

# An Investigation on Nurses' Encountering Uncivil Behaviors

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## ABSTRACT

**Purpose:** This study investigated the nurses' experiences working in hospitals in Türkiye with uncivil behaviors.

**Methods:** The sample of this descriptive study consisted of 408 nurses who were reached online using snowball method. Data were collected using a structured data collection form, which included demographic and descriptive information about the participants and the Nursing Incivility Scale.

**Results:** Among the participants, 68.6% were female, 51.7% were aged between 26-35 years, and 70.6% were single. The mean score of the Nursing Incivility Scale was  $137.17 \pm 30.31$ . Statistical analysis showed that variables such as the nurses' work unit, parental status, perception of the value of their profession, workplace challenges, stress levels, professional support from colleagues, satisfaction (both material and professional) with their profession, intention of leaving their profession, and levels of professional burnout significantly influenced their experiences of incivility ( $p < 0.05$ ).

**Conclusion:** It has been determined that nurses' exposure to incivility was high. It is recommended to develop professional adaptation training programs specifically for nurses and implement periodic rotations between units and organize training sessions focused on fostering a healthy working environment to raise nurses' awareness of workplace civility and incivility.

**Keywords:** nurse, workplace incivility, civility, uncivil behaviors

## ÖZET

**Amaç:** Bu çalışmada Türkiye'deki hastanelerde çalışan hemşirelerin, nezaketsiz davranışlarla karşılaşma durumlarının belirlenmesi amaçlanmıştır.

**Yöntemler:** Tanımlayıcı tipteki araştırmanın örneklemini kartopu yöntemi ile çevrimiçi olarak ulaşılan 408 hemşire oluşturmuştur. Verilerin toplanmasında, hemşirelerin tanıtıcı bilgileri ve Hemşirelikte Nezaketsizlik Ölçeğini içeren veri toplama formu kullanılmıştır.

**Bulgular:** Araştırma kapsamına alınan hemşirelerin %68.6'sının kadın, %51.7'sinin 26-35 yaşları arasında ve çoğunluğunun (%70.6) bekar olduğu saptanmıştır. Araştırmada hemşirelerin Hemşirelikte Nezaketsizlik Ölçeği puan ortalaması  $137.17 \pm 30.31$  olarak bulunmuştur. Hemşirelerin çalıştıkları birim, çocuk sahibi olma durumu, mesleğinin değerli olduğunu düşünmesi, çalışma ortamında sorun yaşamaması, çalışma ortamında stres yaşamaması, meslektaşından mesleki destek alması, mesleğinden maddi manevi doyum alması, mesleğinden ayrılmayı düşünmesi ve mesleki tükenmişlik düzeyi gibi etkenlerin nezaketsiz davranışlarla karşılaşma durumlarını istatistiksel olarak anlamlı şekilde etkilediği belirlenmiştir ( $p < 0.05$ ).

**Sonuç:** Hemşirelerin, nezaketsizlikle karşılaşma durumlarının yüksek olduğunu belirlenmiştir. Hemşirelere özel mesleki uyum eğitim programlarının geliştirilmesi, birimler arasında periyodik rotasyonların uygulanması ve hemşirelerin işyerinde nezaket ve nezaketsizlik konusunda farkındalıklarını artırmak için sağlıklı bir çalışma ortamı oluşturmaya odaklı eğitim oturumları düzenlenmesi önerilmektedir.

**Anahtar Kelimeler:** hemşire, işyeri nezaketsizliği, nezaket, nezaketsiz davranışlar

Interpersonal relationships pervade all aspects of life, with the workplace being one of the most critical domains (1). Individuals seek to work in a peaceful environment, as they spend a significant portion of their lives at work. Politeness is a key factor in fostering harmony and mutual respect in such environments (2). Conversely, a lack of politeness or uncivil behaviors is called “workplace incivility”(3).

Workplace incivility is particularly prevalent in the healthcare sector. In this context, uncivil behavior often originates from colleagues, patients, or relatives. The demanding nature of healthcare work can exacerbate incivility within healthcare teams, negatively impacting nurses, who play a pivotal role in patient care (4). These uncivil behaviors can diminish nurses’ motivation, increase stress and emotional exhaustion, and impair their professional performance. As a result, nurses may struggle to focus on their duties, disrupting essential responsibilities such as patient care and medication administration (5).

Research indicates that uncivil behaviors in the workplace contribute to an increased tendency to leave the profession (6); the majority of nurses experience such behaviors, which are predominantly caused by patients and their relatives (7); workplace incivility is associated with decreased job satisfaction among nurses (8) and has a detrimental impact on the overall work environment (3). The present study examined nurses’ experiences with uncivil behaviors in hospital settings. The findings are expected to inform the development of strategies to decrease workplace incivility by identifying the challenges nurses face in their professional environments.

## Material and Methods

### *Design and Participants*

This descriptive study targeted nurses in public, university, and private hospitals across Turkey. The sample size was calculated as 384 using an unknown population formula, and the final sample included 408 nurses. Nurses to be sampled in the study were reached using the snowball sampling method. Participants who agreed to participate in the study were asked to share the survey in their digital professional groups and on their social media accounts. Inclusion criteria for participation were being over 18, actively working in a hospital, and providing informed consent to participate in the study. Data were collected

online through nursing groups between May and August 2023. Participants completed the data collection form, which required an average of 10–15 minutes.

### *Measurements*

Data were collected with a data collection form and the Nursing Incivility Scale.

### *Data Collection Form*

The research data were collected using two instruments: The Nurse Descriptive Information Form (20 items) and the Nursing Incivility Scale (43 items). The first section of the data collection form comprised 20 questions addressing the nurses’ sociodemographic characteristics, professional background, and understanding of civility.

### *The Nursing Incivility Scale*

Used in the second section of the data collection form, the Nursing Incivility Scale is a 43-item instrument developed by Guidroz et al. (2010) and adapted into Turkish with validated reliability by Ezgi Bolat in 2018. This 5-point Likert-type scale (1 = Strongly disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly agree) assesses incivility across six sub-dimensions: “nurse incivility,” “patient/visitor incivility,” “administrator incivility,” “physician incivility,” “general incivility–hostile attitudes,” and “general incivility–inappropriate attitudes.” The minimum and maximum scores that can be obtained from the sub-dimensions of the scale are as follows: nurse incivility (10–50 points), patient/visitor incivility (10–50 points), administrator incivility (7–35 points), physician incivility (7–35 points), general incivility–hostile attitudes (5–25 points) and general incivility - inappropriate attitudes (4–20 points). The total score ranges from 43 to 215. Cronbach’s alpha coefficient for the total dimension of the Nursing Incivility Scale was 0.94. The increase in the score obtained from the scale indicates that the incidents of incivility are high (9). The Cronbach Alpha coefficient of this study was calculated as 0.95.

### *Data Analysis*

The data were collected and analyzed using SPSS statistical software, Microsoft Excel, and Google Forms. The Kolmogorov-Smirnov test was employed to assess the normality of the data distribution. For paired group comparisons, the independent sample t-test was applied,

while one-way analysis of variance (One-way ANOVA) was utilized for comparisons involving more than two groups, and LSD post-hoc analysis was conducted for multiple group comparisons. A significance level of 0.05 was adopted, with results considered statistically significant when  $p < 0.05$ .

### Ethical Considerations

Ethical approval for the study was granted by the Ankara Yıldırım Beyazıt University Ethics Committee (Date: 19.01.2023; Decision No: 01-02). The study was carried out in line with the principles of the Helsinki Declaration. Informed consent was obtained from all nurses prior

to their participation in the study through the online questionnaire.

## Results

The results revealed that 51.7% of the nurses were aged between 26 and 35 years, and 68.6% were female. Most of the participants (70.6%) were single, and a significant proportion (78.9%) held a bachelor's degree (Table 1). An analysis of the mean total scores on the Nursing Incivility Scale (NIS) based on the nurses' demographic characteristics revealed that nurses with children had significantly higher mean scores compared to those without children ( $t = 2.226$ ;  $p = 0.02$ ) (Table 1).

**Table 1.** Mean Scores of Nursing Incivility Scale According to Socio-Demographic

Table 1. Mean Scores of Nursing Incivility Scale According to Socio-Demographic					
Characteristics					
Socio-Demographic Information n=408	Number	%	Mean $\bar{x} \pm SD$	Statistical Values	
<b>Age</b>				<b>F</b>	<b>p</b>
18-25	40.2	40.2	133.73±31.99	1.676	0.17
26-35	51.7	51.7	139.32±29.15		
36-45	6.6	6.6	139.32±25.54		
46+	1.5	1.5	151.79±37.45		
<b>Gender</b>				<b>t</b>	<b>p</b>
Female	68.6	68.6	135.88±28.46	1.174	0.24
Male	31.4	31.4	139.71±33.54		
<b>Marital Status</b>					
Married	29.4	29.4	140.61±30.73	1.401	0.16
Single	70.6	70.6	135.88±29.67		
<b>Having Children</b>					
Yes	17.9	17.9	144.48±29.41	2.226	<b>0.02**</b>
No	82.1	82.1	135.45±30.10		
				<b>F</b>	<b>p</b>
<b>Education Status</b>					
High School	3.4	3.4	139.75±33.11	0.137	0.93
Bachelor's Degree	78.9	78.9	137.17±30.10		
Postgraduate	16.7	16.7	136.31±32.25		
Ph.D.	1	1	144.91±21.07		

\*As the data were normally distributed, averages were used.  
 \*\* $p < 0,05$   
 t= Independent t Test  
 F= One Way Anova Test

The study revealed that 74.8% of nurses willingly chose their profession. Regarding work experience, 29.2% had been in the profession for six years or more, and nearly half (45.1%) worked in a shift-based system. Additionally, 68.1% reported not receiving unit-specific training. In terms of job satisfaction, 61% of nurses perceived their

profession as valuable, 35% received professional support from colleagues, and nearly half (47.1%) occasionally experienced both material and moral satisfaction from their work. However, 44.9% of the nurses reported experiencing professional burnout, and 42.4% intended to leave their profession (Table 2).

**Table 2.** The Mean Scores of Nursing Incivility Scale According to Professional Knowledge

Table 2. The Mean Scores of Nursing Incivility Scale According to Professional Knowledge					
Nurses Professional Knowledge n=408	Number	%	Mean Scores $\bar{x} \pm SD$	Statistical Values	
<b>Hospital</b>				<b>F</b>	<b>p</b>
Public Hospital	300	73.6	136.74±28.93	0.383	0.76
Private Hospital	54	13.2	135.88±32.93		
University Hospital	54	13.2	140.61±35.21		
<b>Work Experience</b>					
0-1 Years	95	23.3	133.30±33.45	1.575	0.19
2-3 Years	133	32.6	136.31±28.93		
4-5 Years	61	15	143.62±27.56		
6 Years	119	29.2	138.03±30.27		
<b>Unit</b>					
Clinic	206	50.4	135.88±30.31	2.404	<b>0.04**</b>
Intensive Care Unit	134	32.8	142.76±30.91		
Emergency Service	25	6.1	134.16±30.78		
Operating Room	10	2.5	122.98±32.68		
Others	33	8.2	128.57±22.87		
<b>Work Schedule</b>					
Night shift	184	45.1	137.60±31.56	0.146	0.93
In shifts	141	34.6	135.88±27.60		
Only daytime	78	19.1	138.46±31.86		
Only night	5	1.2	140.18±37.45		
<b>Experiencing Stress at Workplace</b>					
Always	32	7.8	149.64±30.53	23.944	<b>0.00**</b>
Mostly	159	39	149.64±26.23		
Sometimes	151	37	130.29±26.23		
Rarely	61	15	119.11±30.96		
Never	5	1.2	83.42±31.82		
<b>Experiencing Problems at Workplace</b>					
Yes	175	42.9	151.79±24.08	55.598	<b>0.00**</b>
Sometimes	196	48	129.43±27.09		
No	37	9.1	107.93±36.98		
<b>Perceiving the profession as valuable</b>					
Yes	249	61	133.73±31.39	6.286	<b>0.02**</b>
Sometimes	110	27	139.75±26.66		
No	49	12	149.64±28.81		
<b>Experiencing Occupational Burnout</b>					
Yes	183	44.9	144.48±26.23	12.431	<b>0.00**</b>
Sometimes	179	43.9	133.73±29.24		
No	46	11.3	122.55±39.99		
<b>Receiving Professional Support from a Colleague</b>					
Yes	143	35	125.56±31.39	17.708	<b>0.00**</b>
Sometimes	203	49.8	142.33±27.09		
No	62	15.2	146.20±30.96		
<b>Financial and Professional Satisfaction</b>					
Yes	49	12	119.11±32.25	10.401	<b>0.00**</b>
Sometimes	192	47.1	138.46±28.81		
No	167	40.9	141.04±30.10		
<b>Intention of leaving the profession</b>					
Yes	173	42.4	144.91±25.37	20.311	<b>0.00**</b>
Undecided	127	31.1	139.32±26.66		
No	108	26.5	122.55±36.12		
				<b>t</b>	<b>p</b>
<b>Choosing the Nursing Profession Willingly</b>					
Yes	305	74.8	135.88±31.39	-1.638	0.10
No	103	25.2	141.04±26.23		
<b>Receiving Unit Specific Training</b>					
Yes	130	31.9	135.88±30.53	-0.547	0.58
No	278	68.1	137.60±30.10		

\*Since the data were normally distributed, averages were used.

\*\*p<0,05

F= One Way Anova Test

t= Independent t Test

The mean scores of the total NIS based on the occupational characteristics of the nurses showed several significant differences, including differences based on the unit where the nurses worked ( $F = 2.404$ ;  $p = 0.04$ ), experiencing stress in the work environment ( $F = 23.944$ ;  $p = 0.00$ ), experiencing problems in the work environment ( $F = 55.598$ ;  $p = 0.00$ ), and the perception of their profession's value ( $F = 6.286$ ;  $p = 0.02$ ). Additionally, significant differences were found based on professional

burnout ( $F = 12.431$ ;  $p = 0.00$ ), receiving support from colleagues ( $F = 17.708$ ;  $p = 0.00$ ), material and spiritual satisfaction with the profession ( $F = 10.401$ ;  $p = 0.00$ ), and the intention to leave the profession ( $F = 20.311$ ;  $p = 0.00$ ) (Table 2). The NIS has a maximum possible score of 215 and a minimum score of 43. In this study, the mean total score of the NIS was  $137.17 \pm 30.31$ , with the highest score recorded as 215 and the lowest score as 43 (Table 3).

**Table 3.** The Mean Scores of the Nursing Incivility Scale and its Subscales

Subscales	Number	$\bar{x} \pm SD$	Min Score	Max Score
Nurse Incivility	408	$31.10 \pm 9.36$	10	50
Patient/visitor Incivility	408	$33.20 \pm 8.82$	10	50
Administrator Incivility	408	$21.14 \pm 7.77$	7	35
Physicians Incivility	408	$20.79 \pm 6.88$	7	35
General Incivility - Hostile Attitudes	408	$17.80 \pm 4.27$	5	25
General Incivility - Inappropriate Attitudes	408	$12.92 \pm 3.91$	4	20
<b>Total Score of Nursing Incivility Scale</b>	<b>408</b>	<b><math>137.17 \pm 30.31</math></b>	<b>43</b>	<b>215</b>

In our study, 74.7% of the nurses defined the concept of civility as being civil to others, while 56.3% described it as exhibiting civil behavior. Additionally, nearly all the nurses (83.8%) reported encountering uncivil behaviors in the units where they worked. The sources of uncivil behavior were identified as visitors or patient relatives (66.6%), nurse managers (65%), physicians (58.2%), and other nurses (53.1%).

## Discussion

In this study, nurses' encounters with incivility were evaluated, and the mean scores indicated a high level of exposure to uncivil behaviors (Table 3). Similar studies have also reported high mean scores regarding nurses' experiences with incivility (10-12). The high mean scores in these studies highlight that communication challenges, whether in professional or social contexts, have become increasingly prevalent. There are also studies in which nurses' mean scores of encountering uncivil behaviors are low<sup>8</sup> or moderate (13-16).

In this study, nurses' units significantly influenced their encounters with incivility. Specifically, nurses working in intensive care units reported higher mean scores of incivilities ( $p < 0.05$ , Table 2). This finding aligns with the study by Layne et al. (2019), which also indicated that nurses in intensive care and emergency departments experienced higher levels of uncivil behaviors (11). The

significant impact of the work unit on nurses' encounters with incivility is a noteworthy finding, suggesting that nurses working in intensive care are more likely to face incivility due to communication challenges related to the patients they care for and the high-stress nature of the environment.

In this study, nurses with children reported significantly higher mean scores of incivility than those without children ( $p < 0.05$ , Table 1), suggesting that nurses with children may be more likely to encounter uncivil behaviors due to changes in their work schedules, such as adjustments to shift rotations and the use of maternity leave, which can lead to disruptions in interpersonal relationships. Interestingly, to our knowledge, no studies have specifically explored the impact of having children on nurses' experiences with incivility.

In this study, nurses who did not find their profession valuable reported higher mean scores of incivility compared to those who valued their profession ( $p < 0.05$ , Table 2). This finding is consistent with the study by Seven et al. (2021), where nurses who did not have a positive perception of their profession had significantly higher scores on the incivility scale than those who valued their profession (16). The identification of professional value as a factor affecting encounters with uncivil behaviors is another significant finding. This suggests that nurses who value and enjoy their profession are more aware of their

responsibilities and duties, which may help them manage interactions more effectively and reduce exposure to incivility.

In this study, nurses who experienced occupational burnout had significantly higher mean scores of incivilities than those who did not experience burnout ( $p < 0.05$ , Table 2). Similar results have been reported in other studies (17,18). The identification of professional burnout as a factor affecting nurses' encounters with uncivil behaviors is a significant finding, indicating that nurses experiencing burnout may be more vulnerable to incivility due to reduced tolerance, diminished motivation, and increased fatigue.

In this study, nurses who did not receive support from their colleagues reported significantly higher mean scores of incivility than those who did ( $p < 0.05$ , Table 2). This finding aligns with the study by Oja (2017), which highlighted the importance of colleague support in reducing incivility among nurses (19). The finding that professional support from colleagues is a key factor affecting nurses' encounters with incivility is significant. It suggests that when nurses receive support from their colleagues, their workload decreases, sources of stress are alleviated, and their communication improves, ultimately reducing the likelihood of encountering uncivil behaviors.

In this study, nurses who had an intention to leave the profession reported significantly higher mean scores of incivilities than those who did not ( $p < 0.05$ , Table 2). Similar results have been found in other studies (17-20,21). Identifying the intention of leaving the profession as a factor affecting encounters with incivility is a noteworthy finding. This suggests that experiencing incivility in the workplace negatively impacts nurses' professional lives, potentially reinforcing their thoughts of leaving the profession.

In this study, nurses who experienced stress in the working environment reported significantly higher mean scores of incivilities than those who did not ( $p < 0.05$ , Table 2). This result similarly, with findings in the study by Seung et al. (2024), which indicated that stress negatively affected nurses' work attitudes and contributed to uncivil behaviors (22). Similarly, Durmuş et al. (2024) found that stress exacerbated incivility in the workplace (23). This finding suggests that workplace stress negatively impacts nurses' psychology and plays a significant role encountering uncivil behaviors.

In this study, nurses who experienced problems in the working environment reported significantly higher mean scores of incivility than those who did not ( $p < 0.05$ , Table 2). This finding is consistent with studies that have shown that issues such as rude behavior, bullying, or workplace violence contribute to an increase in uncivil behaviors among nurses (17,24). This result suggests that nurses tend to internalize the problems they face in the work environment, which negatively impacts their behavior and communication, leading to a higher likelihood of encountering incivility.

In this study, nurses who had material and moral satisfaction in their profession reported significantly lower mean scores of incivility than those who did not ( $p < 0.05$ , Table 2), aligning with the study by Zhao et al. (2018), which found that nurses who were satisfied with their jobs and had high subjective well-being were less likely to encounter incivility (21). The results suggest that professional satisfaction positively influences nurses' behaviors and interpersonal relationships.

There were some limitations in this study. The findings are limited by the assessment tools used, and causal inferences cannot be made. The findings are limited to the sample used in this study, therefore generalizations cannot be made.

## Conclusions

The present study demonstrated that the mean scores of nurses' encounters with uncivil behaviors were high. Nurses working in intensive care units, as well as those who did not value their profession, experienced professional burnout, lacked financial and professional satisfaction from their work, did not receive support from colleagues, and encountered problems at their workplaces reported significantly higher mean scores of experiencing incivility. Additionally, nurses most frequently encountered incivility from visitors and patient relatives. Given these findings, it is recommended to develop professional adaptation training programs specifically for nurses working in intensive care units and implement periodic rotations between units and organize training sessions focused on fostering a healthy working environment to raise nurses' awareness of workplace civility and incivility, helping them to adopt positive attitudes and perspectives. To foster a positive societal perception of nurses, it is recommended to start social initiatives and public service announcements to increase

public awareness of health-related issues. Additionally, policies should be established to minimize nurses' exposure to uncivil behaviors in the workplace, thereby promoting a more respectful and supportive professional environment.

## Declarations

### Funding

The author declared that no financial support was received for this paper.

### Conflicts Of Interest

The authors declare that they have no conflicts of interest.

### Ethical Approval

The study was approved by Ankara Yıldırım Beyazıt University Ethics Committee (Date: 19.01.2023; Decision No: 01-02).

### Availability Of Data and Material

The data for this study are available from the corresponding author upon reasonable request.

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### Authors' contributions

All authors have significantly contributed to this article's preparation, thoroughly reviewed the manuscript, and approved its final version for submission.

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