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Workplace Incivility: Its Effect on Work Engagement, Quality of Work Life, and Propensity to Leave Among Nursing Staff

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Abstract:
Purpose: This study aims to assess the effect of workplace incivility on work engagement, quality of work life and propensity to leave among nursing staff. **Methods**: **Design:** descriptive correlational comparative research design was used to conduct this study. **Setting:** Menoufia University hospitals, Shebin El-kom City, Menoufia Governorate**. Sample** Convenience sample of 367 nurses 283 staff nurses, 84 head nurses) who worked in the previously mentioned setting. **Tools of data collection:** 4 tools were utilized to conduct **the study:** (I) Nursing Incivility Scale, (II) Utrecht Work engagement scale (UWES), (III) Nursing quality of work life scale, and (IV) Propensity to Leave Questionnaire. **Results:** The highest percentage of the studied sample reported a moderate level of workplace incivility and have a low perception level of quality of work life. Also, the grand total mean scores of work engagement at workplace were higher among head nurses than staff nurses. In addition, more than half of the studied staff nurses had no propensity to leave the work life, while more than half of the studied head nurses had propensity to leave the work life. **Conclusion:** There is a high statistically significant positive correlation among workplace incivility, quality of work life and propensity to leave. While there is no relation between workplace incivility and work engagement. **Recommendation:** Hospitals should provide clear procedures for reporting uncivil behaviors.

Keywords: Propensity to Leave, Quality of Work Life, Work Engagement & Workplace Incivility

Introduction
To provide care for patients and maintain communication with them, nurses put in lengthy hours of work every day. Unsurprisingly, they have faced incivility at work from coworkers, physicians, patients, and managers **(Adil et al., 2020)**. Incivility is defined as "a low-force deviant behavior with the vague intent to damage the target, breaking the norm of mutual respect in the workplace. Uncivil behaviors are rude and discourteous, revealing a lack of respect for others" **(Alshehry et al., 2019)**.

Uncivil behavior includes things like ignoring, omission, humiliation, angry stares, eye-rolling, interruptions, chatting, insulting, and rudeness. These actions directly relate to workplace incivility, which breaches the mutual respect rules of the organization as low-level deviant behavior with the unknown intention of harming the recipient. In addition to negative organizational behaviors, there is another type of organizational behavior in the workplace called "positive behaviors" among this positive organizational behavior work engagement **(Hosseinpour et al., 2019)**. Work engagement is characterized by vigor, devotion, and absorption and is operationalized as a positive work-related perspective. When working, vigor is defined as having a lot of energy and mental toughness; dedication is defined as feeling essential, enthusiastic, and challenged; and absorption is defined as being totally engaged and absorbed in one's task **(Menon & Priyadarshini, 2018)**.

At the individual, patient care, and organizational levels, incivility impacts several work-related outcomes. Incivility raises absence rates and deviant nursing staff behavior, which collectively demonstrates disengagement from the organization and dissatisfaction with many aspects of the job. All these items in turn affect the quality of work life (**Alshehry et al., 2019)**.

Quality of work life, or QWL, is a term used to describe how satisfied personnel are with the many needs that are met by the tools, activities, and outcomes at work. It also entails having a fascinating, demanding, and fulfilling job together with decent salary and benefits, as well as a good working environment and supervision. For nurses to give patients the best care possible, their working lives must be optimally satisfying. This can only be achieved when they are in good mental health and are content with their jobs and other aspects of their lives. Each nurse should have the opportunity to significantly impact their organization and further their professional and career growth, according to the QWL concept **(Thakur& Sharm, 2019)**.

At the organizational level, workplace incivility may stem from poor employee engagement, performance,

and organizational citizenship behavior, all of which will be significantly impacted by a high intention of turnover. A rise in rudeness had a negative impact on employees' workplace stress, job satisfaction, and performance (**Moon & Morais, 2022)**. Therefore, employers can use QWL to pinpoint workplace challenges or obstacles that affect things like job satisfaction and staff retention (**Tatar, 2020).**

Significance of the study:

In the nursing profession, workplace incivility arises when interpersonal contacts in the workplace are rude, discourteous, and in violation of norms for mutual respect. The COVID-19 pandemic shaped new stressors and challenges for healthcare organizations and for the nurses who work in them, including fast-changing guidelines on best practices for caring for COVID-19 patients (**Markey et al., 2021).** In addition, nurses were challenged with ongoing shortages of personal protective equipment (PPE) **(Cohen & Rodgers, 2020).** In this stressful environment, it is also likely that nurses were experiencing higher levels of incivility because workplace stressors, organizational change, increased job demands, and job insecurity have all been associated with workplace incivility, this, in turn, has an adverse influence on patient safety, job satisfaction, retention, and quality of life at work, as well as reduced productivity, increased absenteeism, and subpar work performance **(Grimm, 2020)**

So, this study was conducted to study the effect of workplace incivility on work engagement, quality of work life, and propensity to leave among nursing staff.

Aim of the study:

To assess the effect of incivility at the workplace on work engagement, quality of work life, and propensity to leave among nursing staff.

Research questions:

1. What are the levels of workplace incivility, quality of work life, work engagement, and propensity to leave work as perceived by the study subjects?
2. Is there a relationship among study subjects' perceptions of workplace incivility and their quality of work life, work engagement, and propensity to leave?

Methods

Study design

This study was carried out using a descriptive correlational comparative research approach.

Setting

This research was carried out in the Menoufia University hospitals, Shebin El-Kom City, Menoufia Governorate, Egypt.

Sample

A convenient sample of 367 nurses – staff nurses (n=283) and their head nurses (n=84) – who working in inpatient, outpatient and critical care units were recruited from the previously mentioned setting to participate in the study and have worked for at least one year and approved to participate in the study.

Instruments

Tool (I) The Nursing Incivility Scale that consists of two parts

Part I: Sociodemographic data included age, marital status, years of experience in the nursing field, educational qualifications, the unit, and features that affect incivility such as workload, incivility experience, sources of incivility, and time of incivility.

Part II: The Nursing Incivility Scale was created by Guidroz et al. (2010) to gauge nurses' agreement or disagreement with workplace incivility. It encompasses 43 items that investigate the experiences of nurses with uncivil behavior from physicians, other nurses, patients, visitors, and supervisors. A five-point Likert scale, ranging from "1" strongly disagree to "5" strongly agree, was used to evaluate the nurses' responses.

Scoring System: The nursing incivility scale's range was 45–225. The total score of each head nurse or staff nurse was classified as "low incivility level" if she/he achieved ≤33% of the total score, "moderate incivility level" was assumed when she/he reached 34% to ≤ 66 % of the total score. "High incivility level" was assumed when she/he reached more than 66 % of the total score.

Tool (II): Utrecht Work Engagement Scale (UWES)

It was created by **Schaufeli & Bakker, (2004)** to determine the level of work engagement as perceived by nurses. It consisted of 17 items categorized under 3 main categories, which are: DE = (dedication; 5 items), AB = (absorption; 6 items), VI = (vigor; 6 items). A six-point Likert scale (1–6) was used to score the nurses' responses. A score of (1) for almost never, (2) for rarely, (3) for sometimes, (4) for often, (5) for very often, and (6) for always.

Scoring System: The Utrecht work engagement scale's range was 17–102. The total score of each staff nurse or head nurse was classified as "low work engagement" if she/he reached ≤33% of the total score, "moderate work engagement" was assumed when she/he reached 34% to ≤ 66% of the total score. While "high work engagement" was assumed when she/he reached more than 66 % of the total score.

Tool (III): Nursing quality of nursing work life scale

The scale was adopted from **Brooks & Anderson, (2005)**. This 42-item scale is divided into four

subscales: work organization or design (10 items), home life or work life (7 items), workplace conditions or contention (20 items), and work world (5 items). The Likert scale is used to grade the item. There are six possible outcomes: strongly disagree (1), disagree (2), disagree (3), agree (4), somewhat agree (5), and strongly agree (6).

Scoring System:

The maximum score of nursing quality of nursing work life scale is 252. The total score of each staff nurse as well as each head nurse was categorized into "low quality of work life" if she/he achieved ≤33% of the total score, "moderate quality of work life" was assumed when she/he reached 34% to ≤ 66 % of the total score. "High quality of work life" was assumed when she/he reached more than 66% of the total score.

Tool (IV) Propensity to Leave Scale

The intention-to-leave scale that was developed by **Lyons, (1971)** was used to measure intention to leave. This is a three-item scale asking respondents if they would like to stay at the job or leave. The propensity of respondents to leave their profession was also added to the scale. The three questions were repeated to focus on the profession rather than the respondent's current position.

The responses to the first question ranged from 1 (prefer to stay) to 5 (preferred not to continue). The responses to the second question ranged from 1 (stay for a long period) to 5 (leave as soon as possible). The responses to the third question ranged from 1 (No, I would not come back here) to 5 (Yes, I would come back here).

Scoring System:

The Propensity to Leave scale's range was from 6 to 30. The total score of each staff nurse or head nurse was classified into "no intention to leave" if she/he achieved less than < 60% of the total score, "intention to leave" was assumed when she/he reached ≥ 60% of the total score.

Validity:

Four data collection tools were deemed acceptable after being translated into Arabic and reviewed for content validity by five experts in the field.

Reliability:

The reliability of the instruments was assessed using Cronbach's α coefficient, which was (α = 0.92) for the propensity to leave questionnaire, (α = 0.90) for the Utrecht work engagement scale (UWES), (α = 0.92) for the nursing quality of work life scale, and (α = 0.93) for the nursing incivility scale.

Methods:

Before collecting the data, a formal approval letter was submitted to the Dean of the Nursing College to begin the data collection process from the previously described study settings. The study's title, goal, and data-gathering procedures were all included in the letter.

Ethical consideration:

The Menoufia University Faculty of Nursing's Research and Ethics Committees gave their approval for the proposed study to be carried out approval no. 906. Furthermore, the administration of the Menoufia University hospitals granted formal approval for the study to be carried out in their facilities. The nature and goal of the research were explained to every nurse. It was underlined by the researchers that participation in the study was entirely voluntary and that participants could leave at any moment. After that, a consent form had to be signed by those who had decided to take part in the study. Additionally, the data was coded to ensure anonymity and secrecy.

Pilot study

After reviewing the tools by the experts, the researchers conducted a pilot study of the developed instruments before administering the final questionnaires. During the period from March to April 2022, the researchers conducted the pilot study on 10% of the total sample. The estimated time needed to fill the form ranged from 15 to 20 minutes. Based on the results of the pilot, no modifications were made to the instruments. The pilot subjects were included in the final sample.

Data collection procedures

The researchers conducted interviews with head nurses and staff nurses every day throughout the morning, evening, and night shifts to gather data after making sure the instruments were clear. The self-reporting questionnaires took 15 to 20 minutes to complete for each participant. Data was gathered from critical care units, outpatient and inpatient departments. Data was gathered between May 2022 and July 2022.

Statistical Analysis

Version 22 of the SPSS (Statistics Package for Social Science) statistics package was used to enter and analyze data. Graphics were created with the Excel application. The standard deviation (SD) and mean (X) were used to display quantitative data. The student t-test was used to compare two means, and the ANOVA (F) test was used to compare more than two means. Numbers, percentages, and frequency distribution tables were used to display the qualitative data. It was analyzed by the chi-square ($\chi 2$) test. But if any of the table's cells had an expected value below 5, the Fisher Exact test—applied if the table contained four cells—or the Likelihood Ratio (LR) test—applied if the table contained more than four cells. For every significant test, the P value <0.05 was designated as the significance level.

Results

Table (1): Socio -Demographic Characteristics of Studied Nurses (n = 367)

Socio demographic characteristics	Staff nurses.		Head Nurses		χ^2 / LR	P
	No.	%	No.	%		
Age (Years)						
20-30 years	31	11	18	21.4	χ^2= 6.7	<.03 Sig.
31 - 40 years	208	73.5	57	67.9		
41 – 50 years	44	15.5	9	10.7		
Mean ± SD	32.8 ± 9.2 Y		42.9 ± 9.2 Y		t=1.93	.97
Marital status:						
Married	39	13.8	9	10.7	1.6	.44 NS
Unmarried	244	86.2	75	89.3		
Educational Level						
Associate degree(nursing)	169	59.7	10	11.9	71.5	<.0001 HS
University (nursing)	112	39.6	67	79.8		
Master (nursing)	2	0.7	7	8.3		
Experience:						
< 5 years	21	7.4	20	23.8	17.6	<.000 HS
6-10 Y	209	73.9	52	61.9		
> 10 years	53	18.7	12	14.3		
Study unites:						
Critical care units.	113	39.9	29	34.5	7.0	<.03 Sig.
Inpatient departments	152	53.7	42	50		
Outpatient	18	6.4	13	15.5		
Total	**283**	**100**	**84**	**100**		

* Frequency distribution (Numbers and percentages), Likelihood Ratio (LR) test
Note. n=number; SD= standard deviation; Y= years; NS= Not significant; Sig.= Significant; HS**= High significant

Table (2): Factors Responsible for Incivility in Work Environment Distributed by Nurses Position (n=376)

Incivility Factors	Staff nurses		Head nurses		χ^2 / LR	P
	No.	%	No.	%		
Workload:						
More than usual (before Covid 19)	267	94.3	69	82.1	LR=10.7	<.005** HS
As usual (before Covid 19)	13	4.6	12	14.3		
Less than usual (before Covid 19)	3	1.1	3	3.6		
Incivility experience:						
First time during Covid 19 pandemic	32	11.3	19	22.6	LR=30.3	<.000** HS
Same as before Covid 19 pandemic)	74	26.1	39	46.4		
More than as before Covid 19 pandemic	155	54.8	20	23.8		
Less than as before Covid 19 pandemic	20	7.1	4	4.8		
Did not face incivility before	2	0.7	2	2.4		
Incivility Sources:						
Nurses	4	1.4	6	7.1	LR= 45.9	P<.000** HS
Doctors	5	1.8	7	8.3		
Patients	95	33.6	46	54.8		
Nursing supervisors	166	58.7	17	20.2		
Hospital director	13	4.6	8	9.5		
Incivility time:						
First time during Covid 19 pandemic	33	11.7	18	21.4	LR=33.2	.13 NS
Same as before Covid 19 pandemic)	63	22.3	35	41.7		
More than as before Covid 19 pandemic	161	56.9	22	26.2		
Less than as before Covid 19 pandemic	23	8.1	4	4.8		
Did not face incivility before	3	1.1	5	6		
Incivility exposure?						
Yes	277	97.9	78	92.9	LR=4.3	<.03*
No	6	2.1	6	7.1		
Total	**283**	**100**	**84**	**100**		

**chi-square (χ2) test, Likelihood Ratio (LR) test Significant at (p<0.05).*
*Note. n=number; NS= Not significant; HS**= High significant*

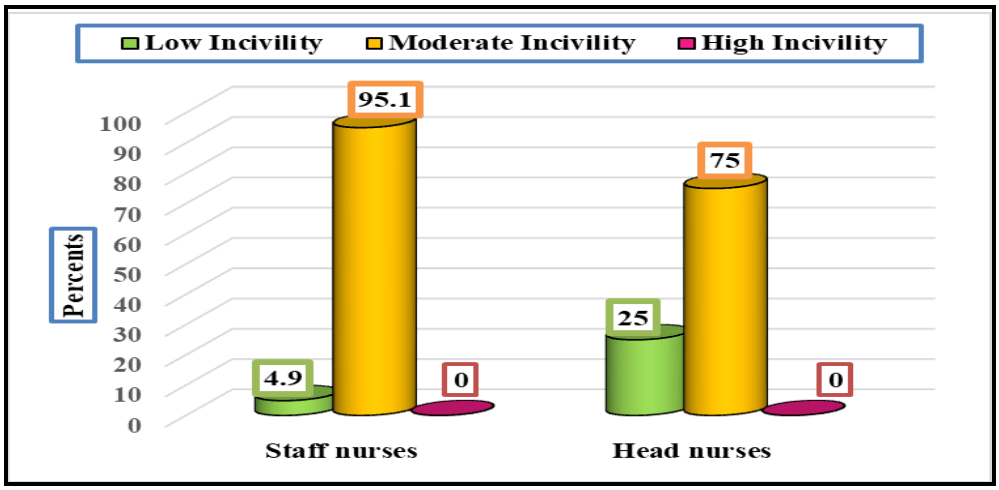

Figure (1): Levels of Grand Total Workplace Incivility among Studied Nurses (n=367)

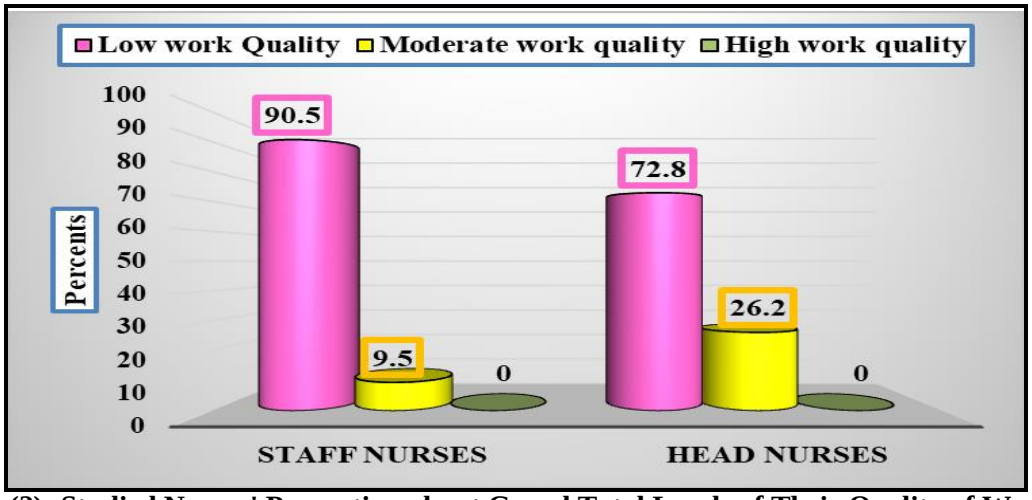

Figure (2): Studied Nurses' Perception about Grand Total Levels of Their Quality of Work Life (n=367)

Table (3): Disgraceful Incivility Acts and Domains of Work Engagement at the Workplace among Studied Nurses (n=367)

Items	Staff nurses (n=283) Mean± SD	Head nurses (n=84) Mean± SD	t test	P
Incivility acts in the workplace				
All individual nurses interact with at work, including doctors, and other nurses or hospital personnel (11 items)	16.6± 4.4	15.3±5.0	=2.2	<.03* Sig.
Nurses interact with other nurses on their unites (10 items)	22.3 ± 7.9	17.9 ± 7.1	= 4.6	<.0001**
Nurses interact with their supervisors (7 items)	19.7± 3.1	16.7± 5.2	6.4	<.000**
Nurse s interact with physicians they work with (7 items)	12.6± 4.7	11.7± 5.1	t=1.4	P=.15 NS
Nurses interact with patients they care for and their families (10 items)	20.2 ± 6.8	22.2 ± 7.2	t=1.9	P=.06 NS
Grand total incivility among studied nurses	41.3± 14.9	83.8± 22.0	t=6.3	<.000 HS**
Domains of work engagement at the workplace				
Vigor (6 items)	9.9 ± 3.4	13.2 ± 2.7	=7.8	<.000** HS
Dedication (5 items)	12.3 ± 2.4	11.5 ± 2.2	= 2.6	<.007 HS
Adsorption (6 items)	10.1 ± 3.4	11.3 ±4.4	2.7	<.007 HS
Grand total work engagement among studied nurses (17 items)	32.3 ± 5.4	36.0 ± 8.3	t=4.7	<.000** HS

** t-test* *Significant at (p<0.05).*

*Note. M=mean; SD=standard deviation; n= number; NS= Not significant; Sig = Significant; HS**= High significant*

Table (4): Nursing Staff Perception about Their Quality of Work Life and Levels of Work Engagement (n=367)

Levels of both 4 subscales and grand total Quality of work life	Levels of nursing Quality of work life						P	
	Staff nurses (n=283)			Head nurses (n=84)				
	Low %	Moderate %	High %	Low %	Moderate %.	High %	Test of sig.	P
Work life/Home life	97.2	2.8	0	88.1	11.9	0	Fisher	<.002HS
Work design	13.8	86.2	0	27.4	72.6	0	χ^2 =8.5	<.003 HS
Work Context	90.5	9.5	0	69	31	0	χ^2 = 24.3	<.000** HS
Work world	97.9	2.1	0	92.9	7.1	0	LR=4.3	<.03 sig.
Grand total Quality of work life (42 items).	90.5	9.5	0	72.8	26.2	0	χ^2 = 15.5	<.000** HS
Levels of both subdomains and grand total work engagement	**Levels of workplace engagement**							
Vigor	86.2	13.8	0	53.6	46.4	0	41.3	<0.0001** HS
Dedication	48.1	51.9	0	54.8	45.2	0	1.2	0.28 NS
Absorption	87.6	12.4	0	59.5	40.5	0	33.5	<0.0001** HS
Grand total work engagement levels	81.6	18.4	0	47.6	52.4	0	38.8	<0.0001**HS

**chi-square (χ2) test*
*Note. n= number; Sig.= Significant; HS= High significant; LR= Likelihood Ratio; Fisher = Fisher exact test; Sig.= Significant; HS**= High significant*

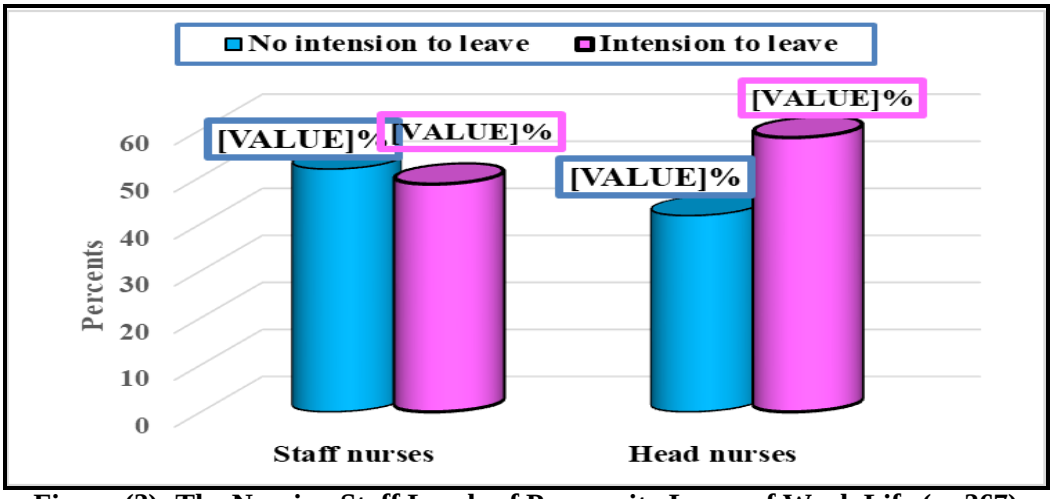

Figure (3): The Nursing Staff Levels of Propensity Leave of Work Life (n=367)

Table (6): Correlation Coefficient between Grand Total Incivility and Total Score of Work Engagement, Work Quality, and Propensity Leave Among Head Nurses (n=84)

	Work engagement		Work Quality		Propensity to leave	
	R	P	r	P	R	P
Total Incivility	-.04	.42	.18	<.001	.21	<.000**

Table (1): Presents the personal characteristic data of the study sample. The table indicates that 67.9% and 73.5% of the study individuals (head nurses and staff nurses, respectively) were between the ages of 31 and 40. In terms of education, most head nurses (79.8%) held a bachelor's degree, while more than half of staff nurses (59.7%) held an associate degree. Additionally, the majority of the study subjects (head nurses and staff nurses) had six to ten years of experience and were hired from inpatient units (61.9% and 73.9%, respectively).

Table (2): Highlights factors responsible for incivility in the work environment distributed by the nurse's position. This table showed that both head nurses and staff nurses had exposure to incivility (92.9% and 97.9%, respectively) and reported that workload was more than usual before COVID-19 (82.1% and 94.3%, respectively). Regarding incivility sources, 54.8% of head nurses mentioned that patients are the main sources of incivility, while nurse supervisors were the main sources, according to 58.7% of the studied staff nurses. Regarding incivility time, less than half of the studied head nurses reported that it was the same as before the COVID-19 pandemic. In contrast, more than half of the studied staff nurses (56.9%) reported that it was more than before the COVID-19 pandemic. Regarding incivility experience, "same as before the COVID-19 pandemic" was reported by (46.4%) of head nurses, while "more than as before the COVID-19 pandemic" was chosen by about half of the studied staff nurses (54.8%).

Figure (1): Illustrates the levels of total incivility at the workplace among the studied nurses. The highest percentage of the studied sample (head nurses and staff nurses) reported a moderate level of workplace incivility (75% and 95.1%, respectively).

Table (3): Illustrates disgraceful incivility acts and domains of work engagement at the workplace among the studied nurses. As shown from the table, the incivility mean scores at the workplace among head nurses were higher than those of staff nurses (83.8±22.0 and 41.3±14.9, respectively). Furthermore, there is a statistically significant difference (t=6.3 and p<.0001) in the overall incivility level between head nurses and staff nurses. Moreover, it revealed that the mean scores of work engagement at the workplace were higher among head nurses than staff nurses in two domains only (vigor and absorption). The total mean scores of work engagement at the workplace were higher among head nurses than staff nurses (36.0±8.3 and 32.3±5.4, respectively). At the same time, this difference was highly significant among the studied group (t=4.7 and p<.0001).

Figure (2): Represents the total level of the quality of work life as perceived by the studied nurses. The table showed that a large portion of the investigated nurses (head nurses and staff nurses) have a low perception level of quality of work life (72.8% and 90.5%, respectively).

Table (4): Reflects the perception of studied nurses about the level of their quality of work life and work engagement. As presented in the table, both study groups reported a low level in all subscales of quality of work **except** the subscale of work design. In general, both study groups (head nurses and staff nurses) had a low perception of the quality of work life (72.8% and 90.5%, respectively). There was a high level of significant differences between both (x^2=15.5 & p<.0001). Additionally, the grant total work engagement level was low among staff nurses (81.6%), but it was moderate among head nurses (52.4%). Additionally, there was a high statistical difference between both groups regarding the total work engagement level.

Figure (3): Demonstrates studied nurses' perceptions about the level of their propensity to leave the work life. While more than half of the head nurses in the study (58.3%) had intentions to leave the workforce, more than half of the staff nurses (51.6%) had no such intentions.

The correlation coefficient between total incivility as an independent variable and the total score of work engagement, work quality, and propensity to leave as outcome variables among head nurses is displayed in **Table (5)**. As the table illustrates, there is a high statistically significant positive correlation between total incivility at the workplace and staff nurses' perceptions of the quality of work life and their propensity to leave work life (r =.18, p <.001 & r = 0.21, p <.0001, respectively). Furthermore, the perception of work engagement among staff nurses and workplace incivility are uncorrelated.

Discussion

Uncivil behaviors are common in the workplace. There is evidence from multiple studies that suggest incivility negatively impacts people's behavior, which in turn causes negative outcomes, including lower engagement **(Smith et al., 2018)**. In essence, the current study assessed the effect of workplace incivility on work engagement, quality of work life, and propensity to leave among nursing staff.

Workplace incivility takes place over and over. The current study exposed that both head nurses and staff nurses had exposure to incivility in the work environment. The findings of the present study revealed a high percentage of both reported a moderate incivility level at the workplace. From the researchers' point of view, this could be attributed to nurses' perceiving that there is no clear process to follow at the hospital for filing a complaint of abuse among nurses or no clear procedures for reporting uncivil behaviors. Also, there are no discipline systems that direct any unaccepted behaviors in the hospital. This is confirmed by earlier research showing that between 60 and 80 percent of employees report experiencing uncivil behavior at their organizations of the studies developed by (**Robinson et al., 2014, Ali et al., 2016 & Tsuno et al., 2017)**. Moreover, the finding was in line with **Boo et al.,**

(2022) who revealed that incivility is very prevalent in hospitals in Northern Ghana.

This, however, is not compatible with the study by **Gawad et al., (2022)**, which evaluated staff nurses' quality of work life in relation to workplace incivility. According to the study's findings, less than one-fifth of the participants agreed with a moderate level of workplace incivility, while less than two-thirds agreed with a high level. Furthermore, the present investigation disapproved of the findings of **Lim & Bernstein's study, (2014)** regarding workplace bullying and civility, noting that the sample under investigation had the highest mean score in relation to workplace incivility.

Regarding the sources of incivility, more than 50% of staff nurses claimed that the nurse supervisors were the main sources of incivility. From the researchers' point of view, this could be because of increasing the amount of work during and after the pandemic period than before as they reported which in turn made people more nervous, aggressive, and they also worked under stress and become dissatisfied with their work. On the other hand, more than half of head nurses mentioned that patients were the main sources of incivility in the workplace.

Concerning the quality of work life, the current results revealed that many of the study subjects (staff nurses and head nurses) have a low perception level of the quality of work life, and there were significant differences between both groups. This finding may be justified by the fact that nurses, being the primary workforce in hospitals, spend a considerable amount of time there. Moreover, the workload increased during the COVID-19 pandemic. Consequently, this made them more nervous and stressed. These factors can have a detrimental impact on their performance and the overall quality of life at work. This result was in the same line with **Bakeer & Nassar, (2018)** who pointed out that across all four subscales and the overall nursing work life quality, the staff nurses in the study sample rated low quality.

On the other hand, this finding contradicts the findings of the study conducted by **Gawad et al., (2022)** who revealed that two-thirds of the research participants felt highly about the quality of work life. In addition, the results are at odds with those of a Saudi Arabian study by **Al Mutair et al., (2022)** which found that most study participants had QNWL scores ranging from moderate to high. Furthermore, the present findings contradict the findings of **Amer's study, (2018)** regarding the relationship between staff nurses' commitment in critical care units and the quality of their work life, which found that a high-quality working life was the most common among nurses.

Regarding work engagement, most of the staff nurses reported a low level of work engagement, while a moderate level of engagement was reported by head nurses in the current study. This finding may be related to head nurses having the opportunity to be advanced and promoted in their careers, which makes them satisfied and subsequently experience more work engagement than staff nurses. This finding agrees with the finding of **Diab & El Nagar, (2019)** which indicated generally low levels of work engagement in both teaching and Menoufia University hospitals.

In essence, **Biech, (2012)** saw that employees with lower levels of engagement may exhibit lower levels of creativity, continuous development, and old-fashioned behavior, which could result in worse-quality work and more mistakes. **Santosa, (2012)**, in contrast, said that a high level of employee engagement might improve both employees' readiness to stay and take part in the organization; in addition to that, the product and service quality produced. On the other hand, about half of the studied nurses in the study conducted by **Ghazawy et al., (2019)** in Minia, Egypt, reported high/very high work engagement levels.

Regarding intention to leave, the current study revealed that more than half of the staff nurses have no intention to leave their work life, but more than half of the head nurses have an intention to leave. From the researchers' point of view, this could be justified by the head nurses having more opportunities to immigrate to work in many national and international hospitals with highly competitive salaries and other advantages outside Egypt than staff nurses**.** Additionally, these results could be explained by the fact that head nurses had greater workloads than staff nurses at work and that this was made worse by the COVID-19 epidemic. As a result, head nurses may be more vulnerable to burnout than staff nurses, which could raise their desire to leave. This opinion is backed by the findings of **Gavidia, (2020)**, which indicated that a high workload during COVID-19 or any other pandemic and an abundance of stressful situations probably raise the risk of burnout.

This is in line with research by **Gizaw et al., (2018),** which found that the majority of staff nurses intend to continue in their current roles. This was consistent with **Li et al., (2020)**, who reported that most participants indicated they planned to stay for a minimum of five years or longer. Additionally, **Al Zamel, et al., (2020)** noted that senior nurses who were satisfied with their working conditions had a higher intention to remain in the occupation.

Regarding the relation between work incivility and quality of work life, the current study revealed that there was a statistically significant positive

correlation between workplace incivility and study subjects' perceptions of their quality of work life. This finding was consistent with that of **Gawad et al., (2022)**, who found a statistically significant positive association between the staff nurses' quality of work life and all levels of workplace incivility. On the other hand, **Razzi & Bianchi, (2019)** discovered statistically significant negative associations between workplace rudeness and work-life quality.

However, the current research revealed a strong statistically significant positive association between the probability of leaving the job and workplace incivility. This is accurate because engaging in unacceptable behavior at work is associated with significant psychological distress, poor mental health, increased burnout, job dissatisfaction, low organizational engagement, and a high propensity to quit **(Lee et al., 2013, Laschinger et al., 2013 & Fida et al., 2018)**. Besides, the results of the current study highlight how crucial it is for nursing leaders and healthcare organizations to pinpoint the root problems, deal with them, and provide workable solutions to increase retention.

Furthermore, the results of the current study showed that there was no relationship between work engagement and workplace incivility. This finding is consistent with that of **Udayani & Harsanti, (2018)**, who conducted a research study investigating the relationship between workplace incivility and nurses' employee engagement. Their findings suggested that there is no relationship between the workplace incivility reported by nurses and employee engagement.

On the other hand, the result is incongruent with the result of **Tricahyadinata et al., (2020)**. Their findings demonstrate the adverse effects of incivility in the workplace on employee engagement. Furthermore, **EL Banan & Abdrbo's study, (2020)** investigated how staff nurses regarded the relationship between workplace incivility and work engagement. According to their research, there is a statistically significant negative relationship between staff nurses' perceptions of work engagement and all subscales of workplace incivility, including incivility from physicians, patients, supervisors, and other nurses, and a hostile climate. Furthermore, it was shown by **Jawahar & Schreurs, (2018) and Menon & Priyadarshini, (2018)** that employee engagement, citizenship, trust, and performance are all adversely affected by incivility.

Conclusion

In light of the current study findings, both study groups (head nurses and staff nurses) were exposed to incivility at the workplace. Furthermore, a positive association can be found between total incivility at the workplace and staff nurses' perceptions of the quality of work life and their propensity to leave work life. However, there is no relation between workplace incivility and work engagement as perceived by staff nurses.

Recommendations

The recommendations that follow are suggested considering the results of this study and the literature review:

- Hospitals should provide clear procedures for reporting uncivil behaviors.
- Hospital administrators inform nurses at all levels to report incivility actions without being afraid.
- Nurse managers should meet with nurses regularly so that they can discuss their problems and their needs and try to make plans to overcome these problems, which can consequently raise their quality of work life, and work engagement level and reduce their propensity to leave the nursing profession.
- Orient newly hired employees to the policies and procedures governing appropriate and inappropriate behavior in the hospital setting.
- Supervisors provide their head nurses with opportunities for personal growth and variation in their work environment.
- Further research needs to be conducted to identify effective strategies to eliminate incivility behaviors.

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