

This is a preprint of the following article:

Read, E. A. & Laschinger, H. K. S. (2013). Correlates of new graduate nurses' experiences of workplace mistreatment. *Journal of Nursing Administration*, 43(4), 221–228. doi: 10.1097/NNA.0b013e3182895a90

**The published, peer-reviewed version can be found here:
doi: 10.1097/NNA.0b013e3182895a90**

Correlates of new graduate nurses' experiences of workplace mistreatment

Objective: This study explores antecedents and consequences of new graduate nurses' experiences of workplace mistreatment.

Background: New graduate nurses' experiences of workplace mistreatment negatively influence organizational and personal health outcomes. Three types of workplace mistreatment are bullying, co-worker incivility, and supervisor incivility. It is unclear whether the relationships between precipitating factors and outcomes are similar when new graduate nurses experience these different types of workplace mistreatment. **Methods:** We surveyed 342 new graduate nurses in Ontario to examine the exploratory model related to each negative workplace behavior experience.

Results: Community had a stronger correlation to co-worker incivility (-.58) than supervisor incivility (-.32) and bullying (-.44). Structural empowerment was more related to bullying (-.34) and co-worker incivility (-.30) than supervisor incivility (-.22). Bullying had stronger correlations to all outcome variables. Job satisfaction, emotional exhaustion, and personal health outcomes were all negatively related to workplace mistreatment.

Conclusions: New graduate nurses' experiences of three types of workplace mistreatment have similar relationships to precipitating factors and outcomes with stronger correlations to bullying than incivility.

Introduction

Nursing is facing a human resource shortage due to an aging workforce and increasing demands for healthcare services. In Canada the estimated shortfall is 60,000 registered nurses by 2022 (1). US shortfalls of up to 1 million nurses are expected by 2030 (2).

Newly graduated nurses represent the future of the nursing profession. This group, however, has been found to have high turnover intentions (3,4,5). The transition from student to professional nurse can be a stressful time for novice nurses as they take on new roles and responsibilities (6). Many report feeling underprepared for practice (7) and have difficulty adjusting to the realities and time pressures of current health care workplaces (6). As a result, new graduate nurses may find themselves the targets of criticism and unsupportive behaviours from more experienced colleagues.

Recent reports of workplace mistreatment, such as bullying and uncivil behaviours targeting new graduate nurses are unsettling (8,9). During their first year of practice novice nurses reported high rates of negative behaviors directed at them (10). These included undervaluing by others, blocking learning opportunities, emotional neglect, being given too much responsibility without support, rude or humiliating comments, and verbal threats. Negative work experiences and their secondary effects may contribute to decreased retention of these new professionals (11,12). This is worrisome at a time when the nursing profession is experiencing a workforce shortage (1,13). The purpose of this study is to examine an exploratory model of antecedents and outcomes of three forms of workplace mistreatment

Related Research

Forms of Workplace Mistreatment

Despite efforts to maintain respectful work environments employees often experience workplace mistreatment such as incivility and bullying by co-workers and supervisors. Incivility describes low-intensity rude or disrespectful behaviours with an ambiguous intent to harm others (14). Exposure to workplace incivility is linked to detrimental personal outcomes such as poor mental health (15), emotional exhaustion, and burnout (16), and negative organizational outcomes including job dissatisfaction and turnover intentions (17). Recent studies indicate that high numbers of new graduate nurses are experiencing incivility in their jobs (18). In this population incivility is associated with emotional exhaustion, poor mental health, job dissatisfaction, and turnover intentions (9,11).

In contrast to the ambivalent disrespect that constitutes incivility, bullying is an intentional and intense form of workplace mistreatment that targets particular individuals and not others. Leymann (19) describes bullying as interpersonal conflict in which the target is subjected to systematic stigmatization, harassment, and social isolation over an extended period of time. Workplace bullying tends to be sophisticated and involve psychological cruelty (19). Effects of bullying on employees are often severe, long-lasting, and multidimensional and include poor health outcomes, increased absenteeism and high job turnover (20). Researchers have identified personal and organizational antecedents to workplace bullying. Certain personality characteristics such as neuroticism, conscientiousness, and sensitivity can predispose individuals to become victims of bullying (21). Perpetrators tend to be self-confident, dominating, impulsive, and generally aggressive (21). In addition work environment factors such as job demands, control, and support contribute to workplace bullying (22).

Recent reports show that up to 39% of nurses in their first year of professional practice witnessed bullying (9) and 26.4-31% were targets themselves (12,23). Detrimental outcomes of bullying experienced by new graduate nurses include emotional exhaustion (24), feelings of exclusion, and job turnover (25).

Antecedents of Workplace Mistreatment

Job-Related Characteristics

Workplace environment characteristics play an important role in helping nurses transition into their professional careers. As beginning practitioners, newly graduated nurses desire support from co-workers and supervisors, opportunities to clarify and expand their knowledge base (26), and a sense of belonging (27). Supportive leadership and an empowering workplace contribute to the creation of positive working environments that meet these needs.

Authentic leadership is a process of building positive working relationships characterized by respect, positive affect, and trust, between leaders and followers within organizations (28). An authentic leader is a confident, hopeful, resilient individual of high moral character who is self-aware and recognizes the strengths, weaknesses, values, and knowledge of themselves and others (28). New graduate nurses' exposure to authentic leadership is related to work engagement, positive relationships with colleagues, and perceptions of autonomy (29). Given the associations between positive working conditions and authentic leadership, it is logical to expect that authentic leadership is likely to create work environments that do not tolerate bullying and incivility.

Structural empowerment (30) involves providing employees with access to four structures that allow individuals to accomplish meaningful work. These structures - access to information, opportunities, resources, and support - enhance autonomy and organizational commitment, promoting retention of novice nurses (26). Empowerment has been studied extensively and is an important predictor of quality of nurses' professional practice environment and job satisfaction (31). Empowerment is inversely related to workplace incivility, supervisor incivility, and emotional exhaustion in the general nursing population (17), as well as to bullying (24) among new graduate nurses. Nurses who are empowered to accomplish their work may be less frustrated and less likely to snap at others, leading to lower incidences of incivility and bullying in the workplace.

Maslach and Leiter (12) describe six areas of worklife that influence employees' relationships with their work (32). Three of these domains are particularly relevant to how people are treated at work: community (quality of social relationships), values congruence (match between personal and organizational values), and fairness (consistent rules and respect for everyone). These areas of worklife have been associated with both emotional exhaustion and bullying experiences of new graduate nurses (22). These three areas of worklife play a key role in how nurses perceive the quality of their practice environment, as well as how they interact with others. A strong sense of community promotes feelings of comradely and respect at work, reducing the likelihood of employees engaging in disrespectful behaviours directed at colleagues. Values embody the ideals and principles that an organization or employee strives to achieve through their work. When nurses' personal values align with those of the organization they experience less

dissonance and conflict in their daily practice, leading to a better quality of work life and less reason to lash out at others due to internal strife or frustration. Lastly, nurses who perceive a high level of fairness at work view opportunities and responsibilities as being equally available to everyone, thus they are less likely to hold grudges or engage in undermining or disrespectful behaviors.

Personal Resources

Psychological capital refers to internal personal resources including self-efficacy, hope, optimism, and resilience (33). Individuals with higher psychological capital tend to have a positive outlook, accept challenges, identify goals, and respond well to adversity (33). A recent meta-analysis revealed inverse relationships between positive psychological capital and undesirable work behaviours such as incivility and bullying in the general management literature (33). These findings were consistent with research linking psychological capital to workplace incivility experienced by new graduate nurses (23). Increased psychological capital represents increased personal resources to cope with negative situations therefore it is likely that new graduate nurses with high levels of psychological capital are less likely to perceive themselves as targets of workplace incivility and bullying. New graduate nurses with strong personal resources are likely to be proactive when facing mistreatment at work, perhaps warding off future incidents of bullying and incivility due to their assertiveness.

Consequences of Bullying and Incivility

Job-related Outcomes

Job and career satisfaction are important retention factors in the nursing profession (34). Employees with job and career dissatisfaction are more likely to desire a change in employment (34). In the nursing literature co-worker and supervisor incivility has been associated with higher turnover intent and lower job satisfaction (17,35). Both incivility and bullying have been found to negatively influence job and career satisfaction, while increasing career and job turnover intentions (16,36,37).

Personal job efficacy refers to a sense of personal accomplishment at work. Individuals with limited resources at work often feel ineffective at their jobs (38). Laschinger et al. (24) found that new graduate nurses who experienced bullying at work had lower ratings of personal job efficacy. Stress associated with bullying undermines their self-confidence, leading them to question their abilities.

Work engagement and burnout represent positive and negative employee responses to their working conditions. According to Schaufali and Bakker (39) work engagement is “a positive motivational state of fulfillment characterized by vigor, dedication, and absorption” in one’s work. Burnout, on the other hand, is a “psychological syndrome of exhaustion, cynicism and inefficacy which is experienced in response to chronic job stressors” (39). Burnout typically begins with emotional exhaustion, considered the core component of the phenomenon, which when experienced over a prolonged period of time, leads to cynicism and ultimately psychological aggression. Evidence shows that incivility and bullying leads to decreased engagement and increased emotional exhaustion among nurses (17), including new graduates

(11,23,24). These forms of workplace mistreatment discourage job excellence and drain personal energy, leading to increased stress and eventual emotional exhaustion.

Health Outcomes

Researchers show that experiences of workplace incivility are associated with poor ratings of mental and physical health (36). Health impacts of bullying are often more severe and may include post-traumatic stress disorder (20). In the nursing literature bullying is associated with poor mental and physical health (37). Thus, the negative stress associated with experiencing bullying and incivility is likely to be associated with poor health

Current evidence provides support for the relationships proposed in our models although it is not clear whether the antecedents and consequences of incivility and bullying differ. The aim of this paper is to examine antecedents and consequences of three forms of workplace mistreatment behaviours.

Theoretical Framework

Based on our review of the literature, we developed an exploratory model describing job related and personal antecedents and consequences of new graduate nurses' experiences of workplace mistreatment (incivility and bullying). We propose that the presence of authentic leadership, structural empowerment, person-job fit with three areas of worklife (community, values congruence, and fairness) and positive psychological capital will be inversely related to new graduate nurses' experiences of incivility and bullying in the workplace. In addition we expect that incivility and bullying will be related to decreased job and career satisfaction, increased

intent to leave, increased emotional exhaustion, lower personal job efficacy and work engagement, and lower perceptions of mental and physical health.

Methods

Design

Secondary data analysis was performed on data from a larger study of new graduate's worklife (24). In that study a random sample of 709 registered nurses newly registered with the College of Nurses of Ontario (CNO) within the last two years was obtained. Of those eligible for participation in the study, 342 nurses responded (48% response rate). Data for this analysis were collected from July to October of 2010 using a modified Total Design Method (40). Survey packages including a letter of information, a study questionnaire, an addressed, stamped return envelope, and a coffee voucher was mailed to each nurse's home address. Four weeks after the initial mailing non-responders were sent a reminder letter. Four weeks later remaining non-responders were sent a replacement questionnaire package. The University of Western Ontario's research ethics board granted approval to conduct the study.

Data Collection Instruments

Study variables were measured using standardized questionnaires with acceptable psychometric properties and demonstrated construct validity. (See Table 1).

Data Analysis

Descriptive statistics and Pearson correlational analysis were conducted using the Statistics Packages for the Social Sciences (SPSS, v.19).

Results

Participant Characteristics

Most survey respondents were female (91.5%; mean age 28.1 ± 6.6) with an undergraduate degree in nursing (98.2%) and one year of nursing experience in medical-surgical (56.9%) or critical care (23.5%) areas. Over two-thirds of the sample held full-time positions and worked an average of 20-39 hours/week. (See Table 2).

Antecedents of Workplace Mistreatment

Job-related Characteristics

All organizational environment variables were significantly correlated to co-worker incivility, supervisor incivility, and bullying. Authentic leadership was inversely related to co-worker incivility (-.24), supervisor incivility (-.32) and bullying (-.35). Total empowerment was significantly related to co-worker incivility (-.31), bullying (-.34), and supervisor incivility (-.22). Person-job fit with three areas of work life was related to all three forms of workplace mistreatment but most strongly related to bullying. Community was strongly correlated to co-worker incivility (-.58), bullying (-.44) and supervisor incivility (-.32). Values congruence was correlated to supervisor incivility (-.28), co-worker incivility (-.30), and bullying (-.33). Fairness was similarly correlated to all three negative work behaviors (supervisor incivility, -.30; co-worker incivility, -.29; bullying, -.35).

Personal Characteristics

Psychological capital was significantly related, although less strongly, to all three workplace mistreatment behaviours (co-worker incivility, $r = -.19$; supervisor incivility, $r = -.17$; bullying, $r = -.21$). Few demographic variables were significantly related to major study variables. Years worked in the organization was significantly related to co-worker incivility ($r = -.13$) and bullying ($r = -.13$).

Consequences of Workplace Mistreatment

Job-related Outcomes

The proposed job-related outcomes were significantly related to all three forms of workplace mistreatment with the exception of personal job efficacy. Job satisfaction was most strongly linked to bullying ($-.46$), followed by co-worker incivility ($-.37$) and supervisor incivility ($-.24$). Career satisfaction was less strongly though significantly related to bullying ($-.21$), co-worker incivility and supervisor incivility ($-.16$ and $-.12$, respectively). Job turnover was more strongly related to bullying ($.32$) than to co-worker ($.19$) or supervisor incivility ($.19$) whereas career turnover intentions were similarly associated with all three variables. Work engagement was significantly related to co-worker incivility ($-.23$) and bullying ($-.27$), but not to supervisor incivility ($-.09$). On the other hand, emotional exhaustion was related to bullying ($.46$), co-worker incivility ($.31$), and supervisor incivility ($.35$).

Health Outcomes

Workplace mistreatment was significantly related mental and physical health. Correlations between bullying and negative health outcomes were consistently higher than those with co-worker and supervisor incivility; co-worker incivility had stronger relationships with these

outcomes than supervisor incivility. Poor physical health was associated with higher levels of bullying (.39), supervisor incivility (.33), and co-worker incivility (.28). Poor mental health was also related to higher levels of bullying (.32), supervisor incivility (.28), and co-worker incivility (.25).

Discussion

Overall, new graduate nurses' experiences of co-worker incivility, supervisor incivility, and bullying in the workplace have similar relationships to the antecedent and outcome variables in our study. This is not surprising, considering that incivility and bullying are closely-related concepts that may at times be difficult to differentiate from one another when experiencing workplace mistreatment. Although our findings predominantly showed similar patterns between incivility and bullying behaviours, there were a few important differences between these forms of workplace mistreatment that warrant further exploration.

Antecedents of Workplace Mistreatment

The magnitude of the relationships between the proposed antecedents of workplace mistreatment was similar across antecedents. The quality of interpersonal relationships at work or sense of community was most strongly related to all forms of workplace mistreatment. A strong sense of community was associated with lower levels of workplace mistreatment. The relationship between community and co-worker incivility was considerably stronger than that of community and supervisor incivility or bullying. Since a positive sense of community fosters respect and positive social relations (civility), it is not surprising that high levels of community are linked to low levels of incivility and bullying. However it is interesting that a sense of community had a

stronger relationship to co-worker incivility than bullying considering that bullying is often more severe. Since bullying involves negative acts directed at a specific individual over a prolonged period of time it is possible that an overall positive sense of community at work could coexist with and be unrelated to bullying by one individual. Prior studies show that co-worker civility and a sense of community are related. For example, in an intervention to promote civility among nurses, Leiter et al. (35) showed improving social relationships can reduce workplace incivility. The magnitude of the relationships between values congruence and fairness with incivility and bullying were similar suggesting that these areas of worklife similarly influence these three types of workplace mistreatment.

Authentic leadership style was inversely related to perceptions of bullying and supervisor incivility, suggesting that, in part, bullying experienced by new graduate nurses may be prompted by an absence of authentic leadership. Supervisors engaging in authentic leadership behaviors are respectful towards others and foster a culture of respect, rather than one of bullying. Authentic leadership promotes job satisfaction and work engagement in new graduate nurses (28) however this is the first study to link authentic leadership to supervisor incivility and workplace bullying in this population.

Structural empowerment was more strongly related to bullying and co-worker incivility than with supervisor incivility. According to Kanter (30) empowering employees involves providing access to information, support, resources, and opportunities, which contributes to their formal and informal power. Acts of bullying and incivility serve to take away power from others, therefore it is unsurprising that empowerment is related to lower levels of bullying and incivility.

Our findings support results from a prior study showing significant relationships between total empowerment and supervisor incivility and co-worker incivility in staff nurses (11).

Finally, new graduate nurses' psychological capital was significantly related to workplace mistreatment, although less strongly than were work environment factors. Psychological capital may have a protective effect for new graduate nurses, preventing them from experiencing workplace mistreatment. This may be due to an increased ability to cope with adversity and face challenging situations with hope and positivity (33). On the other hand, our findings suggest that new graduate nurses with low psychological capital may be at increased risk of experiencing workplace mistreatment compared to those with more internal personal resources.

These results suggest modifiable work environment factors for nurse managers to target as a means of addressing workplace mistreatment. When managers are authentic in their relationships with their staff and create empowering, supportive work conditions, workplace mistreatment may be less likely to occur. However, the results also suggest that efforts to strengthen new graduates' personal resources such as self-efficacy and resilience (psychological capital) may help mitigate the negative effects of workplace bullying and incivility.

Consequences

Workplace incivility was also associated with job and career dissatisfaction, lower work engagement, higher emotional exhaustion, poor physical and mental health, and increased turnover intentions. Importantly, workplace incivility had weaker relationships with negative job-related and personal health outcomes than bullying. This may simply reflect the fact that

bullying behavior is more intense, prolonged, and targeted than uncivil acts. However, Hoel et al. (41) suggest that unchecked uncivil behaviours may escalate to stronger forms of workplace mistreatment. Thus it is wise to address more subtle forms of workplace mistreatment before this happens.

Supervisor and co-worker incivility are similar forms of workplace mistreatment but interestingly our findings showed that work engagement was only associated with co-worker incivility. One possible explanation for this finding is that new graduate nurses spend more time with their co-workers than their supervisors while engaging in nursing work. This may speak not only to the significance of co-workers' behaviours on new graduate nurse's feelings of engagement at work, but also to the distance between supervisors who often spend a lot of time fulfilling their administrative duties and staff nurses working at the bedside.

Bullying was more strongly related to all outcome variables than other forms of workplace mistreatment. This is not surprising considering the increased intensity and duration of bullying compared to acts of workplace incivility. Our results show that new graduate nurses' experiences of bullying are strongly related to both job-related and health outcomes. While bullying was related to all outcome variables, strong associations with emotional exhaustion and job satisfaction were particularly concerning. New graduate nurses who find themselves emotionally drained and dissatisfied with their jobs are unlikely to remain in their positions and may even leave nursing. According to Johnson and Rea (8) nurses targeted by workplace bullying were twice as likely to want to leave their job which isn't surprising considering the negative consequences related to this type of workplace mistreatment.

Finally, new graduate nurses' ratings of mental and physical health were negatively associated with all three forms of workplace mistreatment. This highlights the personal costs of workplace incivility and bullying on new graduate nurses. For many new nurses, the transition into the workplace is already a time of uncertainty and overwhelming change which can be tremendously stressful. Experiencing bullying or incivility can make this transition even more difficult, especially when mental and physical health becomes compromised as a result.

Conclusion

Taken together our results show that both bullying and incivility have a negative impact on new graduate nurses' work and health. Beginning nurses who experience workplace mistreatment at work are less likely to want to stay in their current job and may even end up leaving the profession as a result of the overwhelming stress, emotional exhaustion, and poor health effects caused by these experiences. New graduate nurses are a valuable resource that the profession cannot afford to lose, especially in the context of an aging population and a shortage of nurses. Pearson and Porath (42) note that unchecked incivility often escalates to more overt forms of workplace mistreatment, such as bullying. Thus, it is important for nurse managers to address incivility in a timely manner. Our results suggest that authentic leadership and empowering work environments that foster the personal growth of new graduate nurses may be promising strategies. Implementing practices to prevent and reduce workplace mistreatment behaviours targeting new graduate nurses is an important tactic for retaining new grads, thereby contributing to the sustainability of the nursing workforce.

References

1. Canadian Nurses Association. Tested solutions for eliminating Canada's registered nurse shortage. 2009. http://www.nurseone.ca/images/HHR/RN_shortage_Report_e.pdf Accessed July 9, 2012.
2. Juraschek SP, Zhang X, Ranganathan VK, Lin VW. United States registered nurse workforce report card and shortage forecast. *Am J Med Qual.* 2011;27(3):241-249. doi: 10.1177/1062860611416634
3. Beecroft PC, Dorey F, Wenten M. Turnover intention in new graduate nurses: A multivariate analysis. *J Adv Nurs.* 2008;62(1):41-52.
4. Bowles C, Candela C. First job experiences of recent RN graduates. *J Nurs Adm.* 2005;35(3):130-137.
5. Rhéaume A, Clement L, LeBel N, Robichaud K. Workplace experiences of new graduate nurses. *Nursing Leadership.* (2011);24(2):80-98.
6. Higgins G, Spencer RL, Kane R. A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Education Today.* 2010;30(6):499-508.
7. Zeller EL, Doutrich D, Guido GW, Hoeksel R. A culture of mutual support: Discovering why new nurses stay in nursing. *The Journal of Continuing Education in Nursing.* (2011);42(9):409-414.
8. Johnson S, Rea RE. Workplace bullying. *J Nurs Adm.* 2009;39(2):84-90.
9. Laschinger HKS. Job and career satisfaction and turnover intentions of newly graduated nurses. *Journal of Nursing Management.* 2011;20(4):472-484.
10. McKenna BG, Smith NA, Poole SJ, Coverdale JH. Horizontal violence: Experiences of registered nurses in their first year of practice. *J Adv Nurs.* 2003;42(1):90-96.

11. Laschinger HKS, Finegan J, Wilk P. New graduate burnout: The impact of professional practice environment, workplace civility, and empowerment. *Nursing Economics*. 2009;27(6):377-383.
12. Simons S. Workplace bullying experienced by Massachusetts registered nurses and the relationship to intention to leave the organization. *ANS Adv Nurs Sci*. 2008;31(2):E48-E59.
13. Canadian Nurses Association. Planning for the future: Nursing human resource projections. 2002. http://www.cna-nurses.ca/CNA/documents/pdf/publications/Planning_for_the_future_June_2002_e.pdf
14. Andersson LM, Pearson CM. Tit for tat? The spiraling effect of incivility in the workplace. *The Academy of Management Review*. 1999;24:452-472.
15. Hansen AM, Høgh A, Persson R, Karlson B, Garde AH, Ørbæk P. Bullying at work, health outcomes, and physiological stress response. *Journal of Psychosomatic Research*. 2006;60:63-72.
16. Cortina LM, Magley VJ, Williams JH, Langhout, RD. Incivility in the workplace: Incidence and impact. *Journal of Occupational Health Psychology*. 2001;6:64-80.
17. Laschinger HKS, Leiter M, Day A, Gilin D. Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management*. 2009;17(3):302-311.
18. Smith LM, Andrusyszyn MA, Laschinger HKS. Effects of workplace incivility and empowerment on newly-graduated nurses' organizational commitment. *Journal of Nursing Management*. 2010;18(8): 004-1015.

19. Leymann H. The content and development of mobbing at work. *European Journal of Work and Organizational Psychology*. 1996;5(2):165-184.
20. Mikkelsen EE, Einarson S. Basic assumptions and symptoms of post-traumatic stress among victims of bullying at work. *European Journal of Work and Organizational Psychology*. 2002;11(1);87-111.
21. Glasø LB, Birkeland Nielson M, & Einarsen S. Interpersonal problems among perpetrators and targets of workplace bullying. *Journal of Applied Social Psychology*. 2009;39(6):, 1316-1333.
22. Tuckey MD, Dollard MF, Hosking PJ, Winefield AH. Workplace bullying: The role of psychological work environment factors. *International Journal of Stress Management*. 2009;16(3):215-232.
23. Laschinger HKS, Grau AL. 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*. 2012;49(3);282-291.
24. Laschinger HKS, Grau A, Finegan J, Wilk P. New graduate nurses' experiences of bullying and burnout in hospital settings. *J Adv Nur*. 2010;66(12):2732-2742.
25. Simons S, Mawn B. Bullying in the workplace – A qualitative study of newly licensed registered nurses. *American Association of Occupational Health Nurses Journal*. 2010;58(7):305-311.
26. McDonald AW, Ward-Smith P. A review of evidence-based strategies to retain graduate nurses in the profession. *Journal for Nurses in Staff Development*. 2012;28(1):E16-20.

27. Malouf N, West S. Fitting in: A pervasive new graduate nurse need. *Nurse Education Today*. 2011;31:488-493.
28. Avolio BJ, Gardner WL. Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly*. 2005;16(3):315-338.
29. Giallonardo LM, Wong CA, Iwasiw CL. Authentic leadership of preceptors: Predictor of new graduate nurses' work engagement and job satisfaction. *Journal of Nursing Management*. 2010;18(8): 993-1003. doi: 10.1111/j.1365-2834.2010.01126.x
30. Kanter RM. (1993) *Men and Women of the Corporation*. (2nd ed.). New York: Basic Books.
31. Laschinger HKS. Effect of empowerment on professional practice environments, work satisfaction, and patient care quality: Further testing the nursing worklife model. *J Nurs Care Qual*. 2008;23(4):322-330.
32. Leiter MP, Maslach C. Areas of worklife: A structured approach to organizational predictors of job burnout. In research in occupational stress and well-being (P.L. Perrewe & D.C. Ganster eds.). Elsevier, Oxford; 2004:91-134.
33. Luthans F, Luthans K, Luthans B. Positive psychological capital: beyond human and social capital. *Business Horizons*. 2004;1(1):45-50.
34. Hellman C. Job satisfaction and intent to leave. *J Soc Psychol*. 1997;137:677-689.
35. Leiter MP, Laschinger HKS, Day A, Oore DG. The impact of civility interventions on employee social behavior, distress, and attitudes. *J Appl Psychol*. 2011;96(6):1258-1274.
36. Lim S, Cortina LM, Magley VJ. Personal and workgroup incivility: Impact on work and health outcomes. *J Appl Psychol*. 2008;93(1):95-107.
37. Quine L. Workplace bullying in nurses. *J Health Psychol*. 2001;6(1):73-84

38. Maslach C, Schaufeli WB, Letier MP. Job burnout. *Annu Rev Psychol.* 2001;52:397-422.
39. Schaufeli WB, Bakker AB. Job demands, job resources and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior.* 2004;25:293-315.
40. Dillman DA. *Mail and Internet Surveys: The tailored design method.* New York: Wiley; 2000.
41. Hoel H, Sheehan MJ, Cooper CL, Einarsen S. Organisational effects of workplace bullying In *Bullying and harassment in the workplace: Developments in theory, research, and practice.* (2nd ed.). Eds. S Einarsen, H Hoel, D Zapf, C Cooper. (2011). CRC Press, Taylor & Francis Group, Boca Raton, Florida; p.129-143.
42. Pearson CM, Porath, CL. On the nature, consequences and remedies of workplace incivility: No time for “nice”? Think again. *Academy of Management Perspectives.* 2005;19(1):7-18.

Table 1. Means, standard deviations, and Pearson's correlations of study variables

VARIABLE	M	SD	α	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. Authentic Leadership	2.47	0.86	.94	--																		
2. Psychological Capital	5.06	0.73	.84	.25	--																	
3. Total Empowerment	13.63	2.32	.83	.42	.25	--																
4. Opportunity	4.12	0.70	.77	.11	.01*	.62	--															
5. Information	3.41	0.84	.78	.38	.21	.71	.32	--														
6. Support	3.02	0.88	.80	.34	.25	.77	.30	.36	--													
7. Resources	3.12	0.81	.76	.32	.23	.70	.23	.28	.46	--												
8. Engagement	3.28	0.73	.86	.23	.36	.43	.23	.25	.34	.37	--											
9. Community	3.71	0.90	.80	.29	.25	.51	.27	.29	.43	.41	.33	--										
10. Values Congruence	3.18	0.70	.54	.35	.41	.48	.11	.32	.44	.44	.35	.33	--									
11. Fairness	2.87	0.63	.40	.37	.12	.41	.19	.27	.34	.37	.17	.25	.41	--								
12. Supervisor Incivility	1.33	0.56	.90	-.32	-.17	-.22	-.08*	-.13	-.18	-.25	-.09*	-.32	-.28	-.30	--							
13. Co-worker Incivility	1.64	0.75	.91	-.24	-.19	-.31	-.14	-.16	-.26	-.29	-.23	-.58	-.30	-.29	.49	--						
14. Bullying	1.57	0.55	.92	-.35	-.21	-.34	-.13	-.20	-.28	-.34	-.27	-.44	-.33	-.35	.49	.73	--					
15. Burnout	2.90	1.51	.92	-.23	-.32	-.18	.13	-.06*	-.16	-.40	-.39	-.23	-.32	-.17	.35	.31	.46	--				
16. Mental Health	2.45	0.91	.80	-.19	-.36	-.17	.03*	-.14	-.15	-.21	-.36	-.23	-.19	-.10*	.28	.25	.32	.50	--			
17. Physical Health	2.73	1.00	.87	-.22	-.29	-.22	.03*	-.12	-.16	-.37	-.41	-.24	-.27	-.17	.33	.28	.39	.76	.56	--		
18. Job Satisfaction	3.07	0.89	.82	.41	.30	.57	.25	.37	.45	.53	.52	.53	.48	.40	-.24	-.37	-.46	-.48	-.36	-.46	--	
19. Career Satisfaction	4.26	0.81	.84	.21	.38	.24	.12	.21	.21	.16	.47	.28	.30	.05*	-.12	-.16	-.21	-.31	-.39	-.36	.49	--
20. Personal Efficacy	4.62	0.93	.84	.13	.56	.30	.18	.24	.23	.18	.32	.25	.27	.07*	.01*	-.09*	-.03*	-.07*	-.22	-.12	.23	.32

*Non-significant at the $p < 0.05$ level

Table 2. Study instruments and reliability coefficients.

Variable	Instrument	Authors	# of items	Cronbach's α
Incivility	Workplace Incivility Scale	Cortina et al., 2001	7	.89
Bullying	Negative Acts Questionnaire	Einarsen et al., 2009	22	
Empowerment	CWEQ II	Laschinger et al., 2001	19	.79-.82
Community	Areas of Worklife Scale, <i>Community Subscale</i>	Leiter & Maslach, 2004	3	.70
Values Congruence	Areas of Worklife Scale, <i>Values Subscale</i>	Leiter & Maslach, 2004	3	.74
Fairness	Areas of Worklife Scale, <i>Fairness Subscale</i>	Leiter & Maslach, 2004	3	.83
Psychological Capital	Psychological Capital Questionnaire	Luthans et al., 2007	24	.88-.89
Authentic Leadership	Authentic Leadership Questionnaire	Walumbwa et al., 2008	16	.94
Burnout	Maslach Burnout Inventory General Scale, <i>Emotional Exhaustion Subscale</i>	Schaufeli et al., 1996	5	.94
Job Self Efficacy	Maslach Burnout Inventory General Scale, <i>Efficacy Subscale</i>	Schaufeli et al., 1996	5	.84
Physical Health	Pressure Management Indicator <i>Physical Symptoms subscale</i> <i>Energy Levels subscale</i>	Williams and Cooper, 1998	3 4	.72 .79
Mental Health	SF 36 Health Survey, <i>Mental Health Index</i>	Turner et al., 2008	5	.78-.90
Job Satisfaction	Not applicable	Shaver and Lacey, 2003	4	.82
Career Satisfaction	Not applicable	Shaver and Lacey, 2003	2	.84
Job Turnover Intentions	Not applicable	Kelloway et al., 1999	4	.80
Career Turnover Intentions	Not applicable	Kelloway et al., 1999	4	.84

Figure 1. Model of antecedents and outcomes of bullying amongst new graduate nurses.

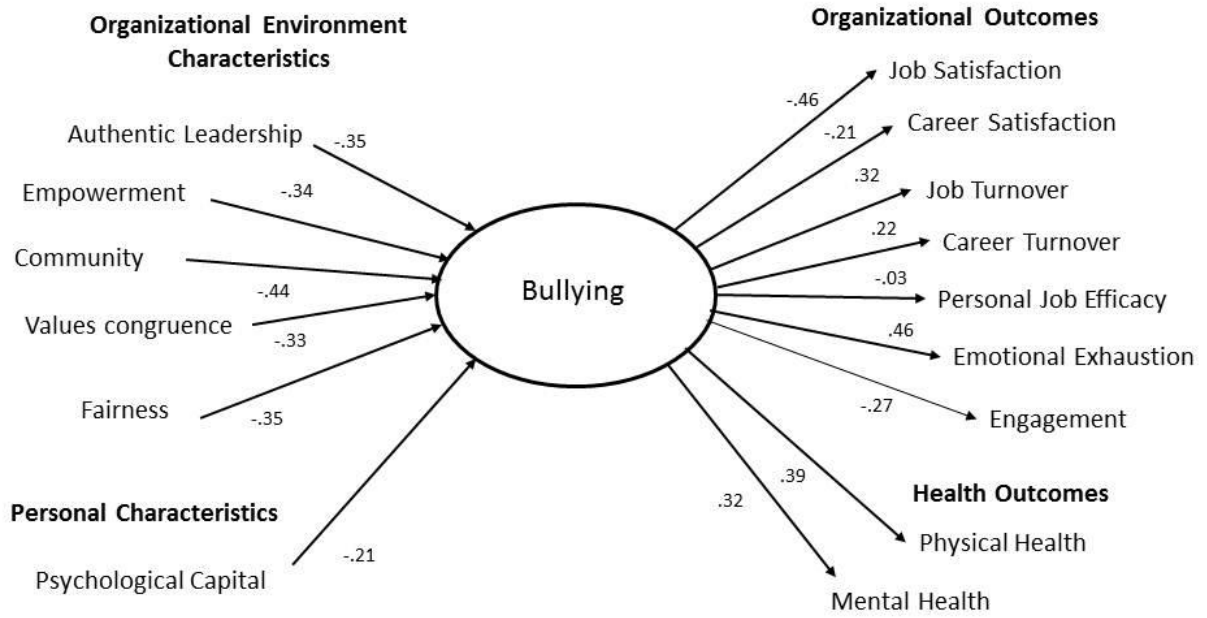
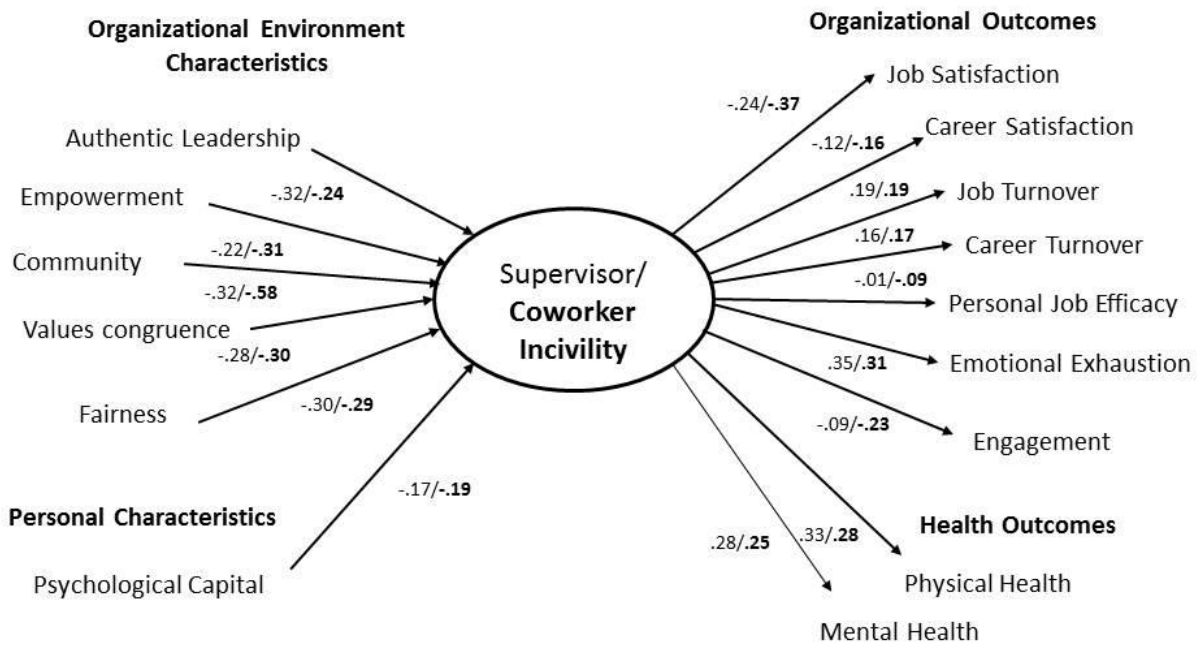


Figure 2. Model of antecedents and outcomes of incivility amongst new graduate nurses.



Note:

Bold font = co-worker incivility

Non bolded font = supervisor incivility