ORGANIZATIONAL BEHAVIOR

Overt Incivility and Employee Withdrawal Behaviour in Public-Owned Hospitals in the South-South Region of Nigeria

Inyingiwarifagha Valerie Josiah-Hart*, Adaobi C. Emeribe

University of Port Harcourt, Choba, Rivers State, Nigeria

Published November 2026

Abstract

This study investigated the relationship between overt incivility and employee withdrawal behaviour in public hospitals in the South-south region of Nigeria, and determining the moderating ability of personality traits. A number of factors have been suspected to cause employee withdrawal behaviour, they include organisational climate, financial benefits, organisational structure and management's attitude towards employees (Okache, 2020) which makes employee withdrawal behaviour even more glaring because it affects organisational performance negatively. The cross-sectional survey research design was adopted, as quantitative data was gathered through the use of a structured questionnaire. The accessible population of this study is 9610 senior staff (including doctors, nurses, laboratory scientists, pharmacists and administrators) from 12 selected public owned hospitals and a sample size of 369 employees derived through the Krejcie and Morgan table were used for the study. However, the Bowley's (1964) formula was used in allocating the number of copies of the questionnaire to each healthcare facility. Overt incivility was measured using the Workplace Incivility Scale (WIS) and employee withdrawal behaviour was measured with the Employee Withdrawal Behaviour Scale (EWBS). The data collected was analysed by Spearman Rank Order Correlation Coefficient which was also used to indicate the strength and direction of these relationships. Findings revealed that there is a significant correlation between overt incivility and measures of employee withdrawal behaviour, with overt incivility and employee turnover behaviour exhibiting the strongest positive correlation coefficient of 0.762. Overt incivility and tardiness revealed the weakest positive correlation at 0.285. Personality trait was observed to be a potent moderator between the variables. The study concludes that employee withdrawal behaviour is ignited by overt incivility and recommends that the workplace culture and climate be made more conducive for better employee retention through management flexibility and readiness to prevent situations that encourage employee withdrawal behaviour.

Keywords: Overt incivility; personality traits; turnover; tardiness; withdrawal

1 Introduction

Organisations today depend largely on their employees as their abilities, capabilities, skills and knowledge are critical elements that ensure the survival, growth and competitiveness of the organisation. Employees are as well rational and calculative, and their decisions and actions are influenced by their state of mind (Udealor, 2020). It therefore behoves on management of organisations to avoid by all means management practices that bring about withdrawal behaviours in employees (Fulmer and Ployhart, 2014) as a negative psychological state could interfere with an employee's willingness to continue serving an organisation in his or her full capabilities. Employees are without questions the success factor in any organisation due to their talents, knowledge and experiences as they ensure the growth and sustainability of the said organisation. Therefore,

healthcare workers and professionals are a major part of the hospital as they provide healthcare treatment and advice based on formal training and experience which brings about growth and sustainability. They include clinical and non-clinical staff, made up of nurses, physicians, allied health professionals, support and administrative staff.

2 Statement of the problem

Employee withdrawal behaviour is very disruptive as it mars the productivity and profitability of an organisation. Observations have shown that at the event of perceived employee withdrawal behaviour, hospital management, rather than make extra effort to decipher the root cause of such, take punitive evasive actions which eventually worsen the situation. Smith et al. (2016) recognised absenteeism, tardiness and turnover as the measures of employee withdrawal behaviour. However, this study focuses on employee turnover and tardiness.

3 Research hypotheses and questions

The following null hypotheses were formulated:

H_{01}: There is no significant relationship between overt incivility and employee turnover behaviour.

H_{02}: There is no significant relationship between overt incivility and employee tardiness behaviour

H_{03}: Personality traits do not significantly moderate the relationship between overt incivility and employee withdrawal behaviour.

The study asks the following questions:

1. Is there a significant relationship between overt incivility and employee turnover behaviour?
2. Is there a significant relationship between overt incivility and employee tardiness behaviour?
3. Do Personality traits significantly moderate the relationship between overt incivility and employee withdrawal behaviour?

The following are the specific objectives of the study:

1. To determine if there is a significant relationship between overt incivility and employee turnover behaviour.
2. To ascertain the significant relationship between overt incivility and employee tardiness behaviour.
3. To find out if personality traits significantly moderate the relationship between overt incivility and employee withdrawal behaviour.

4 Literature review

4.1 Conceptual framework

The conceptual framework of the study is shown in Figure 1.

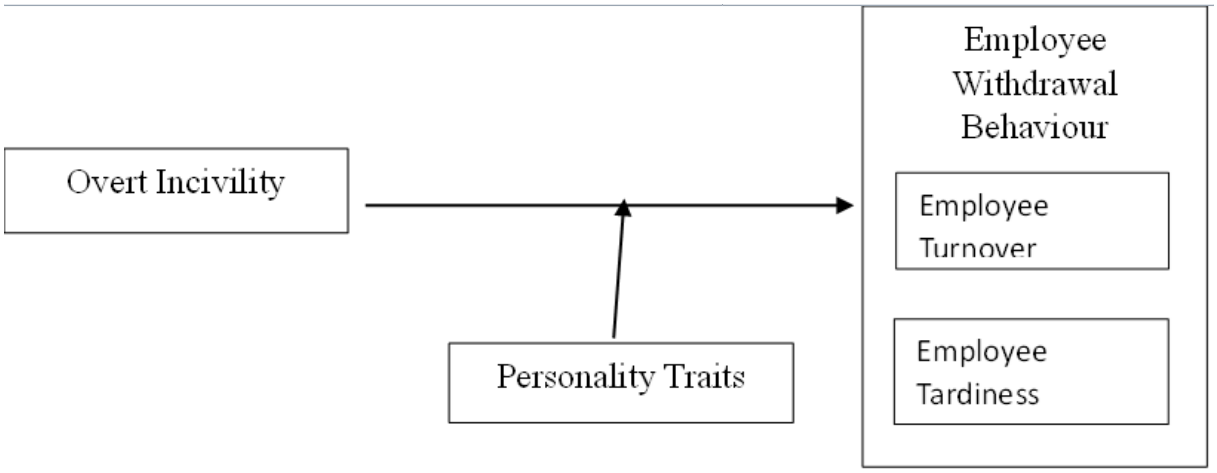


Figure 1. Conceptual framework of overt incivility and employee withdrawal behaviour.

Turnover has always been a source of concern for many organisations including the healthcare facilities as it poses a threat to hospital efficiency and effectiveness. Okache (2020) identified the essential meaning of turnover as the process through which employees leave a business or organisation and the business or organisation replaces them. He also describes turnover behaviour as a measurement of business employees' plan to quit their position or the organisations plan to remove employees from their positions. Ubagu and Gbuushi (2020) have posit that organisational climates where employees rarely participate in the decision-making process, could trigger employee turnover behaviour as a form of withdrawal behaviour. It is therefore evident that turnover behaviour does not just happen, it rather occurs as a result of organisational settings. It is therefore necessary that the concept of turnover is studied as employee turnover is an important factor in the organisation (especially in hospitals). Replacing hospital staff can affect the free flow of operations because employment of new staff is a long and tedious process which involves cost intensive trainings, loss of productivity and overall poor performance.

Tardy workers are found in every organisation and are implied to cost the organisations thousands of dollars per annum in loss, loss of production time and revenue as the attitude of lateness is not detrimental to just the late employee but to all of the organisation. The effects of tardiness on other employees and is especially pointed out in the hospital, as surgeries cannot commence until the Chief surgeon arrives. Surgeries that do not start on time become hastened resulting in lesser focus, possible hazardous occurrences and risk to patient's life. Tardiness is of absolutely no benefit to the hospitals and as such needs to be researched upon to understand why it occurs in the first place and how it affects those exposed to it.

Uncivil work behaviours are the most often studied antecedents of turnover, so much so that they have been regarded as the preponderant predictors for years (Johns, 2002b). Bowling and Beehr (2006); Halbesleben and Rathert (2008) and Hogh et al. (2011) in their meta-analysis outside of healthcare found out that workplace bullying and harassment increase the rate at which employees abandon their employment and in their micro-analysis within healthcare, they also discovered that the results were similar. Overt Incivility often times results in negative outcomes on the individual, team and organisational levels. For the individual, it leads to decreased job satisfaction, increased stress, anxiety, and burnout, lower motivation and engagement, and potential health problems (Tepper, 2001; Harris et al., 2007). For the team, it reduces team cohesion, trust, and cooperation, increase in conflict and turnover (Pennebaker & Francis, 2006), and for the organisation, lower productivity, increased absenteeism, damaged reputation, and legal repercussions (Tepper et al., 2001; Porath &

Pearson, 2013; Andersson & Einarsen, 2009). To reduce overt incivility in healthcare settings, it is essential to raise awareness, mitigate contributing factors, and create and enforce strong antibullying policies (Edmonson & Zelonka, 2019). Additionally, healthcare organisations should actively work to change the culture and understand that bullying has no place in the workplace (Edmonson & Zelonka, 2019).

Some overt forms of incivility include Verbal aggression like Insults, yelling, threats, swearing, belittling comments, and many more; Nonverbal aggression like rude gestures, aggressive body language, facial expressions conveying disdain; Intentional exclusion which involves ignoring someone, ostracizing them, spreading rumours; Undermining competence by publicly criticizing someone's work and taking credit for their ideas; Unwarranted criticism with harsh and personal attacks, not focused on constructive feedback.

5 Theoretical framework

5.1 Conservation of Resources (COR) theory

The Conservation of Resources (COR) theory, proposed by Hobfoll (1989), suggests that individuals strive to acquire and maintain resources that they perceive as valuable and that can help them achieve their goals. These resources can be tangible (e.g., money, time) or intangible (e.g., knowledge, social support). When individuals experience threats to their resources, they engage in coping mechanisms to protect or regain them. However, if these coping mechanisms are unsuccessful, they may exhibit negative outcomes such as stress, burnout, and withdrawal behaviours.

In the context of hospitals, overt incivility can be a significant threat to employees' resources. Being subjected to incivility can deplete emotional resources, social support, and feelings of competence. As per COR theory, when faced with these threats, employees may engage in various coping mechanisms which include:

- **Problem-focused coping:** This involves trying to directly address the source of the incivility, such as reporting it to a supervisor or seeking support from colleagues.
- **Emotion-focused coping:** This involves managing the emotional impact of the incivility, such as through relaxation techniques or social support.
- **Avoidance coping:** This involves avoiding the source of the incivility, such as taking more sick leaves or requesting a transfer.

If employees' coping mechanisms are unsuccessful in mitigating the impact of workplace incivility, they may resort to withdrawal behaviours as a way to conserve their remaining resources and promote their well-being and retention (Schaufeli & Bakker, 2004).

5.2 Trait theory of personality

One of the most prominent theories in personality psychology is the Trait Theory. This theory focuses on identifying core characteristics, or traits, that make up an individual's personality. Traits are defined as relatively stable patterns of thoughts, feelings, and behaviours that influence how a person interacts with the world (Feist, 2016).

Here are some key aspects of trait theory:

- **Traits:** These are enduring patterns of thoughts, feelings, and behaviours that influence how a person interacts with the world (McCrae & Costa, 1999). Traits are seen as relatively stable over time and consistent across situations (Cherry, 2020).
- **Individual Differences:** Trait theory emphasizes the variations in these core characteristics between people. This explains why some individuals are outgoing and sociable (extroverted) while others are more reserved and introspective (McCrae & Costa, 1999). Psychologists have proposed various models to describe these fundamental traits. Here are two prominent ones:

The Big Five Model (OCEAN): This widely accepted model suggests five core personality dimensions:

- **Openness to Experience:** A tendency to be curious, imaginative, and open to new ideas.
- **Conscientiousness:** A focus on orderliness, self-discipline, and achieving goals.
- **Extroversion:** A preference for social interaction, stimulation, and activity.
- **Agreeableness:** A desire to cooperate, be compassionate, and get along with others.
- **Neuroticism:** A tendency to experience negative emotions like anxiety, fear, and sadness (Fiske, 1992; Goldberg, 1981; McCrae and Costa, 1987)

Eysenck's Three-Factor Model: This model proposes three core dimensions based on biological factors:

- **Extraversion vs. Introversion:** Similar to the Big Five, but with a stronger biological basis.
- **Neuroticism vs. Stability:** A focus on emotional reactivity and vulnerability to stress.
- **Psychoticism:** A dimension related to impulsivity, aggression, and social nonconformity (not included in the Big Five) (Eysenck, 1990).

5.3 Empirical review

A study by Song and Lee (2020) investigated the relationship between service workers' proactive personality and their psychological withdrawal behaviours, proposing that based on the trait activation theory (TAT), this negative relationship is moderated by servant leadership. In other words, they examined if a proactive personality reduces withdrawal behaviours and whether servant leadership strengthens this effect. Empirical data was collected from subway station workers in three metropolitan cities in South Korea in support of all the hypothesized relationships. Even though the workers are not public servants, the subway companies are owned by three metropolitan cities. With reliability and validity tests for the measurements, the authors performed an ordinary least square (OLS) hierarchical multiple regression analysis for hypotheses testing. A multilevel analysis showed that the higher a worker's proactive personality is, the less likely it is that he/she shows withdrawal behaviours at work and that the negative relationship between the two is stronger under servant leadership. An organization pursuing maximization of its members' proactive personality may find an advantage in servant leadership. The study is limited by the fact that the data was collected from three metropolitan city-owned companies, which may have different work attitudes and behaviours; the authors hypothesized and found a negative relationship between the predictor and the dependent variable. To apply TAT more appropriately, the dependent variable could have been a positive work behaviour showing a positive relationship between the predictor and the dependent variable. The results of this study have both theoretical and empirical implications. In terms of theoretical implication, the study rather indirectly supports TAT. While Greenbaum et al. (2017) demonstrated the triggering effect of abusive supervision on employees' Machiavellianism, which leads to unethical

behaviours, this study showed a stronger negative relationship between proactive personality and psychological withdrawal behaviours. This study provided empirical evidence showing servant leadership's role in lowering negative behaviours. This study's findings suggest how an organization could maximize the benefits of members' proactive personality under high servant leadership.

Achara et al. (2020) examined workplace incivility and employee retention in the hospitality industry in Nigeria stating that the uncivil behaviour at play in the Nigerian hospitality industry and its resultant effect necessitated the investigation. The objectives of the study were to; find out the effect of discrimination on employee retention, determine the effects of sexual harassment on employee retention and examine whether organizational culture as a moderating factor significantly affects the relationship between workplace incivility and employee retention. To achieve the objectives, a survey research design was adopted. The population of the study was 609 employees of the selected hotels in Uyo, Akwa Ibom State and Taro Yemane formula was used to derive 242 as the sample size. The techniques employed in analysing the data were descriptive statistics, ordinal least square and Spearman Rank Correlation Coefficient. The results indicated that discrimination has significant effect on employee retention as SPSS output shows that the value of R square = .852 and the P value = .000. It was also observed that sexual harassment has a significant effect on employee retention as shown in the SPSS Output where the value of R square =.850 and the P value = 0.000 and that organizational culture as a moderating factor significantly affects the relationship between workplace incivility and employee retention as 48% and 35% of the respondents agreed and strongly agreed respectively that organizational culture as a moderating factor affects the relationship between incivility and employee retention.. Based on the findings, the study concluded that workplace incivility affects employee retention. It was recommended among others that Management of hospitality industries need to protect their workers against discrimination and encourage them to respect each other's differences in order to reduce labour turnover and increase employees' retention in the organization and also ensure that policy against discrimination is enacted and enforced, allegations of discrimination need to be fully investigated and handled over to employees' disciplinary committee if any exist for appropriate actions.

6 Research methodology

6.1 Research design

This study explored the link between overt incivility and employee withdrawal behaviour in the healthcare industry of southern Nigeria through a quantitative approach as the primary/dominant approach, being a cross-sectional survey design which was employed to collect data from a representative sample of healthcare workers across various sectors in southern Nigeria using a standardized instrument in form of a questionnaire that measured overtly uncivil experiences and employee withdrawal behaviours (Andersson & Pearson, 1999).

6.2 Population of the study

The accessible population of this study is 9610 senior staff (including doctors, nurses and other healthcare workers) from 12 selected public owned secondary and tertiary level hospitals in the south-south region of Nigeria.

6.3 Sample and sampling techniques

This study has adopted the stratified random sampling technique as this technique is recommended due to the heterogeneity of the target population. Employees were stratified based on factors like hospital type (secondary, tertiary) and job category (doctors, nurses, administrative staff). Within each stratum, a random sample of employees was drawn. This ensures that different subgroups are adequately represented in the sample, reducing bias and improving the generalizability of findings.

Considering that the population being 9610 employees is relatively large. Sample size determination allows the researcher draw a smaller sample while still maintaining acceptable levels of precision (i.e., how close the sample results are likely to be to the true population values). The study also desires a precision level of 95% confidence interval with a +/- 5% margin of error. Therefore, the study has adopted the Krejcie and Morgan table as this table provides sample sizes for different population sizes and desired confidence levels. For a population of 9610 and 95% confidence, the table suggests a sample size of 369, as the table is constructed using the following formula for determination of sample size:

$$S = \frac{X^2 NP(1-P)}{d^2(N-1) + X^2 P(1-P)} \quad (1)$$

where S = required sample size; X^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841); N = the population size; P = the population proportion (assumed to be 0.50, which gives the maximum sample size); and d = the degree of accuracy expressed as a proportion (0.05) (Krejcie & Morgan, 1970).

S= X2NP(1-P) ÷ d2(N-1) + X2P(1-P)

With the total population being 9610 employees at 95% confidence and error limit of 0.05, the sample size for this study is approximately 369 employees which was obtained using the Krejcie and Morgan Table. Bowley's (1964) formula was as well used in allocating the number of copies of the questionnaire to each healthcare facility. The formula is given as:

$$n_h = \frac{nN_h}{N} \quad (2)$$

where n_h = the number of copies of the questionnaire distributed to each hospital; n = the total sample size; N_h = the number of employees in each hospital; and N = the population.

6.4 Nature and sources of data

The data used for this study were gotten from primary and secondary sources and the nature of the data quantitative. The primary quantitative data was collected with the aid of a structured questionnaire. The secondary data was as well collected from existing literatures from journals, textbooks, the internet (especially from the website of the Federal Ministry of Health, Nigeria (2024) which has provided materials for review of literature and a comprehensive list of public hospitals in Nigeria.

6.5 Data analysis techniques

The test of hypothesis was done using Spearman Rank Order Correlation Coefficient analysis to determine the relationship between the two variables, overt incivility and employee withdrawal behaviour.

7 Results and discussion

H_{01}: There is no significant correlation between overt incivility and employee turnover behaviour in hospitals in the South-south region of Nigeria.

The test of H_{01} is presented in Table 1.

Table 1. Overt incivility and employee turnover.

Variable pair	Spearman's rho	Sig. (2-tailed)	N
Overt incivility – Turnover behaviour	0.762**	< 0.001	369

Note: Spearman's rho; N = 369. **Correlation is significant at the 0.01 level (2-tailed).

Test of Hypothesis one for overt incivility and turnover behaviour, the correlation coefficient is reported as 0.762**, indicating a strong positive correlation between the two variables. The correlation is statistically significant at the 0.01 level (two-tailed), with $p < 0.001$ (Table 1). With this, we reject the null hypothesis and accept the alternate.

H_{02}: There is no significant correlation between overt incivility and employee tardiness of hospitals in the South-south region of Nigeria.

The test of H_{02} is presented in Table 2.

Table 2. Overt incivility and employee tardiness.

Variable pair	Spearman's rho	Sig. (2-tailed)	N
Overt incivility – Tardiness	0.285**	< 0.001	369

Note: Spearman's rho; N = 369. **Correlation is significant at the 0.01 level (2-tailed).

For overt incivility and tardiness, the correlation coefficient is reported as 0.285**, indicating a weak to moderate positive correlation between the two variables. The correlation is statistically significant at the 0.01 level (two-tailed), with $p < 0.001$ (Table 2).

H_{03}: Personality trait does not significantly moderate the relationship between overt incivility and employee turnover behaviour of hospitals in the South-south region of Nigeria.

The test of H_{03} is presented in Table 3.

Table 3. Partial correlations between overt incivility, employee turnover and tardiness controlling for personality traits.

Variable	Overt incivility	Turnover behaviour	Tardiness behaviour
Overt incivility	1.000	0.087 (0.095)	0.254 (< 0.001)
Turnover behaviour	0.087 (0.095)	1.000	0.327 (< 0.001)
Tardiness behaviour	0.254 (< 0.001)	0.327 (< 0.001)	1.000

Note: Partial correlations controlling for personality traits; df = 366; p values (2-tailed) in parentheses.

The partial correlation analysis presented in Table 3, controlling for personality traits, displays the Spearman's rho correlation coefficients between overt incivility, personality trait, and employee

turnover behaviour. The analysis also includes significance values (two-tailed) indicating the statistical significance of the correlations. With this, we reject the null hypothesis.

8 Conclusions

The significant correlation between overt forms of incivility and the measures of employee withdrawal behaviour (turnover and tardiness) proves that when left uncurbed, overt incivility influences workers' behaviour which in turn affects their desire to withdraw both physically and psychologically from the organisation.

The outcome of the multivariate analyses shows that personality trait does significantly moderate the correlation between overt incivility and employee withdrawal behaviours. This implies that personality traits which are the fundamental building blocks that define how employees think, feel, and behave might encourage or discourage an employee's resolve to withdraw from the workplace when faced with harsh, unpleasant and uncivil experiences. Depending largely on an employee's personality trait, the employee's tendency to withdraw from his or her workplace might not be influenced in the event of supervisor or co-worker incivility.

9 Recommendations

According to Pearson et al., (2000), workplace incivility has a spiral effect therefore one person's experience of incivility from a coworker or supervisor does not only threaten withdrawal by the individual, but it also threatens a multiplier effect. Such that the victim becomes a villain and the toxic cycle continues. Hospital management is therefore encouraged to have their ears open and eyes peeled and to also create avenues through which complaints can be made by employees in order to observe any occurrence of incivility timely and to stop at nothing to ensure that it is curbed before it spreads like wildfire.

References

[1] Achara LO, Onyemaechi U, Ufomba R (2020). Workplace incivility and employee retention in the hospitality industries in Nigeria. *International Journal of Scientific Research & Growth*, 2(5), 4011–230.

[2] Andersson LM, Pearson CM (1999). Tit for tat? The spiraling effect of incivility in the workplace. *Academy of Management Review*, 24(3), 452–471. https://doi.org/10.5465/amr.1999.2202131

[3] Andersson LM, Einarsen S (2009). Psychometric properties of the Swedish version of the Workplace Incivility Scale. *Lund Psychological Reports*, 14(1), 3–10.

[4] Bowling NA, Beehr TA (2006). Workplace harassment from the victim's perspective: A theoretical model and meta-analysis. *Journal of Applied Psychology*, 91, 998–1012.

[5] Cherry K (2020). Trait theory of personality. *Verywell Mind*. https://www.verywellmind.com/psychology-4157187

[6] Edmonson C, Zelonka C (2019). Our own worst enemies: The nurse bullying epidemic. *Nursing Administration Quarterly*, 43(3), 274–279. https://doi.org/10.1097/NAQ.0000000000000353

[7] Eysenck HJ (1990). Genetic and environmental contributions to individual differences: The three major dimensions of personality. *Journal of Personality*, 58(1).

[8] Federal Ministry of Health and Social Welfare (2024). Federal Ministry of Health and Social Welfare [Website]. https://www.health.gov.ng/

[9] Feist J (2016). Theories of personality (9th ed.). *McGraw-Hill Education*.

[10] Fiske AP (1992). The four elementary forms of sociality: Framework for a unified theory of social relations. *Psychological Review*, 99(4), 689–723. https://doi.org/10.1037/0033-295X.99.4.689

[11] Fulmer IS, Ployhart RE (2014). "Our most important asset": A multidisciplinary/multilevel review of human capital valuation for research and practice. *Journal of Management*, 40(1), 161–192.

[12] Goldberg LR (1981). Language and individual differences: The search for universals in personality lexicons. In: Wheeler L (ed), *Review of personality and social psychology*, Vol. 2. Sage, Beverly Hills, CA, pp. 141–165.

[13] Greenbaum RT, Mawritz M, Hui CM, Resick CJ (2017). Employee Machiavellianism to unethical behaviour: The role of abusive supervision as a trait activator. *Journal of Applied Psychology*, 102(5), 630–641.

[14] Halbesleben JR, Rathert C (2008). Linking physician burnout and patient outcomes: Exploring the dyadic relationship between physicians and patients. *Health Care Management Review*, 33(1), 29–39.

[15] Harris KT, Kacmar KM, Zivnuska S, Bryant PB (2007). Bullying, incivility, and psychological distress: Isolating social and organizational antecedents. *Journal of Applied Psychology*, 92(4), 1152.

[16] Hobfoll SE (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), 513–524. https://doi.org/10.1037/0003-066X.44.3.513

[17] Hogh A, Hoel H, Carneiro IG (2011). Bullying and employee turnover among healthcare workers: A three-wave prospective study. *Journal Of Nursing Management*, 19(6), 742–751.

[18] Johns G (2002). Absenteeism and mental health. In: Thomas JC, Hersen M (eds), *Handbook of mental health in the workplace*. Sage, Thousand Oaks, CA, pp. 437–455.

[19] Krejcie RV, Morgan DW (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30(3), 607–610. https://doi.org/10.1177/001316447003000308

[20] McCrae RR, Costa PT (1987). Personality in adulthood. *Journal of Personality and Social Psychology*, 53(6), 1001–1010.

[21] McCrae RR, Costa PT (1999). A five-factor model of human personality: The IPIP NEO personality inventory. *Psychological Assessment*, 11(3), 195–217.

[22] Okache G (2020). Skill variety and employee withdrawal behaviour in telecommunication firms in Port Harcourt, Nigeria. *International Academic Journal of Management and Marketing*, 6(5), 32–46.

[23] Pennebaker JW, Francis ME (2006). Vocal expressions of anger and the perceived quality of social support. *Journal of Personality and Social Psychology*, 91(1), 102.

[24] Porath C, Pearson C (2013). The price of incivility. *Harvard Business Review*, January–February 2013. https://hbr.org/2013/01/the-price-of-incivility

[25] Schaufeli WB, Bakker AB (2004). The job demands-resources model of work stress: A comprehensive approach. *Journal of Occupational Health Psychology*, 9(1), 3–16.

[26] Smith JR, Micich LA, McWilliams DL (2016). Organisation citizenship and employee withdrawal behaviour in the workplace. *International Journal of Human Resource Studies*, 6(3), 43–62.

[27] Song C, Lee CH (2020). The effect of service workers' proactive personality on their psychological withdrawal behaviours: A moderating effect of servant leadership. *Leadership & Organization Development Journal*, 41(5), 653–667. https://doi.org/10.1108/LODJ-04-2019-0149

[28] Tepper BJ, Duffy JC, Hoobler GM (2001). Consequences of workplace incivility: An investigation of the mediating effects of job satisfaction and perceived organisational support. *Journal of Applied Psychology*, 86(5), 825–833.

[29] Ubagu MM, Achia US, Gbuushi JA (2020). Perceived effect of motivational strategies of promotion and work environment on the job performance of library personnel of universities in Benue State, Nigeria. *Journal of Library Services and Technologies*, 2(1), 79–89.

[30] Udealor CM (2020). Cynical behaviour and turnover intention of employees of private hospitals in Rivers State, Nigeria [Unpublished master's thesis]. *University of Port Harcourt Business School*.