Bethel University

2017

The Influence of Work Environment on Workplace Bullying and Retention of New Graduate Nurses

Allisson Marie Kral
Bethel University

THE INFLUENCE OF WORK ENVIRONMENT ON WORKPLACE BULLYING AND

RETENTION OF NEW GRADUATE NURSES

A MASTER'S CAPSTONE

SUBMITTED TO THE GRADUATE FACULTY

OF THE GRADUATE SCHOOL

BETHEL UNIVERSITY

BY

ALLISSON M. KRAL

IN PARTIAL FULLFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

August 2017

BETHEL UNIVERSITY

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ALLISSON M. KRAL

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Approved:_____Advisor

_____Signature

APPROVED

_____

Department Chairperson

_____

Program Director

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Abstract

Background: The existence and prevalence of workplace bullying and negative work environments may not only have detrimental effects on nurses as individuals, especially new graduate nurses, but also on patient care and safety as well as the health care organization as a whole.

Purpose: To provide an examination of strategies that focus on the creation of an empowering work environment that seeks to lessen workplace bullying and increase the retention of new graduate nurses within the profession.

Results: Empowering work environments that emphasize zero tolerance of bullying behaviors, the provision of educational experiences and access to information, resources, and support, as well as the use of mentors and preceptors during the new graduate orientation lead to the positive experiences of novice nurses.

Conclusion: Empowering work environments allow for the new graduate nurse to build confidence in the development of nursing skills and critical thinking abilities, which ultimately leads to being able to provide quality care to others and retention of nurses within the profession decreasing the shortage that has come to fruition in recent years.

Implications for Research and Practice: Educational institutions have a duty to prepare nursing students on how to handle the cultural and social aspects of nursing and appropriate ways to combat negative behaviors that may be experienced. Nurse managers must be aware of prevalence of workplace bullying and implement solutions to reduce and eliminate negativity and nurse executives are vital to the creation of quality orientation and preceptor programs for new hires.

Keywords: new graduate nurse, bullying in the workplace, empowering environments

Chapter One: Introduction

Nursing provides an abundant array of career choices for those individuals deciding to pursue the profession. The numerous opportunities for employment also provide a host of varying working environments as well. The ideal work environment would be one in which employees feel empowered and consider themselves part of a team, all working together to accomplish the goals that originally led them to a career in nursing, including caring for others. For many nurses, especially new graduate nurses or those that are transferring or new to different units, the working environment may be far from ideal, at times it could be considered to be unhealthy or even toxic. These toxic environments are often plagued with bullying behaviors amongst co-workers, nurse to nurse, that can lead to detrimental outcomes not only for the nurse experiencing the workplace bullying against them, but also for the healthcare organization in which they are employed, and for the patients and their family members for whom they are providing care. Workplace bullying can be especially damaging when experienced by new graduate nurses who are just getting their proverbial feet wet in their career the negative behaviors can decrease confidence, limit opportunities for growth and development, and most importantly for the profession itself, lead to decreased retention within the field that is constantly experiencing shortages.

Need for Critical Review of a Nursing Problem

The nursing profession is one that is known for its ability to care for individuals, families, and communities and provide guidance and resources so that optimal health and quality of life can be achieved. In a recent Gallup poll (2016), Americans rated nurses as having the highest honesty and ethical standards at 85%. Additionally, nurses have been rated at 80% and above for 14 years over the time period from 1999 through 2015 (Gallup, 2016). It is ironic then that

bullying in the workplace should even be a topic considered within this profession, especially since the bullying is predominately occurring within a lateral or horizontal plane, nurse to nurse. The strengths and positivity that the profession exudes to the public is sadly overshadowed by the negative behaviors that oftentimes occur between health care staff members. "The Joint Commission (2008) asserted that incivility among nurses increases the risk of medical errors, endangering patients and decreasing their satisfaction with care" (Kerber, Woith, Jenkins, & Astroth, 2015, p. 523). In a profession that should be about caring for others as well as the provision of therapeutic relationships, the phrase, "Nurses eat their young", which was coined by nursing professor Judith Meissner in 1986, should be a never-event (Robbins, 2015, para. 1).

Workplace bullying (WPB) can also be known as lateral or horizontal violence, or incivility. The definitions are similar in that they describe forms of psychological and social harassment that nurses carry out against each other (Flateau-Lux & Gravel, 2014). The American Nurses Association (ANA) (2017), has defined bullying as "repeated, unwanted harmful actions intended to humiliate, offend and cause distress in the recipient" (para. 2). Workplace bullying is not a solitary event, but is intentional and ongoing, as the definition suggests, and involves persistent negative acts directed toward an individual or individuals that can create a perceived power imbalance between staff members. This perceived power imbalance aids in the creation of a hostile work environment (Chipps, Stelmaschuk, Albert, Bernhard, & Holloman, 2013).

There are two basic types of negative behaviors that nurses can carry out against each other. The behaviors that are plainly apparent, not only to the recipient but to other individuals that may be witnessing the behaviors, are known as overt behaviors. The other behaviors, which

may not be openly acknowledged or displayed, are known as covert behaviors. The behaviors that victims may be subjected to include,

> criticizing, intimidation, blaming, fighting among co-workers, refusing to lend assistance, public humiliation, withholding behavior, and undermining the efforts of targeted individuals…Other actions displayed by a perpetrator may include name calling, threatening, gossiping, isolating, ignoring, unreasonable assignments, [and] using silence (Becher & Visovsky, 2012, p. 210)

There are other negative behaviors that can be construed as bullying such as "giving meaningless work tasks, taking credit for someone else's work, using criticism, and removing responsibility" (Chipps et al., 2013, p. 480). Workplace bullying can exist within any healthcare environment, and it can precipitate numerous detrimental effects, not only for the victim(s), but also for clients and the healthcare setting.

Who are the victims of workplace bullying? Experienced and novice nurses are both candidates for negative behaviors to be enacted upon, but novice nurses are the most likely target. Novice nurses tend to be in a unique and powerless situation upon the start of their nursing career. They are in a time of transition and have many unmet learning needs as they attempt to put all that they learned in school into practice, in an often stressful and fast-paced environment (Berry, Gillespie, Gates, & Schafer, 2012). When workplace bullying occurs it can be especially detrimental to the novice nurse in that there may be an "interference and a stressor, impeding [the] nurses' ability to concentrate on the complexity of tasks related to patient care. Building self-confidence and competence in nursing care is important to NNs' [novice nurses'] success and retention" (Berry et al., 2012 , p. 81). The existence of these kinds of negative work environments decrease the satisfaction in context of the profession of nursing, as well as the

commitment to the organization as well. This dissatisfaction therefore impacts factors such as absenteeism, as well as the retention of new graduate nurses leading to increased staff turnover within healthcare organizations (D'ambra & Andrews, 2014; Griffin & Clark, 2014; Leos-Sheridan, 2008).

Workplace bullying appears to be cyclical in nature in that it has become so normalized and accepted within the profession that the negative behaviors that are occurring may not be even considered a problem (Ceravolo, Schwartz, Foltz-Ramos, & Castner, 2012). "If a person has been that target of lateral violence, the odds that she/he will perpetrate workplace bullying increase approximately 10-fold over those who are not targeted" (Ceravolo et al., 2012, p. 600). Interpersonal conflict, unresolved roles, and perceived job insecurity may also increase the chances of staff becoming bullies to their co-workers (Ceravolo et al., 2012). The concept of oppression is also commonly cited as a reason for the phenomenon of workplace bullying in that the perpetrators, those that are considered to be in more powerful positions, are trying to control the behaviors of those that are in subordinate positions (D'ambra & Andrews, 2014). When senior nurses are unable to obtain a higher status with those in authority they may redirect the pent up anger, frustration, and aggression that is meant for those in authority onto their more vulnerable, subordinate co-workers, leading to the occurrence of workplace bullying (D'ambra & Andrews, 2014).

Workplace bullying is more likely to occur in environments that are unstable and hostile. When nurses, especially novice nurses, work in areas that do not promote zero tolerance policies, provide education, counseling, or support systems such as resources for staff, the negative behaviors precipitated through workplace bullying will continue to inflict harm on not only the victims but additionally may decrease the quality and safety of patient care (Ditmer, 2010).

In recent years, the problem of workplace bullying has been gaining more attention from researchers and the evidence is indicating that the problem is one that warrants increased interventions. Many surveys have been designed, both qualitative and quantitative in nature and have been used to determine the prevalence of workplace bullying within the nursing profession. The prevalence of the behaviors is difficult to put an accurate number to, as many instances of bullying behaviors are not reported.

> The prevalence of nurse bullying is staggering. Researchers say that at least 85 percent of nurses have been verbally abused by a fellow nurse. Worldwide, experts estimate that one in three nurses quits her job because of bullying and that bullying—not wages—is the major cause of a global nursing shortage (Robbins, 2015, para. 6)

The high prevalence of bullying within the workplace is contributing to the nursing shortage that is already being experienced within healthcare settings. The negative behaviors are causing decreases in new nurses staying at jobs for increased lengths of time, and sometimes the behaviors are even a factor in new nurses leaving the profession altogether. Robbins (2015), indicated that research has found that as many as 60% of the new graduate nurses that leave their first jobs within six months do so because of bullying. New graduate nurses are not the only ones that experience bullying within the workplace, but they are more vulnerable than others and tend to experience higher percentages of bullying (D'ambra & Andrews, 2014; Flateau-Lux & Gravel, 2014; Leos-Sheridan, 2008; Stokowski, 2010). When new graduate nurses encounter bullying within their work environment, whether the behaviors are overt, covert, or involve a decreased support system during their transition from nursing student to nurse, detrimental consequences may occur. The new graduate nurse may experience a decrease in confidence,

which may inhibit further learning, and may also lead to an increased likelihood of making errors that may play a part in decreased patient safety and satisfaction.

Nurses tend to work in high stress environments with all sorts of pressures being put upon them. These high stress environments may be especially stressful for new graduates, as they are transitioning to a new environment, new co-workers, using and developing skills that they learned in school and having to constantly critically think and absorb a great deal of knowledge. When bullying is added to the already stressful transition period, a recipe for disaster is brewing. The new graduate nurse may experience a myriad of other issues, ranging from increased absenteeism, burnout, and high turnover costs for the facility for those nurses that decide to leave the work environment (Laschinger, Wong, Regan, Young-Ritchie, & Bushell, 2013; Simons & Mawn, 2010; Spence Laschinger & Grau, 2012). The evidence is growing on this topic, and what already exists clearly demonstrates a need for a review for the problem, including interventions and solutions to remedy this ironically 'uncaring behavior' within a profession that is supposed to be all about caring.

Statement of Purpose

The nursing profession is facing a challenge of epic proportion. The existence and prevalence of workplace bullying may not only have detrimental effects on nurses as individuals, especially new graduate nurses, but also on patient care and safety as well as the health care organization as a whole.

> Bullying can create and sustain a toxic work environment…bullying can erode morale and job satisfaction, leading to loss of productivity, work absence, and nurse attrition. Termination and turnover are expensive sequelae of bullying because most hospitals can ill afford to lose nurses (Stokowski, 2010, para. 7)

The purpose of this critical review of the literature is to examine strategies such as the development and subsequent enforcement of zero tolerance policies within healthcare environments, the provision of resources and support to healthcare employees, and increased opportunities for educational and professional growth, all of which help lead to the creation of an empowering work environment. When employees are given access to information, resources, support and opportunities to learn and grow within their chosen profession, feelings of empowerment are likely to develop. Employee empowerment creates greater job satisfaction thereby decreasing the negativity within the environment and in turn, decreasing the amount of workplace bullying that may be taking place. "Job satisfaction is an important predictor of negative attitudes and behavior in the work context" (Orgambidez-Ramos & Borrego-Ales, 2014, p. 34). Increased job satisfaction reduces workplace bullying and increases retention of those working within the nursing profession.

Significance to Nursing

Workplace bullying can be the root cause of many negative outcomes that may occur within the nursing profession. The evidence presented thus far alludes to a variety of these outcomes, therefore it is vital to work toward making healthcare environments more empowering for not only new graduate nurses, who are at the greatest risk of experiencing bullying, but also for the experienced nurses as well. Empowering environments will work toward increasing staff confidence, increased safety and satisfaction for patients and family members, as well as increasing the retention of nurses within the profession, especially new graduate nurses. In addition to the evidence provided, nursing is supposed to be about caring. Nurses have been noted to be one of the most trusted, honest, and ethical professions for many years in a row, yet working side-by-side with each other, many nurses experience bullying behaviors from their co-

workers. The commonly used catch phrase, "nurses eat their young" is a sad but true statement. When these negative behaviors occur, especially with new graduates, they may decide to leave the profession, leading to a decrease in the number of nurses available to care for the ever-expanding number of patients in need.

Many health care facilities are already short-staffed which leads to higher nurse-patient ratios, which can lead to even more work-related stress. Nurses who work in those types of environments that are high stress and emotionally exhausting have higher rates of burnout, decreased job satisfaction, and decreased organizational commitment, which can then lead to increased turnover with staffing (D'ambra & Andrews, 2014; Ditmer, 2010; Kerber et al., 2015). It is very expensive for healthcare facilities to train new staff members, especially new graduates, as they need more support and time to develop competence and confidence in their new roles. Bullying in the workplace can lead to a vicious cycle and the negative behaviors need to be addressed and changes need to be made in order to make sure that a caring profession takes care of their own as well.

Conceptual Model/Theoretical Framework

The influence of work environment on workplace bullying and retention of new graduate nurses can be examined through Rosabeth Kanter's (1977, 1993), Structural Theory of Organizational Empowerment. The key concepts of this theory are that empowerment is promoted in work environments that provide employees with access to information, resources, support, and the opportunity to learn and develop (Larkin, Cierpial, Stack, Morrison, & Griffith, 2008). Kanter suggests that characteristics of a healthcare organization determine the degree of empowerment felt by employees, specifically regarding formal and informal lines of power. Formal power exists in jobs that are highly visible and are central to the overall goals and

purposes of the organization and informal power refers to the positive relationships among employees, including superiors, peers and subordinates (Orgambidez-Ramos & Borrego-Ales, 2014). "High levels of formal and informal power facilitate access to the lines of power and opportunity that enable employees to accomplish their work in meaningful ways" (Orgambidez-Ramos & Borrego-Ales, 2014, p. 29).

> The focus of Kanter's theory is on the employees' perception of the actual conditions in the work environment, and not on how they interpret this information psychologically. This 'structural' empowerment has been found to predict job satisfaction, organizational commitment, leadership practices, and job stress and burnout on nurse staff (Orgambidez-Ramos & Borrego-Ales, 2014, p. 29)

Managers would be considered to have formal power within health care organizations, and they play an integral part in the type of work environment, or workplace culture, in which their employees perform their job duties. When managers provide resources, information, and support to their staff, they are giving them power. The provision of power to employees is used as a means of attaining the healthcare organizations goals. When staff feels supported and empowered, they take a greater stake in the organization, which can lead to increased productivity and staff contentment.

A culture "represents the personality of an organization, having a major influence on both employee satisfaction and organizational success" (Kane-Urrabazo, 2006, p. 188). Those who work toward creating a positive and empowering work environment, which boasts a culture of safety and zero tolerance for workplace bullying, generally have employees that display increased work productivity as well as an increased commitment to their superiors, peers, and organization as a whole. Conversely, if managers allow negativity and behaviors such as

workplace bullying, which reduces employee power, to persist then often times nurses are left with mental anguish and a desire to switch jobs or even professions altogether, leading to recruitment and retention rates that are decreased.

The provision of an empowering work environment, especially for new graduate nurses, can work to increase their confidence and provide opportunities for growth and development. When new graduates are provided with such an environment, that provides educational experiences, supportive managers, mentors and preceptors the chances are greater that they will experience a plethora of opportunities that would provide learning experiences in a safe and trusting setting, as well as grow and develop their nursing skills and develop feelings of fulfillment and confidence in being able to provide quality care to others.

Summary

The opening chapter explores the need for increased research on the topic of workplace bullying within the nursing profession. The profession is losing a great deal of talented nurses and expending increased time and money for training upon which the new hires leave because of negative work environments related to bullying behaviors. The Structural Theory of Organizational Empowerment, developed by Kanter (1977, 1993), explored the importance of the creation of empowering work environments that work towards providing employees with access to information and resources, as well as support opportunities to learn and develop.

Chapter Two: Methods

The phenomenon of workplace bullying has gained a great deal of attention in recent years. Surprisingly, nursing, which is a profession based on caring for others has been impacted adversely as well, when nurses bully other nurses. The amount of literature available on this topic has been increasing throughout the years since the establishment that workplace bullying is indeed a very important challenge. One of the most significant challenges that the phenomenon poses to the profession is the retention of nurses, especially newly graduated nurses. The necessity of finding effective solutions to this detrimental issue is evident in the research that has been explored for this review. A description of the search strategies, inclusion and exclusion criteria, along with a summary of the number and types of studies reviewed while using the Johns Hopkins level and quality for literature evaluation was performed (Dearholt & Dang, 2012).

Search Strategies Used to Identify Research Studies

A literature review was completed using both the Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed databases accessed through the Bethel University library web page. The Internet was also used to obtain reports and other studies from professional organizations, such as The Joint Commission (TJC). The initial literature search involved using general concepts such as bullying, lateral violence, horizontal violence, and nursing. That search led to a great number of articles that generated more specific key words such as new nurse, novice nurse, new graduate nurse, bullying in the workplace, workplace incivility, mentors, preceptors, nurse educators, research, empowering environments, zero tolerance, oppression, and retention. The search terms were used independently and in combination with other terms to extrapolate the greatest number of articles regarding the topic.

Criteria for Including and Excluding Research Studies

The initial search, using CINAHL, PubMed, and a basic Internet search, generated a great many results using the above mentioned search terms. The articles' abstracts were read for relevance and applicability for this review of the literature and considered both inclusion and exclusion criteria. The criteria used for inclusion were that the publication be written in English, had a focus on acute care settings, involved research on bullying in the workplace within the nursing profession that had occurred in the United States and/or Canada, was peer-reviewed research, and published between the years of 2005 through 2015. When the articles were evaluated, duplicates were excluded, as well as those that included information primarily involving bullying and nursing students, bullying that occurs in specialty areas such as the operating room and intensive care units, those that included expert commentary, and articles that were not written in English. There were 15 articles chosen that met the above-mentioned criteria to be included in this critical review of the literature that focused on the topic of bullying in the workplace and the importance of the work environment in the retention of new graduate nurses within the profession.

Criteria for Evaluating Research Studies

The fifteen journal articles came from a variety of sources with varying levels of evidence and research quality supporting the practice question. Articles were rated according to level and quality based on the Johns Hopkins Nursing Evidence-Based Practice: Models and Guidelines, second edition textbook (Dearholt & Dang, 2012). Dearholt and Dang (2012), differentiated between five levels of evidence, regarding study design. Levels one and two involve experimental study designs in which there are interventions, a control group, and random participant assignment. The journal articles included in this review of the literature were not

experimental in nature and the majority fell into level three, non-experimental study design. This level of evidence involves "no manipulation of independent variable, can be descriptive, comparative, or correlational, often uses secondary data" (Dearholt & Dang, 2012, p. 238). This level of evidence may also include qualitative data, which may contain data from interviews or focus groups to serve as a starting point for further research. The quality ratings for levels one, two, and three can be divided into high quality, good quality, or low quality. The quality ratings focus on the consistency and generalizability of study results, sample size, control, consistency of recommendations and strength of conclusions drawn (Dearholt & Dang, 2012).

Level four criteria is non-research evidence that provides recommendations based on expert's research evidence or expert consensus panels, of which there was none included in this literature review. The final, or fifth level of evidence is also non-research, and includes literature reviews, expert opinion, quality improvement, program evaluation, and case reports (Dearholt & Dang, 2012). There was only one of the fifteen articles that were included in the critical review of the literature that fell into the fifth level of evidence. The article was chosen for review, as it was a quality improvement study that added an additional level of research, whereas literature reviews were not included based on the saturation of data within articles researched. The quality of the study was based on the clearness of aims and objectives, consistency of results across settings, definitive conclusions, and recommendations made in reference to scientific evidence (Dearholt & Dang, 2012). The articles were arranged and entered into an evidence matrix for ease of review and comparison. The results will be discussed as they apply to bullying in the workplace, novice nurses, and empowering environments.

Number and Types of Studies Selected

There were a total of 15 research articles included in this critical review of the literature. The focus of the critical review involved an exploration of the influence of an empowering work environment on bullying in the workplace and the retention of nurses within the profession. A description of the research methods used for each study as well as the level and quality of each study were examined.

Fourteen out of the fifteen articles reviewed are a level three, eleven of the fourteen were considered to be of high quality and three of the fourteen were noted to be of good quality (Dearholt & Dang, 2012). The fourteen articles used the following methods: Internet-based exploratory, descriptive cross-sectional survey design (Berry et al., 2012), descriptive correlational studies (Hickson, 2013; Laschinger et al., 2013; Read & Laschinger, 2013; Spence Laschinger, 2012; Spence Laschinger, Grau, Finegan, & Wilk, 2012), cross-sectional survey designs (Spence Laschinger, Grau, Finegan, & Wilk, 2010; Spence Laschinger & Grau, 2012; Spence Laschinger, Wong, & Grau, 2012), a phenomenological research design with an interpretive qualitative study (MacKusick & Minick, 2010), a retrospective, descriptive design (Simons, 2008), a qualitative exploratory design with purposive sampling (Kerber et al., 2015), and a qualitative, descriptive design (Simons & Mawn, 2010). There was only one study out of the fifteen reviewed for this literature review that was a level five, and it was a quality improvement project of good quality (Ceravolo et al., 2012).

Level three evidence involves the examination of studies that are non-experimental in nature, or observational in design. These types of studies are the most commonly found when reviewing evidence relating to health care and nursing interests. "Non-experimental research involves the study of naturally occurring phenomena (groups, treatments, and individuals)" (Dearholt & Dang, 2012, p. 93). In comparison to experimental research, which falls into levels

one and two, there is not always an intervention, there is no randomization of subjects in regards

to different groups, such as the control and manipulation groups. It would raise ethical concerns

if research on the topic of interest, empowering work environments, bullying, and retention,

involved experimental groups in which one group of individuals would be subjected to negative

work environment and workplace bullying and the other would not. It would not be fair, or

ethical to allow people, in this case nurses, to suffer from mental anguish and distress related to

working conditions, or allow for those same individuals upon which they are caring for, to be

subjected to potential errors or accidents related to the work environment subjected upon their

caretakers resulting from the study design.

Summary

A discussion of the search strategies involved in performing the literature review, as well

as specific inclusion and exclusion criteria that were used to narrow the search were considered.

A summary of the number and types of studies included within this literature review was

provided, and included the level and quality indicators based on criteria from the Johns Hopkins

level and quality for literature evaluation.

Chapter Three: Literature Review and Analysis

When performing a critical review of the literature on a particular topic, many informational searches are performed resulting in hopefully a great many studies to read and examine for information on the selected topic. The amount of knowledge disseminated from the gathered articles can be overwhelming, thus the creation of matrices can become a vital tool for information organization. There are a variety of ways in which a matrix can be organized. The categories in which information for this critical review of the literature will be presented include: article citation, purpose, design, sample, measurement tools, results and conclusions drawn from the research, along with the article strengths, limitations, and recommendations and can be found in table one. A synthesis of the major findings resulting from the review of studies, as well as a critique of strengths and limitations of the most salient articles reviewed were completed.

Major Findings

There were 15 articles that were included in this critical review of the literature. The topics of workplace bullying, work environments and the retention of new graduate nurses were prevalent in most of the articles reviewed. The examination and understanding of these factors provide a means to creating strategies that focus on ways to empower nurses and combat the bullying that may be occurring within the workplace. The strategies that were found to be effective against workplace bullying and have a positive effect within the work environment include: zero tolerance policies, the creation of a culture of safety, and education for both new graduate and experienced nurses.

Workplace bullying.

When workplace bullying occurs there are many effects it may have upon a healthcare organizations employees. A study performed by Berry et al. (2012), found that 72.6% of new

nurses had experienced workplace bullying within the previous month, as either a direct target of the behaviors or as a witness to the behaviors. The more experienced staff members were noted to be the most common perpetrators of bullying behaviors and the research indicated that when bullying behaviors are modeled to the new nurses by the more senior staff, the behaviors become perpetuated and tend to become expected as the social norm (Berry et al., 2012).

The purpose of a retrospective, descriptive design performed by Simons (2008) was to "examine bullying behavior among nurses and test the relationship between bullying and a nurse's intention to leave their organization" (Simons, 2008, p. E48). It was found that the variables that may influence retention such as age of nurse, specific nursing role, highest educational degree, number of years working as a nurse and length of time spent working on a particular unit did not produce a significant level of difference between groups in regards to intent to leave the profession. The main finding of the study was that when bullying increased so did the nurse's intention of leaving their jobs.

Simons & Mawn (2010) examined the stories of bullying among nurses that had either witnessed bullying behaviors or those who had directly experienced the negative behaviors. There were four themes that emerged from their analysis of the stories: structural bullying, nurses eating their young, feeling out of the clique and leaving the job (Simons & Mawn, 2010). It was suggested that the use of occupational health nurses could be implemented within the work environments to provide education to nursing staff and their supervisors as to what actions and behaviors are considered bullying, as well as ways the behaviors can be prevented and if identified within the work environment how the actions can be dealt with fairly in order to cease the perpetuation of a negative work culture (Simons & Mawn, 2010)

Workplace bullying can take many forms including when nurses are ordered to work below their level of competence or are exposed to unmanageable workloads (Vogelpohl, Rice, Edwards, & Bork, 2013). "Thirty-one percent of new graduates reported that bullying had affected their job performance…29.5% reported that they had considered leaving nursing because of negative behaviors in the workplace" (Vogelpohl et al., 2013, p. 418). In regards to differences between healthcare organizations, new graduate nurses in both Magnet and non-Magnet works settings experience bullying, or nursing hostility. There were similar percentages in relation to self-labeled victimization between the two settings but those working in Magnet hospitals reported less exposure to instances of workplace bullying than nurses working in non-Magnet healthcare settings (Hickson, 2013).

Work environment.

There are many reasons why employees may decide to leave a job, one of which may be the quality of the work environment within an organization. When seeking to understand the reasons, or factors that influence RN's to leave the bedside, or clinical nursing MacKusick and Minick (2010), found three themes that emerged upon analyzing the data that influenced the decreased retention of RN's. It was discovered that when the workplace was deemed unfriendly, as well as when the RN's experienced emotional distress related to patient care upon which, leads to fatigue and exhaustion, there is a greater likelihood of RN's leaving that area of nursing. An unfriendly workplace was indicated as nurses experiencing sexual harassment, verbal or physical abuse from co-workers, managers, or physicians as well as a lack of support from other RN's within the unit, all indications fall into the horizontal hostility or workplace bullying definition. These factors can lead to job dissatisfaction, nurse burnout and nursing attrition. "Despite recognition of HH [horizontal hostility] in the nursing workplace, the cycle of abuse

has led some persons to leave a profession about which they were once excited" (MacKusick &

Minick, 2010, p. 339).

Environmental factors that have an impact on employee retention also involve job

demands, such as workload and bullying. It was determined that those factors aided in

predicting nurse burnout as well as the mental health status of the employee. The greater the job

demands the higher likelihood that the nurse would experience poor mental health and increased

chances of burning out and leaving the profession. In regards to job resources, such as nurses

having a supportive environment and premise of control it predicted greater work engagement

and thus less nurse attrition within those environments. Another predictor of turnover intent was

nurse burnout, and the availability of personal resources, such as the nurses' psychological

capital. The availability of personal resources influenced both phenomenon of work burnout and

work engagement (Spence Laschinger et al., 2012).

The work environment is largely impacted by the type of leadership that maintains it.

When leaders provide their employees with access to information, resources, support, and

opportunities for advancement as well as create a culture of safety the prevalence of bullying

behaviors has been found to decrease and staff retention increases. Ceravolo (2012), found that

workshops, which focused on strengthening communication between staff members in order to

decrease nurse-to-nurse violence and create a more respectful work environment and culture,

proved to be effective in that the amount of verbal abuse reported by staff members decreased

from 90% to 76%, and that there were increased feelings of respect and support between peers as

well. An increase of feelings of work place safety within the environment was also noted to have

increased from 52% to 65%, allowing for greater communication and expression of opinions

between staff members. The quality improvement project also found that the vacancy and

turnover rates within the facility dropped from 8.9% prior to the intervention, to 3% for vacancy and 6% for the turnover rate after three years of providing the workshops. Research suggests that an empowering environment should be created in which there is authentic leadership that encourages personal growth of new graduate nurses, which in turn may be an effective retention strategy (Read & Laschinger, 2013). Another study performed by Spence Laschinger et al., (2012) tested a model that examined the link between authentic leadership to new graduate nurses' experiences of workplace bullying and burnout, job satisfaction and intentions of staying at their current place of employment. Nurses working in environments where bullying behaviors occur tend to experience higher levels of burnout (emotional exhaustion), lower job satisfaction and higher turnover rates. Conversely, supportive environments that emphasize authentic leadership can influence job satisfaction, and facilitate transition and retention of new graduate nurses related to positive leadership behaviors and decreased levels of bullying and burnout (Spence Laschinger et al., 2012). The promotion of supportive, and empowering environments as well as the installation of zero tolerance policies and increased education opportunities within the health care organizations will work toward increasing the retention of new graduate nurses within the profession (Vogelpohl et al., 2013).

New graduate nurses.

Nursing is a very challenging profession for experienced nurses and even more challenging for new graduate nurses. The new graduate nurse has much learning and growing to do upon accepting a nursing job. They will learn the policy and procedures of how the healthcare system works as a whole, in addition to learning how the particular unit(s) they work on function. They will meet their peers and fellow staff members, and most importantly they will need to assimilate all of the knowledge gained throughout their schooling experience into

the healthcare unit that they have been hired into, as well as the constant intake of new skills and experiences encountered daily. New graduate nurses have a great deal to manage and be accountable for that can lead to great stresses in their own right, but when workplace bullying is also occurring, the effects could have detrimental outcomes, for both new graduate nurse and patient(s).

Workplace bullying can have a negative effect on the new graduate nurse, including a lack of respect from physicians, nurse leaders, and nurse colleagues. The impact that incivility can have on patients includes the impediment of nursing work, including patients' needs being unmet and their faith in the nurse undermined (Kerber et al., 2015). The greatest source of incivility that new graduate nurses are exposed to is that of their co-workers, followed by physician incivility with supervisor incivility occurring least commonly (Laschinger et al., 2013). The nurses exposed to these types of bullying behaviors experienced higher levels of mental health symptoms, even though the individual's personal resiliency may have offset some of the negative effects of the behaviors. Increased personal resources such as self-efficacy and resilience may be effective factors that can work to help mitigate the negative effects that new graduate nurses may experience when bullying and incivility may occur in the workplace (Read & Laschinger, 2013). One of the main goals of the healthcare organization should be that the environment needs to be controlled in such a way that the sources of incivility should be eliminated to create respectful and supportive work environments (Laschinger et al., 2013; Read & Laschinger, 2013)

It was found that "structural empowerment, authentic leadership, coworker incivility, emotional exhaustion, cynicism and career satisfaction were significant predictors of job satisfaction" (Spence Laschinger, 2012, p. 480). When new graduate nurses are provided with

an empowering work environment that provides a strong orientation, both to the healthcare organization and to the nursing profession itself, there will be increased feelings of satisfaction with their career choice and a decreased desire to leave the profession (Spence Laschinger, 2012). Empowering environments encourage discretion, staff alliances, and flexibility, and when new graduates work in settings that promote respect and foster helping relationships they are less likely to be victims of workplace bullying behaviors and be at a decreased risk of becoming burned out (Spence Laschinger et al., 2010).

Strengths and Weaknesses of the Research Studies

The research articles explored within this critical review of the literature had these strengths: quantitative studies, qualitative studies, and high quality of evidence. The articles selected from the literature search were predominately quantitative in their research designs, with 12 of the 15 articles using descriptive correlational or cross-sectional study designs. A strength of quantitative research is that it allows data to be measured and examined and helps to provide understanding of the relationships between the study variables. The data is usually collected quickly through the use of surveys or questionnaires as it was for the 12 quantitative studies used in this critical review of the literature, and is less likely to be misinterpreted, as it is numerical. Another strength of the research studies is the use of qualitative study designs, which 3 of the 15 studies employed. The use of qualitative studies in conjunction with quantitative studies provides a more in-depth examination of the topic in question. Qualitative data uses subjective data, which can lead to other areas of research to be explored or to connections between variables that may not be apparent when just examining quantitative data. The final strength to be considered is the quality of the research studies examined. Out of the 15 studies selected, 11 of them were rated to have high quality and the other four were rated as having good quality.

The better the quality of research the more consistent or generalizable the results will be which, can lead to more definitive conclusions and recommendations being drawn in regards to the topic under examination.

There were a few limitations that were apparent within the research studies examined for this review of the literature, one of them being decreased response rates for surveys sent out to gather data on the topic being researched. An example is with Berry, et al. (2012), in that the researchers sent 5,000 invites to eligible participants to complete a survey and only 197 of them responded. Larger sample sizes allow for a greater representation of the population being investigated. The research conducted within the studies chosen for review, focused on one-site versus multi-site investigation into the topics of workplace bullying, work environment, and new graduate nurse experiences. The researcher, Spence Laschinger, was a predominant investigator of the topics in questions, she authored, or co-authored seven of the 15 articles used for the critical review of the research, and most of her data comes from registered nurses practicing in acute care hospitals within Ontario. It would be beneficial to compare and contrast data found between multiple sites, such as urban or rural settings, tertiary care versus community hospitals, and even between hospital units. Investigation of the differences between sites can provide an even greater understanding of the nature of bullying behaviors within the workplace.

Summary

The critical review of the literature on the topic of how the work environment influences bullying in the workplace and the retention of new graduate nurses, provided an examination of a total of 15 articles, ranging from a quality improvement project to a variety of other descriptive studies. The major findings from the articles were expanded upon and a matrix for each study was also provided. The matrices contained a vast amount of other pertinent information obtained

from each article reviewed which was presented in a table organized with eight columns of information to provide a clear and concise overview of key facts. A critique of the literature articles reviewed was also completed to examine the strengths and weaknesses of the evidence within the chosen studies.

Table 1

The Matrixes

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Berry, P. A., Gillespie, G. L., Gates, D., & Schafer, J. (2012). Novice nurse productivity following workplace bullying. *Journal of Nursing Scholarship, 44(*1), 80-87 8p. doi:10.1111/j.1547-5069.2011.01436x Level III High Quality	-"Determine the prevalence and effects of workplace bullying (WPB) on the work productivity of novice nurses (NN's) (p. 80). -"Identify the relationship of NN characteristics to WPB and the change in work productivity" (p. 81).	-Internet-based, exploratory, descriptive cross-sectional survey design -"Mailing lists with names and addresses of RNs newly licensed during 2009 and 2010 were obtained from Ohio, Kentucky, and Indiana State Boards of Nursing" (p. 81). -5,000 eligible participants were randomly drawn from the three mailing lists and sent a postcard inviting them to participate	-197 NN (91.4% female and 8.6% male) -Nurses with less than three years of nursing practice -Close to 91% of the sample was "female, White (90.9%; n=179), and under 30 years old (59.4%; n=117), with ages ranging from 21 to 59 years (mean=29.6, SD= 7.9)" (p. 82).	-"A three-component survey was used to collect data on WPB, work productivity, and demographic characteristics" (p. 82). -Healthcare Productivity Survey (HPS): developed to measure changes in workplace productivity after incidents of WPB -Negative Acts Questionnaire (NAQ): used to measure NNs perception of being targets of WPB over a six month period -Demographic Survey: nurse characteristics (education level, age, sex, race…)	-"72.6%, n=147 of NNs reported a WPB event within the previous month, with 57.9% (n=114) the direct targets and another 14.7% (n=29) witnesses of WPB behaviors" (p. 80). -The WPB was primarily done by more experienced nursing staff (63%, n=126) -"Healthcare administrators and nurse leaders need to continue surveillance and interventions beyond policy implementation to transform the work environment" (p. 84). -"When WPB is role modeled by senior nurses to NNs…WPB is perpetuated and expected as the social norm" (p. 85).	-Increased attention to WPB and it's potentially detrimental effects on the nursing field and on the retention and health of novice nurses -Increased focus determining "prevalence, measuring, and how WPB effects NNs' productivity" (p. 81). -Ideas provided for handling WPB for nurses and nursing leaders	-Further research on individual strategies used by novice nurses experiencing WPB to help the NN cope while continuing to provide safe, and competent patient care. -Determination of resilience, coping strategies, and support strategies used by novice nurses subject to WPB. -Research on "the occurrence and interrelationship of NNs' stress, intent to leave, and adverse patient safety events" (p. 85). -Increased sample sizes for future studies. -Use of an expanded demographic tool to get a more comprehensive understanding of NN characteristics.

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Ceravolo, D. J., Schwartz, D. G., Foltz-Ramos, K., & Castner, J. (2012). Strengthening communication to overcome lateral violence. *Journal of Nursing Management*, *20*(5), 599-606 8p. doi:10.1111/j.1365-2834.2012.01402.x Level V Good Quality	-Implement a quality improvement project that uses workshops that focus on strengthening communication between staff members to decrease nurse-to-nurse lateral violence and additionally help to create a more respectful work environment and culture.	Quality Improvement project -Pre and post intervention (communication workshops) surveys were provided to the healthcare organization to ascertain registered nurses' perceptions of lateral violence and staff turnover.	-The quality improvement project took place in a "five-hospital integrated health-care delivery system in the north-eastern USA from 2008-2011" (p. 600). -Participants included over 2,000 inpatient bedside nurses employed within the system.	-"Questionnaires were administered electronically through a web-based survey. Survey items were adapted from the Verbal Abuse Survey" (p. 602). -Likert-type scale to "address perceptions of respect and lateral abuse within the nursing workgroup" (p. 602). -Yes/No answers that addressed "the presence of verbal abuse and feelings in response" (p. 602). -Rank self-esteem and control over their practice as low, medium, or high. -"Turnover and vacancy data was retrieved from the human resources administrative database" (p. 602).	-First survey in 2007 had 703 responses=34% response rate -Follow-up survey in 2011 had 485 responses=23% response rate -Verbal abuse decreased from 90% to 76% -Increase in feeling respected by peers up from 78% to 88% -Increase in feeling supported by peers up from 75% to 87% -Increased feelings of safety in regards to environment in which the nurse is able to express opinions up from 52% to 65% -Vacancy and turnover rates at the start were 8.9% and after the intervention the vacancy rate dropped to 3% and the turnover rate to 6% after three years of administering workshops -"Our findings demonstrate that fostering an environment of lateral violence awareness, assertive communication and collaboration can have a positive impact on organizational outcomes" (p. 604).	-Workshops proved effective in that a "greater percentage of nurses felt determined to solve the problem after an incident of lateral violence, while a smaller percentage felt powerless" (p. 599). -Emphasis on a "more respectful workplace culture" (p. 599) to decrease nurse-to-nurse lateral violence and increase communication and conflict resolution skills	-Increased response rates for pre and post intervention surveys, especially in regards to post intervention surveys. -Utilize more than one hospital or health care system to implement the quality improvement project. -Factor in "economic conditions that confound vacancy and turnover metrics" (p. 604). -Greater involvement of nurse leaders to "develop and share a clear vision about a healthy workplace free from lateral violence…consequences for continued lateral violence can be established and reinforced" (p. 604).

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Hickson, J. (2013). New nurses' perceptions of hostility and job satisfaction: Magnet® versus non-magnet. *Journal of Nursing Administration, 43*(5), 293-301 9p. doi:10.1097/NNA.0b013e31828eebc9 Level III High Quality	-Investigate "the perceptions of nursing hostility and job satisfaction of new RNs, comparing the working settings of Magnet and non-Magnet hospitals" (p. 293). -A new graduate RN was defined as having 0 to 36 months experience following the attainment of their licensure.	-Descriptive correlational study -The study was advertised on Facebook and a link to a secured website brought the new graduate RNs to a survey, which remained available for a period of 14 weeks.	-1271 new graduate RN participants completed an online survey -1165 new graduate RN surveys (91.7%) were eligible for study use -Magnet nurses: 226 -Non-Magnet nurses-939 -Female respondents: n=1050; 90% -Respondents between 18 to 24 years of age with an Associate nursing degree: n=736; 63% -Respondents with less than 1 year experience: n=857; 74%	-The survey contained four questionnaires with 97 total questions. 1. Negative Acts Questionnaire-Revised (NAQ-R)-nursing hostility instrument 2. McCloskey-Mueller Satisfaction Scale (MMSS)-job satisfaction instrument 3. Casey-Fink Graduate Nurse Experience Survey-professional comfort, confidence and support instrument 4. Demographic questionnaire	-"New graduate nurses in both Magnet and non-Magnet facilities reported experiencing NH [nursing hostility]" (p. 298). -"Nurses of Magnet hospitals reported lesser exposure to NH than did those nurses from non-Magnet hospitals" (p. 296). -Similar percentages in relation to self-labeled victimization of bullying between the two settings (48.7%-Magnet and 49%-non-Magnet). -"Data from this study indicate that new RNs are not receiving the support necessary to develop their comfort and confidence in the job setting" (p. 298). -Nurse leaders can work to shift the paradigm by changing new graduate orientation to include preceptors, increased support and feedback, education and awareness on NH, as well as the implementation of zero tolerance policies to promote a healthy workplace	-Recognition "that new RNs are not receiving the support necessary to develop their comfort and confidence in the job setting" (p. 298) and that there needs to be a focus on re-envisioning the orientation program for new grads and for those who precept them. -Recognition of the importance of zero tolerance policies within the workplace to promote healthy work environments.	-Inclusion of subjective data to draw qualitative conclusions. -Results obtained "should not be generalized to nurses who have been in practice for more than 3 years, or to the nursing profession" (p. 299). -Employment of other advertising methods to obtain an adequate sample size, as not all prospective participants were Facebook users. -Inclusion of perceptions of RNs outside of the United States, in addition to those within the United States, to improve applicability and generalizability, to new graduate nurses worldwide.

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Kerber, C., Woith, W. M., Jenkins, S. H., & Astroth, K. S. (2015). Perceptions of new nurses concerning incivility in the workplace. *Journal of Continuing Education in Nursing, 46*(11), 522-527 6p. doi:10.3928/00220124-20151020-05

Level III High Quality | -"To obtain a rich description of new nurses' perceptions of incivility in the workplace and to explore the impact of incivility on new nurses and patients" (p. 523). | -Qualitative, exploratory design with purposive sampling -"A recruiting announcement was sent via e-mail to potential participants…those wishing to participate accessed a secure, online survey site, gave informed consent, and proceeded with the questionnaire" (p. 524). -Data was collected for 3 months | -"The sample was drawn from 79 new nurses who graduated from a traditional baccalaureate program at a Midwestern university in the United States" (p. 523). -19 surveys were returned but two were incomplete (n=17) -94% of participants were women -The average age was 27 (range of 24 to 44 years) -65% worked at a hospital -17.5% worked at a clinic -17.5% worked at non-specified settings -6% currently unemployed | -The participants were asked three open-ended questions 1. "Participants were asked to describe episodes of incivility they had experienced or witnessed at work" (p. 524). 2. Participants were asked to "discuss the impact of those experiences on new nurses and patient outcomes" (p. 524). 3. Participants were asked to share demographic data | -"All participants had witnessed incivility in the workplace…findings were categorized into two major themes: (a) Impact of Incivility on New Nurses and (b) Impact of Incivility on Patients" (p. 524). -Impact of Incivility on New Nurses: lack of respect from physicians, nurse leaders, and nurse colleagues -Impact of Incivility on Patients: nursing work impeded, patients' needs unmet, patients' faith undermined -"Nurses in professional development play a crucial role in promoting a culture of civility through raising awareness, supporting new nurses as they adjust to professional practice, and helping health care workers to better cope with incivility" (p. 527). | -"The current study supports the findings of others that incivility is widespread in health care" (p. 526). -The qualitative nature of the study provides real-life examples of the "uncivil interactions involving new and experienced nurses, physicians, patients, and families…and how these interactions negatively impacted new nurses" (p. 527). | -Decrease selection bias and dependence on self-report -The authors "relied on the memories of participants to accurately report their experiences" (p. 526). Memories and self-report may not be entirely accurate, especially after a gap of time has passed. -Ensure the accuracy and completeness of the electronic mailing list to make sure that the entire group of students that had graduated two years prior was included in the sample. |

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Laschinger, H. K., Wong, C., Regan, S., Young-Ritchie, C., & Bushell, P. (2013). Workplace incivility and new graduate nurses' mental health. *Journal of Nursing Administration, 43*(7), 415-421 7p. doi:10.1097/NNA.0b013e31829d61c6 Level III High Quality	-"To examine the relationships between coworker, physician, and supervisor workplace incivility and new graduate nurses' mental health and the protective role of personal resiliency" (p. 415).	-Descriptive correlational study -The authors used data collected from "the 1st wave of a larger longitudinal study of newly graduated nurses in acute care hospitals across Ontario" (p. 416). -An initial survey was sent out and then a second survey was sent out two months later	-"The sample was drawn from the registry list of practicing nurses in Ontario" (p. 416). -833 new graduate nurses were sent surveys, and then sent a second survey two months later -The final sample included 272 usable responses. -"New graduate nurses were mostly women (88.3%), averaging 27 years of age, and had been in the workforce for less than a year" (p. 417). -62.8% worked full-time: medical/surgical, critical care, maternal/child, mental health, and other areas	-The survey consisted of three standardized questionnaires -All three surveys used Likert scales, "which were summed and averaged to yield a measure of the variable, and had acceptable Cronbach's [alpha] reliability" (p. 417). 1. Cortina's 20 general Workplace Incivility Scale 2. 7-item resiliency subscale from Luthan's Psychological Capital Questionnaire 3. The Mental Health Inventory	-"Coworker incivility was the greatest source of incivility (mean [SD], 1.7 [0.73]), followed by physician incivility (mean [SD], 1.6 [0.68]), and supervisor incivility (mean [SD], 1.3 [0.58])" (p. 417). -"Almost 12% [of new graduate nurses] reported daily uncivil behaviors from coworkers, whereas daily incivility experiences with supervisors and physicians were less frequent (4.8% and 7% for supervisors and physicians, respectively)" (p. 417). -"New graduate nurses' exposure to all 3 sources of workplace incivility was significantly related to higher levels of mental health symptomology" (p. 418). -"Personal resiliency may offset some of the negative effects of workplace incivility…every effort should be made by nursing management to eliminate these negative behaviors and to create respectful supportive work environments" (p. 419).	-Recognition and education about person resiliency may help nurse's combat negative stressors/effects of workplace incivility. -"The study results add to the existing knowledge by identifying differential effects of different sources of workplace incivility and by demonstrating a protective effect of personal resiliency against workplace incivility" (p. 418).	-Limited research on the most effective training/educational programs to develop and increase personal resiliency and optimism. -"Every effort should be made by nursing management to eliminate these negative behaviors and to create respectful supportive work environments that assist new graduate nurses to successful transition to the nursing workforce" (p. 419).

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
MacKusick, C. I., & Minick, P. (2010). Why are nurses leaving? Findings from an initial qualitative study on nursing attrition. *MEDSURG Nursing, 19*(6), 335-340. Retrieved from http://www.ajj.com Level III High Quality	-To understand the reasons, or factors, that influence RN's to leave clinical nursing, or nursing that provides direct patient care within a hospital settings.	-Phenomenological research design -Interpretive, qualitative study -A snowballing technique was used to recruit study participants. An email was sent to currently practicing RN's if they knew nurses that no longer practiced clinically and the researchers then asked for their assistance in recruiting potential participants.	-Purposive sampling was used that included the following: licensed RN's with a minimum of one year of clinical practice and no clinical practice within the previous six months. -"The Majority of the participants were female (n=8, 80%), Caucasian (n=7, 70%) and ages 40-49 (n=7, 70%) (p. 337).	-10 semi-structured interviews were conducted in 2007 -The use of hermeneutics allowed researchers to analyze ideas and major themes from interview transcripts. -"The research team searched for all possible meanings related to the decision to leave nursing to ensure a complete analysis of the data" (p. 337).	-Three themes emerged during the analysis of the interviews: 1. Unfriendly workplace (sexual harassment, verbal/physical abuse from coworkers, managers, or physicians and lack of support from other RN's) 2. Emotional distress related to patient care 3. Fatigue and exhaustion -Horizontal hostility (HH) and moral distress have been identified as factor that may lead to job dissatisfaction, nurse burnout, and nursing attrition. -"Despite recognition of HH in the nursing workplace, the cycle of abuse has led some persons to leave a profession about which they were once excited" (p. 339).	-"Research with nurses no longer in clinical practice is scarce" (p. 335), and this study seeks to expand this area of knowledge. -"The findings from the current study also suggest retention efforts should focus on work environments, including recognizing and then eliminating HH and vertical indifference" (p. 339).	-The study had a relatively small sample size. -"Further research is needed to explore the power differential among RNs, its relation to perceptions of HH and vertical indifference" (p. 339). -A more complete, or fuller "understanding of reasons for RNs' departure from clinical nursing will enable nurse managers to implement effective strategies to retain current staff" (p. 339). -"Recognizing when colleagues appear to be distressed, frustrated, or socially isolated, especially as new RNs, may help retain future nurses" (p. 340). -"Effective mentoring programs that fully support the transition into nursing practice from both professional and social development perspectives may ease this transition, and assist in long-term retention strategies" (p. 340). -The development of cultures that embrace diversity, have a zero tolerance for HH, as well as "provide support networks for nurses experiencing emotional distress may enhance retention of the nurse in clinical practice" (p. 340).

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Read, E., & Laschinger, H. K. (2013). Correlates of new graduate nurses' experiences of workplace mistreatment. *Journal of Nursing Administration, 43*(4), 221-228 8p. doi:10.1097/NNA.0b013e3182895a90 Level III High Quality	-The study explored the "correlates of new graduate nurses' experiences of workplace mistreatment" (p. 221). -Bullying, co-worker incivility, and supervisor incivility were examined to assess if these actions negatively influenced nurses' work and health.	-Descriptive correlational study -Survey packages were mailed to the nurse's home address and "four weeks after the initial mailing, non-responders were sent a reminder letter. Non-responders were sent a replacement questionnaire package 4 weeks later" (p. 223).	-Data from a larger study of new graduate's work life was used for this study. "In that study, a random sample of 907 RNs newly registered with the College of Nurses of Ontario within the last 2 years was obtained. Of those eligible for participation in the study, 342 nurses responded (48% response rate)" (p. 223). -Participants were 91.5% female, with an average of 28, and 98.2% had an undergraduate degree in nursing	-"Data were collected using a survey consisting of several standardized questionnaires of the study variables with Likert scales and acceptable psychometric properties and demonstrated construct validity" (p. 223). -14 instruments used 1. Workplace Incivility Scale 2. Negative Acts Questionnaire 3. Conditions of Work Effectiveness Questionnaire II 4. Areas of Worklife Scale (Community, Values and Fairness subscales) 5. Maslach Burnout Inventory General Scale (MBI-GS) (emotional exhaustion subscale) 6. Job Diagnostic Survey (modified)	-"Overall, new graduate nurses' experiences of coworker incivility, supervisor incivility, and bullying in the workplace have similar relationships with personal and organizational factors…bullying was more strongly related to most of the negative outcomes than incivility was, likely because of the increased severity and intensity of this type of workplace mistreatment" (p. 225). -"All 3 forms of workplace mistreatment were associated with poor mental and physical health among new graduate nurses" (p. 226). -The "results suggest that authentic leadership and empowering work environments that foster personal growth of new graduate nurses may be promising retention strategies" (p. 226). -"The results also suggest that efforts to strengthen new graduates' personal resources such as self-efficacy and resilience (psychological capital) may help mitigate negative effects of workplace bullying and incivility" (p. 225).	-"This is the 1st study to link authentic leadership to both supervisor incivility and workplace bullying in the new graduate population" (p. 225).	-"Implementing practices to prevent and reduce workplace mistreatment targeting new graduate nurses is an important tactic for retaining new graduates" (p.226). -The study results suggest that the use of authentic leadership and empowering work environments should be explored as promising retention strategies (p. 226).

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Simons, S. (2008). Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *Advances in Nursing Science, 31*(2), E48-E59. doi:10.1097/01.ANS.0000319571.37373.d7 Level III Good Quality	-To "examine bullying behavior among nurses and tests the relationship between bullying and a nurse's intention to leave their organization" (p. E48).	-Retrospective, descriptive design -Nurses were "mailed a questionnaire that included a pre-questionnaire letter, the questionnaire, a postcard reminder, and a replacement questionnaire to non-responders" (p. E51).	-"The target population for this study was RNs who became licensed in Massachusetts in years 2001, 2002, or 2003…using the database available from the Board of Registration in Nursing, 1000 RNs were randomly selected" (p. E50). -"The umber of valid, completed surveys was 511 with a response rate of 54.4%. The sample included 34 men (6.7%) and 477 women (93.3%), who aged from 22 to 64 years with the mean age of 33.1 years" (p. E53). -"The vast majority (77.9%) were licensed 36 months or less. The most common practice setting was the hospital (76.1%) (p. E53).	-The Negative Acts Questionnaire-Revised (NAQ-R) was used to measure the perceived exposure to bullying at work. -"Intention to leave was measured using a subscale of the Michigan Organizational Assessment Questionnaire" (p. E51). -Statistical Package for the Social Sciences (SPSS) was used to analyze the data and descriptive statistics were used to describe the population. -Analysis of Variance (ANOVA) "was used to screen those independent variables that had no relationship to intent to leave because it would complicate the process of checking diagnostics" (p. E55).	-"Using a significance level of .05, it was determined that there was no difference between groups with respect to intent to leave for the following independent variables: age, role, highest educational degree, years as an RN, length of time in current position, and practice setting" (p. E55). -"The main findings of this study [are] that as workplace bullying increases, so increases the nurses' intent to leave their jobs" (p. E55).	-The use of the theory of the oppressed group behavior as a way to try and explain the behaviors occurring within the nursing profession. -"Nurses still struggle for autonomy, power, and control over their practice. This lack of autonomy and sense of powerlessness can turn into hostility; this hostility is, at times, directed against colleagues" (p. E57). -The acknowledgment that workplace bullying may work as a major factor in the nursing shortage that is occurring within the profession. -The need for increased awareness of the negative behaviors and the creation of effective interventions and anti-bullying strategies.	-"A limitation to this study is that the findings were not stratified according to type of work setting or regional differences…it is unknown whether there are differences in bullying behavior between urban or rural settings, tertiary care versus community hospitals, or between types of hospital units" (p. E56). -"There were no statistically significant differences in bully score for those newly licensed RNs and those who held their nursing license for more than 36 months…Additional investigation is needed to include a more representative sample of experienced nurses to determine whether there is truly no difference between these groups" (p. E56).

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Simons, S. R., & Mawn, B. (2010). Bullying in the workplace -- a qualitative study of newly licensed registered nurses. *AAOHN Journal, 58*(7), 305-311 7p. doi:10.3928/08910162-20100616-02

Level III
Good Quality | -To examine "the stories of bullying among nurses based on actual or witnessed experiences" (p. 305). | -Qualitative Descriptive Design

-The qualitative findings were derived from a previous research study survey that was conducted by Simons in 2008.
-In 2008,"One thousand surveys were mailed to a random list of U.S. nurses licensed in the state of Massachusetts. Five hundred eleven nurses responded" (p. 306).
-An open-ended comment section was added to the survey and that is where the qualitative data was obtained. A total of 184 nurses participated. | -"Registered nurses licensed from 2001 to 2003 in the state of Massachusetts who had graduated from a diploma, associate degree, baccalaureate, or direct entry master's program" (p. 306).
-"Respondents were predominantly female (92%), with ages ranging from 22 to 61 years (M=35.8 years), (p. 306).
-The majority of nurses that responded were staff nurses (85%) and "seventy-one percent of the nurses who wrote of being bullied reported that they worked in hospitals and 12% worked in nursing homes (p. 306). | -Content analysis was used to identify patterns, categories, and themes from the written narratives found at the end of the research study survey.
-The use of NVivo 7, a software package used for qualitative research was used to provide further data reduction.
-A thematic content analysis was also performed that allowing for comparisons, patterns, and explanations to be inferred.
-The data was analyzed until saturation occurred. | -"Four themes describing different aspects of bullying were identified from the analysis of the transcripts: structural bullying, nurses eating their young, feeling out of the clique, and leaving the job (p. 307).
-Nurses need more education on what actions and behaviors constitute bullying and how it can be identified, prevented and dealt with fairly.
-The use of occupational health nurses "can provide nursing staff with the knowledge and actions to stop the perpetuation of this negative culture" (p. 309). | -"The four major themes identified from the narratives clarified some of the suffering experienced and witnessed by nurses" (p. 308).
-Increased awareness on the need for education on what actions constitute bullying and potential ways to combat the issues specifically with the use of occupational health nurses. | -"The major limitation of this study is that it was not designed originally with the rigor of a qualitative study that includes prolonged engagement in the field, in-depth personal interviews, or an avenue for member checking" (p. 309).
-"A second limitation is that the open-ended section of the survey did not define bullying or ask for responses related to this definition." (p. 309).
-"Another limitation is that the sample was drawn solely from nurses licensed in one state; it is unknown whether these results are typical of nurses in other parts of the country. Self-selection bias is a possible limitation to this study as well" (p. 309).
-"Additional research is needed to expand the knowledge about the factors that precipitate this noxious behavior and how to effectively treat and eradicate it" (p. 310). |

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Spence Laschinger, H. K. (2012). Job and career satisfaction and turnover intentions of newly graduated nurses. *Journal of Nursing Management, 20*(4), 472-484 13p. doi:10.1111/j.1365-2834.2011.01293.x Level III High Quality	-"To describe new graduate nurses' worklife experiences in Ontario hospital settings in the first 2 years of practice and to examine predictors of job and career satisfaction and turnover intentions" (p. 472).	-Descriptive Correlational Design -"Survey packages were mailed to nurses' homes that included a letter explaining the study, a questionnaire, a stamped researcher-addressed return envelope and a coffee voucher as a token of appreciation for their time. A reminder letter was sent to all non-responders 4 weeks after the initial mailing, and followed by a replacement questionnaire 4 weeks later. Data for this analysis were collected from July to October of 2010" (p. 476).	-"A random sample of registered nurses in Ontario with 2 years or less of experience was obtained from the College of Nurses of Ontario registry list. In all, 342 (37.7%) met eligibility criteria, 153 (44.7%) of whom were in their first year of nursing (<12 months) and 189 (55.3%) in their second year (between 12 and 24 months) (p. 476). -"On average, new graduates were 28 years of age and held a baccalaureate nursing degree (98%)…and most worked full time (55 and 68%) (p. 476).	-"All measures used in the present study were standardized assessment tools shown to have acceptable psychometric properties in previous studies in nursing" (p. 476). -Areas of Worklife Scales (AWS) -Maslach Burnout Inventory-General Scale (MBI-GS) -Negative Acts Questionnaire-Revised (NAQ-R) -Workplace Incivility Scale (WIS) -Statistical Package for the Social Sciences (SPSS) was used for data analysis -"Independent t-tests were used to compare differences between nurses in their first and second year of practice" (p. 476). -"Correlates of job and career satisfaction and turnover were analysed using correlational and regression analyses" (p. 476).	-"Thirty-nine percent of nurses in their first year and 51% of nurses in their second year reported witnessing bullying, [significant] but only 24 and 27%, respectively, reported being subjected to bullying themselves" (p. 477). -"Both nursing cohorts reported moderate levels of negative physical and mental health symptoms, with no significant differences between groups" (p. 477). -"Structural empowerment, authentic leadership, coworker incivility, emotional exhaustion, cynicism and career satisfaction were significant predictors of job satisfaction in the combined group" (p. 480).	-Results from this study are consistent with previous research in regards to burnout, work engagement, career satisfaction and turnover intent -"The relatively low levels of incivility and bullying in the present study are encouraging" (p. 481). -"The extent to which new graduates felt their initial orientation met their needs, the more satisfied they were with their career and less likely they were to want to leave the nursing profession. This finding supports recommendations in the literature that all new gradates be provided with a strong orientation, both to the organization and to the nursing profession" (p. 481).	-The cross-sectional design limits the ability to make strong cause and effects claims -"Sample bias is possible as a result of self-selection to respond to the survey…the study design precludes follow-up on those who chose not to participate" (p. 482). -"The results suggest that further research using a longitudinal design to track intra-individual changes over time is worthwhile" (p. 482). -Increased research needs to occur, in regards to evidence-based retention strategies that seek to improve new grad work environments that can be used by nursing management

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Spence Laschinger, H. K., & Grau, A. L. (2012). The influence of personal dispositional factors and organizational resources on workplace violence, burnout, and health outcomes in new graduate nurses: A cross-sectional study. *International Journal of Nursing Studies, 49*(3), 282-291 10p. doi:10.1016/j.ijnurstu.2011.09.004 Level III High Quality	-"To test a model derived from Leiter and Maslach's (2004) Six Areas of Worklife Model linking workplace (six areas of worklife, experiences of bullying and burnout) and a personal dispositional factor (psychological capital) to new graduates mental and physical health in their first year of practice" (p. 282).	-Cross-sectional survey design -"Nurses received a survey package mailed to their home that included a letter explaining the study, a questionnaire …A follow-up reminder letter was sent 4 weeks after the initial mailing, and 4 weeks later, a replacement questionnaire package was sent to all nonresponders" (p. 286).	-Data was used from a "larger study of new graduate nurse worklife well-being. In the larger study, a census of all registered nurses practicing in Ontario with less than two years of experience was drawn from the College of Nurses of Ontario's participant registry" (p. 286). -907 surveys were sent out; 365 met the inclusion criteria but only 165 surveys were included as those participants had between one and twelve months of experience in nursing -Participants were 93.2% female, with an average age of 28, with ten months experience in nursing	-"All measures in the study were standardized questionnaires with acceptable psychometric properties and demonstrated construct validity" (p. 286). 1. Psychological Capital Questionnaire (PCQ) 2. The Area of Worklife Scale (AWS) 3. Negative Acts Questionnaire-Revised (NAQ-R) 4. Maslach Burnout Inventory-General Scale(MBI-GS)-emotional exhaustion and cynicism subscales 5. Pressure Management Scale-physical symptoms and energy levels subscales 6. Mental Health Index (MHI-5)	-"Increased psychological capital positively influenced nurses' perceived person-job fit, which in turn was negatively related to bullying exposure and emotional exhaustion, and ultimately influenced their physical and mental health" (p. 282). -"When employees feel as a group that conditions in their work environment meet their expectations, there is a greater sense of community and less reason for conflict…when workloads are not excessive, employees are less time pressured to accomplish their work and therefore unlikely to engage in negative interactions with colleagues" (p. 289). -Nurse managers should implement zero tolerance and anti-harassment policies, support new graduate learning through positive learning experiences, educate all staff on how to deal with bullies, as well as stress the importance of reporting such behaviors	-The paper adds that this model suggests that it is important for nurse managers to foster "supportive, conflict-free working environments in order to recruit and retain the next generation of nursing professionals" (p. 283).	-The use of a cross-sectional study design "precludes our ability to make statements of cause and effect regarding our findings" (p. 290). -The use of a common method variance also concerned the authors, since the same individual completed all of the measures. -It is recommended that a longitudinal study be completed to validate the Leiter and Maslach Six Areas of Worklife Model over time.

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Spence Laschinger, H. K., Wong, C. A., & Grau, A. L. (2012). The influence of authentic leadership on newly graduated nurses' experiences of workplace bullying, burnout and retention outcomes: A cross-sectional study. *International Journal of Nursing Studies, 49*(10), 1266-1276 11p. doi:10.1016/j.ijnurstu.2012.05.012 Level III High Quality	-"To test a model linking authentic leadership to new graduate nurses' experiences of workplace bullying and burnout, and subsequently, job satisfaction and intentions to leave their jobs" (p. 1266).	-Cross-sectional survey design -"A survey was mailed to participants' home addresses…A total of 365 surveys were returned, of which 23 did not meet the criteria…for a final sample of 342 nurses (38% response rate)" (p. 1270).	-Newly graduated nurses with less than two years of experience were selected from a registry list of practicing nurses in Ontario (N=907)" (p. 1270). -Final sample of 342 nurses (38% response rate) -"The majority of nurses were female (92%), averaging 28 years of age…all responders were baccalaureate prepared" (p. 1271).	-The authors used "standardized questionnaires to measure the major study variable. All measures had acceptable reliability" (p. 1270). -The Authentic Leadership Questionnaire (ALQ) -Negative Acts Questionnaire-Revised (NAQ-R) -Maslach Burnout Inventory-General Survey (MBI-GS) (emotional exhaustion subscale) -Job satisfaction scale and Kelloway et al.'s turnover intention scale	-"Authentic leadership influenced job satisfaction indirectly through bullying and burnout as well as directly, highlighting the fundamental importance of positive leadership behaviors for new nurse retention" (p. 1273). -"Bullying was associated with higher levels of burnout (emotional exhaustion), and subsequently, lower job satisfaction and higher turnover intentions" (p. 1273). -"Supportive work environments can facilitate transition and retention of new graduate nurses, thereby contributing to sustaining the nursing workforce in a time of severe shortage" (p. 1274).	"The results of this study highlight the importance of leadership for creating healthy work environments that may discourage workplace bullying and the development of burnout, that lead to negative work attitudes that threaten new graduate retention" (p. 1274).	-"Further research is needed to explore other mechanisms through which leadership influences new graduate retention, and to examine how personal resources factors influence new graduate transition to practice" (p. 1273). -"The findings of this study must be interpreted cautiously given the limitations of the cross-sectional study design, which precludes the ability to make statements of cause and effect" (p. 1273). -The authors recommend further research using longitudinal designs to track changes over time. -"Common method variance may also be of concern when the same individual completes all measures" (p. 1274). -Need to consider other factors that could potentially account for new graduate retention (i.e. coping strategies, and resilience)

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Spence Laschinger, H. K., Grau, A. L., Finegan, J., & Wilk, P. (2010). New graduate nurses' experiences of bullying and burnout in hospital settings. *Journal of Advanced Nursing, 66* (12), 2732-2742 11p. doi:10.1111/j.1365-2648.2010.05420.x Level III High Quality	-"To test a model linking new graduate nurses' perceptions of structural empowerment (access to information, resources, support and opportunities to learn and grow) to their experiences of workplace bullying and burnout in a Canadian hospital work setting" (p. 2734).	-Cross-sectional survey design -"Nurses received a mailed package that included a letter explaining the study, a questionnaire …A follow up reminder letter was sent to all potential respondents 2 weeks after the initial mailing. Six weeks after the initial questionnaires were mailed, a replacement questionnaire package was sent to non-respondents only" (p. 2736).	-The authors used data "from the first wave of a longitudinal study of newly graduated nurses (defined as <3 years of experience)" (p. 2735). -The "sample of 1400 nurses was drawn from the registry list of practicing nurses in Ontario. The final sample consisted of 415 nurses with 3 years or less experience" (p. 2735). -Participants were 95% female, with an average age of 27.2, and the majority of the participants (96.4%) had a Bachelor's degree in nursing	1. Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) 2. Negative Acts Questionnaire-Revised (NAQ-R) -Measured three-interrelated factors: person-related bullying, work-related bullying, and physically intimidating bullying 3. Maslach Burnout Inventory-General Survey (MBI-GS)	-"Empowerment was statistically significantly related to all types of workplace bullying, particularly work-related bullying. All aspects of bullying were statistically significantly related to burnout" (p. 2737). -"When resources are in short supply, busy people may be less patient with newcomers who are still learning their roles and require more time to accomplish their work tasks" (p. 2739). -The work environment should encourage discretion, flexibility and staff alliances that promote respect and foster helping relationships, when this occurs new graduates are less likely to experience bullying behaviors. -"The results suggest that new graduate nurses' exposure to bullying may be less when environments provide access to empowering work structures, and that these conditions promotes nurses' health and well-being" (p. 2732).	-The research results "are the first to demonstrate a link between structurally empowering work conditions and new graduates' experiences of workplace bullying, and its subsequent influence on burnout" (p. 2738).	-"The cross-sectional nature of the study design which precludes strong statements of cause and effect" (p. 2738)…the results must be considered with caution. -The use of a common method variance also concerned the authors, since the same individual completed all of the measures. - It is recommended that a longitudinal study be completed to validate the model over time. -Future research that includes "potential personal dispositional and other situational variables that could influence the impact of bullying on burnout" (p. 2738), should be addressed.

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Spence Laschinger, H. K., Grau, A. L., Finegan, J., & Wilk, P. (2012). Predictors of new graduate nurses' workplace well-being: Testing the job demands-resources model. *Health Care Management Review, 37*(2), 175-186 12p. doi:10.1097/ HMR.0b013 e31822aa456 Level III High Quality	-"The study tested a theoretical model of new graduate nurses' worklife derived from the job demands-resources model to better understand how job demands (workload and bullying), job resources (job control and supportive professional practice environments), and a personal resource (psychological capital) combine to influence new graduate experiences of burnout and work engagement and, ultimately, health and job outcomes" (p. 175).	-Descriptive correlational design -"Nurses were sent a questionnaire package to their home addresses…sent non-responders a reminder letter 4 weeks after the initial mailing and a full replacement package 4 weeks after the reminder letter" (p. 177).	-"The sample was drawn from the registry list of practicing nurses in Ontario" (p. 177) and included a sample of newly graduated nurses-new graduates were considered to have less than 3 years of experience. -"Of the 1,400 questionnaires mailed, 647 were returned, of which 420 were usable and met the new graduate criteria (response rate=30%)" (p. 178). -Participants were 95% female, and averaged 27.24 years of age with 2.3 years of experience and 96.4% had a baccalaureate degree in nursing.	-"All measures in the study were standardized questionnaires with acceptable psychometric properties. All instruments have demonstrated construct validity" (p. 178). 1. Areas of Worklife Scale (AWS) 2. Negative Acts Questionnaire-Revised (NAQ-R) 3. Practice Elements Scale (PES) 4. Psychological Capital Questionnaire (PCQ) 5. Maslach Burnout Scale-General Survey (MBI-GS) 6. Utrect Work Engagement Scale (UWES-9) 7.Mental Health Index-5 (MHI-5)	-"In the final model, job demands (workload and bullying) predicted burnout and, subsequently, poor mental health. Job resources (supportive practice environment and control) predicted work engagement and, subsequently, lower turnover intentions. Burnout also was a significant predictor of turnover intent (a crossover effect). Further, personal resources (psychological capital) significantly influenced both burnout and work engagement" (p. 175).	-The "results are consistent with those of previous researches that have linked workplace bullying to a number of negative health and organizati onal outcomes, such as burnout and poor mental health" (p. 181).	-The cross-sectional nature of the study design, precludes strong causal statements, therefore the findings must be viewed with caution. The authors recommend performing a longitudinal study to allow a "stronger test of the hypothesized causal relationships" (p. 182). -"The final model in this study should be tested in another study to validate our results" (p. 182). -"A more precise measure of qualitative workload is recommended in future studies with this population" (p. 182). -"Further research is required to identify other potentially important variables that can play a role in the dual processes described in the JD-R model" (p. 182).

Citation, Johns Hopkins Level & Quality	Purpose	Design	Sample	Measurement	Results & Conclusions	Strengths	Limitations & Recommendations
Vogelpohl, D. A., Rice, S. K., Edwards, M. E., & Bork, C. E. (2013). New graduate nurses' perception of the workplace: Have they experienced bullying? *Journal of Professional Nursing, 29*(6), 414-422 9p. doi:10.1016/j.profnurs.2012.10.008 Level III Good Quality	-To investigate the bullying experience of the newly graduated RN. -To gain information on whether new RN's experience bullying, determine the relational affects that bullying may have on the new grad RN and ascertain the most common person(s) that does the bullying.	-Descriptive Design -An electronic questionnaire was sent to the target population, new graduate nurses fro 2007 to 2010 at five Northwest Ohio Colleges of Nursing Alumni Associations. -"3 mailings at 1-2 weeks after the initial email were sent to get maximum return rate" (p. 416).	-A convenience sample of newly licensed RN's was used. -2,079 subjects were sent the electronic survey and only 135 (7%) responded. -92.6% that responded described themselves as white, non-Hispanic -83% worked in a hospital setting -80% were staff nurses -65.1% had their BS degrees	-Negative Acts Questionnaire-Revised (NAQ-R) in which information regarding education, job and career retention and demographics is collected -Work-related bullying; person-related bullying and physically-intimidating bullying factors were explored	-It was noted that, "new graduate nurses reported on a weekly and daily events, that 10.5% were ordered to work below their competence, and that 17.1% were exposed to an unmanageable workload" (p. 417). -"Thirty-one percent of new graduates reported that bullying had affected their job performance…29.5% reported that they had considered leaving nursing because of negative behaviors in the workplace" (p. 418).	-Realization that "education is important for the new nurse graduate to learn to stand up for their self, and sensitivity training is needed for all members of the health care team" (p. 420). -Promotion of supportive environments and administrators that instill a zero tolerance within the health care organization	-Small sample size that may not generalize to other new graduate nurses that live elsewhere in the U.S. or internationally due to a low response rate. -Future research should be done on "the seasoned nurse's perception of bullying in the workplace. Studies on new nurse graduates could include their knowledge of conflict management techniques and strategies to diffuse bullying" (p. 422). -Another area of future research is on the effects of new graduates and the provision of a supportive mentor in regards to job retention. -It is recommended that nursing curricula teach nursing students to both recognize and manage bullying behaviors.

Chapter Four: Discussion, Implications, and Conclusions

The evidence has been presented that bullying amongst nurses, horizontal violence, negatively impacts the environment of the healthcare organization. There is increased risk of patient injury and decreased patient satisfaction scores, as well as, emotional and mental anguish inflicted upon the nurse(s) being bullied. The strategies that combat workplace bullying, such as zero tolerance policies, provision of resources and opportunities for education and growth for healthcare employees are congruent with Kanter's Theory of Organizational Empowerment. The literature reviewed provided suggestions for the nursing practice in general as well as recommendations for future research on the topic in question.

Synthesis of the Literature and Application of Theory

The purpose of the critical review of the literature was to provide an examination of strategies that focus on the creation of an empowering work environment that seeks to lessen workplace bullying and increase the retention of new graduate nurses within the profession. The strategies that were found to be effective against workplace bullying and have a positive effect within the work environment include: zero tolerance policies, the creation of a culture of safety, and education for both new graduate and experienced nurses.

Zero tolerance.

The review of the literature regarding the topic of how the work environment effects nurse retention indicates three main strategies to combat this negative occurrence that is happening to a great many nurses within healthcare organizations. The first of the strategies against workplace bullying is to create a zero tolerance policy within the organization if there is not already one in place, or if there is an existing policy to make sure that the definition of the

policy and consequences are clear, when and if bullying behaviors occur within the work environment.

Zero tolerance includes, but is not limited to intimidating and/or disruptive behaviors…organizations who operationalize and reinforce zero-tolerance policies demonstrate to their employees the promotion of a healthy work environment. The message that bullying will not be tolerated must be simple, clear, and championed by key figures in divisions, departments, and/or professional lines of accountability (Hickson, 2013, p. 300)

It is very important that management within healthcare organizations is on board with the zero-tolerance policy, as any digression in policy and consequences can undermine the purpose in its entirety. "Supportive leadership and an empowering workplace contribute to the creation of positive working environments" (Read & Laschinger, 2013, p. 222). Kanter's theory implies that management plays an integral role in how employees view their work environment through formal and informal power. The key concepts of the theory including, access to information, support, resources, and opportunities allow the employees to feel empowered. "Acts of bullying and incivility serve to take away power from others…structural empowerment is related to lower levels of bullying and incivility" (Read & Laschinger, 2013, p. 225). The different types of bullying, overt and covert, should be openly communicated with staff as well as the provision of education, or access to information, about how negative events when and if demonstrated to staff members by other staff members should be reported. The consequences expected per infraction for the perpetrator should be clearly communicated, and support and resources for both victim and perpetrator should be available. According to the Crisis Prevention Institute, organizations should "hold all team members accountable for modeling desirable behaviors, and enforce the

code consistently and equitably among all staff, regardless of seniority or clinical discipline in a positive fashion through reinforcement as well as punishment" (2010, p. 4). When employees are encouraged to report incidents of workplace bullying and/or aggression to management and appropriate follow through and consequences result, an environment of trust, increased productivity and ultimately reduced workplace bullying behaviors may be manifested. When bullying behaviors are addressed and eradicated through the enforcement of zero-tolerance policies, the elimination of horizontal violence will "raise the profession of nursing by enhancing productivity and enthusiasm, reducing risks to patient safety, and supporting recruitment and retention, and strengthening nursing as an ethical profession (Flateau-Lux & Gravel, 2014, p. 226).

Culture of safety.

The second strategy to be discussed in the reduction and elimination of workplace bullying within healthcare environments is to ensure a culture of safety. An empowering environment "can enhance motivation by meeting the higher-level needs of employees…to empower followers, leaders provide them with an understanding of how their jobs are important to the organization's mission and performance, thereby giving them a direction within which to act freely" (Daft, 2015, p. 241). In order for leaders to create this type of environment, they must first ensure a culture of safety within the healthcare organization. A "culture of safety is an environment promoting open and honest communication and providing quality patient care while striving to improve safety within the organization" (Thomas, 2010, p. 300). When management educates staff on zero-tolerance policies and enforces consequences when negative behaviors occur, the message sent to supporting employees is that respectful, service-oriented, and safe

workplace practices take precedence over disruptive and inappropriate behaviors, thus aiding in the creation of a positive and empowering work environment.

The creation of a culture of safety within the healthcare work environment plays a key role in the retention of nurses within the profession, especially new graduate nurses. It is often times difficult for new graduate nurses to transition from being a nursing student to becoming a practicing staff nurse. When new graduate nurses find themselves in non-empowering and negative work environments, the transition can be exponentially more difficult which could lead to a variety of detrimental effects to all parties involved. When there is a culture of safety within the workplace and employees feel empowered, both managers and staff work collectively to develop strategies to address identified issues within their work environments. A few of the issues that may be dealt with collectively is that of staffing and workload management within the unit, and arranging schedules that are fair and balanced, as far as skill mix, versus just based on seniority. Management can also help create feelings of safety for nurses, by encouraging new graduate staff to report incidences of harassment or bullying, which sets the tone for fair, equitable and civil treatment of new nurses. "The establishment of support groups or the availability of private counseling for victims of violent behaviors as well as abusers supports the culture of caring" (Thomas, 2010, p. 307). When new nurses are afforded positive learning experiences, which Kanter describes as being provided to information, resources, and support, they may develop greater optimism, confidence, and hopefulness about their chosen career of being a nurse, which, in turn, will create increases in the retention rate and a decrease in the nursing profession shortage. "Nurses in professional development play a crucial role in promoting a culture of civility through raising awareness, supporting new nurses as they adjust to

professional practice, and helping healthcare workers to better cope with incivility" (Kerber et al., 2015, p. 527).

Education.

The final strategy to be examined, in regards to combating workplace bullying is that of education. One of the main themes throughout the literature reviewed, was that of education, not only for new graduate nurses just beginning their careers, but for experienced nurses as well. The novice nurse, or new graduate nurse, begins their new career with an orientation period. During this orientation period the new graduate nurse, or new to the unit staff unit should learn the facility policies and procedures, explore their own triggers and management techniques, as well gain information on what workplace bullying is and strategies, resources, and support that can be obtained if one experiences the negative behaviors (Thomas, 2010). The use of preceptors is one way that new graduate nurses can experience the most beneficial learning experiences while going through their initial orientation period. There are multiple benefits that occur with the use of preceptors when orienting new graduate nurses, such as providing support, nurturance of confidence, and skill development that can contribute to the success and retention of the vulnerable new graduate nurses just beginning their career within a healthcare organization (Hickson, 2013). The use of preceptors to train in novice nurses, "can improve the transition and retention of new nurses as well as decrease frustration, which often leads to violence…the preceptor serves as a mentor, offers support, and provides protection for the new nurse" (Thomas, 2010, p. 306).

The persons providing education to staff tend to most often be occupational health nurses or continuing education nurses. These nurses are vital to the implementation of strategies that can help create a culture of safety within work environments, which then leads to empowering

work environments for healthcare employees within an organization. Nurse educators can work with nurse leaders when initiating cultural changes within the healthcare organization. Kanter's theory focuses on the promotion of empowerment within work environments by providing staff with information, resources, support and the opportunity to learn and develop. When education is provided to those employees that are deemed to have formal power, jobs that are highly visible, the information can be passed on to those with lesser or informal power, peers and subordinates, and can lead to all employees accomplishing their work in more meaningful ways.

Continuing education and occupational health nurses "can prepare staff nurses to manage workplace bullying by developing and providing a training program tailored specifically to their organization…[as well as] identifying workplace bullying and providing staff nurses with the resources to prevent and manage workplace bullying" (Stagg & Sheridan, 2010, p. 424). When education is provided to new graduate nurses and existing staff nurses on the negative effects that workplace bullying can impose upon an organizational environment, this knowledge can work to stop the perpetuation of a negative work culture. Information to convey to all staff may include techniques that focus on stress management, and effective communication approaches, both stress and communication issues may exacerbate negative behaviors in the workplace furthering bullying behaviors and contribute to decreased retention of nurses within the profession. "Through research, educational programs, and counseling, occupational health nurses can support and assist targets of bullying through difficult conflict situations" (Simons & Mawn, 2010, p. 310).

One of the most effective educational strategies for managing bullies is to teach and practice responses to common workplace bullying behaviors using cognitive rehearsal (Stagg & Sheridan, 2010). "This approach provides staff nurses with basic bullying information in a safe

environment to learn and practice responses toward bullying behaviors through cooperative

group work, building confidence in workplace bullying management for both experienced and

new staff nurses" (Stagg & Sheridan, 2010, p. 423). Education can also be provided to nursing

staff using interactive, online education programs, informational screen savers, as well as the use

of role-playing and simulation of negative workplace behaviors, such as bullying, provided in a

safe learning setting as in a skills laboratory (Kerber et al., 2015).

Implications for Nursing Practice

Early education.

The critical review of the literature on the topic of how workplace bullying and the

retention of new graduate nurses can be influenced by the provision of an empowering work

environment within a healthcare organization has been explored throughout this paper and three

major implications for nursing practice were discussed in regards to combating the issues at

hand. One of the strategies explored throughout this paper involved providing education to

employees within the healthcare organizations on the topic of workplace bullying and how it can

affect the working environment as well as the victim(s) of bullying behaviors negatively.

Education on this topic should begin in nursing programs within the educational institutions.

Workplace bullying has such wide-ranging effects and is so prevalent that nurse educators

should strive to increase the student's awareness of the cultural and social aspects of nursing in

tandem with teaching them about competencies, skills, and critical thinking (Flateau-Lux &

Gravel, 2014). Students would need education on the psychological consequences of bullying

behaviors that may include emotions such as fear, frustration, stress, and the possible desire to

leave the nursing profession. Most importantly it should be stressed that it is essential and

important to make sure that bullying behaviors, whether experienced directly or witnessed, must

be reported to higher-level staff members (Flateau-Lux & Gravel, 2014). It would be beneficial for nursing students to be taught about coping skills, and cognitive behavioral interventions. Educators would provide experiences within the classroom setting to develop the nursing student's skills on employing interventions when experiencing difficult situations. The ways in which this type of learning can be done would be through the use of discussions, role-playing, and the provision of feedback (Flateau-Lux & Gravel, 2014).

Orientation and preceptor programs.

The second implication for nursing practice involves nurse executives. Organizations should focus on the development of orientation/residency programs, as well as preceptor programs that center on new graduates and preceptors. Nurse residency programs or extended orientation can be especially beneficial to new graduate nurses because it provides more time for the new nurse to develop skills and confidence in a non-threatening environment, while also providing them with support as they adapt both to their new career and work environment. It most likely would cost the healthcare organization more money up front when hiring a new graduate nurse and providing them with a longer orientation, but in the long run the cost of decreased retention may be even greater. "Specialized new graduate orientation programs have shown success in improving new RN's confidence in caring for patients and enhancing their competencies such as knowledge and critical-thinking skills in the clinical environment" (Hickson, 2013, p. 298).

Engaged management.

The final implication for nursing practice involves nurse managers. It is important for nurse managers to be aware of what is going on within their work environments. There needs to be periodic examination of the prevalence of behaviors among staff members in order to be able

to effectively implement solutions to reducing workplace bullying and increasing the environmental ambiance. Nurse managers play a key role in the creation of a positive and empowering work environment as well as the provision of social support within the unit as well. Three strategies were discussed previously that could work to decrease bullying behaviors within the workplace and the nurse manager plays an integral part in each of them. The nurse manager along with nurse educators should provide employees with education regarding definitions of what workplace bullying is along with examples of the many types of bullying behaviors that may occur within the work environment and ways in which situations involving bullying should be handled. The nurse manager should also put in place a zero tolerance policy, if not already in place, and follow through with consequences when incidents occur. Those who perpetrate acts of bullying against others will receive consequences fairly and without regard for favoritism or seniority. When the nurse manager acts as a role model for positive behaviors and instills trust and respect into their staff, a culture of safety can be created and maintained. When a positive work culture is apparent, staff engagement, and retention rates will increase and more nurses will be encouraged to stay in their chosen profession instead of wanting to leave.

Recommendations for Future Research

The topic of workplace bullying is one that proves difficult to really get a clear picture of in terms of the actual prevalence of the behaviors occurring. It would be unethical and challenging to engage participants in a truly experimental study on this topic, as one cannot assign individuals to be bullied or not. In recent years, this topic has been gaining more and more attention as the negativity found within work environments attributed to these bullying behaviors has been impacting the nursing profession as a whole. There is a nursing shortage occurring and even though there is a deluge of new graduate nurses entering the workforce,

many are not staying because they have experienced bullying behaviors and a lack of support and encouragement within their work environments.

There are many recommendations for future research that has been provided by the literature reviewed and can be separated into two general groups. The first type of research recommendations would focus on research design. In general, research done on this topic should strive for increased sample sizes, via increased response rates for both pre and post intervention surveys, as well as the use of longitudinal designs to track intra-individual changes over time. The longitudinal studies would also function to track changes over time in the prevalence of workplace bullying behaviors within health care work environments. The utilization of multi site studies should be included when considering the implementation of quality change programs, and/or when gathering qualitative information from survey participants, in order to gain a more expanded view of the problem and outcomes of interventions used within the environments affected.

The second group type of research recommendations would focus on different variables to be investigated. The articles suggest the use of an expanded demographic tool that can lead to a more comprehensive understanding of characteristics exhibited by novice nurses, which could provide information on resiliency and the likelihood of burnout based on personality characteristics. Further research on individual strategies used by novice, new graduate nurses that are experiencing workplace bullying, such as personal resiliency, that help the novice nurse cope with the negative behaviors more effectively while still continuing to provide safe, and competent patient care while working in non-empowering work environment. The examination of potential personal dispositional and other situational variables should also be considered that may influence the impact of bullying on burnout and ultimately retention of nursing

professionals. Other areas of research suggested are in regards to evidence-based retention

strategies that seek to improve the new graduate nurse work environments that can be used by

nurse management. The exploration of nurse management leadership styles, such as the use of

authentic leadership, should be explored as a promising retention strategy, as these types of

leaders tend to provide more empowering work environments with higher nurse retention rates.

It would also be interesting to research whether differences exist in workplace bullying behaviors

between urban and rural settings, tertiary care versus community hospitals, or between different

units of the hospital in and of itself. The need for more research is needed, even though

workplace bullying and the need for empowering work environments has become more of a hot

topic of late, the retention of new graduate nurses within the profession is still decreasing which

warrants an examination into the many other factors that may or may not be influencing the

healthcare organizations work environments. When one becomes a nurse they pledge

themselves to care for others, let us not forgot to care about our fellow nurses as well, the

survival of our profession depends on it.

Summary

The type of environment that one works in is vital to the success of the new graduate

success or failure. When work environments are empowering, there is increased likelihood of

growth and retention of novice nurses, but when there is negativity and hostility within the

healthcare environment detrimental effects can occur to both the nurse and their patients. A

synthesis of the literature has been provided as well as strategies to implement when attempting

to combat the issues of workplace bullying within an environment. The implementation

strategies include educating nursing students at their chosen educational institutions, to the

importance of nurse managers serving as positive role models that provide their staff with a

culture of safety, educational opportunities, and zero tolerance of bullying behaviors, to the nurse executives that design orientation programs for new hires. Information is building on this topic but more needs to be done as bullying in the workplace is still occurring and nurses are still finding themselves working in environments that do not empower them, as they should. New graduate nurses are the future of healthcare, it is vital to the professions existence that seasoned nurses care for them as they have dedicated their lives to their patient's, with caring and compassion.

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