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New Graduate Nurses: Relationships among Sex, Empowerment, Workplace Bullying, and Job Turnover Intention

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Abstract

Nursing research over the past few decades has highlighted the issue of workplace bullying and its negative impacts on employees and healthcare organizations. Despite the increased awareness surrounding nursing workplace bullying, male nurses and their responses to bullying have not been a significant focus of study. Therefore, the purpose of this study was twofold: to examine the relationships among new graduate nurses' structural empowerment, experience of workplace bullying, and their job turnover intention and to assess the relationships between sex and workplace bullying and job turnover intention. A secondary analysis of data collected from a random sample of 1008 Canadian new graduate nurses was conducted. Overall structural empowerment demonstrated negative associations with workplace bullying and job turnover intention. Workplace bullying was positively associated with job turnover intention. Structural empowerment mediated job turnover intention through workplace bullying. Male new graduate nurses reported higher workplace bullying than female new graduate nurses yet lower job turnover intentions. Findings of this study suggest structural empowerment may be utilized to reduce the prevalence of bullying and reduce job turnover intention consequently.

Keywords: structural empowerment, workplace bullying, job turnover intention, nurses

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Table of Contents

List of Tables

List of Figures

List of Appendices

Chapter 1

Introduction

Bullying within the nursing workplace has long been perceived as a rite of passage, reflected in the popularity of the statement, “nurses eat their young.” However, it is only within the past couple of decades that research in this area has been conducted (Chapovalov & Van Hulle, 2015; Griffin, 2004). This nursing research, along with that from other fields, has revealed the negative consequences that bullying behaviour can have on the individual nurse as well as the entire healthcare system (Chapovalov & Van Hulle, 2015). A sub-group of nurses particularly at risk for workplace bullying is newly graduated nurses, with overall rates of bullying placed around 40% (Hutchinson, Vickers, Wilkes, & Jackson, 2010; Spector, Zhou, & Che, 2014). Workplace bullying and its subsequent negative consequences, such as absenteeism and increased job turnover, may contribute to shortages of staff and increase strain on the healthcare system (Einarsen, Hoel, Zapf, & Cooper, 2011; Li & Jones, 2012).

A portion of the nursing population, both new graduate and experienced, often overlooked in research on bullying is male nurses. Little research has been completed outlining how workplace bullying impacts new graduate nurses (NGNs) in Canada, and less so on male NGNs, as most studies take nursing as a single collective. However, the minority group of male nurses could be at an increased risk of being bullied (Salin, 2015), and may demonstrate different coping mechanisms, reacting differently to being bullied than their female colleagues (De Oliveria, Griep, Portela, & Rotenberg, 2017; Olafsson & Johannsdottir, 2004). Current research has highlighted the theory of structural empowerment as an approach that leadership within healthcare can take to reduce both

bullying rates as well as the negative consequences of bullying, specifically job turnover intention (De Oliveria et al., 2017; Laschinger, 2012; Read & Laschinger, 2013; Wing, Regan, & Laschinger, 2015). However, studies have yet to explore if the relationship between structural empowerment and reduced bullying translates differentially by sex.

Background

The theory of structural empowerment was originally developed by Kanter in 1977. It is focused on how employees' attitudes and behaviours are influenced by the workplace environment. The theory states that an individual with access to knowledge, resources, information, and support will be empowered to achieve their goals and complete their work in a more meaningful and productive way. A structurally empowering environment can increase employee job satisfaction and reduce burnout while increasing staff commitment to the organization and improving patient outcomes (Cicolini, Comparicini, & Simonetti, 2014; Meng et al., 2014; Read & Laschinger, 2013; Wagner et al., 2010).

Within Kanter's theory are six constructs: opportunity, resources, information, support, formal power, and informal power (Kanter, 1977, 1993). Opportunity affords employees the ability to move and grow in and organization. Resources is an employee's access to materials and money to complete jobs as necessary. Information is the knowledge an employee has regarding organizational decisions and changes in policy. Support is the acceptance that the workplace has for new and innovative projects being undertaken without excessive processes to overcome. Formal power is derived from one's position of power within the organization, while informal power comes from an employee's relationship with individuals inside and outside the organization. Both power

constructs influence the ability of an employee to access the opportunity, information, resources, and support to complete their jobs successfully.

Workplace bullying within the nursing profession is often conceptualized as a systemic problem. For this study, bullying is defined as "repeated and persistent negative actions aimed at one or more individuals, which results in the creation of a hostile working environment" (Akella, 2016, p. 1). Depending on the study, bullying rates within nursing are reported to be at or around 30-40% (Hutchinson et al., 2010; Spector et al., 2014). The group that is often at the highest risk of bullying is NGNs, herein defined as nurses with less than two years of nursing working experience. Studies completed with the Ontario NGN population have found bullying rates to be between 26.4% and 33% (Laschinger & Grau, 2012) while in British Columbia the figure was 39% (Rush, Adamack, Gordon, & Janke, 2014). Due to the nature of nursing in Canada, males represent a small minority of the workforce at a mere 8.0% of the total (Canadian Institute for Health Information, 2017). It has been previously theorized that the minority group of any profession is at an increased risk of being a victim of bullying (Salin, 2015). Previous studies have been able to show males in nursing may be at an increased risk of bullying (Eriksen & Einarsen, 2004; Salin, 2015; Wright & Khatri, 2015), however there remains a dearth of research with respect to male NGNs and their experiences with workplace bullying (Eriksen & Einarsen, 2004; Salin, 2015).

The underlying causes of workplace bullying are widespread and varied. They range from theories at the individual level and attributing bullying behaviour to the workplace environment itself or that nursing as a whole exhibits oppressed group behaviours (Blackwood, Bentley, Catley, & Edwards, 2017; Hutchinson & Hurley, 2012;

Roberts, 1983). Regardless of the root causes of bullying, the consequences of the behaviour on the victims cannot be understated. Within the nursing profession, victims of bullying may face severe impacts on their physical, mental, and psychosocial health (Franklin & Chadwick, 2013; Salin & Hoel, 2013). Studies have shown that bullying victims may be at increased risk for: chronic disease, weight gain, mental health disorders, social isolation, and sleeping disorders (Einarsen et al., 2011; Felblinger, 2008; Hallberg & Strandmark, 2006; Ovayolu, Ovayolu, & Karadag, 2014; Vessey, DeMarco, Gaffney & Budin, 2009; Waschgler, Ruiz-Hernandez, Llor-Esteban, & Jimenez-Barbero, 2013). Furthermore, bullying may lead nurses to miss more shifts, impacting both their financial well-being and potentially impacting perceived quality of nursing care (Einarsen et al., 2011; Franklin & Chadwick, 2013).

Retention of nurses has long been an area of interest for researchers and employers alike. The intention of nurses to leave their jobs and the profession threatens the quality of care delivered across the system as the nursing shortage continues to worsen. A projected shortage of nursing staff is notable as mass retirements and an inability to train an appropriate number of new nurses are predicted in the coming years (Buerhaus, Skinner, Auerbach, & Staiger, 2017). Simply put, job turnover intention is the thought given by an individual to leave a job, unit, or organization in the near future (Cho, Johanson, & Guchait, 2009). Studies have outlined a positive relationship between workplace bullying and job turnover intention (Blackstock, Harlos, Macleod, & Hardy, 2014; Glambek, Matthiesen, Hetland, & Einarsen, 2014), as well as negative relationships between job satisfaction, workplace bullying, and job turnover intention (Einarsen et al., 2011).

Job turnover among NGNs has been shown to be positively related to workplace bullying and job turnover intention (Laschinger, 2012). In regard to male nurses specifically, previous research has revealed that younger male nurses, not holding a leadership position, with less than a Master's level education, and poor perceived support have demonstrated a higher intention to leave (Borkowski, Amann, Song, & Weiss, 2007; De Oliveria et al., 2017; Rajapaksa & Rothstein, 2009). Interestingly, research from other professions show that males who are bullied at work demonstrated a higher likelihood of leaving their profession, while adopting an avoidance strategy to deal with bullying (Eriksen, Hogh, & Hansen, 2016; Olafsson & Johannstiddor, 2004). Compound this with the fact that males in a female dominated profession may be exposed to higher levels of workplace bullying (Eriksen & Einarsen, 2004; Salin, 2015) and male nurses can be hypothesized to have a higher than normal intention for job turnover.

The issue of job turnover among nurses is concerning because of the costs associated with it and the shortage of nurses within Ontario and Canada (Canadian Nurses Association [CNA], 2009; Li & Jones, 2012). Both absenteeism and increasing job turnover places financial and human resources strain on healthcare organizations (Einarsen et al., 2011; Li & Jones, 2012). This increase in cost and decrease in staffing levels may place a heavy workload on nurses while limiting the resources available to them, potentially contributing to an increasingly stressful work environment, potentially causing patient care standards to deteriorate. Wright and Khatri (2015) demonstrated such deteriorating care standards by determining that a positive relationship existed between workplace bullying and medical errors. If the work environment hypothesis is believed to be the root causes for workplace bullying, then job turnover may cause an increasingly

stressful working environment, which could be conducive to bullying (Blackwood et al., 2017), suggesting that workplace bullying in nursing could spiral into a perpetual cycle if left unchecked.

Study Purpose and Significance

The purpose of this study is twofold: to examine the relationships among NGNs' structural empowerment, experience of workplace bullying, and their job turnover intention and to assess the relationships between sex and workplace bullying and job turnover intention. The research question to be explored is "What are the relationships among structural empowerment, workplace bullying, and job turnover intention amongst the new graduate male nurse population?"

The exploration of this question will help to fill a gap identified in the literature. There is a large body of evidence regarding structural empowerment, workplace bullying, and job satisfaction within the general nursing population and NGN population alike. Previously conducted nursing research has shown negative correlations between structural empowerment and workplace bullying (Cai & Zhou, 2009; Read & Laschinger, 2013); structural empowerment and job turnover intention (Laschinger, 2012); and positive correlations between workplace bullying and job turnover intention (Blackstock et al., 2014; Glambek et al., 2014; Laschinger, Gilbert, Smith, & Leslie, 2010; Read & Laschinger, 2013). However, little research has been completed regarding male nurses and exposure to workplace bullying, even less regarding male NGNs specifically. Research from other fields highlights male experiences with bullying and job turnover intention as something to be taken seriously and advocates the need for more research to be completed. Within the male NGN population, which represents a significant minority

in Canada, the need for research on the impacts of workplace bullying is notable. Therefore, this study will seek to test the relationships between structural empowerment, workplace bullying, and job turnover intention while controlling for sex within the model to be tested.

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Chapter 2

Background and Significance

Workplace bullying is an issue that continues to be experienced by nurses. Any workplace can suffer from bullying behaviours; bullying can occur regardless of organizational culture and can result in serious consequences across genders (Ovayolu, Ovayolu, & Karadag, 2014). The concept of bullying has been explored in the nursing literature for well over 30 years (Chapovalov & Van Hulle, 2015; Griffin, 2004). Bullying is defined as "repeated and persistent negative actions aimed at one or more individuals, which results in the creation of a hostile working environment" (Akella, 2016, p. 1). The issue of workplace bullying is one that not only affects the individual nurse, but also the entirety of the healthcare system, placing pressures on financial and human resources within the healthcare system (Chapovalov & Van Hulle, 2015; Einarsen, Hoel, Zapf, & Cooper, 2011; Li & Jones, 2012).

Nursing workplace bullying is often simplified in the phrase: "nurses eat their young". This describes the phenomenon of older nurses bullying younger, less experienced counterparts. Although the statement may be an oversimplification of bullying among the nursing workforce, it is rooted in the observed treatment of newer nurses. This perception has garnered much interest in research communities specifically examining new graduate nurses (NGNs) and their rates of burnout, mental health outcomes, and job satisfaction (Boamah, Read, & Laschinger, 2016; Laschinger, 2012; Stam, Laschinger, Regan, & Wong, 2013; Wing, Regan, & Laschinger, 2015). Research on workplace bullying of NGNs has helped confirm the validity of the expression "nurses eat their young". Statistics surrounding the issue of workplace bullying are of concern. In

a study of Ontario NGNs (*N*=342), it was found that 24% of first year nurses and 27% of second year nurses were subjected to bullying, with 39% and 51%, respectively, having witnessed bullying (Laschinger, 2012). Another study involving 415 NGNs in Ontario found that 33% of the sample were classified as being bullied based on established criteria within the study (Laschinger, Grau, Finegan, & Wilk, 2010). An online study conducted with novice nurses (*N*=197) in Ohio, Kentucky, and Indiana revealed that 72.6% experienced a workplace bullying event in the previous month (Berry, Gillespie, Gates, & Schaffer, 2012). Another study with emergency room nurses (*N*=249) revealed 27.3% were the victim of bullying in the workplace (Johnson & Rea, 2009). The issue is widespread, but very few, if any, studies take consideration of potential gender differences and examine the phenomenon and its subsequent effect on specifically men within the profession of nursing.

Male nurses represent a significant minority within the Canadian nursing demographic comprising only 8.0% of the workforce (Canadian Institute for Health Information [CIHI], 2017). While, this figure has been steadily increasing since 2002 (CIHI, 2017), with the College of Nurses of Ontario (CNO) (2016) reporting a 52% increase in the number of males registered as nurses since 2006, it is still low. Although these figures are promising and indicate a growing interest in nursing as a valid career choice for men, the minority status of males in the nursing workforce poses a risk in the context of bullying. As research has demonstrated, there is a relationship between being a gender minority and increased risk of being a victim of bullying (Eriksen & Einarsen, 2004; Salin & Hoel, 2013; Salin, 2015). Therefore, in considering bullying in the context of sex, this study particularly focuses on the perspectives of male NGNs.

With a year-after-year growth in the percentage of males entering the nursing workforce, the study of workplace bullying of male NGNs is important because research within the demographic outlines the fact that male nurses in Canada may have vastly different experiences in practice than their female counterparts. Sedgwick and Kellet (2015) attribute this difference to the nursing professions association with femininity and cultural expectations. Males within the profession may be viewed as a threat to the accepted societal norms of nursing and potentially face ridicule or exclusion based on their career choice (Eriksen & Einarsen, 2004; Salin & Hoel, 2013).

Research on workplace bullying in nursing has demonstrated detrimental effects on both the individual and the healthcare system. Nurses who are the victims of workplace bullying face severe consequences related to their physical, mental, and psychosocial health (Franklin & Chadwick, 2013). Studies have shown that the victims of workplace bullying can be at increased risk for: chronic disease, weight gain, isolation from institutional activities, sleeping disorders, mental health disorders including post-traumatic stress disorder, substance abuse, and suicide (Einarsen et al., 2011; Felblinger, 2008; Ovayolu et al., 2014; Vessey, DeMarco, Gaffney & Budin, 2009; Waschgler, Ruiz-Hernandez, Llor-Esteban, & Jimenez-Barbero, 2013). From a healthcare system standpoint, workplace bullying is associated with increased absenteeism, decreased job satisfaction, an increase in medical errors, and increased job turnover (Blackstock, Harlos, Macleod, & Hardy, 2014; Glambek, Matthiesen, Hetland, & Einarsen, 2014; Wright & Khatri, 2015).

The theory of structural empowerment developed initially by Kanter (1977a, 1993), and later adapted to nursing by Laschinger, Finegan, Shamian, and Wilk (2001), is

a theory centered around the influence of a workplace environment on employees' attitudes and behaviour. Kanter postulated that a positive workplace environment, where employees have access to information, opportunities, resources, and support, will allow employees to complete their work in a meaningful way. The theory has been used in studies of workplace bullying in nursing and results show a structurally empowering workplace environment is negatively associated with workplace bullying and job turnover intention (Read & Laschinger, 2013; Laschinger et al., 2010; Cai & Zhou, 2009; Hauck, Quinn Griffin, & Fitzpatrick, 2011; Laschinger, 2012).

While the cultural impacts of being a gender minority may ultimately shift as the percentage of males in the nursing workforce continues to increase (Tanner, 2015), the question of how men in particular respond to bullying within the workplace is currently relevant. Bullying within nursing workplaces is still present at a higher rate when compared to other professions (Zapf, Escartin, Einarsen, Hoel, & Vartia, 2011) and males as the minority gender may be at an increased risk of being bullied (Emerald, 2014; Eriksen & Einarsen, 2004). A report on workplace violence from Employment and Social Development Canada (2017) revealed that the top risk factors are: working with unstable/vulnerable persons, the public, providing service or care, working alone or in small numbers, and working late at night. Notably, all of these factors are associated with the nursing profession. Furthermore, the consequences from bullying are well documented and pose a risk to individuals, the healthcare system, and patients alike (Einarsen et al., 2011). Interestingly, while there have been campaigns to recruit more males to the nursing profession in recent years (CTV Atlantic, 2018; Hennessey, 2017), there has been little work done on retaining existing male nurses in the profession.

Research has shown that younger males demonstrate a much higher intent to leave the nursing profession than their colleagues (Borkowski, Amann, Song, & Weiss, 2007; De Oliveria, Griep, Portela, & Rotenberg, 2017). Currently, there is a gap in the literature regarding male NGNs and their responses to workplace bullying in regard to their turnover intentions. This confluence of factors is the basis of the research study at hand which seeks to determine how workplace bullying influences male NGNs in their intention to leave their position or the profession. The purpose of this study was twofold: to examine the relationships among NGNs' structural empowerment, experience of workplace bullying, and their job turnover intention and to assess the relationships between sex and workplace bullying and job turnover intention.

Theoretical Framework

Kanter's theory of structural empowerment is the theoretical framework for this study. The theory was originally developed by Kanter in 1977 to explain the role of empowering work environments in the reduction of job strain. Kanter (1977a, 1993) postulated that employee attitudes and behaviour are influenced more-so by the organizational work environment than individual characteristics. Within the theory, power is defined as the access to opportunity, information, resources, and support that allows the employee to complete their work properly and management should seek to provide this access to foster a work environment that is truly empowering.

Within the theory of structural empowerment are the constructs of formal and informal power. *Formal power* comes from one's position of formal authority within an organization. While *informal power* emerges from networks and connections, with colleagues, supervisors, and peers, both internal and external to the organization

(Laschinger, Gilbert, Smith, & Leslie, 2010). Both formal and informal power allow access to the resources, information, support, and opportunities that allow employees to complete their jobs successfully (Kanter, 1993). Formal power allows for an increased flexibility in decision-making. Informal power leads to cooperation between employees allowing for the completion of more complex goals.

Structural or organizational empowerment refers to access to opportunity, resources, information, and support provided by management to ensure staff can complete their work successfully. *Opportunity* refers to the ability of an employee to grow and move within the organization and the opportunity for them to increase their knowledge and skills. *Resources* refers to the ability to access materials, money, rewards, and other resources as necessary. *Information* refers to being knowledgeable in a formal and informal sense regarding organizational decisions and changes in policy. Finally, *support* refers to constructive feedback and problem-solving assistance from supervisors. A workplace in which these concepts are available to an employee will increase their ability to complete their work in a positive, meaningful way. Structural empowerment has been shown to have a positive correlation with job satisfaction (Cicolini, Comparcini, & Simonetti, 2014) and intention to stay (Meng et al., 2014), and negative correlations with workplace bullying and nursing burnout (Laschinger et al., 2010; Read & Laschinger, 2013). When a workplace environment is empowering it may be less conducive to bullying (Laschinger et al., 2010; Read & Laschinger, 2013). Further, when an employee experiences higher levels of empowerment they may be better able to respond to any workplace bullying they may be victim of or witness to (Becher & Visovsky, 2012; Wahi & Iheduru-Anderson, 2017).

Another important concept outlined by Kanter that applies to the male nursing population is tokenism. Kanter (1977a, 1977b) developed the concept of tokenism based on the examination of women working within traditionally male dominated positions in the corporate world. Tokenism may be evident when the dominant and non-dominant groups are in part determined by the ratio between the majority and minority peoples in said groups. When the proportion of the minority group is below 15% they are called "tokens". Kanter (1977a, 1977b) describes that tokens have unique conditions which may impact their overall performance. First, tokens will have high-visibility, being in the minority group they may be the topic of conversation and questioning more so than the members of the majority group. This increased visibility leads to performance pressure, through an increased scrutinization of their work resulting in either over- or under-performance. Underperformance is more common within the token group so as to limit their visibility and avoid being recognized for outstanding performance, which may negatively affect the image of the dominant group. Second is polarization within the group due to the presence of tokens. The members of the dominant group will have a heightened awareness of the differences between themselves and the token. Tokens may be viewed as a threat to the culture that unites the majority, resulting in the dominant group exaggerating their similarities and the tokens' differences simultaneously. Through polarization the token becomes isolated especially within informal interactions. Finally, a token is expected to fit into the stereotypes of their minority group. This leads to role entrapment through conforming to stereotypes set out by the majority and accepting traditional and stereotypical roles. If a token were to challenge this stereotyped role it may create tension and risk the disruption of a safe, comfortable work position.

Before exploring the literature further, it is necessary to make a distinction between the terms sex and gender. Often in research the terms sex and gender are used interchangeably however, there are key differences between the terms (Freeman & Knowles, 2012). This study will follow the recommendations of Freeman and Knowles (2012) who suggest that the term sex should be used only to classify subjects based on the reproductive organs they have. On the other hand, the authors suggest gender should be used in reference to a person's self-represented gender, be it male, female, or otherwise based upon socially constructed norms, attitudes, and behaviours. The study at hand classifies its subjects by sex and not gender.

Literature Review

CINAHL, Scopus, PubMed, and MedLine databases were utilized to review current literature. The literature search encompassed the literature published in the past 10 years and includes English, peer-reviewed, and full-text journal articles. The keywords for the search included "structural empowerment", "male nurses", "nursing workplace bullying", and "job turnover intention". Citation searches were also performed to include appropriate historical literature on study variables. This review includes a discussion of structural empowerment and its relation to bullying and job turnover intention. This is followed by an exploration of workplace bullying in nursing outlining the definition, prevalence, root causes, gender influences, and the consequences. Finally, the concept of job turnover intention in nursing is explored.

Structural Empowerment

As previously stated, the concept of structural empowerment focuses on employees' attitudes and behaviours and how they are influenced by the workplace

environment. A positive workplace environment that gives employees access to opportunities, resources, support, and information will allow them to achieve their goals while completing their work in a timely and meaningful manner. Through the facilitation of structural empowerment nurse managers create environments that can increase job satisfaction and reduce burnout (Cicolini et al., 2014; Read & Laschinger, 2013). Subsequently, this reduced stress on nursing staff may increase commitment to the organization while improving outcomes for patients (Meng et al., 2014; Wagner et al., 2010).

Finegan and Laschinger (2001) sought to explore whether male and female nurses would respond differently to structural empowerment given differences in gender. Based on male nurses' "token" status within the theory of structural empowerment, it is hypothesized that they will be under unique pressures within the workplace, as discussed above. Yet, previously completed research has shown that male nurses do not react to tokenism, as do other "token" employees, possibly because of advantages males have in society at large (Heikes, 1991; Snavely & Fairhurst, 1984). Based on these previous research findings, the research of Finegan and Laschinger (2001) posed the question of whether male and female nurses would react differently to empowerment. In their study of 412 participants (195 males, 217 women) they utilized structural equation modelling to test the goodness of fit of their hypothesized model on both sexes. Their model examined the relationships between formal and informal power, access to empowerment structures, interpersonal trust, and organizational commitment. Finegan and Laschinger (2001) found nurses of both sexes responded similarly to structural empowerment with no

significant differences noted. These findings led the authors to conclude that Kanter's model is generalizable across both sexes.

Structural empowerment and its relationship to workplace bullying and job turnover intention has been tested previously. Read and Laschinger (2013) examined structural empowerment in a sample of 342 NGNs. Overall, there was a significant negative correlation between structural empowerment and workplace bullying (r=-.34, p<.05). Further, bullying was negatively associated with job satisfaction (r=-.46, p<.05) and positively associated with career turnover intention (r=.32, p<.05). Wing, Regan, and Laschinger (2015) found that structural empowerment was negatively correlated to both coworker (β=-.286, p<.05) and supervisor incivility (β=-.286, p<.05) in a sample of 394 Ontario nurses. Similarly, Laschinger, Grau, Finegan, and Wilk (2010) showed that structural empowerment had a significant negative to workplace bullying (β=-.37, p<.05) in another sample of 415 Ontario NGNs.

Systematic reviews of structural empowerment completed by Cicolini, Comparcini, and Simonetti (2014) and Wagner et al. (2010) demonstrated the extent to which Kanter's theory has been researched. Cicolini et al. (2014) retained and examined 12 out of 596 research articles to determine the relationship between structural empowerment and nursing job satisfaction. The 12 studies all examined the relationship between structural and job satisfaction, all of which demonstrated significant positive correlations. Positive relationships also existed between empowerment and evaluations of quality nursing care, as well as negative relationships between work stress and incivility in relation to job satisfaction. The work from Cicolini et al. (2014) also found that a structurally empowering work environment improved overall nurses' job satisfaction.

Wagner et al.'s (2010) systematic review also examined structural empowerment within the nursing profession from 10 papers. The positive impact of empowerment on job satisfaction, increased commitment of staff, an increase in perceived respect, and decreased burnout in nurses was shown in the reviewed studies. Both systematic reviews are crucial as they highlight the relationship between structural empowerment and job satisfaction, which has been shown to be negatively correlated to turnover intention (Cai & Zhou, 2009).

The theory of structural empowerment has also been utilized to predict job turnover intention within the NGN demographic. Laschinger (2012) surveyed 342 NGNs, defined as less than two years work experience, within Ontario to test the relationships between structural empowerment, personal factors, burnout, incivility, and job and career satisfaction and turnover intention. Overall, structural empowerment was a significant predictor of job turnover intention (r=-0.22, p<.05) in both first and second year nurses, however, colleague incivility was only significant at predicting job turnover intention for first year nurses (r=-0.20 p<.05). These findings are similar to several other studies which have demonstrated a negative relationship between structural empowerment and job turnover intention (Cai & Zhou, 2009; Hauck et al., 2011).

Cai and Zhou (2009) focused on 189 Chinese nurses in two separate acute care facilities. They utilized translated versions of the CWEQ-II and the Michigan Organizational Assessment Questionnaire to measure structural empowerment and job turnover respectively. Findings showed that overall structural empowerment was significantly negatively correlated to job turnover intention (r=-.31, p<.01). These findings are consistent with those of Hauck, Quinn-Griffin, and Fitzpatrick (2011) who

found a significant negative correlation between structural empowerment and job turnover intention (r=-0.23, p=.02) in a sample of 98 critical care nurses using the CWEQ-II and the Anticipated Turnover Scale, to measure empowerment and turnover respectively.

Bullying

In this section the current research surrounding workplace bullying in nursing is outlined and includes the definition of workplace bullying, its prevalence, and a review of the consequences of such behaviour. Further, an exploration into the potential causes of workplace bullying and current research on the role gender plays within the phenomenon is described.

Definitions. Several definitions of workplace bullying exist across the literature; however, they are all rather similar. For this study bullying is defined as "repeated and persistent negative actions aimed at one or more individuals, which results in the creation of a hostile working environment" (Akella, 2016, p. 1). Possible confusion around the definition of workplace bullying arises when the terms workplace violence or incivility are used interchangeably with bullying (Felblinger, 2008). In this review the differences between all the terms associated with incivility, workplace violence, and bullying are not extensively explored. However, it is important to know that these terms are separate from each other and are measured differently within the literature (Felblinger, 2008; Waschgler et al., 2013). The key differentiator separating bullying from these other terms is the "repeated and persistent" nature of bullying acts (Akella, 2016, p. 1).

Einarsen, Hoel, Zapf, and Cooper (2011) state that bullying can be person-related and work-related. Person-related bullying includes name calling, spreading rumours,

emotional abuse, practical jokes, and social exclusion among others. While work-related bullying includes the assigning of inappropriate or demeaning tasks, unreasonable deadlines, withholding or controlling information, and unmanageable workloads among others. In addition, bullying can occur from the top-down, laterally, or from the bottom-up (Waschgler et al., 2013). Top-down bullying is the most frequently seen and involves managers or charge nurses bullying those of lower seniority or status (Waschgler et al., 2013). Lateral bullying occurs between nurse colleagues and is the second most prevalent form of nurse bullying (Emerald, 2014; Waschgler et al., 2013). Finally, bottom-up bullying—the least commonly occurring form of nurse workplace bullying—occurs when a worker bullies a manager or leader (McKay & Fratzl, 2015).

Prevalence. The prevalence of bullying ranges across studies mainly dependent on the location, practice area, study population, and the instrument and definition used (Berry et al., 2012; Emerald, 2014; Johnson & Rea, 2009). Amongst the Ontario NGN population, Laschinger and Grau (2012) and Laschinger et al. (2010) have reported bullying rates of 26.4% to 33% in two separate studies utilizing the Negative Acts Questionnaire-Revised (NAQ-R). Rush, Adamack, Gordon, and Janke (2014) reported that 39% of 242 NGNs in British Columbia experienced being bullied at least once in their first year of work experience. These studies align with the findings of systematic reviews on bullying in the nursing workplace by Hutchinson, Wilkes, Jackson, and Vickers (2010) and Spector, Zhou, and Che (2014). Both reviews showed the rate of nursing workplace bullying to be approximately 40%, similar to the prevalence rates from Johnson and Rae (2009) and Trepanier, Fernet, Austin, and Boudrais (2016). The issue of nursing workplace bullying remains prevalent in today's health system.

Looking specifically at sex, previous studies have outlined that male nurses are at an increased risk of being the victim of bullying behaviour within the female dominated profession of nursing. Wright and Khatri (2015) utilized the NAQ-R to survey 241 nurses in three facilities within the Midwest United States. They discovered that male nurses within this sample experienced a significantly higher bullying scores on the NAQ-R than their female colleagues (F= 3.393, p=.07). Male nurses were at a much higher risk work-related bullying, primarily, being ignored and being assigned unmanageable workloads. Furthermore, the authors found that younger and less experienced nurses of both genders experienced greater bullying (t=-3.120, p< .001).

One of the most often cited works regarding male nurse experiences with bullying is the work from Eriksen and Einarsen (2004). In their study they tested the hypothesis that male assistant nurses would be more exposed to workplace bullying versus their female counterparts based on their status as the minority gender within the profession. The sample consisted of 6485 actively working Norwegian certified nursing assistants. Of those only 290 individuals reported exposure to bullying within the workplace over the past six months. However, significant differences existed between the sexes and their rates of exposure to bullying. Males within this study were at over double the risk (10.2%) of being exposed to workplace bullying than were the females (4.3%).

An important point to consider is that the accuracy of the figures surrounding the prevalence of bullying are frequently called into question due to an under-reporting of bullying (Franklin & Chadwick, 2013; Spector et al., 2014). This can be due to a variety of reasons including: under-recognition of bullying behaviours; fear of backlash, particularly if the bully is perceived to be amongst a protected group; and whether or not

the organization has promoted/rewarded people who have demonstrated bullying behaviours in the past (Franklin & Chadwick, 2013). One must consider that males may not be truthful in reporting situations in which they were the victim of bullying perpetrated by a female (Eriksen & Einarsen, 2004). Furthermore, males may fear being labelled as bullied due to societal norms and the notion that men should be tough (Salin & Hoel, 2013). These societal norms may also make supports and resources less available for bullied men (Salin & Hoel, 2013).

Causes. Many authors have speculated on the potential reasons why workplace bullying occurs within the profession of nursing. A more traditional hypothesis is that of oppressed group behaviours. The hypothesis, first postulated by Roberts (1983), outlined that nursing as a profession is an oppressed group and as such exhibits similar behaviours to these groups. Nurses are viewed as oppressed given the nature of the healthcare system and the hierarchy of power in place (Griffin, 2004). Nurses are situated lower in this hierarchy and thus, are predisposed to violence and bullying amongst themselves (Griffin, 2004). Roberts (1983) argued that nurses have lost their autonomy, insofar as early nurses worked in the community and had control over their practice. As the process of healing moved from the community to institutions, the healthcare organizations and physicians alike have benefited from an increased control and manipulation over nursing staff (Roberts, 1983). The oppression of the nursing profession has led to the proliferation of horizontal violence, where nurses bully other nurses when the actual aggression was intended for the oppressor(s) (Griffin, 2004; Roberts, 1983).

More recently, Blackwood, Bentley, Catley, and Edwards (2017) discussed the work environment hypothesis which suggests that workplace bullying occurs because the

workplace environment is conducive to bullying. The authors categorized the hypothesis into three levels: societal, organizational, and task. These separate levels help outline how a work environment might dissolve into one where bullying proliferates. From a societal level, the increasingly competitive and ever-changing market for jobs within our global society fosters a workplace where there is decreased job security and increased employee stress (Blackwood, Bentley, Catley, & Edwards, 2017). Within organizations, autocratic and laissez-faire leadership styles foster environments of aggression and uncertainty allowing bullying to become entrenched within the hierarchy of the organization (Blackwood et al., 2017; Northouse, 2018). Furthermore, organizations can create environments that contribute to bullying if they promote or reward individuals who have demonstrated bullying behaviours in the past (Franklin & Chadwick, 2013) or if there is massive organizational change where leadership and power structures are overshadowed by uncertainty—for example, significant or frequent turnover in leadership (Blackwood et al., 2017). Finally, at the task level heavy workloads, increased role conflict, reduced goal clarity, and decreased autonomy may increase employee stress and lead to conflicts or bullying behaviours (Blackwood et al., 2017). Authors studying nursing workplace bullying have reinforced both the organizational and task levels as a contributor to a workplace environment conducive to bullying. Other contributing factors include dwindling resources, high rates of patient turnover; increased patient acuity, and staffing shortages (Chapovalov & Van Hulle, 2015; Simons & Mawn, 2010).

Another potential explanation for the root cause of bullying lies in the emotionality of the individual carrying out the behaviour. This explanation arises from the fact that individuals engaged in bullying behaviour react out of impulse and emotion

(Hutchinson & Hurley, 2012). Within any large organization there are shared behaviours, emotions, ideals, and attitudes which help to create the culture within an organization (Hutchinson & Hurley, 2012; Seren & Baykal, 2007). If the organizational culture is negative in nature there could potentially be a constant exposure to negative emotions and conflict (Hutchinson & Hurley, 2012; Morrison, 2008). This in turn may lead to a negative reaction from an individual in the form of fear, shame, mistrust, and anger (Hutchinson & Hurley, 2012). These reactions are all associated with increased risk for aggression and bullying, which may lead to an increase in bullying within an organization afflicted by a negative culture (Hutchinson & Hurley, 2012). The important distinguishing feature is that the emotional hypothesis places the individual carrying out the bullying behaviour as having had a negative reaction to stressors. This differs from the work environment hypothesis which stipulates that the behaviour arises from the environment in which the individual is placed.

Whether nursing bullying behaviour is a product of individual emotions, the work environment, or the result of years of oppression from the structure of the healthcare system, the ramifications of bullying behaviour on the victims, the healthcare system, and most importantly the patients warrants immediate action.

Gender and Bullying. No consensus exists as to why workplace bullying occurs in nursing. Similarly, it is unclear what role gender plays in workplace bullying (Salin & Hoel, 2013). In Canada, males represent a minority in nursing, only comprising 8.0% of the workforce in year 2017 (CIHI, 2017). It is claimed that the minority sex in any profession is at an increased risk for being victims of bullying (Salin, 2015). However, very few studies have been able to justify this claim (Eriksen & Einarsen, 2004; Salin,

2015). Salin (2015) demonstrated that males in female-dominated professions were at risk for higher rates of bullying (β=1.253, p<.05). It is interesting to note that this was the only significant result as males in male-dominated professions and females in both female and male-dominated professions were not at an increased risk of bullying. There are a variety of ideas as to why male nurses may be exposed to an increased level of bullying, but none have been conclusively proven.

One idea consistently common in the literature is that males may be viewed as a threat to the traditional female values held in nursing. Bringing more culturally masculine values and portraying them outwardly in a profession which prioritizes culturally female values may be viewed as a break from the norm (Eriksen & Einarsen, 2004). A male entering nursing may also be believed to be breaking societal norms, the notion being that nursing is still a profession best suited for women, and thus face backlash or exclusion related to their career choice (Salin & Hoel, 2013). Any behaviour from a male nurse which aligns with more traditional masculine values may exasperate colleagues and supervisors who may perceive the action as an affront to the dominant cultural or organizational norms (Eriksen & Einarsen, 2004).

Consequences. The consequences of bullying vary drastically when examining the effects on the individual target, the healthcare system, and patients. Nurses, regardless of gender, who are victims of bullying face severe impacts on their physical, mental, and psychosocial health (Franklin & Chadwick, 2013; Salin & Hoel, 2013). Although a small percentage of bullying victims report actual physical abuse or threats of such abuse, the physical health of victims may still be compromised alongside the mental and psychosocial ramifications (Einarsen et al., 2011; Emerald, 2014; Franklin & Chadwick,

2013). A study in Turkey by, Ovayolu, Ovayolu, and Karadag (2014), involving 260 nurses working in three separate public hospitals highlights this fact. The authors found that of nurses who experienced bullying, 66% reported health or sleeping disorders, 55% reported issues in communicating with other staff, and 37% stated they had become isolated from other institutional activities. These findings are supported in several other studies on the impact of bullying on the physical and mental health of victims. Other studies have shown that the victims of workplace bullying can be at increased risk for: chronic disease, weight gain, mental health disorders including post-traumatic stress disorder, substance abuse, and suicide (Einarsen et al., 2011; Felblinger, 2008; Hallberg & Strandmark, 2006; Vessey et al., 2009; Waschgler et al., 2013).

Further to the effects on the general health of victims comes the impact of potential financial losses from missed shifts (Franklin & Chadwick, 2013). Ovayolu et al. (2014) found that of their cohort, 58% of the nurses reported they were unwilling to go to work due bullying in the workplace. Einarsen, Hoel, Zapf, and Cooper (2011) found that victims of workplace bullying missed on average seven more days per year than individuals who had not been victim to bullying or had not witnessed bullying behaviours in the workplace. These absences place an increased cost on organizations and may lead to a decrease in actual or perceived quality of patient care (Einarsen et al., 2011; Franklin & Chadwick, 2013; Lavoie-Tremblay, Fernet, Lavigne, & Austin, 2015). Workplace bullying can place an increased stress on the healthcare system due to its link to increased job turnover.

Job Turnover Intention

The concept of job turnover intention is one that has been of interest in nursing research circles for years. This is due to the projected shortage of nursing staff over the coming years due to mass retirements concurrent with the challenge of training an appropriate volume of new nurses quickly enough (Buerhaus, Skinner, Auerbach, & Staiger, 2017). The concept of job turnover intention is one that should continue to be explored to retain staff within the profession. Job turnover intention has been positively associated with actual voluntary turnover (Nei et al., 2014; Takase, 2010) and thus, is frequently used in place of measuring actual turnover which is time consuming and resource intensive to conduct. (Cohen et al., 2016). Specific figures regarding the rates of men versus women leaving the profession in Canada are not available. Nor are there any available Canadian nursing employment statistics by gender or sex differentiating the rates of employment in fields other than nursing. However, past research can highlight the links between bullying and intention to leave as well as the reasons why men may choose to leave the profession. Research from fields outside of nursing highlights the different responses males have to bullying from their female counterparts.

Within the NGN population research has demonstrated a relationship between bullying and increased job and career turnover intention. Laschinger (2012) utilized the Negative Acts Questionnaire (NAQ) and Job and Career turnover scales adapted from Kelloway, Gottlieb, and Barham (1999). The results show significant relationships between bullying and intention to leave their job (r=0.32, p<.05) as well as the nursing profession (r=0.22, p<.05) in a sample of 342 Ontario NGNs. Another study from Laschinger and Fida (2014) found that workplace bullying has significant negative correlations to both job and career turnover intentions at both time one (r_{job}=.36,

r_{career}=.25, both p<.01) and time two (r_{job}=.32, r_{career}=.33, both p<.01) in their time lagged study of 907 Ontario NGNs. Workplace bullying has been correlated to job turnover intention in other professions as well, highlighted in work by Glambek, Matthiesen, Hetland, and Einarsen (2014) and Coetzee and van Dyk (2017).

Literature from other professions has examined the variations in responses to bullying based on gender or sex. An Icelandic study from Olafsson and Johannsdottir (2004) surveyed 398 workers from a union of bank and office workers. Their main goal was to determine how age, gender, and the type of bullying (codified into two types) impacted coping mechanisms being utilized. The codified bullying items were general bullying containing items such as social exclusion, humiliation, and gossip and work-related bullying such as excessive workload, undue criticism, and demeaning tasks unrelated to job description. The authors found that men would adopt, or claim they would adopt, more assertive coping strategies to bullying compared to women such as standing up for themselves or asking the bully to stop. However, a significant relationship was found between general bullying of males and their adoption of an avoidance coping strategy such as taking sick leave or leaving the job.

Rajapaksa and Rothstein (2009) tested the theoretical factors influencing the decisions of men and women to leave nursing. Their hypotheses were based around role strain theory and multiple role theory. The former stating persons of one sex are unlikely to enter occupations dominated by the other sex due to difficulties in daily interaction, while the latter states that men and women value different combinations of work versus family roles. They found that 70% of males were likely to report leaving the profession for one with a higher salary, compared to only 33% of females. This supported the

hypothesis based on multiple role theory stating that males seek to be the breadwinner in the home and want to support the family through work. Males in this study viewed nursing as a profession, which did not afford them the opportunity to fulfill that role.

Similar conclusions were reached from a Brazilian study, which was aimed to determine the factors associated with intention to leave the nursing profession (De Oliveria et al., 2017). The 3,229 participants were currently registered, practising nurses from the 18 largest hospital in Rio de Janeiro. Of those who participated, 22.1% indicated an intention to leave the profession meaning they thought about leaving at least once per month or more frequently in the past year. Within the sample, a participant was more likely to indicate an intention to leave the profession if they were male, younger in age, not holding a leadership position, and had poor perceived support from supervisors (De Oliveria et al., 2017).

Eriksen, Hogh, and Hansen (2016) had interesting conclusions in their study on the long-term effects of workplace bullying on sick leaves. Their study examined 3358 public and private sector workers from Denmark from 79 different companies. Through analysis of long-term sickness absences between 2007-2011, they found that bullied females took significantly more sick time than non-bullied females. This finding supported the stated female coping strategies found by Olafsson and Johannstiddor (2004). Eriksen et al. (2016) found no difference in bullied males sick time versus non-bullied males. However, through an analysis of employment rates over the same period they did find that bullied males left the labor force at a significant, almost two-fold, rate. This finding provides a possible explanation to why there was no difference in sick time for bullied versus non-bullied males. They support the findings from Olafsson and

Johanstiddor (2004) stating that males do adopt avoidance strategies to deal with bullying. The findings of Eriksen et al. (2016) are particularly interesting because males, being the minority in the nursing profession, have been found to be exposed to bullying at higher rates (Eriksen & Einarsen, 2004; Salin, 2015). The relationship between bullying and turnover intention in male nurses is yet to be explored and could provide a key insight into male NGN retention.

Gaps in the Literature

There is a rich body of literature regarding workplace bullying, however, it remains sparse when examining specifically the experiences and perceptions of men, and in particular male NGNs. Within the female dominated nursing profession, the exploration of males as targets of workplace bullying has only recently been examined. To date research has shown that males may be at a higher risk for bullying (Eriksen & Einarsen, 2004; Salin, 2015). However, among the nursing demographic most at risk for bullying, NGNs, there is a dearth of research examining newly graduated male nurses and how bullying might impact them.

Similar statements can be made regarding the literature on job turnover intention within the nursing workforce. Study results on turnover intention have shown that NGNs, and more specifically, younger males, for various reasons, comprise a statistically significant portion of those wanting to leave their jobs or the profession (Borkowski et al., 2007; De Oliveria et al., 2017).

Previous research has shown that bullying is correlated with job turnover intention among NGNs (Laschinger et al., 2010; Read & Laschinger, 2013). However, the research seems to focus on the demographic as a collective and does not examine

males and females separately, while research findings have suggested different coping mechanisms dependent on gender (Eriksen et al., 2016; Olafsson & Johannsdottir, 2004; Rajapaksa & Rothstein, 2009). Therefore, the questions guiding this research are "What are the relationships among structural empowerment, workplace bullying, and job turnover intention amongst the NGN population and what is the relationship between sex and workplace bullying and job turnover intention?" Through exploring these questions there is potential to show that bullying is experienced at different rates between the sexes and, in turn, the potential impact that may have on job turnover intention.

Hypotheses

Hypothesis #1: *Structural empowerment is negatively associated with workplace bullying.* An environment that is empowering enables employees to complete their work in a meaningful way via access to opportunity, information, resources and support (Kanter, 1977a; 1993). The empowered environment will theoretically reduce the incidence of bullying as supported by previous studies within the NGN population (Laschinger et al., 2010; Read & Laschinger, 2013; Wing et al., 2015). This hypothesis is also supported by the theory that work environments are the potential root cause of bullying behaviour (Blackwood et al., 2017). On the other hand, this hypothesis also gains support from the emotionality hypothesis as the root cause of bullying. Hutchinson and Hurley (2012) stated the root cause of bullying may arise from negative reaction to stressors in the workplace, for example, heavy workloads or short staffing. A workplace that is structurally empowering would theoretically shield an employee from these potential negative stressors with increased access to information, resources, opportunity, and support (Kanter, 1977; 1993).

Hypothesis #2: *Structural empowerment is negatively associated with job turnover intention.* A workplace environment that empowers employees and offers them opportunity, information, resources, and support is one in which employees intend to stay (Cai & Zhou, 2009; Hauck et al., 2011; Laschinger, 2012; Meng et al., 2014). A key for male NGNs in particular is the access to opportunity afforded by an empowering environment. Males are hypothesized to want to leave professions that do not label them as the "breadwinner" of the home and search for a higher salary or more prestigious job (Rajapaksa & Rothstein, 2009). Further research has demonstrated that younger male nurses not currently in leadership positions indicated a higher intention to leave (De Oliveria et al., 2017). An empowered environment may protect against these factors by offering male NGNs the opportunities they desire to meet their role expectations.

Hypothesis #3: *Workplace bullying is positively associated with job turnover intention.* Approximately 40% of nurses report having experienced workplace bullying recently (Hutchinson, Wilkes, Jackson, & Vickers, 2010; Johnson & Rae, 2009; Spector et al., 2014; Trepanier, Fernet, Austin, & Boudrais, 2016). Bullying has several negative consequences on nurses and the healthcare system. However, one consequence of workplace bullying is increased intention to leave (Blackstock et al., 2014; Glambek et al., 2014). Furthermore, males in female dominated professions have demonstrated avoidance techniques in response to being a victim of bullying (Eriksen et al., 2016; Olafsson & Johannsdottir, 2004).

Hypothesis #4: *Workplace bullying mediates the relationship between structural empowerment and job turnover intention.* Based on the previously highlighted relationships among the three major study variables, it is hypothesized that workplace

bullying mediates the relationship between structural empowerment and job turnover intention as depicted in Figure 1. Despite the presence of workplace bullying, it is believed that structural empowerment has a negative relationship with job turnover intention. Structural empowerment has been shown to be negatively correlated with both workplace bullying (Laschinger et al., 2010; Read & Laschinger, 2013; Wing et al., 2015) and job turnover intention in previous research (Cai & Zhou, 2009; Hauck et al., 2011; Laschinger, 2012; Meng et al., 2014). However, workplace bullying has demonstrated positive relationships to turnover intention (Blackstock et al., 2014; Glambek et al., 2014). No studies were found showing workplace bullying mediating the relationship between empowerment and job turnover intention. However, Glambek et al. (2014) were able to demonstrate that workplace bullying mediated the relationship between work engagement and job turnover intention.

Hypothesis #5: *Male NGNs experience greater workplace bullying and higher job turnover intention than female NGNs.* It is theorized that the gender minority in any profession will experience increased workplace bullying (Salin, 2015). Males comprise a considerable minority within the nursing profession in Canada at 8.0% of the workforce in 2017 (CIHI, 2017). It has previously been demonstrated that male nursing assistants experienced a significantly higher rates of workplace bullying than their female counterparts (Eriksen & Einarsen, 2004). Other studies have also demonstrated that males within both female gender dominated professions (Salin, 2015), including nursing (Wright & Khatri, 2015), are at an increased risk of workplace bullying.

Previous research has shown that younger male nurses experience higher intention to leave their job (Borkowski, Amann, Song, & Weiss, 2007; De Oliveria et al., 2017).

Factors influencing male nurses' intent to leave include pay raises, lower education, not holding leadership positions, and poor perceived support (Borkowski et al., 2007; De Oliveria et al., 2017; Rajapaksa & Rothstein, 2009). Interestingly, Eriksen et al. (2016) found that bullied males had no difference in sick-time taken than non-bullied males, however, they discovered that males in Denmark left the workforce at a higher rate within. Findings such as this are beyond the current study's scope but are still worth noting when considering job turnover intention. Given this study's sample is composed of NGNs, which would logically be comprised of younger individuals, it is hypothesized that the males within the survey will experience higher job turnover intention than their female counterparts.

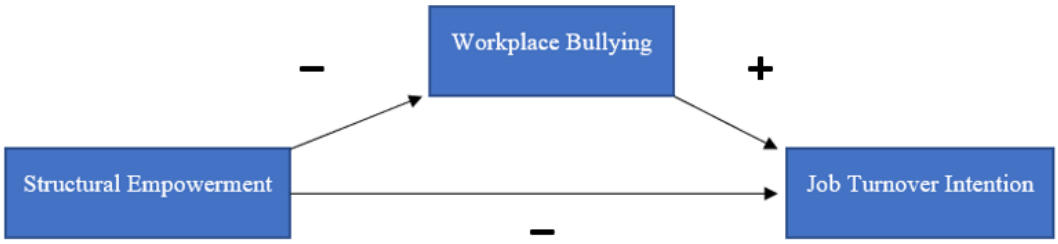

Figure 1: Hypothesized Model

Methods

Research Design

The study design is a secondary analysis of the Time 1 data from a two-wave national study of Canadian NGNs titled, *Starting Out: A time-lagged Study of New Graduate Nurses' Transition to Practice* (Laschinger et al., 2016). This study's design is a non-experimental, descriptive correlational design. The original study ethics approval

was received from the University of Western Ontario Ethics Review Board for Health Sciences Research in June 2012.

Sample and Setting

The sample for Time 1 of the study was obtained through disproportionate random sampling. The desired sample size was 200 NGNs from each of Canada's ten provinces. With an estimated 50% response rate, at least 400 NGNs from each provincial body were required (Laschinger et al., 2016). For Time 1, 3,906 surveys were mailed to NGNs across Canada and, of those 3,743 were eligible to participate in the study at that time. The number of completed questionnaires returned was 1,020 for a response rate of 27.3%.

Inclusion criteria for the study included male and female NGNs, who at the time of the study (2013), graduated September 2011 or after, with 12 to 24 months of experience, and were registered with one of the ten provincial registered nursing regulatory bodies in Canada. For the purposes of this study, registered practical nurses, clinical educators, managers, and registered nurses on a leave of absence were excluded. Since twelve participants had over two years of experience, the final sample used for this study was 1008 NGNs. The inclusion criteria for the Time 1 data were suitable to answer the question for the study at hand.

A power analysis using G*Power 3.1 was utilized to determine the appropriate sample size for this study (Faul, Erdfelder, Buchner, & Lang, 2009). For regression analysis and based on an alpha of 0.05, power level of 0.80, a moderate effect size (0.15) and three predictors (structural empowerment, workplace bullying, and sex) a sample size

of 77 was required (Faul et al., 2009). Therefore, our final sample size of 1008 was more than adequate for this study.

Sample Characteristics

Characteristics of the final sample of 1008 NGNs are presented in Table 1. Of those 75 (7.5%) were male and 923 were female (92.5%), consistent with national figures from CIHI (2016). The largest number of participants were practising in Ontario (21.3%), British Columbia (15.2%), Alberta (13.5%) and Manitoba (12.2%). A majority were BScN prepared (92.7%) while 71 individuals were college diploma prepared nurses (7.1%). Most nurses were employed full-time (60.8%), the next largest group were part-time employed (28.5%), then casually employed (10.7%). Over half of the sample worked in a medical-surgical care area (50.4%), followed by 17.9% working in critical care, and 10.4% in maternity-child care areas.

The mean age of participants was 27.42 years (*SD*=6.36). Overall, the mean years of experience as an RN was 1.18 years (*SD*=0.50), while experience in the organization was 1.09 years (*SD*=0.53), and experience on the current unit was 0.95 years (*SD*=0.52).

Table 1:

Demographics of Study Sample (*n*=1008)

Demographics		**Frequency (*n*)**	**Percentage (%)**
Gender:	Female	923	92.5%
	Male	75	7.5%
Province:	Ontario	215	21.3%
	British Columbia	153	15.2%
	Alberta	136	13.5%
	Manitoba	123	12.2%
	Saskatchewan	83	8.2%
	Nova Scotia	78	7.7%
	New Brunswick	77	7.7%
	Quebec	60	6.0%
	Newfoundland	52	5.2%
	Prince Edward Island	31	3.1%
Highest Education:	BScN	931	92.7%
	Master's in nursing	2	0.2%
	College Diploma	71	7.1%
Employment Status:	Full-time	609	60.8%
	Part-time	286	28.5%
	Casual	107	10.7%
Specialty Area:	Medical-Surgical	504	50.4%
	Critical Care	179	17.9%
	Maternity-Child	104	10.4%
	Mental Health	60	6.0%
	Float Pool	39	3.9%
	Community Health	57	5.7%
	Long Term Care	45	4.5%
	Geriatric Rehab	12	1.2%

Demographics (in years)	**Total (*n*)**	**Mean**	**SD**
Age	1000	27.42	6.36
Experience as RN	993	1.18	0.50
Experience in Organization	925	1.09	0.53
Experience on Current Unit	921	0.95	0.52

Data Collection and Instruments

The following three standardized measurement tools were utilized in this study: i) name (CWEQ-II; Laschinger, Finegan, Shamian, & Wilk, 2001; see Appendix A), ii)

Negative Acts Questionnaire Revised (NAQ-R; Einarsen & Hoel, 2001) and iii) Job Turnover Intention (JTI; Kelloway et al., 1999)

Structural Empowerment. The CWEQ-II was developed by Laschinger, Finegan, Shamian, and Wilk (2001) to measure structural empowerment with 12 items divided equally between four subscales of opportunity, information, resources, and support. Participants are asked to rate each item on a Likert-type scale describing the degree of to access to each of the four empowerment sources ranked from 1 (none), 2, 3 (some), 4, and 5 (a lot). The CWEQ-II is scored by averaging the responses under each subscale, total empowerment is an average of all 12 items. The Cronbach's alpha for the CWEQ-II has been reported at 0.89 (Laschinger, Finegan, Shamian, & Casier, 2000), and was 0.85 in this secondary analysis.

Workplace Bullying. A shortened version of the NAQ developed by Einarsen and Hoel (2001) was used to measure exposure to workplace bullying. The original NAQ consists of 22-items subdivided into three main categories: work-related bullying (7-items), person-related bullying (12-items), and physically intimidating bullying (3-items). The questions are ranked by the participant on a Likert-type scale with the responses relating to the frequency of the experiences within the last six months as 1 (=never), 2 (=now and then), 3 (=monthly), 4 (=weekly), and 5 (=daily). The Cronbach's alpha for the full scale is 0.92 (Einarsen & Hoel, 2001). The NAQ has been utilized with a variety of populations, including nurses, and has consistently demonstrated its reliability and validity as a tool (Charilaos et al., 2015; Einarsen, Hoel, & Notelaers, 2009). Within the current study the NAQ was shortened from 22 to three questions with an alpha level of 0.73 (Laschinger et al., 2016). The three survey items used in this study were "someone

withholding information which affects your performance", "repeated reminders of your errors and mistakes", and "persistent criticism of your work and effort". The first item is from the work-related bullying subscale and the other two are from the person-related bullying items (Einarsen et al., 2009). The scale is scored by averaging the answers of all three questions to provide an overall value workplace bullying. Previous research by Simons, Stark, and DeMarco (2011) demonstrated that a shortened 4-iem questionnaire acceptably explained 56% of the variance in workplace bullying and a Cronbach's α= 0.75. Overall, a shortened NAQ can remain reliable and valid while reducing the burden on the subjects (Simons, Stark, & DeMarco, 2011).

Job Turnover Intention. Kelloway's Turnover Intentions Scale (TIS) was developed in 1999 to measure the intention one has to leave one's job. The TIS contains 3 items. The questions are rated on a Likert-type scale with 5 points (1 = strongly disagree, 5 = strongly agree) and an overall score is obtained by averaging the four items. The Cronbach's alpha has been reported at 0.92 to 0.93 (this study α=0.81) (Kelloway, Gottlieb, & Barham, 1999). This tool has demonstrated construct validity through empirical findings supporting hypothesized relationships between turnover intentions, empowerment, and burnout (Laschinger, Leiter, Day, & Gilin, 2009).

Finally, a demographics questionnaire was utilized to collect data on the participants' graduation date, highest level of education attained, employment status (full-time, part-time or casual), speciality care area, and length of work as an RN total, at their current organization, and on their current unit. Most importantly for the current study, the demographic questionnaire asks the participants to identify themselves as one of the binary sexes of male or female. This information is important for the data analysis of this

study to compare the two sexes' experiences with empowerment, workplace bullying, and job turnover intention.

Data Collection

The survey questionnaire with a letter of information was mailed through Canada Post to each participant. Within each, was a two-dollar voucher to a coffee shop (Tim Horton's) as a show of appreciation for their time completing the survey. In an effort to increase return rate, a modified Dillman (2007) was used. Each participant was sent a reminder letter four weeks after the original mailing, and after another four weeks non-respondents were sent another survey package. The participants returned the questionnaires in pre-paid envelopes addressed to the primary investigator of the original study (Laschinger et al., 2016).

Data Analysis

All data were analyzed using the data software: Statistical Software Package for Social Sciences (SPSS) (version 23) (IBM, 2015). Descriptive statistics including—frequencies, means, standard deviations—were used to describe the sample demographics and main study variables. All data were assessed for outliers, missing data, and any other miscellaneous data errors. Normality of the data were assessed using skewness and kurtosis values. Relationships between the demographic data and the major study variables were analyzed using independent t-tests for employment type and status; ANOVA for education level and practice area; and Pearson correlations for age and experience. Each instrument's reliability was tested for internal consistency using Cronbach's alpha. The significance level for all tests was set at 0.05.

Finally, to test the study hypothesized model, the SPSS macro, PROCESS (version 3; Hayes, 2018) was used. PROCESS Model 4 (for simple mediation) was used to test the role of workplace bullying as a mediator between structural empowerment and job turnover intention. To test the associations of sex with bullying and job turnover intention sex was added as a covariate in the model tested, along with two additional significant covariates age and education. Using the PROCESS software, the unstandardized coefficients of a model using ordinary least squares (OLS) regression are estimated. The mediation approach supported by Baron and Kenny (1986) is historically important but not consistent with modern practice (Hayes, 2018). Modern practice stresses estimation of indirect effects, inferential tests of indirect effects, and an acknowledgement that evidence of a statistically significant association between X and Y is not necessary to explain and model intervening variable processes (Hayes, 2018; Hayes & Rockwood, 2017). In PROCESS the resampling procedure known as bootstrapping is used to assess indirect effects. PROCESS version 3 produces bootstrap confidence intervals using the percentile method. Bootstrapping generates an empirical approximation of the sampling distribution of a statistic by repeated random resampling of the available data and uses this distribution to calculate p- values and construct confidence intervals (5,000 resamples were taken for these analyses). When the value of zero is not found in the 95% confidence interval, it is determined that the indirect effect is significant different from zero.

Results

Descriptive Results

All data were assessed for normality. Age within the study sample demonstrated a positive skew with a skewness of 1.972 (*SE*=.082), likely owing to the younger age of the majority of NGNs in this sample (*M*=27.42, *SD*=6.36). Overall structural empowerment and job turnover intention demonstrated normal distributions with skewness values of -.147 (*SE*=.082) and .643 (*SE*=0.82) respectively. Workplace bullying demonstrated a positive skew with a skewness of 2.069 (*SE*=.082), explained by low overall bullying scores (*M*=1.50, *SD*=0.66). The percentages of missing data for the three main study variables and the demographic variables used all fall well under 1%.

The means, standard deviations, and reliability coefficients of the main study variables are listed in Table 2. Overall, nurses in this sample demonstrated a moderate level of structural empowerment (*M*=13.65, *SD*=2.50). The subscales of structural empowerment had nurses reporting midpoint scores for information (*M*=3.17, *SD*=0.91), support (*M*=3.01, *SD*=0.95), and resources (*M*=3.18, *SD*=0.89). Nurses reported highly on the opportunity subscale (*M*=4.30, *SD*=0.76). Laschinger (2012) reported similar means for structural empowerment for NGNs in their first (*M*=13.46, *SD*= 2.34) and second years of practice (*M*=13.77, *SD*=2.31). Cai and Zhou (2009) reported slightly lower levels of overall empowerment in their sample of Chinese nurses (*M*=12.63, *SD*=2.67).

Nurses in this sample reported low overall scores for workplace bullying (*M*=1.51, *SD*=0.68). Similar low scores were reported by Read and Laschinger (2013) in their sample of NGNs (*M*=1.57, *SD*=0.55). Laschinger et al. (2010) also had similarly low bullying scores in their sample of NGNs (*M*=1.63, *SD*=0.57).

In this sample, nurses reported a low to moderate intention for job turnover (*M*=2.39, *SD*=1.20). Laschinger (2012) reported a higher, but still midpoint, overall job turnover intention in first (*M*=2.72, *SD*=1.26) and second year nurses (*M*=2.61, *SD*=1.28). Similar mean scores were reported by Read and Laschinger (2013) in their sample of NGNs (*M*=2.66, *SD*=1.27).

Relationships Between Demographic Variables and Main Study Variables

T-test results showed that male nurses (*M*=1.778, *SD*=0.86) reported significantly ($t_{(991)}$=-3.611, *p*<.001) higher workplace bullying than females (*M*=1.487, *SD*=0.65). T-test results showed no significant difference by sex for either structural empowerment or job turnover intention. T-test results revealed a significant difference ($t_{(997)}$=4.073 and *p*<.001) in job turnover intention between BScN (*M*=2.433, *SD*=1.21) and college diploma (*M*=1.836, *SD*=1.01) prepared nurses. No significant differences in main study variables were found between groups based on employment status. Pearson correlations results showed that age was weakly positively related to workplace bullying (*r*=.10 *p*<.001) and weakly negatively related to job turnover intention (*r*=-.09 *p*=.003).

Correlation Analysis among Main Study Variables

To test the relationships among the main study variables, Pearson correlations were completed (Table 2). Structural empowerment and its subscales of opportunity, information, support, and resources demonstrated significant positive correlations at the *p*<0.01 level of significance. There was a small negative correlation between structural empowerment and workplace bullying (*r*=-.16, *p*<.01). There was also a moderate negative correlation between structural empowerment and job turnover intention (*r*=-.35,

$p<.01$). A small positive relationship exists between workplace bullying and job turnover intention ($r=.21$, $p<.01$).

Table 2:

Means Standard Deviation, Reliability Analysis, and Correlation Matrix for Study Variables (*n*=994)

Variable	Mean	SD	Items	Score Range	α	1	2	3	4	5	6
1. Total Empowerment	13.65	2.50	12	4-20	0.85						
2. Opportunity	4.30	0.76	3	1-5	0.86	.59					
3. Information	3.17	0.91	3	1-5	0.85	.75	.33				
4. Support	3.01	0.95	3	1-5	0.83	.80	.30	.46			
5. Resources	3.18	0.89	3	1-5	0.81	.69	.15	.32	.44		
6. Workplace Bullying	1.51	0.68	3	1-5	0.73	-.16	-.11	-.10	-.13	-.14	
7. Turnover Intention	2.39	1.20	3	1-5	0.81	-.35	-.25	-.18	-.30	-.27	.21

All correlations shown were significant at the 0.01 level (2-tailed); α is Cronbach's alpha

Table 3:

Coefficients of Final Model for Study Hypotheses (*n*=977)

	Outcome					
	Workplace Bullying			Job Turnover Intention		
Antecedent	*B*	*SE*	*p*	*B*	*SE*	*p*
Structural Empowerment	-.045	.008	<.001	-.156	.014	<.001
Workplace Bullying	---	---	---	.303	.053	<.001
Age	.010	.003	.005	-.015	.006	.007
Sex – Female vs Male	.222	.082	.007	-.174	.133	.199
Education - Diploma vs. BScN/Master's	.051	.083	.540	.504	.136	<.001
Constant	1.521	.240	<.001	3.685	.404	<.001
	R^2=.045 F $(_{4, 972})$ = 11.395, p <.001			R^2=.177 F $(_{5, 971})$ = 41.628, p<.001		

Note: *B* = Unstandardized beta

Testing of Hypotheses

The hypotheses of this study were tested utilizing the PROCESS (Hayes, 2018) add-on for SPSS (Table 3). The relationship between structural empowerment and job turnover intentions was hypothesized to be both direct, and indirect through workplace bullying and thus, a simple mediation model (PROCESS model 4; Hayes, 2018) was assessed (Figure 1). Age, sex and education were included as covariates in this analysis based on theory and analysis described previously. Overall, age, sex, education, structural empowerment and workplace bullying accounted for 17.7% of the variance in job turnover intention. All coefficients are unstandardized as per PROCESS.

Hypothesis #1: *Structural empowerment is negatively associated with workplace bullying.* Structural empowerment demonstrated a significant negative relationship with workplace bullying (B=-.045, p<.001) and thus, this hypothesis was supported (Table 3).

Hypothesis #2: *Structural empowerment is negatively associated with job turnover intention.* Structural empowerment demonstrated a significant negative relationship with job turnover intention (B=-.156, p<.001) and thus, this hypothesis was supported (Table 3).

Hypothesis #3: *Workplace bullying is positively associated with job turnover intention.* Workplace bullying demonstrated a significant positive relationship with job turnover intention (B=.303, p<.001) and thus, this hypothesis was supported (Table 3).

Hypothesis #4: *Workplace bullying mediates the relationship between structural empowerment and job turnover intention.* This hypothesis was supported as there was a significant (the confidence interval did not cross zero), albeit small, negative indirect

effect of structural empowerment on job turnover intention through workplace bullying (*B*=-.014, CI: -.023, -.006).

Hypothesis #5: *Male NGNs experience greater of workplace bullying and higher job turnover intention than female NGNs*. Male sex was significantly related to workplace bullying (*B*=.222, *p*=.007). Sex did not have a significant impact on job turnover intention (*B*=-.174, *p*=.199). Thus, this hypothesis was partially supported.

As for the other covariates, age was positively related to workplace bullying (*B*=.010, *p*=.005), and was also negatively related to job turnover intention (*B*=-.015, *p*=.007), and education was positively related to job turnover intention (*B*=.504, *p*<.001), meaning those nurses who were BScN or Master's prepared (combined as only two Master's cases) demonstrated higher job turnover intentions than NGNs with a diploma.

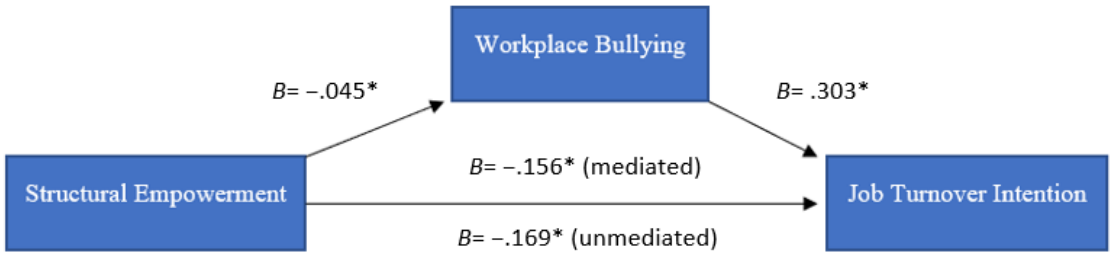

Figure 2: Final Model

Note *=p<.001

Discussion

The purpose of this study was twofold: to examine the relationships among NGNs' structural empowerment, experience of workplace bullying, and their job turnover intention and to assess the relationships between sex and workplace bullying and job turnover intention.

When examining the three major study variables all hypotheses (#1-4) were supported. These findings are consistent with previous research. Structural empowerment demonstrated a significant negative relationship with workplace bullying as reported by Laschinger et al. (2010), Read and Laschinger (2013), and Wing et al. (2015). Furthermore, structural empowerment demonstrated a significant negative relationship to job turnover intention as shown by Cai and Zhou (2009), Hauck et al. (2011), Laschinger (2012), and Meng et al. (2014). Workplace bullying demonstrated a significant positive relationship with job turnover intention and this has been found in other nursing studies (Blackstock et al., 2014; Glambek et al., 2014). Taken together these findings support the theory of structural empowerment as useful in understanding both job turnover intention and workplace bullying. In implementing a structurally empowered workplace increased retention of nurses may follow and thus aid in combatting the forecasted nursing shortage.

Furthermore, findings indicate that structural empowerment has an indirect negative effect on job turnover intention through workplace bullying. This implies that although workplace bullying may be present in the workplace, if the workplace includes sufficient access to sources of structural empowerment (i.e. opportunity, support, information, and resources) this could reduce nurse turnover intentions. This finding suggests that the theory of structural empowerment may be a means by which to retain nurses through a decrease in their turnover intention related to workplace bullying.

Additionally, another study aim was specifically to examine the role that sex played in the relationships between the major study variables. It was found that males within this sample experienced significantly higher workplace bullying (B=.222, p=.007)

than their female counterparts. This supports previous research by Salin (2015) who demonstrated males within female dominated professions were at an increased risk of experiencing workplace bullying. This study also supports Eriksen and Einarsen's (2004) findings that male assistant nurses experienced bullying at a two-fold rate compared to their female colleagues. Furthermore, it may also help support the concept of tokenism developed by Kanter (1977a, 1977b). Perhaps male nurses are experiencing performance pressures leading to over-scrutinization of their work which may be viewed as bullying behaviour. Potentially, male nurses are going against the stereotypical norms of the nursing profession and creating a polarized work environment in which they are socially isolated individuals (Kanter, 1977b). If token male nurses are to go against the stereotypes of the profession they risk the creation of tension in the workplace (Kanter, 1977b) and perhaps exclusion and ridicule (Eriksen & Einarsen, 2004; Salin & Hoel, 2013).

The one hypothesis not supported was that males would demonstrate a higher intention to leave the profession than females. This seems to contradict findings of several other research studies (Borkowski et al., 2007; De Oliveria et al., 2017; Eriksen et al., 2016; Rajapaksa & Rothstein, 2009) which showed that males normally demonstrate higher turnover intentions. One potential explanation for this study's finding is that males within the sample are significantly older than females in the sample ($t_{(991)}$=-5.788, p<.001). Age within this study and others (De Oliveria et al., 2017; Laschinger, 2012) was negatively correlated with job turnover intention, perhaps offering an explanation to the rejected hypothesis.

Limitations

Because this study was a secondary analysis of previously collected data, the researcher was limited to the measures and data collection methods of the original study. This study is limited by its cross-sectional nature which may hamper the ability to demonstrate a causal effect (Polit & Beck, 2017). However, this is partially addressed the theoretical foundation of the study and the co-variation among study variables (Taris, 2000). With regards to self-report surveys on bullying there is always the risk of a response or social desirability bias in answering the questions (Polit & Beck, 2017) as bullying is often cited as underreported due to this effect (Franklin & Chadwick, 2013). Also, even though the data were obtained from the 10 Canadian provinces, the sample population was NGNs with less than two years of experience which limits the generalizability of results to that population. Finally, the disproportionate random sampling method used may influence representativeness in that some provinces were over- or under-sampled given their respective populations of NGNs

Conclusion

The results of this study help to further support Kanter's (1977) theory of structural empowerment within the NGN workforce. Study findings also provide support to the existing body of research surrounding the relationships among structural empowerment, workplace bullying, and job turnover intention as they apply to NGNs. Also, findings contribute to the literature on male NGNs and their exposure to workplace bullying. The findings of this study suggest that male NGNs experience significantly higher rates of workplace bullying than their female counterparts. However, the findings also suggest that structural empowerment may help minimize the effect that workplace bullying has on job turnover intention. Overall, the study findings suggest there are

differences in the nursing workplace experience for new graduate males and females and that future research may help reveal some of those nuances.

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Chapter 3

Discussion

The purpose of this study was twofold: to examine the relationships among NGNs' structural empowerment, experience of workplace bullying, and their job turnover intention and to assess the relationships between sex and workplace bullying and job turnover intention. In this study it was found that structural empowerment was negatively associated with both workplace bullying and job turnover intention, while workplace bullying was positively associated with job turnover intention. It was also found that males experienced a higher rate of bullying. Finally, it was found that the effect of structural empowerment on job turnover intention was also mediated through workplace bullying.

Implications for Theory

In this study males reported a higher rate of workplace bullying. This finding helps lend support to Salin's result (2015) that males in female dominated professions experience higher rates of bullying and poses a unique challenge for organizations looking to prevent workplace bullying. Unfortunately, males in general may be less likely to report and receive support when being bullied at work (Franklin & Chadwick, 2013). This has been conceptualized to come out of a socially held belief around males that they should be strong and not show weakness. For males in nursing they may face embarrassment coming forward reporting workplace bullying when the majority of their coworkers are women (Eriksen & Einarsen, 2004). Based on this it is suggested that future research examine workplace bullying in nursing from a gender perspective and not solely a biological sex perspective as societal norms may influence responses to bullying.

Furthermore, analysis by sex in this study helps support the work of Laschigner and Grau (2012) and Finegan and Laschinger (2001) who found that there was no difference in structural empowerment between sexes. Within this study there was no difference in structural empowerment reported by males and females. This finding helps to further solidify the theory of structural empowerment as one that can be applied to both sexes.

This study's results also add to the growing body of literature supporting Kanter's theory of structural empowerment in the nursing profession. The demonstration of negative relationships between structural empowerment and workplace bullying helps corroborate the work of several previous authors (Laschinger, Gilbert, Smith, & Leslie, 2010; Read & Laschinger, 2013; Wing, Regan, & Laschinger, 2015). The finding of a negative relationship between structural empowerment and job turnover intention helps support previous research (Cai & Zhou, 2009; Hauck, Quinn Griffin, & Fitzpatrick, 2011; Laschinger, 2012; Meng et al., 2014). Finally, the positive relationship between workplace bullying and job turnover intention also supports the findings of previous nursing and non-nursing studies (Blackstock, Harlos, Macleod, & Hardy, 2014; Glambek, Matthiesen, Hetland, & Einarsen, 2014). Overall, these findings show that bullying remains an issue in nursing, but that the theory of structural empowerment may be a way to combat the negative consequences of workplace bullying, specifically job turnover intention. This is demonstrated in the finding that structural empowerment mediates job turnover intention through workplace bullying. The effect although small is promising and may provide a piece of the solution regarding present and future nursing shortages.

Although it may not totally address the root cause of workplace bullying, structural empowerment may be useful in mitigating job turnover intentions of bullying victims.

Implications for Education

One approach to mitigating increased bullying experienced by males is to address the gender imbalance within workplaces through recruiting more males into the profession. Although the proportion of males in nursing has grown over the years, the total percentage of males in nursing is still a small minority (Canadian Institute for Health Information, 2017; College of Nurses of Ontario, 2016). Salin (2015) hypothesized that the minority sex in any profession would be at an increased risk for bullying. One also must consider the "token" status of male nurses, as outlined by Kanter (1977a, 1977b). This token status leads to increased visibility, polarization, and role entrapment. These mechanisms may lead to social isolation, underperformance, and increased scrutiny, all of which may be viewed by the token as workplace bullying behaviours. Through the recruitment of more males in nursing, perhaps the token status may be shed as the percentage of males increases leading to a reduction in male new graduate nurses (NGNs) experiences of bullying. Another suggestion for aiding male recruitment would be presenting a more complete picture of the profession to help change socially held beliefs about the nature of nursing work. Highlighting males and their nursing practice could provide prospective males nurses with role models. The caveat to these suggestions is that males may still comprise a minority within specific organizations or on specific units maintaining their token and minority status alongside the heightened bullying risk.

Implications for Practice and Policy

The findings of this study help to support structural empowerment as one way to diminish rates of both workplace bullying and job turnover intention. Alongside previous research, this study once again highlights the relationships between structural empowerment, workplace bullying, and job turnover intention. A structurally empowered environment leads to a significant reduction in both the rates of workplace bullying and job turnover intention. This finding suggests that structural empowerment should be an approach utilized by leadership in healthcare organizations. Through appropriate resources, information, opportunity, and support management can reduce both bullying rates and job turnover intention. A leader or organization that can implement structural empowerment can mitigate the effect of workplace bullying through the improvement of the workplace environment (Blackwood, Bentley, Catley, & Edwards, 2017). Dzurec, Kennison, and Gillen (2017) suggest an inclusive environment as being central to reducing and diminishing the consequences of workplace bullying. Organizations need to recruit leaders who adopt a structural empowerment approach, or who can be educated to do so, could be an initial strategy to reduce workplace bullying with the eventual hope of eliminating workplace bullying entirely, across all professions.

As males remain in the minority and are at an increased risk of bullying it is suggested that specific resources be outlined during the orientation of NGNs to highlight available supports. Research by Rush, Adamack, Gordon, and Janke (2014) showed that NGNs involved in a formal transition to practice program reported a higher ability to access supports when needed regardless of whether or not they reported being bullied (t=6.354, p<0.001). The authors were unable to find a standardized province wide transition program within the sample of 245 NGNs from British Columbia as the health

authorities in different regions vary in the financial resources and hiring patterns. However, the programs across the seven health authorities encompassed many similar characteristics with both involving an orientation followed by transition phase. The orientation phase involved a general organizational orientation, a nursing department specific orientation, and preceptored shifts with a senior nurse in the department. The transition phase involved periodic educational sessions and formal/informal pairing of the NGN with a mentor within the department for support. The lengths of the phases varied dependent on the organization and the unit, however, the positive findings of Rush et al. (2014) suggest the implementation of similar, or better yet, standardized transition to practice programs would be beneficial for NGNs. Further, the implementation of zero tolerance bullying policies should be adopted in every organization to provide appropriate support to the victims of bullying (Dzurec, Kennison, & Gillen, 2017). Due to the frequently cited issue of nurses under-reporting bullying (Franklin & Chadwick, 2013; Spector, Zhou, & Che, 2014), unique approaches will need to be taken to provide support for all NGNs and experienced nurses alike in response to their experiences with workplace bullying. It has been suggested previously that there is a lack of research on the strategies implemented by organizations in response to bullying (Salin, 2008). Therefore, any transition to practice or anti-bullying program implemented within a healthcare organization must be done in a manner to allow for empirical testing of its effectiveness. Due to the differences between male and female coping strategies, empirically testable programs will allow for the organization to determine effectiveness based on sex and tailor the programs appropriately.

Implications for Future Research

Based on the findings of this study it is suggested that more research be completed surrounding all males in the nursing profession, not solely NGNs. Due to the growing number of males entering nursing it will be important to complete research to gain a perspective on their experiences within nursing and how various theories apply to them. Further, it may be useful to explore bullying in nursing using a gendered approach versus solely a separation by biological sex to determine how societal norms impact nursing workplace bullying. To clarify, it would be beneficial for future research to adopt a methodology to allow for a more in-depth examination of males in nursing and their experiences with workplace bullying as shaped by socially held beliefs. It should be noted that accomplishing this may be difficult as nuances will exist for male nurses dependent on the organization and department in which they work as each will have a variability in cultural norms. A grounded theory approach may be one such methodology that will allow future researchers to explore how gender influences males within the nursing profession.

In this study one hypothesis was partially accepted. Male NGNs were found to have a lower turnover intention than their female counterparts. Based on the finding that the males in this study were significantly older than the females it is suggested future research should seek out an age balanced sample to determine if male nurses do experience higher rates of job turnover intention as suggested by previous research from Borkowski, Amann, Song, & Weiss (2007), De Oliveria, Griep, Portela, and Rotenberg (2017), and Rajapaksa and Rothstein (2009). Of note in regard to male job turnover intention are the findings from Eriksen, Hogh, and Hansen (2016) where men in other professions left the workforce entirely, perhaps suggesting future nursing research may

need to measure intention to leave the profession or workforce as a dependent variable of workplace bullying

Further research should also be undertaken to determine specific strategies to reduce workplace bullying and its negative impacts. Future research should examine in more detail, the mediation relationship found within this study that structural empowerment mediates turnover intention through workplace bullying. This would allow a greater understanding of how structural empowerment impacts both workplace bullying and job turnover intention.

Conclusion

In conclusion, the findings of this study support the hypothesized relationships between structural empowerment, workplace bullying, and job turnover intention, providing further support to Kanter's (1977a) theory of structural empowerment as useful within healthcare organizations and for healthcare management. Results also support the hypothesis that male NGNs are at a higher risk of workplace bullying than their female colleagues. Based on this study's findings, there appears to be a need for unique strategies geared specifically to male NGNs and for the recruitment of more males into the nursing profession to grow the proportion of males within nursing practice as a whole. The implementation of the theory of structural empowerment in the workplace can be a starting point for healthcare organizations and management to begin to reduce workplace bullying and mitigate its negative consequences, specifically job turnover intention amongst the NGN population.

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Appendix A

Study Instruments

A. 01	Conditions of Workplace Questionnaire (CWEQ-II)
A. 02	Negative Acts Questionnaire
A. 03	Job Turnover Intention Scale
A. 04	Demographic Questionnaire

Conditions of Workplace Questionnaire (CWEQ-II)

(Laschinger, Finegan, Shamian, & Wilk 2001)

CONDITIONS OF WORKPLACE QUESTIONNAIRE (CWEQ-II)

Please rate the EXTENT to which the following is present in your current job:

1 = None	2	3 = Some	4	5 = A lot

OPP1	1. Opportunity for challenging work.	1	2	3	4	5
OPP2	2. The chance to gain new skills and knowledge on the job.	1	2	3	4	5
OPP3	3. Tasks that use all of your own skills and knowledge.	1	2	3	4	5
INF1	4. Information about the current state of the hospital.	1	2	3	4	5
INF2	5. Information about the values of top management.	1	2	3	4	5
INF3	6. Information about the goals of top management.	1	2	3	4	5
SUP1	7. Specific information about things you do well.	1	2	3	4	5
SUP2	8. Specific comments about things you could improve.	1	2	3	4	5
SUP3	9. Helpful hints or problem solving advice.	1	2	3	4	5
RESC1	10. Time available to do necessary paperwork.	1	2	3	4	5
RESC2	11. Time available to accomplish job requirements.	1	2	3	4	5
RESC3	12. Acquiring temporary help when needed.	1	2	3	4	5

Legend

Opportunity: 1-3
Information: 4-6
Support: 7-9
Resources: 10-12

Negative Acts Questionnaire

(Einarsen & Hoel 2001)

Bullying (harassment, mental violence, offending somebody) is a problem in some work-places and for some workers. To label something as bullying, the offensive behavior has to occur repeatedly over a period of time, and the person confronted has to experience difficulties defending her/himself. The behavior is not bullying if two parties of approximately equal status or levels in the organization are in conflict or the incident is an isolated event.

NEGATIVE ACTS QUESTIONNAIRE

In the past 6 months, how OFTEN have you been exposed to these behaviours:

1 = Never	2 = Now and Then	3 = Monthly	4 = Weekly	5 = Daily

NAQ1	1.	Someone withholding information which affects your performance. [Work Related subscale]	1 2 3 4 5
NAQ2	2.	Repeated reminders of your errors or mistakes. [WL]	1 2 3 4 5
NAQ3	3.	Persistent criticism of your work and effort. [WL]	1 2 3 4 5

Due to copyright restrictions only three items of the Negative Acts Questionnaire can be published in this thesis.

Legend

Work Related: 1
Person Related: 2,3

Job Turnover Intention Scale

(Kelloway, Gottlieb, & Barham, 1999)

JOB & CAREER SATISFACTION/ TURN OVER

Please rate the EXTENT to which you AGREE with the following:

1 = Strongly Disagree 2 = Disagree 3 = Hard to Decide 4 = Agree 5 = Strongly Agree

JOBTO1	1.	I plan on leaving my job within the next year.	1	2	3	4	5
JOBTO2	2.	I have been actively looking for other jobs.	1	2	3	4	5
JOBTO3(R)	3.	I want to remain in my job.	1	2	3	4	5

Demographic Questionnaire

PLEASE TELL US ABOUT YOURSELF

1. **AGE** Age (In years) _____ **GEND** Gender: ☐ Female =1 ☐ Male=2
2. **GRADMO/GRADYR** Date of Graduation (Month, Year)_____
3. **EDU** HIGHEST DEGREE received in Nursing:
   ☐ Bachelors Degree of Nursing=1 ☐ Master's Degree in Nursing=2
   ☐ College Nursing Diploma=3 ☐ Other:=4__**EDUOTH**_____
4. **CTF** Did you complete a Compressed Time Frame/Fast Track/Accelerated Nursing Bachelors Degree?
   ☐Yes =1 ☐No =2
   CTFL 4b. If yes, how long was your program? _____ months
5. **DEM** Direct Entry Master's program (no previous education in nursing)? ☐Yes=1 ☐No=2
   DEML 5b. If yes, how long was your program? _____ months
6. **EMPSTAT** Current Employment Status: ☐Full-Time=1 ☐Part-Time=2 ☐Casual =3
7. **HOURS** Average hours worked per week_____(hours)
8. **OTHRS** Average overtime hours worked per week_____ (hours)
9. How long have you worked:

RNYR/RNMO	As an RN:	_____Years	____Months
ORGYR/ORGMO	As an RN at your current organization	_____Years	____Months
UTYR/UTMO	As an RN on your current unit	_____Years	____Months

10. **LPN/LPNL** Did you work as a licensed practical nurse prior to your RN career?
    ☐ Yes=1 If yes, how long? ____years ☐ No=2
    ☐ Other =3 please specify: **LPNO** _____ If so, how long? **LPNOL**____years
    Checked =1
11. **SPEC** Specialty area of your current place of work / unit:
    ☐ Medical-Surgical =1 ☐Critical Care=2 ☐Maternal-Child=3 ☐Mental Health =4 ☐ Float Pool or Nursing Resource Unit=5 ☐ Community Health=6
    ☐ Long Term Care=7 ☐ Other = 8 please specify: **SPECO**

THANK YOU SO MUCH FOR PARTICIPATING IN OUR STUDY!

Appendix B

Letter of Information

B. 01	Starting Out: Survey Letter of Information

Western
Arthur Labatt Family
School of Nursing

Project Title: STARTING Out: Successful Transition and Retention in New Graduate Nurses

Principal Investigator:
Heather K. Laschinger, RN, PhD, FAAN, FCAHS - The University of Western Ontario

SURVEY LETTER OF INFORMATION FOR NEW GRADUATE NURSES

Invitation to Participate
You are being invited to participate in this research study examining new graduate nurses' transition to practice because you are newly graduated practicing registered nurse and we would like to hear your feedback about your transition experience.

Purpose of the Letter
The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research.

Purpose of the Study
The purpose of this study is to describe new graduate nurses' worklife experiences in Canadian health care settings in the first two years of practice and to examine predictors of job and career satisfaction and turnover intentions across this timeframe. Additionally we would like to gain an increased understanding of the current nursing work environment through the lens of experienced nurses across the country.

Inclusion Criteria
In order to participate in this research project you must be a practicing registered nurse who has graduated sometime after January 01st, 2011.

Study Procedures
If you agree to participate, you will be asked to complete the included survey consisting of questions examining the influence of the current nursing work environment on your

transition to the full professional role. It is anticipated that the entire task will take approximately 20 minutes of your time. This survey has been sent to 400 newly graduated nurses in each province across Canada, and 1600 experienced nurses across the country. 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 $2 Tim Hortons card whether or not you choose to complete the survey. If you choose to participate you will receive a follow-up survey one year later to track your transition experience across time.

Possible Risks and Harms

There are no known or anticipated risks associated with participating 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.

Possible Benefits

We cannot guarantee you any direct benefits as a result of your participation in this study. However, this study will indicate personal and situational factors that influence new graduate and nurses' satisfaction and intentions to remain in their jobs and the profession within the first two years of practice. This information can be used to retain a satisfied and engaged workforce.

In addition, further knowledge of the value and benefits of formal nursing graduate transition support programs across Canada will be discussed. As a result, this information can be used to inform policy and organizational initiatives that will attract and retain new graduate nurses. Lastly, the feedback from experienced nurses across the country regarding current nursing work environments will enable us to frame the results within different cohorts of nurses.

Compensation

You have received a $2 Tim Hortons card as a token of appreciation for your time to complete the questionnaire. You may keep the enclosed $2 Tim Hortons card whether or not you choose to complete the survey.

Voluntary Participation

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 future employment.

Confidentiality and Privacy

As a participant you will be given a personal identification number (PIN) in order to link your data across timeframes for the survey. The Researchers 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 included here, a reminder letter four weeks later to non-respondents, and finally a second distribution of the survey asking non-respondents to complete the survey if they haven't yet done so.

All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. 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.

Contacts for Study Questions or Problems
If you require any further information regarding this research project or your participation in the study you may contact Dr. Heather Laschinger.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics.

Consent
Completion of the survey is indication of your consent to participate.

Sincerely,

Heather K. Spence Laschinger, RN, PhD, FAAN, FCAHS
Distinguished University Professor
Nursing Research Chair in Health Human Resource Optimization
Arthur Labatt Family School of Nursing
The University of Western Ontario

This letter is yours to keep for future reference.

Appendix C

Letter of Approval

C. 01	The University of Western Ontario Research Ethics Board Approval for Use of Human Participants Notice

Research Western

Use of Human Participants - Ethics Approval Notice

Principal Investigator: Dr. Heather Laschinger
File Number:102638
Review Level: Delegated
Approved Local Adult Participants:4940
Approved Local Minor Participants:0
Protocol Title:STARTING Out: Successful Transition and Retention in New Graduate Nurses
Department & Institution: Health Sciences/Nursing,Western University
Sponsor: Canadian Institutes of Health Research

Ethics Approval Date: June 12, 2012 **Expiry Date:**March 31, 2016
Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
Western University Protocol		
Advertisement	APPENDIX C: Focus Group Recruitment Posters	
Letter of Information	Survey Letter of Information - New Graduates	2012/05/04
Letter of Information & Consent	Focus Group Letter of Information and Consent - New Graduates	2012/05/30
Letter of Information & Consent	Focus Group Letter of Information and Consent - Experience Nurses	2012/05/30
Letter of Information	Survey Letter of Information - Experienced Nurses	2012/05/04

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/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced revision(s) or amendment(s) 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 University of Western Ontario Updated Approval Request Form.

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.

The Chair of the HSREB is Dr. Joseph Gilbert. The HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000940.

[redacted]

Curriculum Vitae

Name:	Aaron Favaro
Post-Secondary Education And Degrees:	The University of Western Ontario London, ON, Canada 2016-2019, MScN The University of Western Ontario London, ON, Canada 2012-2016, BScN
Honours and Awards:	Dr. Edith M. McDowell Award in Nursing (2016), The University of Western Ontario Arthur Labatt Family Graduate Scholarship in Nursing (2016), The University of Western Ontario
Related Work Experience:	London Health Sciences Center, London ON Registered Nurse, July 2017 - present The University of Western Ontario, London ON Teaching Assistant, 2016-2018
Professional Memberships:	College of Nurses of Ontario Registered Nurses Association of Ontario