Exploring the relationships of perceived workplace incivility, stress and burnout on nurses’ turnover intentions, turnover rates and perceived level of psychological empowerment among medical surgical and critical care nurses in community and tertiary hospitals through the lens of complexity science

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PURPOSE OF STUDY

• Explore the relationships of workplace incivility, stress and burnout on nurses’ intent to leave their jobs, turnover rates and level of nurses’ psychological empowerment among critical care and medical surgical nurses in the community and tertiary hospitals through the lens of complexity science
BACKGROUND

Workplace Incivility

- “low intensity deviant behavior” (Andersson and Pearson, 1991)
- Persistent demeaning and downgrading of individuals (Stagg, 2010)
- Organizations’ cultural norms for tolerance: dance of civility/incivility
- Numerous interchangeable terms such as violence, bullying, hostility, verbal abuse, workplace victimization etc, have been used
- Estimated financial costs of workplace violence is $4.2 billion/year
- Litmus test for managers
BACKGROUND

Workplace Stress

- “a nonspecific response of the body to any demand, whether it is caused by, or results in, pleasant or unpleasant conditions”... (Seyle, 1982)
- Sources of stress in nursing: heavy workload, physical work environment, inadequate staffing, death and dying situations, conflicts with coworkers
- Effects of stress: behavioral, physical and financial impact
BACKGROUND

Burnout

- Syndrome of emotional exhaustion, depersonalization and lack of personal accomplishment (Maslach & Jackson, 1981)
- Prolonged stress results in burnout
- Effects of burnout: behavioral, physical and financial impact
BACKGROUND

Empowerment

- Two complementary perspectives:
  - Structural
  - Psychological

- Structured workplace environment enable employees to feel empowered thereby employees respond and rise to the challenges present in their organization

- Employees with sufficient empowerment are able to fulfill the tasks the organization is asking of them, problem solve and engage in innovation practices
THEORETICAL BACKGROUND

Complexity Science:
- Systems thinking
- Ability to see, integrate, and appreciate the emerging view of unity and wholeness, reciprocity, interdependence and co creation within the web of life
- Concept of non-locality demonstrates that once a quantum entity such as an electron comes in contact with another, the entities retain a connection even when separated by time and space
- Traditional science defines relationship by geographic proximity.
THEORETICAL BACKGROUND

- Example: a nurse’s negative attitude on a new graduate nurse even if the new graduate nurse is removed from the negativity.
- Nurses as scientists and artists
- Nurses as complex adaptive beings
- Understanding of healthcare as a complex adaptive system
- Complex adaptive system
  - missed/avoided opportunities ➔ maladaptive modes that increase “dance of incivility”
  - seized opportunities ➔ adaptive modes which increase “dance of civility”
CONCEPTUAL FRAMEWORK

Modified Framework (Clark & Springer 2012; Nadeau & Kafatos 2002; Cortina et al, 2001)
PROPOSED CONCEPTUAL FRAMEWORK

Figure II

Research and Measurement Model

- Stress (PSS)
- Burnout (MBI)
- Workplace Incivility (MIS)

COMMUNITY
- Medical Surgical Nurses (self report)
- Critical Care Nurses (self report)

TERTIARY
- INTENT TO LEAVE (Kelloway’s scale)
- PSYCHOLOGICAL EMPOWERMENT (Spreitzer’s scale)
- TURNOVER RATE (accessed HR database)
QUESTIONS

- Are there differences between medical surgical and critical care nurses’ perceived workplace incivility, stress levels, burnout, intent to leave, turnover rates and levels of psychological empowerment?
- Are there relationships among perceived workplace incivility, stress levels, burnout rates, intent to leave, turnover rates and levels of psychological empowerment in medical-surgical nurses in community and tertiary hospitals?
- Are there relationships among perceived workplace incivility, stress levels, burnout rates, intent to leave, turnover rates and levels of psychological empowerment among critical care nurses in community and tertiary hospitals?
METHODS

- Exploratory, correlational and non experimental quantitative study
- Target population: medical surgical and critical care nurses in the 200 beds and 248 beds community hospitals and 697 beds tertiary hospital
- Convenience sampling method with 400 surveys
- Five survey instruments used (as mentioned in Fig. II)
- IRB approved
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**Correlation is significant at the 0.01 level (2 tailed)**
*Correlation is significant at the 0.05 level (2 tailed)
DISCUSSION

- Stress and burnout were related to workplace incivility.
- Factors related to turnover intentions included incivility and burnout.
- Workplace incivility correlated with stress, burnout, turnover intentions and total years of nursing.
- RN education levels correlated with burnout.
- Total years of nursing correlated with incivility, burnout and turnover intentions.
- From a theoretical perspective, nurses reported moderate levels of psychological empowerment, however it was not found to be associated with any of the study variables.
- Turnover rates data was not available.
NURSING IMPLICATIONS

- Nursing leadership interventions with regards to zero tolerance policy, code of professionalism
- Managers’ fluency in identifying factors that predispose environment to “dance of incivility”
- Leadership creating open communication environment: transparency
- Nursing Administrators as advocates for healthy workforce...access to gyms, structured relaxation techniques, wellness programs, supportive social network environment, appropriate healthy food choices
- Nurse leaders must develop greater self awareness which will increase their ability to manage and respond to staff’s needs
REFERENCES

- Clark CM, Springer PJ. Academic nurse leaders’ role in fostering a culture of civility in nursing education. *Journal of Nursing Education*. 2012; 49(6), 319-325.
REFERENCES

- Badger JM. A descriptive study of coping strategies used by medical intensive care unit nurses during transitions from cure to comfort oriented care. Heart and Lung. 2005; 34(1), 63-68.
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