

Helping others not always helps ourselves: the relationship between victim incivility and emergency workers' burnout through work-to-family conflict

Victim incivility
and emergency
workers'
burnout

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Abstract

Purpose – This study aims to analyse whether and when victim incivility may be related to work-to-family conflict and then burnout among emergency workers.

Design/methodology/approach – A total of 304 Italian emergency workers from five firehouses and six emergency rooms completed questionnaires, examining: victim incivility, work-to-family conflict, social support seeking and burnout symptoms. Descriptive analyses, confirmatory factor analyses and structural equation models were conducted.

Findings – Victim incivility was positively associated with burnout symptoms, both directly and indirectly, as mediated by work-to-family conflict. Additionally, social support seeking exacerbated (rather than mitigated) the impact of work-to-family conflict on burnout symptoms.

Practical implications – Organisations can greatly benefit from implementing family-friendly practices and providing their workers with training programmes on how to deal with difficult victims.

Originality/value – This study contributes to the existing literature on workplace incivility and work–life interface by supporting for the first time the notion that victim incivility can spill over into emergency workers' family domain and by clarifying how and when victim incivility is related to burnout symptoms.

Keywords Victim incivility, Emergency workers, Work-to-family conflict, Social support seeking, Burnout symptoms

Paper type Research paper

1. Introduction

“By helping others, we help ourselves” (Scannell, 2021). Is this statement always true? What does happen when the people we are trying to help not only do not show appreciation for what we are doing, but they say rude things? Workplace incivility has become an alarmingly common phenomenon (Vasconcelos, 2020) that has attracted growing attention in the health sector. This is because, despite its low intensity, it occurs with an exceptionally high

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frequency, and the accumulation of uncivil incidents over time may negatively impact healthcare providers' well-being (Abubakar, 2018), work functioning (Jiang *et al.*, 2019) and perception of the ethical climate of their work unit (Itzkovich *et al.*, 2020). This may undermine an emergency worker's ability to provide high-quality care and patient safety (Alquwez, 2020; Armstrong, 2018). Moreover, incivility may "spiral" out of control and lead to more serious forms of aggression (Kim and Qu, 2019).

To date, a large body of healthcare research has concentrated on workplace incivility from intra-organisational members, while less attention has been paid to outsider incivility (Sommovigo *et al.*, 2020), even though patients and their families have been identified as the main sources of incivility (Layne *et al.*, 2019). Thus, more research is needed on victim incivility. This term refers to a "low intensity deviant behaviour with an ambiguous intent to harm the target, perpetrated by a victim – or the family and friends of a victim – of a stressful situation in which emergency services have been dispatched" (Sliter, 2012, p. 9). This is particularly important because emergency workers (i.e. persons who work in emergency response situations, such as firefighters, paramedics and emergency room nurses) are a high-risk professional group for outsider incivility because their job is characterised by a combination of risk factors (Meacham *et al.*, 2020). Unlike other "traditional" service providers, emergency workers need to perform their job in stressful situations (i.e. emergency response situations, such as fires, car accidents, medical emergencies), disregarding social niceties (Sliter, 2012). This lack of "service with a smile", along with contact with "victims" of emergencies who are highly frustrated, makes these workers at particular risk of exposure to victim incivility (Sliter, 2012). Instances of victim incivility comprise a victim raising his/her voice at an emergency worker or questioning his/her competence (Sliter, 2012). Because of its ambiguous intent, incivility leaves some room for individual interpretation, such that the same action may be perceived differently by diverse workers (Sommovigo *et al.*, 2019a). Thus, given that emergency workers are often confronted with several stressors, such as contact with human suffering, risk of personal injury, heavy workloads, making life-and-death decisions in pressured environments (Chang and Hu, 2022; de Wijn *et al.*, 2022; Golding *et al.*, 2017; Gray and Collie, 2017; Sandrin *et al.*, 2020), they may be susceptible to victim incivility. Moreover, given that burnout is an occupational phenomenon resulting from chronic workplace stress (World Health Organization, 2019), when occupational context stressors are not successfully managed, emergency workers who are chronically exposed to them can gradually deplete their resources due to the need for ongoing resource investment, becoming burned out (Hobfoll *et al.*, 2018).

To date, there is only one study showing that victim incivility is commonly experienced and positively associated with burnout among firefighters (Sliter and Boyd, 2015). More research is available on the impact of outsider mistreatment on healthcare providers employed in emergency rooms. In this context, outsider mistreatment is frequently viewed as part of the job, and outsider incivility is the most frequent form of mistreatment reported by emergency health workers (Touzet *et al.*, 2019). Additionally, there is evidence that when emergency health workers feel treated unfairly or be systematically under-considered at work, they are more likely to experience burnout symptoms (Jarzynkowski *et al.*, 2022; Oliphant *et al.*, 2022). However, there are many unanswered questions to be addressed. For instance, it is still unclear whether victim incivility can spill over onto emergency workers' family lives, resulting in work-to-family conflict (i.e. a form of inter-role conflict in which job demands interfere with workers' capability to meet the family role; Bernuzzi *et al.*, 2021). Additionally, although the study by Sliter and Boyd (2015) showed that victim incivility predicts emotional exhaustion (i.e. feelings of being depleted of one's emotional resources due to job stressors; Montgomery and Maslach, 2019), no single study exists that examines the link between victim incivility and cynicism (i.e. excessively detached responses to the recipients of one's service; Montgomery and Maslach, 2019). Although emotional exhaustion is considered the core dimension of burnout, the cynicism component is probably the most distinguishing facet of this stress response

(Montgomery and Maslach, 2019) due to its effects on quality patient care and safety (Loerbroks *et al.*, 2017). Thus, understanding how to alleviate emergency workers' burnout is of the utmost importance for emergency service managers and the whole society to allow these workers to intervene effectively in emergencies and assume the high responsibilities that this requires (Roşca *et al.*, 2021). This is an issue of collective interest, given the relevance of this understudied professional group in managing a range of critical emergencies and then safeguarding societal health (Sandrin *et al.*, 2020). Additionally, preventing work-to-family conflict is of particular relevance to this occupational group as several studies have shown that some peculiar characteristics of emergency service occupations (e.g. irregular working hours, extended work shifts) negatively affect emergency workers' family relationships (Watkins *et al.*, 2021). To this aim, identifying effective coping strategies adopted by emergency workers to deal with victim incivility and work-to-family conflict may provide practical insights on how to design training programmes. To this regard, we focused on social support seeking (i.e. seeking emotional or informational support from surrounding support networks to cope with stressful situations; Tahara *et al.*, 2021) because previous studies indicated that this coping strategy enables emergency workers to mitigate the emotional burden of their work and the negative psychological effects of critical events (Di Nota *et al.*, 2021; Golding *et al.*, 2017; Huang *et al.*, 2022). Thus, this study aims to empirically test whether victim incivility may be directly and indirectly related to burnout symptoms, as mediated by work-to-family conflict and moderated by social support seeking.

In pursuing these objectives, the current study contributes to the existing literature in three ways. First, this study adds to the existing literature on occupational well-being by analysing the impact of victim incivility on both emotional exhaustion and cynicism. Most prior investigations concentrated on the relationship between workplace incivility and burnout, where the latter was studied by combining its dimensions (e.g. Smith *et al.*, 2019). This might have resulted in a significant loss of information as evidence has shown that different variables may differently affect the diverse dimensions of burnout (e.g. Masiero *et al.*, 2018). Additionally, while research found that emergency workers who receive victim incivility experience greater emotional exhaustion (Sliter and Boyd, 2015), as far as we know, there is no single study that analyses the relationship between victim incivility and cynicism in this population. Nevertheless, cynicism may be the most critical manifestation of burnout (De Clercq *et al.*, 2020), as cynic attitudes may severely affect patient care quality (Loerbroks *et al.*, 2017). Thus, by clarifying this relationship and concentrating on the relatively under-studied population of emergency workers, we add to the existing literature on workplace incivility.

Second, while a considerable body of research demonstrated that quantitative task demands exert a stressful effect on employees that spills over the work-family boundaries, far too little attention has been paid to the spillover effects of interpersonal stressors from work to family. Thus, only a limited number of studies addressed the question of whether workplace incivility can spill over into the nonwork lives of employees (Zhou *et al.*, 2019). Among the potential extra-work outcomes of workplace incivility, work-to-family conflict is of the utmost importance because of its harmful consequences in both work and family domains (Smith *et al.*, 2018). Prior studies analysing the impact of workplace incivility on work-to-family conflict have mainly concentrated on either incivility from supervisors and colleagues (e.g. Abubakar, 2018) or just from colleagues (e.g. He *et al.*, 2021), while less emphasis has been placed on the impact of outsider incivility on work-to-family conflict. Nevertheless, prior studies extensively demonstrated that other forms of workplace mistreatment from outsiders were positive predictors of work-to-family conflict (Chi *et al.*, 2018). Moreover, to the best of our knowledge, there is only one study that confirms the spillover effects of outsider incivility on healthcare providers' work-to-family conflict (Zhou *et al.*, 2019), while several studies showed that work-to-family conflict positively correlated with emergency workers' burnout symptoms (Smith *et al.*, 2018, 2019; Wu *et al.*, 2019). However, no studies have analysed whether work-to-family conflict

might mediate the link between victim incivility and burnout. Thus, this study examines this mediating effect. In doing so, we answer the calls for further research to detect potential mediators of the outcomes of workplace incivility (Yao *et al.*, 2021).

Third, we analyse whether social support seeking, which is one of the coping strategies most commonly reported by healthcare providers to deal with negative workplace behaviours (Hawkins *et al.*, 2021), can mitigate the detrimental effects of victim incivility and work-to-family conflict on emergency workers' well-being. While the protective effect of social support against burnout has been well-documented (Velando-Soriano *et al.*, 2020), mixed results have been revealed with reference to social support seeking. Although some studies confirmed the protective effect of this coping strategy against burnout, others found that it had exacerbating or non-significant effects (e.g. Velando-Soriano *et al.*, 2020). Thus, scholars have argued the importance of analysing this coping strategy while considering the specific professional context and critical features of the demands encountered therein (Britt *et al.*, 2016). Hence, by exploring the moderating role of social support seeking in the particular population of emergency workers, we address recent calls from the scientific community to clarify which coping strategies can help mitigate the deleterious effects of workplace incivility (e.g. Vasconcelos, 2020). Shedding light on how emergency workers may react to victim incivility and when they may develop burnout is crucial to implement tailored measures to support them in maintaining optimal psychological and professional functioning.

2. Literature review

2.1 *The relationship between outsider incivility and burnout symptoms*

To date, there is extensive evidence that healthcare professionals who are targeted of outsider incivility experience emotional exhaustion (e.g. Raaj and Anju, 2019; Zhou *et al.*, 2019). Conversely, although cynicism has been largely identified to be a correlate of workplace incivility from intra-organisational members (e.g. Geldart *et al.*, 2018), its relationship with outsider incivility is still understudied. Previous studies found that incivility from outsiders can deplete workers' emotional resources since being treated poorly by the people one is trying to serve may elicit negative emotions (Sommovigo *et al.*, 2019a, 2020; Zhou *et al.*, 2019). Empirical evidence has been provided to prove that incivility from outsiders can also consume workers' cognitive resources because targets of incivility tend to worry about incidents of incivility (e.g. trying to understand if the uncivil action was intentional) and ruminate about these episodes outside of work (Demsky *et al.*, 2019; Sommovigo *et al.*, 2020). Additionally, there is evidence that uncivil behaviours from outsiders can deplete affected workers' physical resources because targets of incivility are less likely to benefit from recovery activities, such as sleep (Demsky *et al.*, 2019; Zhou *et al.*, 2019). Further, since workplace incivility violates social norms for reciprocal respect, it is likely to undermine workers' personal resources, including respect and dignity (Taylor *et al.*, 2017; Sommovigo *et al.*, 2019a). To date, there is only one study specifically focusing on the impact of victim incivility on emergency workers' well-being (Sliter and Boyd, 2015). This study found that victim incivility led firefighters to experience higher emotional exhaustion levels (Sliter and Boyd, 2015). However, to the best of our knowledge, there are no studies analysing the relationship between victim incivility and cynicism among emergency workers.

2.2 *The relationship between outsider incivility, work-to-family conflict and burnout symptoms*

Recently, scholars have begun to analyse whether workplace incivility can spill over onto workers' family lives, demonstrating that workers who are targeted of incivility from intra-organisational members tend to experience greater work-to-family conflict (Abubakar, 2018;

He *et al.*, 2021). Thus, they are more likely to experience negative feelings at the end of the workday and then be more easily upset with their family members, which makes it even harder for them to recover their resources (Tremmel and Sonnentag, 2018). For instance, Lim *et al.* (2018) found that workers who were victims of incivility from colleagues or supervisors were likely to carry the resulting hostile feelings home, expressing them by venting their anger on their spouses or withdrawing from social interactions at home. To date, to the best of our knowledge, there is only one study analysing the relationship between outsider incivility and work-to-family conflict (Zhou *et al.*, 2019). This study revealed that in weeks nurses experienced more outsider incivility, they reported more work-to-family conflict as they had fewer resources available to handle family demands. Moreover, some studies empirically demonstrated that emergency workers who experience work-to-family conflict are likely to report burnout symptoms (Smith *et al.*, 2018, 2019; Wu *et al.*, 2019). For instance, Smith *et al.* (2019) found that work-to-family conflict was one of the stronger predictors of burnout among firefighters. Moreover, existing research has positively associated work-to-family conflict with both emotional exhaustion (e.g. Chen *et al.*, 2018) and cynicism (e.g. Yeh *et al.*, 2020) among healthcare workers working in non-emergency situations. However, what is not yet clear is whether the impact of victim incivility might spill over into emergency workers' family domain. It is also unclear whether work-to-family conflict might mediate the relationship between victim incivility and emergency workers' burnout symptoms.

2.3 The moderating role of social support seeking

Social support seeking, which combines both instrumental and emotional social support, is one of the ways of coping with negative workplace behaviour, including workplace incivility, most commonly reported by healthcare workers (Hawkins *et al.*, 2021). This coping strategy has been found to be more effective than problem-focused coping for controlling emotions and behaviours to solve issues related to incivility (Kim, 2018). Additionally, social support seeking has been found to buffer the detrimental effects of incivility experiences on nurses' professional outcomes (Kim, 2018). Moreover, some studies demonstrated that this coping strategy might mitigate the negative effects of work-to-family conflict on healthcare professionals' emotional exhaustion (Zhang *et al.*, 2020). This is because the buffering effect of social support can beneficially affect workers' perceptions induced by stressors (Sommovigo *et al.*, 2021), enabling them to minimise the stress they perceive and/or to engage in healthy behaviours and effective actions as a reaction to stressors (Zhang *et al.*, 2020). Accordingly, empirical evidence shows that social support is a negative predictor of psycho-physical malaise symptoms among emergency workers (Obuobi-Donkor *et al.*, 2022; Vadi *et al.*, 2022). In this view, social support may be a protective factor as it can weaken the effects of stressful situations on health outcomes by reducing the emotional burden of stressful events (Betke *et al.*, 2021) and feelings of isolation (Velando-Soriano *et al.*, 2020). However, it is still unknown whether this coping strategy would buffer the effects of victim incivility and work-to-family conflict among emergency workers.

3. Conceptual framework and hypothesis development

Considering the above empirical findings and drawing on the conservation of resources (COR) theory (Hobfoll *et al.*, 2018), this section provides a conceptual framework that describes the variables and their associations with the study's outcomes and the predicted hypotheses. According to the COR theory (Hobfoll *et al.*, 2018), people are motivated to protect their current resources and obtain new resources. Resources are defined as those objects (e.g. material goods), conditions (e.g. employment), personal characteristics (e.g. self-esteem) or

energies (e.g. credit) that individuals centrally value or that allow them to pursue, maintain, foster and protect that which they value (Hobfoll *et al.*, 2018). Stress occurs in circumstances that represent a threat of loss or actual loss of resources or when there is a failure to adequately gain resources following significant resource investment (Hobfoll *et al.*, 2018). Thus, in line with the COR theory (Hobfoll *et al.*, 2018), victim incivility is a stressful experience as it threatens or depletes the valuable resources of affected workers. Alternatively, given that emergency work jobs involve considerable physical and emotional demands, the emergency workers' perceptions that they invest more in relationships with rescued people than what they receive in return may profoundly drain their resources. According to the COR theory's primacy of loss principle, resource loss has a much greater and more immediate effect than resource gain (Hobfoll *et al.*, 2018). To avoid the stressful experience of resource loss, individuals have to "invest their resources in order to protect against resource loss, recover from losses and gain resources" (i.e. resource investment principle; Hobfoll *et al.*, 2018, p. 105). However, a resource investment can have two possible outcomes: if successful, it may result in a net gain of resources that engenders a state of positive well-being, while, if unsuccessful, it may result in a net loss of resources that generates a state of distress (Hobfoll, 2001). Then, workers dealing with uncivil victims who cannot counterbalance the resource loss through appropriate conservation of resources strategies (e.g. by replacing the lost resource with other resources to offset the loss) are likely to develop feelings of being emotionally exhausted. Alternatively, according to the COR theory, when individuals cannot completely prevent resource loss, they strive to reduce the loss by scaling back on resource investment (Hobfoll *et al.*, 2018). Thus, when emergency workers feel they do not have sufficient resources to meet job demands, they are likely to detach themselves from rescued persons and develop a cynical attitude towards their work to conserve their few left resources. As such, we expect the following:

H1. Victim incivility will be positively associated with burnout symptoms (H1a: exhaustion; H1b: cynicism).

According to the COR theory, individuals with fewer resources are more likely to experience resource loss than those with more resources because they have fewer resources to invest in compensating for resource loss (Hobfoll *et al.*, 2018). In this regard, emergency workers dealing with victim incivility may have fewer resources available to invest in the family domain. For instance, when a worker is treated poorly by the people that he/she is trying to help, he/she may lose emotional resources and vent their negative emotions on family members. This may undermine emergency workers' performance and effectiveness in the family role, resulting in work-to-family conflict. Then, we propose the following:

H2. Victim incivility will be positively related to work-to-family conflict.

In line with the COR theory (Hobfoll, 2001), when attempting to reconcile work and family responsibilities, workers are required to invest further resources to protect those remaining from being lost, which may either slow the resource loss down or speed it up. However, if workers are unsuccessful in their coping attempts, they may lose further resources (e.g. self-confidence as a family member, family stability). Thus, victim incivility may undermine emergency workers' valuable resources, making it more difficult for them to meet family obligations, resulting in work-to-family conflict. In such a condition, workers may lack the energy to sustain their normal functioning at work, feeling their resources exhausted and entering a defensive mode to protect the self (i.e. the desperation principle; Hobfoll *et al.*, 2018), and eventually, burnout and cynicism may occur. Then, we propose that:

H3. Work-to-family conflict will mediate the relationship between victim incivility and burnout symptoms (H3a. exhaustion; H3b. cynicism).

According to the COR theory's gain paradox principle (Hobfoll, 2001), when resources are lost or threatened of loss, it becomes particularly salient for individuals to harness other kinds of resources to fulfil the demands associated with the recovery, re-establish lost resources or decrease the negative effects. Precisely, when a threat of resource loss or loss occurs, individuals mobilise resources to counteract, limit or reverse impending or actualised loss by adopting conservation of resources strategies (Hobfoll *et al.*, 2018). Thus, when attempting to deal with victim incivility or to combine work and family demands, emergency workers may seek to replace lost resources by seeking help from others to secure additional resources and then offset the loss. In this view, social supporting seeking can be viewed as a conservation of resource strategy that may be useful for buffering the negative effects of victim incivility and work-to-family conflict. Then, we propose that:

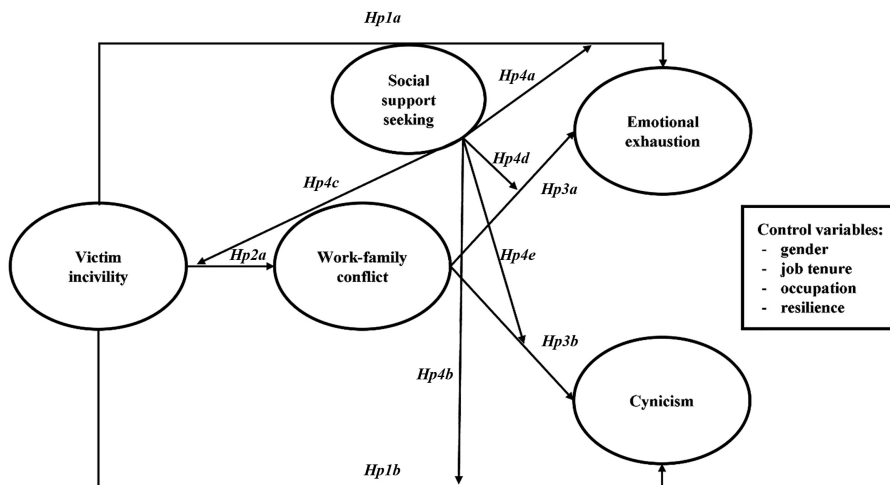
H4. Social support seeking will buffer the negative effects of victim incivility on burnout symptoms (H4a: exhaustion, H4b: cynicism) and work-to-family conflict (H4c) as well as the negative effects of work-to-family conflict on burnout symptoms (H4d: exhaustion, H4e: cynicism).

A conceptual framework of our expected moderated mediation model is depicted in Figure 1 that incorporates our predicted relationships.

4. Materials and method

4.1 Participants and procedure

This cross-sectional study was conducted using paper-and-pencil questionnaires between March and December 2019. The procedure was planned according to the ethical standards provided by the Italian National Psychological Association. All participants provided their signed informed consent before participating in the study. Data were collected in five firehouses and six emergency rooms from a region located in Northern Italy. After obtaining approval from the fire department chief, a master's student in psychology personally informed firefighters about the study's purposes and administrated 180 questionnaires to



Note(s): Victim incivility, work-to-family conflict and burnout symptoms were controlled for gender, job tenure in the current position, occupation, and average levels of resilience

Figure 1. Conceptual model regarding the relationships between victim incivility and burnout symptoms (i.e. emotional exhaustion and cynicism), the mediating role of work-family conflict and the moderating role of social support seeking

them in each firehouse. In each emergency room, after obtaining the authorisation to conduct the study by the medical direction, a coordinator and a researcher presented the aims of the research project to emergency health workers during shift changes. The medical direction administered a total of 285 surveys. Respondents took about 20 min to complete the survey and placed them in dedicated cardboard boxes. The population size of our study area, an area located in Northern Italy, was 465 emergency workers (i.e. 180 firefighters from five firehouses and 285 emergency workers from six emergency rooms). Based on the population size, we calculated the appropriate sample size using the following formula (Daniel and Cross, 2018): $n = N * X / (X + N - 1)$, where $X = Z_{\alpha/2}^2 * p * (1 - p) / MOE^2$, and $Z_{\alpha/2}$ is the critical value of the normal distribution at $\alpha/2$ (i.e. in our case, for a confidence level of 95%, α is 0.05 and the critical value is 1.96), MOE is the margin of error, p is the sample proportion (i.e. 50%), and N is the population size (i.e. 465). Then, a sample size of at least 211 research participants was recommended. In total, 327 emergency workers agreed to participate in the study. Among these, 114 were firefighters (response rate: 63.33%), and 213 were emergency health workers (response rate: 74.73%). Seven respondents were excluded because of incomplete responses (i.e. less than 60% of the survey), reducing the sample size from 311 to 304. Most participants were male (64.3%) emergency health workers (64.1%), with an average job tenure in the current position of 18.36 (SD = 10.57) years.

4.2 Measures

Victim incivility was assessed using the Italian version of the nine-item Victim Incivility Scale (Anonymous et al., in press). Participants indicated how often they experienced victim incivility (nine items, e.g. *victims question my competence*, $\alpha = 0.90$) on a five-point Likert scale (1 = *never*, 5 = *extremely often*).

Work-to-family conflict was measured through the Italian adaptation of the five-item Work-Family Conflict scale (Colombo and Ghislieri, 2008). Participants reported how much they agreed with each item regarding the interferences of job demands on family needs (five items, e.g. *the amount of time my job takes up makes it difficult to fulfil family responsibilities*, $\alpha = 0.91$) on a seven-point Likert scale (1 = *completely disagree*, 7 = *completely agree*).

Social support-seeking tendencies were evaluated through 12 items from the Italian adaptation of the Coping Orientation to Problems Experienced scale (COPE-NVI; Sica et al., 2008). Participants indicated how often they tended to seek support from others when faced stressful situations (12 items, e.g. *I try to get advice from someone about what to do*, $\alpha = 0.88$) on a four-point Likert scale (1 = *I usually do not do this*, 4 = *I almost always do this*). In contrast to the original version of COPE, the Italian version of this scale measures social support seeking as a unique dimension, including three subtypes of social support seeking (i.e. instrumental support, emotional support, venting of negative emotions). A composite score is calculated for this scale by averaging its 12 items. This scale has shown good psychometric properties (e.g. Setti et al., 2018).

Burnout symptoms were measured through two five-item subscales from the Italian validation of the Maslach Burnout Inventory-General Survey (Borgogni et al., 2005). Participants reported how frequently they suffered from emotional exhaustion (five items, e.g. *I feel used up at the end of the workday*, $\alpha = 0.89$) and cynicism (five items, e.g. *I have become less enthusiastic about my work*, $\alpha = 0.83$) on a seven-point Likert scale (0 = *never*, 6 = *always*). Even though the entire version of this scale also measures reduced personal accomplishment, in line with previous studies (e.g. Bernuzzi et al., 2021; Bosmans et al., 2019), we decided not to include this component because it reflects a consequence rather than a distinct symptom of burnout (Sommovigo et al., 2019b).

Control variables. We controlled for gender (1 = men, 2 = women), profession (1 = emergency health workers, 2 = firefighters), job tenure (measured in years) and

resilience (measured using the Italian validation of the ten-item Connor–Davidson Resilience Scale; [Di Fabio and Palazzeschi, 2012](#)).

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5. Statistical analysis

This analytical cross-sectional observational study was based on quantitative data. Before conducting the analyses, the data were screened for outliers, multicollinearity, data distribution and explored for intercorrelations using SPSS 25 ([Morgan et al., 2019](#)). Next, we examined single item reliability (values greater than 0.50 are acceptable; [Hair et al., 2017a, b](#)), composite reliability (values above 0.70 are acceptable; [Hair et al., 2017a, b](#)), convergence validity (all the average variance extracted values should be above 0.50; [Hair et al., 2017a, b](#)) and internal consistency (Cronbach's alphas above 0.70 are acceptable; [Hair et al., 2017a, b](#)). Then, structural equation modelling (SEM) was utilised to assess the appropriateness and fit of our hypothesised theoretical models. We first conducted confirmatory factor analyses (CFAs) with the maximum likelihood (ML) method comparing the measurement model with a series of competing models. Considering the sensitivity of the chi-square statistic to the sample size, the ratio of the χ^2 statistic to the respective degrees of freedom (χ^2/df) is preferred ([Alavi et al., 2020](#)). A ratio of ≤ 2 indicates a superior fit between the hypothesised model and the sample data ([Alavi et al., 2020](#); [Tabachnick et al., 2007](#)). Additionally, the model fits of CFAs and the subsequent mediation model were examined using the following indices: the root mean squared error of approximation (*RMSEA*, values less than 0.08 and 0.05 suggest an adequate and good model fit, [Hu and Bentler, 1999](#)), the standardised root mean square residual (*SRMR*; values less than 0.08 are taken as a good fit; [Hu and Bentler, 1999](#)), the comparative fit index (*CFI*, values above 0.90 are indicative of a good model fit; [Hu and Bentler, 1999](#)) and the Tucker–Lewis index (*TLI*, values between 0.90 and 0.95 indicate acceptable fit; [Marsh et al., 2004](#)). After establishing a good fit for the measurement model, we used the unmeasured latent method factor technique ([Podsakoff et al., 2012](#)) to assess the potential impact of common method bias on our study (the method factor should explain equal to or less than 25% of the method variance, which is the average amount of method variance referred in self-reported research; [Podsakoff et al., 2012](#)). Before testing our analyses, using G*Power ([Faul et al., 2009](#)), we conducted a power analysis for a multiple regression analysis with seven predictors, selecting an alpha of 0.05, a power of 0.95, a medium effect size ($\rho = 0.30$). Our sample size was appropriate as a sample of at least 153 participants was needed. Next, a mediation model was performed to examine whether work–family conflict would mediate the relationship between victim incivility and burnout symptoms while controlling for gender, profession, job tenure and resilience levels. We used bootstrapping analyses and constructed bias-corrected confidence intervals by drawing 1,000 random samples with replacements from the full sample; whereby an indirect or conditional effect was deemed significant if the 95% confidence interval from the bootstrap analysis did not include zero and then the *p*-value was deemed to be less than – or equal to – 0.05. This method offers non-symmetric confidence intervals, which is particularly recommended to estimate indirect effects ([Maffoni et al., 2021](#)). Furthermore, the bias-corrected bootstrap analysis is less biased and more powerful than other bootstrap methods ([Kim and Yeasmin, 2005](#)). To test whether the strength of the relationship between victim incivility and burnout symptoms through work–family conflict was conditional on the values of social support seeking, a moderated mediation model was run using Mplus Version 8 ([Muthén and Muthén, 2017](#)) while controlling for gender, profession, job tenure and resilience levels. These analyses tested whether social support seeking would moderate the associations of victim incivility with burnout symptoms and work–family conflict as well as the associations of work–family conflict with burnout symptoms. To test our moderation hypothesis, we performed a series of moderated mediation models, and we evaluated their goodness by comparing them in terms

of the Bayesian information criterion (BIC) and Akaike information criterion (AIC). Lower AIC and BIC values show a better fit, and the model with the lowest AIC and BIC is the best-fitting model (Maffoni *et al.*, 2021). To plot the statistically significant interaction effects, we utilised Excel worksheets given by Dawson (2014).

6. Results

6.1 Preliminary analyses

All correlations among the study's variables were in the expected directions. None of the demographic variables statistically significantly correlated with cynicism (Table 1).

With regard to item reliability, the results indicated that the factor loadings of all items on their respective constructs showed at least a medium correlation with the corresponding construct (victim incivility: 0.68–0.81; work-to-family conflict: 0.79–0.91; exhaustion: 0.79–0.86; cynicism: 0.66–0.85; social support seeking: 0.56–0.76; resilience: 0.53–0.80). Moreover, the results revealed that composite reliability coefficients for the study's variables ranged from 0.88 to 0.93. Furthermore, the average variance extracted values ranged from 0.51 to 0.74, supporting the convergent validity of the study's constructs. Cronbach's alphas ranged from 0.84 to 0.91, while McDonald's omegas ranged from 0.93 to 0.97.

6.2 Confirmatory factor analysis and assessment of common method bias

A CFA with the ML method was performed to examine the factor structure of the study's variables. The hypothesised five-factor model ($\chi^2[584] = 1,130.24$, CFI = 0.90, TLI = 0.90, RMSEA = 0.06, SRMR = 0.06; see Table 2) outperformed all alternative models, supporting the discriminant validity of the study's measures. To obtain a satisfactory fit ($\chi^2[583] = 1,059.06$, CFI = 0.92, TLI = 0.91, RMSEA = 0.05, SRMR = 0.06), we correlated the errors for one pair of items from the social support-seeking scale because these items tapped into similar behaviours. The resulting structural equation models were built considering these modification indices. The results revealed that the hypothesised five-factor model showed a better fit to the data after inclusion of the method factor ($\Delta\chi^2[304] = 175.60$, CFI = 0.94, TLI = 0.93, RMSEA = 0.05, SRMR = 0.04). The method factor explained 11% of the variance in the items, suggesting that the common method bias is unlikely to substantially impact this research.

6.3 Mediation analysis

Our mediation model ($\chi^2[326] = 590.30$, $p = 0.000$, RMSEA = 0.05, SRMR = 0.05, CFI = 0.93, TLI = 0.92; see Table 3) showed that victim incivility was positively related to work-to-family conflict ($\beta = 0.75$, SE = 0.15, $p < 0.001$), exhaustion ($\beta = 0.34$, SE = 0.14, $p < 0.05$) and cynicism ($\beta = 0.26$, SE = 0.11, $p < 0.01$), while both work-to-family conflict and burnout symptoms were controlled for gender, profession, job tenure and resilience. Resilience was negatively associated with exhaustion ($\beta = -0.26$, SE = 0.11, $p < 0.05$) and cynicism ($\beta = -0.50$, SE = 0.14, $p < 0.001$). Work-to-family conflict, in turn, was positively related to both exhaustion ($\beta = 0.36$, SE = 0.07, $p < 0.001$) and cynicism ($\beta = 0.17$, SE = 0.06, $p < 0.01$). Thus, work-to-family conflict partially mediated the relationships of victim incivility with both exhaustion ($\beta = 0.27$, SE = 0.06, $p < 0.001$) and cynicism ($\beta = 0.13$, SE = 0.05, $p < 0.01$). The indirect effects were positive, suggesting that victim incivility was related to work-to-family conflict. This, in turn, led to greater burnout symptoms. Additionally, the firefighter occupation was negatively associated with work-to-family conflict ($\beta = -0.78$, SE = 0.21, $p < 0.001$). Overall, victim incivility was directly and indirectly – through work-to-family conflict – related to burnout symptoms. Therefore, H1a, H1b, H2, H3a and H3b were confirmed.

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8
1. Victim incivility	1.94	0.67	0.90							
2. Work-family conflict	3.34	1.59	0.41**	0.91						
3. Social support seeking	1.92	0.51	0.17**	0.22**	0.88					
4. Exhaustion	1.44	1.15	0.39**	0.58**	0.36**	0.89				
5. Cynicism	1.11	1.06	0.24**	0.34**	0.22**	0.55**	0.83			
6. Resilience	3.09	0.52	0.00	-0.08	-0.09	-0.15**	-0.24**	0.84		
7. Gender	-	-	0.21**	0.27**	0.29**	0.32**	0.04	0.05	-	
8. Occupation	-	-	-0.21**	-0.34**	-0.24**	-0.33**	-0.09	-0.12*	-0.58**	-
9. Job tenure	18.36	10.57	-0.14**	-0.16*	-0.15**	-0.20**	-0.04	-0.07	-0.24**	0.36**

Note(s): Italic faced numbers on the diagonal represent Cronbach's alpha; *M* = means; *SD* = standard deviations; **p* < 0.05; ***p* < 0.01. Gender: 1 = man, 2 = woman; Occupation: 1 = emergency health worker; 2 = firefighter

Table 1.
Descriptive statistics
and intercorrelations
among the study's
variables (*N* = 304)

Model	χ^2	df	<i>p</i>	χ^2/df	RMSEA	SRMR	CFI	TLI
Five-factor model cmb ^j	883.461	547	0.00	1.61	0.05	0.04	0.94	0.93
Five-factor model mod ⁱ	1,059.058	583	0.00	1.81	0.05	0.06	0.92	0.91
Five-factor model ^h	1,130.241	584	0.00	1.93	0.06	0.06	0.90	0.90
Four-factor Model 1 ^g	1,415.110	588	0.00	2.40	0.07	0.07	0.85	0.84
Four-factor Model 2 ^f	1,945.918	588	0.00	3.31	0.09	0.09	0.76	0.74
Three-factor Model 1 ^e	1,977.136	591	0.00	3.34	0.09	0.08	0.75	0.74
Three-factor Model 2 ^d	2,227.680	591	0.00	3.77	0.10	0.09	0.71	0.69
Two-factor Model 1 ^c	3,031.942	593	0.00	5.11	0.12	0.14	0.56	0.54
Two-factor Model 2 ^b	3,211.903	593	0.00	5.41	0.12	0.13	0.53	0.50
One-factor model ^a	3,653.652	594	0.00	6.15	0.13	0.14	0.45	0.42

Note(s): df = degree of freedom; RMSEA = root mean square error of approximation; SRMR = standardised root mean square residuals; CFI = comparative fit index; TLI = Tucker–Lewis index; mod = model including modification indices; cmb = model used for checking common method bias

^aAll indicators load on a single factor

^bIncivility, support seeking and work–family conflict load on one factor, exhaustion and cynicism load on a second factor

^cIncivility and support seeking load on one factor, work–family conflict, exhaustion and cynicism load on a second factor

^dIncivility and work–family conflict load on one factor, support seeking loads on a second factor, exhaustion and cynicism load on a third factor

^eIncivility loads on one factor, support seeking loads on a second factor, work–family conflict, exhaustion and cynicism load on a third factor

^fIncivility and work–family conflict load on one factor, support seeking loads on a second factor, exhaustion loads on a third factor, cynicism loads on a fourth factor

^gIncivility loads on one factor, work–family conflict loads on a second factor, support seeking loads on a third factor, exhaustion and cynicism load on a fourth factor

^hIncivility, work–family conflict, support seeking, cynicism and exhaustion load on their respective factors

ⁱPrior model allowing the correlation between a pair of items from the social support-seeking scale (Item 4 with Item 8)

^jPrevious model with the inclusion of a common method latent variable on which make all the items loaded

Table 2. Fit indices for the five-factor model and the alternative models

6.4 The moderated mediation analysis

The model with social support seeking as moderator in all the paths of the previous model showed the best fit indices (AIC = 24,249.18, BIC = 24,740.56) when compared to those assessing this coping strategy as moderator on the first (AIC = 30,651.13, BIC = 31,134.34) or third paths (AIC = 24,381.70, BIC = 24,844.65) only. The relationship of victim incivility with burnout symptoms through work-to-family conflict was conditional on the values of social support seeking (Table 4 and Figure 2), while both work-to-family conflict and burnout symptoms were controlled for gender, profession, job tenure and resilience. The moderated mediation indices indicated that the effect of the interactions of work-to-family conflict and social support seeking on both exhaustion ($\beta = 0.17$, SE = 0.04, $p < 0.001$) and cynicism ($\beta = 0.18$, SE = 0.05, $p < 0.001$) were statistically significant. More specifically (Table 5), this effect was statistically significant for workers who utilised high (exhaustion: $\beta = 0.38$, SE = 0.08, $p < 0.001$; cynicism: $\beta = 0.23$, SE = 0.06, $p < 0.001$) and moderate (exhaustion: $\beta = 0.24$, SE = 0.05, $p < 0.001$; cynicism: $\beta = 0.10$, SE = 0.04, $p < 0.05$) social support-seeking strategies but not for those who had low social support-seeking tendencies (exhaustion: $\beta = 0.10$, SE = 0.04, *ns*; cynicism: $\beta = -0.03$, SE = 0.05, *ns*). Total effects indicated that increasing these tendencies strengthened the effects of work-to-family conflict on burnout symptoms. Examination of the interaction plots showed that workers were more likely to develop exhaustion (Figure 3a) and cynicism (Figure 3b) when they utilised more (vs less) frequently social support-seeking strategies. Conversely, neither the effect of the interaction

Model	χ^2	df	χ^2/df	<i>p</i>	RMSEA	90% CI	SRMR	CFI	TLI
Model 1	590.30	326	1.81	0.000	0.05	0.05, 0.06	0.05	0.93	0.92
Standardised direct and indirect effects									
Effects – Model 1					Estimate	SE	95% CI		
Gender → Incivility					0.15	0.11	[-0.05, 0.25]		
Profession → Incivility					-0.17	0.11	[-0.28, 0.03]		
Job tenure in the position → Incivility					-0.01	0.01	[-0.23, 0.05]		
Resilience → Incivility					-0.06	0.07	[-0.16, 0.06]		
Incivility → WFC					0.75***	0.15	[0.22, 0.48]		
Gender → WFC					0.20	0.20	[-0.07, 0.20]		
Profession → WFC					-0.78***	0.21	[-0.40, -0.13]		
Job tenure in the position → WFC					-0.01	0.07	[-0.13, 0.10]		
Resilience → WFC					-0.34	0.18	[-0.25, 0.01]		
Gender → Exhaustion					0.21	0.14	[-0.04, 0.21]		
Profession → Exhaustion					-0.10	0.14	[-0.17, 0.07]		
Job tenure in the position → Exhaustion					-0.01	0.01	[-0.16, 0.04]		
Resilience → Exhaustion					-0.26*	0.11	[-0.24, -0.03]		
WFC → Exhaustion					0.36***	0.07	[0.35, 0.62]		
Incivility → Exhaustion					0.34*	0.14	[0.07, 0.36]		
Incivility → WFC → Exhaustion					0.27***	0.06	[0.17, 0.42]		
Total effects on exhaustion					0.61***	0.06	[0.33, 0.97]		
Gender → Cynicism					-0.20	0.18	[-0.25, 0.07]		
Profession → Cynicism					-0.19	0.17	[-0.25, 0.06]		
Job tenure in the position → Cynicism					0.00	0.01	[-0.12, 0.12]		
Resilience → Cynicism					-0.50***	0.14	[-0.38, -0.12]		
WFC → Cynicism					0.17**	0.06	[0.10, 0.38]		
Incivility → Cynicism					0.26*	0.11	[0.02, 0.30]		
Incivility → WFC → Cynicism					0.13**	0.05	[0.05, 0.24]		
Total effects on Cynicism					0.38***	0.11	[0.18, 0.61]		
Note(s): WFC = work-family conflict; Social support = social support seeking; Incivility = victim incivility; Exhaustion = emotional exhaustion; * <i>p</i> < 0.05, ** <i>p</i> < 0.01, *** <i>p</i> < 0.001									

Table 3.
Fit indices and
standardised effects for
mediation models
analysing the impact of
victim incivility on
burnout symptoms via
work-family conflict

of victim incivility and social support seeking on work-to-family conflict ($\beta = 0.06$, $SE = 0.14$, *ns*) nor the effect of the interaction of victim incivility and social support seeking on burnout symptoms (exhaustion: $\beta = 0.13$, $SE = 0.10$, *ns*, cynicism: $\beta = -0.10$, $SE = 0.12$, *ns*) was statistically significant. Thus, H4a, H4b, H4c, H4d and H4e were not confirmed.

7. Discussion

This is the first study to empirically test *whether* victim incivility may spill over onto emergency workers' family lives, leading to work-to-family conflict and *when* this may be related to burnout symptoms among emergency workers, clarifying *how* victim incivility may engender burnout symptoms. Victim incivility was positively associated with burnout symptoms, both directly and indirectly, as mediated by work-to-family conflict. Failing to support our hypotheses, social support seeking exacerbated – rather than mitigated – the effects of work-to-family conflict on both burnout symptoms, such that when experiencing work-to-family conflict, emergency workers who had high or moderate (vs low) tendencies to seek social support were more likely to develop burnout symptoms. Moreover, resilience had a direct protective role against burnout symptoms.

Model: Incivility * Support → WFC * Support → Exhaustion/
cynicism + Incivility * Support → Exhaustion/cynicism

	Path coefficients		
	Estimate	SE	95% CI
Gender → Incivility	0.16	0.11	[-0.06, 0.37]
Profession → Incivility	-0.17	0.11	[-0.39, 0.05]
Job tenure in the position → Incivility	-0.05	0.04	[-0.01, 0.04]
Resilience → Incivility	-0.06	0.08	[-0.21, 0.10]
Incivility → WFC	0.74***	0.14	[0.46, 0.99]
Gender → WFC	0.18	0.18	[-0.17, 0.48]
Profession → WFC	-0.77***	0.19	[-0.99, -0.45]
Job tenure in the position → WFC	-0.03	0.01	[-0.02, 0.01]
Resilience → WFC	-0.32	0.13	[-0.58, -0.10]
WFC → Exhaustion	0.32***	0.05	[0.22, 0.40]
WFC → Cynicism	0.14**	0.05	[0.03, 0.23]
WFC * Social support → Exhaustion	0.17***	0.04	[0.09, 0.24]
WFC * Social support → Cynicism	0.18***	0.05	[0.09, 0.26]
Incivility → Exhaustion	0.32***	0.09	[0.15, 0.47]
Incivility → Cynicism	0.25*	0.10	[0.04, 0.42]
Social support → WFC	0.07	0.09	[-0.10, 0.21]
Incivility * Social support → WFC	0.06	0.14	[-0.21, 0.30]
Incivility * Social support → Exhaustion	0.13	0.10	[-0.34, 0.09]
Incivility * Social support → Cynicism	-0.10	0.12	[-0.21, 0.29]
Social support → Exhaustion	0.52***	0.13	[0.28, 0.73]
Social support → Cynicism	0.47**	0.14	[0.20, 0.69]
Gender → Exhaustion	0.16	0.12	[-0.08, 0.36]
Profession → Exhaustion	-0.11	0.13	[-0.36, 0.11]
Job tenure in the position → Exhaustion	-0.01	0.01	[-0.01, 0.01]
Resilience → Exhaustion	-0.23*	0.10	[-0.42, -0.07]
Gender → Cynicism	-0.22	0.15	[-0.51, 0.02]
Profession → Cynicism	-0.19	0.16	[-0.50, 0.07]
Job tenure in the position → Cynicism	0.01	0.01	[-0.01, 0.01]
Resilience → Cynicism	-0.48***	0.12	[-0.71, -0.29]

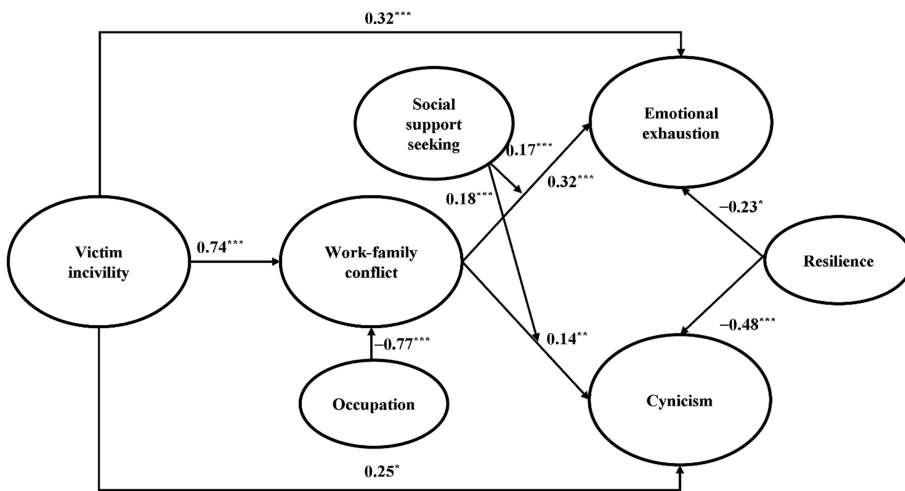
Note(s): WFC = work-family conflict; Social support = social support seeking; Incivility = victim incivility; Exhaustion = emotional exhaustion; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 4. Path coefficients for the model analysing the moderating role of work–family conflict and the moderating effects of social support seeking in the relationship between victim incivility and burnout symptoms

7.1 Theoretical contributions

While previous studies on workplace incivility in the healthcare sector have focused mainly on incivility from intra-organisational members, this is one of the first studies (for an exception, see [Sliter and Boyd, 2015](#)) to analyse the effects of victim incivility on emergency workers' well-being. In doing so, this study offers additional support for the notion based on the COR theory ([Hobfoll et al., 2018](#)) that incivility from outsiders is a stressful event as it threatens individuals' resources. Additionally, as far as our knowledge goes, this is the first study to demonstrate that victim incivility is positively associated with cynicism, consistent with the COR theory's desperation principle ([Hobfoll et al., 2018](#)). Thus, by clarifying the associations between victim incivility and burnout symptoms, this study enriches the existing literature on workplace incivility.

As far as we know, this is one of the first studies (for an exception, see [Zhou et al., 2019](#)) to demonstrate that the effects of incivility from the people one is trying to help extend beyond the confines of the work domain, affecting how workers feel and behave in the family domain. This suggests that negative emotions or thoughts from victim incivility could potentially spill over into the non-work domain, thereby making emergency workers less equipped to handle family demands. This provides further support for the idea based on the COR theory



Note(s): Figure 2 illustrates the statistically significantly path coefficients only

Figure 2. Path coefficients of the hypothesised model analysing the mediating role of work-family conflict in the relationships between victim incivility and burnout symptoms and the moderating effects of social support seeking

(Hobfoll *et al.*, 2018) that outsider incivility drains workers' valuable resources, leaving them with fewer resources to meet family obligations. Thus, this study contributes to the increasing body of research analysing the spillover effects of interpersonal stressors from work to family, expanding the current knowledge on the association between workplace incivility and work-to-family conflict.

The present study showed that work-to-family conflict mediated the relationships between victim incivility and burnout symptoms, contributing to explaining *how* victim incivility is related to burnout. In accordance with the COR theory (Hobfoll *et al.*, 2018), when dealing with victim incivility, emergency workers may lose valuable resources, and thus, their capability to fulfil family obligations may be undermined, resulting in work-to-family conflict. This may fuel a spiral of resource loss where depleted-resource emergency workers may detach themselves from their work to conserve their remaining resources, and eventually burnout symptoms may occur. Thus, by showing that work-to-family conflict may mediate the association between victim incivility and burnout symptoms, this study answers the calls for more research (Yao *et al.*, 2021) analysing the mechanisms through which workplace incivility exerts its effect on workers' well-being.

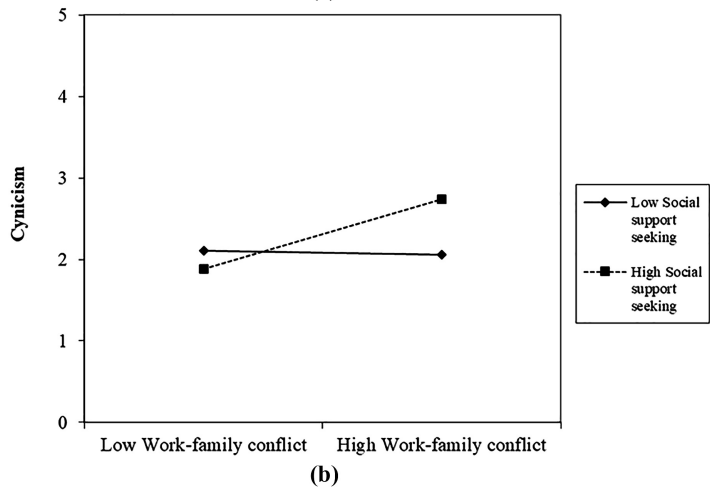
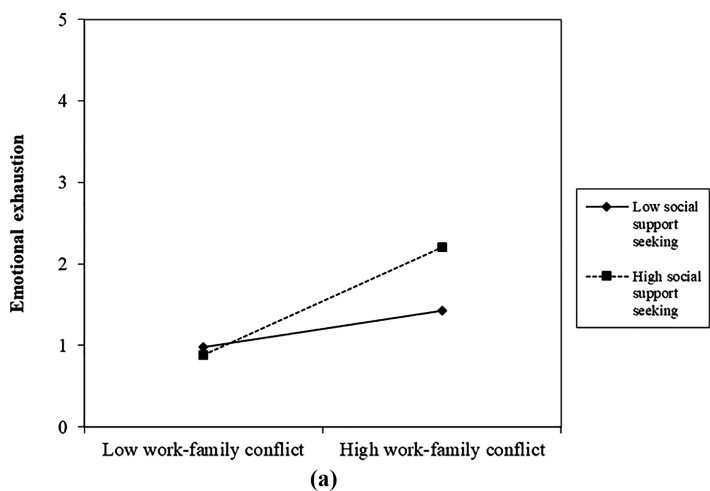
Social support seeking exacerbated – rather than mitigated – the effect of work-to-family conflict on burnout symptoms. A possible explanation might be that social support seeking differs from receiving support. Additionally, despite the well-known beneficial effects of social support in general, some studies have shown that certain social support responses may be unhelpful (e.g. Gray *et al.*, 2020). In this regard, engaging in social support seeking may engender negative health outcomes when there is a discrepancy between the support sought by the emergency worker and the support received in return (Pitel *et al.*, 2021). For instance, an emergency worker could seek emotional support but receive informational support in return. In this case, the support received may not have been effective in meeting the individual's support needs and then buffering the distress experienced by emergency workers (Pitel *et al.*, 2021). Alternatively, while it is positive that emergency workers are seeking social support, this does not ensure that the support received will be of sufficient quality. Thus, previous studies indicated that the quality of social support has a crucial

Model: Incivility * Support → WFC * Support → Exhaustion/ cynicism + Incivility * Support → Exhaustion/cynicism	Conditional effects		
	Estimate	SE	95% CI
Incivility → WFC * Low social support → Exhaustion	0.10	0.04	[-0.01, 0.20]
Incivility → WFC * Moderate social support → Exhaustion	0.24***	0.05	[0.13, 0.35]
Incivility → WFC * High social support → Exhaustion	0.38***	0.08	[0.22, 0.54]
Incivility * Low social support → WFC*Low social support → Exhaustion	0.10	0.05	[-0.03, 0.23]
Incivility * Moderate social support → WFC * Moderate social support → Exhaustion	0.24***	0.05	[0.10, 0.37]
Incivility * High social support → WFC * High social support → Exhaustion	0.39***	0.10	[0.13, 0.65]
Moderated mediation effect for low social support levels	0.14**	0.04	[0.04, 0.24]
Moderated mediation effect for moderate social support levels	0.15**	0.05	[0.01, 0.29]
Moderated mediation effect for high social support levels	0.16***	0.08	[0.01, 0.35]
Incivility * Low social support → Exhaustion	0.19*	0.14	[0.07, 0.55]
Incivility * Moderate social support → Exhaustion	0.32***	0.09	[0.10, 0.56]
Incivility * High social support → Exhaustion	0.45**	0.14	[0.10, 0.81]
Total effects for exhaustion at low social support levels	0.29*	0.13	[0.03, 0.64]
Total effects for exhaustion at moderate social support levels	0.56*	0.10	[0.30, 0.82]
Total effects for exhaustion at high social support levels	0.85*	0.16	[0.42, 1.23]
Incivility → WFC * Low social support → Cynicism	-0.03	0.05	[-0.13, 0.08]
Incivility → WFC * Moderate social support → Cynicism	0.10*	0.04	[0.02, 0.19]
Incivility → WFC * High social support → Cynicism	0.23***	0.06	[0.05, 0.21]
Incivility * Low social support → WFC * Low social support → Cynicism	-0.03	0.05	[-0.16, 0.10]
Incivility * Moderate social support → WFC * Moderate social support → Cynicism	0.10*	0.04	[0.02, 0.21]
Incivility * High social support → WFC * High social support → Cynicism	0.26***	0.08	[0.05, 0.47]
Moderated mediation effect for low social support levels	0.13**	0.04	[0.03, 0.24]
Moderated mediation effect for moderate social support levels	0.14**	0.04	[0.01, 0.29]
Moderated mediation effect for high social support levels	0.16**	0.06	[0.04, 0.36]
Incivility * Low social support → Cynicism	0.15*	0.15	[0.04, 0.52]
Incivility * Moderate social support → Cynicism	0.25*	0.10	[0.08, 0.55]
Incivility * High social support → Cynicism	0.36*	0.16	[0.14, 0.76]
Total effects for cynicism at low social support levels	0.36**	0.11	[0.03, 0.70]
Total effects for cynicism at moderate social support levels	0.50***	0.12	[0.16, 0.60]
Total effects for cynicism at high social support levels	0.64***	0.13	[0.10, 0.80]

Note(s): WFC = work-family conflict; Social support = social support seeking; Incivility = victim incivility; Exhaustion = emotional exhaustion; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Table 5. Conditional effects for the model with social support seeking as moderator of the direct and indirect associations of victim incivility with burnout symptoms

impact on an individual's psycho-physical health (Lu *et al.*, 2020). Additionally, social support-seeking tendencies may reflect vulnerability conditions and thus predispose workers to low levels of well-being (Britt *et al.*, 2016). This result might also be explained in light of the COR theory (Hobfoll *et al.*, 2018). When resource-depleted emergency workers seek to replace lost resources by seeking help from others, they may become even more emotionally exhausted and cynical if the resources they expend in coping exceed the resultant benefits (i.e. not obtaining appropriate social support). Notably, differently from our expectations, social support seeking did not moderate either the relationship between victim incivility and work-to-family conflict or the association between victim incivility and burnout symptoms. A possible explanation might be that this way of coping can only be used when time and people are available (Martínez-Zaragoza *et al.*, 2020). Since emergency workers intervene in pressured situations that require them to make a rapid risk assessment and take prompt decisions (Golding *et al.*, 2017), finding time to share a critical experience concerning an uncivil victim with a colleague can be difficult. Alternatively, it might be that within the



Victim incivility
and emergency
workers'
burnout



Figure 3.
Moderating effects of
social support seeking
in the relationships
between work-family
conflict and burnout
symptoms – i.e.
emotional exhaustion
(a) and cynicism (b)

traditionally occupational culture of emergency professions, which promotes strength and discourages the expression of emotions, emergency workers might have preferred to use coping strategies other than social support seeking (Britt and McFadden, 2012). Indeed, because of social norms of strength and not showing emotions, workers in emergency professions embody resiliency-based traits of self-reliance and independence that might make it difficult for them to ask for help (Britt and McFadden, 2012). Thus, they might believe that seeking support concerning victim incivility may be a potential sign of not being able to handle their professional encounters and then a potential sign of personal failure and professional inadequacy. By analysing the effects of social support seeking, this study contributes to understanding the role of coping strategies in moderating workplace incivility's adverse effects, thereby answering recent calls for more research on this topic (e.g. Vasconcelos, 2020).

Resilience played a protective role against burnout symptoms. Based on the COR theory (Hobfoll et al., 2018), resilience can be considered a personal resource because it helps workers

successfully deal with stressful situations. This is because resilient workers, who can generally rely on a rich reservoir of resources, are able to never give up in the face of adversities, engaging in effective actions to overcome possible obstacles (Maffoni *et al.*, 2020; Sommovigo *et al.*, 2019b). Thus, this study adds to the large body of research supporting the importance of this personal resource for emergency workers.

7.2 Limitations and future directions

The findings of this study must be interpreted in light of its limitations. Given the cross-sectional nature of our research, causal relations cannot be inferred. Moreover, this study merely relies on self-reported measures and is thus affected by the limitations from such methodology. Nevertheless, we used the unmeasured method factor technique and showed that common method variance was not critical in this study. Future research would benefit from adopting longitudinal techniques and combining data from multiple sources of information. Although this study was based on the COR theory (Hobfoll *et al.*, 2018), we did not explicitly evaluate resource loss processes, or the processes associated with the conservation of resources. Additionally, this study concentrated on social support seeking without considering other stress-coping strategies or the levels of social support effectively received from others. Then, future work should include these variables to test more complex moderated mediation models that would allow a deeper comprehension of when victim incivility can affect workers' well-being.

Although data were collected from different firehouses and emergency rooms, our sample was mainly composed of men and limited to one region located in Northern Italy. Future studies should collect data on bigger gender-balanced samples of Italian emergency workers, including other emergency service occupations. A further limitation of our study was that, given the use of the Italian version of COPE-NVI (Sica *et al.*, 2008), we measured social support seeking as a unique dimension, including different subtypes of support (i.e. instrumental support, emotional support and venting of negative emotions) from different sources (i.e. supervisors, colleagues, friends, family members). However, the efficacy of social support may vary based on the source and subtype of support, such as emotional support (e.g. talking to someone about one's own emotions), informational support (e.g. asking someone for advice) and perceived accessibility of social support (Tran, 2018). For instance, Tran (2018), in his doctoral dissertation on the impact of different types of social support on first responders' well-being, found that, among types of social support, perceived accessibility of social support was the strongest predictor of lower burnout among first responders followed by emotional support, especially when provided by friends or supervisors. Conversely, instrumental support, support from family members or colleagues were not statistically significant predictors of burnout among first responders (Tran, 2018). Additionally, a study conducted in the healthcare context showed that while the use of instrumental social support was negatively related to negative health outcomes, the use of emotional support was a positive predictor of these outcomes (Turan *et al.*, 2019). These results suggest that different subtypes of social support may result in different outcomes. Thus, future studies should better understand which are the most helpful components of social support in buffering the negative effects of victim incivility and work-to-family conflict on emergency workers' well-being. This will allow designing more tailored interventions. A further limitation is that selection bias cannot be ruled out because of respondents' voluntary participation in this research. More specifically, our data might be biased by the "healthy worker effect", resulting in underestimating burnout levels (Chowdhury *et al.*, 2017). Indeed, it is possible that the emergency workers who completed our research questionnaires were healthy enough to remain in the workforce and thus were overrepresented. Conversely, burned-out emergency workers might not have been

represented in the study population because they might have been absent from work or left the workforce due to their poor health condition. Future studies could include an incentive for participants to encourage participation from everyone who worked in a particular emergency organisation to minimise this bias. Finally, it should be noted that data were collected in a pre-COVID-19-related pandemic situation. As a result of the outbreak, emergency workers were exposed to non-previously experienced work stressors and higher job demands, which might seriously interfere with their family life and increase their vulnerability to burnout. Thus, replications are needed to investigate the effects of victim incivility during pandemic times.

7.3 Practical implications and conclusion

The findings of the current study have important practical implications. This work has demonstrated that not only victim incivility can be detrimental to emergency workers' well-being, but its negative impact can also potentially spill over into the non-work domain and lead to work-to-family conflict. As such, managers should encourage resource-rich workplace conditions that support and protect (i.e. caravan passageways; [Hobfoll et al., 2018](#)) emergency workers' resources and then protect them against burnout related to victim incivility. Thus, in light of the COR theory ([Hobfoll et al., 2018](#)), organisations should allow workers to rely on organisational resources to handle uncivil victims without draining their resources. To achieve this, organisations should implement interventions at the individual, team and organisational levels. At the individual level, since organisations exert limited control over victims of emergencies, emergency workers should be trained on how to react appropriately to uncivil victims ([Sommovigo et al., 2020](#)). For instance, role-playing exercises could be effective to make emergency workers acquire skills helpful in defusing upset victims. These educational programmes should be integrated with psychological resilience training. Practitioners could implement interventions to forge supportive relationships among co-workers and create peer support groups at the group level. To this end, sharing and debriefing sessions could be introduced, encouraging emergency workers to openly share their emotional experiences with uncivil victims ([Sommovigo et al., 2019a](#)). Furthermore, team leaders could sustain their collaborators through periodic communication and mentoring sessions to help them better elaborate on critical incidents and negative encounters with victims. At the organisational level, human resources (HR) managers could promote a civil and supportive internal workplace by introducing an appropriate code of conduct and organising meetings to share and learn the civil culture ([Bambi et al., 2017](#)). Additionally, HR practices should be implemented to ensure emergency workers take adequate post-event rest.

To prevent work-to-family conflict, organisations should adopt family-friendly policies and practices, allowing emergency workers to openly negotiate family obligations with their supervisors (e.g. flexible scheduling) and access on-site childcare facilities. For instance, firefighting organisations could host family-friendly department activities to promote station visits from partners and kids. Moreover, training for emergency workers could incorporate education on positive refocusing ([Bernuzzi et al., 2021](#)) and coping skills on how to set boundaries and how to take time to reenergise and relax. Since social support seeking might exacerbate the effect of work-to-family conflict on burnout symptoms because emergency workers might not find the sought support, training could also inform how and where to seek appropriate and, when necessary, professional support. In this regard, organisations could consider introducing a psychological support service to support workers adequately. To conclude, we hope that this study would stimulate more attention to victim incivility to help emergency workers successfully help victims of emergencies.

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