The Effect of Workplace Incivility on Turnover Intention of Working Staff Nurses at a Selected Hospital

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ABSTRACT

Background: Workplace incivility has been noted as a pervasive and serious problem in the healthcare sector that may have a negative impact on staff nurses and organizational outcomes, such as turnover intention. **The study aimed to** explore the effect of workplace incivility on the turnover intention of working staff nurses at a selected hospital. **Method: Design:** A descriptive-correlational research design was utilized. **Setting:** This study was conducted at Cairo University Hospitals including different units. **Subjects:** A convenience sample of 250 staff nurses who were working in different units at Cairo University Hospitals. **Tools:** two tools were used as follows: **(I)** Nurses' Perception of Workplace Incivility Questionnaire and **(II)** Nurses' Turnover Intention Questionnaire. **Results:** The findings showed that 66% of staff nurses had a high perception level of workplace incivility and 67% of them had a high turnover intention level. **Conclusions:** there was a highly significant statistical correlation between nurses' total perception of workplace incivility and their turnover intention, also there was a highly significant statistical positive effect of workplace incivility on nurses' turnover intention level. **Recommendations:** Nursing managers should develop restricted policies with clear procedures for tracking, preventing, and disciplining staff incivility behaviors. Nursing managers should carefully detect the contributing factors of staff turnover intention and take corrective actions to enhance staff satisfaction.

Keywords: *Workplace incivility, Turnover intention, and Staff nurses.*

Introduction

Nowadays, workplace competition between staff nurses, technology advancements, internal changes, rising expectations, and individual interests, all can contribute to undesired behaviors in the workplace including stress, aggression, rage, and even hostility. One of these undesirable behaviors is workplace incivility (WI), which has become a common worldwide phenomenon in many professions. However, among all professions, the medical field is one where incivility behaviors occur more frequently than in

any other field. Specifically, nurses at hospitals have been reported to be more vulnerable to workplace incivility than other health members (Huang & Lin, 2017; Namin,Øgaard, & Røislien, 2021).

Workplace incivility has received particular attention as an uncommon and mild kind of interpersonal mistreatment that is pervasive and has detrimental impacts in many organizations. WI was initially described as having ambiguous intent and a breach of workplace expectations for mutual respect (Armstrong, 2018). Additionally, WI is defined as low-intensity deviant behavior, such as unpleasant and vulgar verbal and nonverbal behaviors directed toward coworkers with uncertain intention to harm them (Mabrouk, 2021; Yao et al., 2021). Moreover, WI is defined as a behavior that is characterized by disrespect to other nurses, inability, or unwillingness to pay attention to the point of view of others, and being unappreciative or unwilling to recognize colleagues' good work (Handoyo , Samian, Syarifah & Suhariadi, 2018).

Workplace incivility can be observed in organizations in different forms of behaviors such as bullying, verbal aggression, ostracism, disrespect for others, isolation of others, and abusive supervision. Also, can be reported as nonverbal actions like ignoring, dismissing, and harassing are also included in the incivility behaviors that are frequently displayed (Cortina et al., 2017). Additionally, nurses can be exposed to incivility behaviors from different sources including other nurses, doctors, supervisors, patients, and visitors. These sources can be detected specifically in workplace environments where rules and staff behavior monitoring are not applied strictly (Alshehry et al., 2019; Nagib & Mohamed, 2020). In the work setting, failure to handle interpersonal relations and communications appropriately results in conflicts, discord, generation of feelings of jealousy, revenge, and anger (Akella &Eid, 2020).

In such a stressful work environment, it is likely that staff nurses were exhibiting higher incivility levels, as work stressors, rising job demands, and job instability have all been linked to workplace incivility. Poor working environment conditions, such as heavy workload, inadequate support, staff shortage, and long work hours could trigger incivility behaviors among the healthcare team. In particular, these incivility behaviors affect negatively nurses who play important roles in the process of patient care (Gosselin & Ireland, 2020).

Incivility behaviors in the workplace trigger a variety of detrimental outcomes on nurses' emotional well-being such as depression, stress, job dissatisfaction, and burnout. Also includes physical symptoms such as sleeplessness, headache, and loss of appetite (Laeeque, Bilal, Hafeez, & Khan, 2019; Samad, Memon, & Kumar, 2020). Incivility also has a direct impact on patient care as it makes nurses more prone to make mistakes that have a negative impact on patient outcomes ((Johnson et al., 2020). Moreover, WI is considered a significant leading factor in job dissatisfaction and increased turnover rate among

nurses (Ma et al., 2018; Laeeque, Bilal, Hafeez, & Khan, 2019).

At all organizational levels and across all kinds of business fields, staff turnover is considered a persistent, common, and serious problem. Specifically, among nursing staff in the healthcare field, nurse turnover has a negative and direct impact on the quality of healthcare that cannot be achieved without a competent and adequate number of nursing personnel (Zhang, Wu, Fang, Zhang, Wong, 2017). Turnover intention (TI) can be referred to as "a willingness to leave an organization". Additionally, TI can be defined as the desire of staff nurses to resign from their current jobs and seek out other job opportunities because of job dissatisfaction with their current job (Hassan, Ikramullah, & Iqbal 2021). According to this definition, TI can be utilized as an indicator of staff nurses' subjective feelings regarding job burnout rather than their specific behaviors (Özkan, 2022).

Staff nurses typically go through a process of TI that usually ends up with a final decision to leave the organization as TI is a crucial foundation for actual turnover (Chen & Wang, 2019). However, there are many antecedents of turnover intention including heavy workload, burnout, poor performance, professional conflict, abusive supervision, lack of recognition, workplace aggression, job dissatisfaction, and incivility behaviors (Fasbender, Van der Heijden, & Grimshaw, 2019; Park & Min, 2020).

Furthermore, nursing staff turnover is a serious issue that, if not adequately managed, can negatively affect organizational growth and productivity. A high turnover rate of nursing staff has significant harm to the healthcare systems, especially in nations with inadequate resources. It can result in staffing shortages, excessive workload for existing staff members, increase in the costs of new staff training, and burnout that finally could lead to poor quality of nursing care (Alam, & Asim, 2019). Additionally, it has negative impacts on patient outcomes and satisfaction, which in turn works to destroy the organizational reputation (Perry, Richter, & Beauvais, 2018).

Significance of the study

Nurses play a crucial role in the healthcare sector; However, the healthcare sector faces a major and growing issue of workplace incivility which has negative effects on hospitals and nurses' efficiency and performance. Such a work environment, leads to higher absenteeism, decreased productivity, poor quality of care, increased turnover rate, and increased financial burdens for healthcare organizations. New staff recruitment and retraining are costly processes that can deplete organizational resources and hinder the healthcare team's ability to respond to evolving healthcare demands (Basit & Duygulu, 2018; Al Omar, Salam, & Al-Surimi, 2019).

Hence, it is expected that the findings of this study will be useful to nursing and human resources managers to promote their understanding of workplace incivility behaviors which will enable them to create effective policies and strategies to eliminate it. Also, it will be helpful for

them to focus on nurses' turnover intention rate in the Egyptian governmental hospital culture by observing its antecedents and indicators.

Aim of the Study

This study aimed to explore the effect of workplace incivility on the turnover intention of working staff nurses at a selected hospital.

Research questions

1- What is the level of workplace incivility as perceived by staff nurses?
2- What is the level of turnover intention as perceived by staff nurses?
3- What is the effect of workplace incivility on turnover intention as perceived by staff nurses?

Subjects and Methods

Research Design:

Descriptive-correlational research design was utilized to explore the relationship between research variables and determine how much each one affects the other.

Setting:

This study was carried out at Cairo University Hospitals, including the following units: (critical care units - surgical units - obstetric units–medical units - cardiothoracic units – emergency units).

Study Sample

The study participants consisted of all available staff nurses (Convenience sample, n= 250) who were working at Cairo University Hospitals at the time of data collection and agreed to participate in the study as follows: critical care units (40), surgical units (39), obstetric units (17),

medical units (53), cardiothoracic units (41), emergency units(60).

Tools of Data Collection:

Study data were collected using two self-administered questionnaires.

Tool I: Nurses' Perception of Workplace Incivility Questionnaire: it was composed of two parts:

First part: staff nurses' personal characteristics data sheet included: age, gender, marital status, educational qualification, type of employment, years of experience in nursing, and years of hospital experience.

Second part: nurses' perception of workplace incivility questionnaire: A structured questionnaire was developed by the researcher based on a review of recent related literature (Cortina, Magley, Williams, & Langhout, (2018); Guidroz, Burnfield-Geimer, Clark, Schwetschenau, and Jex, (2018). It was used to identify staff nurses' perception level toward workplace incivility. it consisted of five dimensions including (40) items as follows: Hostile climate (9 items), Incivility behaviors of supervisors (7 items), Incivility behaviors of physicians (7 items), Incivility behaviors of patients (7 items), and Incivility behaviors from other nurses (10 items).

Scoring system: the staff nurses' responses were measured on a three-point Likert scale ranging from 1= disagree, 2= neutral and 3= agree. Overall scores were divided into categories according to cut-off points that indicate the nurses' perception level of workplace incivility as follows:

- Low perception of workplace incivility = < 35%

- Moderate perception of workplace incivility = 35% - <75%

- High perception of workplace incivility = 75% - 100%

Tool II: Nurses' turnover Intention Questionnaire: a self-administered questionnaire was developed by the researcher guided by Peterson, 2009 and Hebashy, (2021). It was designed to explore nurses' level of turnover intention. It has 18 items categorized into two dimensions: the first dimension was hospital turnover intention, and the second dimension was professional turnover intention, each dimension consisted of 9 items.

Scoring system: responses from the staff nurses were rated on a three-point Likert scale ranging from 0= NO, 1= Not sure, and 2 = yes). Overall scores were classified into levels based on cut-off points that indicate the staff nurses' level of turnover intention as follows:

- Low intention level = < 30%

- Moderate intention to leave level = 30% < 60%

- High intention level = 60% – 100%.

Validity and reliability:

The study tools were developed by the researchers and presented to a group of three nursing administration experts from the faculty of nursing at Cairo University to judge the content validity of the study tools. Prior to data collection, a pilot study was conducted on 10% of the present sample to ensure tools clarity and applicability.

Based on the experts' recommendations and the pilot study, the study tools were refined and finalized. Internal consistency reliability of the study tools (tool I & II) was determined by using Cronbach's alpha coefficient test (0.93 & 0.90 respectively).

Ethical Consideration:

Approval of the scientific ethical research committee was acquired from the Faculty of Nursing, Cairo University before conducting the study. Also, official permission was granted by faculty authorities to the medical and nursing directors of the study hospitals to conduct the study. Nurses' participation in the study was voluntary and they were free to agree or decline to participate. Informed consent was acquired from all study nurses after a full explanation of the nature and purpose of the study. The study data was coded to ensure anonymity and confidentiality. At any time during the study, nurses had the right to withdraw.

Procedure

The researchers met the staff nurses during two shifts (morning and afternoon) in their units to distribute the study tools individually to staff nurses to obtain their responses. The best time to gather data was determined by the type of work and workload for each unit; occasionally, it was during the middle of the morning or afternoon shift. The study nurses took between 15 to 20 minutes to complete the study tools. After each participant filled out the tools, the researchers checked its completeness. Data was collected in May 2023.

Statistical Design

The study data were entered and analyzed using SPSS version 25. Descriptive data were presented using numbers, percent, minimum, maximum, mean, and standard deviation. The Kolmogorov-Smirnov test was used to examine the normality of the distribution. Also, Spearman's correlation coefficient, ANOVA, and linear regression tests were used. The significant level of all statistical analyses is at 0.05 (p-value).

Results

Table (1) shows staff nurses personal data. The table illustrates that around two fifths (42%) of staff nurses were in the age group 25- <35 and the highest percentage (61.6% and 50%) of them were female and married respectively. The highest percentage (38% and 47.6%) of them had less than 5 years of hospital experience and nursing profession experience respectively.

Figure (1) shows that the highest percent (38%) of staff nurses had an associate nursing degree followed by (34%) had bachelor's degree, while the lowest percent (28%) of them had nursing diploma.

Figure (2) displays that the majority (89.6%) of staff nurses were full-time staff. While the rest of them (10.40%) were part time staff.

Table (2) reveals that the staff nurses highly perceived all dimensions of workplace incivility behaviors. However, the highest mean percentage (79.77%) was for incivility behaviors of physicians. While the total mean percentage of workplace incivility was 78.13%.

Figure (3) describes staff nurses' levels of workplace incivility. The figure illustrates that the highest percentage (66%) of staff nurses had a high perception level of workplace incivility and around one-third (32%) of them had a moderate perception level of workplace incivility. While the lowest percentage of them (2%) had a low perception level of workplace incivility.

Table (3) clarifies that the staff nurses perceived approximately the same mean percentage across both dimensions of turnover intention (64.33%, 65%) respectively. While the total mean percentage (64.67%) indicates high turnover intention.

Figure (4) shows that the highest percentage (67%) of staff nurses had a high turnover intention level and about one-third (33%) of them had a low turnover intention level.

Table (4) indicates that there was a highly significant statistical correlation across all workplace incivility dimensions and turnover intention dimensions. Also, there was a highly significant statistical correlation (r= 0.99, p= 0.00) between staff nurses' total perception of workplace incivility and total perception of their turnover intention.

Table (٥) concludes that there was a highly significant statistical strong positive effect (R=0.99, B=0.481, p=0.00) of workplace incivility on total turnover intention among staff nurses.

Table (٦) proves that there were statistically significant relations between total staff nurses' perception of workplace incivility, turnover

intention, and their age, educational qualification, and marital status. Additionally, there was a statistically significant relation between staff nurses' years of professional experience and their total perception of turnover intention.

Table (1): Staff nurses' personal characteristic data (n=250)

Staff nurses' characteristics data		NO.	%
Age:	20- <25	82	32.8
	25- <35	105	42.0
	35- <45	44	17.6
	> 45	19	7.6
Gender:	Male	96	38.4
	Female	154	61.6
Marital status:	Single	110	44.0
	Married	125	50.0
	Divorced	11	4.4
	Widow	4	1.6
Years of profession experience	< 5 years	95	38.0
	5 - < 10 years	82	32.8
	>10 years	73	29.2
Years of hospital experience:	< 5 years	119	47.6
	5 - < 10 years	58	23.2
	>10 years	73	29.2

Figure (1): Distribution of staff nurses regarding their educational qualification (n=250).

EDUCATIONAL QUALIFICATION

Associate nursing degree 38.0%

Bachelor's degree 34.0%
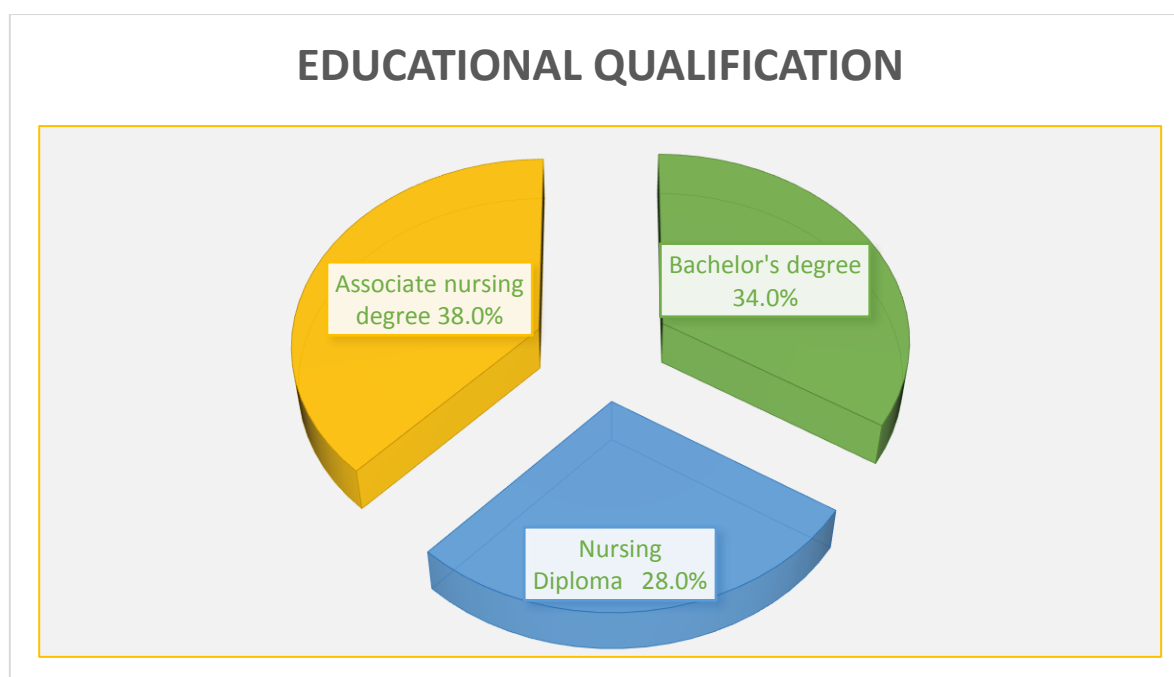
Nursing Diploma 28.0%

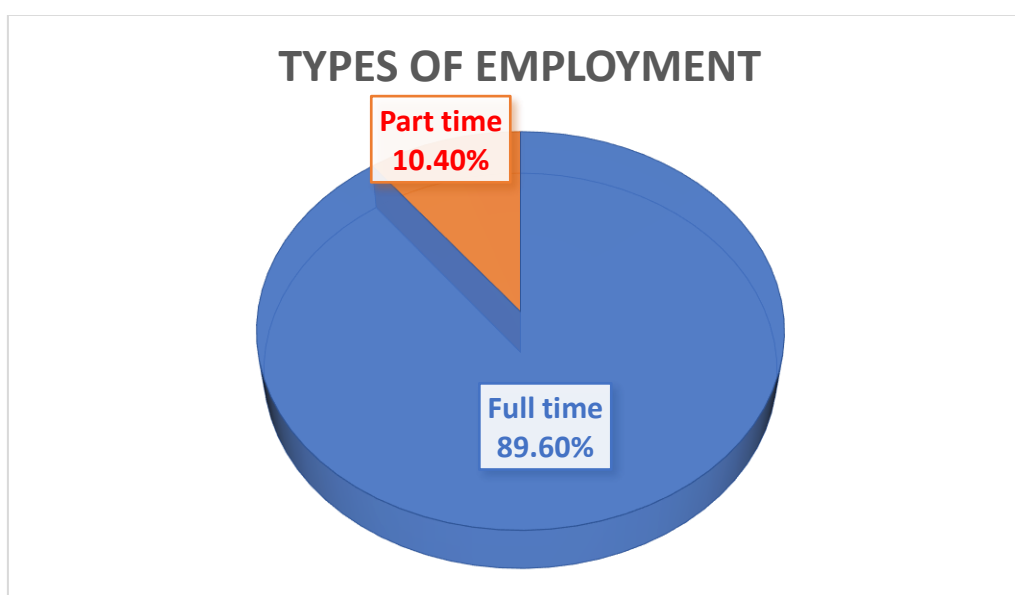**Figure (2): Distribution of staff nurses regarding their types of employment (n=250).**

Table (2): Mean and Mean percentage of staff nurses' perception of workplace incivility (n=250).

Dimensions	Min	Max	Mean	SD	Mean%
Hostile climate.	9	27	21.06	7.40	77.99
Incivility behaviors of supervisors.	7	21	15.95	5.60	75.94
Incivility behaviors of physicians.	8	21	16.75	5.17	79.77
Incivility behaviors of patients.	8	21	16.48	5.51	78.50
Incivility behaviors of nurses.	10	30	23.52	8.40	78.40
Total workplace incivility	46	120	93.76	31.59	78.13

*Low perception = < 35%, Moderate perception = 35% - <75%, High perception = 75% - 100%

Figure (3): Staff nurses' distribution regarding workplace incivility levels (n=250).
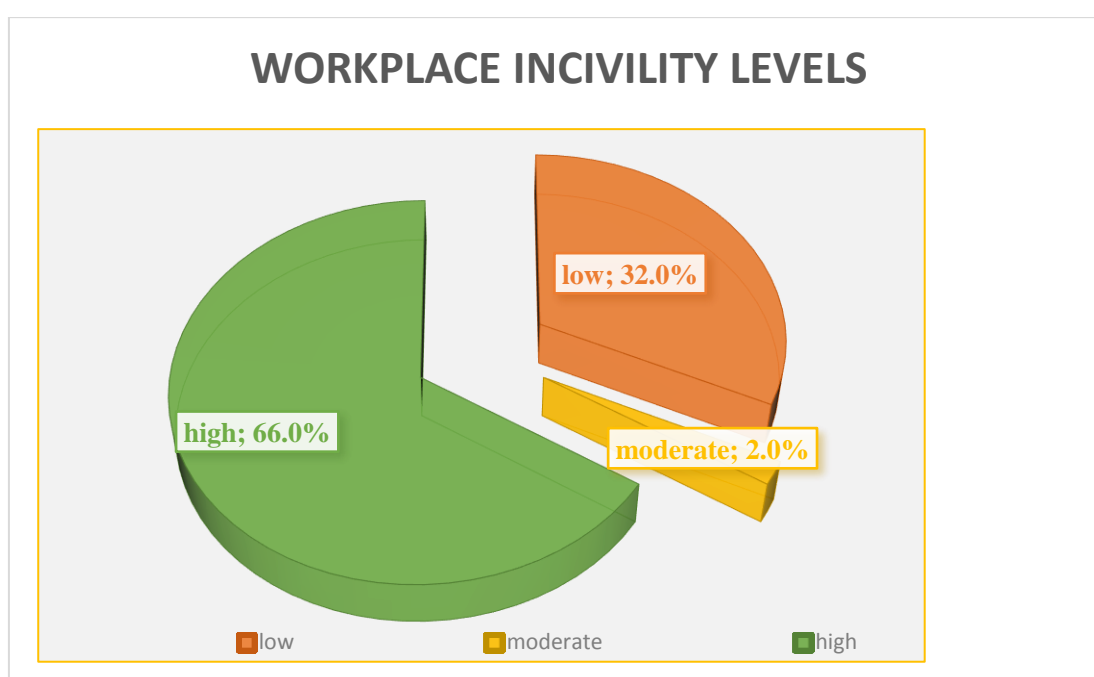
Table (3): Mean and Mean percentage of staff nurses' perception regarding turnover intention (n=250).

Dimensions	Min	Max	Mean	SD	Mean%
Hospital turnover intention	0	18	11.58	7.65	64.33
Profession turnover intention	0	18	11.70	7.83	65.00
Total intention to leave	0	36	23.28	15.41	64.67

*Low intention = < 30%, moderate intention= 30% < 60%, high intention = 60% –100%.

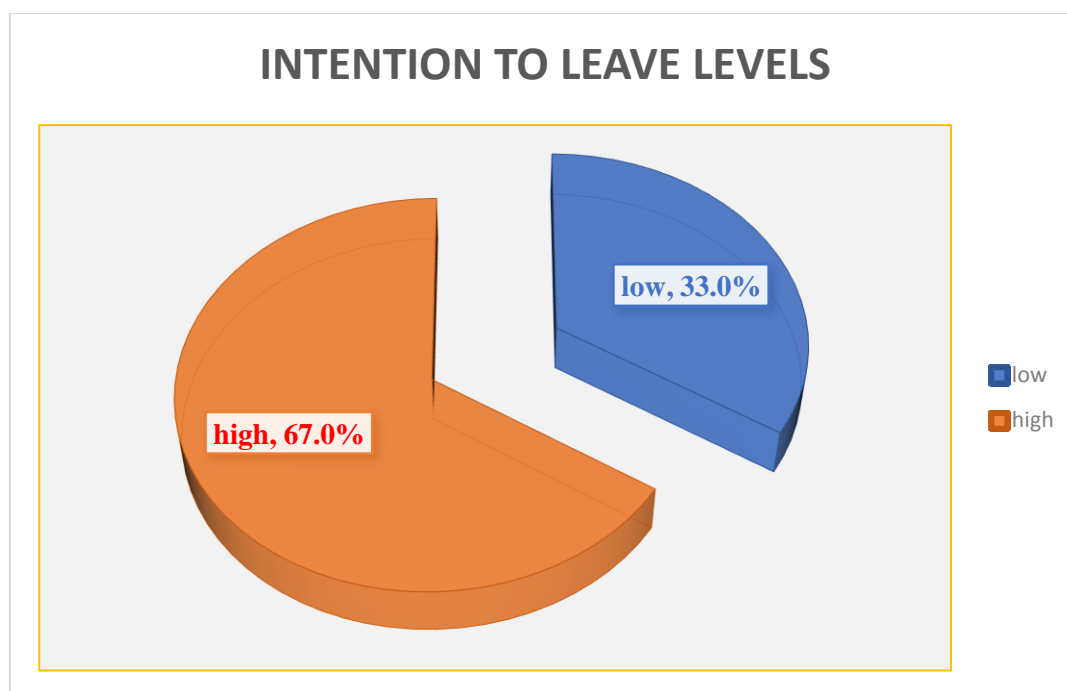**Figure (4): Staff nurses' distribution according to turnover intention levels (n=250).**

Table (4): Correlation between staff nurses' perception of workplace incivility and turnover intention (n = 250).

Workplace incivility		Turnover intention		
		Hospital turnover intention	Profession turnover intention	Total turnover intention
Hostile climate	r	0.97	0.97	0.98
	P	0.00	0.00	0.00
Incivility behaviors of supervisors.	r	0.95	0.93	0.94
	P	0.00	0.00	0.00
Incivility behaviors of physicians.	r	0.98	0.97	0.98
	P	0.00	0.00	0.00
Incivility behaviors of patients.	r	0.98	0.97	0.98
	P	0.00	0.00	0.00
Incivility behaviors of nurses.	r	0.98	0.97	0.98
	P	0.00	0.00	0.00
Total workplace incivility	r	0.99	0.98	0.99
	P	0.00	0.00	0.00

r: Pearson coefficient   *: Statistically significant at p ≤ 0.05

Table (٥): Effect of workplace incivility on total turnover intention among staff nurses (n = 250).

Linear regression Model	R	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
(Constant)		21.849	.505		43.237	.000
Total Workplace Incivility	0.99	.481	.005	.986	94.219	.000
Dependent Variable: Total turnover intention.						

Table (٦): Relation between staff nurses' personal characteristics data and total workplace incivility and total turnover intention (n = 250).

Personal data	Total incivility	F (P value)	Total turnover intention	F (P value)
	Mean ± SD		Mean ± SD	
Gender:		0.59 (0.45)		0.65 (0.42)
Male	91.82 ± 32.25		22.28±15.77	
Female	94.97 ± 31.21		23.90±15.21	
Age:		6.62 (0.01*)		6.29 (0.00*)
20- <25	97.20 ± 29.25		24.90±14.79	
25- <35	85.32 ± 33.75		19.18±16.15	
35- <45	108.80 ± 22.45		30.39±11.09	
> 45	90.74 ± 33.69		22.47±16.33	
Educational Qualification:		18.91 (0.00*)		23.30 (0.00*)
Bachelor's degree	81.55 ± 35.71		16.82±16.45	
Associate nursing degree	92.20 ± 30.31		32.36±8.00	
Nursing Diploma	110.70 ± 17.85		22.37±15.51	
Marital status:		8.44 (0.00*)		8.97 (0.02*)
Single	100.94 ± 28.67		26.91±13.54	
Married	84.78 ± 33.07		18.76±16.39	
divorced	115.64 ± 0.67		34.45±1.51	
Widow	117.00 ± 0.00		34.00±0.00	
Years of profession experience		2.21 (0.11)		3.05 (0.05*)
< 5 years	90.91±33.07		22.58±15.96	
5 - < 10 years	91.28±31.22		20.93±15.40	
>10 years	100.26±29.42		26.84±14.23	
Years of hospital experience:		2.08 (0.13)		2.76 (0.07)
< 5 years	90.69 ± 33.01		22.51±15.98	
5 - < 10 years	92.19 ± 30.80		20.64±15.33	
>10 years	100.01 ± 29.27		26.63±14.12	
Type of employment:		1.06 (0.30)		0.85 (0.36)
Full time	93.06 ± 32.00		22.97±15.52	
Parttime	99.81 ± 27.53		25.92±14.44	

Discussion

The quality of professional and social interactions between healthcare teams plays an important role in promoting the nurses' well-being at the workplace. Whereas positive interactions raise job satisfaction, commitment, and nurses' morale (Vermeir et al., 2017; Yeganeh et al., 2022; Kim, Kim, & Jang, 2022). while negative

interactions, such as workplace incivility, show a strong connection to work-related negative outcomes such as exhaustion or turnover intention (Kim et al., (2020). Despite being aware of the negative effects of incivility on nurses' working life, there is still a lack of research on moderators and mediators in the relationship between incivility and work-related negative outcomes (Phillips et al., 2018; Shoorideh, Moosavi, & Balouchi, 2021; Patel et al., 2022). So, the current study aimed to explore the effect of workplace incivility on the turnover intention of working staff nurses at a selected hospital.

The present study's findings revealed that the highest percentage (about two-thirds) of study nurses highly perceived total WI and its dimensions. This could be explained by the nature of the healthcare environment in the Egyptian governmental hospitals which have a greater probability to develop incivility behaviors and where rules and disciplinary systems are not applied accurately for such behaviors. These results are in same line with similar findings from previous studies as Alquwez, (2020) and Alshehry et al (2019).

Moreover, Alquwez, (2023) found that the majority of nurses most frequently experienced incivility behaviors specifically from patients and their relatives. However, Bambi et al., (2018) conducted a cross-sectional study that included seventy-nine studies about WI and revealed that WI prevalence ranged between 67.5% to 90.4%, as reported by studied nurses. From the investigators' point of view, nursing leaders must pay vital attention to incivility behaviors as a serious concern and must be eliminated to prevent its negative impact on the well-being and work outcomes of nurses.

However, these results contradicted Smith, Morin, & Lake, (2018) who presented that the study nurses experienced low levels of incivility. Furthermore, these results are opposed to those of Arslan Yürümezoğlu, & Kocaman, (2019) who found that nurses are subjected to less work incivility when working in magnet hospitals or working in positive working conditions. Therefore, the investigators believe that consideration should be given to improving the working environment conditions for nurses to eliminate such behaviors that may diminish their performance at work and increase their burnout and turnover rate.

Concerning staff nurses' turnover intention, the results of the present study revealed that about two-thirds of the study nurses had a high turnover intention either from the hospital or the profession. This could be because of the poor working environment conditions that nurses are exposed to in Egypt including shortage of staff nurses, high workload, work stress, low wages, and incivility behaviors from different sources (Alzamel, Abdullah, Chong, & Chua, 2020; Said & El-Shafei, 2021; Mousa, et. al., 2023). This result is consistent with Ebrahim, & Ebrahim (2017) who discovered that more than two-thirds of the study subjects were more likely to have intentions of quitting their jobs. As well this result is also consistent with Ahmed, Abdelwahab & Elguindy (2017) whose findings showed that staff nurses

had a higher intention to leave their careers. Along the same line, a study done by Hebashy (2021) found that more than one-third of the sample had the intent to leave the hospital, although about half of them refused to leave the nursing field.

Regarding the relationship between WI and TI, the present study demonstrated a highly significant statistically positive correlation across all workplace incivility dimensions and turnover intention dimensions. This indicates the great impact and the negative effects of incivility behaviors on nurses' careers. Also, this result revealed that workplace incivility is considered a significant leading factor of turnover intention. This result is consistent with Kavaklı, & Yildirim, (2022) who concluded that there was a positive relationship between incivility and turnover intention and found that less exposure to incivility could minimize nurses' turnover rate. Likewise, a study conducted by Lee, Lee, & Lee, (2022) found that workplace incivility had a full mediating effect on turnover intention.

Moreover, the results of the current study revealed a highly statistically significant positive effect of WI on TI. This result is in agreement with Kanitha, & Naik, (2021) who found that the nurses' experience of WI has a significant effect on their turnover intention. Additionally, this result is consistent with Khairunisa, & Muafi, (2022) who revealed that workplace incivility had a significant and positive effect on turnover intention. Also, Jiang, Xu, & Jacobs, (2023) found that supervisor incivility had a direct effect on nurses' turnover intention. However, Yürümezoğlu, & Kocaman (2019) whose study's result demonstrated that supervisor incivility had an indirect effect on TI from the profession through its effect on organization TI. However, coworker incivility was determined to have no effect on TI from the organization or profession.

The study results illustrated that there were statistically significant relations between total staff nurses' perception of workplace incivility, and their age, educational qualification, and marital status. These results may be related to most studied nurses were between the ages of twenty to thirty-five which may mean that they do not have enough experience to confront incivility from others, therefore they highly perceive any mistreatment acts. Also, the significant relation with the educational qualification may be due to the fact that the level of education is an essential factor for self-civility.

However, contradictory to these results Gawad, Saad, & Hassan, (2022), who their results showed that there were no statistical differences between workplace incivility and nurses' Age, educational qualification, and marital status. Also, the study results are inconsistent. Banan & Abdrbo, (2020) whose results revealed that there is no statistically significant correlation between WI and all staff nurses' personal traits.

As regards the relationship between nurses' personal data and total turnover intention, the study revealed that there were highly statistically significant relations between total turnover intention and nurses' age, educational qualification, marital status, and years of

professional experience. This may be due to a major group of the studied nurses were younger nurses with little experience and poor communication skills that do not conform to the standards of clinical work, leading to a rise in their stress level that in turn will increase their turnover intention.

These results are consistent with Li et al., (2020) who reported in their study that the nurses' age and level of education are associated with turnover intention. In addition to Jaradat, Nielsen, Kristensen, & Bast-Pettersen (2017) revealed that the marital status of studied nurses has a significant effect on their turnover intention, as they found that compared to married nurses, single nurses were more likely to want to leave their current job.

Conclusion:

Based on the results of the current study, it was concluded that about two-thirds of study nurses had a high perception level of WI, also about two-thirds of them had a high intention to leave. Furthermore, there was a highly statistically significant correlation between staff nurses' total perception of workplace incivility and total perception of their turnover intention. Also, there was a highly significant statistically positive effect of workplace incivility on nurses' turnover intention level.

Recommendations:

Based on the current study's findings, the following recommendations were proposed:

- Hospital administrators should adopt effective retention strategies to retain staff nurses by providing growth opportunities, flexible work hours, and staff recognition.

- Nursing managers should develop restricted policies with clear procedures for tracking, preventing, and disciplining staff incivility behaviors.

- Nursing managers should closely monitor their staff's behaviors and report any mistreatment behaviors.

- Nursing managers should carefully detect the contributing factors of staff turnover intention and take corrective actions to enhance staff satisfaction.

- Professional values and ethical communication should be emphasized in the nursing educational curricula to raise nurses' awareness and their capacity to confront incivility behaviors.

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