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## New Graduate Nurses' Structural Empowerment and Their Experience of Co-worker Incivility and Burnout

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Nursing

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NEW GRADUATE NURSES' STRUCTURAL EMPOWERMENT AND  
THEIR EXPERIENCE OF CO-WORKER INCIVILITY AND BURNOUT

(Spine title: GRADUATE NURSES EXPERIENCE OF INCIVILITY AND BURNOUT)

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by

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Graduate Program in Nursing

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Master of Science in Nursing

The School of Graduate and Postdoctoral Studies  
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London, Ontario, Canada

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## **ABSTRACT**

Burnout among new graduate nurses [NGNs] is a risk to workplace retention and commitment to the nursing profession. With threats of nursing shortages, safeguarding and supporting NGN to maintain workplace allegiance and professional commitment is paramount. Research has highlighted the harmful effects of uncivil working environments and the deleterious effects it can have on working relationships. In this secondary analysis, Kanter's (1977) theory of structural empowerment was tested using a predictive, non-experimental design in a sample of NGN working in acute care hospitals in Ontario. Two hypothesized models predicted that high levels of structural empowerment and low levels of coworker incivility are associated with low levels of emotional exhaustion and cynicism among NGN. Both workplace empowerment and incivility were significant strong predictors of lower levels of emotional exhaustion and cynicism. The overall findings suggest the combination of empowering workplaces and fewer incidences of incivility from co-workers influence NGN experiences of burnout. [Key words: Graduate nurses; workplace empowerment; incivility; emotional exhaustion; cynicism; retention]

## **CO-AUTHORSHIP STATEMENT**

Pamela Bushell completed the following work under the supervision of Dr. Heather Laschinger and Dr. Carol Wong, who will be co-authors on the publication resulting from the manuscript.

## **DEDICATION**

I dedicate this work to my family, without their support over the course of this program I would not have had the strength, perseverance or courage to continue.

I would also appreciate the opportunity to extend a special dedication to the new and future nursing graduates. May they work in healthy workplace settings and if they are not fortunate enough to work in a supportive environment may they have the passion and courage to change it!

## ACKNOWLEDGEMENTS

Firstly I would like to thank my thesis advisor Dr. Heather Laschinger for her undeniable, unwavering support. She has always been very kind and encouraging to me. I have encountered some obstacles along the way and Dr. Laschinger always provided me with an ear to listen and a heart to respond. Her personal attention to my life and my work was immensely important to me and I am humbly grateful for her support. I also want to thank Dr. Carol Wong for being the solid professor that she is. She roused my interest in quantitative research and encouraged me to pursue this methodology. I would also like to acknowledge Ashley Grau for making the statistical analysis portion of this work less daunting.

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## **PART ONE**

### **INTRODUCTION**

The health care system is under increasing pressure to control costs and increase productivity while responding to increasing demands from a growing and aging population, advanced technology and increasingly more sophisticated health care consumers (Registered Nurses Association of Ontario [RNAO] 2008; Canadian Intergovernmental Conference Secretariat, 2000; First Ministers' meeting on the future of health care, 2004; Health Canada, 2003). Creating and sustaining a healthy work environment has become a high profile objective in Canadian health care organizations. It has become clear to government agencies, nursing interest groups and professional organizations that creating a workplace where nurses can practice safely and securely is paramount for the delivery of optimum care to clients across the continuum of health care environments (RNAO, 2011). A sufficient number of nurses are integral to sustain affordable access to safe, timely health care. In Canada, one third of the registered nurses are between the ages of 50 and 60 (Canadian Institute for Health Information [CIHI], 2010). In the next ten years Canada will lose a large cohort of experienced nurses. To fill this gap, new graduate nurses must be recruited and retained to maintain the adequate human resource capital necessary to sustain a strong nursing workforce to meet the increasing demands of the Canadian health care system. CNA reports there will be a significant shortfall of nurses in the next five to ten years. This figure will increase five times over the next 15 years. If the health requirements of Canadians continue to require escalating health care needs, according to trends, and if no policy or interventions are implemented, Canada will be short almost 60,000 full-time equivalent registered nurses by 2022 (CNA 2012).

Creating a healthy work environment is critical for the recruitment and retention of new graduate nurses. A healthy work environment for nurses is free from negativity, including emotional exhaustion and cynicism. According to Laschinger, Finegan, and Wilk (2009) when new graduates work in environments that empower them to practice to professional standards and civility between co-workers is maintained, they are less likely to experience work stress or burnout. Laschinger, Leiter, Day and Gilin (2009) also reported incivility and burnout were significant indicators of nurses' job satisfaction and organizational commitment and intentions to leave a job.

Kanter's (1977, 1993) theory of structural empowerment provides a useful framework for understanding how empowering work environments can lead to positive outcomes for new graduate nurses (Cho, Laschinger, & Wong, 2005). According to Kanter, (1993), when employees feel empowered they respond accordingly and rise to the challenges present in their organization. Previous research has shown how empowering working environments lead to positive outcomes for new graduate nurses, such as increased work engagement, organizational commitment and lower turnover intentions (Cho et al., 2005). Similarly, Smith, Andrusyszyn, and Laschinger (2010) reported new graduate nurses who perceived their workplaces to have high levels of structural and psychological empowerment and low levels of incivility (coworker and supervisor) had high levels of overall commitment. Laschinger, Wilk, Cho and Greco (2009) reported a strong link between workplace empowerment and work engagement and nurses who engage positively in their work with enthusiasm and dedication will in turn influence the quality of work life for others in a positive way. With Kanter's theoretical foundation, one can then begin to hypothesize that organizations with gaps in workplace supports that

do not foster workplace empowerment may create an environment where incivility may reside and flourish.

Violence in the workplace is a hazard that nurses from across the health care sector are confronted with (Ontario Nurses Association [ONA], 2003, RNAO, 2008). Violence takes on a variety of forms, including aggression, harassment, bullying, intimidation, incivility, and assault (RNAO, 2008; Canadian Nurse Advisory Committee, 2003; Canadian Health Services Research Foundation, 2006). Andersson and Pearson (1999) defined incivility as the disregard for social norms, rudeness, and disrespect for others. From this sentinel work, many health care disciplines, including nursing have focused on this insidious and serious problem, which contributes to violence and erodes the moral values and norms of workplaces. If left unchecked incivility in the workplace is a real threat to the recruitment of nurses and may have the deleterious effect of ending nursing careers prematurely within Canada and beyond to other nations. Smith et al., (2010) reported 90.4% of new graduate participants experienced some degree of co-worker incivility, with 77.8% reporting incivility from a supervisor. Similarly, Bowles and Candela (2005) found new graduate nurses had a 30% turnover rate in their first year of practice and that climbed to 57% by the second year. These rates were attributed to a number of factors but in particular the incidence of negative working environments.

The negative effects of incivility on nurses include increased absenteeism, low productivity, increased turnover and health effects, such as stress, psychosomatic symptoms and poor physical health (Kivimaki, Elovainiob, & Vahterac, 2000). New graduate nurses are particularly vulnerable to psychological stresses in the workplace (Lavoie-Tremblay et al., 2008). A new practitioner may not have developed strategies to cope with unpleasant experiences that uncivil behaviors can produce. Novice nurses may

also lack the maturity to navigate the complexities within health care organizations (Boychuk Duchscher, & Cowin, 2004). It has also been identified that new graduate nurses have underdeveloped coping strategies during the first year of practice that may influence how they react to incivility in the workplace (Boychuk Duchsher, 2006).

With underdeveloped coping mechanisms, graduate nurses who experience incivility may also be vulnerable to burnout. Leiter and Maslach (2004) characterized burnout by a number of negative reactions of which emotional exhaustion and cynicism are the core dimensions. Cynicism is defined as indifference to one's surroundings; exhaustion is characterized as a lack of emotional resources. Suzuki, Iyomine, Saito, Katsuki, and Sato (2008) reported the factors contributing to turnover within ten to fifteen months of being employed were workplace dissatisfaction and burnout. Gustavsson, Hallsten, and Rudman (2010) reported the progression of increasing levels of exhaustion leading to burnout was due to dysfunctional coping, cynicism and disengagement. Cho et al. (2006) found that 66% of new graduates reported severe levels of emotional exhaustion, (> 3.00, Maslach Burnout Inventory-General Survey) In a landmark report on the turnover of nurses in the USA, Canada, England, Scotland, and Germany, Aiken et al. (2001) reported significant percentages of nurses in four out of five countries had high emotional exhaustion scores.

The health care system is under increasing pressure to control costs and increase productivity while responding to increasing demands from a growing and aging population against a backdrop of a nursing shortage revealing itself at an alarming rate. These factors reinforce the need to create working environments that support nursing graduates; building a healthy stable workforce for the future of health care and the nursing profession. New nursing graduates must be supported in their workplace. It is

imperative that leaders in health care organizations where nurses practice build the foundational supports to assist graduate nurses in their ability to access workplace empowerment structures. Graduate nurses who experience incivility are less likely to reach burnout and will remain employed in the nursing profession when there are workplace empowerment structures in place to support their development and growth to be competent caring practitioners. Therefore the purpose of this study is to determine the effect of the new graduate nurses' structural empowerment on their experience of workplace incivility and burnout (emotional exhaustion and cynicism).

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**PART TWO**  
**MANUSCRIPT**

A strong, stable nursing workforce is integral for providing and sustaining safe, timely client care. In Canada, health care reform is focused on three primary goals: (1) provision of timely access to health care services based on need, high quality, (2) effective client centered care, and a sustainable and (3) affordable health care system (Registered Nurses of Ontario [RNAO], 2008; Canadian Intergovernmental Conference Secretariat, 2000; Health Canada, 2003; First Ministers' Meeting, 2004-2005). Healthy work environments that facilitate the recruitment and retention of registered nurses are vital to this goal (Canadian Nurses Advisory Committee, 2002; Institute of Medicine, 2000). In Ontario the RNAO has echoed the three primary goals of health care reform in Canada in the Best Practice Guideline for Healthy Work Environments (2008).

Creating a healthy work environment for nurses is critical for the recruitment and retention of nurses and to achieve the goals set out by Health Canada (Health Canada 2003; RNAO, 2008). A healthy work environment for nurses must be free from hostility however, violence in the workplace has become a hazard for nurses across the health care sectors (Ontario Nurses Association [ONA], 2003; RNAO, 2008) and negatively affects not only nurses but the outcomes for clients and health care systems in general (Canadian Nurses Association [CNA] & Canadian Federation of Nurses Unions [CFNU], 2007). Violence may take on a variety of forms, including aggression, harassment, bullying, intimidation, incivility, and assault (CNA & CNFU, 2007). Recent research has shown that new graduate nurses are experiencing workplace incivility, which is a more subtle form of workplace violence. Smith, Andrusyszyn, and Laschinger (2010) reported 90.4% of new graduate participants had experienced some degree of co-worker incivility and co-

worker incivility was related to lower levels of workplace empowerment and commitment in the workplace among new graduate nurses.

New graduate nurses are particularly vulnerable to the psychological stresses experienced in the workplace (Lavoie-Tremblay et. al., 2008). Psychological distress can predict absenteeism, burnout, turnover, and intent to quit (Lavoie-Tremblay et. al., 2008; Lu, While, and Barriball, 2005). Further to those findings, Laschinger, Leiter, Day, and Gilin (2009) reported empowerment, workplace incivility, and burnout jointly explain significant variance in three retention outcomes: job satisfaction, organizational commitment, and turnover intentions (p. 307). When there are high levels of incivility in their workplaces, new graduate nurses may be more susceptible to burnout. Indeed, Cho, Laschinger, and Wong (2006) reported that 66% of new graduates reported severe levels of burnout, which was related to lower levels of empowerment and organizational commitment. Laschinger et al. (2009) also found significant relationships between experienced nurses' perceptions of workplace empowerment, incivility, and burnout.

The purpose of this study is to investigate the linkages between new graduate nurses perceived access to workplace empowerment structures, their experience with co-worker incivility and their experience with burnout (emotional exhaustion and cynicism).

### **Theoretical Framework**

The Theory of Structural Power in Organizations developed by Kanter (1977) provides a useful framework to examine empowerment structures related to health care environments and the response nurses have to their workplace. Kanter at that time focused primarily on the working conditions of women in her landmark study, which has been applied to nursing work (Laschinger, 1996).

Kanter (1977) first described the structural determinants in an organization in her book, *Men and Women of the Corporation*. Organizational empowerment is the ability to mobilize resources, both human and material, in order to get things done and be effective in one's work (Kanter, 1979). The true sign of power is accomplishment according to Kanter (1979). Individuals with low organizational power tend to be more insecure and critical toward their workplace. Individuals with high organizational power foster higher group moral (Kanter, 1977, 1993). Opportunity, power, and the social composition of people are three organizational structures Kanter (1977, 1993) described in this sentinel work. Kanter (1977, 1993) argued that people react rationally to the situations in which they are involved. When working conditions are structured so that employees feel empowered they respond accordingly and rise to the challenges within their organizations (Laschinger, Finegan, Shamian, & Wilk, 2001). The components of empowerment theory are illustrated in Figure 1.

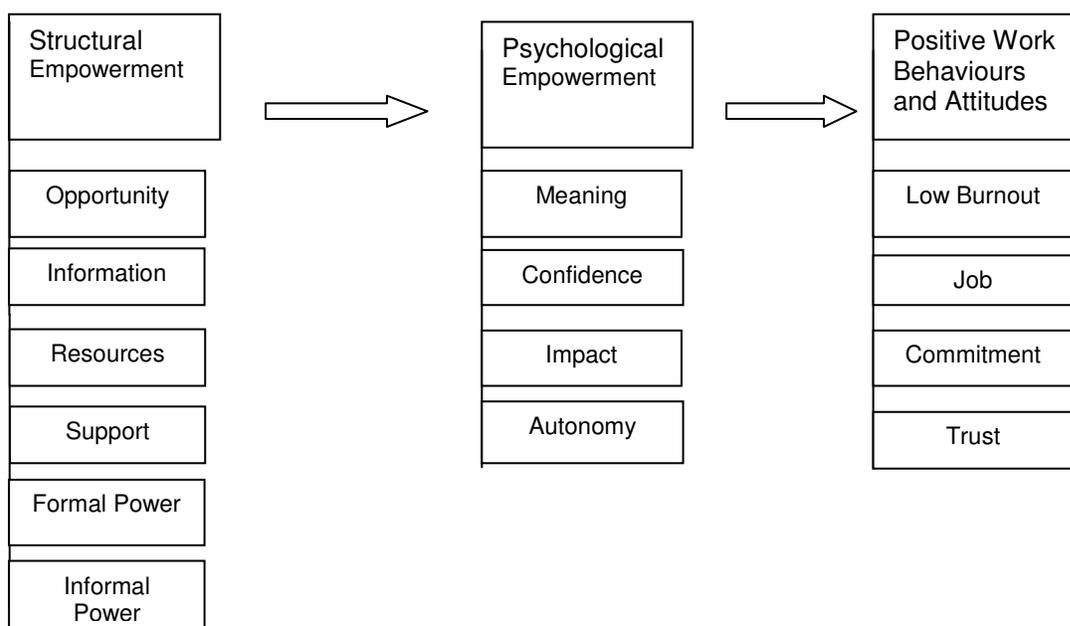
Kanter (1977, 1993) describes access to structural empowerment as, opportunity, information, support, resources, formal power and informal power. Kanter's work challenged the popular theories of worker engagement of the time and suggested that employees' work behaviours are responses to work conditions and situations, not the manifestations of personality traits (Laschinger, 1996; Kanter 1977). According to Kanter, power can be gained through informal and formal mechanisms. Formal power is found in jobs that are visible, whereas informal power is derived from alliances with individuals within the workplace (Kanter, 1977; Laschinger, 1996). Kanter (1979) believed when employees have power and their power is acknowledged, these individuals have access to information, support, resources, and opportunities to learn and grow in their work environment. When power is not acknowledged, employees do not have

access to power, therefore access to information, support, resources and opportunities is unattainable and effective work is impossible to achieve.

Powerlessness results when employees do not have access to resources, information, support and opportunity (Kanter, 1977, 1993; Laschinger, 1996). Opportunity is defined as an individual's growth and mobility within an organization. Opportunity affords an individual the chance to advance within an organization and develop knowledge, skills and is also critical for work satisfaction and productivity (Laschinger 1996; Kanter 1977). Workers with low opportunity may limit their aspirations and not look for advancement but workers with high opportunity have elevated self-esteem (Laschinger, 1996; Kanter, 1977). Information is necessary to carry out a job well. Information includes not only technical knowledge, and expertise but inclusion of information on what is occurring throughout the organization (Laschinger, 1996; Chandler, 1986). The nurse as a knowledge worker is an important concept in the current health care environment and one that cannot be achieved without accessibility to information. When nurses have the information they need to expertly care for their clients they become empowered. The same is true for access to resources and supports. Access to resources is necessary for workers to complete their work and to be effective in their roles. Access to resources and supplies means having the ability to obtain materials, money and rewards necessary for achieving job demands (Laschinger, 1996, p. 26). Resources can be both human and material in origin. The ability to access resources makes it possible to accomplish more (Kanter, 1979). According to Kanter (1977, 1993) work environments that provide access to these solid structures in the workplace are empowering workplaces. Structural empowerment enables employees to accomplish their

work and to achieve positive work behaviors and as a result, they experience greater job satisfaction, commitment, trust and low burnout.

Empowering workplace settings can also lead to positive work experiences for the newly graduated nurse (Cho et al., 2006). New graduates are faced with challenges related to their limited nursing experiences, which in turn reduces their personal resources to negotiate ambiguities in the practice setting, making strong structural supports very important for their feeling of efficacy (Laschinger, Wilk, Cho, & Greco, 2009). Therefore, ensuring these empowerment structures are in place is critical for this young generation of nurses (Laschinger et. al., 2009). Further to this, Laschinger, Finegan, and Wilk (2009) reported when new graduate nurses work in a supportive professional practice environment they experience lower levels of incivility and maintain an overall positive sense of workplace empowerment and lower incidence of burnout.



*Figure 1.* Components of the expanded model of empowerment theory (Laschinger et al., 2009)

## Related Literature

### Structural Empowerment

There is empirical support for Kanter's theory in nursing. Nursing researchers have investigated the link between workplace empowerment structures and various outcomes. For instance, the results of a study by Laschinger et al. (2001) strongly suggested that nurses who have access to resources, information, opportunity and support in their workplaces are more likely to be committed to their organization. Several studies have linked lower levels of empowerment to increased burnout. Laschinger, Almost, Purdy, and Kim (2004) studied nurse managers and found that high levels of structural empowerment were related to lower emotional exhaustion and higher levels of energy. These studies point to the positive effect of empowering work environments on nurses' engagement, work satisfaction and burnout (Laschinger, Wong & Greco, 2006). Studies have also shown a correlation between workplace empowerment and job satisfaction. Kuokkanen, Leino-Kilpi and Katajisto (2003) demonstrated job satisfaction, commitment to workplace and level of professional activity had a strong correlation to nurse empowerment. Similarly, Ning, Zhong, Libo, and Qiujie (2009) found nurses in China who experienced organizational empowerment also reported greater satisfaction with their jobs, which was statistically significant ( $P < .001$ ). There have been several studies linking empowerment to organizational commitment. McDermott, Laschinger and Shamian (1996) reported nurses who have high opportunity for growth and mobility, are more likely to be committed to their work.

Smith et al. (2010) reported structural and psychological empowerment and workplace incivility as principal predictors of commitment specifically in the new graduate nurse. Their findings also supported Kanter's assertion that work environments

play a critical role in shaping behaviours, attitudes and perceptions of employees (Smith et al., 2010). Cho et al. (2006) also focused on workplace empowerment in the new graduate nurse and reported this contingent of nurses feel more engaged and committed to their work place when empowerment structures are in place. Nurses who work in empowering work environments have a lower incidence of work place incivility, and emotional exhaustion (Laschinger et al., 2009).

### **Workplace Incivility**

Andersson and Pearson (1999) in a seminal work introduced the concept of workplace incivility, describing it as low-intensity deviant behavior with ambiguous intent to harm the target in violation of workplace norms for mutual respect (p.455). Uncivil behaviors are characteristically rude and discourteous, displaying a lack of regard for others (Lim, Cortina, Magley, 2008). It is the subtle low intensity insidious nature of incivility that makes it very difficult for the recipient to process and deal with (Andersson & Pearson, 1999). Examples of uncivil conduct include sarcasm, disparaging remarks or tones, hostile stares, and the “silent treatment” (Lim, et al., 2008). Incivility also includes non verbal disrespectful behaviors such as glaring at, ignoring, or excluding colleagues, which can be particularly detrimental in the new graduate population of nurses. The ambiguities of these subtle uncivil behaviors result in significant distress. Individuals have difficulty making sense of the situation and experience indecisiveness about whether or not to respond (Lim et al., 2008). Often the individuals who are the recipients of incivility remain quiet and accept the uncivil behaviors directed toward them. The cycle continues unbroken.

Uncivil behaviors from colleagues can create a feeling of unhappiness and dissatisfaction with work, which in turn reduce motivation and increase thoughts of leaving the job (Lim et al., 2008). Victims of uncivil behaviors may experience poor physical and mental health (Lim et al., 2008). Nurses have been diagnosed with depression, acute anxiety, and posttraumatic stress disorder as a result of encounters with incivility (Woelfle & McCaffrey, 2007). Lim et al. (2008) addressed the need for managers and employers to actively discourage uncivil behaviours in the workplace rather than disregard incivility as a harmless nuisance or a private problem for individuals to resolve. Incivility is covert and may make it difficult to identify and manage effectively. Incivility in the workplace is a real threat to the recruitment and retention of nurses and may have the deleterious effect of ending nursing careers prematurely, adding to the existing nursing work force shortage.

Several qualitative studies have reported new graduate nurses' experience of frequent uncivil behaviors in their work environment. Dyess and Sherman (2009) found that the majority of those interviewed in their study ( $n=81$ ) reported experiences with unkind nurses who were unsupportive and critical. Another study by Smokler Lewis and Malecha (2011) reported operating room nurses working in healthy work environments had statistically lower workplace incivility scores ( $P<.001$ ) than their counterparts working in traditional settings. Laschinger, Grau, Finegan and Wilk (2010) reported similar findings with new graduate nurses. Structural empowerment negatively relates to bullying, which in turn significantly relates to burnout (emotional exhaustion, cynicism and efficacy) and emotional exhaustion has a direct effect cynicism (Laschinger et al. 2010).

New graduate nurses may also be susceptible to the negative effects of incivility and respond well to the benefit of working in a collegial atmosphere in which respect is maintained (Laschinger et al., 2009). Several studies have described new graduate nurses' vulnerability to uncivil behaviors. With alarming consistency, new graduate nurses report that senior nurses lack care and concern for them, and display antagonistic, unwelcoming, and abusive behaviours toward them (Boychuk Duchscher & Cowin, 2004). The first year of nursing practice is an important time for graduate nurses to begin to build confidence and yet many new graduates are exposed to horizontal violence, which may negatively impact this process (McKenna, Smith, Poole, & Coverdale, 2003). Leiter, Price, and Laschinger, (2010) found that Generation X nurses, those born between 1960 and 1980 experienced greater incivility from coworkers than did their Baby Boomer counterparts, born between 1943 and 1960. This study also reported that novice nurses experienced workplaces with fewer qualities of civility. The newest generations of nurses are reporting high levels of stress associated with their work, 43.4% of new nurses reported high levels of psychological stress (Lavoie-Tremblay et al., 2008) which in turn puts this cohort at risk to be involved in uncivil behaviors, either directly or indirectly. McKenna et al. (2003) found that 34% of new graduate nurses experienced overt interpersonal conflict characterized by rude, abusive, humiliating behaviours or unjust criticism. Smith et al. (2010) reported 90.4% of participants experienced some degree of co-worker incivility and 77.8% reported some sort of supervisor incivility. Although overall incivility levels were low, ( $M=1.50$ ,  $SD= 0.56$ ;  $M= 1.69$ ,  $SD= 0.53$  on a four-point scale, for supervisor and co-worker incivility respectively), incivility was significantly related to lower organizational commitment ( $p= .1010$ ). This has negative effects on retention and is an important issue for management to address.

There are few reports of interventions to address workplace incivility in the literature. One exception is a program delivered by the Veteran's Hospital Administration [VHA], Center for Organizational Development the Civility, Respect, Engagement in the Workforce [CREW] (Osatuke, Moore, Ward, Dyrenforth, & Belton, 2009). The goal of CREW, a six month program, used interventions to assist workers to improve the quality of work-life on their units. Leiter, Laschinger, Day, and Gilin-Oore (2011) found that healthcare workers who practiced CREW had lower incivility levels, burnout, turnover intentions, absenteeism, and greater job commitment, job satisfaction, and trust in management. They found that CREW encouraged positive social behavior and discouraged bad behaviors and that improving employees' relationships may also be an effective means of addressing burnout. Laschinger et al. (2012) found that nurses involved in the CREW Project were significantly more empowered, experienced less supervisor incivility and were more trustful of management after the interventions.

### **Burnout**

Maslach (1993) proposed a three dimensional model of burnout, described as a syndrome of emotional exhaustion, cynicism and reduced personal accomplishment. The core component of burnout is emotional exhaustion (Green & Walkey, 1988). The state of emotional exhaustion develops over time as a result of excessive demands on one's energy and resources and a prior state of high arousal and/or overload. Emotional exhaustion refers to the feelings of being emotionally overextended and depleted of one's emotional resources (Maslach & Schaufeli, Leiter, 1993; Maslach, Jackson, & Leiter, 1996). The second dimension, cynicism, involves a negative shift in response towards care recipients in an attempt to cope with the emotional stresses of their work (Demourouti, Bakker, Nachreiner, & Schaufeli, 2000; Maslach, 1993). The third

dimension, reduced personal accomplishment refers to a decline in one's feeling of competence and successful achievement with respect to one's work (Maslach, 1993).

Burnout is described as a specific kind of occupational stress-reaction among human service professionals as a result of the demanding and emotionally charged relationships (Maslach et al., 1993). Nurses are considered particularly susceptible to burnout (Demerouti et al., 2000). Nursing jobs are typically stressful and emotionally demanding, because nurses are repeatedly confronted with people's needs (Demerouti et al., 2000). Laschinger et al. (2006) reported that stressful working conditions in nursing are a major cause of burnout among nurses.

Several studies have investigated burnout of new graduate nurses. Cho et al. (2006) found that 66% of new graduates were experiencing severe burnout and that burnout was associated with disempowering workplace conditions. Those results are similar to those of Laschinger et al. (2009) who found that 62% of new graduate nurses reported severe levels of burnout. Research suggests that when new graduate nurses work in settings that empower them by professional nursing practice that are characterized by civil interpersonal relationships among co-workers, they are less likely to experience work stress or burnout (Laschinger et al., 2009). Laschinger and Grau (2012) linked new graduate nurses' burnout to turnover intentions, again highlighting the need to create a work environment that protects new graduates from unhealthy working conditions. The future of professional nursing depends on finding ways to create high-quality work environments that retain new comers to the nursing profession (Laschinger et al., 2009).

### **Summary of the Literature**

Incivility has been recognized as a contributing factor to burnout among nurses, and recent studies indicate new graduate nurses may be particularly vulnerable to

negative work environments possibly ending budding careers early. Kanter's (1977, 1993) theory of structural empowerment in organizations suggest that when work settings provide access to resources, information and opportunities to grow and learn, nurses feel empowered and therefore less likely to experience negative working relationships and burnout.

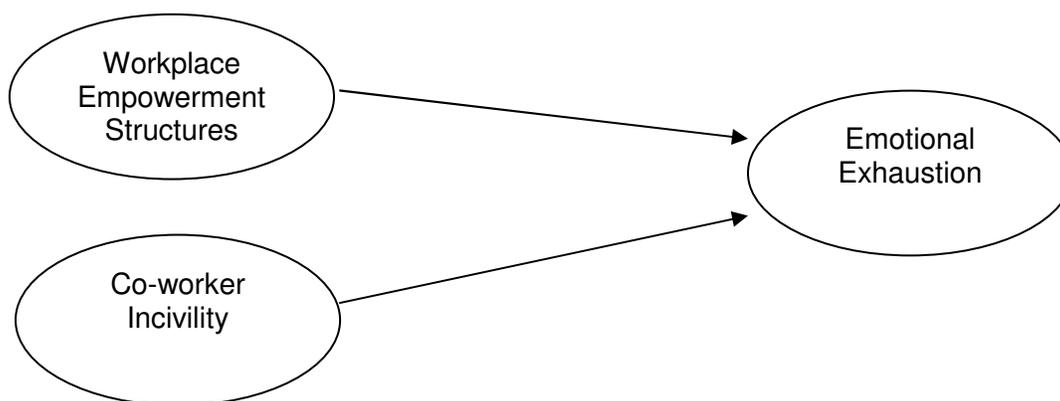
### **Hypothesis and Rationale**

Based on Kanter's Theory of workplace empowerment structures and a review of the literature on incivility and burnout the following hypotheses were proposed:

1. High levels of workplace empowerment structures and low levels of co-worker incivility are related to lower levels of burnout (emotional exhaustion and cynicism) among new graduate nurses.

### **Rationale**

New graduate nurses who are given the opportunity to learn and grow as a novice practitioner in a supportive environment where they can access resources, information, and opportunities required to be valued contributors to the team, may be empowered to practice optimally in their work settings. When new graduate nurses are given access to opportunities in the workplace such as engagement in professional development and the opportunity to develop skills and confidence a smoother transition into clinical practice occurs. An empowering working environment adds to the new graduates feeling of adequacy and the feeling that they are contributing to the functioning of the team. Disempowering working environments may result in frustration among nurses, which may result in uncivil behavior. Exposure to these negative behaviours may lead to emotional exhaustion among new graduate nurses.

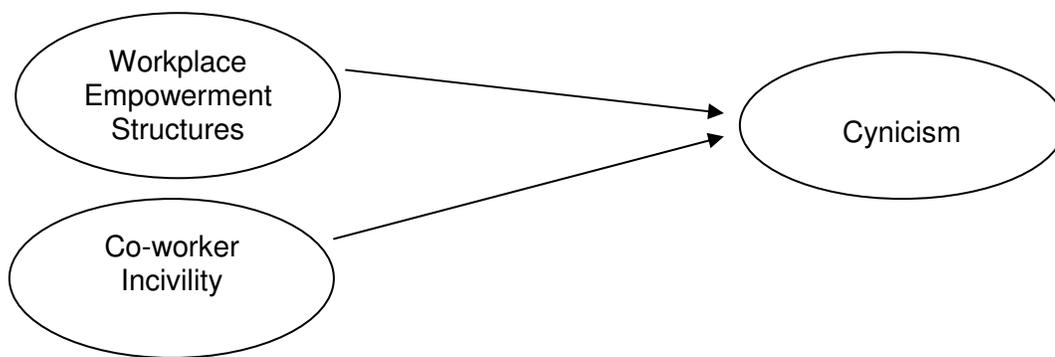


*Figure 2.* Hypothesis tested in the study

2. High levels of workplace empowerment structures and low levels of co-worker incivility are related to lower levels of cynicism among new graduate nurses.

### **Rationale**

Cynicism is another component of the burnout syndrome described as an indifference to one's work (Leiter, Harvie, & Frizzell, 1998). When nurses feel disempowered in their work and feel a lack of power to manage their environment they may become cynical. Cynicism is the result of unchecked emotional exhaustion and can lead to burnout (Gustavsson, Hallsten, & Rudman, 2010). New graduates, who have access to structural empowerment such as opportunity for growth and constructive feedback on performance, are more likely to be engaged in their work place and less likely to be cynical because they feel management has ensured that empowering conditions are in place to accomplish their work (Cho et. al., 2006). Lack of these resources may escalate frustration and uncivil behaviours among coworkers on the team, which may cause nurses to become cynical toward their workplace.



*Figure 3.* Hypothesis tested in the study

## Methods

### Design and Sample

A secondary analysis of data from the second wave of a larger longitudinal study examining new graduate nurses' work life (Laschinger et al., 2009) was conducted. In that study, Laschinger et al. (2009) used a non-experimental predictive survey design. Ethical approval was received from the University of Western Ontario Review Board for Health Sciences Research Involving Human Subjects in April 2009. In the original study a random sample of 907 newly graduated registered nurses working in acute care settings in Ontario was selected from the College of Nurses (CNO) registry. Participants met inclusion criteria if they were a registered staff nurse employed in a direct care nursing position, with two years or less experience as a registered nurse. A final sample of 365 useable surveys was obtained, resulting in a 40% response rate.

Nurses who responded to the first wave of the study were resurveyed one year later, of which 205 nurses returned useable questionnaires (return rate of 56%). A power analysis was conducted to determine the appropriate sample size for the planned secondary analysis study. Based on an alpha of .05, power level of .80, for a regression

analysis with two independent variables (Cohen, 1987); a minimum of 77 participants would be required to detect a moderate effect size (.13). Therefore, the sample size of 205 participants in the second wave of the study was sufficient for the planned analysis.

Sample demographic characteristics are presented in Table 1. The average age of the nurses surveyed was 29.06 (SD=6.6) years of age and the majority were female (90.1%). Most worked fulltime (64.9%). The average time in their current position was 1.5 years. The majority of new graduates worked on a medical-surgical unit (55.1%). Interestingly 25% worked in critical care. All held a baccalaureate degree in nursing.

Table 1

*Demographic Characteristics*

<b>Demographic</b>		<b>Frequency (n)</b>	<b>Percent %</b>
Sex	Female	183	90.1
	Male	20	9.9
Employment Status	Full-time	133	65.5
	Part-time	53	26.1
	Casual	17	8.4
Education	Baccalaureate	203	100.00
Specialty Area	Medical-Surgical	98	55.1
	Critical Care	45	25.3
	Maternal-Child	20	11.2
	Mental Health	15	8.4
<b>Demographics</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>
Age	202	29.6	6.6
Years Nursing (based on maximum 2 years)	202	1.47	.548

## **Instrumentation**

**Structural empowerment.** Structural empowerment was measured by the four core subscales of the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) which was developed by Laschinger et al., (2001). Subscales measuring opportunity, information, support, and resources, contain items rated on a 5-point Likert scale ranging from 1 (none) to 5 (a lot). Items for each subscale are summed and averaged to provide a score for each subscale, which are then summed to give a total empowerment score that can range between four and 20. Higher overall scores represent higher perceptions of the empowerment construct. This CWEQ II has been validated (Laschinger et al., 2001) and previous studies have produced Cronbach alpha reliabilities ranging from 0.79 to 0.82 for the total (Laschinger & Finnegan 2005). In this study, Cronbach's reliability coefficient total for the CWEQ-II was 0.83, with subscale reliabilities ranging from 0.80 to 0.85.

**Co-worker incivility.** Co-worker incivility was measured using the Workplace Incivility Scale (WIS) (Cortina, Magley, Williams, & Langhout, 2001). The WIS consists of seven items rated on a five-point Likert scale to measure the frequency of uncivil behaviors in the last six months ranging from 1 (never) to 4 (most of the time). High scores represent high levels of incivility (Smith et al., 2010). Cortina et al. (2001) reported an alpha coefficient of 0.89 and demonstrated to be highly reliable and cohesive. Psychometric properties of the WIS have shown the instrument to be valid and reliable (Cortina et al., 2001; Lim et al., 2008). Smith et al. (2010) reported reliability coefficients for supervisor and co-worker incivility as 0.89 and 0.85 respectively. In this study, Cronbach's reliability coefficient for the WIS was 0.91.

**Burnout.** Burnout was measured using the exhaustion and cynicism subscales of the Maslach Burnout Inventory-General Survey (MBI-GS). Five items measure each of

these two components of burnout (emotional exhaustion and cynicism). Items are rated on a 7-point Likert scale ranging from 0 (never) to 6 (daily). Leiter and Maslach (2004) argue that a score greater than 3.0 on either burnout subscale is indicative of severe burnout. Cronbach alpha coefficients for the burnout scales in nursing samples have ranged from 0.89 to 0.91 (Laschinger, Almost, & Tuer-Hodes, 2003; Laschinger et al., 2004). In this study, Cronbach's reliability coefficient for the MBI-GS, emotional exhaustion was 0.92 and 0.84 for cynicism.

Table 2

*Cronbach's Alpha Coefficients of Study Instrumentations*

<b>Scale</b>	<b>Number of Items</b>	<b>Alpha Reliability Coefficients</b>
<b>Structural Empowerment</b>		
Total Empowerment	12	0.83
Opportunity	3	0.84
Information	3	0.81
Support	3	0.80
Resources	3	0.79
Co- worker Incivility	7	0.91
<b>Burnout</b>		
Emotional Exhaustion	5	0.93
Cynicism	5	0.84

## **Data Collection**

In the larger study, a modified Dillman approach was used (Dillman, 2007). Each participant was mailed a package, which included a questionnaire (Appendix A), letter of information (Appendix B), and a return addressed stamped envelope. At the four-week mark a reminder was sent to participants. Four weeks later another full package was sent out to participants, including all materials sent out with the original mailing.

## **Data Analysis**

All data were analyzed using the Statistical Package for Social Sciences (SPSS) version 18.0 for Macintosh (SPSS Inc., 2010) Descriptive statistics and reliability estimates were generated for measures of all major study variables. Correlations, means and standard deviations were generated for all demographic information and the main study variables of co-worker incivility, emotional exhaustion, cynicism and structural empowerment. Relationships between the demographic data of age, months and years in the profession, years of employment, months as an RN and how many months on current unit and the major study variables of incivility, emotional exhaustion, cynicism and structural empowerment were all analyzed using Pearson correlation analysis. ANOVA was used to determine relationships between categorical demonstrations and major study variables. Hierarchical multiple linear regression was used to test the hypotheses. For all analyses the level of significance was set at  $p < .05$ . Cronbach alpha was calculated for each of the instruments and their subscales.

## **Results**

### **Descriptive Results**

Table 3 contains the means, standard deviations, reliability coefficients and correlation matrix for all major study variables.

Table 3

*Means, Standard Deviations, Reliability Analysis and Correlation Matrix*

Variable	M	SD	$\alpha$	1	2	3	4	5	6	7	8
1. Total empowerment	13.03	2.42	.83								
2. Opportunity	4.01	0.85	.84	.67**							
3. Information	3.18	0.85	.81	.73**	.39**						
4. Support	2.81	0.88	.80	.76**	.33**	.45**					
5. Resources	3.06	0.81	.79	.59**	.15*	.17**	.32**				
6. Co-worker incivility	1.62	0.73	.91	-.27**	-.17**	-.14**	-.16**	-.31**			
7. Emotional Exhaustion	2.91	1.53	.93	-.23**	.01	-.12	-.16	-.40**	.32**		
8. Cynicism	1.91	1.41	.84	-.43**	-.29**	-.16**	-.33**	-.43**	.41**	.58**	

\* $p < 0.05$ , two-tailed \*\*  $p < 0.01$ , two-tailed, M = mean, SD = standard deviation,  $\alpha$  = Cronbach alpha

New graduate nurses in this study felt moderately empowered ( $M=13.03$ ,  $SD=2.42$ ). Of the CWEQ II subscales, opportunity rated the highest ( $M=4.01$ ,  $SD=0.85$ ). The lowest subscale was support ( $M=2.81$ ,  $SD=.88$ ). The subscales of information and resources were very close to midpoint ( $M=3.18$ ,  $SD=0.85$  and  $M=3.06$ ,  $SD=0.81$ , respectively). These findings are similar to those studies in the general nursing population (Laschinger, 2009). Smith et al., (2010) also reported similar findings in the new graduate population; opportunity subscale was the highest and resources subscale came out as the lowest ( $M=4.20$ ,  $SD=0.73$ ;  $M=2.95$ ,  $SD=0.94$ , respectively). New graduate nurses rated their experience of co-worker incivility as low ( $M=1.62$ ,  $SD=0.73$ ), similar to previous research. However, 24.5% reported experiencing some sort of incivility. On average, new graduate nurses reported moderate levels of emotional exhaustion ( $M=2.9$ ,  $SD=1.53$ ), somewhat lower than previous research with new graduate nurses (Laschinger et al., 2010). Forty-one percent of these new graduate nurses could be classified as severely burnout according to Maslach's criteria. Nurses also reported low levels of cynicism ( $M=1.91$ ,  $SD=1.41$ ), similar to previous research. None of the major study variables were significantly related to years as an RN or age.

### **Preliminary Analysis**

The relationships among all major study variables were analyzed with Pearson correlation (Table 3). Consistent with previous research, empowerment was negatively related to both aspects of burnout [emotional exhaustion ( $r=-0.23$ ), and cynicism ( $r=-0.44$ )]. All components of empowerment were significantly related to co-worker incivility. Of significance is the relationship between co-worker incivility and access to resources ( $r=-0.32$ ). Co-worker incivility was significantly related to both emotional exhaustion and cynicism ( $r = 0.32$  and  $r = 0.41$ , respectively).

### Test of Hypotheses

To test the hypothesis that greater access to workplace empowerment structures and lower levels of co-worker incivility are related to lower levels of burnout (emotional exhaustion and cynicism), two hierarchical multiple regression analyses were performed.

For the emotional exhaustion model, empowerment and co-worker incivility accounted for 12.6% of the variance in emotional exhaustion which was significant ( $R^2=.126$ ,  $df=1$ ,  $p<.05$ ), supporting the first hypothesis. Total empowerment was entered in the first block and accounted for 5.7% of the variance ( $R^2=.057$ ,  $df=1$ ,  $p<.005$ ). Incivility was added in the second block and accounted for an additional 6.9% of the variance ( $R^2=.069$ ,  $df=1$ ,  $p<.05$ ). Both workplace empowerment and incivility were significant independent predictors of emotional exhaustion ( $\beta=-.160$  and  $.274$ ,  $p<.05$  respectively), although co-worker incivility was a stronger predictor. The results suggest that new graduate nurses who work in environments where empowerment structures are available and low levels of co-worker incivility are experienced are less likely to be emotionally exhausted.

Table 4

#### *Final Emotional Exhaustion Model*

Variables	B	SE	$\beta$	$t$	<i>Sig.</i>
Total Empowerment	-.154	.045	-.160	-2.316	.022
Co-worker Incivility	.569	.144	.274	3.96	.001

Total  $R^2=.126$

Similarly, for the cynicism model, empowerment and co-worker incivility accounted for 28.6% of the variance in cynicism which was significant ( $R^2 = .286$ ,  $df = 1$ ,  $p = <.005$ ). Total empowerment was entered in the first block and accounted for 19.4 % of the variance ( $R^2 = .194$ ,  $df = 1$ ,  $p = <.05$ ). Incivility was entered in the second block and accounted for an additional 9.20 % of the variance ( $R^2 = .092$ ,  $df = 1$ ,  $p = <.05$ ). Both workplace empowerment and incivility were significant independent predictors for cynicism ( $\beta = -.350$  and  $.317$ ,  $p = <.05$  respectively), although empowerment was a stronger predictor. The results support the second hypothesis that new graduate nurses who are employed in environments where empowerment structures are accessible and low levels of co-worker incivility are encountered are less likely to be cynical about their work.

Table 5

*Final Cynicism Model*

Variables	Beta	SE	$\beta$	$t$	<i>Sig</i>
Total Empowerment	-.208	.037	-.350	-5.598	.001
Co-worker Incivility	.603	.119	.317	5.075	.001

Total  $R^2 = .286$

## Discussion

The results of this study support the hypothesis that new graduate nurses who work in environments in which access to workplace empowerment structures (opportunity, information, support, resources) exists and low levels of co-worker

incivility are experienced are less likely to report symptoms of burnout (emotional exhaustion and cynicism). Laschinger, Finegan and Wilk (2009) described similar results in their research linking structural empowerment, professional practice environments to low levels of civility and ultimately lower levels of burnout in new graduate nurses. New graduate nurses who practice in an environment where nurses respect one another and refrain from uncivil behaviours, experience a positive milieu where they feel valued and therefore burnout is less likely. According to Kanter (1979) individuals who have access to tools, information, and supports to make informed decisions and act more quickly can often accomplish more. The ability to make informed decisions about client care situations quickly and efficiently while juggling a busy client assignment is paramount to nurses. Nurses will feel empowered when they can respond in this manner and will be pleased with their performance at the end of the day. The opposite is true for nurses whose work environments hinder their abilities to respond well to client needs and demands. These nurses may become emotionally exhausted and cynical. Empowering work environments are even more important for new graduate nurses who identify good relationships with coworkers, strong nursing leadership, support for professional practice and lack of fear of criticism as critical to their transition from novice to advanced beginners (College of Registered Nurses of British Columbia, 2006; Morrow, 2009).

On average, novice nurses in this study rated their experience of co-worker incivility as low, similar to previous research however, 24% reported experiencing some sort of incivility. Laschinger et al. (2009) found that 77.6% of nurses reported some level of co-worker incivility, although only a small percentage (2.7%) reported experiencing regular to very frequent interactions with co-workers. Similarly, Smith et al. (2010) study of new graduate nurses found that most had experienced some sort of incivility, which

was significantly related to lower structural empowerment and organizational commitment. These studies reinforce that no matter how much or type of incivility is reported, this insidious behaviour cannot be tolerated in the workplace.

New graduate nurses reported moderate high levels of emotional exhaustion in this study, somewhat lower than studies conducted by Laschinger's et al. (2001), although 41% were in the severe category. In 2001, Laschinger's et al. found 47.3% of participants reported severe levels of burnout. More recently, Laschinger et al. (2010) also found high levels of emotional exhaustion among new graduate nurses with 48.9% reporting severe burnout levels.

New graduate nurses in this study reported low levels of cynicism. Laschinger et al. (2009) also reported similar findings and cynicism levels were overall lower than emotional exhaustion. In a recent study, Laschinger and Grau (2012) reported when new graduate nurses work in a supportive environment they are less likely to experience emotional exhaustion and subsequent feelings of cynicism.

### **Limitations**

This study used a cross-sectional design, which limits our ability to infer cause and effect (Polit & Beck, 2008). The graduate nurses in this study were employed in acute care settings, therefore the results cannot be generalized to new graduate nurses working in other settings, such as long-term care or in the community setting. There may also be potential for response bias, resulting from the use of self-report surveys (Polit & Beck, 2008). Respondents may provide biased responses reflecting their reaction to the behavior, and perceived expectations (Polit & Beck, 2008, p. 432). The most frequent problem with response bias is the tendency for respondents to portray themselves in a more favourable light (Polit & Beck, 2008).

### **Implications for Nursing Leaders and Administrators**

Previous studies have suggested that disempowering and uncivil work environments may lead to burnout among nurses and specifically new graduates nurses. As we continue to experience nursing shortages and large numbers of nurses about to retire in the next few years it is imperative that support is given to new graduate nurses so they stay in the nursing profession and maintain the human capital required to safely care for an aging, high needs client population. Nursing leaders need to heed recommendations from research that has shown that creating healthy work environments that include respectful and empowering work environments will prevent workplace incivility. Nurse leaders have the power to create work environments that foster civility and enhance work effectiveness (Laschinger et al., 2012; Kanter, 1977). Civil and empowering behaviours start with leadership modeling the way. Leaders play an important role in ensuring that structures are in place to may influence the need for workplace empowerment, which will serve to strengthen staff nurses' professional self-esteem and will contribute to professional growth and development. Staff nurses cannot be empowered merely by delegation, nursing leaders must empower staff nurses (Kuokkanen & Leino-Kilpi (2000). Leaders must also identify conditions within organizations that foster a sense of powerlessness among subordinates and develop strategies that empower (Conger & Kanungo, 1988). According to Ning et al. (2009) the most important measure nurse leaders can use is positive communication strategies to encourage innovation and empower nurses to be more effective. A frequently used metaphor for CREW is the analogy of viral spread. When employees perceive civil treatment within their work environment they are open to positive social behaviours and increased collaboration, resulting in higher perceptions of civility creating a spread of

collaboration and civil behaviours and so on (Osatuke et al., 2009). Improving employee relationships may be effective in addressing burnout (Leiter et al., 2011).

Nurse leaders and administrators also have the ability to influence the creation of empowering work environments. Cho et al. (2006) specifically highlighted the importance of positive working environments and commitment for new graduate nurses. Nursing leaders and administrators must move past the quick fixes to address nursing shortages and create a healthy empowering environment where nurses have access to opportunities, resources, information and support (Cho et al., 2006) Simple measures can be taken such as: managers involving nurses in making up the patient assignments and creating their own work schedules (Cho et al., 2006). According to Kanter (1977), power begets power.

### **Conclusion**

The results of this study provide support for Kanter's (1977) theory of workplace empowerment and the relationship between empowering work settings, incivility, and burnout (emotional exhaustion and cynicism) in new graduate nurses. Beginning practitioners who launch their careers in workplaces that are empowering and are able to practice according to professional standards within a collegial, respectful atmosphere, are less likely to experience burnout (Laschinger, 2009). Consequently, they are more likely to view their transition to the profession favorably and less likely to want to leave their jobs or the profession.

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## **PART THREE**

### **DISCUSSION**

Kanter's (1977, 1993) theory of structural empowerment was used to examine the effects of co-worker incivility on new graduate nurses' emotional exhaustion and cynicism. We found that high levels of workplace empowerment and lower levels of co-worker incivility were important predictors of both components of burnout in new graduate nurses. These findings have great significance and relevance to nursing administrators/leaders, educators, and policy makers at the organizational level and beyond to government agencies. Incivility in the workplace can have detrimental effects on even the most seasoned nurses. New graduate nurses may be particularly vulnerable due to their lack of experience and naivety with negative workplace situations in the health care arena. Improved access to workplace empowerment structures; opportunity, information, support, and resources, may assist new graduate nurses to respond to the negativity that incivility can breed. Creating healthy work environments where new graduates can work to their greatest potential as a professional nurse and feel they are contributing in a meaningful way may protect new graduate nurses from emotional exhaustion or cynicism and ultimately influence their commitment to the workplace and the nursing profession.

#### **Implications for Nursing Administrators**

It is imperative that nursing administrators create an empowering work environment especially as the nursing shortage is advancing at an alarming rate. New nursing graduates are instrumental in maintaining adequate staffing numbers.

In this study, new graduate nurses felt moderately empowered in their workplace and access to opportunity was rated highest among this cohort. Employees with access to

opportunities to learn and grow also have greater aspirations, work commitment and a sense of organizational responsibility (Kanter 1977, 1993). Laschinger, Almost and Tuer-Hodes (2003) reported access to opportunities, such as professional development programs, including in-service and continuing education programming was important to staff as a means of improving knowledge and expertise. Nursing leadership is integral to setting up opportunities for staff to be empowered. By empowering and increasing opportunity for nurses, leaders in turn increase their own intrinsic and extrinsic power. When there is overall power in an organization, everyone performs better (Kanter, 1979). Empowering others cannot be achieved through delegation; leaders who role model and champion empowerment will foster new graduate nurses' professional growth and development thereby strengthening their professional self-esteem (Kuokkanen & Leino-Kilpi, 2000).

New graduate nurses in this study also reported limited access to resources an important component of employee empowerment. Kanter (1977, 1993) describes power as having access to resources, information and support. Access to resources and supplies means having the ability to obtain materials, money, and rewards necessary for achieving job demands (Laschinger, 1996, p. 26). For nurses access to resources to accomplish their work is paramount. Without adequate resources to care for clients effectively nurses may not feel they have succeeded in doing a job well and consequently feel less satisfied with overall performance. In this study, new graduate nurses who felt they had access to resources also felt that they were supported in the workplace. The newest generation of nurses will expect to practice to their full potential, and will demand tangible resources and professional role models who can assist them to actualize this professional objective (Boychuk Duchscher & Myrick, 2008, p.198; Duchscher & Cowin, 2004).

New graduates must be supported by nursing leaders to enable transition from novice successfully to enable actualization of the professional role they desire.

Information and support are critical for new graduates because of the importance of professional relationships and communication between colleagues in their transition process (Cho, Laschinger, & Wong, 2006). It is the leaders' responsibility to model the way in professional, respectful, and collegial relationships, while offering constructive feedback, and encouragement (Boychuk Duchscher & Myrick, 2008). When new graduates observe positive behaviours in their leaders, they are more apt to emulate positive behaviours in their encounters with others.

In this study, all components of empowerment were significantly related to co-worker incivility. Creating and sustaining a work environment where co-worker incivility is abated is extremely important leadership quality. Civility influences important organizational outcomes and civil working relationships must be created to resist an organizational culture that tolerates negative, disruptive behaviours and instead promotes healthy collegial relationships (Osatuke Moore, Ward, Dyrenforth, & Belton, 2009). The Civility, Respect, and Engagement in the Workplace [CREW] model developed in the Veterans Health Administration [VHA] network of health care facilities is an intervention program designed to educate and engage employees in civil behaviours in the workplace (Osatuke et al., 2009). The goal of CREW is accomplished by supporting work units as they identify strengths and where improvements can be made in regards to uncivil work behaviours (Osatuke, 2009). Laschinger, Leiter, Day, Gilin-Oore and Mackinnon (2012) found that nurses involved in the CREW interventions has significant higher levels of trust in nursing management and lower levels of supervisor incivility than those not involved in CREW. Osatuke et al. (2009) also reported leaders who volunteered to be

part of the CREW initiatives were rated higher than the overall average of civility ratings. Leaders who are enthusiastic and model positive change create an environment that lends itself to civility.

### **Implications for Nursing Educators**

Clinical nursing educators associated with nursing units can be instrumental in using the results of this study in their work with new graduate nurses. Creating access to empowerment structures, opportunity, resources, information, and support is well within the realm of clinical educators' values. Professional development programs, in-service time, and continuing education programs are very important for nurses (Laschinger, Almost and Tuer-Hodes 2003) especially for the new graduate nurse. Romyn et al. (2009) reported new graduate nurses experience greater satisfaction in their work settings when they can access to someone in difficult situations. This may result in fewer errors. Clinical educators can be that resource for new graduates. Frequently new graduate nurses express a "fear of burdening" more experienced nurses with questions or assistance with tasks at hand (Romyn et al., 2009). However, clinical educators are considered super-numerary, in that they are not included in the staffing count and do not have a patient assignment, therefore they are a valuable resource to new graduates. According to Romyn et al., (2009), all patient care units need a clinician to support the staff and new graduate nurses find this resource particularly valuable. Ulrich et al. (2010) also reported similar results from their study of formal education programs for new graduate nurses in the United States. RN Residency Program graduate participants in these programs from across the United States ( $n=6000$ ) reported the benefits of having access to those residency programs. This program is structured and fosters a deep immersion into clinical practice for the new graduate nurse. The clinical educator is a

vital contributor to this program. New graduate nurses reported increase in self-confidence, workplace satisfaction, group cohesiveness, and significant decrease in turnover, as a result of a number of benefits from the Residency Program including ongoing support in the workplace and access to learning opportunities and resources (Ulrich et al., 2010).

Nursing educators in the academic setting also may benefit from the results of this study. New graduate nurses have difficulties transitioning from the academic to the clinical environment because of lack of preparedness. Transition shock for new graduate nurses according Boychuk Duchscher (2009) is a very real phenomenon and one that may drive energetic and motivated new graduates out of acute care or even out of the nursing profession in general. Moving from the protected environment of academia to the unfamiliar, high intensity, conflict laden professional practice environments found in the clinical settings can be detrimental to new graduate nurses (Boychuk Duchscher & Myrick 2008). Developing strong and meaningful partnerships among educational programs, practice, and other stakeholders is an important first step towards a successful transition for new graduates (Romyn, 2009). Boychuk Duchscher (2009) suggests that academia and industry employers provide preparatory theory for senior nursing students to prepare them to enter into practice. Taking into consideration what this study suggests, adding course content focusing on the importance of empowerment structures and civility in the workplace would also be an important component of a preparatory course taught at the academic level before new graduates move into the clinical setting.

### **Recommendations for Future Research**

New graduate nurses are the future of the nursing profession, so there is definite need to focus on supporting this valuable resource in the work place. The results of this

study should be replicated across the provinces and perhaps beyond. Nurses are a worldwide resource. Other countries would benefit from engaging in similar studies. A longitudinal study focusing on the impact of empowering work conditions, incivility, emotional exhaustion and cynicism in the new graduate over time would also be beneficial. Future research should focus on the impact of the introduction of empowering workplace structures into the workplace and how these structures impact workplace incivility and new graduate nurses. The CREW program has shown some promising results. Perhaps linking future studies of empowerment and civility with CREW principles would be beneficial.

### **Conclusion**

This study provides additional support for Kanter's theory of structural empowerment and the importance of creating work places for new graduate nurses that are positive and supportive, while maintaining a milieu of civility. Nursing leaders, administrators, and educators also provide new graduate nurses with access to the opportunity, information, support, and resources needed to practice to professional standards will be creating working environments where the incivility, emotional exhaustion, and cynicism may be eliminated. Novice practitioners, who begin their careers in workplaces that offer access to empowerment structures and foster professional practice, are more likely to remain positively engaged in their work and committed to the nursing profession.

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## **APPENDIX A**

### **STUDY INSTRUMENTS**

- A. 01 Conditions of Work Effectiveness Questionnaire-II
- A. 02 Workplace Incivility Scale
- A. 03 MBI General Scale
- A. 04 Demographic Questionnaire

**Conditions of Work Effectiveness Questionnaire-II (CWEQ-II)**  
**(Laschinger, Finegan, Shamian, & Wilk, 2001)**

**Please use the following rating scale to indicate the extent to which the following are applicable in your workplace.**

**How much of each kind of opportunity do you have in your present job?**

	1	2	3	4	5
	None		Some		A Lot
1. Challenging work.	1	2	3	4	5
2. The chance to gain new skills and knowledge on the job.	1	2	3	4	5
3. Tasks that use all of your own skills and knowledge.	1	2	3	4	5

**How much access to information do you have in your present job?**

4. The current state of the hospital.	1	2	3	4	5
5. The values of top management.	1	2	3	4	5
6. The goals of top management.	1	2	3	4	5

**How much access to support do you have in your present job?**

7. Specific information about things you do well.	1	2	3	4	5
8. Specific comments about things you could improve.	1	2	3	4	5
9. Helpful hints or problem solving advice.	1	2	3	4	5

**How much access to resources do you have in your present job?**

10. Time available to do necessary paperwork.	1	2	3	4	5
11. Time available to accomplish job requirements.	1	2	3	4	5
12. Acquiring temporary help when needed.	1	2	3	4	5

**In my work setting/job:**

13. The rewards for innovation on the job are	1	2	3	4	5
14. The amount of flexibility in my job is	1	2	3	4	5
15. The amount of visibility of my work-related activities within the institution is	1	2	3	4	5

**How much opportunity do you have for these activities in your present job?**

16. Collaborating on patient care with physicians.	1	2	3	4	5
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- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 17. Being sought out by peers for help with problems.  | 1 | 2 | 3 | 4 | 5 |
| 18. Being sought out by managers for help with problems.   | 1 | 2 | 3 | 4 | 5 |
| 19. Seeking out ideas from professionals other than physicians, e.g., Physiotherapists, Occupational Therapists, and Dieticians. | 1 | 2 | 3 | 4 | 5 |

**Workplace Incivility Scale (WIS)**  
**(Cortina, Magley, Williams, & Langhout, 2001)**

Please rate how frequently you have encountered each of these behaviours in the previous month from your supervisor and a co-worker.  
 Provide a separate rating for each of the items listed below.

	Never	Once or twice a week	About once a week	Several times a week	Everyday
<b>Co-Workers:</b>					
1. Put you down or was condescending to you in some way.	1	2	3	4	5
2. Paid little attention to a statement you made or showed little interest in your opinion.	1	2	3	4	5
3. Made demeaning, rude or derogatory remarks about you.	1	2	3	4	5
4. Addressed you in unprofessional terms, either publicly or privately.	1	2	3	4	5
5. Ignored or excluded you from professional camaraderie.	1	2	3	4	5
6. Doubted your judgment in a matter over which you have responsibility.	1	2	3	4	5
7. Made unwanted attempts to draw you into a discussion of personal matters.	1	2	3	4	5

**MBI – General Survey (Maslach, Jackson & Leiter)**

Indicate how often, if ever, you have experienced these feelings. If you have never experienced this thought or feeling, mark 0. If you did have this thought or feeling, fill in the best fitting answer.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Daily
1. I feel emotionally drained from my work.	0	1	2	3	4	5	6
2. I feel used up at the end of the workday.	0	1	2	3	4	5	6
3. I feel tired when I get up in the morning and have to face another day on the job.	0	1	2	3	4	5	6
4. Working all day is really a strain for me.	0	1	2	3	4	5	6
5. I feel burned out from my work.	0	1	2	3	4	5	6
6. I have become less interested in my work since I started this job.	0	1	2	3	4	5	6
7. I have become less enthusiastic about my work.	0	1	2	3	4	5	6
8. I just want to do my job and not be bothered.	0	1	2	3	4	5	6
9. I doubt the significance of my work.	0	1	2	3	4	5	6
10. I have become more cynical about whether my work contributes anything.	0	1	2	3	4	5	6

Subscales:

Emotional Exhaustion = items # 1, 2, 3, 4, 6,

Cynicism = items # 8, 9, 13, 14, 15

### Demographic Questionnaire

**Please tell me a little bit about yourself and your workplace.**

1. Gender: Female \_\_\_\_\_  
Male \_\_\_\_\_
2. Age: \_\_\_\_\_ years
3. Education: Diploma \_\_\_\_\_  
BScN \_\_\_\_\_  
Other \_\_\_\_\_ (please specify)

4. Specialty area of your current unit:  
Med-Surg \_\_\_\_\_  
Critical Care \_\_\_\_\_  
Maternal-Child \_\_\_\_\_  
Mental Health \_\_\_\_\_
5. Current employment status:  
Full time \_\_\_\_\_  
Part time \_\_\_\_\_  
Casual \_\_\_\_\_
6. My preferred employment status:  
Full time \_\_\_\_\_  
Part time \_\_\_\_\_  
Casual \_\_\_\_\_
7. How long have you worked:  
As an RN: \_\_\_\_\_ years \_\_\_\_\_ months  
As an RN at your current organization: \_\_\_\_\_ years \_\_\_\_\_ months  
As an RN on your current unit: \_\_\_\_\_ years \_\_\_\_\_ months
10. Average hours worked per week?  
<20 hours \_\_\_\_\_  
20-39 hours \_\_\_\_\_  
Over 40 hours \_\_\_\_\_

## APPENDIX B

### LETTER OF INFORMATION

#### **New Graduate Experiences of Incivility and Burnout in the Workplace: Impact of Empowering Professional Practice Environments on New Graduates' Health and Wellbeing**

##### **Letter of Information for New Graduate Nurses**

##### **Principal Investigator:**

Heather K. Laschinger, RN, PhD, The University of Western Ontario

**Funding:** Social Sciences and Humanities Research Council (SSHRC)

##### **Introduction**

We are inviting you to take part in our research study named above. This form provides information about the study. You do not have to take part in this study. Taking part is entirely voluntary (your choice). You may contact the Principal Investigator at the contact below with any questions you have. You may decide not to take part or you may withdraw from the study at any time. This will not affect your employment status in any way.

##### **Purpose of the Study**

New graduates face many challenges as they begin their nursing careers. Transitioning from student status to the full professional role requires gaining clinical expertise and self-efficacy for practice within a work environment that supports both professional practice and personal development. Research has shown that nurses who are empowered to provide care according to professional nursing standards experience greater satisfaction with their work, and are less likely to leave their jobs. However, current nursing work environments with their heavy demands are stressful for even the most seasoned nurses who are reporting high levels of burnout and absenteeism. The future of professional nursing depends on finding ways to create high quality work environments that retain newcomers to the profession. The purpose of this 3 year longitudinal study is to examine the combined effect of supportive professional practice environments and empowerment on new graduates' experiences of workplace incivility, burnout, and subsequently, their physical and mental health at 2 points of time.

##### **Procedures for this Study**

The proposed project consists of two waves of surveys over a period of 3 years. The **survey** consists of a comprehensive questionnaire examining the combined effect of aspects of the work environment on new graduate nurses' physical and mental health. We will obtain a random sample of 1425 new graduate nurses from the Ontario College of Nurses. If you are not a new graduate nurse within the past 2 years then you should not participate in this study.

You will be asked to complete a **survey**, which should take approximately 20 minutes of your time. You may decide whether to complete the survey on your own time or at work. Survey questions may ask about your current work environment, and your reactions to your working environment. Once you have completed your survey, please place it in the self-addressed envelope provided and put it in the mail. You may keep the enclosed \$5 Starbucks card whether or not you choose to complete the survey.

Included with your survey package, you will find a ballot to enter a draw to win one of 2 Nintendo Wii™ consoles. You are invited to complete this ballot and return it with your survey in the sealed opaque envelope that is included in the package. You are also invited to take part in a 45-60 minute telephone interview for the second phase of our study, which will discuss issues related to the experience of new graduate nurses. If you would like to be contacted for an interview or to receive further information about an interview, please complete the interview slip and place it in the opaque envelope and return it with your survey. Once we receive the survey package, we will immediately separate the opaque envelope with your prize ballot and/or your interview contact slip from your data and your personal information will in no way be associated with your survey responses. Also, your willingness to participate in an interview is in no way related to your eligibility to win a prize in the draw.

Our research team will receive participant contact information from the Ontario College of Nurses. All data will automatically be sent to the Nursing Research Unit at The University of Western Ontario. Only members of our research team will be able to access the data. All data will be stored in a locked cabinet in a secure room. Representatives of The University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

### **Risks and Discomforts to You if You Participate in the Study**

There are no anticipated burdens, harms or potential harms for participation in this study. There is a chance that you may feel uncomfortable answering questions about your work environment on the survey. Care will be taken to ensure confidentiality of survey data and we will respect your privacy. Also, you will not have to answer any questions if you feel uncomfortable. You may refer to your Employee Assistance Plan representative if you need to talk to someone further about these issues.

### **Benefits to You if You Participate in the Study**

Nurses will not be guaranteed any direct benefits as a result of their participation in this study. However, this study will provide data to document the extent of workplace incivility in current nursing workplaces that could inform policy development and workplace interventions to prevent this negative and counterproductive workplace behavior. The results will be useful for nursing administrators in creating positive work environments that support new graduates as they enter the profession.

### **Voluntary Participation and Withdrawing from the Study**

Before deciding to participate, you should know that you do not have to take part in the study. Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your employment status. If, during the course of this study, new information becomes available that may relate to your willingness to continue to participate, this information will be provided to you by the investigator.

### **Costs Associated with the Study**

Participation in this study will not result in any expenses to you.

### **Information about Study Results**

The results of the study will also be given at conferences held in 2010 and 2011.

**Confidentiality and Privacy**

For the surveys, no identifying information of participants will be linked to the data. Only grouped data will be reported during the dissemination of our findings. Individual responses will not be reported. If the results of the study are reported in a publication, this document will not contain any information that would identify you. Representatives of The University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

Each participant will be given a personal identification number (PIN) in order to link individual data across timeframes for the survey. The Research Assistants at The University of Western Ontario will link study PINs to your name only for the purposes of distributing information letters and surveys to you. Data will be sent directly to Western with only the PIN as the identifier. All participant names and assigned PINs will be destroyed as soon as the data collection is complete. The survey distribution will consist of the survey as well as a reminder letter, followed by a reminder letter a few weeks later, and finally a second distribution of the survey asking non-respondents to complete the survey if they haven't yet done so.

**Contacts for Study Questions or Problems**

If you have any further questions about this study, please feel free to contact Dr. Heather Laschinger at the contact below. We would very much appreciate your participation in this research project. If you choose to participate in the survey, please use the pre-addressed, stamped envelope enclosed to return your completed written questionnaire to the research office. If you choose not to participate, please return the blank questionnaire, after which you will not be contacted further. Thank you very much for considering our request.

You indicate your voluntary agreement to participate by completing and returning this questionnaire. This letter is yours to keep. If you have any questions about your rights as a research participant or the conduct of the study, you may contact Dr. David Hill, Scientific Director, Lawson Health Research Institute, (519) 667-6649 or The Office of Research Ethics (519) 661-3036, email [ethics@uwo.ca](mailto:ethics@uwo.ca).

Sincerely,

Heather Laschinger, RN, PhD  
Professor, Co-Principal Investigator  
School of Nursing  
University of Western Ontario

APPENDIX C  
LETTERS OF APPROVAL



Limited Duties Teaching  
Permission Form

I, Pamela Bushell (name) have obtained permission from my supervisor (Eileen Denomy) (name)  
and Graduate Program Chair ( \_\_\_\_\_ ) (name) (applicable for full-time Graduate Students)  
to teach N2262b (007) (course number and name) for the period Winter Term (date of assignment)

This teaching assignment *will not conflict* with my regular full-time employment or the completion date of my full-time studies at Western University.

~~Signature of Employee or Full-time Graduate Student~~

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Graduate Program Chair  
(if applicable)

Cc: Wanda Chebott, Office of the Dean, FHS  
hwc

## APPENDIX D

## RESEARCH ETHICS APPROVAL



## Office of Research Ethics

The University of Western Ontario  
 Room 4180 Support Services Building, London, ON, Canada N6A 6G1  
 Telephone: (519) 661-3006 Fax: (519) 850-2466 Email: ethics@uwo.ca  
 Website: www.uwo.ca/researchethics

## Use of Human Subjects - Ethics Approval Notice

Principal Investigator: Dr. H.K.S. Lashinger

Review Number: 18093E

Review Level: Expedited

Review Date: April 16, 2009

Protocol Title: New Graduate Experiences of Involity and Burnout in the Workplace: Impact of Empowering Professional Practice Environments on New Graduates' Health and Wellbeing

Department and Institution: Nursing, University of Western Ontario

Sponsor: MOHLTC-MINISTRY OF HEALTH

Ethics Approval Date: April 28, 2009

Expiry Date: March 31, 2012

Documents Reviewed and Approved: UWO Protocol, Letter of Information (Survey), Letter of Information and Consent (Interview), Contact for Interview Form

## Documents Received for Information:

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/CIH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced study on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the HSREB:

- a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- b) all adverse and unsuspected experiences or events that are both serious and unexpected;
- c) new information that may adversely affect the safety of the subjects or the conduct of the study.

If these change/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

Chair of HSREB: Dr. Joseph Gilbert

Ethics Officer to Contact for Further Information			
<input type="checkbox"/> Jackie Sutherland (jsuthan@uwo.ca)	<input type="checkbox"/> Elizabeth Wambolt (ewambolt@uwo.ca)	<input type="checkbox"/> Grace Kelly (grace.kelly@uwo.ca)	<input checked="" type="checkbox"/> Denise Gratton (dgratton@uwo.ca)

This is an official document. Please retain the original in your files.

cc 092 P#

## **CURRICULUM VITAE**

**PAMELA BUSHELL RN, BScN, MScN (c)**

### **POST-EDUCATION AND DEGREES**

2013 MScN, Western University, London On.

1999 BScN, Western University, London On.

1982 Associate Degree, Nursing Science, Henry Ford Community College

### **WORK EXPERIENCE**

January 2013- Present Manager of Professional Practice, St. Thomas Elgin General Hospital  
St. Thomas, On.

July 2012- Jan. 2013 Policy Development Consultant, LHSC/St. Joseph's Health Care London

July 2012- Present Consultant Associate for Kohr Consulting Firm, London, On.

2008 – 2012 Nursing Professional Scholarly Practice Consultant  
Personal portfolio: Professional development/Student placement/  
Medication safety

2005 – 2008 Intensive Care Unit, University Hospital, LHSC – Clinical Educator

2005 – Present Schulich School of Medicine and Dentistry/UWO  
Standardized Patient Program, Nurse Actor

2004 – 2005 R.N. Staff - Parkwood Hospital, Acquired Brain Injury Unit  
St. Joseph Health Care London, ON

2004 Interim Coordinator, Intensive Care Unit, LHSC – University Hospital

2002 – 2005 R.N. Charge Nurse, Intensive Care Unit, LHSC – University Hospital

1997 – 2004 R.N. Staff, Intensive Care Unit, Casual, St. Joseph's Health Care London

1999 – 2002 Clinical Educator, Surgical Care Program, LHSC – University Hospital

1989 – 1999 R.N. Staff, Intensive Care Unit, LHSC – University Hospital, London, ON

1997 – 2000 VON Shift Program – Casual

1996 Interim Coordinator, Intensive Care Unit, LHSC – University Hospital

1994 – 1996 Nurse Educator, Continuing Education Division, Fanshawe College,  
London, ON

1982 – 1989 R.N. – ICU / Home Care – Michigan and California

### **RESEARCH**

- MScN Thesis: New Graduate Nurses' structural empowerment and their experience of bullying leading to burnout.

- Thesis Advisor: Heather Laschinger RN, PhD, Western University
- Co-Investigator: Ministry of Health -New Graduate Nurses' Transitions to the Workforce/Bullying study, 2012  
PI: Heather Laschinger RN, PhD, UWO
  - Co-Clinical Lead – Critical Care Bridging Program Research Project, 2007  
PI: Mary Lou King RN, PhD, Western University
  - LHSC Critical Care Co-Lead Clinical Lead– Treatment of Acute on Chronic Liver Failure Patients with Molecular Adsorbent Recirculating System, In Patients Awaiting Liver Transplantation  
PI: Mark Levstick, MD 2006-2007

## **PRESENTATIONS**

### **Oral**

- Annual Preceptor Workshops, 2008-2012
- STTI/RNAO Middlesex/Elgin Chapter: Legacy Project, December 2011
- Achieving Evidence Based Clinical Practice in Nursing through strategic partnership with the Library: Knowledge, the Power of Nursing: celebrating Best Practice Guidelines and Clinical Leadership, 2009/2010
- Donation after Cardiac Death, Canadian Symposium on DCD, 2007
- Principles of ECMO Use, CACCN Dynamics Conference 1997
- Principles of ECMO Use, Canadian Heart & Stroke 1997

### **Poster Presentations:**

- Achieving Evidence Based Clinical Practice in Nursing Through Strategic Partnership with the Library 2009
- Best Practice Guidelines, (Bowel Resection Pathway), RNAO Best Practice Conference 2001
- Acute Pain Committee (Demerol use transitioning to Dilaudid use), Conference on Acute Pain, 2001

## **AWARDS**

- Past recipient of the Bonnie Adamson Quality Awards

## **PROFESSIONAL ENDEAVORS**

- Graduate of the Hoffman Institute- 2011
- Facilitating With Ease, Level 1
- Quality Improvement Systems Foundation, Level I
- Project Management Training
- Voting Delegate, RNAO AGM 2001-2012
- Membership on multiple committees, including several chair and co-chair positions

## **PROFESSIONAL MEMBERSHIPS**

- Registered Nurses Association of Ontario
- Canadian Nurses Association
- Sigma Theta Tau International