), abusive supervision (AS), lack of respect (LR), and displaced frustration (DR). The scale measures nurses' perception of incivility at different interaction levels in the hospital. Nine items had to do with nurses and all individuals' interaction. Ten items were related to interactions with other nurses. Seven items were related to interactions with a direct supervisor. Seven items were related to interactions with physicians. Ten items were related to interactions with patients/ patient family/visitors. Six (6) subscales made up of 36 items relevant to the present study were used including, HC with items 1, 2, 3, 7, 8, 9; IB with items 4, 5, 6; GR with items 10, 11, 12, 13; FR with items 14, 15, 16; AS with items 21, 22, 23, 28, 29, 30, 31, 32, 33, 34, 35, 36; and LR with items 17, 18, 19, 20, 24, 25, 26, 27. Cronbach Alpha revealedreliability coefficient of .57 while Spilt-half reliability also revealed .75 on the first half and .61 on the second half, indicating that the instrument is reliable for this study. Participants' score above the norm (125.2) indicated high workplace incivility, while participants' score below the norm (125.2) indicated low workplace incivility.

Section C was the Revised Self-Monitoring Scale (Cramer &Gruman 2002). The scale was revalidated by the researcher. It consisted of 13 items to assess self-monitoring behaviour. The scale was based on a dichotomous format ranging from "True" or "Mostly true" (2) and "False" or "Not usually true" (1). Positive-worded items (1, 2, 3, 4, 5, 6, 7, 8, 10, 11 and 13) were directly scored from 2 to 1 while negative-worded items (9 and 12) were reversely scored from 1 to 2. Participants' score above the norm (22.23) indicated high self-monitoring, while participants' score below the norm (22.23) indicated low self-monitoring. Cronbach Alpha revealed reliability coefficient of .72 while Spilt-half reliability also revealed .62 on the first half and .54 on the second half, indicating that the instrument is reliable for this study.

Section D was the Health Professional Communication Skills Scale (Leal-Costa, Tirado-González, Rodríguez, Marín, Román, 2015). It is a 6-point Likert-type scale ranging from "Almost never" 1, to "Many times" 6. Positive-worded items (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, and 17) were directly scored from 1 to 6 while negative-worded items (16 and 18) were reversely scored from 6 to 1. It is composed of 18 items with four subscales; Empathy (items 2, 4, 6, 11, and 12) measuring nurse's ability to comprehend the feelings of patients and give emotional response; Informative Communication (items 5, 8, 9, 14, 17, and 18) measuring proper communication manners of nurses towards patients; Respect (items 1, 3, and 15) measuring degree of nurses' respect to the patient as a human being and Social Skill (items 7, 10, 13, and 16) measuring assertive behaviour of nurses. Participants' score above the norm (80. 47) indicated high social skills among nurses; while participants' score below the norm (80.47) indicated low social skills. Cronbach Alpha coefficient revealed a very good internal consistency of .75. Split-half reliability also revealed .73 on the first half and .51 on the second half, indicating that the instrument is reliable for this study.

Statistics

Regression Analysis was used for data analysis.Hypothesis one was tested with simple

regression, hypothesis two was tested with multiple regression and hypothesis three was tested with Bootstrap regression.

Results

As indicated intable 1 above,a significant correlation between workplace incivility and social skills of nurses (r = -.293; P<.05) existed. However, gender was not significantly related to social skills of nurses (r =-.051; P>.05), age also did not correlate with social skills of nurses (r =.031; P>.05), marital status has no significant relationship with social skills of nurses (r =.042; P>.05), and years of experience was not significantly related to social skills of nurses (r =-.019; P>.05). Also, type of hospital (i.e whether public, private or missionary) had no significant relationship with social skills of nurses (r =.063; P>.05). In the same way, self-monitoring did not correlate with social skills of nurses (r = .026; P>.05).

The result presented in table 2 shows workplace incivility with a coefficient of multiple correlation (R) of .293 and multiple correlation square (R2) of .086. This shows that 8.6% of the variance in social skills of nurses is accounted for by the effect of workplace incivility. In addition, workplace incivility has a negative prediction on social skills among nurses (β = -.293; t = -5.202; P<.05). This means that the lower workplace incivility, the higher the social skills of nurses. Therefore, the hypothesis which stated that nurses who report lower levels of incivility in the workplace will have higher social skills than nurses who report higher incivility in workplace was supported.

The tableabove shows that workplace incivility and high self-monitoring yielded a coefficient of multiple correlation (R) of 0.296 and multiple correlation square (R2) of 0.09. This shows that 9% of the variance in social skills of nurses was accounted for by the combined effects of workplace incivility and high self-monitoring. This result shows a significant joint prediction of workplace incivility and self-monitoring on social skills of nurses [F = (2, 291) 13.87; P<.05]. Therefore, the second hypothesis which stated that workplace incivility and self-monitoring will jointly predict social skills of nurses was confirmed.

Results presented in the table 4 revealed that self-monitoring did not mediate the relationship between workplace incivility and social skills of nurses (β = -.273, <.05). This suggests that changes in self-monitoring did not lead to a change in the existing relationship between workplace incivility and social skills of nurses

Table 1: Summary of Pearson (r) correlation showing the relationship between the predictive variables and social skills of nurses

Variables	(Gender)	(Age)	MS	YE	TH	WI	SM	SS
Gender								
Age	-.101							
Marital status (MS)	-.007	.133*						
Years of Experience (YE)	.020	.349**	.441**					
Type of hospital (TH)	-.057	.053	.121*	.129*				
Workplace Incivility (WI)	-.013	-.021	.070	.099	-137*			
Self-Monitoring (SM)	-.012	-.008	.296**	.128*	.422**	-.245**		
Social Skill (SS)	-.015	.031	.042	-.019	.063	-.293**	.026	

N/B: * correlation significant at .01 ** correlation significant at .05

Table 2: Summary of simple regression showing the relative contribution of workplace incivility on social skills of nurses

	Beta β	t-value	Df	R	R^2	P
Workplace incivility	-.293	-5.202	1	.293	.086	<.05

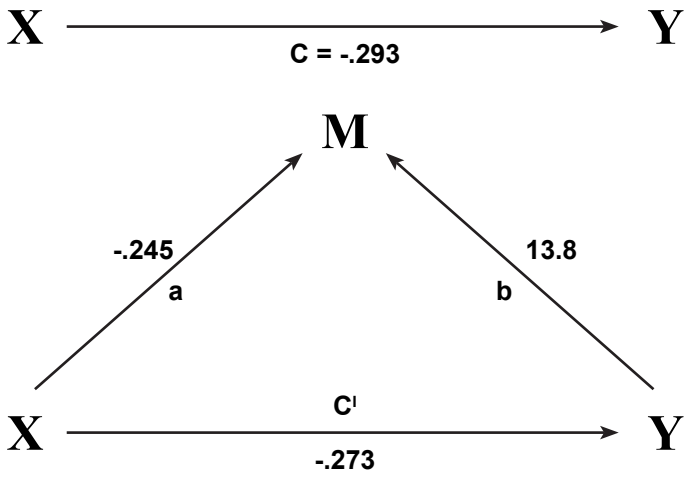
Table 3: Summary of Multiple Regression showing explanatory role of Workplace Incivility and Self-Monitoring on Social Skills of nurses

Predictors	β	T	Sig.	R	R2	F	Df	Sig
WI	-.27	-5.25	.000	0.296	.09	13.87	2	
								<.05
SM	-.21	-8.4	.000					

Note: WI: Workplace Incivility; SM: Self-Monitoring.

Table 4: Summary of Bootstrap regression showing self-monitoring as a mediatory factor in the relationship between workplace incivility and social skills of nurses

Bootstrap for Coefficients						
	B	Bias	Std. Error	Sig. (tailed)	95% Confidence Interval	
					Lower	Upper
Incivility	-.273	.000	.044	.003	-.359	-.185
Self	-.205	.023	.202	.329	-.611	.221



X=Workplace Incivility, Y=Social Skills, M= Self-Monitoring

(β = -.293; P<.05). Therefore, the third hypothesis which stated that self-monitoring will mediate the relationship between workplace incivility and social skills of nurses such that nurses who report low in workplace incivility will have low social skills was rejected. This is demonstrated in the figure below:

According to Baron and Kenny (1986), four steps are employed before mediation analysis can take place and these include:

Step 1: The first is that the causal variable (Workplace Incivility) should be correlated with the outcome variable (Social Skills). X is used as the predictor variable while Y is used as the criterion variable. This step establishes if there is any effect that can be mediated. Thus, pathc in this result is -.293.

Step 2: This suggests the predictor variable (Workplace Incivility) is correlated with the mediator variable (Self-Monitoring). Thus path a in this result is -.245 indicating that there is significant correlation.

Step 3: in this step, it is expected that the mediator variable (Self-Monitoring) should affect the outcome variable (Social Skills). In real sense, Y is used as the criterion variable

while X and M are used as the predictors, thus testing path b is F=13.87. There is a significant relationship between X, M and Y.

Step 4: This should establish that M completely mediates X-Y relationship. The effect of X on Y while controlling for M should be zero (0), indicating there is complete mediation; or reduced in absolute size (but not to zero) indicating that there is partial mediation. However, path CI in this result is -.273 implying that mediation did not take place at all. In this result, there was no significant difference in path c (-.293)andpath c1 (-.273).

Discussion

The current study utilized a cross-sectional design to in investigate the social skills of nurses. The results of the study showed that, hypothesis one was accepted, meaning that nurses who report low workplace incivility will express high social skills than nurses who report high workplace incivility. This finding is in line with the findings of Abdollahzadeh, Asghari, Ebrahimi, Rahmani and Vahidi (2017) who found out that a comprehensive and systematic attempt was needed to prevent incivility after they conducted a study with seven training hospitals in Tabriz. This study revealed that preventing workplace incivility from the nurses' perspective was a major task among management team. The findings of the study of Addison and Luparell (2014) which also supported the perception that disruptive behavior of nurses is linked to adverse events and has a negative impact on patient safety. This is in line with the Affective Events Theory (Weiss and Cropanzano, 1996) which posits that adverse events in the workplace precede negative affect (emotion) and this leads to negative reactions causing uncivil behaviours. Meanwhile, Nyirenda and Mukwato (2016) study revealed that job satisfaction is a good predictor ofpositiveattitudes towards nursing care. Job satisfaction can include satisfaction with a civil and rewarding workplace. These findings all indicate that workplace incivility is a very strong predictor of low social skills of nurses.

Hypothesis two which stated that Workplace Incivility and Self-Monitoring will jointly and independently predict the social skills of nurses in the hospital was accepted. This means that nurses working in a civil hospital, self-monitoring is also a good predictor of social skills of nurses and the interaction of these two factors promotes social skills of nurses. The present findings is in line with the findings of an experimental study conducted by Anjali (2007), which revealed that self-monitoring assisted in generalization of trained social skills across settings and people. The finding also agrees with the study of Behbahani (2011) which result showed that there was a significant relationship between emotional intelligence with its components (self-awareness, self-regulation, motivation, empathy, and social skills) and the employees' capabilities.

Hypothesis three which stated that self-monitoring will mediate the relationship between Workplace Incivility and Social Skills of nurses such that nurses who reports low in Workplace Incivility will have low social skills was rejected. After hypothesis 3 was tested, the significantly inverse relationship between WI and SS was still maintained. This means that self-monitoring did not play any mediatory role in the pre-existing positive relationship between workplace incivility and social skills of nurses. Nurses still had high social skills when self-monitoring was introduced as a mediating factor. Where workplace incivility and self-monitoring are correlated together on social skills, WI plays stronger and overwhelming role on Social Skills than SM and change in SM did not change the relationship between WI and SS. This also implies that SM is not strong enough to alter the inversely significant relationship between WI and SS. The plausible explanations for these might be that the predictors in those studies were not as strong as Workplace Incivility in the present study to attitudes of nurses or that Self-Efficacy Scale (SES) is more compounding than Self-Monitoring Scale as Self-Monitoring is a component of Self-Efficacy. This could lead to Self-Efficacy having greater mediating influence than Self-Monitoring on attitude/performance of nurses.

Implications of the findings

The present study investigated workplace incivility and self-monitoring as predictors of social skills among nurses, with Self-Monitoring as a mediatory variable.The study of these

external and internal factors balances the study not paying too much attention on the workplace environment to the detriment of some differences in personality traits that may account for a change on the criterion variable(social skills of nurses).

Our findings from the first result suggest that workplace incivility has a very strong influence on social skills of nurses. This implies that the lower the workplace incivility, the higher the social skills of nurses. Past studies on this topic have yielded this same result meaning that there is consistency in this result which might imply that workplace incivility is pervasive and has eaten deep into every organization including health organizations replacing work etiquette and respectful nature of every environment. This implies that every hospital experience some forms of incivility but to different degrees. Whatever degree it is, incivility must be rejected totally in all hospitals, because the spiral theory of incivility posits that primary spiral can lead to secondary spiral implying that low-intensity incivility can result in hospital wide incivility. Every hospital strives to make patients feel better than they came, but when they work under tension/pressure due to some forms of incivility, they tend to lose their social skills, thus jeopardizing patient's safety and satisfaction. Incivility in the workplace creates an environment that not only affects the nurse's wellbeing but also can lead to a patient's safety issue. Issues related to collaboration and communications are affected by incivility. Health care organizations need to recognize and respond to the problem of incivility not only to promote a healthy workplace for their employees, but to also understand the effects incivility can have on patient care

The second finding revealed thatself-monitoring is also a strong predictor of social skills of nurses. Being a personality variablelike extraversion, introversion and conscientiousness, self-monitoring is also an important personality trait that needs to be studied. Social skills are mostly learnt, if not acquired before. Like every learnt material would need attention, retention and rehearsal, so also should learnt skills be reassessed and monitored regularly to stay in line. In a professional system like nursing, Self-Monitoring will help nurses to regularly monitor and evaluate their skills based on the set standards of their profession.

Existing experimental and survey studies reveal a consistent result of positive correlation between SM and SS, meaning that low SM leads to low SS. This implies that developing this behaviour is essential and crucial. Everyone self-monitors unconsciously, but conscious and rational self-monitoring is the key in maintaining professional skill and competence.

The third finding revealed that SMdid not play any mediatory role on the relationship between WI and SS of nurses. This still points to the fact that WI is a stronger predictor of SS than SM, and no amount of variance in self-monitoring was able to change the relationship. This suggests that where nurses are high self-monitors, they can still score low on social skills if their workplace is uncivil. In another way, this finding explains that showing high self-monitoring is just an added advantage to maintaining high social skills where the nurses are working in a civil hospital. But, where these two variables are placed side-by-side, more attention should be placed on WI than on SM. Eradicating WI completely from the hospital means identifying the many possible underlying factors that can lead to it.

Some of the factors identified in this study include: depression and stress level, job factors, physical factors that affect performance, work environments such that tension exists between co-workers and/or coworkers and management, over-ruling supervisors, work atmosphere, and fear (Timmins & McCabe, 2005); lack of assertiveness training and bad organizational culture (Poroch, 2005).

Employee absenteeism, lateness to work, contact with death, patients and their families, uncertainty about therapeutic effects, job dissatisfaction intensifying emotional exhaustion leading to frustration, discouragement, aggression, negative events and affects are also factors. Addressing all these broad but basic factors by management and Human Resource Personnels would help in defining ways to eradicate workplace incivility in the hospital.

Limitations of the Study

All the items in the NIS were negatively worded producing a response code that can lead to allowing some respondents to see a pattern and not answering as thoughtfully as one might with a mixture of positively and negatively worded statements of agreement. Also, the Revised Self-monitoring scale had the response pattern of true/false which does not give room for free response and can lead to skewed or biased response in the result. The population of interest was nurses in Uyo Metropolis, Akwalbom State. Thus, to some extents, the result of the study needs caution in generalizing it to the population. Apart from this, not paying attention to the demographic information of participants concealed some salient information.

Suggestions for further research

A more in-depth look at the demographics of the sample could be useful. For example, having the respondent answer which department/unit he/she works in could be helpful in identifying which areas tend to have issues with high incivility and targeting interventions to strengthen civility in that area. Also, type of hospital, marital status, age, gender, and years of experience of nurses can be statistically analyzed to have more elaborated causative factors to low/ high social skills among nurses in the hospital setting. In the future, a more in-depth look at the subscales of each instrument is recommended to provide more specific intervention. For example informative communication, empathy, respect, social skill sub-scales of the HP-CSS can be analyzed specifically for direct and specific results.

In future, a larger sample size should be used where the researcher can survey as many states as possible in Nigeria so that the results of the study can have valid external generalization for nurses.

Recommendations

Workload should be decreased for nurses. This is because unfamiliar behaviours at works are as a result of stress and excess load. Nurses under frustration may displace aggression while nurses under stress may experience weakened ability to judge other'sbehaviours accurately in the hospital.

Curriculum planners, Human Resource Developers, government, health management board and personnel/industrial psychologists should help hospitals and other health institutions to replace traditional methods with proactive, preventive, and educational approaches to prevent uncivil acts at work. Also, they should help organizational leaders establish an effective control mechanism to prevent, address, and punish uncivil acts in the hospital.Some incivilities are rooted in mismanagement and disorganization of hospitals, hence, hospital administrators should play important role to prevent WI.

Workshops on effective communication and collaboration techniques can be offered to all nurses as part of their yearly competency to keep nurses evolving into better communicators. Also, teaching communication skills in in-service training courses, improving quality of nursing education and introducing new methods of caring seems useful in this case.

Nurses should be encouraged to improve their social skill through routine prize-giving.They should maintain workplace standards and be more professional. They should remain focused even in the face of provocation and should still maintain respectful nature and treat others the way they want to be treated.

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