**Can Individualized Attention Reduce Mistreatment In Emergency Departments?**

**Injustice of Transgressions is in the Eyes of the Beholder**

**Abstract**

Workplace mistreatment poses significant challenges to the well-being of frontline staff. In the backdrop of the COVID-19 pandemic, emergency departments (EDs) have become hotspots for such issues, often fueled by heightened emotions and concerns about fairness. Using the General Aggression Model as a foundation, this research delves into how individualistic cultural values can influence perceptions of justice and, consequently, mistreatment towards medical staff. In Study 1, which was conducted in two hospital EDs, we examine situational factors coupled with one's individualism to predict mistreatment behavior. In study 2, we test a theory-based intervention aimed at reducing such mistreatment. Results confirm our predictions in both studies. Our work brings to light the intricate relationship between cultural values, situational factors, and mistreatment, offering insights for healthcare settings to anticipate and mitigate such mistreatment effectively.

Keywords: Workplace mistreatment; frontline staff; emergency departments (EDs); organizational justice; general aggression model; individualism.

**Introduction**

Workplace mistreatment is a significant and widespread issue that disproportionately affects frontline staff (Yuan et al., 2021). While present in all industries where employees interact with outsiders, healthcare staff are particularly vulnerable to mistreatment. As of 2018, they accounted for 75% of all workplace injuries and illnesses caused by violence in the United States (Bureau of Labor Statistics, 2018). The challenges posed by the COVID-19 pandemic have further exacerbated this problem (Chirico et al., 2022), emphasizing the necessity of addressing and ensuring safety within healthcare settings.

Emergency departments (EDs) are particularly volatile environments where heightened emotions can lead to tense interactions. Patients and their families, often anxious while awaiting treatment, may direct their frustrations to healthcare providers (Taylor & Rew, 2011). Such mistreatment, which often begins as minor incivilities or negative gestures, holds the potential to spiral into more severe violent acts, such as physical assaults (Baron & Neuman, 1996). Importantly, any form of mistreatment, regardless of its intensity, poses significant risks to the mental and physical health of staff (Hershcovis & Barling, 2010) such as burnout, anxiety, and depression (Schonfeld et al., 2019). The cumulative effect of ongoing exposure to mistreatment can result in augmented absenteeism, elevated staff turnover, and diminished productivity, which together have been estimated to cost between $691.70 billion and $1.97 trillion annually (Dhanani et al., 2021). This number underscores the importance of addressing all forms of mistreatment – not just the overtly violent ones – in healthcare settings.

Unfortunately, healthcare institutions, especially EDs, often respond to mistreatment only after it has escalated into violence, relying heavily on repressive protocols (Reyt et al., 2022). This reactive response has normalized mistreatment in the eyes of many medical professionals, leading them to perceive it as an intrinsic aspect of their roles (Rayt, 2007). Recognizing this problem, organizational research has been advocating for a more *proactive* approach, stressing the need to understand the antecedents of mistreatment in order to preemptively counteract them (Hershcovis et al., 2020). It is within this context that our paper intends to delve deeper, exploring: (1) the underlying contextual and psychological triggers prompting outsiders to mistreat staff, and (2) feasible strategies enabling healthcare organizations to curtail such behaviors, fostering a culture of safety and positivity.

We build upon the General Aggression Model (Anderson & Bushman, 2001) to argue that both situational and personal factors contribute to mistreatment. First, regarding the situation, EDs inherently grapple with the challenge of resource allocation, often leading to fairness concerns. Situations such as witnessing perceived preferential treatment can trigger these feelings. People feeling short-changed might manifest their frustrations through mistreatment, targeting staff members seen as organizational representatives (Naumann & Bennett, 2000). In fact, research has linked perceived injustice to aggression and mistreatment (Berry et al., 2007; Colquitt et al., 2001; Ferris et al., 2012).

Further complicating matters are individual perceptions. People perceive situations differently, making preventive measures a challenge (Pompeii et al., 2013). These perceptions are often molded by one's values and cultural upbringing (Ji et al., 2000; Masuda et al., 2008). Balancing individual needs with collective requirements is a primary duty of EDs. Thus, how people prioritize their individual versus group needs can shape their fairness perceptions. Highly individualistic people might view a waiting period or perceived prioritization of others as a violation of their needs. On the other hand, those who score lower in individualism may be less sensitive to violations of their individual needs, but more sensitive to violations of group needs.

In our paper, we posit that the extent of one's individualism can shape their fairness perceptions, which in turn can influence their behavior towards frontline staff. To validate our hypothesis, we conducted two field studies in major hospital EDs. In Study 1, we assessed and validated our research model. In Study 2, conducted in a different hospital, we both replicated our initial findings and introduced an intervention intended to boost justice perceptions among individualists and decrease their outsider mistreatment. Our findings offer fresh perspectives on the interplay between individualistic values, justice perceptions, and mistreatment, and test actionable insights to tackle mistreatment in EDs.

Our research contributes to several literatures. Firstly, it extends the mistreatment literature by pinpointing the precursors of workplace misconduct (Hershcovis et al., 2020). We discern a link between situational factors and an individual's degree of individualism, helping predict their likelihood to mistreat staff. Secondly, we bring forward a universal intervention that can potentially diminish the scale of mistreatment in organizations. By weaving together the threads of justice and culture, we shed light on differing perceptions, addressing the often-ignored issue of mistreatment. Ultimately, our findings stress the imperative for institutions to acknowledge and tackle all variants of workplace misconduct, ensuring a healthier work environment and enhanced employee welfare.

**Theory and Hypotheses**

We delve into the concept of workplace mistreatment, exploring its various manifestations and examining the role of outsider perceptions of justice. We will discuss the spectrum of mistreatment behaviors, the impact of these actions on employees and organizations, and how perceptions of justice influence these behaviors. The hypotheses proposed are grounded in the intersections of perceived justice, individualism, and the nuances of healthcare settings.

**Outsider Mistreatment and Perceptions of justice**

Workplace mistreatment refers to a range of harmful social behaviors that vary in severity (Hershcovis et al., 2020). These behaviors are categorized under different labels, such as incivility (Mao et al., 2019; Montgomery et al., 2004; Paulin, & Griffin, 2017; Walker et al., 2017), aggression (Bowler et al., 2011; Hershcovis et al., 2007; Lisak et al., 2021), deviance (Bennett & Robinson, 2000), and violence (Efrat-Treister et al., 2019; Van Emmerik, et al., 2007). Incivility may manifest as disparaging comments, while aggression might entail physical threats. Although coworker dynamics can be a breeding ground for such mistreatment, it is essential to note that a significant portion also arises from outsiders, such as customers or patients awaiting medical care. To illustrate, consider a restaurant server who may endure rude behavior from a displeased diner or a nurse who might face aggressive behavior from an anxious patient's family member.

Organizations typically have protocols in place to prevent physical violence, such as employing security personnel or using metal detectors. However, addressing milder forms of mistreatment, such as cursing, yelling, or offensive language can be challenging (Barling et al., 2009; Grandey et al., 2004; Efrat-Treister et al., 2020). Despite the less overt nature of these actions, mild forms of mistreatment have severe psychological impacts on employees, leading to emotional consequences like depression, anxiety, and stress, as well as cognitive repercussions, such as reduced working memory capacity and impaired creative problem-solving (Miron-Spektor et al., 2011; Rafaeli et al., 2012; Zhou et al., 2019). In addition, the financial repercussions of outsider mistreatment can be crippling for organizations. Estimates suggest annual costs into billions, encompassing expenditures on protective equipment, training, and hiring specialized security staff (Taylor & Rew, 2011). The sheer magnitude of these expenses underscores the importance of addressing and curtailing such behaviors.

Organizational context plays a critical role in determining the occurrence, timing, and nature of outsider mistreatment (Hershcovis et al., 2020). Delving into this phenomenon, research has shed light on how perceptions of justice in an organization can act as a predictor for such mistreatment (Berry et al., 2007). Specifically, actions perceived as unfair are more prone to trigger negative responses (Naumann & Bennett, 2000). These adverse reactions, in turn, can catalyze mistreatment (Lang et al., 2011). Meta-analyses of justice research have unveiled a consistent negative correlation between perceived justice and adverse behaviors (Colquitt et al., 2001), and it has been observed that the absence of visible perceived justice can give rise to frustration and anger (Kim & Mauborgne, 2003). Therefore, we propose:

*H1: Outsiders’ perception of justice has a negative effect on their mistreatment of frontline staff.*

The concept of justice perception is intricate and subjective, exhibiting variations from one individual to another. According to Anderson and Bushman's (2001) General Aggression Model, aggression is a consequence of the interplay between personal characteristics and contextual factors. Within the dynamic and often high-stress environment of an Emergency Department (ED), where resources are limited and patients' needs are pressing, the manner in which individuals interpret and respond to situations can diverge significantly. In the context of an ED, where decision-making often involves prioritizing certain cases over others, we anticipate that an individual's level of individualism, defined as the degree to which they prioritize their personal needs and objectives over those of the group (Oyserman et al., 2002), plays a significant role in shaping their perception of situations as fair or unfair.

Triandis (1995) states that in individualistic cultures, where self-reliance and personal achievement are emphasized, justice is often perceived through the lens of personal rights and freedoms. In contrast, collectivist cultures, which value group harmony and interdependence, tend to view justice in terms of group equity and loyalty. This divergence is not just a macro-cultural phenomenon but is also reflected within sub-groups and individuals, as demonstrated by Oyserman, Coon, and Kemmelmeier's (2002) research. They found considerable variability in individualism within the same cultural group, suggesting that personal experiences and socialization significantly influence one's perception of justice. This individual variance in cultural values underscores the complexity of predicting justice perceptions solely based on cultural background, necessitating a more nuanced understanding of individual and contextual factors. Therefore, when examining the relationship between cultural values and perceived justice, it is crucial to consider not only the overarching cultural norms but also the individual's personal alignment with these values.

Understanding this intricate interplay between individualism and collectivism becomes particularly relevant in the high-pressure context of an Emergency Department. In such environments, where quick decision-making is crucial, the cultural and individual perspectives on justice can significantly influence how patients and staff perceive and respond to the prioritization of care. For example, an individualistic person waiting in an ED may display heightened sensitivity to instances where they perceive their personal needs are not being addressed promptly, such as witnessing other patients receiving attention ahead of them. Such situations may be perceived as an infringement upon their individual needs, leading to perceptions of injustice. Conversely, an individual less inclined towards individualism may be more tolerant of such situations but could harbor grievances when the collective needs of a group are disregarded. For instance, being denied the opportunity to bring a companion into the treatment area might be construed as an injustice against the group, an outcome they might find unacceptable. Thus, we predict:

*H2: Outsiders’ degree of individualism moderates the relationship between the transgression type they witness (i.e., of individual needs vs. group needs) and perceived justice. Outsiders scoring high in individualism will perceive transgressions to their individual needs as less just, while outsiders scoring low in individualism will perceive transgressions to the group’s needs as less just.*

*H3: Outsiders’ degree of individualism moderates the relationship between the transgression type they witness (i.e. individual vs. group needs) and outsider mistreatment via perceived justice (moderated-mediation).*

Understanding the mechanisms underlying mistreatment in healthcare environments is pivotal for the development and application of interventions that effectively address and reduce such behaviors. A growing body of literature reveals a salient finding: individuals possessing high levels of individualism demonstrate a heightened sensitivity to whether and how an organization satisfies their distinct and personalized needs (Jiang et al., 2021; Komarraju et al., 2008). However, the pragmatic challenge in a healthcare setting is evident. EDs cannot feasibly categorize and treat patients and their accompanying parties based on personality traits, because such traits remain largely undisclosed or unknown at the time of encounter.

To navigate this challenge, we introduce a universal intervention that emphasizes providing individualized attention to each patient and their respective escorts, irrespective of their cultural values. A key feature of this proposed intervention is the active effort by healthcare staff to obtain information pertinent to the patient's identity prior to offering them individualized information and care. This approach aims to underscore to patients and their escorts that the healthcare system recognizes them as individuals with distinct needs and concerns, so as to mitigate feelings of perceived injustice. By acknowledging each patient's unique identity, we anticipate a decline in the mistreatment of frontline staff, in tandem with an enhancement in the overall quality of healthcare service.

One significant anticipation from this intervention is its potential to lessen feelings of dissatisfaction and neglect, particularly among those with strong individualistic orientations. These individuals often harbor feelings of being overlooked by healthcare providers. It is essential to note, however, that while we can forecast the possible outcomes for highly individualistic people, the exact impact of this intervention on those who are less individualistic remains speculative. Our hypothesis posits that for this latter group, the intervention will either have no substantial impact or will elicit a favorable response.

Thus, we expect:

*H4: Providing outsiders with individualized attention will buffer the relationship between transgression type and perceived justice. This buffering effect will be stronger for outsiders high in individualism (three-way interaction).*

Taken together, we suggest:

*H5: Providing outsiders with individualized attention will increase their perceived justice of transgressions, and thus buffer the indirect interactive effect of observing a transgression and individualism on mistreatment via perceived justice (moderated-mediation).*

## Research Overview

We conducted two studies to examine our predictions. In both studies, all participants were patients situated in the waiting areas of emergency departments (EDs). While these individuals were in the process of waiting for medical treatment, our research assistants approached them and invited them to complete a brief survey in exchange for a small, sugar-free snack. In both studies, we initially asked participants to report their individualism. Then, they were presented with a vignette describing an ED-related transgression that either violated individual or group needs, employing a between-subjects design. Subsequently, participants assessed the perceived justice of the situation, reported their inclinations towards mistreatment, and provided demographic information. Study 1 was conducted to test and validate our research model, while Study 2 replicated Study 1's procedures in a different hospital. Additionally, in Study 2, we introduced a component involving the distribution of individualized attention regarding hospital procedures.

Ethical statement: research has been approved by the following Helsinki committees: Study 1: CMC-0073-13; NHR-0160-13. Study 2: 0126-16-SOR.

## Study 1: Individualism, Perceived Justice, and Mistreatment of Frontline Staff

## Methods

Study 1was conducted in the EDs of two large public hospitals: a city hospital (500 beds, average of 200 patients a day) and a suburban hospital (700 beds, average of 350 patients per day).

**Sample and Procedure**

The sample size for our study was determined using G\*Power V.3.1.9.7. This calculation was based on a linear multiple regression with a fixed model and regression coefficients, aiming for 80% power and a 5% significance level (α), with an anticipated medium effect size (Cohen's ƒ2=.06). To account for potential non-responses, we increased the sample size by 10%. As a result, our target sample size was at least 141 participants. Ultimately, we gathered data from 151 individuals who met the Helsinki committee's inclusion criteria: voluntary participation, aged 18 or older, mental health stability, comprehension of the survey, and provision of informed consent (Hospital A: N= 97; average age = 47.32; 47.2% female; Hospital B: N=54, average age = 44.81; 44% female).

The study employed a between-subjects design, wherein participants were randomly assigned to read one of two different vignettes. Then, they were asked to complete a survey that assessed their perceptions of justice within the scenario described in the vignette, their individualism levels, and their inclinations toward mistreatment. To ensure inclusivity, the vignettes and surveys were translated into all languages spoken by the patient population, following the approach utilized by Cha et al. (2007). The surveys were administered by research assistants who were native speakers of the patients' languages, and they were kept unaware of the study's hypotheses, aligning with the methodology employed by Hulin and Mayer (1986). Each survey took approximately 10 minutes to complete, and participants were subsequently thanked and given a sugar-free snack as a token of appreciation.

**Transgression Manipulation**

We adapted vignettes from Efrat-Treister's 2014 study, which identified 17 instances of transgressions within Emergency Department (ED) settings that could be perceived as offensive and, at times, result in mistreatment. From this pool, we selected two specific transgressions that are commonly experienced by outsiders for inclusion in our vignettes. The first portrays a scenario where triage staff attend to a new patient ahead of someone who has been waiting for a longer duration. This situation implies a prioritization of the group's well-being over individual needs, and we hypothesized that it would be particularly distressing to individuals who reported higher levels of individualism. The second transgression addresses a breach of group needs. It involves ED staff limiting the number of family members and friends accompanying a patient into the ED, thus appearing to prioritize individual welfare over that of a group. We anticipated that this scenario would be less disconcerting to individuals with higher individualism.

For a more detailed description of these vignettes and the values they challenge, please refer to Table 1 in our document.

## Measures

***Perceived justice*** was measured using a three-item scale based on Colquitt et al., (2001): “The ED is managed fairly”; “The procedures in the ED are just”; “The procedures in the ED are medically correct.” Participants responded using a Likert-type scale ranging from 1 (*strongly disagree)* to 7 (*strongly* *agree*). Cronbach's alpha = .92.

***Outsider individualism***was measured through outsiders’ responses to five items developed by Dorfman and Howell (1988), such as “Group welfare is more important than individual rewards”; “Individuals may be expected to give up their goals in order to benefit group success.” Participants responded using a Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Measure was reverse coded in order to reflect individualism levels. Cronbach's alpha= .77.

***Mistreatment******of frontline staff*** was assessed using six items developed by Efrat-Treister et al., (2020). Sample items include: "What are the chances that the patient’s son [in the vignette] will curse/hit a staff member” (for the full scale, see Appendix A). Participants responded using a 7-point Likert-type scale ranging from 1 (*very low*) to 7 (*very high*). Cronbach's alpha = .93.

***Control variables*** werevariables for which there is a theoretical basis to assume their influence on perceived justice and mistreatment (Carlson & Wu, 2012). Such variables include age (younger people tend to engage in more mistreatment), hospital (procedures might be perceived as more or less just in different hospitals), education and socio-economic status (people who are less educated and of lower socio-economic status tend to mistreat more; Joussemet et al., 2008).

## Results

Table 2 presents the means, standard deviations, and intercorrelations of Study 1 variables. We tested our research model with a latent moderated structural equation model (LMS). First, we used confirmatory factor analysis (CFA) to test the measurement model and verify that the indicators indeed reflect the intended latent variables. We compared the fit of a three-factor CFA model of our latent variables (individualism, perceived justice, and mistreatment) with all possible two-factor models and a one-factor model using two relative fit indices, the comparative fit index (CFI) and the Tucker-Lewis index (TLI), and an absolute measure of fit, the standardized root mean square residual (SRMR; Hu & Bentler, 1999). We evaluated these fit indices using the traditional cutoff value of. 90 for the CFI and TLI and less than .08 for the SRMR. As presented in Table 3, the three factors reproduced the observed covariance matrix (χ2(74) = 148.41, p < .01; CFI = .94; TLI = .92; SRMR = .054), and all standardized factor loadings of the latent variables on their indicators were significant (p < .01). Analyses of the other possible two-factor and one-factor models show a substantial loss of fit relative to the three-factor model (e.g., CFI and TLI < .90 and SRMR > .08 in all these models). A comparison between the models’ chi-squared scores confirmed the fit of the three-factor model as better than all other models (p < .01).

**Structural Model Analyses**

A second LMS step tested relationships between the variables in the structural models. We used a maximum likelihood estimation to assess the overall fit of each LMS model (following Klein and Moosbrugger, 2000). To test Hypotheses 1 and 2, we first compared the linear null model (with transgression, perceived justice, mistreatment, and the control variables; χ2(134) = 228.03, p < .01; CFI = .92; TLI = .91; SRMR = .059; log likelihood= -3012.22) with a model that also includes the two latent interactions of transgression and individualism predicting both perceived justice and mistreatment. The comparison revealed a better fit of the data for the model with the interactions (-2 log-likelihood = 6.54; χ2(2) = 6.54, p < .05). A significant interaction was found between transgression type and individualism on perceived justice (B = -.62, p < .05). However, the interaction between transgression and individualism on mistreatment is non-significant (B = -.50, ns). These results indicate that the moderating effect of individualism on mistreatment can be explained by the interaction effect of transgression type and individualism on perceived justice.

We found a negative relationship between perceived justice and mistreatment (B = -.26, p < .01), supporting Hypothesis 1. Simple slope analysis revealed a significant relationship between transgression type and perceived justice at high levels of individualism (B=-1.00, p<.01), but not at low levels of individualism (B=0.15, ns). Participants scoring high in individualism perceived individual needs violations as less just than group needs violations. Moreover, individuals scoring low in individualism perceived the transgression describing an individual needs violation as more just than individuals scoring high in individualism (B=-.70, p<.01), while no similar relationship was found for the transgression describing a group needs violation (B=-.09, ns; see Fig. 3). These results support Hypothesis 2.

To test Hypothesis 3, we first compared the null model (the relationship between transgression and mistreatment in the presence of the control variables: hospital, age, education, and socioeconomic status) with the model that includes the latent interaction between transgression type and individualism. The null model demonstrated reasonable fit (χ2(93) = 178.49, p < .01; CFI = .90; TLI = .89; SRMR = .060, log-likelihood= -2423.42). Nevertheless, the model with the latent interaction terms fit the data significantly better than the model without the latent interaction terms (-2 log-likelihood = 4.11; χ2(1) = 4.11, p < .05), and a significant interaction effect was revealed (B=-.66, p<.05).

Next, we performed a simple slope analysis, which indicated that the relationship between the transgression type and mistreatment was significant at high levels of individualism (B=1.19, p<.01) but not at low levels of individualism (B= -.03, ns). More precisely, participants with high levels of individualism reported higher mistreatment when exposed to a transgression violating individual needs as opposed to when they were exposed to a transgression violating group needs. Moreover, individuals with low individualism levels reported more mistreatment when exposed to a transgression of group needs than individuals with high individualism levels (B=-.47, p<.01). The inverse relationship was not, however, found following exposure to a transgression of individual needs violation (B=.20, ns).

Finally, we ran a conditional indirect effect analysis using the Mplus 8.4. bootstrap method (CI = 95%; boot = 5000). The results revealed that the negative indirect relationship between the transgression type and mistreatment is mediated by perceived justice, and that this indirect relationship exists only when individualism levels are high [B = -.26; 95% CI (-.66, -.03); boot = 5000], but not when individualism levels are low [B = .04; 95% CI (-.20, .31); IMM =.16; 95% CI (.00,.45)]. Altogether, these results support Hypothesis 3 (Fig. 2).

## Study 1 Discussion

The results from Study 1 indicate that outsiders’ levels of individualism play a significant role in both their perception of the fairness of a potential transgression and their subsequent inclination to engage in mistreatment. Outsiders with higher levels of individualism tended to perceive transgressions involving individual needs as less just compared to transgressions involving group needs, consequently displaying a higher propensity for mistreatment following such transgressions. Conversely, outsiders with lower levels of individualism did not distinguish between these two specific transgressions, reporting a higher degree of perceived justice in both cases and exhibiting lower levels of mistreatment compared to their counterparts with higher levels of individualism. Notably, Study 1 confirmed our prediction that perceived justice acts as a mediator in the relationship between the interaction of transgression type and individualism levels, and the subsequent mistreatment of frontline staff.

In Study 2, we sought to replicate the findings from Study 1 in a different hospital setting. Additionally, we introduced an intervention aimed at providing individuals in the waiting area with individualized information, presented in their native language, explaining hospital procedures. We hypothesized that this information would alleviate perceptions of injustice and mitigate mistreatment, particularly among individuals with high levels of individualism.

# Study 2: Explaining Procedures to Alleviate Perceived Justice and Buffer Mistreatment

## Methods

Study 2 was conducted within the emergency department (ED) of a large regional, publicly-funded university hospital, boasting a total of 1100 beds and an ED that tends to approximately 400 patients daily. The primary objective of Study 2 was to expand upon the theoretical framework established in Study 1, while also introducing a novel investigation to ascertain whether perceived justice could be increased through the provision of individualized attention in the form of comprehensive information about the hospital, as advocated by Colquitt et al. (2013) and Efrat-Treister et al. (2020).

**Participants and Procedure**

Data for Study 2 were collected within the ED of a large hospital, involving a total of 224 participants with an average age of 38.75; 49% of whom were female. As participants awaited the receptionist, research assistants randomly assigned half of them to one of two experimental conditions: one group received a one-page document providing individualized information explaining ED procedures, while the other group did not receive such individualized attention. Importantly, the individualized attention was presented in the participant's native language. The study design was 2×2 (with/without individualized attention; transgression of individual/group needs). We controlled for the same variables as in Study 1: age and education (there was no need to control for the hospital since all data were collected in one hospital).

## Measures. Study 2 used measures of Study 1. Internal consistency values: Outsider *individualism* Cronbach’s alpha = .86; *Perceived justice* Cronbach’s alpha = .97; *Mistreatment* *of frontline staff* Cronbach’s alpha = .97.

**Results**

Table 4 presents means, standard deviations, and intercorrelations of Study 2 variables. As we predicted, higher perceived justice was associated with lower degrees of mistreatment towards frontline staff (*β*=-.20; *p* < .01), supporting hypothesis 1. In addition, outsiders’ degree of individualism moderated the relationship between the transgression type (i.e. of individual needs vs. group needs), marginally significantly predicting perceived justice (*β*=.52; *p* = .08). Outsiders scoring high in individualism perceived transgressions to their individual needs as less just, while outsiders scoring low in individualism perceived transgressions to the group’s needs as less just, thus supporting hypothesis 2.

Hypotheses 3, 4, and 5 were tested using a moderated-mediation three-way interaction model (Model 11; Hayes, 2018). First, we examined the model without individualized attention. People with higher levels of individualism perceived transgressions of individual needs as less just than transgressions of group needs (b=-1.74, p<.001). People low on individualism perceived both transgressions as equally just (b=-.10, n.s). Perceived justice predicted mistreatment, such that higher perceived justice predicted lower mistreatment (β=-.20; p < .01), thus supporting hypothesis 3.

Our data suggests that providing participants with individualized attention increased their sense of perceived justice (*b*= 1.83; *p* < .01). The three-way interaction between transgression type, individualism, and individualized attention significantly predicted perceived justice (*b*=-1.19; *p* < .01). The individualized attention interacted with individualism and increased the perceived justice of both transgressions (*b*=1.89, *p*<.01). With individualized attention, people who scored high on individualism perceived both transgressions as equally just (*b*=.06, *n.s*). People low on individualism perceived transgressions of group needs as more just than transgressions of individual needs (*b*=1.34, *p*<.01). Index of moderated mediation = -.24; CI [-.53;-.03]. (Table 5, Fig. 4). Results confirm hypotheses 4 and 5.

## Study 2 Discussion

Study 2 adopted the same research design employed in Study 1 but introduced an additional condition in which certain participants received individualized attention aimed at augmenting their perceived justice. The results not only replicated those of Study 1 but also provided support for our subsequent hypotheses.

Our findings suggest that giving individualized attention effectively neutralizes the impact of a transgression that infringes upon individual needs for individualists, resulting in a consistently high level of perceived justice among all participants. Concerning transgressions against group needs, we observed that when individualized attention is offered, participants with higher levels of individualism perceive such transgressions as more just. In summary,

In the absence of individualized attention, people with higher levels of individualism tended to view transgressions against individual needs as less just compared to transgressions against group needs. Conversely, individuals with lower levels of individualism displayed consistent levels of perceived justice for both transgression types, suggesting a greater inclination toward conformity, acceptance, and fewer questions regarding the fairness of organizational procedures. However, when provided with individualized attention, individuals with lower levels of individualism tended to perceive violations of group needs as even more just than when such attention is absent. Our findings underscore the role of individualism in shaping individuals' priorities, and their reaction to different situations.

**General Discussion**

First, our study makes several significant contributions to the literature on workplace mistreatment. A growing body of organizational research highlights the need for a more comprehensive understanding of the antecedents of mistreatment (Hershcovis et al., 2020). The goal is to identify mechanisms that organizations can leverage to prevent abusive behavior before it transpires. Recent studies, such as that by Reyt et al. (2022), have responded to this need, demonstrating that mitigating customers' frustration by shaping their perception of waiting lines can reduce their likelihood of mistreating staff. Our study adds to this ongoing research by exploring strategies healthcare organizations can implement to deter staff mistreatment, fostering a safer and more positive workplace culture.

Further, our research contributes to the mistreatment literature by focusing on more subtle forms of abuse rather than physical violence. Mild forms of mistreatment, like incivility or negative gestures, can evolve into severe violent acts, such as slapping, shoving, or punching if left unaddressed (Baron & Neuman, 1996; Chris et al., 2022; Yuan et al., 2020). All types of mistreatment, regardless of their severity, can adversely impact healthcare staff's mental and physical well-being (Hershcovis & Barling, 2010). Moreover, chronic exposure to mistreatment can lead to increased absenteeism, high turnover rates, and decreased productivity in the workplace. In this paper, we propose an intervention aimed at curbing mistreatment in its early stages, protecting frontline staff from persistent abuse.

Our paper also provides valuable insights into the research on cultural values. The increasing cultural diversity in workplaces due to globalization (Gibson et al., 2014) raises the risk of misunderstandings that can lead to mistreatment (Drach-Zahavy & Trogan, 2013; Glikson & Erez, 2013; Hershcovis et al., 2020; Polzer et al., 2006). The common presumption is that all individuals respond to potential transgressions in a similar manner. We challenge this notion and identify individualism as a crucial factor in understanding the mistreatment of frontline staff. We argue that a person’s degree of individualism can influence their perceptions of justice, thereby affecting frontline mistreatment. Furthermore, while previous research suggests that people with low levels of individualism are more sensitive to potential transgressions (e.g., Brockner et al., 2000, 2001, 2005; Colquitt, 2004; Erdogan & Liden, 2006; Lam et al., 2002; Ramamoorthy & Flood, 2002), we propose that it is not the person’s level of individualism itself, but the alignment between an individual's level of individualism and the type of transgression, that matters most. Lastly, in response to calls to differentiate between justice perceptions and their antecedents (Cropanzano et al., 2015), we integrate justice theory with cultural research to predict variations in justice perceptions about similar transgressions.

Next, our study contributes to the justice literature. Research has established that perceived justice plays a critical role in predicting aggression and mistreatment (Berry et al., 2007; Colquitt et al., 2001; Ferris et al., 2012). Individuals who perceive unfair treatment from an organization are more likely to exhibit frustration and aversive behavior, which could escalate into mistreatment directed at staff members, often perceived as organizational representatives (Naumann & Bennett, 2000). However, the same transgression may not be deemed unfair by all, which complicates prevention strategies (Pompeii et al., 2013). In our study, we find that a person's level of individualism shapes their perceptions of which transgressions are unjust, impacting their subsequent mistreatment of frontline staff. In essence, we propose that individualism moderates the relationship between the type of transgression, perceived justice, and ensuing mistreatment.

Finally, our study has practical implications. Gaining insight into the mechanisms that trigger mistreatment in healthcare settings enables the development of targeted interventions to reduce such behaviors. However, segregating outsiders based on personality traits, typically unknown, is not a feasible strategy for organizations. To circumvent this challenge, we have devised a universal intervention intended to assure all outsiders that their individual needs are being considered. We discovered that our intervention has a pronounced positive effect on people with high individualism and a marginal impact on people low in individualism, which aligns with our objectives. Our research highlights the need for healthcare organizations, particularly EDs, to adopt a holistic approach towards handling mistreatment. This involves recognizing the varied psychological and situational triggers that can lead to such behavior and implementing tailored strategies to address them. By doing so, healthcare institutions can not only improve the well-being of their staff but also enhance the overall quality of care they provide.

### Frontline Emergency Organizations and Theory-Driven Research Interventions

Frontline staff are critical service providers in all countries, answering countless calls for assistance and employing numerous personnel including paramedics, firefighters (Weick, 1996), call center staff (Maguire et al., 2017; Tracy & Tracy, 1998), and police (Stephens & Long, 2000). These occupations share a unique context in terms of needs, dynamics, and the nature of their interactions with the community. The existing research on frontline emergency organizations tends to be descriptive, largely identifying the types of assaults that frontline staff encounter (Maguire et al., 2017). We meet the call for more advanced research, notably moving “beyond descriptive studies to include more advanced research methods” (Taylor & Rew, 2011:1072), especially “reliable interventions” (Maguire et al., 2017:1770).

Our methods and findings begin to bridge these gaps, with a theory-based effective intervention. Extending Buell and Norton (2011), we demonstrate that transparency in the form of providing individualized attention can increase justice perceptions and reduce outsider mistreatment toward frontline staff. Although the appropriateness of what is said or done in a given situation is critical (Cheshin, 2020; Cheshin, et al., 2018), existing interventions in frontline emergency organizations (eg. Efrat-Treitster, et al., 2020; Reyt et al., 2022) overlook people’s individual values, which can be leveraged to reduce mistreatment. Future research should continue developing interventions that can be tailored to individual values.

**Limitations**

Our studies have several limitations. First, we measured mistreatment rather than actual aggressive behaviors. While future work may supplement the measures used here with an actual behavioral measure of aggression, this measure will capture only severe aggressive behaviors, which are rare, and which are often addressed too late, after the harm has already been done. We suggest that reducing mild mistreatment acts (which are often overlooked) is a useful method for combating more severe forms of mistreatment in service industries, as this reduces the risk of intentions escalating into actual aggression (Goussinsky, 2012). This approach, which takes into consideration cultural and psychological aspects of customers, is in line with recent calls to consider the psychological characteristics of patients (McColl-Kennedy et al., 2017). Second, this research compares only two situations. Future research should compare a broader set of situations that violate different levels of collectivism. Third, we examined only the influence of individualism values on perceptions of procedural justice. Future research is needed to examine effects of other values, such as power distance, uncertainty avoidance (Hofstede, 2001), or self-enhancement and self-transcendence (Schwartz, 2012) on perceived justice and mistreatment.

Conclusion

In conclusion, our research underscores the multifaceted nature of workplace mistreatment, especially in high-stress environments like emergency departments (EDs). Mistreatment, often dismissed as a minor or inevitable aspect of frontline work, can have profound consequences on healthcare staff. Our studies help illuminate the complex interplay between outsiders’ individual values, their perceptions of justice, and their mistreatment behaviors of frontline staff. We demonstrate that individualism, a key personal factor, significantly influences how individuals perceive and react to fairness or lack thereof in a resource-constrained setting like an ED.

Our research extends beyond merely identifying the problem of workplace mistreatment. It offers a proactive approach to mitigate this issue by introducing interventions aimed at enhancing justice perceptions, particularly among individuals with high levels of individualistic values. This strategy represents a shift from traditional reactive responses to a more preventive and inclusive approach, recognizing the diverse values and perceptions of patients. By addressing the root causes of mistreatment, our interventions aim to reduce the incidence of these behaviors, leading to a safer work environment for healthcare professionals.

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**‏**

**Tables**

*Table 1. Vignettes of transgressions*

***Transgression type Offensive to***

|  |  |  |
| --- | --- | --- |
| 1. ***Individual needs:*** The emergency room is very crowded. A staff member allows someone who came in after the patient to see the doctor first. |  | Self, personal goals |
| 2. ***Group needs:*** A patient arrives at the ED accompanied by several escorts, but hospital staff allow only one family member into the emergency room. |  | Community, in-group |

*Table 2. Means, standard deviations, and inter-correlations of Study 1 variables.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***M*** | ***SD*** | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| 1. Social-economic status
 | .92 | .42 | - |  |  |  |  |  |  |
| 1. Age
 | 46.62 | 17.72 | -.30\*\* | - |  |  |  |  |  |
| 1. Hospital
 | 1.35 | .49 | .12 | -.1 | - |  |  |  |  |
| 1. Education
 | 13.58 | 3.23 | -.05 | .32\*\* | -.13 | - |  |  |  |
| 1. Transgression type
 | 1.11 | .50 | -.01 | .08 | .06 | -.02 | - |  |  |
| 1. Perceived justice
 | 4.93 | 1.65 | .01 | .12 | .11 | .09 | .11 | - |  |
| 1. Individualism
 | 5.20 | 1.09 | -.12 | .01 | -.01 | .01 | .02 | -.21\*\* | - |
| 1. Mistreatment
 | 2.56 | 1.55 | .06 | -.27\*\* | .10 | -.15 | -.18\*\* | -28\*\* | -.12 |

*Note.* †*p*<.1; \**p* <.05; \*\**p* <.01; two-tailed.

Transgression type was coded as 1- violating individual needs; 2- violating group needs.

*Table 3. Fitness indices for measurement model analyses*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Factor and model**  | χ2 | ***df***  | **CFI**  | **TLI** |  **SRMR** |
| **Equal form models**  |  |  |  |  |  |
| Model 1: Three factors (PJ+IND+MIS) | 148.41\*\* | 74 | .94 | .92 | .054 |
| Model 2: Two factors (PJ+MIS) | 454.91\*\* | 76 | .68 | .62 | .140 |
| Model 3: Two factors (IND+MIS) | 318.90\*\* | 76 | .80 | .76 | .139 |
| Model 4: Two factors (IND+PJ) | 307.70\*\* | 76 | .81 | .77 | .137 |
| Model 5: One factor  | 617.52\*\* | 77 | .55 | .46 | .181 |

Notes. \* P < .05, \*\* P < .01. PJ = Perceived justice; IND = Individualism; MIS = Mistreatment. Comparisons of $∆χ2\left(df\right)$in Model 1 and Models 2-5 revealed a better fit for Model 1 (p<.01).

*Table 4. Study 2 means, standard deviations, and inter-correlations*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  **M** |  **SD** | **1** | **2** | **3** | **4** | **5** |
| 1. Age | 38.75 | 15.18 | - |   |   |   |   |
| 2. Education | 13.65 | 3.57 | .32\*\* | - |   |   |   |
| 3. Transgression type | 1.5 | .5 | .05 | .06 | - |   |   |
| 4. Perceived justice | 5.18 | 1.78 | .12\* | .03 | .22\*\* | - |   |
| 5. Individualism | 5.16 | 1.22 | -.12\* | -.01 | -.1 | -.16\*\* | - |
| 6. Mistreatment | 2.71 | 1.63 | -.08 | -.02 | -.19\*\* | -.18\*\* | -.01 |

*Note.* †*p*<.1; \**p* <.05; \*\**p* <.01; correlation is one tailed.

Transgression type was coded as 1- violating individual needs; 2- violating group needs.

|  |
| --- |
| *Table 5. Study 2 moderated mediation predicts mistreatment (Hayes, 2018, Model 11).* |
|  |
|   |  | **Perceived justice** | **Mistreatment** |
| **b (SE)** | **b (SE)** |
| Perceived justice |   | -.20(.07)\*\* |
| Transgression type | 3.81(1.50)\*\* | -.43(.25) † |
| Individualism | -1.07(.51)\* |   |
| Individualism × Transgression type | .52(.29) † |   |
| Individualized attention | 1.83(3.93)\*\* |   |
| Transgression type × Individualized attention | -6.80(2.41)\*\* |   |
| Individualism × Individualized attention | 1.89(.75)\*\* |   |
| Transgression type × individualism × Individualized attention | -1.19(.46)\*\* |   |
| ΔR2  |  | .14\*\* | .09\*\* |
|  |   | **Conditional indirect effect** |
|   |  | **b (boot SE)** **% 95 CI** |
| High individualism | Without Individualized attention | -.35(.16)\* | -.71, -.09 |
| With Individualized attention | .05(.11) | -.18, .27 |
| Mean individualism | Without Individualized attention | -.23(.12)\* | -.50, -.05 |
| With Individualized attention | -.11(.09) | -.31, .03 |
| Low individualism | Without Individualized attention | -.10(.14) | -.42, .14 |
| With Individualized attention | -.27(.16)\* | -.62, -.02 |
| Index of moderated mediation | -.24(.13) | -.53 | -.03 |
| *Note.* †*p*<.1; \**p* <.05; \*\**p* <.01Transgression type was coded as 1- violating individual needs; 2- violating group needs.   |

**Figures**



*Figure 1. Research model*

 

*Figure 2****.*** *Interaction between transgression type and individualism, predicting mistreatment*

Note: \* p < .05; \*\* p < .01; The mistreatment scale reflects the expected latent score (μ=0; σ=1).



*Figure 3****.*** *Interaction between transgression type and individualism, predicting perceived justice*

Note: \*\* p < .01; The procedural justice scale reflects the expected latent score (μ=0; σ=1).



*Figure 4. Study 2: Explanation moderates the interactive effect of situation type and individual collectivism on procedural justice*