What has emotional intelligence got to do with it: the moderating role of EI on the relationships between workplace incivility and mental health?

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Abstract: Workplace incivility (WI) has detrimental consequences on victims and has been linked positively to depression, anxiety and stress. However, emotional intelligence (EI) which involves the ability to manage one’s and other’s emotions has been positively associated with lower symptoms of depression, anxiety, and stress; suggesting that EI may act as a buffer against stressors. Therefore, the present study tested a model which proposed that EI would moderate the relationships between WI and depression, between WI and anxiety, as well as between WI and stress. Data was collected using an online survey from 184 Australian adult workers. Results indicated that EI moderated the relationships between WI and depression and between WI and stress. Although a main effect was found between WI and anxiety, EI did not significantly moderated the relationship between WI and anxiety. Implications and future directions were discussed.

Keywords: emotional intelligence; workplace incivility; depression; anxiety; stress.

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1 Introduction

Workplace incivility (WI) has received increased empirical attention over the past decade (Pearson and Porath, 2009). But, what is workplace incivility? Andersson and Pearson (1999, p.457) defined workplace incivility as, “low-intensity, disrespectful or rude deviant workplace behaviour with ambiguous intent to harm the target and is in violation of workplace norms for mutual respect”. In other words, WI consists of “seemingly inconsequential words and deeds that violate conventional norms of workplace conduct” [Pearson and Porath, (2009), p.21]. Examples of these uncivil behaviours include, not saying ‘please’ or ‘thank you’, ignoring or insulting colleagues, rolling one’s eye at co-worker’s suggestions and general gossip.

A distinctive feature of WI is its ambiguous and subtle nature. In other words, uncivil workplace behaviours are low in intensity in that they are subtle, passive, and indirect (Andersson and Pearson, 1999). The intents of the instigators are often ambiguous and targets find it very difficult to decipher if they are harmful or harmless (Pearson et al., 2000). Consequently, this ambiguity can create a lot of anxiety and stress in targets (Pearson et al., 2000). If WI is not handled properly, it can potentially spiral into more severe forms of negative workplace behaviours such as harassment, bullying and/or violence (Andersson and Pearson, 1999).

WI can have damaging effects on targets’ mental health resulting in symptoms of depression, anxiety, and stress (Lim et al., 2008; Oyeleye et al., 2013). For example, Oyeleye et al. (2013) found that WI was positively associated with stress, burnout and turnover intentions among a group of acute care nurses in community and tertiary hospitals. Similarly, Yamada (2000) noted that victims experienced the distress from workplace mistreatment (e.g., incivility) as stress, anxiety and depression. These mental disorders are a concern because researchers have found that they are positively associated with reduced work productivity, absenteeism, turnover intentions, job dissatisfaction, poor mental and physical health (Cortina and Magley, 2009; Estes and Wang, 2008; Gorgens-Ekermans and Brand, 2012; Wang and Gorenstein, 2014).

To date, the majority of research in WI has tended to focus on the antecedents, prevalence and consequences of experiencing incivility (Cortina and Magley, 2009; Estes and Wang, 2008; Reio and Ghosh, 2009) such as job performance and job attitudes (Schilpzand et al., 2016). Less attention has been given to potential underlying mechanisms that can explicate the relationships between WI and its consequences. A recent study which did was a study by Rosen et al. (2016). They surveyed employees of a Midwestern university in the United State across two work weeks and found that WI led to mental fatigue that drastically reduced employees’ ability to control their negative emotions. As a result, these employees became emotionally distressed and retaliated in a tit for tat manner by engaging in instigated WI. Rosen et al. (2016) study is significant because it illustrated the importance of emotion as a potential underlying mechanism in explaining the relationships between WI and outcome variables.

Indeed, a number of researchers have argued that emotional intelligence (EI) is critical in enhancing interpersonal relationships, controlling deviant behaviours (Lopes et al., 2004; Martin et al., 1998) and enabling employees to adapt constructively in a hostile work environment (Quebbeman and Rozell, 2002). For example, Jung and Yoon (2012) found that compared to employees with low EI, employees with high EI were
more inclined to engage in organisational citizenship behaviours (OCBs) and to reduce their counter productive workplace behaviours (CWABs). This is because individuals with high EI were better able to identify, use, understand and manage their negative emotions than individuals with low EI (Mayer et al., 2000). Consequently, people with high EI tended to suffer less psychological distress compared to individuals with low EI (Martins et al., 2010; Ruiz-Aranda et al., 2012). Based on this empirical evidence, the current study tested a research model in which EI was proposed as a moderator in the relationships between WI and psychological health outcomes (e.g., depression, anxiety, and stress; see Figure 1).

**Figure 1** Path model for the moderation of EI on the relationships between WI and depression, between WI and anxiety, and between WI and stress.

The proposed research model is theoretically grounded in Lazarus and Folkman’s (1987) transactional model of stress and Salovey et al. (1999) emotional competence theory (ECT). Together, these theories provided theoretical support for the proposition that WI would be associated with negative psychological health outcomes (i.e., stress, anxiety and depression) and that EI would moderate the relationships between WI and psychological health outcomes (e.g., depression, anxiety and stress).

### 1.1 Transactional model of stress

According to the transactional model of stress [Lazarus and Folkman, (1984), p.19], stress is “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being”. In other words, stress result when an individual’s resources or ability to meet the demands of the stressors are insufficient or unmet (Lazarus and Folkman, 1987). Two appraisal processes occur when individuals encounter a stressor; the primary and secondary appraisal (Lazarus and Folkman, 1987). During the primary appraisal, the stressor is evaluated for its potential for harm and its anticipated harm (Lazarus and Folkman, 1987). The secondary appraisal involves the evaluation of personal resources and options to ascertain whether the stressor can be dealt with successfully (Lazarus and Folkman, 1987). If individuals have sufficient resources or abilities (e.g., money or EI), they are less likely to be affected by the stressor.

Targets of WI experience WI as a major stressor because most uncivil acts tend to threaten, humiliate or ridicule targets. For example, being undermined by a supervisor might humiliate the target. Being ridiculed by one’s colleagues could also be highly stressful. Indeed, the stress associated with WI has been found to be positively associated
with poor psychological health such as depression, anxiety and stress (Cortina et al., 2001; Estes and Wang, 2008; Laschinger et al., 2013; Reio and Ghosh, 2009).

1.2 WI and psychological distress

Stress and incivility researchers have reported positive associations between WI and symptoms of depression, stress and anxiety (Cortina and Magley, 2003; Laschinger et al., 2013; Lim et al., 2008). Cortina and Magley (2003), for instance, found that WI was positively related to psychological distress and that the psychological distress was highest among individuals who were unable to openly discuss their experiences. Studies have also found that the negative impact of WI extended to witnesses of incivility; many of whom experienced symptoms of depression and anxiety following the witnessing (Lim et al., 2008; Miner and Eischeid, 2012). Similarly, Beattie and Griffin (2014) found that stress symptoms were highest on work days on which WI was experienced in a sample of security workers. Taken together, these findings suggest that WI is positively related to depression, anxiety and stress.

1.3 Emotional intelligence and ECT

Lazarus and Folkman (1987) stated that the ability to manage stressful situations and its impact depended on the emotional competence of individuals. In other words, individuals who believed they were able to manage stressful events were less likely to feel threatened, less likely to experience adverse psychological outcomes and better able to cope with the stressors (Lazarus and Folkman, 1987). This suggests that individual’s emotional intelligence (e.g., EI) may be an important determinant in improving workplace functioning and psychological health outcomes (Bunk and Magley, 2013). Mayer et al. (2004, p.197) defined EI as, “the capacity to reason about emotions, and of emotions to enhance thinking. It includes the abilities to accurately perceive emotions, to access and generate emotions so as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth”. Importantly, ECT suggests that EI is an integral part of the coping process; with individuals high in EI better able to cope with negative affective events compared to individuals with low EI (Salovey et al., 1999). Given the tendency for WI to elicit emotions such as confusion, fear, worry, stress, and anxiety, EI may be an important component in managing these emotions effectively (Doshy and Wang, 2014).

Salovey et al. (1999) developed a coping hierarchy depicting the dimensions of EI that are most relevant to the coping process. The first level consists of basic emotion perception, appraisal and expression skills, followed by the more sophisticated dimensions of emotional knowledge at the second and third levels such as, analysing and understanding emotions (Salovey et al., 1999). The final level consists of emotion regulation (Salovey et al., 1999). Salovey et al. (1999) suggests that adaptive and successful coping occurs when all levels of the coping hierarchy are sufficiently developed. To illustrate from the context of WI, individuals with higher EI may be more likely to employ adaptive coping strategies compare to individuals with lower EI. In other words, individuals with high EI have the advantage of being able to more effectively
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analyse, understand, regulate, and cope with the negative emotions associated with WI than individuals with low EI (Salovey et al., 1999). In doing so, they are less likely to be affected by the negative impacts from WI than individuals with low EI.

1.4 EI and psychological health outcomes

In considering the relationship between EI and psychological health outcomes, research indicates that EI is negatively related to symptoms of depression, anxiety, and stress; highlighting the relevance of EI to the present study (El-Sayed et al., 2014; Goldenberg et al., 2006; Karakus, 2013). For instance, Goldenberg et al. (2006) found that EI was negatively associated with depressive symptoms. Similarly, Delongis et al. (1988) found that although accumulated low-intensity stressors (e.g., daily hassles) were positively associated with negative mental health outcomes, individuals with higher EI were psychologically less affected than individuals with lower EI.

Previous research has also found that EI is negatively related to symptoms of anxiety (Karakus, 2013). Lizeretti and Extremera (2011), for instance found that EI was negatively related to symptoms of anxiety in a group of Spanish outpatients diagnosed with generalised anxiety disorder. Similarly, Ahmadpanah et al. (2016) found that university students with higher EI have lower test anxiety than students with lower EI.

In terms of stress, research has found that EI was negatively related to symptoms of stress (El-Sayed et al., 2014; Ugoji, 2012). For example, El-Sayed et al. (2014) found that EI was negatively related to occupational stress in a sample of nursing faculty members at an Egyptian university. Similarly, Singh and Sharma (2012) investigated the relationship between general intelligence (GI), EI, acute and chronic perceived stress levels in 34 healthy male student volunteers. Following a stress induction, the researchers found that participants who were high in EI reported lower stress levels than those who were low in EI. These results provided evidence to suggest that individuals with high EI experienced significantly less negative psychological health outcomes than individuals with low EI.

A plausible explanation as to why EI may be beneficial for individual during times of stress is related to the ability to use adaptive coping strategies (Goldenberg et al., 2006; Montes-Berges and Augusto, 2007). Adaptive coping refers to the use of coping strategies that are helpful in dealing with a stressful event and result in lower symptoms of psychological distress (Karekla and Panayiotou, 2011). Goldenberg et al. (2006) for instance have found that individuals with high EI tended to use more adaptive coping strategies such as problem focused coping, social support seeking, and emotional expression than individuals with low EI. Montes-Berges and Augusto (2007) found that individuals with high EI had greater emotional clarity and emotional repair skill than individuals with low EI. Emotional clarity and emotional repair skill are important because they help preserve meanings in stressful situations and they also assist in the repair of negative affective states (Abeyta et al., 2015). Consequently, individuals with high EI are less likely to be affected by the negative impacts of stressors than individuals with low EI; suggesting the importance of EI as a potential moderator in the relationship between stressors and psychological health outcomes.
1.5 EI as a moderator

Given the association between emotional intelligence and positive psychological health outcomes, researchers have begun to investigate emotional intelligence in relation to negative work events and psychological health outcomes (Ciarrochi et al., 2000; Goldenberg et al., 2006; Montes-Berges and Augusto, 2007). Consistent with Salovey et al.’s (1999) ECT, it is proposed that compared to individuals with low EI, individuals with high EI tend to experience less psychological distress when they encountered workplace incivility because they were able to regulate and manage their negative emotions positively (Giorgi, 2010). It is this ability to repair and to effectively use one’s emotions that helps individuals overcome the negative impact of WI. A number of researchers working in this area have provided some evidence for the moderating influence of EI between workplace mistreatment and its outcomes.

For example, Ashraf and Khan (2014) surveyed 242 doctors and found that although workplace bullying negatively impacted doctors’ job performance, the detrimental impact was lower for doctors with high EI than doctors with low EI. Bibi et al. (2013) found that EI significantly moderated the relationship between workplace incivility and counter-productive workplace behaviours such as theft, sabotage behaviours and work withdrawal. Finally, a recent Australian study on EI found that EI significantly moderated the relationship between job stress and psychological well-being (stress, anxiety and emotional decline) in a sample of nurses (Karimi et al., 2015). These studies suggest that EI may be particularly useful as a moderator against workplace stressors (e.g., workplace incivility) and psychological health outcomes. Therefore, the authors in the present study proposed that EI would moderate the relationship between WI and psychological health outcomes (e.g., depression, anxiety and stress). Specifically, the positive impact of workplace incivility on depression, anxiety and stress would be stronger for individuals with lower EI than for individuals with higher EI.

2 Method

2.1 Participants

Data was collected using an online survey from adult workers in Australia. Convenience and snowball sampling were utilised. Participants consisted of 184 participants of which 42 were male (22.8%) and 142 were female (77.2%). Their average age was 35.04 years (SD = 10.5) with an age range between 18 and 66 years. 33.7% of the participants were married, 21.7% were in de-facto relationships, 34.8% were single, and the remaining 9.7% selected the marital status ‘other’. Areas of employment included teaching and education (12%), administration and reception (11%), welfare and social work (11%), retail and sales (10%), health and well-being (10%), business and finance (5%), hospitality and tourism (5%), employment and recruitment (5%), mining (5%), trades (3%), and military (2%). Almost half (39.2%) of the sample had been at their current place of employment for more than five years. The average hours worked per week was 31.28 hours. More than half of the sample (59.8%) had a university level education, 19.6% had a technical and further education (TAFE), and 17.9% had a high school level education. The remaining 2.7% had a certificate or diploma.
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2.2 Materials

2.2.1 Workplace incivility
Workplace incivility was measured using Cortina et al.’s (2001) workplace incivility scale (WIS). Using this scale, participants were asked to assess the actual experiences of how often they have encountered specific rude or uncivil behaviours in their workplace in the past year. The WIS contains seven items. An example item of the WIS includes, “put you down or was condescending to you?” Items were measured on a Likert scale ranging from 1 (once or twice) to 4 (many times). Higher scores on the WIS reflect higher frequencies of WI. The WIS has shown good internal consistency with a Cronbach’s alpha of .89 (Cortina et al., 2001). Cronbach’s alpha for the WIS in the current study was .87; indicating good internal consistency.

2.2.2 Emotional intelligence
Emotional intelligence was measured using Wong and Law emotional intelligence scale (WLEIS; Wong and Law, 2002). The WLEIS is a self-report measure of EI that was developed for use in organisational research (Pérez et al., 2005). This scale contains 16 items and consists of four subscales measuring different dimensions of EI consistent with the ECT conceptualisation of EI (Salovey et al., 1999; Wong and Law, 2002). The four subscales relate to self-emotion appraisal (SEA), others-emotion appraisal (OEA), regulation of emotion (ROE), and use of emotion (UOE) (Wong and Law, 2002). Each subscale contains four items and each item is measured on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) (Wong and Law, 2002). An example item of the WLEIS includes, “I have a good sense of why I have certain feelings most of the time” (Wong and Law, 2002). Higher scores on the WLEIS reflect higher levels of EI. The WLEIS has shown excellent internal consistency with Cronbach’s alphas of .92, .91, .84, and .93 (Wong and Law, 2002). Cronbach’s alphas for the current sample were .87 (total EI), .85 (SEA), .83 (OEA), .84 (UOE), and .87 (ROE); indicating good internal consistency.

2.2.3 Depression, anxiety, and stress
These variables were measured using the short form version of the depression anxiety stress scale (DASS), the DASS-21 (Lovibond and Lovibond, 1995). This scale contains 21 items and consists of three subscales measuring symptoms of depression, anxiety, and stress (Parkitny and McAuley, 2010). The depression subscale measured symptoms of low mood, self-esteem and motivation, the anxiety subscale measured symptoms of physiological arousal, fear, and perceived panic, and the stress subscale measured symptoms of tension and irritability (Parkitny and McAuley, 2010). Each subscale contained seven items, and each item was measured on a four-point Likert scale ranging from 0 (never) to 3 (almost always) (Henry and Crawford, 2005). An example item of the DASS-21 includes, “I found it hard to wind down” (Henry and Crawford, 2005). Higher scores on the DASS reflect higher levels of psychological distress. The DASS-21 has shown good internal consistency with a Cronbach’s alpha of .88 (Henry and Crawford, 2005). Cronbach’s alphas for the current sample were .94 (total DASS score), .91 (depression), .88 (anxiety), and .85 (stress); indicating good internal consistency.
2.2.4 Control variable

Previous research has found that job stress, independent of stress stemming from WI, may influence the relationship between WI and stress (Lim et al., 2008). Therefore, this variable was controlled in the present study.

2.3 Procedure

Following ethics approval from the university’s Research Ethics Committee, the online survey was distributed through the social media platform of Facebook. The invitation was posted on Facebook and friends, group members and associates of the first author were invited to participate in the online survey. The web-link included a cover letter which contained the purpose of the study, the voluntary nature of the study, assurance of participants’ confidentiality and that participants could withdraw from the survey at any time without penalty. Participants were also instructed to answer their questions as honestly as they could as the researchers were interested in their honest opinions. Demographic information such as age, gender, education and work industry was also collected.

2.4 Analysis

As recommended by Field (2014), moderation multiple regression analyses were performed using the PROCESS macro for the statistical package for the social sciences (SPSS) to test the moderation effect of EI on the relationship between WI and the outcome variables, depression, anxiety, and stress. In testing whether a moderation relationship exists, PROCESS calculates an interaction effect between the independent variable and the moderator variable. A significant interaction effect is interpreted as a significant moderation relationship.

Three separate moderation regression analyses were performed, one for each of the outcome variables (i.e., depression, stress and anxiety). WI was entered as the independent variable, EI was entered as the moderator variable, and general job stress was entered as a control variable to partial out any effect of general job stress from the analysis. The variables WI and EI were automatically grand mean centred by PROCESS prior to analysis to counteract any effect of multicollinearity on the analysis. As recommended by Field (2014), simple slopes analyses and Johnson-Neyman techniques were then performed on all significant interactions to interpret the nature of the moderation effect (Field, 2014).

3 Results

All variables were examined for missing data prior to analysis. Missing data was mean substituted. All variables were then examined for normality and outliers. The variable WI had positive skewness exceeding 1 and contained multiple outliers. A logarithmic transformation was performed on the variable WI which reduced skewness to an acceptable value (Field, 2014). There were two outliers associated with WI following transformation. They were retained because the authors believed that they reflected the true occurrence of WI in the population of interest (Orr et al., 1991). The variables
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depression, anxiety, stress had positive skewness approaching or exceeding 1 and contained multiple outliers. A square root transformation was performed on these variables which reduced skewness to acceptable values (Field, 2014). There was no outlier associated with depression and anxiety following the transformation. There were four outliers associated with stress following transformation. Again, they were retained as they reflected the true occurrence of stress associated with WI in the population of interest (Orr et al., 1991).

3.1 Descriptive statistics for mental health outcomes

Correlations and descriptive results for each of the mental health outcomes, namely depression, anxiety and stress were presented in Table 1.

<table>
<thead>
<tr>
<th>Variables</th>
<th>EI</th>
<th>WPI</th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>.50**</td>
<td>–.39**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>.35**</td>
<td>–.26**</td>
<td>.61**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress</td>
<td>.44**</td>
<td>–.34**</td>
<td>.72**</td>
<td>.69**</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>89.13</td>
<td>1.06</td>
<td>12.04</td>
<td>9.76</td>
<td>15.29</td>
</tr>
<tr>
<td>SD</td>
<td>10.95</td>
<td>.15</td>
<td>9.56</td>
<td>8.67</td>
<td>7.99</td>
</tr>
</tbody>
</table>

Notes: EI = emotional intelligence; WPI = workplace incivility; **p < .01

3.2 Interaction effects (depression)

A significant interaction effect was found between EI and WI on the relationship between WI and depression ($b = 0.13, 95\% CI [0.02, 0.23], t = 2.39, p < .05$) indicating that the relationship between WI and depression was moderated by EI (see Table 2).

<table>
<thead>
<tr>
<th>Variables</th>
<th>b</th>
<th>SE</th>
<th>t</th>
<th>p</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>2.79</td>
<td>0.21</td>
<td>13.04</td>
<td>p &lt; .05</td>
<td>[2.37, 3.21]</td>
</tr>
<tr>
<td>EI (centred)</td>
<td>–0.05</td>
<td>0.008</td>
<td>–6.12</td>
<td>p &lt; .05</td>
<td>[–0.06, –0.03]</td>
</tr>
<tr>
<td>WI (centred)</td>
<td>4.08</td>
<td>0.71</td>
<td>5.72</td>
<td>p &lt; .05</td>
<td>[2.67, 5.48]</td>
</tr>
<tr>
<td>EI × WI</td>
<td>0.13</td>
<td>0.05</td>
<td>2.39</td>
<td>p &lt; .05</td>
<td>[0.02, 0.23]</td>
</tr>
<tr>
<td>JS (control)</td>
<td>0.01</td>
<td>0.007</td>
<td>1.60</td>
<td>p = .11</td>
<td>[–0.002, 0.02]</td>
</tr>
</tbody>
</table>

Notes: JS = job stress; CI = confidence interval

A simple slope analysis showed the nature of the moderation effect of EI on the relationship between WI and depression (see Figure 2). At low levels of EI, there was a significant positive relationship between WI and depression ($b = 2.66, 95\% CI [0.78, 4.55], t = 2.79, p < .01$). At the mean value of EI, there was a significant positive relationship between WI and depression ($b = 4.0, 95\% CI [2.67, 5.48], t = 5.72, p < .001$).
At high levels of EI, there was a significant positive relationship between WI and depression ($b = 5.49$, 95% CI [3.72, 7.25], $t = 6.13$, $p < .001$).

The Johnson-Neyman technique defined the region of significance for centred values of EI. Values of $-14.74$ and higher were significant ($p < .05$). The $b$-values increased as EI values increased indicating that the strength of the relationship between WI and mental health strengthened from a small positive relationship ($b = 2.17$) to a strong positive relationship ($b = 6.77$) as EI increased.

### 3.3 Interaction effects (stress)

A significant interaction effect was found between EI and WI on the relationship between WI and stress ($b = 0.12$, 95% CI [0.04, 0.21], $t = 2.84$, $p < .05$); indicating that the relationship between WI and stress was moderated by EI (see Table 3).

#### Table 3 Linear model of predictors of stress

<table>
<thead>
<tr>
<th></th>
<th>$b$</th>
<th>SE</th>
<th>$t$</th>
<th>$p$</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>3.63</td>
<td>0.19</td>
<td>18.76</td>
<td>$p &lt; .05$</td>
<td>[3.24, 4.01]</td>
</tr>
<tr>
<td>EI (centred)</td>
<td>$-0.03$</td>
<td>0.006</td>
<td>$-4.79$</td>
<td>$p &lt; .05$</td>
<td>$[-0.04, -0.02]$</td>
</tr>
<tr>
<td>WI (centred)</td>
<td>2.54</td>
<td>0.53</td>
<td>4.79</td>
<td>$p &lt; .05$</td>
<td>[1.49, 3.58]</td>
</tr>
<tr>
<td>EI x WI</td>
<td>0.12</td>
<td>0.04</td>
<td>2.84</td>
<td>$p &lt; .05$</td>
<td>[0.04, 0.21]</td>
</tr>
<tr>
<td>JS (control)</td>
<td>0.005</td>
<td>0.007</td>
<td>0.80</td>
<td>$p = .43$</td>
<td>[-0.008, 0.02]</td>
</tr>
</tbody>
</table>

Notes: JS = job stress; CI = confidence interval

A simple slopes analysis showed the nature of the moderation effect of EI on the relationship between WI and stress (see Figure 3). At low levels of EI, the relationship was significant between WI and stress ($b = 1.15$, 95% CI [0.06, 2.36], $t = 1.86$, $p < .05$). At the mean value of EI, there was a significant positive relationship between WI and stress ($b = 2.54$, 95% CI [1.49, 3.58], $t = 4.79$, $p < .001$). At high levels of EI, there was a
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significant positive relationship between WI and stress ($b = 3.92$, 95% CI [2.32, 5.52], $t = 4.84$, $p < .001$).

**Figure 3** The relationship between WI and stress at low, mean, and high values of EI

The Johnson-Neyman technique defined the region of significance for centred values of EI. Values of $-10.57$ and higher were significant ($p < .05$). The $b$-values increased as EI values increased indicating that, the strength of the relationship between WI and stress strengthened from a small positive relationship ($b = -10.57$) to a strong positive relationship ($b = 20.86$) as EI increased.

### 3.4 Interaction effects (anxiety)

No significant interaction effect was found between EI and WI on the relationship between WI and anxiety ($b = 0.07$, 95% CI [-0.06, 0.22], $t = 1.09$, $p = .27$); indicating that the relationship between WI and anxiety was not moderated by EI.

### 4 Discussion

The aim of the present study was to test a research model that proposed EI as a moderator of the relationship between WI and mental health outcomes (i.e., depression, anxiety and stress). It was hypothesised that EI would moderate the relationships between WI and depression, between WI and anxiety, as well as between WI and stress. Significant main effects of WI were found for depression, anxiety and stress. A significant moderation effect of EI was found on the relationships between WI and depression, and between WI and stress. However, there was no significant moderation effect of EI on the relationship between WI and anxiety.

#### 4.1 Moderation effect of EI

The results of this study showed that individuals who had high EI experienced lower levels of depression and stress following experiences of WI compared to individuals who had low EI. These findings add to ECT by suggesting that having high EI was an
important factor in reducing the negative impact of WI on mental health, particularly for symptoms of depression and stress (Salovey et al., 1999). Consistent with the Lazarus and Folkman’s (1987) transactional model of stress, individuals with high EI might not have appraised WI as threatening compared to individuals with low EI. Consequently, these individuals might not have experienced the depression and stress (Lazarus and Folkman, 1987) as severely as individuals with lower EI. Moreover, individuals with higher EI might have been better able to effectively regulate their emotions in the face of a stressor (e.g., WI) and to employ adaptive coping strategies compared to individuals with lower EI (Salovey et al., 1999). Although a significant main effect was found for WI on anxiety, EI was not a significant moderator in the relationship between WI and anxiety. A plausible explanation for this finding might be that the ambiguous nature of WI facilitated a stream of constant worrying thoughts and as targets dwelled on the negative experience in anticipation for future episodes of incivility, their cognitive resources and emotions became depleted (Kahneman, 1973; Salovey et al., 1999). Consequently, targets became hyper vigilant and anxious.

4.2 Practical implications

The results of the present study suggest that EI may be an important factor in minimising the damaging effects of WI on mental health, specifically in depression and stress. According to the ability model of EI, emotional literacy and ability can be taught and developed (Mayer and Salovey, 1997). Ability based EI training typically involves the promotion of emotional and social competencies in the domains of self-awareness, self-management, empathy, and problem solving skills (Zins et al., 2004). In other words, these training techniques are designed to improve one’s capacity to identify, use, understand, and regulate emotions, and may be helpful in reducing the negative impact of WI on mental health (Slaski and Cartwright, 2003). For instance, Crombie et al. (2011) conducted a longitudinal intervention trail with 24 South African Cricketers over two years. The experimental group was exposed to EI training which consisted of increasing perception, facilitation, understanding and managing of one’s emotion. Trainees had to link their ability to control emotion to the physical games. The control group was not exposed to any EI training. Crombie et al. (2011) found that EI training significantly increased the EI scores of the experimental group in both years while the EI scores of the control group did not increase significantly from baseline. Similarly, Reuben et al. (2009) conducted an experiment with three groups of MBA students consisting of an EI treatment group (i.e., EI based on abilities), a resiliency treatment group and a placebo group (i.e., focus on business skill). Results indicated that participants in the EI treatment group had the highest EI scores over the resiliency treatment group and the placebo group.

The success of these ability based EI training programs suggests that emotional intelligence can be taught and developed (Brackett et al., 2010; Crombie et al., 2011; Reuben et al., 2009). Therefore, management should consider incorporating EI training into employees’ professional and career development programs. In doing so, employees will be provided with the opportunity to develop their EI skills to make better decisions and to cope more effectively, especially when they encounter workplace mistreatments (Ashraf and Khan, 2014; Bibi et al., 2013; Giorgi, 2010).
4.3 Limitations of the present study

The results of this study are limited by the reliability on self-report data. Self-report data is susceptible to social desirability bias whereby respondents provide answers that they perceive as being socially desirable as opposed to what is true (Goldenberg et al., 2006). This may have resulted in an over representation of higher EI and an underrepresentation of symptoms of psychological distress. However, the surveys in the present study were completely anonymous and self-administered via the internet. Kreuter et al. (2008) found that this method of survey administration is less susceptible to social desirability biases compared to assisted administration methods. Participants were also told that there was no right answer and that they were to provide as honest a response as they possibly could which should reduce social desirability bias.

It should also be stressed that the analyses used in this study were correlational. This prevents any causal conclusions being drawn regarding the moderation effect of EI (Searle, 2000). Furthermore, although attempts were made to control for the effects of general job stress on the outcome variables, other uncontrolled variables could have influenced the results. Therefore, any suggestions in explaining the moderation effect of EI should be considered in light of these points.

4.4 Directions for future research

The results of the present study supported the suggestion that individuals who had higher EI were better able to manage and cope with WI than individuals with lower EI. Consequently, they experienced fewer symptoms of depression and stress than individuals with lower EI. Future research might test this suggestion by investigating the coping strategies adopted by individuals with high EI in relation to individuals with low EI when they are exposed to stressors. Another area for future study might be to investigate how the nature of WI, in terms of its subtlety could potential affect anxiety. Symptoms of anxiety related to workplace incivility may be attributed to the fear of future uncivil encounters (Pearson et al., 2000). One possible coping strategy for reducing anxiety may be to facilitate effective communications (e.g., through conflict mediation or effective communication training) between targets and instigators. Organisations should also consider providing conflict resolution trainings to all staff as part of their professional trainings.

We noted in our introduction that organisations have been slow to attend to the issue of WI despite its prevalence and damage to the mental health of targets. This highlights the importance of identifying underlying mechanisms that might moderate the relationship between WI and mental health. In the absence of organisational support for WI, targets of WI may be able to increase their EI through self-training. For example, a study by Kirk et al. (2011) observed increases in EI following an expressive-writing intervention in which participants wrote about their deepest thoughts and feelings in relation to a negative affective event. This suggests that targets of WI may be able to increase their EI, and therefore reduce negative psychological health consequences. Future research could investigate and identify the types of coping mechanisms utilised by individuals with high EI versus individuals with low EI. Finally, a multi-method approach is recommended whereby EI training, policy development, and formal support avenues for employees are incorporated into employee assistance programs to support
employees who may be experiencing WI or other forms of harassment at the workplace. Such a multi-method approach will ensure that a healthy and safe workplace is accessible to all employees.

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References


What has emotional intelligence got to do with it


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