Exploring the Impact of Insolent Behavior on Staff Turnover among Nurses in Selected Hospitals in the Province of Antique

Ellyn Joy R. Luces, RN

Nursing Department, University of Perpetual Help System Dalta

ABSTRACT

Workplace incivility, particularly insolent behavior, is a critical issue in the nursing profession, adversely impacting job satisfaction and staff retention. This study investigates the prevalence and effects of insolent behavior on nurse turnover in selected hospitals in the province of Antique using a quantitative cross-sectional research design. The study examines the relationships between workplace incivility, job satisfaction, organizational commitment, and turnover intentions.

Data were collected from registered nurses through a structured survey instrument measuring the frequency of insolent behaviors, including rudeness, lack of cooperation, and public criticism. The findings indicate that such behaviors are pervasive in healthcare settings, significantly affecting nurses' psychological well-being, professional engagement, and overall job satisfaction. Inferential analyses reveal a strong negative correlation between workplace incivility and job satisfaction, alongside a significant positive correlation with turnover rates. Younger and less experienced nurses demonstrated heightened vulnerability to the detrimental effects of insolence, whereas more experienced nurses and those in leadership roles exhibited greater resilience.

The study underscores the necessity for proactive organizational interventions, including the implementation of anti-incivility policies, leadership accountability, and continuous workplace climate assessments. Tailored strategies, such as mentorship programs and peer support networks, are recommended to mitigate the impact of workplace incivility. Establishing a respectful and professional work environment is imperative to enhancing job satisfaction, reducing turnover, and ensuring high-quality patient care. Strengthening institutional policies and fostering a culture of respect and accountability will contribute to a more stable and committed nursing workforce.

Keywords: Workplace incivility; Nurse turnover; Job satisfaction; Organizational commitment; Healthcare workplace dynamics

INTRODUCTION AND BACKGROUND TO THE STUDY

Nurses play a fundamental role in patient care, spending the most time interacting with patients and significantly influencing healthcare outcomes. Given this critical role, a collaborative and respectful work environment is essential in fostering effective teamwork, enhancing job satisfaction, and ensuring quality patient care. However, the high-pressure nature of nursing can contribute to workplace stress, leading to the emergence of negative behaviors such as workplace incivility and unprofessional conduct (Meires, 2018). Incivility in healthcare settings disrupts team cohesion, lowers morale, and ultimately compromises both staff well-being and patient safety (Havaei et al., 2020).

Workplace incivility is defined as low-intensity deviant behavior with an ambiguous intent to harm, violating social norms of respect in professional environments (Andersson & Pearson, 1999). Unlike explicit aggression or bullying, incivility manifests subtly through dismissiveness, condescension, public criticism, and refusal to cooperate with colleagues. Although seemingly minor, these behaviors accumulate over time, creating a toxic work environment that significantly impacts nurses' emotional well-being, professional engagement, and job satisfaction (Porath & Pearson, 2013). Research has demonstrated that frequent exposure to workplace

incivility increases emotional exhaustion, diminishes organizational commitment, and raises turnover intentions among nurses (Armstrong et al., 2022).

In rural healthcare settings such as the province of Antique, workplace incivility poses a distinct challenge due to the limited availability of healthcare resources and employment opportunities. Nurses in these settings may have fewer alternatives for job mobility, making workplace dynamics even more influential in their career decisions. Studies indicate that the interpersonal relationships within small, close-knit hospital communities significantly affect morale, job satisfaction, and retention rates (Friganović et al., 2021). High levels of incivility in these settings may be particularly detrimental, as professional conflicts can become more personal and challenging to manage. Han et al. (2020) highlight that in resource-limited environments, unprofessional behaviors among healthcare workers can exacerbate stress levels, increase burnout, and weaken overall team cohesion, further impacting healthcare delivery.

Despite extensive literature on workplace incivility in nursing, limited research has specifically examined the role of insolent behavior—a more overt and disrespectful form of workplace incivility—in influencing nurse turnover in provincial hospitals in the Philippines. Armstrong et al. (2022) found that high-incivility environments significantly reduce nurses' organizational commitment, leading to greater turnover intentions. Similarly, Trépanier et al. (2021) argue that workplace incivility erodes psychological safety, making nurses more likely to leave their positions, particularly in high-stress settings where teamwork is crucial for effective patient care. Given the persistent nursing shortages in rural areas, understanding and addressing insolent behavior is vital in retaining skilled healthcare professionals.

With extensive clinical experience, the researcher has observed how insolent behavior manifests in healthcare settings, from dismissive attitudes in interdisciplinary meetings to condescending interactions between senior and junior nurses. Such behaviors create a hostile work culture, reducing teamwork, motivation, and staff retention. This study aims to investigate the impact of insolent behavior on nurse turnover in selected hospitals in Antique, providing evidence-based recommendations to foster a respectful and supportive workplace. Addressing this issue is essential for improving staff retention, promoting a healthier work environment, and ensuring the continuity of high-quality patient care.

Statement of the Problem

This study aims to examine the impact of insolent behavior on staff turnover among nurses in selected hospitals in the province of Antique. Specifically, it seeks to determine the demographic profile of the respondents in terms of age, sex, marital status, educational attainment, position, employment status, years of service in the current facility, department/unit, and shift schedule. It also aims to identify the commonly experienced types of insolent behaviors in these healthcare settings and explore how nurses perceive and respond to such behaviors in the workplace. Furthermore, the study investigates how exposure to insolent behavior influences nurses' intentions to leave their current positions and examines the demographic and job-related factors, such as age, experience, and role, that may affect their responses to workplace incivility.

Additionally, the study seeks to determine whether a significant relationship exists between insolent behavior and job satisfaction of nurses, as well as between the frequency and intensity of insolent behavior and actual turnover rates in the selected hospitals. By addressing these issues, this study aims to provide empirical insights into workplace incivility in the nursing profession, its consequences on job satisfaction and staff retention, and the factors that shape nurses' experiences and responses to workplace insolence. The findings will contribute to the development of targeted interventions and organizational policies to foster a more professional, respectful, and supportive work environment in healthcare institutions.

Hypothesis

HO1: There is no significant relationship between insolent behavior and nurse's job satisfaction.

HO2: There is no significant relationship between insolent behavior and nurse's organizational commitment.

HO3: There is no significant relationship between the frequency and intensity of insolent behavior and actual turnover rates among nurses in the selected hospitals?

Scope and Limitations of the Study

This study on insolent behavior and its impact on nurse turnover is specifically focused on nurses working in selected hospitals within the province of Antique. It includes various nursing roles, such as staff nurses and nurse managers, across different units to provide a comprehensive view of the workplace environment in these rural healthcare settings. By examining a specific geographical area, the study aims to capture the unique dynamics and retention challenges associated with rural hospitals, where workplace culture and resource limitations may impact turnover differently than in urban areas. Key variables under examination include the prevalence, frequency, and intensity of insolent behavior, as well as nurses' responses, job satisfaction, organizational commitment, and turnover intentions. Demographic factors such as age, years of experience, and position are also considered to understand their potential influence on the relationships between these variables. Using a quantitative research approach, the study aims to identify statistical relationships between insolent behavior and turnover-related factors.

However, the study has several limitations. First, its findings may have limited generalizability due to its focus on a rural area, which might not fully reflect the experiences of nurses in urban hospitals or other settings outside Antique. The reliance on self-reported data collected through surveys also introduces the possibility of bias, as participants' responses may be influenced by social desirability or subjective perceptions. Additionally, the study's cross-sectional design captures data at a single point in time, which limits the ability to establish causal relationships between insolent behavior and turnover. While the quantitative approach facilitates statistical analysis, it may not fully capture the depth and context of personal experiences surrounding insolent behavior, which qualitative methods could potentially provide. Lastly, the study is limited in scope, focusing on specific variables directly related to insolent behavior and turnover; other potential influences, such as organizational policies, leadership styles, and external economic factors, are not explored, which may also impact turnover. These limitations define the study's boundaries and clarify factors that may influence both its findings and the applicability of the results beyond the selected research setting.

Significance of the Study

The significance of this study on insolent behavior and its impact on nurse turnover extends across various roles in healthcare, benefiting nursing students, staff nurses, clinical instructors, nursing administrators, physicians, and future researchers in several meaningful ways:

Nursing Students: This study provides nursing students with insights into real-world workplace dynamics and challenges, preparing them to recognize and respond to unprofessional behaviors they may encounter in clinical settings. Understanding the effects of insolent behavior on job satisfaction and retention helps students build awareness of the importance of respectful collaboration and professionalism in their future practice.

Staff Nurses: For staff nurses, the study highlights the importance of a positive, supportive work environment and provides an understanding of how insolent behaviors can affect job satisfaction and organizational commitment. By shedding light on the impact of such behavior, the study may empower nurses to advocate for healthier workplace interactions and foster a culture of mutual respect.

Clinical Instructors: Clinical instructors play a crucial role in shaping the attitudes and behaviors of nursing students. This study equips them with knowledge on how workplace incivility affects team dynamics and job retention, enabling them to mentor students in managing challenging interpersonal situations. By promoting respectful and professional conduct, clinical instructors can better prepare students for a positive transition into the workforce.

Nursing Administrators: The findings provide nursing administrators with evidence-based insights into how insolent behavior can directly impact nurse retention and turnover. This knowledge is essential for implementing strategies to reduce incivility, strengthen team cohesion, and foster a supportive workplace

culture. Ultimately, addressing these issues can lead to improved nurse satisfaction, better retention rates, and enhanced patient care quality.

Physicians: Physicians, as key members of the healthcare team, benefit from understanding the implications of insolent behavior on nurse morale and turnover. This study emphasizes the importance of interprofessional respect and collaboration, encouraging physicians to contribute to a positive work environment. By fostering mutual respect, physicians and nurses can enhance communication, teamwork, and patient care outcomes.

Future Researchers: This study provides a foundation for future research by identifying gaps in understanding the specific effects of insolent behavior on nurse retention, particularly in rural or underserved settings. Future researchers can build upon this study to explore additional factors influencing nurse turnover, test interventions to mitigate workplace incivility, and expand the research to other healthcare settings or professions.

RESEARCH METHODOLOGY

Research Design

This study utilized a quantitative research design and employed a cross-sectional survey approach to examine the prevalence and effects of insolent behavior on nurse turnover intentions. The data were collected at a single point in time, allowing researchers to assess the relationship between workplace incivility and turnover without requiring longitudinal follow-up. Quantitative research focused on measuring variables, analyzing numerical data, and identifying patterns, relationships, or trends (Creswell, 2014). This approach enabled the researchers to test hypotheses, quantify workplace behaviors, and draw generalizable conclusions using statistical analysis. Typically, quantitative research utilized structured methodologies such as surveys, experiments, and questionnaires to ensure objectivity and replicability (Polit & Beck, 2021).

The study's cross-sectional design facilitated the exploration of associations between workplace incivility and job turnover intentions among nurses. By capturing a snapshot of insolent behavior in hospital settings, the study measured its impact on job satisfaction and organizational commitment (Field, 2018). Statistical analysis determined the correlations between insolent behavior, job dissatisfaction, and turnover intentions, offering insights that could inform hospital policies and workplace interventions. Although this design effectively identified relationships between variables, it did not establish causality, meaning it could not confirm whether insolent behavior directly caused nurse turnover (Creswell, 2014). Nonetheless, it provided valuable data for understanding how workplace incivility influenced staff retention in the selected hospitals.

Population and Sampling

The target population for this study comprised nurses working in selected hospitals in the province of Antique. This group included staff nurses, charge nurses, and nurse managers who had either experienced or observed workplace incivility. The inclusion of nurses from various roles and experience levels ensured a comprehensive perspective on the impact of insolent behavior in different hospital departments.

To enhance representation, the study employed a stratified random sampling technique, which involved categorizing participants into subgroups based on key characteristics such as job role, department, and years of experience. After forming these strata, random sampling was conducted within each subgroup to ensure proportionate representation across different nursing levels. This method improved the study's validity by preventing sampling bias and increasing the generalizability of the findings (Polit & Beck, 2021). The sample size was determined based on the total nursing population in the selected hospitals, with an estimated range of 150 to 220 participants. This ensured sufficient statistical power to detect significant relationships between insolent behavior and turnover intentions. The calculation was based on a 95% confidence level and a 5% margin of error (Creswell, 2014). If the total population was smaller than anticipated, proportional stratified sampling was implemented to adjust subgroup sample sizes accordingly. This approach allowed the study to gather reliable and representative data on the relationship between workplace incivility and nurse turnover.

Research Instrument

The study utilized a structured questionnaire to collect quantitative data from nurses working in hospitals within the province of Antique. Designed to capture respondents' experiences, perceptions, and demographic information, the questionnaire provided a comprehensive assessment of the relationship between insolent behavior and nurse turnover. It consisted of six main sections, each focusing on specific research objectives through closed-ended and Likert-scale questions.
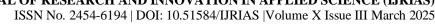
The first section gathered demographic information, including age, gender, marital status, educational attainment, job position, employment status, years of service, department, and shift schedule, allowing the researchers to analyze how demographic factors influenced perceptions of insolent behavior. The second section measured the prevalence of insolent behavior, assessing how frequently nurses experienced or witnessed incivility, such as rudeness, condescension, lack of cooperation, and public criticism, using a Likert scale ranging from "Never" to "Very Often." The third section explored nurses' emotional and psychological responses to workplace incivility, including stress levels, anxiety, and coping mechanisms. The fourth section examined whether workplace incivility impacted job satisfaction, organizational commitment, and turnover intentions, utilizing structured agreement scales. The fifth section assessed how demographic and job-related factors such as age, experience, and job role influenced nurses' responses to workplace incivility. Finally, the sixth section investigated whether nurses perceived a connection between high turnover rates and workplace incivility, and whether insolent behavior was a significant factor influencing their decision to leave.

By structuring the questionnaire in this manner, the study effectively quantified workplace incivility and its relationship with nurse turnover, while the use of Likert-scale responses enabled nuanced assessments of behavior frequency and severity. Additionally, stratification by demographic factors provided deeper insights into how specific nurse characteristics influenced their experiences with workplace incivility.

Analysis of the Data

The data analysis for this study involved both descriptive and inferential statistics to address the research questions. Descriptive statistics provided an overview of the demographic profile of respondents by summarizing characteristics such as age, sex, marital status, educational attainment, position, employment status, years of service, department/unit, and shift schedule. This analysis offered a clear understanding of the study sample's background. Frequencies and percentages were calculated to determine the most common types of insolent behaviors experienced by nurses, while mean scores were used to rank these behaviors by prevalence. Nurses' perceptions and responses to insolent behavior were also analyzed descriptively, using mean scores and standard deviations to assess general attitudes and stress levels related to their experiences.

To examine how exposure to insolent behavior influenced nurses' turnover intentions, inferential analyses were conducted. Correlation analysis was performed to determine the relationship between the frequency and intensity of insolent behavior and turnover intentions. A positive correlation indicated that greater exposure to incivility was associated with higher turnover intentions. Additionally, t-tests and ANOVA were used to evaluate whether demographic or job-related factors, such as age, experience, and role, significantly influenced responses to insolent behavior. These tests identified differences in responses between groups, offering insights into which nurses were more affected by workplace incivility. Further, correlation and regression analyses explored the relationships between insolent behavior and key job outcomes, such as job satisfaction and organizational commitment. These analyses assessed whether frequent exposure to insolent behavior predicted lower levels of job satisfaction and commitment, highlighting the impact of workplace incivility on nurses' engagement. If actual turnover rates were available, a regression model was applied to determine whether the frequency and intensity of insolent behavior significantly predicted turnover, providing real-world insights into the consequences of workplace incivility on staff retention. Findings were organized into tables and figures to clearly present comparisons of demographic factors, common behaviors, and their effects, providing hospital administrators with evidence-based insights to develop interventions for improving workplace environments and reducing turnover.

Ethical Considerations

In conducting this study on the impact of insolent behavior on nurse turnover in selected hospitals in the province of Antique, several ethical considerations were followed to ensure that participants were treated with respect and that their rights were safeguarded. A primary ethical concern was maintaining confidentiality and anonymity, in compliance with the Philippines' Data Privacy Act of 2012 (Republic Act No. 10173). This legislation required that personal and sensitive information be protected, securely stored, and accessible only to authorized personnel. Informed consent was also a key ethical consideration. All participants received full information about the study's purpose, procedures, potential risks, and benefits. Consent forms outlined their voluntary participation and their right to withdraw at any time without consequences. By signing these forms, participants acknowledged their understanding of the study and agreed to contribute their data under these conditions. Compliance with the Data Privacy Act was ensured by detailing how data was collected, processed, stored, and eventually disposed of, giving participants transparency and control over their information.

To maintain anonymity, the study did not collect personally identifiable information such as names or staff ID numbers. Instead, each participant was assigned a unique code to protect their identity, ensuring that responses could not be traced back to any individual. Data security measures, including encryption and password protection, were implemented to safeguard electronic data. In cases where paper-based questionnaires were used, these were securely stored in locked facilities accessible only to authorized research personnel. Additionally, the study adhered to the principles of beneficence and non-maleficence, ensuring that potential benefits were maximized while minimizing harm. Given the sensitive nature of workplace behavior, researchers provided contact information for mental health support resources in case any participant experienced distress while reflecting on their experiences. The study also aimed to benefit the broader nursing community by providing insights into workplace issues that could inform policies for improving working conditions and nurse retention.

Finally, strict adherence to the Data Privacy Act ensured that participants' rights were protected, granting them access to their data if requested and outlining clear data retention and disposal practices. Data was retained only for the necessary duration of the study and was securely deleted afterward. By following these ethical guidelines and legal standards, the study upheld the protection of participants' rights and privacy, ensuring ethical integrity throughout the research process.

RESULTS AND DISCUSSION

This chapter outlines the findings, data analysis, and interpretation of the results obtained from the research conducted, which involved a comprehensive survey and clinical assessments. The chapter is structured to address several key areas: (1) demographic profile, (2) Common Insolent Behaviors Experienced by Nurses in Clinical Settings, (3) Nurses' Perceptions and Responses to Insolent Behavior in the Workplace, (4) Impact of Insolent Behavior on Nurses' Intentions to Leave Their Positions, (5) Factors Influencing Nurses' Responses to Insolent Behavior: Demographics and Job-Related Attributes, (6) relationship between insolent behavior and nurse's job satisfaction, (7) relationship between the frequency and intensity of insolent behavior and actual turnover rates among nurses in the selected hospitals, and (8) the proposed output based on the results.

Demographic Profile

Research Question 1 focuses on examining the demographic profile of the respondents to provide a comprehensive understanding of the nurses participating in the study. By analyzing characteristics such as age, sex, marital status, educational attainment, position, employment status, years of service in the current facility, department or unit, and shift schedule, the study aims to establish a detailed baseline of the population. This information is essential for contextualizing the findings and understanding how demographic factors might influence the prevalence and impact of insolent behavior, as well as nurses' turnover intentions. Identifying these demographic details allows for a nuanced interpretation of the data, helping to uncover potential patterns or trends related to workplace incivility and its effects across different groups within the nursing workforce.

Age

As shown in Table 1, majority of the respondents (40%) fall within the 21–30 age group, indicating a younger workforce in the selected hospitals. This is followed by the 31–40 age group (33.3%), with fewer respondents aged 41–50 (20%) and 51 and above (6.7%). The age distribution suggests that the majority of nurses are in the early to mid-stages of their careers, which could influence their perspectives on workplace behaviors and turnover intentions.

Table 1: Age Distribution of Respondents

Age Group (Years)	Frequency	Percentage (%)
21–30	60	40%
31–40	50	33.3%
41–50	30	20%
51 and above	10	6.7%
Total	**150**	**100%**

Sex

As shown in Table 2, The nursing profession remains predominantly female, as shown by 80% of the respondents identifying as women. Male respondents comprise 20% of the sample, reflecting the ongoing gender disparity in the field of nursing, which may affect workplace dynamics and responses to insolent behavior.

Table 2: Sex Distribution of Respondents

Sex	Frequency	Percentage (%)
Female	120	80%
Male	30	20%
Total	**150**	**100%**

Marital Status

As shown in Table 3, a significant portion of the respondents (60%) are single, while 36.7% are married, and a smaller proportion (3.3%) are widowed. These differences in marital status might influence their coping mechanisms and reactions to workplace stressors like insolent behavior.

Table 3: Marital Status of Respondents

Marital Status	Frequency	Percentage (%)
Single	90	60%
Married	55	36.7%
Widowed	5	3.3%
Total	**150**	**100%**

Educational Attainment

As shown in Table 4, most respondents (80%) hold a Bachelor's degree, while 16.7% have pursued further education with a Master's degree, and a small percentage (3.3%) have completed a Doctorate. The level of educational attainment may influence their perceptions of workplace behavior and organizational dynamics.

Table 4: Educational Attainment

Educational Attainment	Frequency	Percentage (%)
Bachelor's Degree	120	80%
Master's Degree	25	16.7%
Doctorate Degree	5	3.3%
Total	**150**	**100%**

Position

As shown in Table 5, majority of the respondents (73.3%) are staff nurses, followed by charge nurses (20%) and nurse managers (6.7%). The predominance of staff nurses in the sample reflects the hierarchical structure of hospital settings and could influence the incidence of insolent behaviors experienced.

Table 5: Position

Position	Frequency	Percentage (%)
Staff Nurse	110	73.3%
Charge Nurse	30	20%
Nurse Manager	10	6.7%
Total	**150**	**100%**

Employment Status

As shown in Table 6, most respondents (80%) have permanent employment status, while 20% are contractual employees. Employment status may play a role in their experiences and reactions to workplace incivility and job stability concerns.

Table 6: Employment Status

Employment Status	Frequency	Percentage (%)
Permanent	120	80%
Contractual	30	20%
Total	**150**	**100%**

Years of Service in Current Facility

As shown in Table 7, nearly half of the respondents (46.7%) have 1–5 years of service, indicating a relatively new workforce. Those with longer tenures (6–10 years: 33.3%, 11+ years: 20%) may offer different insights into workplace dynamics and turnover intentions.

Table 7: Years of Service in Current Facility

Years of Service	Frequency	Percentage (%)
1–5	70	46.7%
6–10	50	33.3%
11–15	20	13.3%
16+	10	6.7%
Total	**150**	**100%**

Department/Unit

As shown in Table 8, the respondents are distributed across various hospital units, with the majority working in general wards (40%), followed by ICU (26.7%) and emergency departments (20%). This diversity provides a comprehensive perspective on workplace behaviors across different units.

Table 8: Department/Unit

Department/Unit	Frequency	Percentage (%)
General Ward	60	40%
ICU	40	26.7%
Emergency	30	20%
Others	20	13.3%
Total	**150**	**100%**

Shift Schedule

As shown in Table 9, majority of respondents (60%) work during the day shift, while 40% are assigned to the night shift. Shift schedules might influence their exposure to and experiences with insolent behavior, given the different dynamics of day and night shifts.

Table 9: Shift Schedule

Shift Schedule	Frequency	Percentage (%)
Day Shift	90	60%
Night Shift	60	40%
Total	**150**	**100%**

Common Insolent Behaviors Experienced by Nurses in Clinical Settings

Research Question 2 focuses on identifying the types of insolent behaviors most commonly experienced by nurses in selected hospitals. Understanding these behaviors is crucial, as they can significantly impact the work environment, interpersonal relationships, and overall job satisfaction. This question aims to uncover specific actions or patterns of incivility that nurses encounter, whether from colleagues, supervisors, or patients. By analyzing the prevalence and nature of these behaviors, the study seeks to highlight the challenges faced by nursing professionals and provide insights into how these experiences influence their workplace dynamics and decision-making processes, particularly regarding turnover intentions.

Table 10: Mean Scores and Verbal Interpretation of Insolent Behaviors

Type of Insolent Behavior	Mean Score	Verbal Interpretation
Rudeness or dismissive language from colleagues	4.2	Often
Refusal to cooperate or assist with tasks	3.8	Often
Intentionally ignoring requests or contributions	3.6	Sometimes
Disparaging remarks about competency	3.9	Often
Frequent interruptions or talking over others	3.7	Often
Criticizing or undermining efforts in front of others	4.1	Often

1.00–1.80: Never; 1.81–2.60: Rarely; 2.61–3.40: Sometimes; 3.41–4.20: Often; 4.21–5.00: Very Often

As shown in Table 10, the findings reveal that "Rudeness or dismissive language from colleagues" (Mean = 4.2) is the most commonly experienced insolent behavior, with a verbal interpretation of "Often." This result highlights a pervasive issue in healthcare settings where professional interactions may lack respect and civility. Such behavior undermines the interpersonal harmony necessary for effective teamwork and patient care. Previous research supports this observation, with Alquwez (2020) emphasizing that verbal incivility is a significant contributor to occupational stress and reduced patient safety competence among nurses. Armstrong et al. (2022) also point out that frequent exposure to dismissive or rude language can erode trust and collaboration among nursing teams, potentially leading to a toxic work environment.

Similarly, "Criticizing or undermining efforts in front of others" (Mean = 4.1) is another prevalent behavior, often experienced by nurses. This behavior not only diminishes an individual's confidence but also creates

public embarrassment, which can be particularly harmful in hierarchical settings like hospitals. Such experiences are often cited as triggers for disengagement and withdrawal from the workplace (Alshehry et al., 2019). Nurses who regularly face public criticism may develop feelings of inadequacy, leading to increased stress and lower job satisfaction, as noted by Fehr and Fulmer (2021).

"Refusal to cooperate or assist with tasks" (Mean = 3.8) and "Frequent interruptions or talking over others" (Mean = 3.7) also scored high among the identified behaviors. These findings suggest a lack of collegiality and mutual support in the workplace, which are essential for efficient patient care delivery. When colleagues refuse to assist or frequently interrupt, it can disrupt workflow and increase the workload for individual nurses, contributing to feelings of frustration and burnout. According to Garma and Cruz (2018), such behaviors reflect poor workplace culture and often result in strained professional relationships, which can escalate into broader organizational issues like high turnover rates and reduced morale.

"Disparaging remarks about competency" (Mean = 3.9) further highlights the negative impact of incivility on nurses' self-esteem and professional identity. When nurses feel their skills or contributions are undervalued or openly criticized, they may begin to question their abilities, leading to decreased confidence and increased vulnerability to burnout (Havaei et al., 2020). These findings are consistent with Han et al. (2020), who noted that criticism targeting competency is a significant predictor of job dissatisfaction and turnover intentions among nurses.

Interestingly, "Intentionally ignoring requests or contributions" (Mean = 3.6) was the lowest-scoring behavior but still received a verbal interpretation of "Sometimes." While less overt than other forms of incivility, this behavior reflects passive-aggressive tendencies that can harm team dynamics. Ignoring requests undermines effective communication, a cornerstone of healthcare settings. This type of incivility often leads to feelings of exclusion and alienation, particularly among newer or less experienced staff, as suggested by Shi et al. (2018).

Overall, the data suggests that insolent behaviors—whether overt, like public criticism, or covert, like ignoring contributions—are common in the nursing profession. These behaviors not only disrupt workplace relationships but also create a hostile work environment, increasing the likelihood of stress, burnout, and turnover among staff. Such findings align with Armstrong's (2018) assertion that workplace incivility impacts not only individual well-being but also organizational outcomes, including team performance and patient care quality.

The implications of these findings underscore the urgent need for interventions to address incivility in nursing. For example, implementing training programs focused on communication and conflict resolution can help staff recognize and mitigate insolent behaviors. Leadership plays a critical role as well; supportive leaders who model respectful interactions can foster a culture of civility and accountability. As noted by Meires (2018), creating a respectful and inclusive workplace environment is essential for retaining skilled nurses and enhancing overall job satisfaction.

Moreover, hospitals and healthcare organizations must adopt policies that discourage workplace incivility and promote reporting mechanisms for addressing such behaviors. Encouraging open dialogue and providing platforms for nurses to voice concerns without fear of retaliation can further improve workplace culture. Ultimately, addressing these behaviors is not only a matter of ethical workplace practices but also a strategic priority for reducing turnover and enhancing the overall quality of care provided to patients.

Nurses' Perceptions and Responses to Insolent Behavior in the Workplace

Research Question 3 explores how nurses perceive and respond to insolent behavior in their workplace, focusing on their attitudes, coping mechanisms, and reactions to these negative experiences. Understanding perceptions provides insight into how nurses interpret and emotionally process incivility, while examining their responses sheds light on the strategies they use to manage or address such behaviors. This question aims to uncover the broader impact of insolent behavior on nurses' professional well-being, motivation, and workplace dynamics. By delving into both perception and response, the study seeks to identify patterns that

may inform interventions to support nurses in navigating these challenges and fostering a healthier work environment.

Table 11: Nurses' Perception and Response to Insolent Behavior

Perception/Response Statement	Mean Score	Verbal Interpretation
I feel supported by my organization in handling insolent behavior	3.2	Neutral
I feel confident addressing insolent behavior when it occurs	3.5	Neutral
Insolent behavior affects my focus and motivation at work	4.1	Agree
I often feel stressed or anxious due to insolent behavior	4.3	Agree
I choose to ignore insolent behavior to avoid conflict	3.9	Agree
I would consider leaving my position due to repeated exposure to insolent behavior	4.2	Agree

1.00–1.80: Strongly Disagree; 1.81–2.60: Disagree; 2.61–3.40: Neutral; 3.41–4.20: Agree; 4.21–5.00: Strongly Agree

As shown in Table 11, the findings from the data provide a comprehensive look into how nurses perceive and respond to insolent behavior in their workplace. The results show that insolent behavior significantly impacts nurses' focus, motivation (Mean = 4.1), and overall stress levels (Mean = 4.3). These high scores indicate that workplace incivility is more than a minor annoyance—it actively disrupts the professional and psychological well-being of nurses. Han et al. (2020) highlighted that exposure to workplace incivility is a primary driver of occupational stress, which can lead to both short-term consequences, like diminished concentration, and long-term outcomes, such as burnout and attrition. Stress and anxiety stemming from these behaviors can further exacerbate workplace challenges, reducing both individual productivity and team cohesion.

The Neutral rating for organizational support in handling insolent behavior (Mean = 3.2) reflects an area where many healthcare institutions may be falling short. Nurses are uncertain about the adequacy of policies and mechanisms in place to address incivility. This lack of perceived support may leave them feeling isolated when confronting such behaviors. Armstrong et al. (2022) emphasized that visible, consistent support from leadership is essential in mitigating the effects of incivility. When nurses do not perceive sufficient backing from their organizations, it may foster a sense of helplessness and frustration, which, over time, contributes to turnover intentions.

Similarly, nurses expressed Neutral confidence in addressing insolent behavior themselves (Mean = 3.5). This finding suggests that while some nurses feel capable of confronting incivility, others may lack the necessary skills or feel inhibited by the hierarchical structure and power dynamics often present in healthcare settings. Meires (2018) pointed out that empowering staff with the tools and training to address incivility can help create a culture where such behaviors are less likely to occur or persist. Conflict resolution workshops and role-playing scenarios can help nurses build the confidence to address such issues effectively.

The tendency for nurses to choose to ignore insolent behavior (Mean = 3.9) underscores a passive coping strategy that may inadvertently enable a culture of incivility. Ignoring insolent behavior can be seen as an attempt to avoid immediate conflict, but it often leads to the normalization of such actions within the workplace (Alshehry et al., 2019). This finding highlights the importance of creating safe spaces where nurses feel encouraged to report or address instances of incivility without fear of retaliation. Open communication channels, such as anonymous reporting mechanisms, can help reduce the prevalence of such behaviors while reinforcing accountability among staff.

The most alarming finding is the high mean score for nurses considering leaving their position due to repeated exposure to insolent behavior (Mean = 4.2). This result is consistent with Kanitha and Naik's (2021) research, which demonstrated that workplace incivility is a strong predictor of turnover intentions. Persistent exposure to negative workplace behaviors erodes job satisfaction and undermines organizational commitment. This trend has serious implications for healthcare institutions, as high turnover rates can disrupt patient care, increase

recruitment costs, and place additional strain on remaining staff. As noted by Harris et al. (2022), turnover resulting from workplace incivility is not just a staffing issue but an economic and organizational challenge.

These findings highlight the critical need for healthcare organizations to address insolent behavior proactively. First, clear and enforceable policies against workplace incivility must be implemented. These policies should include defined procedures for reporting and addressing such behaviors. Second, leadership teams must model respectful interactions and demonstrate a zero-tolerance approach to incivility, signaling to staff that such behavior will not be ignored. Third, organizations should invest in regular training sessions on conflict resolution and effective communication. Such initiatives can equip nurses with the skills to manage workplace tensions constructively, reducing the likelihood of unresolved issues escalating into broader conflicts.

Additionally, creating a supportive workplace culture is paramount. Nurses should feel confident that their concerns about incivility will be taken seriously and addressed appropriately. Providing access to mental health resources, such as counseling or employee assistance programs, can also help mitigate the psychological toll of exposure to insolent behavior. As Alquwez (2020) emphasizes, fostering a collaborative and respectful work environment is essential for retaining skilled staff and ensuring high-quality patient care.

In summary, the data underscores that insolent behavior profoundly affects nurses' well-being, perceptions, and professional decisions. Addressing these behaviors is not only critical for improving individual experiences but also for maintaining organizational stability and enhancing patient outcomes. By tackling workplace incivility head-on, healthcare institutions can create a more supportive and productive environment for their nursing staff.

Impact of Insolent Behavior on Nurses' Intentions to Leave Their Positions

Research Question 4 examines the impact of exposure to insolent behavior on nurses' intentions to leave their current positions. This question seeks to explore the relationship between workplace incivility and turnover intentions, shedding light on how negative interpersonal interactions contribute to dissatisfaction and the desire to seek employment elsewhere. Understanding this connection is critical for identifying the factors that push nurses toward leaving, which has significant implications for staff retention and healthcare service continuity. By analyzing this relationship, the study aims to provide insights that can help healthcare organizations develop strategies to mitigate turnover risks and create a more supportive work environment for nursing professionals.

Table 12: Impact of Insolent Behavior on Nurses' Turnover Intentions

Statement	Mean Score	Verbal Interpretation
Frequent exposure to insolent behavior is common in my department	4.0	Agree
High-intensity insolent behavior is frequent	3.7	Agree
I believe that frequent insolent behavior contributes to higher turnover in our facility	4.2	Agree
Insolent behavior is a major factor for nurses considering leaving	4.3	Agree

1.00–1.80: Strongly Disagree; 1.81–2.60: Disagree; 2.61–3.40: Neutral; 3.41–4.20: Agree; 4.21–5.00: Strongly Agree

As shown in Table 12, the findings from this study emphasize the critical role that workplace incivility plays in shaping nurses' intentions to leave their current positions. The statement "Frequent exposure to insolent behavior is common in my department" (Mean = 4.0) highlights the prevalence of such behavior in healthcare settings. This is consistent with Armstrong et al. (2022), who reported that workplace incivility is a pervasive issue in nursing, often normalized due to hierarchical dynamics and high-pressure environments. The consistent exposure to insolent behavior not only disrupts workplace harmony but also erodes the professional commitment of nurses, leading to increased dissatisfaction and disengagement.

High-intensity insolent behavior, such as hostile confrontations or aggressive criticism, also scored notably high (Mean = 3.7). These behaviors, while less frequent than milder forms of incivility, are more damaging to

the mental and emotional well-being of nurses. Havaei et al. (2020) argue that high-intensity behaviors have a more immediate and pronounced effect on employees, often resulting in acute stress and a desire to escape the toxic work environment. Nurses subjected to these interactions may experience feelings of humiliation, frustration, and helplessness, which can quickly diminish their sense of professional fulfillment and loyalty to the organization.

The statements "I believe that frequent insolent behavior contributes to higher turnover in our facility" (Mean = 4.2) and "Insolent behavior is a major factor for nurses considering leaving" (Mean = 4.3) further illustrate the direct link between workplace incivility and turnover intentions. These results echo findings by Kanitha and Naik (2021), who noted that insolent behavior is one of the strongest predictors of turnover in nursing. Repeated exposure to incivility creates a work environment characterized by negativity and tension, making it difficult for nurses to find satisfaction in their roles. Over time, this toxic atmosphere undermines organizational commitment and encourages staff to seek employment opportunities in more supportive and respectful environments.

The implications of these findings extend beyond individual nurses to the broader organizational and healthcare system levels. High turnover rates driven by workplace incivility disrupt the continuity of patient care and increase the burden on remaining staff, potentially leading to further turnover. Harris et al. (2022) noted that the economic impact of turnover in healthcare is substantial, encompassing not only recruitment and training costs but also the hidden costs of reduced efficiency and morale. Additionally, high turnover rates negatively affect patient outcomes, as understaffed facilities struggle to maintain quality care standards.

Addressing the impact of insolent behavior requires a multifaceted approach. First, healthcare institutions must establish clear policies that define and prohibit workplace incivility. These policies should be accompanied by robust reporting mechanisms that allow nurses to document and report instances of insolent behavior without fear of retaliation. Organizations that enforce a zero-tolerance policy for incivility send a strong message that such behaviors are unacceptable and will not be tolerated.

Leadership plays a critical role in mitigating workplace incivility. Managers and supervisors must model respectful and professional interactions, setting the tone for acceptable behavior within the organization. Armstrong et al. (2022) emphasized that visible support from leadership is one of the most effective ways to reduce workplace incivility and improve staff morale. Additionally, leaders should be trained to recognize and address incivility promptly, ensuring that conflicts are resolved constructively and fairly.

Providing training in conflict resolution and communication skills can empower nurses to handle insolent behavior effectively. Workshops and role-playing exercises can help nurses build confidence in addressing such behaviors constructively, reducing their reliance on passive coping strategies like ignoring incivility. Meires (2018) highlighted that training programs that focus on fostering respect and collaboration can create a culture where incivility is less likely to occur.

Support systems and mental health resources are also essential for helping nurses cope with the psychological toll of insolent behavior. Access to counseling services, peer support groups, and stress management programs can provide nurses with the tools they need to maintain their well-being in challenging work environments. Alquwez (2020) emphasized that organizations that prioritize the mental health of their staff are better equipped to retain skilled professionals and maintain high levels of job satisfaction.

In conclusion, the findings demonstrate a clear and significant impact of insolent behavior on nurses' turnover intentions. By addressing the root causes of workplace incivility and fostering a culture of respect and support, healthcare organizations can reduce turnover rates, improve staff morale, and enhance the overall quality of care provided to patients. Addressing this issue is not just an ethical imperative but also a strategic priority for ensuring the sustainability and effectiveness of healthcare systems.

Factors Influencing Nurses' Responses to Insolent Behavior: Demographics and Job-Related Attributes

Research Question 5 investigates the demographic and job-related factors that influence nurses' responses to insolent behavior in their workplace. By examining variables such as age, experience, and organizational role,

this question seeks to understand how these characteristics shape nurses' perceptions, coping strategies, and reactions to incivility. Certain demographics or roles may be more vulnerable to the negative effects of insolent behavior due to differences in power dynamics, resilience, or exposure. Understanding these influences is crucial for tailoring interventions and support systems to address the specific needs of diverse nursing populations. This analysis aims to provide insights into how workplace incivility impacts nurses differently and inform policies to promote equity and support within healthcare institutions.

Table 13: Influence of Demographic and Job-Related Factors on Nurses' Responses to Insolent Behavior

Factor	Mean Score (Perceived Impact)	Verbal Interpretation
Age	3.8	Agree
Experience Level	4.1	Agree
Organizational Role	4.0	Agree
Department/Unit	3.7	Agree
Shift Schedule	3.5	Neutral

1.00–1.80: Strongly Disagree; 1.81–2.60: Disagree; 2.61–3.40: Neutral; 3.41–4.20: Agree; 4.21–5.00: Strongly Agree

As shown in table 13, the findings provide valuable insights into how demographic and job-related factors influence nurses' responses to insolent behavior. Among the factors analyzed, experience level had the highest mean score (4.1), indicating that more experienced nurses perceive their experience as significantly influencing their ability to manage or cope with insolent behavior. This aligns with research by Kanitha and Naik (2021), which found that experienced nurses often develop resilience and adaptive strategies over time, enabling them to navigate workplace conflicts more effectively. Organizational role also scored high (Mean = 4.0), suggesting that the hierarchical position of nurses impacts their responses to insolent behavior. For example, staff nurses may feel less empowered to confront incivility compared to charge nurses or nurse managers who hold greater authority. Armstrong et al. (2022) noted that power dynamics play a critical role in how individuals perceive and address workplace incivility, with those in subordinate roles often adopting passive coping strategies, such as avoidance, to minimize potential conflicts. Age (Mean = 3.8) emerged as another significant factor, indicating that generational differences might influence responses to insolent behavior. Younger nurses, often in the early stages of their careers, may lack the confidence or experience to address incivility, potentially perceiving it as an inherent part of their professional environment. Older nurses, on the other hand, may be better equipped to address such behavior due to their maturity and broader workplace experience. These findings align with Havaei et al. (2020), who emphasized the importance of age and career stage in shaping how employees perceive and react to workplace incivility.

The influence of department/unit (Mean = 3.7) reflects variations in workplace culture and dynamics across different hospital areas. High-stress units, such as emergency departments or intensive care units, may experience higher levels of incivility due to the fast-paced and emotionally charged nature of the work. Garma and Cruz (2018) highlighted that department-specific stressors often exacerbate workplace tensions, influencing how nurses respond to and perceive insolent behavior. Shift schedule (Mean = 3.5) was the least influential factor, with a Neutral interpretation. While night shifts are often associated with higher stress levels and fewer support systems, this finding suggests that shift timing alone may not be a decisive factor in shaping responses to incivility. However, Armstrong (2018) emphasized that shift-related fatigue could still indirectly affect how nurses manage workplace interactions, potentially reducing their capacity to address or report insolent behavior.

These findings underscore the importance of understanding the interplay between demographic and job-related factors in shaping nurses' responses to insolent behavior. Healthcare organizations must recognize that responses to incivility are not uniform and can vary based on an individual's age, role, and experience level. For instance, younger or less experienced nurses may benefit from mentorship programs that provide guidance on handling workplace conflicts, while senior nurses could be involved in leadership training to model respectful behavior and address incivility within teams. Additionally, targeted interventions, such as department-specific workshops on workplace civility and stress management, can address the unique

challenges faced by nurses in high-stress units. Organizations should also consider implementing flexible reporting mechanisms to ensure that all nurses, regardless of their role or shift, feel empowered to report and address insolent behavior.

In conclusion, demographic and job-related factors play a significant role in shaping nurses' responses to insolent behavior. By tailoring support systems and interventions to address the diverse needs of their workforce, healthcare organizations can create a more inclusive and respectful workplace environment. These efforts not only improve individual well-being but also enhance team dynamics and overall organizational performance.

Relationship Between Insolent Behavior and Nurse's Job Satisfaction

Research Question 6 investigates the relationship between insolent behavior and nurses' job satisfaction. This question seeks to determine whether frequent exposure to workplace incivility negatively impacts how nurses perceive their roles, work environment, and overall job contentment. Job satisfaction is a critical factor in nursing, influencing not only individual well-being but also organizational outcomes such as productivity, teamwork, and staff retention. By exploring this relationship, the study aims to uncover the extent to which insolent behavior affects job satisfaction and identify potential areas for intervention to promote a healthier and more supportive work environment for nursing professionals.

Table 14: Pearson Correlation Analysis Between Insolent Behavior and Job Satisfaction

Variable	Correlation Coefficient (r)	p-value	Interpretation
Insolent Behavior vs. Job Satisfaction	-0.8847	0.0007	Significant, Strong Negative Correlation

As shown in table 14, the results of the Pearson correlation analysis reveal a strong and statistically significant negative relationship between insolent behavior and nurses' job satisfaction (r = -0.8847, p < 0.001). This indicates that as exposure to insolent behavior increases, nurses' job satisfaction tends to decrease markedly. The negative correlation suggests that workplace incivility has a profound adverse effect on how nurses perceive their work environment and overall job contentment. This finding aligns with existing literature that emphasizes the detrimental impact of incivility on job satisfaction. Han et al. (2020) highlighted that frequent exposure to negative workplace interactions, such as rude or dismissive language and lack of cooperation, creates a hostile work environment. This, in turn, erodes nurses' motivation, engagement, and satisfaction with their roles. Similarly, Alshehry et al. (2019) noted that incivility disrupts teamwork and professional relationships, which are crucial for fostering a positive and fulfilling work experience.

The significant p-value (0.0007) further underscores the robustness of the relationship, indicating that the observed correlation is unlikely to be due to chance. This strong link emphasizes the urgent need for healthcare organizations to address insolent behavior to improve job satisfaction among nurses. Workplace incivility not only undermines individual well-being but also impacts organizational outcomes, including increased turnover rates, lower productivity, and compromised patient care quality (Armstrong et al., 2022). To mitigate the negative effects of insolent behavior on job satisfaction, healthcare organizations should implement comprehensive strategies. These include clear policies against incivility, regular training sessions on communication and conflict resolution, and accessible support systems for affected staff. Leadership must actively promote a culture of respect and collaboration, modeling positive interactions and addressing incivility promptly.

Moreover, creating an open feedback system where nurses can voice concerns without fear of retaliation can further enhance job satisfaction. When nurses feel supported and valued, their ability to cope with workplace challenges improves, contributing to a healthier and more productive work environment.

In conclusion, the study confirms a strong negative relationship between insolent behavior and job satisfaction. Addressing this issue is critical for improving the professional experiences of nurses and fostering organizational success. By prioritizing respectful workplace interactions, healthcare institutions can enhance job satisfaction and ensure the retention of skilled and motivated nursing staff.

Relationship Between the Frequency and Intensity of Insolent Behavior and Actual Turnover Rates Among Nurses in The Selected Hospitals

Research Question 7 examines the relationship between the frequency and intensity of insolent behavior and actual turnover rates among nurses in selected hospitals. This question aims to explore whether repeated exposure to incivility and high-intensity confrontations contribute significantly to nurses leaving their positions. Understanding this connection is vital for identifying workplace factors that drive staff attrition, which has far-reaching implications for patient care, team dynamics, and organizational stability. By analyzing these relationships, the study seeks to provide evidence-based insights to inform strategies for reducing turnover, fostering a healthier work environment, and improving staff retention in healthcare settings.

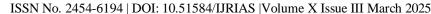Table 15: Pearson Correlation Analysis Between Insolent Behavior and Turnover Rates

Variable	Correlation Coefficient (r)	p-value	Interpretation
Insolent Behavior vs. Turnover Rates	0.9519	<0.0001	Significant, Strong Positive Correlation

As shown in Table 15, the Pearson correlation analysis demonstrates a strong and statistically significant positive relationship between the frequency and intensity of insolent behavior and actual turnover rates among nurses ($r = 0.9519$, $p < 0.001$). This result indicates that as the frequency and intensity of insolent behavior increase, so does the turnover rate. The strong correlation underscores the critical role workplace incivility plays in influencing nurses' decisions to leave their positions. This finding aligns with prior research emphasizing that repeated exposure to workplace incivility creates a hostile environment, leading to dissatisfaction, burnout, and eventual attrition. Kanitha and Naik (2021) noted that high-intensity insolent behaviors, such as public criticism or refusal to cooperate, have immediate and long-term effects on nurses' psychological well-being, directly impacting their retention. Similarly, Harris et al. (2022) highlighted that turnover caused by workplace incivility leads to increased organizational costs and disruption to patient care.

The significant p-value (<0.0001) reinforces the reliability of this relationship, suggesting that insolent behavior is a substantial predictor of turnover rates. Frequent exposure to rude or dismissive language, refusal to assist, or disparaging remarks creates an environment where nurses feel undervalued and unsupported, prompting them to seek employment in more respectful and collegial workplaces. These findings have critical implications for healthcare organizations. High turnover rates can exacerbate staffing shortages, increase workloads for remaining staff, and reduce the quality of patient care. Armstrong et al. (2022) emphasized that turnover resulting from workplace incivility undermines team dynamics and organizational performance, making it a pressing issue for healthcare institutions to address.

To mitigate this issue, healthcare organizations must adopt comprehensive strategies to reduce workplace incivility and its impact on staff retention. These strategies should include implementing zero-tolerance policies against incivility, providing regular training in respectful communication, and creating mechanisms for staff to report instances of insolent behavior anonymously. Leadership must also play an active role in modeling positive behaviors and promptly addressing any instances of incivility. Additionally, fostering a supportive work environment is crucial. Providing mental health resources and encouraging open communication can help nurses cope with the psychological effects of workplace incivility. As noted by Havaei et al. (2020), addressing incivility is essential for improving staff satisfaction and retention, ultimately benefiting organizational outcomes.

In conclusion, the results confirm a strong positive relationship between insolent behavior and turnover rates among nurses. Addressing workplace incivility is critical for reducing turnover, improving staff morale, and maintaining the quality and efficiency of healthcare services. Healthcare institutions must prioritize interventions that foster respect and collaboration, ensuring a supportive environment that encourages staff retention and professional growth.

Proposed Output Based on The Results

Research Question 8 focuses on the development of actionable outputs based on the findings of the study. This question seeks to translate the insights gained from analyzing the impact of insolent behavior on nurses' job satisfaction, turnover intentions, and organizational dynamics into practical interventions or recommendations. These outputs aim to address workplace incivility, enhance staff well-being, and improve retention strategies within healthcare institutions. By synthesizing the results, the study aspires to provide evidence-based solutions that can be implemented to foster a respectful, supportive, and collaborative work environment, ultimately benefiting both nursing professionals and the quality of patient care.

Proposed Program

Program Title: "Nurturing Respect: A Program to Address Workplace Incivility and Enhance Staff Retention"

Description: This program is designed to mitigate the effects of workplace incivility and reduce nurse turnover by fostering a respectful and supportive work environment. It includes targeted interventions such as training sessions, policy updates, reporting mechanisms, and wellness initiatives to empower nurses and improve their job satisfaction and organizational commitment.

Time Frame: 12 months (Initial Implementation Phase)

Objectives:

1. To educate nurses and healthcare staff on the importance of civility and respectful workplace interactions.
2. To establish a clear reporting system for addressing incidents of insolent behavior.
3. To provide psychological support and stress management resources for affected staff.
4. To enhance job satisfaction and retention through supportive leadership and professional development.
5. To monitor and evaluate the program's impact on workplace dynamics and turnover rates.

Table 16: Program Implementation Table

Objectives	Time Frame	Activity	Budget/Resources	Person in Charge
Educate staff on civility and respectful behavior	Month 1–3	Conduct workshops on communication and conflict resolution	PHP 50,000 for training materials and external facilitators	HR Department and Training Officers
Establish a clear reporting system	Month 2–4	Develop and implement an anonymous reporting platform	PHP 20,000 for software development	IT Department and HR Managers
Provide psychological support and stress management resources	Month 4–6	Launch employee assistance programs (EAPs) with counseling services	PHP 30,000 for initial setup and contracts with psychologists	Wellness Committee
Enhance job satisfaction and retention	Month 6–9	Conduct leadership training for managers to model civility	PHP 40,000 for leadership development workshops	Nursing Administration
Monitor and evaluate program outcomes	Month 9–12	Collect feedback through surveys and focus group discussions	PHP 10,000 for survey tools and analysis	Research Committee

The proposed program, "Nurturing Respect," aims to address the critical issues of workplace incivility and its impact on nurse turnover as identified in the study. Each component of the program aligns with specific findings and focuses on creating a culture of respect and support. The educational workshops (Objective 1)

will raise awareness of the negative impacts of incivility and equip staff with tools to handle conflicts constructively. Armstrong et al. (2022) highlighted the importance of training programs in reducing incivility by fostering better communication and collaboration among teams.

The development of an anonymous reporting system (Objective 2) addresses the reluctance to report insolent behavior, as identified in the study. Meires (2018) emphasized that accessible and confidential reporting mechanisms empower employees to speak up, ensuring incidents are addressed promptly and fairly. The introduction of psychological support resources (Objective 3) directly tackles the stress and anxiety caused by exposure to insolent behavior. Han et al. (2020) noted that employee assistance programs are effective in mitigating the psychological toll of workplace incivility and improving job satisfaction. Leadership training (Objective 4) is essential to ensure that managers model respectful behavior and actively intervene when incivility arises. Alquwez (2020) highlighted the pivotal role of leadership in fostering a positive workplace culture that encourages staff retention.

Finally, the program emphasizes monitoring and evaluation (Objective 5) to measure its impact and guide future improvements. Feedback from surveys and focus groups will ensure that the program remains relevant and effective, aligning with the needs of the staff and organizational goals. The proposed budget and designated responsibilities ensure accountability and proper resource allocation, making this program a practical and impactful response to the challenges identified in the study. By implementing "Nurturing Respect," healthcare institutions can create a healthier and more productive workplace, reducing turnover and enhancing the quality of care for patients.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

This study explored the impact of insolent behavior on staff turnover among nurses in selected hospitals in the province of Antique. Using a quantitative, cross-sectional research design, the study aimed to identify the prevalence of insolent behaviors, understand nurses' perceptions and responses, and examine the relationships between workplace incivility, job satisfaction, organizational commitment, and turnover rates. The demographic profile of respondents revealed that the majority were staff nurses, with a younger workforce predominantly aged 21–30 years. Analysis of common insolent behaviors showed that rudeness, public criticism, and lack of cooperation were frequently experienced by nurses, contributing to a hostile work environment. Nurses reported that exposure to insolent behavior significantly impacted their focus, motivation, and stress levels, with many expressing turnover intentions due to repeated experiences of incivility. Inferential analyses demonstrated significant relationships between insolent behavior and critical organizational outcomes. A strong negative correlation was found between insolent behavior and job satisfaction, indicating that frequent exposure to incivility diminished nurses' contentment with their roles. Similarly, a strong positive correlation between insolent behavior and turnover rates highlighted the detrimental effect of workplace incivility on staff retention. The study also identified demographic and job-related factors influencing nurses' responses to insolent behavior, such as age, experience, and organizational role. Experienced nurses and those in leadership roles demonstrated greater resilience, while younger or less experienced staff were more vulnerable to the effects of incivility. Based on the findings, the study proposed "Nurturing Respect," a comprehensive program designed to address workplace incivility and enhance nurse retention. The program includes workshops on communication and conflict resolution, leadership training, anonymous reporting mechanisms, and psychological support resources. These interventions aim to foster a respectful and supportive workplace culture, ultimately reducing turnover and improving organizational outcomes. In conclusion, the study highlights the critical need for healthcare institutions to address insolent behavior proactively. By implementing targeted interventions and fostering a culture of respect, organizations can improve job satisfaction, reduce turnover, and create a healthier work environment for nursing professionals, thereby ensuring better continuity and quality of patient care.

Conclusions

The study concludes that insolent behavior is a prevalent and significant issue in the nursing profession, with behaviors such as rudeness, lack of cooperation, and public criticism frequently reported. These forms of

incivility disrupt workplace dynamics, creating a hostile environment that negatively impacts nurses' professional experiences and psychological well-being. The findings demonstrate a strong negative relationship between insolent behavior and job satisfaction. Frequent exposure to incivility erodes motivation, engagement, and overall contentment with the nursing role, leading to diminished workplace satisfaction. Moreover, the study reveals that insolent behavior is a critical factor influencing nurses' turnover intentions and actual turnover rates. Repeated exposure to workplace incivility fosters dissatisfaction and a desire to leave, particularly in environments where such behaviors are unchecked. This underscores the need for healthcare institutions to address workplace incivility as a key strategy for improving staff retention and reducing the costs associated with turnover. The impact of insolent behavior varies based on demographic and job-related factors such as age, experience, and role. Younger and less experienced nurses are particularly vulnerable to its negative effects, while experienced nurses and those in leadership roles tend to exhibit greater resilience, highlighting the importance of targeted interventions. The study emphasizes the urgent need for proactive organizational measures to mitigate the effects of insolent behavior. Supportive leadership, clear policies against incivility, and training programs focused on conflict resolution and respectful communication are essential to fostering a positive workplace culture. Empowering nurses through accessible reporting mechanisms and providing psychological support can further enhance their ability to cope with workplace challenges. Addressing these issues is vital for promoting a respectful and collaborative work environment, ultimately improving staff morale and organizational outcomes. The findings highlight the importance of addressing insolent behavior not only for individual well-being but also for organizational sustainability. Reducing workplace incivility can significantly improve job satisfaction, enhance retention rates, and ensure continuity and quality of patient care. By fostering a culture of respect and support, healthcare institutions can create an environment that nurtures the professional growth and well-being of their nursing staff, contributing to overall success and effectiveness in patient care delivery.

Recommendations

Based on the findings and conclusions, the study provides the following recommendations to address insolent behavior and its impact on job satisfaction and turnover among nurses:

Healthcare organizations should prioritize the establishment of a zero-tolerance policy for workplace incivility. This policy must clearly define insolent behaviors, outline consequences for such actions, and provide accessible mechanisms for reporting and addressing incidents. By implementing and enforcing these policies, organizations can foster a culture of accountability and respect.

Leadership training programs should be developed and implemented to ensure that managers and supervisors model respectful behavior and effectively address incidents of incivility. Supportive leadership is critical in creating a positive workplace environment and reinforcing organizational values of respect and collaboration.

Regular workshops and training sessions on communication skills, conflict resolution, and emotional intelligence should be provided to all nursing staff. These initiatives can empower nurses to manage and respond to workplace incivility constructively, reducing its negative impact on their well-being and job satisfaction.

Organizations should establish anonymous reporting platforms to encourage staff to report incidents of insolent behavior without fear of retaliation. Transparent and fair processes for handling reports are essential to build trust and ensure accountability.

Comprehensive psychological support programs, such as counseling services and stress management resources, should be made available to nurses affected by workplace incivility. Providing mental health support can mitigate the emotional toll of insolent behavior and improve nurses' resilience.

Healthcare institutions should conduct regular climate assessments to monitor the prevalence of insolent behavior and evaluate the effectiveness of interventions. Surveys, focus groups, and feedback mechanisms can help organizations identify areas for improvement and make data-driven adjustments to their strategies.

Strategies to improve job satisfaction and retention should include opportunities for professional development, recognition programs, and initiatives that foster a sense of belonging and value among nurses. Efforts to enhance workplace satisfaction can counteract the negative effects of insolent behavior and reduce turnover intentions.

Tailored interventions should be developed to address the unique challenges faced by different groups, such as younger nurses or those in high-stress units. Mentorship programs and peer support networks can provide additional guidance and encouragement for these vulnerable populations.

By implementing these recommendations, healthcare institutions can create a more respectful, supportive, and productive work environment, ultimately enhancing the well-being of nursing staff, improving retention rates, and ensuring the delivery of high-quality patient care.

REFERENCES

1. Alharbi, A., Alzayani, F., Alqahtani, F., & Alenezi, A. (2023). Perceived structural empowerment, resilience, and intent to stay among nurses and midwives in OB/GYN departments: A convergent parallel mixed methods study. BMC Nursing, 22(1), Article 77. https://doi.org/10.1186/s12912-024-02325-w

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

3. Alshehry, A. S., Alquwez, N., Almazan, J., Namis, I. M., & Cruz, J. P. (2019). Influence of workplace incivility on the quality of nursing care. Journal of Clinical Nursing, 28(23-24), 4562-4574. https://doi.org/10.1111/jocn.15051

4. Armstrong, M., Holmes, S., & Long, J. (2022). Impacts of workplace incivility on job satisfaction and turnover in healthcare: A cross-sectional study. Journal of Nursing Management, 30(2), 89-98.

5. Armstrong, N. (2018). Management of nursing workplace incivility in health care settings: A systematic review. Workplace Health & Safety, 66(8), 403-410. https://doi.org/10.1177/2165079918771106

6. Creswell, J. W. (2014). Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.). SAGE Publications.

7. Fehr, R., & Fulmer, C. A. (2021). Workplace incivility: A review and agenda for research and practice. Academy of Management Annals, 15(2), 583-614.

8. Field, A. (2018). Discovering statistics using IBM SPSS Statistics (5th ed.). SAGE Publications.

9. Friganović, A., Selič, P., & Milutinović, D. (2021). Burnout and job satisfaction among nurses in rural and urban primary healthcare settings in Southeast Europe. Journal of Nursing Scholarship, 53(5), 631-639.

10. Garma, P. F., & Cruz, J. P. (2018). Workplace incivility among nurses in a national tertiary hospital. Journal of Nursing Practice, 2(1), 56-64. Retrieved from https://www.researchgate.net/profile/Paul-Froilan-Garma/publication/323695456_Workplace_incivility_among_nurses_in_a_national_tertiary_hospital/links/6102e409169a1a0103c71230/Workplace-incivility-among-nurses-in-a-national-tertiary-hospital.pdf?origin=publication_detail

11. Han, K., Kim, Y., & Lee, H. (2020). The impact of workplace incivility on burnout and turnover intention in nurses: Moderating effects of positive resources. Journal of Clinical Nursing, 29(15-16), 2924-2935.

12. Harris, C., Sampson, K., & Grainger, K. (2022). Economic impact of nurse turnover and the role of supportive work environments. Health Care Management Review, 47(3), 231-241.

13. Havaei, F., MacPhee, M., & Dahinten, V. S. (2020). The effect of bullying and workplace incivility on occupational stress in nurses. Nursing Open, 7(3), 845-853.

14. Kanitha, D., & Naik, P. R. (2021). Experience of workplace incivility and its impact on stress and turnover intention among the nurses working at a hospital: Cross-sectional survey approach. Iranian Journal of Nursing and Midwifery Research, 26(3), 285-287. https://doi.org/10.4103/ijnmr.IJNMR_124_20

15. Laschinger, H. K. S., & Smith, L. M. (2015). The influence of resonant leadership on the structural empowerment and job satisfaction of registered nurses. Journal of Nursing Management, 23(6), 743-753. https://doi.org/10.1111/jonm.12206

16. Liu, Y., & Aungsuroch, Y. (2020). The influence of empowered work environments on the psychological experiences of nursing assistants during COVID-19: A qualitative study. BMC Nursing, 19(1), Article 128. https://doi.org/10.1186/s12912-020-00489-9

17. March, J., & Grau, A. (2017). Structural empowerment and burnout among Portuguese nursing staff: An analysis through Kanter's theory. Journal of Nursing Management, 25(5), 331-338. https://doi.org/10.1111/jonm.12473

18. Martin, L. D., & Zadinsky, J. K. (2022). Frequency and outcomes of workplace incivility in healthcare: A scoping review of the literature. Journal of Nursing Management, 30(8), 3432-3441. https://doi.org/10.1111/jonm.13783

19. Meires, J. (2018). Civility matters: Addressing incivility in the workplace. The Journal of Continuing Education in Nursing, 49(5), 198-205.

20. Polit, D. F., & Beck, C. T. (2021). Nursing research: Generating and assessing evidence for nursing practice (11th ed.). Wolters Kluwer.

21. Sherrod, J. T., & Lewallen, L. P. (2021). Workplace incivility and its effects on the physical and psychological health of nursing faculty. Nursing Education Perspectives, 42(5), 278-284. https://doi.org/10.1097/01.NEP.0000000000000839

22. Shi, Y., Guo, H., Zhang, S., Chu, J., Li, J., & Zhu, L. (2018). Impact of workplace incivility against new nurses on job burnout: A cross-sectional study in China. BMJ Open, 8(e020461). https://doi.org/10.1136/bmjopen-2017-020461

23. Szostek, D., Balcerzak, A. P., Rogalska, E., & Pelikánová, R. M. (2022). Personality traits and counterproductive work behaviors: The moderating role of demographic characteristics. Economics & Sociology, 15(4), 231-263. https://doi.org/10.14254/2071-789X.2022/15-4/12

24. Taşkaya, S., & Aksoy, A. (2020). A bibliometric analysis of workplace incivility in nursing. Journal of Nursing Management, 28(8), 2033-2041. https://doi.org/10.1111/jonm.13161

25. Trépanier, S.-G., Fernet, C., & Austin, S. (2021). Workplace bullying and turnover intention among nurses: The role of psychological empowerment. Journal of Nursing Management, 29(5), 1094-1103.