

بسم الله الرحمن الرحيم





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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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Work place Incivility and Its Effect on Quality of Work Life among Staff Nurses

Thesis

Submitted in Partial Fulfilment of Requirements
Master's Degree in Nursing Administration

By

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Dedication

*I dedicate this research to **the Spirit My Father***

*I would like to extend my deepest thanks and express my gratitude to **My Mother** for always encouraging, without her can't able to be successful in my work*

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List of Abbreviations

<i>Abbr.</i>	<i>Full-term</i>
BIAFJS	: Brief Index of Affective Job Satisfaction
CAW	: Control at Work
GWB	: General Well-being scale
HWI	: Home-Work Interface scale
JCS	: Job & Career Satisfaction scale
QWL	: Quality of work life
SAW	: Stress at Work
SPSS	: Statistical package for social science
WPI	: Work place incivility
WPM	: Worker Participation in Management
WRQoL	: Work –Related Quality of Life Scale

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Work place incivility and its effect on quality of work life among staff nurses

Abstract

Background: Workplace incivility is a significant issue in clinical practice. Workplace incivility 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 Eldmerdash hospital which affiliated to Ain shams university hospitals. **Subjects:** Study subject included (154) staff nurses out of (250) working in prementioned setting.

Tools: Data for this study were collected by using two self-administrated questionnaires namely: nursing incivility scale and quality of work life scale.

Results: the study revealed that highest percentage of the studied staff nurses (62%) had high level of agreement regarding work place incivility, while (20%) of them had low agreement and (66.75%) of the studied nurses had high level of agreement regarding quality of work life while (33.25%) had low level of agreement. Meanwhile, there was a highly statistically significant differences between work place incivility and studied nurses socio demographic characteristics. There were statistically significant positive correlations among all levels quality of work life dimensions.

Conclusion: There was statistically significant positive correlations 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 behaviour.

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, Dolev & Shnapper-Cohen, 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*).

Even if workplace incivility represents just the precursor, the workplace violence phenomena show up only when harassment and lateral violence begin to emerge. Harassment is described as abusive behaviors with a systematic intent to damage the target and they are essentially based on gender, sexual, racial, and disability differences. Lateral violence is consistent behavioral patterns planned with the aim to control, belittle or devalue a group of peers. This verbal or physical behavior produces a risk for the health and/or the safety of healthcare interventions delivery. The verbal behavior is the most common and includes every kind of professional or personal mistreatment (*Armstrong, 2017*).