

## Work Place Incivility and its Effect on Quality of Work Life among Staff Nurses

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### Abstract

**Background:** Workplace incivility is a significant issue in clinical practice. Workplace incivility which is troubling not only to the healthcare provider but also to the delivery of care beneath the shade of incivility. Incivility impacts various work-related outcomes on the individual level and influence on the nurses' professional quality of work life. **The aim** of the study was to assess the effect of work place incivility on quality of work life among staff nurses. **Research design:** Descriptive correlational design was used in carrying out this study. **Setting:** This study was conducted in El-dmerdash hospital which affiliated to Ain shams university hospitals. **Subjects:** Study subject included (154) staff nurses out of (250) working in aforementioned setting. **Tools:** Data for this study were collected using two self-administrated questionnaires namely: nursing incivility scale and quality of work life scale. **Results:** Less than two third of the studied staff nurses had high level of agreement regarding total work place incivility, and slightly more than two third of the studied nurses had high level of agreement regarding total quality of work life dimensions. Eight percent of studied staff nurses had highest level of agreement toward free riding dimension and more than three quarter of studied staff nurses had highest agreement level toward rotating schedules negatively affect life dimension, **Conclusion:** There was a statistically significant positive correlation among all levels of workplace incivility and quality of work life dimensions of studied staff nurses. **Recommendations** Develop and implement comprehensive code of conduct and effective strategies to handle with nurse's incivility behavior.

**Key words:** Work Place Incivility, Quality of Work Life and Staff Nurses.

### Introduction

The professional world of nursing is affected by specific kind of internal conflicts, exerted among peers, which has been widely reported in scientific literature. These conflicts can vary through an ideal continuum in terms of intensity, frequency and severity, ranging from workplace incivility to bullying (or mobbing, according to a most "European term), passing through lateral violence (*Itzkovich et al., 2020*). Incivility is defined as "a low intensity deviant behavior with the ambiguous intent to damage the target, breaking the norm of mutual respect in the workplace. Uncivil behaviors are rude and discourteous, revealing the lack of respect towards the others" (*Alshehry et al., 2019*).

As the quality of work-life is defined as employee satisfaction with a variety of needs through resources, activities and outcomes at work. An optimum level of quality of working

life enables nurses to provide high-quality services to patients, and this is only possible if they have proper good mental health, job satisfaction, and satisfaction with different areas of life. Therefore, the quality of life of a nurse both as a human being and as a person who takes care of other members of the society warrants special attention. Incivility impacts various work-related outcomes on the individual level. Incivility increases absenteeism rates and deviant employee behavior, which overall demonstrates disengagement from the organization and dissatisfaction with various aspects of work (*Alshehry et al., 2019*).

It is safe to note that incivility impacts the quality of work-life by damaging the sense of worthiness, belongingness and, overall, being respected. Thus far, to the best of our knowledge, although the interrelations between

incivility and separate components of quality of work-life were addressed in research, to date, the comprehensive construct of quality of work-life in the context of incivility has been overlooked, although the quality of work-life was found to be crucial for maximization of organizational efficiency specifically in the context of healthcare (*Samad et al., 2020*).

### **Significance of the study:**

The researcher observes that increase spreading of Incivility behavior among nurses interferes with teamwork. Such as supervisor yells at her/him about matters that are not important, nurses' gossip about one another, uncivil behavior among staff nurses and managers sends a negative message to the public and other professions within healthcare. Incivility interrupts giving health care process and should be identified and eliminated at all cost. The nurses working in teams and should be able to communicate clearly and effectively with colleagues to provide the safest care possible identifying uncivil behavior and giving nurses chance to practice effectively for responding to incivility can help decrease the prevalence of inappropriate negative behavior. workplace incivility effects on patient safety, job satisfaction, retention, and quality of work life, lowered productivity more absenteeism's decreased work performance (*Griffin & Clark, 2014*). Quality of Work Life means having good supervision, good working conditions, good pay and benefits and an interesting, challenging and rewarding job.

### **Aim of the Study**

This study aims to assess the effect of work place incivility on quality of work life among staff nurses.

### **Research Hypothesis:**

There is an effect of work place incivility on quality of work life among staff nurses.

### **Subject and Methods**

#### **Technical design:**

#### **Research design:**

A descriptive correlational design was used in carrying out this study. Which the researcher is primarily interested in describing relationships among variables.

#### **Research Setting:**

This study was conducted in Eldmerdash hospital which affiliated to Ain shams university hospitals and consists of (524) beds divided in to two separated buildings, Burn building included (ground floor, first, second third and fourth floor) and Surgery building included (ground, first second third floor) which has different sections, operations rooms and intensive care units.

#### **Research Subjects:-**

The study estimated to be 154 out of 250 participated in the study. Simple random sample technique was used for selection.

$$n = \frac{N}{1+N(e)^2}$$

n = sample size.

N = population size

E =coefficient factor=0.05. (*Yamane, 2013*)

**Table (1):** Distribution of studied staff nurses (n=154).

Building	Floor	Units	No Bed	Study Subject
1-Surgery building contain four floor	Ground floor	• general surgery	18	5
		• Orthopedic surgery	30	10
		• Orthopedics	24	10
		• Plastic surgery and burns	25	10
	First floor	• Concentrated care	42	10
		• Section 6 surgery	28	10
		• Section 7 surgery	17	5
		• Section 8 surgery	19	5
		• General surgery	18	4
		• Vascular operations	17	6
	Second floor	• Section 5 surgery	23	6
		• Section 10 Surgery	18	5
		• Section 11 Neuro surgery	27	5
		• Section 12 Urology	32	10
	Third floor	• Brain, nerve and urinary tract operations	21	
		• Section 9 surgery	19	5
• Neurosurgery unit		18		
• Urology Unit		10	7	
• Reception of accident		23	10	
2-Burns building Contain five floor	Ground floor	• Internal section for the treatment of burns	29	10
		• Focused care		
		• Ballistic care		
		• Focused care manager		
	First floor	• E N T	13	5
	Second floor	• Burn intensive care unit	9	5
	Third floor	• Urology unit	23	6
	Fourth floor	• Urology unit	32	5
<b>Total</b>			535	154

**Tools of data collection:**

Data for this study was collected by using two tools namely: nursing incivility scale and quality of work life scale.

**1: work place incivility scale**

It consists of two parts:

**First Part:** This part aimed to collect d regarding characteristics of staff nurses.

This part included data regarding characteristics of staff nurses such as: gender, age, marital status, education level, years of experience and department.

**Second Part:** This tool was developed by *Guidroz et al., (2010)* and modified by *Jex, et al., (2010)*, to assess staff nurse's agreement regarding work place incivility. It translated to

Arabic by researcher. It included (43items) which categorized under eight dimensions as following. Hostile climate, inappropriate jokes, inconsiderate behaviour, gossip rumors, free-riding, abusive supervision, lack of respect, displaced frustration.

**❖ Scoring system:**

Responses were measured on five points Likert scale ranging from strongly agree, to strongly disagree. The scores of the statement of each dimension were summed –up, converted into percent score and the total divided by number of the items giving a mean score for each component. Level of agreement consider low if the total percent score was less than 50% and moderate level of agreement if total score was ranged from 50 >75% and high level of

agreement if the total scores were equal and more than 75%.

## 2: Quality of work life questionnaire

This tool was adopted from (*Brooks et al., 2007*). To assess quality of work life among staff nurses. It included (42 items) which categorized under four dimensions as following. Home life, work design, work context and work world.

### ❖ Scoring System:

Responses were measured on five points Likert scale ranging from strongly agree to strongly disagree. The scores of the statement of each dimension were summed-up, converted into percent score and the total divided by the number of the items giving a mean score for each dimension. The responses were less than 60% it considered low level of quality of work life and the response consider high if total scores were 60% or more.

### I. Operational design:

The operational design for this study include three phases namely: preparatory phase, pilot study and field work.

#### Preparatory phase:

This phase started from the beginning of January 2019 and ended at the end of March. In this phase the researcher reviewed the national and international related to literature included textbooks, scientific journals and magazines to be acquainted with study subjects.

#### Tools Validity and Reliability:

The study tools were validated by five experts in Nursing Administration two of them are professors of nursing administration in faculty of nursing at Ain Shams University, two professor of nursing administration from faculty of nursing at Cairo University and one professor of nursing administration at Asyut University Jury group reviewed the tool to judge its clarity, comprehensiveness and accuracy their opinions were elicited regarding the tool format, layout, parts and scoring system.

The reliability of the tools was assessed through measuring their internal consistency by

determining Cronbach alpha coefficient, proved to be high as indicated in the following.

#### Pilot study:

The pilot study was carried out on 15 staff nurses who represents 10% of the total of the study subjects. to examine the applicability of the tool, clarity of language, test the feasibility and suitability of the designated tools. It also served to estimate the time needed to complete the forms by each study subject and identifying potential obstacles and problems that may be encountered during data collection. The time for filling the questionnaires took around 20-25 minutes. obtained from the pilot study was analysed and no modifications were done. The study sample who participated in the pilot study was included in the main study sample. Pilot study was conducted at begin of April (2019) two weeks before collecting data.

#### Field work:

The actual field work of data collection started from the beginning of May till the end of June 2019, data were collected during morning shift hours (8 am:2 pm) at 3days/week. The researcher collected the data through meeting studied staff nurses in their work setting. explaining the aim of the study and how to fill-in the questionnaire sheets. Obtaining verbal consent from them to participate in the study. Each studied staff nurses took about (30) minutes to fill the questionnaire sheets. The researcher checked each questionnaire sheet after being completed by each studied staff nurse to ensure the completion of all information.

#### III-Administrative Design:

Before starting on the study, an official letter was submitted from the Dean of Faculty of Nursing, at Ain Shams University, to the medical and nursing directors of Surgical Hospital to take their approval to conduct the study and collect data The letter contained the aim of the study and forms of data collection tools. Then the researcher met the nurse manager of each unit to explain the aim of the

study, to obtain their approval and cooperation for data collection.

#### **Ethical considerations:**

Prior to the actual work of research study, ethical approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing at Ain Shams University. In addition, oral consent was obtained from each staff nurse to participate in the study. The subjects were informed about the study aim and their rights to participate or refuse or withdraw from at any time without giving any reason and the collected data kept confidential and used for research only.

#### **IV. Statistical design:**

The data was inputted into a Microsoft excel worksheet. the collected data were analysed using the statistical package for social science (SPSS) version 18.A descriptive statistical analysis was used to analyse the data. Both deceptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (person correlation testing) were used for purposes of descriptive and co-relational testing respectively. Statistical significance descriptive and co-relational testing respectively. statistical significance was considered at p-value <0.05 mean and frequency were collected for each quantitative question.

#### **Results:**

**Table (1):** indicates that slightly two thirds (59.7%) of staff nurses were more than 40 years old, while (14.3%) of staff nurses were 30-40 years old, majority (72.7%) of staff nurses were females and slightly two thirds (74.7%) of them were married. Also two thirds (61%) of staff nurses had Technical Health institute and half (51%) of staff nurses had more than 10 years of experience, while (12.7%) of them had less than 5 years.

**Table (2):** shows that, (80%) of the studied staff nurses had high level of agreement

regarding to free-riding. while (47%) of them had low agreement regarding to lack of respect.

**Figure (1):** shows that (62%) of the studied staff nurses had high level of agreement regarding work place incivility; while (20%) of them had low level of agreement.

**Table (3):** Shows that (80%) of the studies staff nurses had highest agreement regarding home life while (57%) of them had lowest agreement regarding work world.

**Figure (2):** shows that (66.75%) of them had high level of agreement regarding quality of work life, while (33.25%) had low level of agreement.

**Table (4):** Illustrates that there was a highly statistically significant differences between work place incivility and studied nurses socio demographic characteristics.

**Table (5):** indicate that, there was a highly statistically significant differences between quality of work life and studied nurses socio demographic characteristics.

**Table (6):** indicates that, there were statistically significant positive correlations among all levels quality of work life dimensions.

**Table (7):** indicates that, there were statistically significant positive correlations among all levels of work place incivility

**Table (8):** indicates that, there were statistically significant positive correlations among all levels of workplace incivility and quality of work life dimensions of studied staff nurses

**Table (9):** reveals that, there were statistical significant predictors of studied staff nurses' age, gender and Experience years on levels of workplace incivility.

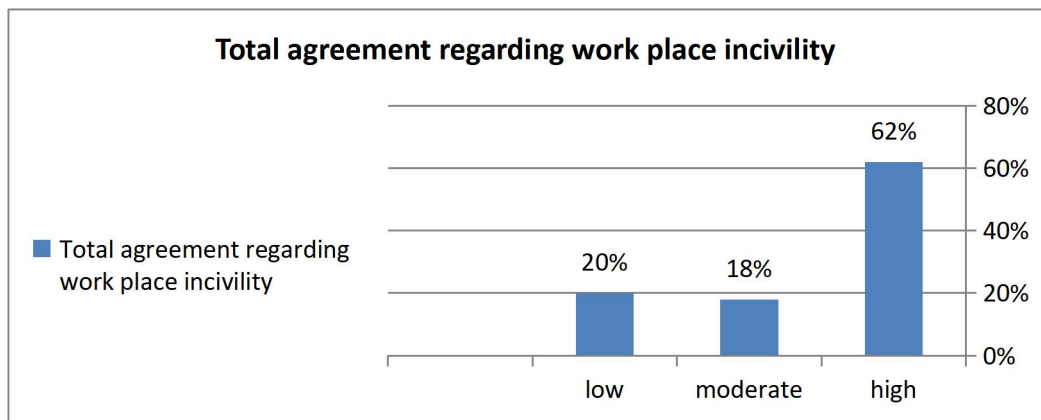
**Table (10):** reveals that, there was no statistical significant predictor of studied staff nurses' personal characteristics on their quality of work life.

**Table (1):** Personal data characteristics of the studied staff nurses (N=154).

Characteristics	Frequency	Percent
<b>Age:</b>		
<30	40	26
30≥40	22	14.3
40+	92	59.7
Mean ± SD 46.45±7.93		
<b>Gender:</b>		
Male	42	27.3
Female	112	72.7
<b>Marital status:</b>		
Single	39	25.3
Married	115	74.7
<b>Education level:</b>		
Diploma in nursing	39	25.3
Technical Health Institute	94	61
Bachelor in nursing	21	13.7
<b>Experience years:</b>		
<5	19	12.7
5≥10	56	36.3
10+	79	51
Mean ± SD 17.38 ±5.61		
<b>Attended training program on civility:</b>		
No	154	100
Yes	0	0

**Table (2):** Total Agreement Levels Among Studied Staff Nurses About Work Place Incivility Dimensions (N=154).

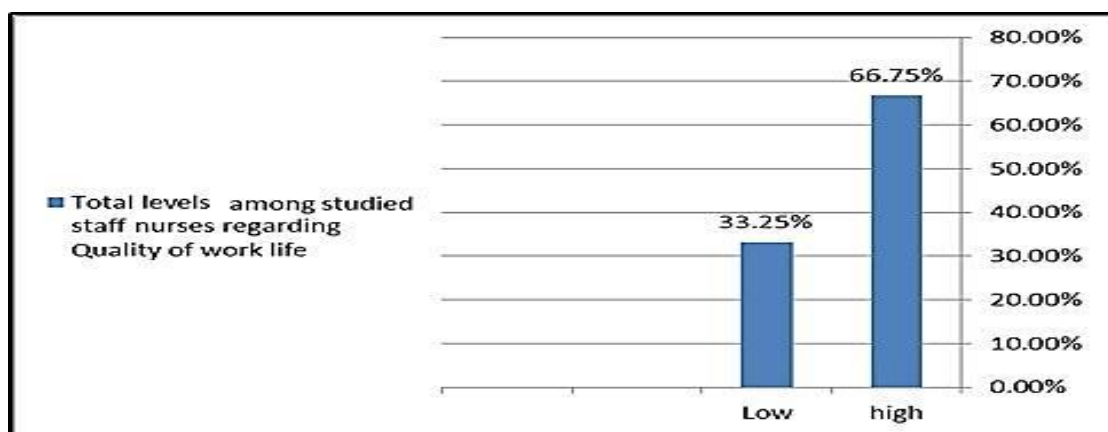
Incivility dimensions	High level	Moderate level	low level
	<75%	(50%to 75%)	> 50%
Hostile Climate	52	27	21
Inappropriate Jokes	71	9	20
Inconsiderate Behavior	58	20	22
Gossip/Rumors	73	14	13
Free-Riding	80	10	10
Abusive Supervision	68	14	18
Lack of Respect	43	10	47
Displaced Frustration	76	15	9
<b>Total</b>	62	18	20



**Figure (1):** Total Agreement Levels Among Studied Staff Nurses Regarding Work Place Incivility (N=154).

**Table (3):** Total Perception Levels Among Studied Staff Nurses Regarding Quality of Work Life Dimensions (N=154).

Quality of work life dimensions	High level 60 ≥ %	Low level >60%
Home life	80	20
Work design dimension	68	32
Work context dimension	76	24
Work world dimension	43	57
Total	66.75	33.25



**Figure (2):**Total level among studied staff nurses regarding Quality of work life (N=154).

**Table (4):** Relation between Total agreement levels among studied staff nurses regarding work place incivility and their Socio-demographic characteristics (n=154).

Characteristics	Low		Moderate		High		X <sup>2</sup>	P value
	No.	%	No.	%	No.	%		
<b>Age:</b>								
<30	9	21	13	34	18	45	.211	0.895
30≥40	5	22.7	5	22.7	12	54.6		
40+	9	10	15	16	68	74		
<b>Gender:</b>							1.312	<b>0.050*</b>
Male	10	23.8	9	21.4	23	54.7		
Female	22	19.6	23	20.5	67	59.8		
<b>Marital status:</b>							.197	0.607
Single	6	15.4	14	35.9	19	48.7		
Married	11	9.6	12	10.4	92	80		
<b>Educational level:</b>							.268	0.824
Diploma	9		6		24			
Technical Institute	25	26.7	24	25.5	45	47.8		
Bachelor	2		7		12			
<b>Experience years:</b>							.465	<b>0.01**</b>
<5		52.6		26.4		21		
5≥10		42		21		36.8		
10+		19		27		54		

(\*) statistically significant at  $p < 0.05$  (\*\*) high statistically significant at  $p < 0.01$

**Table (5):** Relation between Total quality of work life among studied staff nurses and their Socio-demographic characteristics (n=154).

Characteristics	Low		High		X <sup>2</sup>	P value
	No.	%	No.	%		
<b>Age</b>					0.632	0.001**
<30	22	55.5	18	44.5		
30≥40	32	77	10	33		
40+	46	50	46	50		
<b>Gender</b>					2.212	0.050*
Male	12	28.5	30	71.5		
Female	95	84.8	17	15.2		
<b>Marital status</b>					0.179	0.057*
Single	10	25.6	29	74.4		
Married	74	64.4	41	35.6		
<b>Educational level:</b>					0.368	0.824
Diploma	19	49	20	51		
Technical Health Institute	53	77.4	41	22.6		
Bachelor	5	24	16	76		
<b>Experience years:</b>					0.665	0.01**
<5	10	52.6	9	47.4		
5≥10	29	52.6	27	47.4		
10+	42	54	37	45		

(\*) statistically significant at  $p < 0.05$  (\*\*) high statistically significant at  $p < 0.01$



**Table (6):** Correlations matrix among Quality of work life dimensions.

Quality of work life dimensions	Spearman's rank correlation coefficient								
	Home life		Work design		Work context		Work world		
	r	P	r	p	r	p	r	p	
Home life									
Work design	0.8	0.0001*							
Work context	0.46	0.0001*	0.5	0.0001*					
Work world	0.46	0.0001*	0.46	0.0001*	0.6	0.0001*			
Total	0.8	0.0001*	0.6	0.0001*	0.8	0.0001*	0.8	0.0001*	

(\*) statistically significant at p<0.05 (\*\*) high statistically significant at p<0.01

**Table (7):** Correlations matrix among dimensions of work place incivility.

incivility subscales	Spearman's rank correlation coefficient															
	1.		2.		3.		4.		5.		6.		7.		8.	
	r	p	r	p	r	p	r	p	r	P	r	p	r	p	r	p
1.																
2.	0.9	0.001*														
3.	0.3	0.001*	0.5	0.001*												
4.	0.6	0.001*	0.8	0.001*	0.5	0.001*										
5.	0.5	0.001*	0.5	0.001*	0.7	0.001*	0.5	0.001*								
6.	0.8	0.001*	0.3	0.001*	0.5	0.001*	0.4	0.001*	0.9	0.001*						
7.	0.5	0.001*	0.5	0.001*	0.4	0.001*	0.5	0.001*	0.5	0.001*	0.7	0.001*				
8.	0.5	0.001*	0.5	0.001*	0.4	0.001*	0.5	0.001*	0.5	0.001*	0.5	0.001*	0.4	0.001*		
total	0.7	0.001*	0.5	0.001*	0.3	0.001*	0.2	0.001*	0.4	0.001*	0.3	0.001*	0.5	0.001*	0.4	0.001*

(\*\*) high statistically significant at p<0.01

**Table (8):** Correlations matrix between dimensions of workplace incivility and quality of work life dimensions of studied staff nurses.

Quality of work life Incivility subscales	Home life		Work design		Work context		Work world		Total	
	r	p	r	p	r	P	r	p	r	p
1.	0.5	0.001*	0.5	0.001*	0.4	0.001*	0.5	0.001*	0.5	0.001*
2.	0.9	0.001*	0.5	0.001*	0.5	0.001*	0.7	0.001*	0.5	0.001*
3.	0.3	0.001*	0.5	0.001*	0.5	0.001*	0.5	0.001*	0.7	0.001*
4.	0.6	0.001*	0.8	0.001*	0.5	0.001*	0.5	0.001*	0.5	0.001*
5.	0.5	0.001*	0.5	0.001*	0.7	0.001*	0.5	0.001*	0.5	0.001*
6.	0.8	0.001*	0.3	0.001*	0.5	0.001*	0.4	0.001*	0.9	0.001*
7.	0.5	0.001*	0.5	0.001*	0.4	0.001*	0.5	0.001*	0.5	0.001*
8.	0.5	0.001*	0.5	0.001*	0.4	0.001*	0.5	0.001*	0.5	0.001*
Total	0.7	0.001*	0.5	0.001*	0.3	0.001*	0.2	0.001*	0.4	0.001*

(\*\*) High statistically significant at p<0.01

**Table (9):** Best fitting multiple linear regression model for predictors of studied staff nurses' socio-demographic characteristics on levels of workplace incivility.

Socio-demographic characteristics	Regression coefficient	Standard error	R Square	t-test	p-value
Age	-.045	.048	0.028	-.061	.005*
gender	-.053	.077		.452	.004*
Marital status	0.38	.069		.550	.643
Nursing qualification	.083	.097		-.467	.761
Experience years	-.001	.046		-2.341	.005*

(\*) statistically significant at  $p < 0.0$

**Table (10):** Best fitting multiple linear regression model for predictors of studied staff nurses' personal characteristics on quality of work life.

Socio-demographic characteristics	Regression coefficient	Standard error	R Square	t-test	p-value
Age	0.055	.043	0.008	1.286	0.199
Gender	0.056	.057		0.743	0.458
Marital status	0.36	.065		0.556	0.579
Nursing qualification	0.013	.095		0.139	0.890
Experience years	0.002	.086		0.0654	0.543

## Discussion

Regarding to total agreement levels among studied staff nurses about work place incivility, the finding of the current study demonstrated that, less than two thirds of the study subjects had high agreement regarding to work place incivility; while less than one fifth of them had moderate agreement. This may be due to staff members, rather than fighting back against their attackers or reporting it to administration, tend to place blame on co-workers. Things also got worse recently, leading to decrease in morals and disrespect that become common faces of today's people, because of absentee parenting and media exploitation of life, social media sites and lack of interest in the "common good".

These results agree with the study achieved by **Lim, & Bernstein, (2014)** about Civility and workplace bullying and mentioned that the studied sample had highest mean score related to work place incivility. Also these results agree with **Shahin, Abdrbo, & Bayoumy, (2018)** who carried out their study to assess Effect of Personal and Working Characteristics on Staff Nurses' Leadership Behaviors in Acute Care Setting who found that

more than half of the nurses reporting incivility have negative influence on performance.

Regarding to nurses' perception about total quality of work life, the finding of the current study demonstrated that, two thirds of the study subjects had high perception regarding to quality of work life; while one third of them had low perception. These results may be due to management practices, relationship with co-workers, good communications with other health care providers, professional development opportunities, and the work environment could influence the quality of work-life for the staff nurses. These results agree with the study achieved by **Amer, (2018)** about Relation between quality of nursing work life and staff nurses' commitment in critical care units and mentioned that the most common kind of quality of working life in the nurses was high one. Also these results agree with **Lee, Dai, & McCreary, (2015)** who carried out their study to assess Quality of work life as a predictor of nurses' intention to leave units, organizations and the profession, and found that the work life dimension had the highest mean scores, while the work world had the lowest mean scores.

Related to relations between total agreement levels among studied staff nurses regarding work place incivility and their socio-demographic characteristics, the current study presented that there was a highly statistically significant differences between work place incivility and study subjects' socio demographic characteristics as experience years. Also, there was statistically significant differences between work place incivility and their nurses' gender. These results appropriate with **Abolfazl, (2015)** who mentioned that experience years and gender of study subjects had a significant effect on nurses' perception about work place incivility.

Regarding to relations between total quality of work life among studied staff nurses and their Socio-demographic characteristics, the current study presented that there was a highly statistically significant differences between quality of work life and study subjects' socio demographic characteristics as age and experience years. Also, there was a statistically significant difference between quality of work life and their nurses' gender and marital status. These results may be due to, more than three quarters of nursing staff at age group of 30-<40 years had low level of quality of work life. Also, low level of quality of work life was encountered among nurses with low years of experiences.

These results agree with **Moradi, Maghaminejad, & Azizi-Fini, (2014)** who carried out their study to assess Quality of working life of nurses and its related factors and stated that there was a highly statistically significant difference between quality of work life and study subjects' age and experience years. Also, **Viselita et al., (2019)** reported that gender and marital status of the studied subjects had a significant effect on their quality of work life levels.

Regarding to correlations between levels of workplace incivility and quality of work life of studied staff nurses, the current study presented that there were statistically significant positive correlations among all levels of workplace incivility and quality of work life

dimensions of studied staff nurses. These results agree with **Moradi et al., (2014)** who stated that there workplace incivility had a significant effect on quality of work life. But these results disagree with **Razzi, & Bianchi, (2019)** who found that there were statistically significant negative correlations between workplace incivility and quality of work life.

Additionally, the current study discovered that there were statistical significant predictors of studied staff nurses' age, gender and experience years on levels of workplace incivility. While, there were no statistical significant predictors of studied staff nurses' marital status and nursing qualification on levels of workplace incivility. These results may be due to the greater the age and the years of experience, the lower the rate of workplace incivility. This is consistent with the study achieved by **Holm, Torkelson, & Bäckström, (2015)** who carried out their study to assess Models of workplace incivility, and stated that there was significant statistical effect from nurses' age and experience years on levels of workplace incivility.

Likewise, the current study reveals that, there was no statistical significant predictor of studied staff nurses' socio-demographic characteristics on their quality of work life. These results explained as, there were no differences from staff nurses' age, gender, experience years, marital status and nursing qualification on levels quality of work life. This is consistent with the study achieved by **Nayak et al. (2019)** who carried out their study to assess Workplace empowerment, quality of work life and employee commitment, and stated that there was no statistical significant effect of studied staff nurses' socio-demographic characteristics on their quality of work life.

### **Conclusion**

In the light of current study findings, it is concluded that, more than two quarter the studied staff nurses had highest agreement regarding free-riding. More than third of them had the lowest agreement regarding to lack of respect.

More than two quarter of the studies staff nurses had highest agreement regarding to home life while more than fifty of them had lowest agreement regarding to work world dimension. There were statistically significant positive correlations among all levels of workplace incivility and quality of work life dimensions of studied staff nurses. This finding answered the research hypothesis which was There is an effect of work place incivility on quality of work life among staff nurses.

### Recommendations

#### The present study recommended that:

- Develop and implement comprehensive code of conduct and effective strategies to handle with nurse's incivility behaviour.
- Establish discipline systems which direct any unaccepted behaviours.
- Provide orientation for newly staffs about rules, regulations of acceptable behaviours in the hospital environment.
- Hospital provide appositve and supportive learning environment that enhance staff engagement to hospital.

### References

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