Relationship between Workplace Incivility and Peer Relationship As Perceived By Nurses

Amira Ismail Mustafa, researcher
Faculty of Nursing, B.Sc. in Nursing, Member of chief executive office
Fatma Mostafa Baddar, Professor
Department of Nursing Administration Faculty of Nursing Alexandria University
Heba Farouk Mohammad, Lecturer
Department of Nursing Administration Faculty of Nursing Alexandria University

Abstract

Background: *In the Nursing workplace, incivility (WPI) is vital because patient's quality of care may be adversely affected, directly or indirectly, and also reasons for nurses to leave or plan to leave the profession. Peers at the workplace are just an informal relationship that can influence, motivate, and/or control individuals more than what superiors intend to do, this peer relationship (PR) can help Nurses deal with WPI and conflicts when begin to arise.* ***The aim*** *of this study was to assess the relationship between WPI and PR as perceived by nurses.* ***Setting:*** *This study was conducted in all Medical Care Units and its specialties include 24 units and Surgical Care Units and its specialties include 15 units at Alexandria Main University Hospital.* ***Subjects:*** *out of 343 nurses who provide direct and indirect care to patients and don't occupy any managerial positions were included in the study, they distributing as follow; 145 in medical units and 198 in surgical units.* ***Tools:*** *two tools were used to collect the data; the first tool was The Nursing Incivility Scale (NIS),.the second tool* Peer relationship *scale.* ***Results:*** *there was a statistically significant positive correlation between all dimensions of WPI and sources of incivility e.g. (general incivility, nurse Incivility, supervisor, physician and patient) and total WPI.Additionally, the results showed negative correlations between WPI and its dimensions with* PR. ***Conclusion****: the present study concluded that the nurses perceived a moderate level of WPI, and there was a highly statistically significant negative correlation between WPI dimensions and* PR. ***Recommendation:*** *Create and disseminate a clear policy for WPI prevention and ensure that managers, supervisors, coworkers, patients, and visitors know about this policy and promote civil dialogue as the norm and keep hospital standards recognized and followed by encouraging the WPI Zero-tolerance policy, develop effective communication between nurses and manager, in conjunction with good interpersonal relationships and social interaction are considered indispensable conditions for feeling comfortable with one's work.*

Keywords: Workplace, Incivility, Peer relationship**.**

Introduction

For many years, nursing profession has struggled with incivility (Carlson, 2020). It is a prevalent form of abuse that occurs in the workplace and encompasses a wide range of impolite actions, including but not limited to yelling, ignoring someone, interrupting someone while they are speaking, spreading rumours, and taking credit for someone else's work. Additionally, incivility is different from other forms of workplace abuse like bullying (Cowie et al., 2002) and mobbing (Einarsen & Mikkelsen, 2003) in that the former two involve a blatant imbalance of power between the abuser and the victim, and the latter two typically involve repetitive behavior (Guidroz et al., 2010).

According to Spector et al. (2014) workplace violence, incivility, and bullying are issues that affect the nursing profession as well as the healthcare industry as a whole. Due to a lack of understanding or fear, Kaplan et al. (2010) propose that nurses may choose to overlook or put up with rudeness and harassment. Yet, the idea of incivility in the nursing profession is not new; it differs conceptually from physical aggression and violence in that it does not involve overt physical threats to others and does not have

a direct intention of causing harm (Cortina et al., 2001; Pearson et al., 2000).

Three categories can be used to describe workplace incivility, witnessed, initiated, and experienced. First, when uncivil behaviors are examined from the victim's perspective, taking into account their attitudes, actions, and feelings, incivility is experienced. Second, when studying incivility from the viewpoint of an "observer of uncivil behaviors," incivility is observed. Finally, instigator incivility when examined from the perspective of the instigator (Schilpzand et al., 2016).

Guidroz et al. (2010) Determined five sources for incivility behaviors the nurses encountered at their work units Namely; General, Nurse, Supervisor, Physician, and Patient. Firstly, general incivility sources are categorized into three subscales including; Hostile Climate, Inappropriate Jokes, and Inconsiderate Behavior. Regarding nurses as a source of incivility is divided into three subscales include Hostile Climate, Gossip and Rumors, and Free-riding. Regarding supervisor and physician as a source of incivility classified under two subscales include Abusive Supervision and Lack of Respect. Lastly, patient as incivility source is divided into two subscales including Lack of Respect and Displaced Frustration.

Peers at the workplace are just an informal relationship that can generate influence, motivate and/or control individuals than what superiors intend to do. Besides peer groups become as complex for the management to control and /or manage as they think they would (Jothilakshmi & Subramanian, 2018).

PR is interpersonal relationships established and developed during social interactions among peers or individuals with similar levels of psychological development, and are a form of social support. PR at workplace are the social interactions and relationships that employees have with each other, can be either positive or negative, but can also be a mix of both (Kelley, 2021). PR at workplaces exists between individuals who exist at the same level within an organizational hierarchy and have no formal authority over each other. Engage in Peer worker relationships because provide with mentoring, information, power, and support (Mikkola & Nykänen, 2019).

Materials and Method

Materials

Design: A Correlational descriptive design was used to conduct this study.

Setting: This study was conducted in all Medical Care Units and its specialties include 24 units with a total bed number of (614 beds) and all Surgical Care Units and its specialties include 15 units with a total bed number of (756 beds) at Alexandria Main University Hospital.

Subjects:

The study subjects was include all nurses working in the previously mentioned setting, with experience at least 6 months (to ensure that participants have at least some familiarity with the job, colleagues and organization), who provide direct and indirect care to patients and not occupying any managerial position, available at the time of data collection and willing to participate in the study. Total population subjects size is (n= 343) distributing as follow; 145 in medical units and 198 in surgical units.

Tools: In order to collect the necessary data for the study two tools were used:

Tool one : "The Nursing Incivility Scale (NIS) "

This scale was developed by Guidroz et al. (2010) to measure the nurses' exposure to incivility behaviors at their work units. It consists of 43 items which covering exposure to uncivil behaviors and distributed on five main sources of incivility namely; General incivility contains (9 items), Nurse Incivility contains (10 items), Supervisor

incivility contains (7 items) Physician incivility contains (7 items) and Patient incivility contains (10 items). Nurses responses were measured on a 5-point Likert-type scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The minimum and maximum scores ranged from (43-215).Score from (43-100) indicates lower rate of exposure to incivility behavior. Score from (101-158) indicates moderate rate of exposure to incivility behavior. Score from (158-215) indicates high rate of exposure to incivility behavior.

Tool two: "Peer relationship scale"(PRS)

It was developed by the researchers based on review of the related literatures Levi and Stoker (2000); Luthans et al. (2006); Rigby (2006); Vyas and Vyas (2018) to measures the level of PR among nurses, it consists of 24 items. Negatively scored items were contained in the scale (2, 4, 5, 6, 7, 10, 12, and 15) .Participants indicated their agreement with items using the 5 point Likert scale: ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The minimum and maximum scores ranged from (24-120).Score from (24-<65) indicates Low PR. Score from (65-<88) indicates moderate PR.Score from (88-120) indicates high PR.

Method

An approval for conducting the study was obtained from the Research Ethics Committee of the Faculty of Nursing, Alexandria University. A Permission for conducting the study was obtained from the Faculty of Nursing, Alexandria University, and the administrators of the identified setting to collect the necessary data. All the study tools were translated into Arabic language; a back-to-back translated was done. The study tools were tested for their content validity by (5) experts in the field of the study and the necessary modifications were done. A pilot study was carried out on 10% of nurses (n= 34) of the study sample in order to test the clarity and applicability of the research tools, all modifications were done. The study tools were tested for their reliability. using Cronbach's Alpha test. The reliability coefficient was for(0.947) tool one and(0.731) for tool two which were acceptable.

Data were gathered from the study subjects through hand delivered questionnaire by the researcher after explaining the purpose of the study. Written informed consent was obtained from the study subjects to collect the necessary data and the need explanations were given when requested. The time needed to fill the questionnaire was about 10-15 minuets. Data collection takes a period of two months from 15\10\2021 to 31\12\2021. The confidentiality of the data and the anonymity of the study subjects were assured.

Ethical considerations:

Written informed consent was obtained from the nurses after explaining the aim of the study and the study subject has the right to refuse to participate in the study or to withdraw at any time was assured. Confidentiality of the data was maintained .Anonymity of the considered study subjects was kept.

Statistical analysis:

The collected data were organized, tabulated and statically analyzed using the statistical package for social studies (SPSS) Version 25.0.Qualitative data were described using number and percent. Quantitative data were described mean , standard deviation. Finally analysis and interpretation of data were conducted. included: Pearson correlation Coefficient test.

Results

Table (1) presents distribution of the studied nurses according to their demographic and professional characteristics. around one third 33.8% of a studied nurses aged from 20 to less than 30 years old, while, 14.9% of them were in the age group 50 years, with a median age 36.00 years .Regarding gender more than three-quarters 78.4% of them were females. Concerning the level of education, less than half 43.1% of studied nurses had a diploma

from secondary nursing school, while 18.7% of studied nurses had a bachelor's degree in nursing science.

Table 2 demonstrates distribution of the studied nurses according to exposure to WPI levels and its dimension as perceived by nurses .this table shows moderate level of overall WPI dimension as perceived by nurses with mean percent score 42.31% .Additionally, it can be seen that the highest perceived dimension was the nurse incivility with mean percent score 44.94%, while; "Supervisor incivility" ranked as the least perceived dimension of WPI by nurses with a mean score of 38.51%

Table (3): In relation to level of PR as perceived by the studied nurses this table denotes that nurses perceived a moderate level of PR with a mean score and SD. of 80.21±7.247, and a Mean Percent Score of 66. 84%.

Table(4): presents the correlation matrix between WPI and PR .The matrix revealed statistically significant positive correlations between overall WPI and all its dimension .Also the table shows that the overall WPI and its dimension had a highly statistically significant negative correlations with PR.

Table (5): In relation to linear regression model between WPI and PR among nurses. The findings revealed a significant negative correlation between two variables in which increase one unit in WPI leads to decrease in peer relation by(B= -1.869). Moreover WPI is responsible for variation effect in 13% in **PR**.

Table (6): shows a relationship between the WPI and the studied nurses' demographic and professional characteristics The findings revealed a statistically significant differences between overall WPI and studied nurses regarding the following demographic characteristics; Age, Sex, Level of education, Years of experience since graduation, Years of experience in the working hospital, Years of experience in the working unit and Working hours per week except for Working Unit (P=0.000*, P=0.049*, P=0.006*, P=0.003*, P=0.000*, P=0.002*, P=0.009* and P=0.0174) respectively. Regarding sex, a higher mean score of WPI were found among female nurses, those with secondary school diploma, with less than 5 years of experience since graduation (92.46±27.71, 94.05±27.74, and 101.00±36.32) respectively, with a statistically significant relationship between WPI and the nurses sex, level of education, years of experience since graduation (t=3.904 P=0.049*, F=5.172 P=0.006*, and F=4.074 P=0.003*) respectively.

Table (7): shows a relationship between the studied nurses' demographic and professional characteristics and PR. The findings revealed a statistically significant difference between PR and demographic and professional characteristics of studied nurses. It was noticed that a highest PR mean score and standard deviation was found among the nurses aged from 20 to less than 30 years (81.72±5.918) with a statistically significant relationship between PR and the nurses' age (F= 3.069, P=0.028).

Concerning the years of experience since graduation, the table reveals a higher PR mean score among the nurses with 5 to less than 10 years of experience since graduation (83.25±5.803) with a statistically significant relationship between the years of experience since graduation and the PR (F=4.992, P=0.001*).

Discussion

Certain internal conflicts and challenges that arise among peers have an impact on the nursing profession. The intensity, frequency, and severity of these conflicts can vary along an ideal continuum, ranging from WPI—which can be non-physical or physical uncivil behavior—to bullying bathing through lateral violence. WPI is one of the problems in the nursing profession that affects how well nurses perform at work, jeopardizing

patient safety and making it more difficult to create a safety culture (Yao et al., 2022).

The main findings of the current study revealed that there were strong statistically significant negative correlations between the general WPI dimension, nurse incivility, supervisor, physician, and patient relationships, and PR. This could be explained by the fact that all WPI dimensions are interdependent, which raises the incidence of overall WPI. WPI also lowers nurses' morale and causes them to become distracted at work. WPI is a social and occupational stressor that can jeopardise a nurse's social relationships and reduce their cognitive and effective resources, so it could be justified.

Additionally, nurses are more likely to experience negative emotions and have lower levels of social and emotional energy when they deal with more uncivil behavior. It was corroborated by Khan et al. (2021) who claimed that WPI negatively affects PR and subjective well-being and that WPI is linked to nurse turnover. According to them, nurses who have experienced WPI are 92% more likely to miss extended periods of time due to illness because PR are linked to job performance, happiness, and a healthy work environment.

Accordingly, the study's findings demonstrated strong inverse relationships between the general incivility of the workplace and its aspects pertaining to PR. This finding can be understood as follows: if nurses feel mistreated and exposed to rude behavior at work, it can lead to negative emotions like work dissatisfaction. These unfavorable feelings make conflicts among coworkers more common, which deteriorates PR. This reasoning is corroborated by Logan (2016), who discovered that peer relationship behaviors that are effective are impacted by workplace stress. One of the many possible causes of stress in the workplace is incivility.

According to the current study's findings, there is a moderate level of general WPI among the nurses under investigation. The lack of a defined procedure for reporting workplace rudeness among nurses at the hospital and the existence of social norms that condone disrespectful behavior among nursing staff could be the cause of this. While, social norms are implicit rules governing staff nurses' behavior both inside and outside the hospital, they are not as explicitly codified as written hospital policies and regulations.

Alquwez (2023) raised this concern, stating that nurses might experience emotional abuse, harassment, reprimands, disrespect, and mob mentality from their supervisor. The working environment, organizational structure, authority and responsibilities of employees, and working hours all have an effect on WPI.

The majority of nurses (85%) employed in Saudi hospitals reported a moderate level of WPI,which they attributed to cultural differences and perceptions of care characteristics. This finding is corroborated by Alshehry et al. (2019).

Conversely, a study by Abbas Gawad et al. (2022) found that the majority of staff nurses (less than two thirds) felt strongly about the general lack of civility in the workplace. Additionally, Shahin et al. (2018) discovered that a significant proportion of the nurses surveyed reported high levels of rudeness.

The result of current study showed that nurses perceived WPI from various sources and demonstrated that the highest perceived sources of WPI was “nurse incivility” and ranked firstly followed by patient incivility, general incivility, and physician incivility, while “Supervisor incivility” ranked as the last perceived dimension of WPI by nurses. This result may be explained as a result of increased workload, shortage of the nursing staff, increase working hours that produce stressful work environment and negatively affect nurses' behavior and their self-confidence and tolerance for stress. In the same line, Layne et al. (2019) reported that incivility from peer nursing dimension was

the highest perceived dimension of WPI. Also, Bambi et al. (2018) who mentioned that WPI among nurses' accounted for the highest prevalence.

On the other hand, this result disagreed with a study conducted by Alquwez (2020) and Malekyan et al. (2022) mentioned that the studied respondents perceived that the highest dimension of WPI was from patients or visitors. This might be the result of the patient's or visitor's frustrations with a number of things that are regrettably directed towards nurses, like the overall experience in the medical facility and the availability of medical staff when needed.

The current study's results showed that nurses perceived a moderate level of PR. This result may be due to lack of effective communication, feedback and collaboration with weak spirits of team between nurses in the same working unit this justification supported by the finding of the current research study and reported by the nurse's participant in the current research.

This result is in the same line with the study conducted by Al Sabei et al. (2020) which reflected that the studied nurses perceived a moderate level of PR. It is noteworthy that PR at the workplace was the only index of the work environment that was significant in explaining variance in turnover intention.

On the other hand, a study done by Tran et al. (2018) found that nurses thought highly of their peer relationship. Furthermore, the frequency of peer communications accounted for weighted peer interactions' greater influence on work engagement than supervisory relationships. Furthermore, according to Boafo (2018), a large percentage of nurses reported having high levels of PR within their field. The majority of nurses also provided the following justifications: "I am satisfied with the relationship with my nurse colleagues in my ward," "I think that my colleagues are helpful and supportive," and "There is good cooperation between nurses in my ward."

Concerning relation between WPI and the studied nurses' demographic and professional characteristics the present study reflected that there were statistically significant differences between overall WPI and studied nurses regarding the all demographic characteristics; Age, Sex, Level of education, Years of experience since graduation, Years of experience in the working hospital, Years of experience in the working unit and Working hours per week except for Working Unit.

As regards the relationship between the age of the study nurses and the WPI, the result of the current study found that nurses aged from forty to less than fifty years old were more likely to experience workplace incivility compared to those aged more than fifty years old. This result was consistent with those found by Kavakl and Yildirim (2022) who noted that rate of exposure to WPI was higher in nurses who are younger than forty years old. Also, Layne et al. (2019) found that there was a significant relation between the studied subjects perceived WPI and their age.

On contrary, a study performed by El-Guindy et al. (2022) found that there was no association between the studied nurses' age and the WPI. Also, Alshehry et al. (2019) whose study stated that nurses' age had no significant effect on nurses' perception about WPI.

The study's findings regarding sex also showed that female nurses had WPI. This result was consistent with research conducted by Alshehry et al. (2019), which demonstrated that gender had an impact on workplace rudeness and that female nurses experienced more generalized incivility than their male counterparts. In the same vein, Ferri et al. (2016) found that, in comparison to male nurses, female nurses were twice as likely to experience workplace rudeness. Nevertheless, empirical evidence revealed results that

were at odds with the current study's conclusion. Conversely, a study revealed results that were in conflict with the current study's findings. According to Miner and Cortina (2016), male employees who mistreated other male employees were more obvious to observe than female employees; men saw incivility as a sign of status and power that they had come to expect from their group.

In relation to educational qualification, the present study declared that nurses with a secondary school diploma had significantly more experience in general and physician incivility compared with nurses who graduated with a technical institute diploma or bachelor's degree in nursing. This may be related to nurses with higher education degrees who may be considered substantially skilled and have high competency levels in dealing with conflict situations. In contrast, nurses with baccalaureate degrees in nursing reported significantly more experience with WPI than nurses with diplomas in nursing, according to (Logan and Michael Malone (2018); Ma et al. (2018) the former is more frequently positioned in the front lines of healthcare settings than the latter, so this result is noteworthy.

The current study results showed that statistically significant relationships were found between perception of WPI and nurses 'experience with less than 5 years of experience since graduation and their working unit. Whereas nurses with less years of experience had higher level of WPI compared to those with high years of experience.

In addition, nurses working 36 hours and more per week may develop teamwork skills that affecting peer relations positively. In the same line, Tran et al. (2018); Wan et al. (2018) found that there was significant relation between the studied subjects' PR and their working unit and working hours.

Conclusion

Based upon the findings of the current study, it could be concluded that the nurses perceived a moderate level of WPI and moderate level of PR, and there was a highly statistically significant negative correlation between WPI dimensions and PR.

Recommendations

In line with the findings of the study, the following recommendations are made:

- Hospital administrator should establish and maintain safe work environment for patients and staff to minimize incidence of WPI in working unit in form of security devices, design waiting areas, Provide alerts, monitoring systems, and emergency signaling
- All nurses should rapidly dealing with patient needs and solving his problems in order to increase the patient satisfaction and decrease the possibility of patient aggression.
    - Manager\leader Foster good interpersonal relationships and social interaction between nurses and managers. These are all important factors in creating a work environment where nurses feel at ease.

.

Table (1): Distribution of the studied nurses according to their demographic and professional characteristics:

Nurses' characteristics	Total N=343	
	No.	%
Age (years)		
▪ 20-	116	33.8
▪ 30-	101	29.4
▪ 40-	75	21.9
▪ ≥50	51	14.9
Min- Max	21.0-58.0	
Median	36.00	
Gender		
▪ Male	74	21.6
▪ Female	269	78.4
Level of education		
▪ Secondary School Nursing Diploma	148	43.1
▪ Technical Institute Nursing Diploma	131	38.2
▪ Bachelor Degree of Nursing Science	64	18.7
Years of experience since graduation		
▪ <5	34	9.9
▪ 5-	79	23.0
▪ 10-	39	11.4
▪ 15-	38	11.1
▪ ≥20	153	44.6
Min- Max	2.0-38.0	
Median	17.00	
Years of experience in the working hospital		
▪ <5	47	13.7
▪ 5-	82	23.9
▪ 10-	54	15.7
▪ 15-	38	11.1
▪ ≥20	122	35.6
Min- Max	1.0-37.0	
Median	12.00	
Years of experience in the current working unit		
▪ <5	86	25.1
▪ 5-	97	28.3
▪ 10-	37	10.8
▪ 15-	35	10.2
▪ ≥20	88	25.7
Min- Max	1.0-37.0	
Median	9.00	
Working unit		
▪ Medical units	145	42.3
▪ Surgical units	198	57.7
Working hours per week		
▪ < 36	81	23.6
▪ ≥36	262	76.4

Table (2): Distribution of the studied nurses according to level of exposure to WPI according to its dimension as perceived by nurses:

Items	Mean ± SD	Mean Percent Score	Rank
▪ General incivility	18.56±6.118	41.24%	4
▪ Nurse incivility	22.47±6.871	44.94%	1
▪ Supervisor incivility	13.48±6.064	38.51%	5
▪ Physician incivility	14.71±5.933	42.03%	3
▪ Patient incivility	21.75±8.218	43.50%	2
Overall WPI	**90.97±26.79**	**42.31%**	

Mean Percent Score (< 33.3% low) (33.3% - <66.6% moderate) (>66.7% high)

Table (3): levels of PR as perceived by the studied nurses :

Peer Relationship	Mean ± SD	Mean Percent Score
	80.21±7.247	**66.84%**

Low Peer Relationship(24-<65) moderate peer relation (65-<88) high peer relation (88-120)

Table (4): Correlation matrix between WPI and peer PR:

Dimensions		General incivility	Nurse incivility	Supervisor incivility	Physician incivility	Patient incivility	Peer Relationship
General incivility	R						-0.098
	P						0.056
Nurse incivility	R	0.623					-0.264
	P	0.000*					**0.010***
Supervisor incivility	R	0.494	0.709				-0.122
	P	0.000*	0.000*				**0.023***
Physician incivility	R	0.469	0.467	0.533			-0.226
	P	0.000*	0.000*	0.000*			**0.054***
Patient incivility	R	0.478	0.630	0.574	0.604		-0.143
	P	0.000*	0.000*	0.000*	0.000*		**0.051***
Overall Workplace Incivility	R	0.750	0.856	0.815	0.754	0.841	-0.370
	P	0.000*	0.000*	0.000*	0.000*	0.000*	**0.001***

r = Pearson correlation * Significant p at ≤0.05

r ≥0.9 very high correlation r 0.7-<0.9 high correlation r 0.5-<0.7 moderate correlation r < 0.5 low correlation

Table (5):Linear regression model between WPI and PR **among nurses:**

Items	Beta standardized	Unstandardized	R^2	R	F	Significant	T	Sig
1	**-1.869**	**-.113**	**0.137**	**-0.370**	**0.271374**	**.003[b]**	**-1.981**	**.049**

Constant=86.188

Table (6): Relation between WPI and the studied nurses' demographic and professional characteristics:

Nurses' characteristics	Overall WPI Mean ± S. D	Test of Significance
Age (years)		
▪ 20- ▪ 30- ▪ 40- ▪ ≥50	88.16±27.69 93.75±29.94 99.64±21.68 79.10±19.21	F=7.106 P=0.000*
Sex		
▪ Male ▪ Female	85.54±22.49 92.46±27.71	t=3.904 P=0.049*
Level of education		
▪ Secondary school diploma ▪ Technical Institute diploma ▪ Bachelor degree of nursing	94.05±27.74 92.09±26.14 81.55±24.02	F=5.172 P=0.006*
Years of experience since graduation		
▪ <5 ▪ 5- ▪ 10- ▪ 15- ▪ ≥20	101.00±36.32 83.43±20.07 86.51±22.91 99.11±24.88 91.75±27.68	F=4.074 P=0.003*

Years of experience in the working hospital		
▪ <5 ▪ 5- ▪ 10- ▪ 15- ▪ ≥20	96.60±35.43 86.26±19.23 102.28±34.69 80.32±17.64 90.28±23.69	F=5.337 P=0.000*
Years of experience in the current working unit		
▪ <5 ▪ 5- ▪ 10- ▪ 15- ▪ ≥20	99.58±29.28 87.12±21.51 85.62±22.18 82.29±19.73 92.49±31.36	F=4.233 P=0.002*
Working Unit		
▪ Medical ▪ Surgical	88.67±21.82 92.65±29.86	t=1.854 P=0.174
Working hours per week		
▪ <36 ▪ ≥36	78.39±21.32 93.35±27.97	t=4.816 P=0.009*

F = ANOVA test t = Student T Test ***** statistically significant at $p \leq 0.05$

Table (7): Relation between the studied nurses' demographic and professional characteristics and peer relationship:

Nurses' characteristics	overall PR Mean ± S. D	Test of Significance
Age (years)		
▪ 20- ▪ 30- ▪ 40- ▪ ≥50	81.72±5.918 79.84±7.128 79.61±6.186 78.39±10.53	F=3.069 P=0.028*
Sex		
▪ Male ▪ Female	80.22±6.051 80.21±7.553	t=0.000 P=0.996
Level of education		
▪ Secondary School Diploma ▪ Technical Institute Diploma ▪ Bachelor Degree of Nursing	79.54±7.354 80.69±7.228 80.78±7.014	F=1.124 P=0.326
Years of experience since graduation		
▪ <5 ▪ 5- ▪ 10- ▪ 15- ▪ ≥20	79.41±4.698 83.25±5.803 79.72±4.639 78.24±9.840 79.44±7.781	F=4.992 P=0.001*
Years of experience in the working hospital		
▪ <5 ▪ 5- ▪ 10- ▪ 15- ▪ ≥20	81.85±7.360 81.85±4.346 79.98±5.041 79.32±8.838 78.86±8.671	F=2.938 P=0.021*
Years of experience in the current working unit		
▪ <5 ▪ 5- ▪ 10- ▪ 15- ▪ ≥20	79.53±8.719 80.69±4.583 81.08±5.079 82.74±6.559 78.98±8.738	F=2.162 P=0.073
Working Unit		
▪ Medical ▪ Surgical	80.92±4.988 79.70±8.506	t=2.383 P=0.124
Working hours per week		
▪ <36 ▪ ≥36	76.99±9.879 81.21±6.014	t=11.124 P=0.000*

F = ANOVA test t = Student T Test ***** Statistically significant at $p \leq 0.05$

References:

El-Guindy, H., Mohamed Rashed, N., Ahmed Mohammed Abd El Salam, F., & Mohamed Ahmed Maiz, A. (2022). Incivility and Ostracism in the Workplace among staff nurses and its relation to the quality of care. *Egyptian Journal of Health Care*, *13*(1), 1406-1420. https://doi.org/10.21608/EJHC.2022.227160.

Abbas Gawad, S., Fathy Saad, N., & Ali Hassan, H. (2022). Work Place Incivility and its Effect on Quality of Work Life among Staff Nurses. *Egyptian Journal of Health Care, 13*(3), 809-821.

Al Sabei, S. D., Labrague, L. J., Miner Ross, A., Karkada, S., Albashayreh, A., Al Masroori, F., & Al Hashmi, N. (2020). Nursing work environment, turnover intention, job burnout, and quality of care: The moderating role of job satisfaction. *Journal of Nursing Scholarship, 52*(1), 95-104. https://doi.org/10.1111/jnu.12528.

Alquwez, N. (2020). Examining the influence of workplace incivility on nurses' patient safety competence. *Journal of Nursing Scholarship, 52*(3), 292-300. https://doi.org/10.1111/jnu.12553.

Alquwez, N. (2023). Association between nurses' experiences of workplace incivility and the culture of safety of hospitals: A cross-sectional Study. *Journal of Clinical Nursing, 32*(1-2), 320-331. https://doi.org/10.1111/jocn.16230.

Alshehry, A. S., Alquwez, N., Almazan, J., Namis, I. M., Moreno-Lacalle, R. C., & Cruz, J. P. (2019). Workplace incivility and its influence on professional quality of life among nurses from multicultural background: A cross-sectional study. *Journal of Clinical Nursing, 28*(13-14), 2553-2564. https://doi.org/10.1111/jocn.14840.

Bambi, S., Foà, C., De Felippis, C., Lucchini, A., Guazzini, A., & Rasero, L. (2018). Workplace incivility, lateral violence and bullying among nurses. A review about their prevalence and related factors. *Acta Biomedica Medical, 89*(Suppl 6), 51-79. https://doi.org/10.23750/abm.v89i6-S.7461.

Boafo, I. M. (2018). The effects of workplace respect and violence on nurses' job satisfaction in Ghana: a cross-sectional survey. *Human Resources for Health, 16*(1), 1-10. https://doi.org/10.1186/s12960-018-0269-9.

Carlson, T. (2020). *Managing Nursing Incivility* [Master Thesis]. Winona State University, College of Nursing and Health Sciences.

Cortina, L. M., Magley, V. J., Williams, J. H., & Langhout, R. D. (2001). Incivility in the workplace: incidence and impact. *Journal of Occupational Health Psychology, 6*(1), 64. https://doi.org/10.1037/1076-8998.6.1.64.

Cowie, H., Naylor, P., Rivers, I., Smith, P., & Pereira, B. (2002). Measuring workplace bullying, aggression, and violent behavior. *Public Health and Community Papers, 7*(2), 201. https://doi.org/10.1016/S1359-1789(00)00034-3.

Einarsen, S., & Mikkelsen, E. G. (2003). Individual effects of exposure to bullying at work. In S. Einarsen, H. Hoel, D. Zapf & C. L. Cooper (Eds.), *Bullying and emotional abuse in the workplace* (p.p. 127-144). Taylor & Francis.

Ferri, P., Silvestri, M., Artoni, C., & Di Lorenzo, R. (2016). Workplace violence in different settings and among various health professionals in an Italian general hospital: a cross-sectional study. *Psychology Research and Behavior Management*, 263-275. https://doi.org/10.2147/PRBM.S114870.

Guidroz, A. M., Burnfield-Geimer, J. L., Clark, O., Schwetschenau, H. M., & Jex, S. M. (2010). The nursing incivility scale: Development and validation of an occupation-specific measure. *Journal of Nursing Measurement, 18*(3), 176-200. https://doi.org/10.1891/1061-3749.18.3.176.

Jothilakshmi, M., & Subramanian, S. (2018). Peer relationship management job at workplace. *Journal of Emerging Technologies and Innovative Research, 5*(1), 156-160.

Kaplan, K., Mestel, P., & Feldman, D. L. (2010). Creating a culture of mutual respect. *Association of periOperative Registered Nurses Journal, 91*(4), 495-510. https://doi.org/10.1016/j.aorn.2009.09.031.

Kavakl, B. D., & Yildirim, N. (2022). The relationship between workplace incivility and turnover intention in nurses: A cross-sectional study. *Journal of Nursing Management, 30*(5), 1235-1242. https://doi.org/10.1111/jonm.13594.

Kelley, H. H. (2021). Personal relationships: Their nature and significance. In R. Gilmour & S. Duck (Eds.), *The emerging field of personal relationships* (p.p. 3-19). Routledge.

Khan, M. S., Elahi, N. S., & Abid, G. (2021). Workplace incivility and job satisfaction: Mediation of subjective well-being and moderation of forgiveness climate in health care sector. *European Journal of Investigation in Health, Psychology and Education, 11*(4), 1107-1119. https://doi.org/10.3390/ejihpe11040082

Layne, D. M., Anderson, E., & Henderson, S. (2019). Examining the presence and sources of incivility within nursing. *Journal of Nursing Management, 27*(7), 1505-1511. https://doi.org/10.1111/jonm.12836.

Levi, M., & Stoker, L. (2000). Political trust and trustworthiness. *Annual Review of Political Science, 3*(1), 475-507. https://doi.org/10.1146/annurev.polisci.3.1.475.

Logan, T. R. (2016). Influence of Teamwork Behaviors on Workplace Incivility as It Applies to Nurses. *Creighton Journal of Interdisciplinary Leadership, 2*(1), 47-53.

Logan, T. R., & Michael Malone, D. (2018). Nurses' perceptions of teamwork and workplace bullying. *Journal of Nursing Management, 26*(4), 411-419. https://doi.org/10.1111/jonm.12554.

Luthans, F., Youssef, C. M., & Avolio, B. J. (2006). Measurement and Development of PsyCap: Assessing the Return on Investment. In F. Luthans, C. M. Youssef & B. J. Avolio (Eds.), *Psychological Capital: Developing the Human Competitive Edge* (p.p. 207–236). Oxford University Press.

Ma, C., Meng, D., Shi, Y., Xie, F., Wang, J., Dong, X., Liu, J., Cang, S., & Sun, T. (2018). Impact of workplace incivility in hospitals on the work ability, career expectations and job performance of Chinese nurses: a cross-sectional survey. *British Medical Journal Open, 8*(12), e021874. https://doi.org/10.1136/bmjopen-2018-021874.

Malekyan, L., Khoshab, H., Ghazanfarabadi, M., & Rahimzadeh, M. J. (2022). Nurses' viewpoints on incivility in nursing in Iran. *International Journal of Africa Nursing Sciences, 17*, 100462. https://doi.org/10.1016/j.ijans.2022.100466.

Mikkola, L., & Nykänen, H. (2019). Workplace relationships. In L. Mikkola & M. Valo (Eds.), *Workplace Communication* (p.p. 15-27). Routledge.

Miner, K. N., & Cortina, L. M. (2016). Observed workplace incivility toward women, perceptions of interpersonal injustice, and observer occupational well-being: Differential effects for gender of the observer. *Frontiers in Psychology, 7*, 482. https://doi.org/10.3389/fpsyg.2016.00482.

Pearson, C. M., Andersson, L. M., & Porath, C. L. (2000). Assessing and attacking workplace incivility. *Organizational Dynamics, 29*(2), 123-137.

Rigby, K. (2006). *The Peer Relations Questionnaire (PRQ)*. Point Lonsdale, Victoria, Australia: The Professional Reading Guide.

Schilpzand, P., Leavitt, K., & Lim, S. (2016). Incivility hates company: Shared incivility attenuates rumination, stress, and psychological withdrawal by reducing self-blame. *Organizational Behavior and Human Decision Processes, 133*, 33-44. https://doi.org/10.1016/j.obhdp.2016.02.001.

Shahin, M., Abdrbo, A., & Bayoumy, S. A. (2018). Effect of personal and working characteristics on staff nurses' leadership behaviors in acute care setting. *American Journal of Nursing, 7*(6), 281-286. https://doi.org/10.11648/j.ajns.20180706.21.

Spector, P. E., Zhou, Z. E., & Che, X. X. (2014). Nurse exposure to physical and nonphysical violence, bullying, and sexual harassment: A quantitative review. *International Journal of Nursing Studies, 51*(1), 72-84. https://doi.org/10.1016/j.ijnurstu.2013.01.010.

Tran, K. T., Nguyen, P. V., Dang, T. T. U., & Ton, T. N. B. (2018). The impacts of the high-quality workplace relationships on job performance: A perspective on staff nurses in Vietnam. *Behavioral Sciences, 8*(12), 109. https://doi.org/10.3390/bs8120109.

Vyas, N., & Vyas, D. (2018). Impact of peer relationship over work stress: A study on sales employees of insurance. *Journal of Modern Management & Entrepreneurship, 8*(4), 64-68.

Wan, Q., Li, Z., Zhou, W., & Shang, S. (2018). Effects of work environment and job characteristics on the turnover intention of experienced nurses: The mediating role of work engagement. *Journal of Advanced Nursing, 74*(6), 1332-1341. https://doi.org/10.1111/jan.13528.

Yao, J., Lim, S., Guo, C. Y., Ou, A. Y., & Ng, J. W. X. (2022). Experienced incivility in the workplace: A meta-analytical review of its construct validity and nomological network. *Journal of Applied Psychology, 107*(2), 193-220. https://doi.org/10.1037/apl0000870.