

Relation between Work Practice Environment, Workplace Civility Climate and Staff Nurses' Intention to Leave the Profession

Salwa Ahmed Mohamed Ebrahim ⁽¹⁾, Rady Mubarak Ahmed ⁽²⁾

(1) Assistant professor of Nursing Administration, Faculty of Nursing, Beni-Suef University, Egypt.

(2) Lecturer of Nursing Administration, Faculty of Nursing, Beni-Suef University, Egypt.

Corresponding Author: drsalwaged@yahoo.com and dr_radymubarak@yahoo.com.

Abstract

Background: Nurses are the largest and essential capital of health care organizations. Nurses' intention to leave is a devastating phenomenon that threatens the health care systems locally and globally. Work practice environment and workplace civility climate are major determinants of nurses' intention to leave. **Aim:** To evaluate the relation between work practice environment, workplace civility climate and staff nurses' intention to leave the profession. **Research Design:** A descriptive correlational research design was utilized. **Setting:** Different departments at Beni-Suef University hospital. **Sample:** A convenient sample of 165 staff nurses were recruited for the study. **Data Collection Tools:** Three data collection tools were used: Practice Environment Scale of the Nursing Work Index (PES-NWI), Perceived Workplace Civility Climate Scale (PWCCS) and Staff Nurses' Intention to Leave Nursing Profession Questionnaire. **Results:** More than three quarters of staff nurses (80%) perceived their work practice environment as unfavorable. More than half of the staff nurses (56.3%) had moderate level of perception of work place civility climate. About three quarters of staff nurses (74.5%) had high intention to leave. There was a significant negative statistical correlation between work practice environment and staff nurses' intention to leave ($P=0.000$). Also staff nurses' intention to leave was negatively correlated with perceived workplace civility climate ($P=0.000$). Work practice environment was positively correlated with work place civility climate ($P=0.002$). **Conclusion:** The study concluded a highly statistically significant relation between work practice environment, workplace civility climate and staff nurses' intention to leave the profession. **Recommendations:** Adopting new leadership approaches and practices that are supportive to staff and building a constructive work environment and improving workplace civility climate. Make the necessary changes in the work practice environment based on the suggestions and recommendations of staff nurses.

Keywords: Work Practice Environment, Workplace Civility, Intention to Leave, Staff Nurses.

Introduction

The shortage of nurses is a global issue and was related to multiple reasons. Some of the main reasons that affect nursing shortage are the insufficient numbers of students that enter and completing nursing education (Wray, Aspland, Barrett, & Gardiner, 2017), the ageing of the nursing workforce, poor working environments and the physical and mental stress of the job (Barrientos-Trigo, Vega-Vázquez, De Diego-Cordero, Badanta-Romero, & Porcel-Gálvez, 2018). Shortages of nurses also threaten the quality of patient care and safety therefore, it is necessary to identify and address the factors that encourage nurses' intention to stay in the profession and those that lead to leaving the profession (Rivaz, Tavakolinia, and Momennasab, 2021).

The nurse practice environment was a major concern for researchers in most recent decades. It has been defined as the different features that enhance or reduce the ability of a nurse to exercise nursing skills proficiently and introduce high quality patient care. Nurses working in hospitals are influenced by their participation in different hospital affairs, fundamentals of quality patient care, leadership and support capabilities of the nurse manager, staffing and resource adequacy and collegial nurse-physician relationships. The nurse practice environment is driven by the prevailing nursing shortage affecting global health systems (Nantsupawat et al., 2017).

A positive nurse practice environment considerably increases job satisfaction (Al-Hamdan, Banerjee, & Manojlovich, 2018)

and decreases turnover intention among nurses (Albashayreh, AlSabei, Al-Rawajfah, & Al-Awaisi, 2019). Inadequate resources and staffing in the work environment lead to poor work outcomes such as increased burnout and job dissatisfaction (Al Sabei et al., 2020). A good nurse work environment characterized by adequate resources and supportive management has been strongly associated with lower levels of adverse event and missed care reporting, higher nurse-reported safety levels and higher nurse-assessed quality of care (Lake, French, O'Rourke, Sanders, & Srinivas, 2019).

According to Patterson (2016), the concept of "civility" arose from the concepts of citizenship, civilization, and the city in the past. Civilized people are individuals who are suited to live in cities, and the concept of civility is crucial because it enables people to have positive connections with one another and provides a foundation for collaboration and peace. Civility also guides the expression of people attitudes. Disgust, disdain, love, rage, and fear are among the emotions represented in the attitudes. It also encompasses judgments, symptoms, hopes, and wishes.

As a result, civility in the workplace originates from this broad historical idea of civility, as civility is the behavior that helps keep standards of mutual respect at work, so workplace civility climate is a direct extension of a safety climate with less damage. The civility climate in the workplace was defined as the employees' perception of how to manage practices, procedures, policies and rules to keep the workplace civil. Management can take actions to stimulate a harmless workplace by founding policy and procedure that direct worker behaviors associated with safety. Supervisors, as liaison personnel between management and practical nurses, are pivotal to spread civil behaviors from top to bottom. Therefore, together with the employees, management plays an important role in cultivating a climate of civility in the workplace. In addition to this, nurses' self-awareness of policies within the framework is required to deal with indifferent behaviors (Cortina, Kabat-Farr, Magley, & Nelson, 2017).

Chegini, Asghari, & Kakemam (2019) mentioned that turnover intention is a common happening in most of organizations and is associated with negative consequences for employees. While, Roche, Duffield, Dimitrelis & Duffield (2015) defined it as any career move, whether external, such as leaving the profession or an organization entirely, or internal in which nurses move between nursing units in the same hospital. Turn over intention is the predictor of actual turnover behaviors. Employees leaving an organization could have a great negative impact on organizational outcomes. Consequences of employee turnover include the loss of skillful and competent staff. Similarly, organizations will pay high cost for recruiting and training new skillful employees. Also, remaining staff may experience morality issues; psychological and social disturbance (Dousin, Collins, Bartram & Stanton, 2021).

Sasso, Bagnasco, Aleo, & Watson (2019) stated that nurse turnover is costly and influence quality of care. Clarifying that, understanding the relation between intention to quit and organizational characteristics may help to develop strategies to reduce turnover. The turnover of nurses not only aggravates inadequate supply, causing many work-associated health problems among nurses and low quality of care, but also increases the financial load due to temporary replacement costs and decreased productivity of novice employees. In the past, several studies found that the nurses' turnover intention was affected by the personal and organizational factors, such as workload, stress, workplace conditions and work practice environment (Zahednezhad, Hoseini, Ebadi, Farokhnezhad Afshar & Ghanei Gheshlagh, 2021). Ebrahim (2017) and Mcenroe-petite etal (2017) reported that there were several determinants of turnover like age, satisfaction, and job stress. Furthermore, Chegini et al., (2019) found that nurses had intended to leave their employment because of low quality of work life and unsatisfactory salaries, and incentives.

Ghandour, Elzohairy & Elsayed (2019) highlighted that healthcare administrators should formulate plans to control staff issues and to enhance their satisfaction which can

therefore improve their spirits, professional advancement growth, improve retention and satisfaction among professional nurses. However, **Nikkhah-farkhani & Piotrowski (2020)** concluded that providing a flexible work plan, enhancing teamwork and improving the spirit of cooperation could reduce nurses' turnover intention. **Alilu, Valizadeh, Zamanzadeh, Habibzadeh, & Gillespie (2016)** revealed that managers can keep staff nurses in the work place by offering appropriate tasks and improving their motivation and satisfaction levels.

Significance of the Study:

Globally, it is recognized that there is a nursing shortage (**Elewa, 2021, Both-Nwabuwe, Dijkstra, Klink, & Beersma, 2018**), an issue which is exacerbated by current demographic and health care trends like the ageing of the population, more people with chronic illnesses and subsequently increased health care needs (**Auerbach & Staiger, 2017**). The World Health Organization (WHO) has projected a shortage of 7.6 million nurses and midwives by 2030 (**WHO, 2016**). Moreover, several studies attribute a positive work environment to favorable work outcomes (**Lake, et al., 2019**). The climate of constructive civility in the workplace adds to good cooperation, communication, patient safety and quality of care (**ANA, 2015**).

In fact the study setting was selected because the researchers through their interview with staff observed their intention to leave and resentment about work environment. Therefore this study was very significant as it evaluated the relation between work practice environment, workplace civility climate and staff nurses' intention to leave the profession. The findings of the study were of great importance for nurse managers to put hands on nurses' perceptions of their work practice environment and work place civility climate and their impact on nurses' intention to leave the profession.

Aim of the Study:

The current study aimed at evaluating the relation between Work practice environment, workplace civility climate and staff nurses' intention to leave the profession.

Research Questions:

Four research questions were formulated based on the aim of the study:

Q1: What is the level of staff nurses perception of their work practice environment?

Q2: What is the level of staff nurses perception of their workplace civility climate?

Q3: What is the level of staff nurses' intention to leave their profession?

Q4: Is there a relation between work practice environment, workplace civility climate and staff nurses' intention to leave the profession?

Research Methods

Research Design:

A descriptive correlational research design was utilized for conducting the current study.

Research Setting:

The study was conducted in different departments (ICU, CCU, OR, ER, Hemodialysis and Inpatient) at Beni-Suef University Hospital. The hospital's bed-capacity is 432. The Hospital consists of seven main departments providing different services. The hospital consists of a six-floor building. The first floor includes the emergency department and hemodialysis unit along with kitchen, laundry room and sterilization unit. The second floor hosts the oncology unit, orthopedic unit, radiology, and laboratory department beside outpatient clinics. The third floor consists of a general intensive care unit, a cardiothoracic intensive care unit and an operation department that subdivided into general and specific operation units. The fourth floor hosts surgical departments and a physician resting suit. The fifth floor consists of medical departments, cardiac department and pediatric department. The sixth floor includes obstetric department, an ear, nose and throat unit (E.N.T) and an endemic unit.

Subjects:

A convenient sample of 165 staff nurses from different departments at previously mentioned setting who agreed to participate in the study at the time of data collection were recruited for the study. Sample included staff nurses who had at least two years of experience in the study setting. Sample size was calculated based on **Thompson (2012)** equation; using the

following parameters: population size (285), probability (50%), Z at 95% confidence level (1.96) and error proportion d (0.05).

Tools of Data Collection:

Three data collection tools were used:

Tool I Practice Environment Scale of the Nursing Work Index: (PES-NWI) developed by **Lake, (2002)**. The scale is composed from 31 items encompassing five dimensions: nurse manager's ability and leadership (5 items), collegial nurse-physician relations (3 items), nurse participation in hospital affairs (9 items), staffing-resource adequacy (4 items) and nursing foundation for quality of care (10 items). The possible range of composite and subscale scores was from 1 to 4, with higher scores reflecting higher quality of the nursing practice environment. According to **Lake and Friese (2006)**, the practice environment can be classified as favorable if scores exceeded 2.5 (the theoretical midpoint) on four or five subscales, mixed (neutral) if scores exceeded 2.5 on two or three subscales, and unfavorable if none or only one of the five subscales exceeded a mean score of 2.5.

Tool II Perceived Workplace Civility Climate Scale (PWCCS): The scale was developed by **Ottinot (2008)** and used to measure nurses perception of workplace civility climate. It included 15 items in a three dimensions: intolerance for incivility (6 items), response (4 items) and policies and procedures (5 items). The responses were scored using a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Scale scores were calculated for each dimension, with higher scores on the response and policies/procedures dimensions indicating higher levels of perceived workplace civility climate (PWCC) along each dimension. Intolerance for incivility items was reverse-scored, with higher scores indicating employees perceived the organization as having greater intolerance for incivility. Overall scores were divided into categories according cut off points as follows: Low level score (< 25), moderate level scores (25 < 50), and high level scores (50-75).

Tool III Staff Nurses' Intention to Leave Nursing Profession Questionnaire: The tool was adopted from **Ahmed, Abed-Elwahab**

& Elguindy (2017) that used and modified the tool developed by **Peterson, (2009)**. It consisted from two parts: first part; Personal Characteristics Data Form which included questions regarding subjects' age, gender, marital status, qualifications, etc. The second part consists of 6 items divided into two sections: the first section was an intention to leave the hospital section, and the second section was the intention to leave the profession, each section is composed from 3 items. The responses were scored on a three-point Likert scale (yes = 0, uncertain = 1 and no = 2). Overall scores were divided into categories according cut off points that indicate the level of staff nurses intention to leave as follows: Low intention to leave level score (< 4), moderate intention to leave level scores (4 < 8), and high intention to leave level scores (8 –12). The data collection tools were translated into Arabic by two translators. Each of them translated the tool separately. The two versions were combined and revised and then back translated into English by a third translator. The translation was refined after back translation until agreement was obtained among all three translators. The questionnaire was then piloted for comprehension and ease of administration on 10 Arabic-speaking.

Validity and Reliability:

Validity of the data collection tools was tested by five nursing experts (two professors from faculty of nursing Cairo University and three assistant professors from faculty of nursing Beni-Suef University) for their content, clarity, applicability, and adequacy of the tools. Modifications for the tools were done based on the recommendations of the nursing experts. Then, reliability of the tools was tested in the current study using Cronbach's alpha coefficient which was (0.863) for PES-NWI, (0.795) for PWCC and (0.813) for "staff nurses' intention to leave nursing profession questionnaire" which were good score for reliability.

Field work:

Official permissions from the medical and nursing manager of Beni-Suef University hospital were obtained. All staff nurses were invited to participate in the study. The purpose

and nature of the study were explained to each participant individually and a written informed consent was obtained. The investigators informed them that participation was entirely voluntary. Anonymity of the information was assured. Using the data collection tools, the work practice environment, workplace civility climate and intention to leave the profession were assessed by staff nurses who completed the tools while the investigators were waiting them. Data collection occurred during evening shifts as nurses' workload was moderate giving them sufficient space to complete the questionnaires. The questionnaires took about fifteen minutes to complete. Data collections lasted for four weeks. Finally, the questionnaires without logical errors and incompleteness were analyzed.

Pilot Study:

The pilot study was conducted with 17 nurses who represent 10% of nurses at the previously mentioned settings in order to test the applicability of the constructed tools and the clarity of the included tools. The pilot also served to estimate the time needed for each subject to fill in the questionnaire. Nurses selected for pilot study was excluded from the study because some modifications were done based on the result of piloting.

Ethical Considerations:

The research ethics committee revised and approved the study. Participants were assured of the informed consent right and voluntary participation. The data were strictly protected and was only used for academic research purpose.

Statistical Data Analysis:

The collected data were analyzed using statistical package for social sciences (SPSS 22.0) for descriptive statistics in the form of frequencies and percentages for categorical variables. Means and standard deviations were used for continuous variables. Pearson correlation coefficient was used for measuring the correlation between study variables. Regression analysis was used for predicting the relationships between study variables. Chi square tests were used for correlating categorical variables.

Results:

Table 1 summarizes the personal characteristics of the study's subjects. Regarding their ages, 51.6% of staff nurses were aged more than thirty five years with Mean \pm SD (37.54 \pm 6.85). As for their gender, 77% of staff nurses were female. The majority of them (89.1%) were married. Concerning their qualifications, 56.3% of nurses hold diploma in nursing. For their work experiences, 67.9% of nurses had experiences over than ten years. 41.8% of them worked in inpatients units.

Table 2 illustrates the overall mean scores of staff nurses regarding their perception of work practice environment, workplace civility climate and intention to leave. Concerning work practice environment, the overall Mean \pm SD score was (1.94 \pm 0.51). This mean score indicated work practice environment in general was unfavorable for staff nurses. Regarding the sub-dimensions of work practice environment, the highest mean score was for nurse-physician relations (1.98 \pm 0.45) while the lowest mean score was for nurse participations in organizations' affairs (1.58 \pm 0.49). But generally all the sub-dimensions were low. For staff nurses' perception of workplace civility climate, the overall Mean \pm SD score was (54.39 \pm 13.65). This mean score indicated that staff nurses had a moderate level of perception of workplace civility. Regarding the sub-dimensions of workplace civility, the highest mean score was for policies and procedures (19.92 \pm 6.54) followed by intolerance for incivility and response (18.54 \pm 3.65 and 14.67 \pm 5.43) respectively. Concerning staff nurses' intention to leave, the overall Mean \pm SD score of intention to leave was (9.41 \pm 2.85). The Mean \pm SD score of intention to leave the hospital was (4.65 \pm 1.45) and the Mean \pm SD score of intention to leave the profession was (4.75 \pm 1.39). Both mean scores were high indicating that staff nurses had higher intention to leave both the hospital and the profession.

Table 3 reveals the levels of work practice environment, workplace civility Climate and intention to leave. For work practice environment, more than three quarters

of staff nurses (80%) perceived their work practice environment as unfavorable. Concerning the levels of staff nurses' perception of the workplace civility climate, more than half of the staff nurses (56.3%) had moderate level of perception. Regarding the levels of intention to leave, the highest percentage of staff nurses had high level followed by moderate level (74.5% and 14.5%) respectively.

Table 4 shows the correlation coefficient between work practice environment, workplace civility climate and staff nurses' intention to leave. Using Pearson correlation coefficient, there was a significant negative statistical

correlation between work practice environment and staff nurses' intention to leave ($r = -0.593$, $p = 0.000$). Also, staff nurses' intention to leave was negatively correlated with perceived workplace civility climate ($r = -0.482$, $p = 0.000$). work practice environment was positively correlated with work place civility climate ($r = -0.376$, $p = 0.002$).

Table 5 summarizes the coefficients of regression among study variables. Both work practice environment ($\beta = -0.151$, $P = 0.000$) and workplace civility Climate ($\beta = 0.128$, $P = 0.000$) explained 71.8% of the variance in staff nurses' intention to leave.

Table (1) Frequency and Percentage Distribution of the Studied Staff Nurses Regarding Their Personal Characteristics (n=165)

Personal Characteristics	N	%	
	20<25	30	18.2
	25<30	16	9.6
Age	30<35	34	20.6
	≥ 35	85	51.6
Mean ±SD	37.54±6.85		
Gender	Male	38	23
	Female	127	77
Marital Status	Not married	18	10.9
	Married	147	89.1
	Diploma in Nursing	93	56.3
	Health Technical Institute	30	18.2
Qualification	Bachelor Degree In Nursing	28	16.9
	Postgraduates Qualifications	14	8.6
	Less Than 5 Years	20	12.1
Experience	5<10 Years	33	20
	Over than 10 years	112	67.9
Mean ±SD	13.64±4.53		
Department	Emergency	16	9.7
	OR	23	13.9
	CCU	25	15.1
	Inpatient	69	41.8
	ICU	13	7.8
	Dialysis	19	11.7

OR: Operating Room, CCU: Cardiac Care Unit, ICU: Intensive Care Unit

Table (2) Total Mean Scores of the Studied Staff Nurses Regarding Their Perception of Work Practice Environment, Workplace Civility Climate and Intention to Leave (n=165)

Items	Max	Mean ±SD	Mean Percent
-Nurse-Physician Relations	4	1.98±0.45	49.5
-Nursing Foundation for Care Quality	4	1.88± 0.52	47
Work Practice Environment			
-Nurse Manager Ability and Leadership	4	2.31±0.46	57.75
-Nurse Participation in Organizational Affairs	4	1.58±0.49	39.5
-Staffing-Resource Adequacy	4	1.95± 0.63	48.75
Total	4	1.94± 0.51	48.5
Workplace Civility Climate			
Intolerance for Incivility Response	30	18.54±3.65	61.8
	20	14.67±5.43	73.3
Policies and Procedure	25	19.92±6.54	79.6
Total	75	54.39±13.65	72.5
Intention to Leave			
-Intention to Leave (Hospital)	6	4.65± 1.45	77.5
-Intention to Leave (Profession)	6	4.75± 1.39	79.1
Total	12	9.41±2.85	78.4

Table (3) Frequency and Percentage Distribution of the Levels of Work Practice Environment, Workplace Civility Climate and Intention to Leave among the Studied Staff Nurses (n=165)

Variable	Levels	No	%	X ²	P-Value
Work Practice Environment	Favorable	19	11.5	18.3	0.000**
	Mixed	14	8.5		
	Unfavorable	132	80		
Workplace Civility Climate	High	27	16.3	15.87	0.000***
	Moderate	93	56.3		
Intention to Leave	High	45	27.4	23.5	0.000**
	Moderate	123	74.5		
	Low	24	14.5		
	Low	18	11		

** Correlation is significant at the 0.01 level (2-tailed).

Table (4) Correlation between Work Practice Environment, Workplace Civility Climate and Staff Nurses' Intention to Leave (n=165)

Variables	Work Practice Environment	Workplace Civility Climate
Intention to Leave	-0.593 (0.000**)	-0.482 (0.000**)
Work Practice Environment		0.376(0.002**)

** Correlation is significant at the 0.01 level (2-tailed).

Table (5) Unstandardized Coefficients of Regression for Work Practice Environment and Workplace Civility Climate.

	Unstandardized Coefficients		R ²
	B	P-value	
(Constant)	11.663	0.000**	0.718
Work Practice Environment	-0.151	0.000**	
Workplace Civility Climate	0.128	0.000**	

Dependent Variable: Intention To Leave

** Correlation is significant at the 0.01 level (2-tailed).

Discussion:

Nursing manpower is one of the most important resources for health organizations that represent a critical element in their success. Shortage of nurses is a worldwide issue. It becomes critical when the need for nurses is expected to increase and nurses' supply is expected to decrease (**Omar, Halim, Yusoff, Ahmad, & Ibrahim**). Retention of staff nurses is a concern among qualified nursing and many countries have reported a shortage of qualified nurses. In addition, intention to leave the organization and the profession has become a personnel problem and a challenge to nursing administration in health sector **Ahmed et al., (2017)**.

Therefore, the current study aimed at evaluating the relation between Work practice environment, workplace civility climate and staff nurses' intention to leave the profession. To fulfill the aim of the current study four research questions were formulated. The first question was about the work practice environment as perceived by staff nurses. The current study found that the overall mean score of work practice environment was low indicating that work practice environment in general was unfavorable for staff nurses. This could be due to poor relationships of staff nurses with their colleagues and physicians. Lack of resources and unsupportive management and leadership practices also could play critical role in creating this unfavorable work environment. This explanation was supported by **Elewa (2021)** who found a highly positive statistically significant correlation between staff nurses' perception of leadership practices and staff intention to leave. In the same vein, **Slater et al (2021)** in their cross sectional survey reported that Finnish nurses

perceived their work practice environment as unfavorable. On the opposite, **Anzai, Douglas and Bonner (2014)** reported that Japanese nurses rated their work environment favorably overall using the Japanese version of the Practice Environment Scale of the Nursing Work Index. Also, **Li, Li and Wan (2019)** reported that Chinese nurses perceived their work practice environment as favorable. Similar finding was stated by **Al-Hamdan, Manojlovich and Tanima (2017)** who found that Jordanian nurses perceived their work practice environment as favorable.

For the second research question about staff nurses' perception of workplace civility climate, the current study found that majority of staff nurses had moderate level of perception of work place civility climate. Similar finding was reported by **Hossny and Sabra (2020)** who reported that both employee and top management had high level of perception of work place civility climate. In the same vein, **Elsayed, Hassouna, Nageeb and Mohamed (2021)** reported that more than three quarters rated their workplace civilized. Regarding the third research question about staff nurses intention to leave, the current study found that the majority of staff nurses had higher intention to leave the profession. This could be attributed to the poor and unfavorable work practice environment that staff nurses are operating in its context. In the same vein, **Ahmed et al., (2017)** reported that staff nurse had higher intention to leave both the hospital and the profession. Similar finding also was reported by **Li et al., (2019)**. **Rivaz et al.,(2021)** also reported high level of intention to leave among the intensive care units' nurses. **Slater et al (2021)** also reported that younger nurses in Finland reported higher levels of intention to leave. **Elewa (2021)**

also reported that the majority of staff nurses had high to moderate intention to leave the profession. Similarly, **Sasso et al., (2019) and Chegini et al (2019)** reported that their study subjects had higher intention to leave.

Concerning the fourth research question about the relationship between Work practice environment, workplace civility climate and staff nurses' intention to leave the profession. The present study revealed a significant negative correlation between Work practice environment and staff nurses' intention to leave the profession. Also, staff nurses' intention to leave was negatively correlated with perceived workplace civility climate. These correlations are logical and signify the importance of work practice environment and civility climate on influencing nurses' intention to leave. The finding of the study was in the same line with **Li et al., (2019)** who reported that work practice environment was negatively associated turnover intention. **Al-Hamdan et al (2017)** reported that the nursing work environment was positively associated with nurses' intent to stay. **Al Zamel, Lim, Chan and Piaw (2020)** in their integrative review about factors influencing nurses' intention to leave and intention to stay reported that work environment was associated highly with intention to stay. On the contrary, **Slater et al. (2021)** reported that practice environment had no significant relationship with intention to leave.

Generally, it was noticed that work practice environment and workplace civility Climate were variably perceived between favorable and unfavorable across different countries, different settings and different samples. This variability reflects the different context in which studies were conducted. Intention to leave nursing ranged between high and moderate in the majority of studies. The higher intention to leave the profession is an alarming phenomenon that brought attention of most nursing researchers worldwide and needs urgent solutions.

Conclusion:

The study concluded that there was highly statistically significant relation between work practice environment, workplace civility climate and staff nurses' intention to leave the profession. Nurse Managers should pay great attention to the influence of work practice environment, civility Climate on decreasing staff nurses' intentions to leave.

Recommendations:

In the light of the finding of the current study, the following recommendations were suggested:

For Hospital Administrators:

- Hospital administrators should open communication channels with staff nurses through conducting interviews and conference with staff nurses for investigating the real reasons behind their perception of the work practice environment as unfavorable.

- Make the necessary changes in the work practice environment based on the suggestions and recommendations of staff nurses.

- Adopting new leadership approaches and practices that are supportive to staff and building a constructive work environment and improving workplace civility Climate.

For Policy Makers:

- Health policy makers should perform country wide investigations for the phenomenon of nurses' intention to leave to put hands on the root causes of the problem and create urgent strategies to overcome.

Further Researchers:

- Researchers should extensively investigate the phenomenon of intention to leave using both quantitative and qualitative approaches for in-depth understanding of the phenomenon and proposing realistic strategies that can help policy makers and hospital administrators to create favorable work practice environment and workplace civility climate that retain staff nurses.

- Study the effect of innovative leadership style on nurse civility intention to leave.

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