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THE PERCEPTION OF INCIVILITY ON CAREER RETENTION
OF NEW GRADUATE NURSES

A Major Paper Presented

by

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THE PERCEPTION OF INCIVILITY ON CAREER RETENTION
OF NEW GRADUATE NURSES

by

Michelle Kurzbach, BSN, RN

A Major Paper Submitted in Partial Fulfillment

of the Requirements for the Degree of

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in

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Abstract

Over the past few decades, researchers have been exploring the cause and effects of incivility in the nursing profession. With the nursing shortage on the rise, organizations are focused on decreased retention rates and the impact on patient outcomes and organizational costs. In order to assess and evaluate the current literature on incivility toward new nurses and its' impact on retention, an integrative review was conducted. The purpose of this project was to evaluate incivility toward new graduate nurses and the impact incivility has on career retention. The Theory of Planned Behaviour was the framework used to guide this review. The CINAHL database search revealed 26 articles; the PRISMA flow chart was used to document the search path. Five articles met the inclusion and exclusion criteria. The included articles were reviewed using Polit & Beck's literature review; quantitative research and qualitative research report guidelines. A cross-literature analysis was then conducted to identify common themes and key findings. The review revealed that incivility continues to greatly influence new nurses' intentions to leave their current positions and possibly the profession. The numbers of articles was limited but were of high quality and provided sound data that revealed the impact of incivility on new graduate nurses and their retention intentions. In conclusion, incivility is under-addressed and under-recognized as a cause of decreased job satisfaction and retention. Further research should evaluate the effectiveness of empowerment, education programs, zero tolerance, and behavioral accountability in decreasing the incidence and impact of incivility. Advance Practice Registered Nurses (APRNs) can role model and support nurses to be accountable for their behaviors and can teach team building skills to build a zero-tolerance civil work environment.

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Background/Statement of the Problem

Incivility is an identified and continuing problem within the nursing profession. Without solutions to this problem, nursing as well as healthcare facilities will be negatively impacted. Incivility is defined as “the quality or state of being uncivil; a rude or discourteous act” (Merriam-Webster.com, 2018). According to Warner, Sommers, Zappa, and Thornlow (2016) “Hospitals and healthcare organizations experience additional consequences from an uncivil work environment through increased costs related to nursing turnover, absenteeism, and decreased work performance” (p.23). The average hospital will spend well over \$300,000 for every percentage point of turnover rates (Warner et al.). In addition, healthcare organizations spend a tremendous amount of money per employee experiencing workplace incivility each year (Warner et al.). If incivility continues in health care facilities, it will be challenging to retain staff, which in turn may result in low levels of professional satisfaction among nurses, loss of continuity of care, low patient satisfaction, and financial losses. It would be wise to explore the reasons for incivility in organizations and identify solutions to modify the behaviors.

In any clinical and community setting, nurses may experience acts of incivility, bullying, overt and covert, and/or lateral violence. Incivility refers to uncivil acts towards others and also is thought by some to encompass well defined acts such as bullying and lateral violence. Incivility, bullying, and lateral violence are all intertwined and cause an untrusting and at times a hostile work environment that can lead to ineffective communication, decreased patient safety, lack of retention, and decreased career performance (Smith, Andrusyszyn, & Laschinger, 2010). These acts need to be

continually assessed and managed to ensure safer and healthier work environments that foster respect and professional empowerment.

The purpose of this project is to evaluate incivility towards new graduate nurse and the impact incivility has on career retention. Next, the review of the literature will be presented.

Literature Review

The search engine used to conduct this literature review was CINAHL and search terms included “incivility”, “nursing”, “new graduate nurse”, and “retention.” Terms that were excluded were “bullying”, “violence”, and “lateral violence”. No time limit was imposed on the search.

There is a significant amount of literature regarding incivility among nurses. The phrase ‘nurses eat their young’ dates back as far as most can remember and is also reflected in the literature. This literature review will: define incivility in order to provide structure and identify defining characteristics; distinguish incivility from related characteristics; explore incivility in nursing; and examine the impact of incivility on career retention. Emphasis will be placed on impact on new graduate nurses, which will be defined.

Defining Incivility

The American Nurses Association (ANA, 2015) identified incivility as a form of rude and discourteous actions, of gossiping and spreading rumors, and of refusing to assist coworkers. This inclusion of rude and discourteous actions provides a consistent foundation for defining incivility. Meires (2018) described incivility in healthcare practice as an impolite or disrespectful display of bad manners towards the team members. The author noted that the Joint Commission identified poor staffing levels, role ambiguity, fatigue, heavy workload, stress, and improper power balance as contributing to incivility. Meires further identified Aristotle’s five rights and Goleman’s perception of emotional intelligence as impacting incivility. Aristotle’s five rights include to be angry with the right person, to the right degree, at the right time, for the right purpose, and in

the right way. Goleman's perception of emotional intelligence revolves around nurses being aware of their own thoughts and emotions, removing their own emotions, and reacting to the situation after thinking before they act or address the problems (Meires).

Authors D'Ambra and Andrews (2012) and Wing, Regan, and Laschinger's (2013) definition of incivility are consistent with those previously cited, but they offer a refined perspective of the behaviors. Both describe incivility as behaviors that are emotionally harmful because they are considered to be low intensity of rude behaviors towards a coworker. The emotional harm that stems from incivility is seen in higher levels of stress, decreased job satisfaction, and psychological distress, which affects the victims' concentration. Wing et al. specifically defined incivility as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms and mutual respect" (p.634).

These authors and others differ in how they categorize bullying and horizontal violence as compared to incivility. Wing et al. (2013) separated the characteristics of incivility from bullying and horizontal violence. They identified incivility as having its' own traits and three characteristics, including violation of norms, ambiguous intentions, and low intensity behaviors. In contrast, D'Ambra and Andrews (2014) categorized bullying and horizontal violence as an expression of incivility. Armstrong (2018) aligned with D'Ambra and Andrews in identifying that nursing incivility can be a form of bullying. Pfeifer and Vessey concluded (2017) that while these constructs are somewhat different, they share similar attributes.

Thomas (2018) combined incivility with the acts of bullying and horizontal, lateral, and vertical violence as one category. The theme of aggression is the basis, with

the focus on degrading a person's dignity, resulting in a loss of self-respect which emotionally affects the victim. The author further described these acts as exclusions, hostility, and rude behaviors directed towards students by staff nurses in the clinical setting. Viotti, Converso, Hamblin, Guidetti, and Arnetz (2018) further identified co-worker incivility as one of the subtlest forms of mistreatment.

Phillips, MacKusick, and Whichello (2018) viewed incivility as a result of rude behavior that fosters negative aggression. Phillips et al. described how the rude behaviors between co-workers begin and further develops into incivility that can continue to grow in the workplace. Hamblin et al. (2016) identified four types of incivility; the focus of this review is on Type III incivility, which involves a coworker as the instigator. Phillips, Stalter, Winegardner, Wiggs, and Jauch (2018) discussed the international scope of incivility and the impact on global health.

Distinguishing Incivility from Bullying and Lateral Violence

Defining levels of inappropriate professional behavior can be difficult because the literature uses the terminologies interchangeably and the acts defined under these titles overlap. However, ANA, (2018) and The Center for American Nurses (2008) created position statements to better categorize these behaviors. The terminology bullying is "offensive abusive, intimidating, malicious or insulting behaviour, or abuse of power conducted by an individual or group against others, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress. Bullying is behavior which is generally persistent, systematic and ongoing" (Center for American Nurses, 2008, p.1).

Bullying can be further distinguished into two subtypes, overt bullying and covert bullying. Overt bullying is defined as the acts of open non-physical aggression, open physical aggression, public humiliation, terror tactics, both sexual and non-sexual and/or racial harassment, withholding of pay, and or threats related to career prospects (Bullying in the Workplace, 2017). Covert bullying is defined as unfair task allocation, withholding of information, group manipulation, and management manipulation (Bullying in the Workplace).

The Center for American Nurses (2008) defined lateral violence as “the physical, verbal or emotional abuse of an employee” (p.1). Within nursing, lateral violence has been defined as nurse-to-nurse aggression. This violence can be manifested in verbal or nonverbal behaviors. The ten most common forms of lateral violence in nursing are non-verbal innuendo, verbal affront, undermining activities, withholding information, sabotage, infighting, scapegoating, backstabbing, failure to respect privacy, and broken confidences (Center for American Nurses, 2008). According to Embree and White (2010), nurse-to-nurse lateral violence is nurse-to-nurse aggression with overtly or covertly directing dissatisfaction toward another.

Pfeifer and Vessey (2017) completed an integrative review of bullying and lateral violence among nurses in Magnet organizations. They concluded that bullying and lateral violence are still a significant issue, including in Magnet hospitals, that a variety of terms are still used to define and measure bullying and lateral violence, and that further research into ways to reduce the occurrence is needed.

Incivility in Nursing

Laschinger (2014) conducted a study to examine the impact of incivility in the workplace and nurses' perceptions of the impact on patient safety. The author also assessed quality and prevalence of adverse events. Data were collected from 336 staff nurses in acute care hospitals in Ontario in the fall of 2012. Participants were provided with questionnaires that were sent home by the nursing licensing agency of Ontario. The nurses who participated all worked in Ontario hospitals and their information was obtained from the College of Nursing provincial registry list.

Nurses were asked three questions using a 5-point Likert scale: Negative interpersonal relationships on my unit create a risk to my patients; Negative interpersonal relationships on my unit result in failure to report patients inpatient care; Negative interpersonal relationships on my unit threaten communication about patient care within the healthcare system. Levels of incivility were perceived by nurses to negatively impact patient safety; the mean score in response to the three questions was 2.31 with a SD of 1.04. Incivility amongst coworkers, physicians, and supervisors were found to negatively impact care quality and adverse event frequency. Patients and families were found to complain about the quality of their care, adverse events, and the perception of their safety at times when incivility was present. The findings of this study showed a breakdown of communication and that incivility has a great impact on all aspects of nursing. The author noted that even low levels of incivility can create a dangerous environment (Laschinger).

Warner et al. (2016) conducted a quality improvement project to create awareness of incivility and develop a culture of safety. The setting was an inpatient facility located in the Midwestern United States and was conducted on a 60-bed orthopedic surgical

specialty unit. The authors used the *Nurse Incivility Scale* (NIS), a 42 item Likert scale questionnaire that was developed by Guidroz, Burnfield-Geimer, Clark, Schwetschenau, and Jex in 2010. The measure was used prior to the training, immediately after the training, and finally two months post survey. The questionnaire was provided to 114 staff members and a total of 99 staff members participated. The participants included 39 Registered Nurses (RNs) and 60 other health care professionals that consisted of physical therapists, respiratory therapists, case managers, unit secretaries/ techs, and management.

The survey used a Likert response scale, with 1 = strongly disagree and 5 = strongly agree. The greatest response was from the full-time RNs that had been with the organization one year to five years. T-tests were run to compare the pre-survey with the immediate post-survey results and with the post-2 survey. Immediate post- and two months post surveys showed no significant changes in the staffs' awareness as compared to the pre-surveys. However, as noted by the authors, there was a tendency toward increased mean scores, possibly demonstrating increased awareness. Two of the five subscales demonstrated significant decreases in occurrences of incivility events: general incivility ($p = 0.00$) and physician incivility ($p = 0.04$). The relevance to nursing from this project is to identify incivility, create awareness, educate the staff on the impact of incivility, and create a culture of safety for patients and increased staff satisfaction.

Ward-Smith, Hokanson Hawks, Quallich, and Provence (2018) conducted a survey design study that gathered data from 173 members of Society of Urologic Nurses and Associates. According to the authors, 18.5% of the participants reported severe incivility in their current role and reported plans to leave their position within the next 12 months. Stress and anxiety also were identified as an outcome to incivility from this

study but details were not provided. Workplace incivility among nurses had negative impact on nurses, the patients, and the healthcare organization. This study and many others like it earmark the significance that incivility plays in the nursing profession.

New Graduate Nurses and Retention Defined

New graduate nurses are commonly defined by their years worked and can also be narrowed down by the scope and location of their practice. Wing et al. (2013) defined new graduate nurses as nurses that have been registered nurses for an average of 2.3 years and have worked 2.1 years in their current organization. In D'Ambra and Andrews' (2012) study, new graduates were defined as nurses that were in the last month of their 12month residency program. Laschinger, Wong, Regan, Young-Ritchie, and Bushell (2013) defined new graduate nurses as nurses that had been in the workplace less than one year. Embree et al. (2010) distinguished new graduate nurses as nurses that had worked three years or less. Finally, Warner et al. (2016), along with Read and Laschinger (2013), simply classified new graduate nurses as newly licensed registered nurses hired into their first nursing position, which avoids outlining a timeframe.

There may be time frames associated with retention, however they vary from study to study. D'Ambra and Andrews' (2012) study classified retention as turnover within the first two years. Embree et al. (2010) defined retention as "new graduate nurses remaining in their position greater than six months because 60% of new graduate nurses leave their first positions within 6 months" (p.1005). Lastly, Wing et al. (2013) discussed retention, although they do not provide a structured time frame. For this integrative review the work of Embree et al. (2010), which defined a new graduate nurse that had

worked three years or less, was used to guide this review. Next, the theoretical framework will be presented.

Theoretical Framework

The Theory of Planned Behavior by Icek Ajzen (1991) was used as the framework to guide this study. Icek Ajzen, Ph.D. is a social psychologist from the University of Illinois in 1969 and is currently a professor at the University of Massachusetts in Amherst, Massachusetts. The origin of the Theory of Planned Behavior was from the Theory of Reasoned Action, also founded by Dr. Ajzen and Dr. Fishbein. From the Theory of Reasoned Action, Dr. Ajzen broadened the theory by adding perceived behavioral control, creating the Theory of Planned Behavior. Icek Ajzen has been an active author of many research articles, books, founder, and cofounder of theories on human behavior.

The Theory of Planned Behavior is a middle range theory that explains the relationship among beliefs, attitudes, intentions, and behavior (McEwen and Wills, 2014). According to the theory, the most important determinant of a person's behavior are personal intentions (McEwen & Wills). The Theory of Planned Behavior is broken down into three categories: attitude; subjective norms; and perceived behavioral control. The complexity of this theory is found by identifying behaviors and beliefs to be measured and modified (Ajzen, 1991).

The Theory of Planned Behavior has a broad scope that can be narrowed depending on the questions (Ajzen, 1991). Whether the research is addressing seatbelt use, domestic violence, adherence to weight loss programs, or incivility, this theory is broad enough to measure the different exhibited behaviors). By narrowing questions about specific behaviors, the theory is able to focus on social norms among

the targeted group (Ajzen). Depending on who utilizes this theory, it can be shaped to the desired population studied.

The Theory of Planned Behavior has consistency because it creates a standard for behavioral measurement that can be applied to multiple focuses of study. However, researchers need to be mindful of the scope of the study being conducted. Research that applies this theory can be useful to help predict outcomes of the subject perceptions and beliefs towards the attitudes, social norms and overall behaviors (Ajzen, 1991).

The Theory of Planned Behavior was used in a study that examined health professional students' behavioral intents in relation to medication safety and collaborative practice (Ajzen, 1991). This study showed the usefulness of the Theory of Planned Behavior in measuring behavioral intentions among medical students, nursing students, and pharmacy students. T Results demonstrated a strong correlation between attitudes among the disciplines which can greatly impact the communication and collaboration that can impact the safety of the patients.

Next, the method will be presented.

Method

Purpose/ Clinical Question/Outcomes to be examined

The purpose of this project was to evaluate incivility towards new graduate nurses and the impact incivility has on career retention.

The clinical question was: What is the impact of incivility on career retention of new graduate nurses?

The outcome examined was career retention.

Inclusion/Exclusion Criteria and Limits

This review included inclusion criteria of: (a) new graduate nurses are studied, defined as nurses that have worked three years or less; (b) must be studied and employed in an acute care clinical setting; (c) must explore new graduate nurses that have experienced incivility, defined as low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms and mutual respect; (d) must measure retention, defined as turnover within the first two years.

The exclusion criteria included (a) experienced nurses, (b) graduate nursing students, (c) bullying in the title, (d) lateral violence in the title, (e.) no time limitations for this review, (f) no limitations on article types.

Detailed Search Strategy

The search strategy included using the search engine CINAHL to find what the impact of “incivility” and “new graduate nurses” and “retention.” The data base revealed 26 articles related to this search.

Data Collection: Assessment Criteria/ Critical Appraisal Tools

The assessment criteria and/or critical appraisal tool was Polit & Beck guidelines. The overall qualitative critiquing research report used for qualitative studies. Qualitative research was a phenomenon that is generally a comprehensive and holistic fashion, through the collection of generous narrative materials using a flexible research design (Polit & Beck, 2017). The guidelines analyzed the title, the abstract, the problem statement, the research question, the literature review and the conceptual underpinning. The assessment of the methodology embraces the protection of human rights, the research design, the population and sample, setting, the data collection and measurement instruments. Data analysis reviewed the findings and discussions of the interpretation of the results.

The overall quantitative critiquing research report used for any quantitative studies. Quantitative research is a phenomenon that offers itself to precise measurement and quantification, often involving a rigorous and control design (Polit & Beck, 2017). This tool analyzed each articles title, abstract, statement to the problem, hypothesis/research questions, literature review, and the conceptual/theoretical framework. Then the results assessed the method and protection of human rights, research design, population and sample, data collection in measurement, procedures, data analysis, and findings. The discussion section reviews the interpretation of the findings, decisions, and implementations and recommendations.

The literature review evaluated was critiqued by the literature critique guidelines. By incorporating literature reviews the state of research at that time Is evaluated for research Evidence adequacy and relevance. The critiquing questions consist of: (1) Is the

review relevant – does it include all major studies on the topic? Does it include recent research (Studies published within previous 2 to 3 years)? Are studies from other related disciplines included, if appropriate? (2) Does the review rely mainly on primary source research articles? Are the articles from peer-reviewed journals? (3) Is the review merely a summary of existing work, or does it critically appraise and compare key studies? Does the review identify important gaps in the literature? (4) Is the review well organized? Is the development of ideas clear? (5) Does the review use appropriate language, suggesting the tentativeness of prior findings? Is the review objective? Does the author paraphrase, or is there an overreliance on quotes from the original sources? (6) If the review was part of the research report for a new study, does the review support the need for the study? (7) If it is a review designed to summarize evidence for clinical practice, does the review draw a reasonable conclusion about practice implications? (Polit & Beck, 2017, p.113)

The PRISMA Flow Chart (Figure 1 on the next page) was used to document the search process.

Cross Study Analysis

Across-literature analysis was completed to analyze findings across the literature to compare and contrast the results.

Figure 1

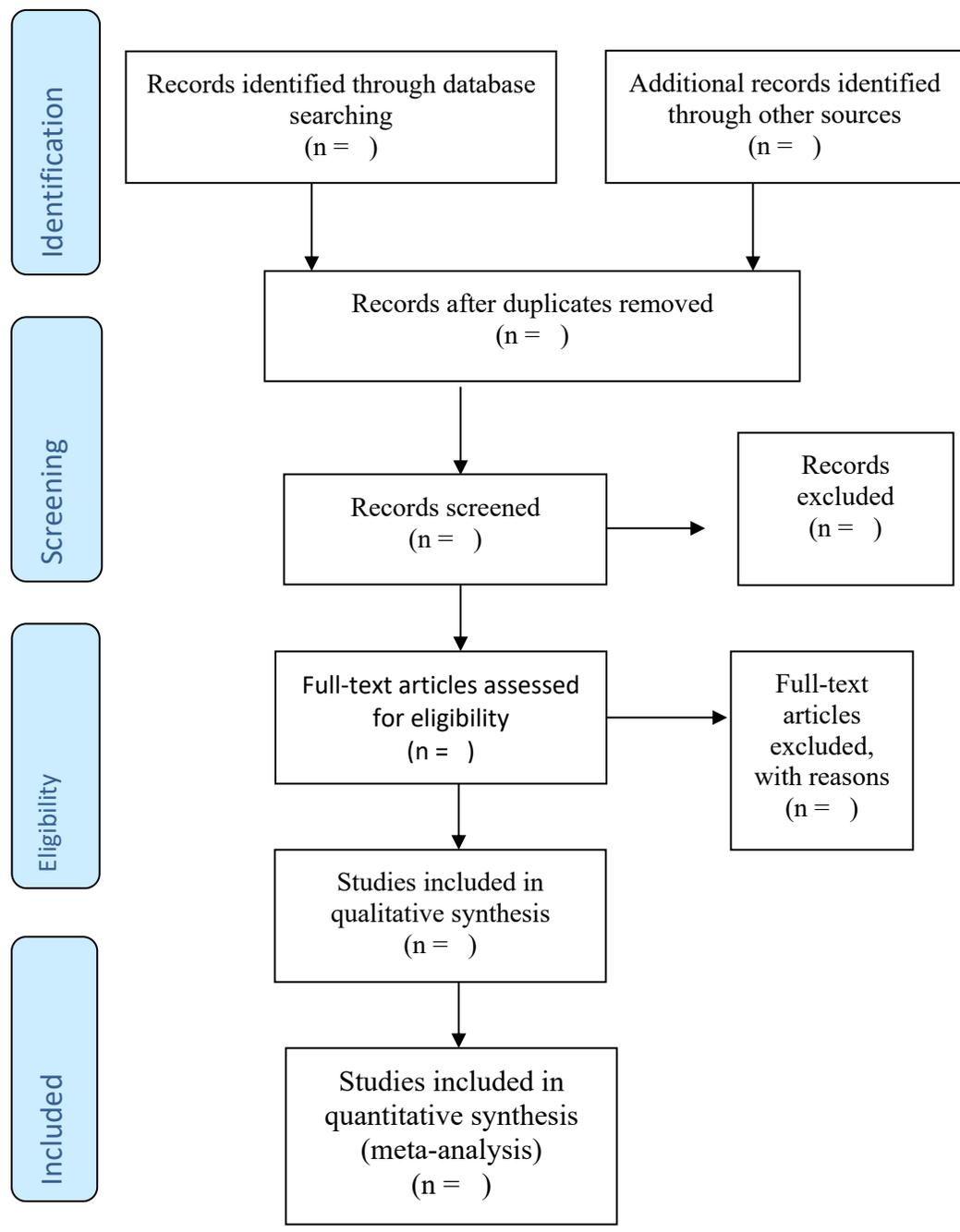


Figure 1. PRISMA diagram to further assess data (prisma-statement.org)

Results

The initial search revealed 26 articles that were found to be suitable for further review established on database searching. Twenty-two articles were excluded due to the exclusion criteria: a) six studies included experienced nurses; (b) six studies included graduate nursing students; (c) eight articles used bullying was listed in the title; (d) two articles used lateral violence was listed in the title. Five articles met inclusion criteria and were included in this review (Figure 2).

Figure 2

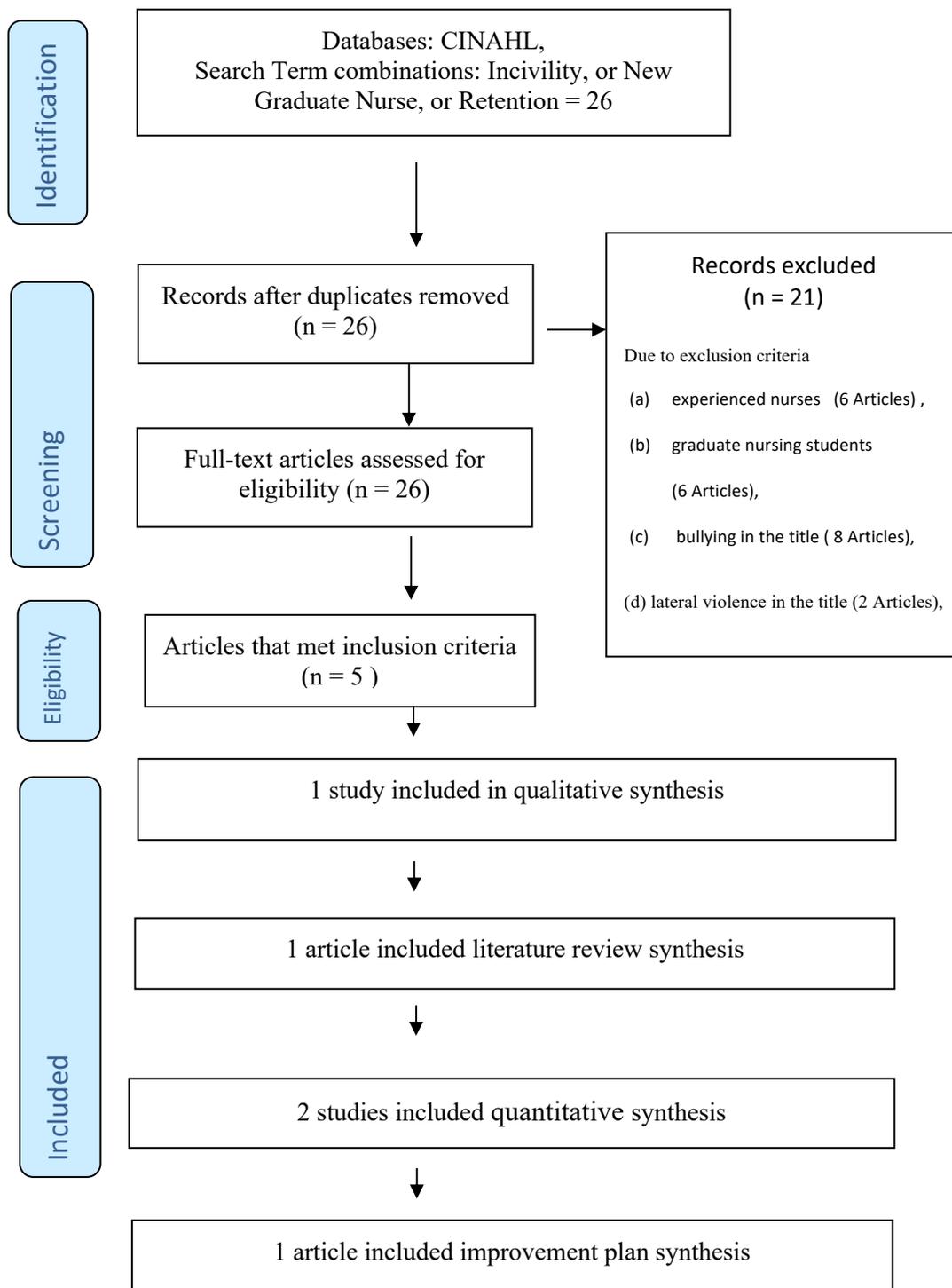


Figure 2. PRISMA diagram to further assess data (prisma-statement.org)

Critiques of the Included Literature

An integrated review of the literature was performed by D'Ambra and Andrews (2012) (Appendix A-1). Sixteen studies were reviewed that identified the impact of incivility on new graduate nurses as they entered their career and the effects on job retention. This review provided a thorough assessment of incivility and recognized it as a significant problem within nursing. The authors clearly stated the focus of each article and reviewed the themes identified throughout the review including workplace incivility, nurse residency programs, mentoring through preceptors and empowerment/work environments, and their relationship to the impact of incivility, bullying, or lateral violence. The review illustrated high rates of nursing turnover and nurses that expressed intent to leave and/or dissatisfaction with their jobs.

There was a total of 13,577 new graduate nurses across the 16 studies; one conducted by Ulrich, Krozek, Early, Ashlock, Africa, and Carman in 2010 (cited in D'Ambra & Andrew) had a sample size of 6,000 new graduate nurses. Several studies predicted that workplace incivility leads to low job satisfaction and resultant low rates of retention. One study by McKenna (2003) (cited in D'Ambra & Andrew) from New Zealand reported 58% of the 551 participants felt undervalued, 34% felt their education was impacted, 20% felt threatened if they spoke out, 34% felt emotional neglect, 38% felt distress about a conflict, 46% felt a lack of supervision, and 17% lacked support.

Thirteen studies discussed new graduate transition programs. Overall, it was demonstrated that mentoring through preceptors and social support greatly impacted new graduate retention. It was also found that empowerment and a healthy work environment had a positive effect upon new graduate transition.

D'Ambra and Andrews (2010) found that incivility impacted job satisfaction and staff remaining in their careers. The review revealed that organizations provide nursing internships, nurse residence program, and new nurse programs to support nursing education, competencies, and self-confidence. However, there tends to be little commitment from the organizations to stop an environment of incivility. As a result, new nurses are taught to work within a hostile environment instead of changing the culture and creating accountability. The authors reported that organizations in two studies saw a 30-60% turnover of new graduate nurses, noting that while they could not contribute all of the turnover rate to incivility, it greatly influenced these statistics. The authors concluded there was a significant gap in effective interventions to decrease incivility and/or the interventions have been greatly understudied. This article nicely depicted the information and obstacles that new nurses face as they enter a challenging and demanding career (D'Ambra & Andrews).

A quantitative research study was performed to evaluate the impact of incivility and burnout on the retention of new nurses (Laschinger, Leiter, Day, & Gilin, 2009) (Appendix A-2). The purpose for this study was to evaluate the impact of incivility and burnout on the retention of new graduate nurses. The research was and continues to be relevant due to the growing critical nursing shortage and the contributing facts such as the impact of incivility within the profession. The hypothesis was that empowerment, incivility, and burnout were related to retention outcomes, including job satisfaction, organizational commitment, and turnover intentions. A survey was completed by 1106 hospital employees; 612 were staff nurses from five organizations in two provinces in

Canada. The settings were simply stated as hospitals and no further information about the facilities was provided.

The questionnaire was described as composed of six sections, including empowerment, incivility, burnout, job satisfaction, organizational commitment, and turnover intentions. Empowerment was measured by an abbreviated version of the Conditions for Work Effectiveness Questionnaire developed by Chandler in 1986 (cited in Laschinger et al., 2009). It evaluated four subcategories that included access to opportunity, information, support, and resources. The Workplace Incivility Scale (Cortina et al., 2001; cited in Laschinger et al.) was utilized to measure the exposure to incivility in the workplace and questions were focused on supervisor and co-worker incivility. Burnout was evaluated by the emotional exhaustion and cynicism subscales of the Maslach Burnout Inventory General Survey. Nurses' job satisfaction measured the level of satisfaction with co-workers, supervisors, pay and benefits, feelings of accomplishments from doing their job, and their job overall; the measurement instrument was the Job Diagnostic Survey (Hackman & Oldham, 1975; cited in Laschinger et al.). Organizational commitment was assessed by the use of two components of the Affective Commitment Scale (Meyers, 1993). The final section of the questionnaire included three items from the Turnover Intention Scale (Kelloway, 1999; cited in Laschinger et al.), used to evaluate the nurses' intention to quit their current positions.

The participants received a survey package followed by a reminder letter three weeks later; confidentiality was ensured. Of the surveys sent out, 40%, totaling 1106, were returned completed. The focus of the article was limited to the nurses' responses (n = 612); the demographic variables of gender, age, work status (full time or part time), and

years of service were collected. The participants were 95% female and 5% male, with 64.3% employed full time, 26.7% part time, 8.6% casual (per-diem), and 0.5% temporary. The years of experience ranged from 1.8 % with 6 months or less, 6.6% with 6-24months, 22.3% with 2-5 years, 20.1% having 6-10 years, 11.8% with 11-15years, 14.6% with 16-20years, 17.1% having 21-30 years, and 5.7% greater than 30years.

Nurses reported moderate levels of empowerment using the 5-point Likert scale survey (range = 4-20) (M=12.0; SD=2.18). The workplace incivility subscale revealed that 77.6% (n = 475) of the nurses experienced some form of incivility by a co-worker (M = 0.81; SD= 0.82) and 67.5% (n =413) of nurses experienced incivility from a supervisor (M=0.66; SD =0.89). Responses were rated on a 7- point Likert scale for exposure to incivility (0 = never and 6 = daily). There was wide variation of scores, which ranged from 0 to 5.00 for supervisor incivility and from 0 to 5.8 for coworker incivility. The emotional exhaustion subscale used a 7- point Likert scale, with 0 representing never and 6 being daily. The mean score was 2.99, SD = 1.42, with 66% of new graduate nurses reporting severe burnout (n = 404). The cynicism levels were surprisingly lower than emotional exhaustion (0 = never and 6 = daily) (M= 1.78; SD 1.27). Job satisfaction was moderately high (M =5.2; SD = 1.27; range: 1 = very dissatisfied and 7 = very satisfied). Organizational commitment was also measured with a 7- point Likert scale (range = 1 strongly disagree and 7 = strongly agree); the mean was 3.14 (SD 0.90). The intention for turnover was less than anticipated, with a mean of 2.36 and standard deviation of 0.98 (1= strongly disagree and 5 = strongly agree). The findings were consistent with the hypothesis, according to the researchers.

The authors stated that incivility from supervisors played a key role in healthcare professional turnover and that co-worker incivility had a smaller impact on nurses' decisions to leave their current positions. The hierarchical multiple linear regression analysis showed that empowerment, workplace incivility, and burnout accounted for 46% of variance in all three areas of retention: job satisfaction; organizational commitment; and turnover intentions. Empowerment, incivility, and burnout combined accounted for twice as much variance in job satisfaction in comparison to organizational commitment and intent to leave. The researchers recommended that future studies should be done to support transferability and validity. It was also suggested that future research should assess these relationships using a longitudinal design.

A qualitative research study was performed to express the transitional experiences of new graduate nurses from the viewpoint of both new graduate nurses (NGNs) and nurse leaders (NLs), who typically have responsibility for supporting new graduate nurse's transitions (Regan et al., 2017) (Appendix A-3). The study was conducted in seven provinces of Canada and driven by convenience sampling to target healthcare organizations that recruited NGNs and NLs. The seven regions were divided into four groups: Region A= West; Region B = Ontario; Region C = Quebec; Region D= Atlantic. The participants took part in structured interviews either separately, as a one-on-one interview, or in small focus groups by telephone or in-person. The 42 NGNs in this study graduated from an undergraduate program within the last two years. A total of eight focus groups and ten interviews were conducted. The 28 NLs, identified as impacting the new graduate nurses' transition at the unit level, participated in one of six focus groups or eight interviews.

The interview questions were provided in the article. The results were consistent throughout all provinces for both NGNs and NLs. The NGNs identified the work environment as the primary source of frustration in the transition period. The leading environmental issues that were noted included incivility and bullying. The NLs identified the lack of resources to support orientation programs and longer preceptor programs. The findings revealed that if incivility was experienced by the NGNs, there were professional and work environment issues in that organization. Also, the management of incivility by NLs greatly impacted the new graduate nurses' intention to leave their positions or the nursing profession as a whole. The study provided important awareness of the continued challenges NGNs are exposed to as they progress from students to practicing registered nurses. The primary conclusion of the authors was that even with the best intentions by the NL to support and promote professional growth, some of the NGNs were contemplating leaving the nursing profession all together due to the stress; however, other NGN stated they had no thoughts of leaving. In conclusion, NLs have a key role in the transition of new graduate nurses by managing the work environment and addressing incivility among co-workers.

A quality improvement project was performed to evaluate the impact of incivility on patient safety and staff turnover (Warrner et al., 2016) (Appendix A-4). The setting for this project was a 60-bed inpatient hospital unit located in the mid-west United States. This project provided education to raise the staffs' and managements' awareness of incivility and its consequences and to decrease events of perceived incivility. The participants also received two quick reference cards: the first was a list of expected

professional behaviors and the second was a list of uncivil behaviors. These cards were intended to be daily references for staff.

The participants completed the Nurse Incivility Scale (NIS) immediately before they began a 45-minute training session to define and recognize uncivil behavior. The NIS was re-administered immediately after the training and two months post. The survey was broken down into five sections that examined the interactions of all individuals (general incivility), nurses, direct supervisors, physicians, and patient/family/visitors. The NIS utilized a 5-point Likert scale (1 = strongly disagree; 5 = strongly agree). The pre-survey was completed by 99 staff members, of which 39 were registered nurses (RNs). The greatest response group was female, full-time, and RNs that had worked within the organization between one to five years. Results of the pre-survey were: general incivility mean score was 2.73; nursing incivility mean score was 2.37; supervisor incivility mean score was 1.56; physician incivility mean score was 2.69; and the patient/visitor mean score was 2.52.

The post-1 survey (immediately after the training) had a sample of 98 participants and 42 were RNs. Results demonstrated an increased mean score in every section, though many increased were slight: general incivility mean score was 2.75; nursing incivility mean score was 2.42; supervisor incivility mean score was 1.59; physician incivility mean score was 2.79; and the patient/ visitor's mean score was 2.58. Comparison of the pre-test and post-1 test revealed a preliminary knowledge deficit among staff regarding the definitions and identifying the uncivil behaviors prior to the training. The results of the post 1 survey showed an increase in the uncivil behavior, identified as likely due to the education that helped the staff to identify acts of uncivil

behaviors. The post -2 survey (two months after the training) had a lower response rate of 41 staff members and 22 were RNs. The results were overall favorable, with all scores being lower than both the pre scores and the post 1 scores, indicating less incivility. The general incivility mean score was 2.24; nursing incivility mean score was 2.16; supervisor incivility mean score was 1.58; physician incivility's mean score was 2.43; and the patient/ visitor's mean score was 2.44. The post 2 survey had a response rate was less than half (N=41) compared to the pre and post 1 survey. Also, the results of post 2 survey were considerably lower than the pretest in every area except incivility from supervisors, which demonstrated a negligible change from 1.56 pre to 1.58-1.59 post. The final results show that knowledge and awareness can help and support a change in the culture. The results also suggested the participants were more comfortable using the techniques of confronting uncivil behaviors from the training after two months. This quality improvement project revealed that awareness is power which can lead to a decrease in incivility, which in turn promotes a culture of safety, improves the work environment, and indirectly decreases staff turnover.

A quantitative study was performed to evaluate the effects of incivility and bullying on new graduate nurses and the impact on their health, both mentally and physically (Read & Laschinger, 2013) (Appendix A-5). Organizational outcomes were also examined including job satisfaction, career satisfaction, job turnover, and career turnover. The study evaluated three sources of mistreatment: bullying; coworker incivility; and supervisor incivility. Bullying was defined by the authors as an intentional and intense form of workplace mistreatment, interpersonal conflict in which the target is subjected to systematic stigmatization, harassment, and social isolation over

an extended period time. Incivility was defined as ambivalent disrespect by the authors of this study.

The participants in the study were all new graduate nurses that were newly registered with the College of Nurses of Ontario. This research was a secondary data analysis from an earlier study of 907 nurses' work life. The purpose of the secondary data analysis was to examine nurses' experiences of bullying and burnout. Participants were 313 female and 29 male nurses and all with one-year nursing experience in various bedside nursing roles.

The method used was a questionnaire sent to each nurses' listed home addresses. The questionnaire consisted of 128 questions with varying Likert scales and psychometric properties. The variables in this study were identified as incivility, bullying, empowerment, community, values congruence, fairness, psychological capital, authentic leadership, burnout, physical health, mental health, job satisfaction, career satisfaction, job turnover intentions, and career turnover intentions. Each variable was evaluated by multiple surveys, either whole or modified, which measured the categories individually or some were grouped together using the same survey for two or more variables.

Bullying behaviors were only seen every now and then, according to the participants. The results consistently showed that incivility had great negative impacts on the work and health of new nurses. This behavior occurred more often, averaging less than once or twice a week. All organizational variables were significantly correlated to coworker incivility, supervisor incivility, and bullying. Quality of interpersonal relationships at work or a sense of community were strongly associated with levels of

incivility. Years worked in the organization was significantly related to coworker incivility ($r = -0.13$) and bullying ($r = -0.13$). Job satisfaction was strongly linked to bullying (-0.46), followed by coworker incivility (-0.37) and supervisor incivility (-0.24). Job turnover was more strongly related to bullying (0.32) than to correlation co-worker incivility (0.19) or supervisor incivility (0.19). If the nurses felt a positive sense of community and good interpersonal relationships with co-workers, they experienced higher levels of respect and lower levels of incivility and bullying. Co-worker incivility (0.25) and supervisor incivility (0.28) were also related to poor mental and physical health among new graduate nurses, with bullying having the strongest impact (0.32). The researchers suggested nurse leaders foster an environment that does not tolerate bullying and incivility.

Cross-Study Analysis

A cross study analysis of the articles reviewed showed strong similarities throughout all five studies. The articles (D'Ambra & Andrews, 2012; Laschinger et al., 2009; Read & Laschinger, 2013 Regan et al., 2017; Warrner et al., 2016) confirmed that incivility in the nurse environment toward new nurses decreases job satisfaction. All five sources were consistent in identifying incivility in the workplace as a strong indicator for the lack of retention. In four studies (Laschinger et al., 2009; Read & Laschinger, 2013 Regan et al., 2017; Warrner et al., 2016), results revealed that organizations that had a low tolerance for incivility and also had structured new nurse residency programs had higher job satisfaction and longer job retention.

All the articles were supportive that incivility creates poor job satisfaction and low retention rates for new nurses. All of the of results showed (D'Ambra &

Andrews,2012; Laschinger et al., 2009; Read &Laschinger, 2013; Regan et al., 2017; Warrner et al., 2016) and supported that environments that do not tolerate uncivil acts among staff and three of the five sources (D'Ambra & Andrews,2012; Read &Laschinger, 2013; Regan et al., 2017) promoted empowerment with transition program for new nurses potentially have higher job satisfaction and retention rates. Next, the summary and conclusion will be presented.

Summary and Conclusions

Decreasing incivility in the nursing profession and in healthcare institutions is essential to increasing job satisfaction and retention. According to the United States (US) Department of Labor's Bureau of Labor Statistics' (BLS) Employment Projections 2016-2026, the demand for nurses in the US is on the rise and is projected to grow 15% per year from 2016 to 2026. The BLS is predicting a shortage of approximately half a million nurses by 2026. This integrative review revealed and supported the need to manage and enforce a zero-tolerance environment for incivility within the nursing profession. Incivility has been negatively linked to job satisfaction and retention (D'Ambra & Andrews, 2012; Laschinger et al., 2009; Read & Laschinger, 2013; Regan et al., 2017; Warrner et al., 2016). By organizationally managing and promoting civil environments, the projected outcomes include improved job satisfaction, safer patient care, increased retention, and health organization cost savings (Warrner et al., 2016).

The research question that motivated this review was "What is the impact of incivility on career retention of new graduate nurses?" This project was guided by Ickes' Theory of Planned Behavior, which examines the relationship among beliefs, attitudes, intentions, and behaviors and determines if a person's behavior has personal intentions. A literature search was completed using the CINAHL search engine and the search terms incivility, new graduate nurse, and retention. The PRISMA flow diagram (prisma-statement.org) was used to document the search path; five articles met the inclusion and exclusion criteria. The inclusion criteria were: (a) new graduate nurses, defined as nurses that had worked three years or less; (b) studied and employed in an acute care setting; (c) nurses that had experienced incivility (d) must measure retention,

defined as turnover within the first two years. Exclusion criteria were: (a) experienced nurses; (b) graduate nursing students; (c) bullying or lateral violence emphasis. The assessment criteria used was Polit & Beck's literature review, quantitative research, and qualitative research report guidelines. A cross-literature analysis was conducted to identify similarities across studies. The number of articles were limited but of high quality and they provided sound data that revealed the impact of incivility on new graduate nurses and their retention intentions. There were no time limitations or limitations on article types in this review.

In conclusion, new nurses entering their careers are generally a vulnerable group that have historically been subjected to acts of incivility by seasoned nurses and supervisors. The nursing profession as a whole can be challenging as is often associated with high levels of stress and physical and emotional demands. These acts are leading new nurses to leave their jobs and occasionally their careers. When incivility is prevented, identified, addressed and managed, the environment has the potential to become more civil and accountable (Warrner et al., 2016). Next, the recommendations and implications for advanced nursing practice will be presented.

Recommendations and Implications for Advanced Nursing Practice

The literature and this project supported the need for healthcare organizations to foster civil work environments by such actions as implementing empowering nurse transition programs. Nurses have an essential role on healthcare teams by providing patient care, being the center of multidisciplinary communication, and ensuring safe patient care. Transition programs build professional and individual confidence and skills to decrease incivility. These programs can be essential in creating a civil healthcare climate that supports career empowerment because they promote communication and collaboration within the healthcare team. Strong communication skills taught to new nurses are vital for safe and quality patient care. By managing the healthcare milieu to create civil and supportive environments, new nurses will potentially gain confidence and skills to manage the challenges they will face.

Another recommendation is to increase education on incivility and its' impacts on nursing. Teaching nurses how to identify the behaviors and strategies to address or report the uncivil acts will support a healthier workplace and implementing programs such as *Just Culture* would be useful. Organized programming to support civil workplaces are beneficial for safer work cultures and employee retention. Decreasing incivility will directly impact communication, nurses physical and emotional health, patient care, and organizational costs.

The Advanced Practice Registered Nurse (APRN) could design a plan to manage incivility on a unit and/or within an organization and be involved in developing programs to support professionalism and civil behaviors among staff. The APRN may also take part in the orientation of new nurses by introducing strategies to report and manage uncivil

behaviors. Advanced Practice Nurses could teach team-building skills to build a zero-tolerance civil work environment. The Clinical Nurse Specialist (CNS) is a key member of the healthcare team because CNS' focus on quality and enhancing safety and identifying barriers to care delivery. The CNS can be pivotal in assessing organizational climate and implementing plans to minimize, identify, and manage uncivil behaviors.

Research is an important component in achieving civil environments through better understanding of the causes and underlying issues of incivility. Also, research is needed to detect opportunities and approaches to prevent and to decrease uncivil behavior. Nurses who directly or indirectly experience incivility may not receive or provide crucial information about the patients they are caring for due to fear or embarrassment as a by-product of incivility. Further research is needed to focus on the effectiveness of empowerment, education programs, zero tolerance, and behavior accountability to decrease effects of incivility. Further research is also needed to identify and address the impact of diversity within the staff on the occurrence of incivility.

All of the APRN roles can impact and help to maintain and/or transform a positive nursing culture by holding others accountable to the expectations of professional behavior. Leadership must work to develop policies that outline appropriate workplace behavior and evaluate staffs' responsibilities to adhere to them. Policies should address professional behaviors, expectations, and standards for staff to understand and follow. The APRN can help rollout program such as *Just Culture*, that sets expectations and balances staff and organizational accountability to elevate practice and standards.

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Appendix A

Table A-1. D’Ambra, A. M., & Andrews, D. R. (2012). Incivility, retention and new graduate nurses: An integrated review of the literature. *J Nurs Manag Journal of Nursing Management*, 22(6), 735-742. doi:10.1111/jonm.12060

Guidelines for Critiquing Literature Reviews (Polit & Beck, 2017)

Critiquing Questions	Critique Responses
1. Is the review thorough—does it include all major studies on the topic? Does it include recent research (studies published within previous 2-3 years)? Are studies from other related disciplines included, if appropriate?	The review is thorough and includes relevant studies on the topic. The review was completed in 2012 and the articles included were recent at that time and are still relevant studies on this topic.
2. Does the review rely mainly on primary source research articles? Are the articles from peer-reviewed journals?	The articles reviewed were primary sources.
3. Is the review merely a summary of existing work, or does it critically appraise and compare key studies? Does the review identify important gaps in the literature?	The review summarized the existing work and compared the findings. The review also identified gaps in the literature and lack of research on related topics
4. Is the review well organized? Is the development of ideas clear?	The review was methodical and clearly stated the key ideas from the works reviewed
5. Does the review use appropriate language, suggesting the tentativeness of prior findings? Is the review objective? Does the author paraphrase, or is there an overreliance on quotes from original sources?	The review was well articulated and is not inundated with quotes.
6. If the review is part of a research report for a new study, does the review support the need for the study?	This review was not part of a research report for a new study.
7. If it is a review designed to summarize evidence for clinical practice, does the review draw reasonable conclusions about practice implications?	Reasonable conclusions were suggested to improve practice by identifying the problem and examining preventive measures for incivility.

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Table A-2. Laschinger, H. K., Leiter, M., Day, A., & Gilin, D. (2009). Workplace empowerment, incivility, and burnout: Impact on staff nurse recruitment and retention outcomes. *Journal of Nursing Management*, 17(3), 302-311. doi:10.1111/j.1365-2834.2009.00999.x

Guide to an Overall Critique of a Quantitative Research Report

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	<ul style="list-style-type: none"> Is the title a good one, succinctly suggesting key variables and the study population? 	The title clearly stated the key variables and the study population.
Abstract	<ul style="list-style-type: none"> Did the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)? 	The abstract clearly defined the aim, background, method, results, conclusions, and implications of this study.
Introduction Statement of the problem	<ul style="list-style-type: none"> Was the problem stated unambiguously, and was it easy to identify? Is the problem statement build a persuasive argument for the new study? Was there a good match between the research problem and the methods used –that is, was a quantitative approach appropriate? 	The problem was unambiguously declared. The researchers stated the impacts of the problem of incivility and the effects on the profession.
Hypotheses or research questions	<ul style="list-style-type: none"> Were research questions and/or hypotheses explicitly stated? If not, was their absence justified? Were questions and hypotheses appropriately worded, with clear specification of key variables and the study population? Were the questions/hypotheses consistent with existing knowledge? 	A hypothesis was clearly stated: “That empowerment, incivility, and burnout are related to retention outcomes in this study, job satisfaction, organizational commitment, and turnover intentions.” The aim of the review was to evaluate the influence of empowering work conditions and

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Hypotheses or research questions (continued)		workplace incivility on nurses' experience of burnout and the important nurse
Literature review	<ul style="list-style-type: none"> • Was the literature review up-to-date and based mainly on primary sources? • Did the review provide a state-of-the-art synthesis of evidence on the problem? • Did the literature review provide a strong basis for the new study? 	retention factors identified in the literature. The study had an adequate literature review that presented evidence, and used mainly primary sources.
Conceptual/theoretical framework	<ul style="list-style-type: none"> • Were key concepts adequately defined conceptually? • Was a conceptual/theoretical framework articulated—and, if so, was it appropriate? If not, is the absence of a framework justified? • Were the questions/hypotheses consistent with the framework? 	No conceptual framework was used.
Method Protection of human rights	<ul style="list-style-type: none"> • Were appropriate procedures used to safe-guard the rights of study participants? • Was the study externally reviewed by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants? 	The authors mentioned that this study was IRB reviewed; no further detail was provided.
Research design	<ul style="list-style-type: none"> • Was the most rigorous design used, given the study purpose? • Were appropriate comparisons made to enhance interpretability of the findings? • Was the number of data collection points appropriate? • Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)? 	A survey was completed by 1106 hospital employees; 612 were staff nurses from five organizations in two provinces in Canada. The focus was limited to the nurses' responses.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Population and sample	<ul style="list-style-type: none"> • Was the population identified? Was the sample described in sufficient detail? • Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized? • Was the sample size based on a power analysis? 	<p>The population was well described in the study. Demographic data subcategories were gender, age, work status (full time or part time), and years of service. The settings were simply identified as hospitals. The participants received a survey package followed by a reminder letter three weeks later.</p>
Data collection and measurement	<ul style="list-style-type: none"> • Were the operational and conceptual definitions congruent? • Were key variables measured using an appropriate method (e.g., interviews, observations, and so on)? • Were specific instruments adequately described and were they good choices, given the study population and the variables being studied? • Did the report provide evidence that the data collection methods yielded data that were reliable, valid and responsive? 	<p>The surveys were mailed to the employees; however, the manner in which the surveys were returned was unclear.</p>
Data Analysis	<ul style="list-style-type: none"> • Were analyses undertaken to address each research question or test each hypothesis? • Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the texts? • Was a powerful analytic method used? (e.g., did the analysis help 	<p>To the researchers' knowledge, this was the first study to depict the relationship between incivility, empowerment, and job satisfaction. Appropriate statistical methods were used to analyze</p>

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Data Analysis Continued	<p>to control for confounding variables)?</p> <ul style="list-style-type: none"> • Were type I and Type II errors avoided or minimized? • In intervention studies, was an intention-to-treat analysis performed? • Were problems of missing values evaluated and adequately addressed? 	<p>the data with SPSS. Cronbach's Alphas was used to present the reliability coefficient for emotional exhaustion and cynicism.</p>
Findings	<ul style="list-style-type: none"> • Was information about statistical significance presented? Was information about effect size and precision of estimates (confidence intervals) presented? • Were the findings adequately summarized, with good use of tables and figures? • Were findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP? 	<p>The results were well summarized. The information was insightful, revealing 77.6% of the nurses surveyed experienced incivility by a co-worker. The themes of low retention and/or verbalizing the intention to leave due to experiencing incivility were adequately captured and appropriately woven through the article.</p>
<p>Discussion Interpretation of the findings</p>	<ul style="list-style-type: none"> • Were all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework? • Were casual inferences, if any, justified? • Was the issue of clinical significance discussed? Were interpretations well-founded and consistent with the study's limitations? Were interpretations well-founded and consistent with the study's limitations? • Were interpretations well- 	<p>The findings were consistent with the hypothesis that incivility impacts and decreases recruitment and retentions</p>

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Discussion Interpretation of the findings (continued)	<p>founded and consistent with the study's limitations?</p> <ul style="list-style-type: none"> • Did the report address the issue of the generalizability of the findings? 	
Implications/ recommendations	<ul style="list-style-type: none"> • Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete? 	<p>The researchers recommended future studies should be done to support transferability and validity. It was also suggested that future research should assess these relationships using a longitudinal design.</p>
General Issues Presentation	<ul style="list-style-type: none"> • Was the report well-written, organized, and sufficiently detailed for critical analysis? • In intervention studies, was a CONSORT flowchart provided to show the flow of participants in the study? • Was the report written in a manner that makes the findings accessible to practicing nurses? 	<p>The researchers were the first to test the correlation of these relationships. This study was well organized and written.</p>
Researcher credibility	<ul style="list-style-type: none"> • Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation? 	<p>The researchers appear to be highly qualified in this field. Heather Laschinger, Michael Leiter, Arla Day and Debra Gilin all have been a part of many studies related to the topic of incivility in the workplace.</p>
Summary assessment	<ul style="list-style-type: none"> • Despite any limitations, do the study findings appear to be valid—do you have confidence in the <i>truth</i> value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline? 	<p>The study findings do appear to be trustworthy. The study contributes meaningful evidence that can be used in organizations to develop a health civil culture and work environment to support retention.</p>

Table A-3. Regan, S., Wong, C., Laschinger, H. K., Cummings, G., Leiter, M., MacPhee, M., . . . Read, E. (2017). Starting out: Qualitative perspective of new graduate nurse and nurse leaders on transition to practice. *Journal of Nursing Management*, 25, 246-255.

Guide to an Overall Critique of a Qualitative Research Report

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	<ul style="list-style-type: none"> • Is the title a good one, suggesting the key phenomenon and the group or community under study? 	The title clearly identified the intended population and focus subject.
Abstract	<ul style="list-style-type: none"> • Does the abstract clearly and concisely summarize the main features of the report? 	The abstract certainly stated the aim, background, method, results, conclusion, and implications of this study.
Introduction Statement of the problem	<ul style="list-style-type: none"> • Was the problem stated unambiguously and is it easy to identify? • Did the problem statement build a cogent and persuasive argument for the new study? • Was the problem significant for nursing? • Was there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other – that is, was a qualitative approach appropriate? 	The researchers stated the problem clearly and provided a good reason to conduct this study. They used a qualitative method to study this problem, which is suitable for this study.
Research questions	<ul style="list-style-type: none"> • Were research questions explicitly stated? If not, was their absence justified? • Were the questions consistent with the study's philosophical basis, underlying tradition, or ideologic orientation? 	The research question was not stated. The aim of the study was to describe new graduate nurses' transition experiences in healthcare settings by exploring the perspectives of new graduate nurses and nurse leaders in unit level roles.
Literature review	<ul style="list-style-type: none"> • Did the report adequately summarize the existing body of knowledge related to the problem or phenomenon of interest? • Did the literature review provide a strong basis for the new study? 	A brief literature review was provided, with current studies and topics that provide an introduction and background
Conceptual	<ul style="list-style-type: none"> • Were key concepts adequately 	The study did not identify.

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Conceptual underpinnings (continued)	<p>defined conceptually?</p> <ul style="list-style-type: none"> • Was the philosophical basis, underlying tradition, conceptual • framework, or ideologic orientation made explicit and was it appropriate for the problem? 	conceptual underpinnings and/or theoretical framework.
Method Protection of human rights	<ul style="list-style-type: none"> • Were appropriate procedures used to safeguard the rights of study participants? • Was the study subject to external review by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants? 	The method was an inductive analysis and interviews completed by focus group. Ethical approval was received by the University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects.
Research design and research tradition	<ul style="list-style-type: none"> • Was the identified research tradition (if any) congruent with the methods used to collect and analyze data? • Was an adequate amount of time spent with study participants? • Did the design unfold during data collection, giving researchers opportunities to capitalize on early understandings? • Was there an adequate number of contacts with study participants? 	The researchers obtained written informed consent from the participants. The participants were then asked to take part in a one-on-one interview or a small focus group by phone or in person. There was a total of 70 participants: 42 were new graduate nurses and 28 were nurse leaders from seven Canadian provinces.
Sample and setting	<ul style="list-style-type: none"> • Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail? • Was the approach used to recruit participants or gain access to the site productive and appropriate? • Was the best possible method of sampling used to enhance information richness and address the needs of the study? • Was the sample size adequate? Was saturation achieved? 	The population was identified as new graduate nurses who graduated from an undergraduate program within two years and nurse leaders with responsibility for new graduate nurses.

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Data collection	<ul style="list-style-type: none"> • Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation? • Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion? • Was a sufficient amount of data gathered? Were the data of sufficient depth and richness? 	<p>The methods of gathering the data were appropriate for the nature of this study. The questions asked in the focus group and in the one-on-one interviews were appropriate and the data obtained provided the researchers with sufficient insight on the new graduate nurses' and nurses leaders' perceptions of the transition period.</p>
Procedures	<ul style="list-style-type: none"> • Were data collection and recording procedures adequately described and do they appear appropriate? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained? 	<p>The data collection and recordings appeared appropriate for this study. All the researchers were trained to provide the same information regarding the inclusion and exclusion criteria for the study. Also, each researcher was provided a structured interview guide.</p>
Enhancement of trustworthiness	<ul style="list-style-type: none"> • Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was there a good description of those strategies? • Were the methods used to enhance trustworthiness adequate? • Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable? • Was there evidence of researcher reflexivity? • Was there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability? 	<p>A common practice to evaluate the validity and trustworthiness was completed. The trustworthiness was assessed during three segments of the study: (1) preparation phase; (2) organization phase and (3) the reporting phase.</p>

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Results Data Analysis	<ul style="list-style-type: none"> • Were the data management and data analysis methods adequately described? • Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered? • Did the analysis yield an appropriate “product” (e.g., a theory, taxonomy, thematic pattern)? • Did the analytic procedures suggest the possibility of biases? 	Results were presented as the participants’ statements and responses, which was appropriate for the nature of the study.
Findings	<ul style="list-style-type: none"> • Were the findings effectively summarized, with good use of excerpts and supporting arguments? • Did the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data? • Did the analysis yield an insightful, provocative, authentic, and meaningful picture of the phenomenon under investigation? 	The findings were well summarized and organized into six broad categories according to the questions from the interview. The findings had a similar theme throughout all seven provinces which indicated that incivility that is experienced by new graduate nurses is a significant and widespread issue that impacts retention.
Theoretical integration	<ul style="list-style-type: none"> • Were the themes or patterns logically connected to each other to form a convincing and integrated whole? • Were figures, maps, or models used effectively to summarize conceptualizations? • If a conceptual framework or ideologic orientation guided the study, were the themes or patterns linked to it in a cogent manner? 	There was no conception framework stated in this study.

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Discussion Interpretation of the findings	<ul style="list-style-type: none"> • Were the findings interpreted within an appropriate social or cultural context? • Were major findings interpreted and discussed within the context of prior studies? • Were the interpretations consistent with the study's limitations? 	The interpretation of the findings was culturally appropriate and showed similar themes that were consistency across Canada.
Implications/ recommendations	<ul style="list-style-type: none"> • Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete? 	The researchers' implications included advocating for funding to support graduate nurse programs and to foster work environments and transitions for new graduate nurses that do not tolerate incivility. The study speaks to changing nursing culture to support civil work environments
General Issues Presentation	<ul style="list-style-type: none"> • Was the report well-written, organized, and sufficiently detailed for critical analysis? • Was the description of the methods, findings, and interpretations sufficiently rich and vivid? 	This study was well done by the researchers. The data and information was well written.
Researcher credibility	<ul style="list-style-type: none"> • Do the researchers' clinical substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation? 	Many of the researchers have worked on other studies that pertain to incivility in nursing.
Summary assessment	<ul style="list-style-type: none"> • Do the study findings appear to be trustworthy—do you have confidence in the <i>truth</i> value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline? 	The study appears to be trustworthy

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Table A-4 Warrner, J., Sommers, K., Zappa, M., & Thornlow, D. (2016). Decreasing workplace incivility. *Nursing Management (Springhouse)*, 47(1), 1. doi:10.1097/01.numa.0000479455.83444.76

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	<ul style="list-style-type: none"> • Is the title a good one, succinctly suggesting key variables and the study population? 	The title clearly identified the intended focused subject.
Abstract	<ul style="list-style-type: none"> • Did the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)? 	No abstract was provided.
Introduction Statement of the problem	<ul style="list-style-type: none"> • Was the problem stated unambiguously, and was it easy to identify? • Is the problem statement build a persuasive argument for the new study? • Was there a good match between the research problem and the methods used –that is, was a quantitative approach appropriate? 	The introduction statements build a persuasive argument for a quality improvement project. The focus was easily identified.
Hypotheses or research questions	<ul style="list-style-type: none"> • Were research questions and/or hypotheses explicitly stated? If not, was their absence justified? • Were questions and hypotheses appropriately worded, with clear specification of key variables and the study population? • Were the questions/hypotheses consistent with existing knowledge? 	The hypotheses was not clearly stated but it was aimed at increasing awareness of incivility, to decrease occurrences, to improve the workplace environment, and increase a culture of safety
Literature review	<ul style="list-style-type: none"> • Was the literature review up-to-date and based mainly on primary sources? • Did the review provide a state-of-the-art synthesis of evidence on the problem? • Did the literature review provide a strong basis for the new study? 	The literature review was based on current and primary sources that were used to present the problem.
Conceptual/theoretical framework	<ul style="list-style-type: none"> • Were key concepts adequately defined conceptually? 	The study did not identify a conceptual framework.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Conceptual/theoretical framework (continued)	<ul style="list-style-type: none"> • Was a conceptual/theoretical framework articulated—and, if so, was it appropriate? If not, is the absence of a framework justified? • Were the questions/hypotheses consistent with the framework? 	
Method Protection of human rights	<ul style="list-style-type: none"> • Were appropriate procedures used to safe-guard the rights of study participants? • Was the study externally reviewed by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants? 	The quality improvement project was approved by both the hospital and Duke University's Institutional Review Boards.
Research design	<ul style="list-style-type: none"> • Was the most rigorous design used, given the study purpose? • Were appropriate comparisons made to enhance interpretability of the findings? • Was the number of data collection points appropriate? • Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)? 	This was a quality improvement project to promote incivility awareness and education
Population and sample	<ul style="list-style-type: none"> • Was the population identified? Was the sample described in sufficient detail? • Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized? • Was the sample size based on a power analysis? 	The population was identified as hospital staff, listed as RNs, multi-skilled tech/unit secretaries, physical therapists, care management, respiratory therapists, management, and others. The population was both male and female participants.
Data collection and measurement	<ul style="list-style-type: none"> • Were the operational and conceptual definitions congruent? • Were key variables measured using an appropriate method (e.g., interviews, observations, and so on)? 	The participants completed the Nursing Incivility Survey immediately before training, immediately after training, and two months after the training.

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Data collection and measurement (continued)	<ul style="list-style-type: none"> • Were specific instruments adequately described and were they good choices, given the study population and the variables being studied? • Did the report provide evidence that the data collection methods yielded data that were reliable, valid and responsive? 	
Procedures	<ul style="list-style-type: none"> • If there was an intervention, was it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Was there evidence of intervention fidelity? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained? 	<p>The participants received a survey immediately prior to the training on the definition and identification of uncivil behaviors. Then the staff received the same survey immediately after the training to measure if the education was useful. The participants completed the survey again two months after the training to show the sustainability of the project.</p>
Data Analysis	<ul style="list-style-type: none"> • Were analyses undertaken to address each research question or test each hypothesis? • Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the texts? • Was a powerful analytic method used? (e.g., did the analysis help to control for confounding variables)? • Were type I and Type II errors avoided or minimized? • In intervention studies, was an intention-to-treat analysis performed? • Were problems of missing values evaluated and adequately addressed? 	<p>Results were provided as numbers and percentages.</p>

Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Findings	<ul style="list-style-type: none"> • Was information about statistical significance presented? Was information about effect size and precision of estimates (confidence intervals) presented? • Were the findings adequately summarized, with good use of tables and figures? • Were findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP? 	The findings revealed that increased awareness and understanding of uncivil behaviors created a decrease in occurrences by providing a understanding of the expectations of professional behaviors.
Discussion Interpretation of the findings	<ul style="list-style-type: none"> • Were all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework? • Were casual inferences, if any, justified? • Was the issue of clinical significance discussed? • Were interpretations well-founded and consistent with the study's limitations? • Did the report address the issue of the generalizability of the findings? 	The discussion revealed that the results were in alignment with the researchers' expectations of the study
Implications/ recommendations	<ul style="list-style-type: none"> • Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete? 	The researchers did not discuss the implications of the study to clinical practice nor the need for further research.
General Issues Presentation	<ul style="list-style-type: none"> • Was the report well-written, organized, and sufficiently detailed for critical analysis? • In intervention studies, was a CONSORT flowchart provided to show the flow of participants in the study? • Was the report written in a manner that makes the findings accessible to practicing nurses? 	The quality improvement project was well done and written.
Researcher credibility	<ul style="list-style-type: none"> • Do the researchers' clinical, substantive, or methodologic qualifications and experience 	The researchers appeared to be knowledgeable on this topic.

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Researcher credibility (continued)	<ul style="list-style-type: none"> • enhance confidence in the findings and their interpretation? 	
Summary assessment	<ul style="list-style-type: none"> • Despite any limitations, do the study findings appear to be valid—do you have confidence in the <i>truth</i> value of the results? • Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline? 	The study findings appeared to be valid

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Table A-5 Read, E., & Laschinger, H. K. (2013). Correlates of New Graduate Nurses' Experiences of Workplace Mistreatment. *JONA: The Journal of Nursing Administration*, 43(4), 221-228. doi:10.1097/nna.0b013e3182895a90

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Title	<ul style="list-style-type: none"> • Is the title a good one, succinctly suggesting key variables and the study population? 	The title clearly identified the intended focus and subject.
Abstract	<ul style="list-style-type: none"> • Did the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)? 	The abstract was clearly stated and well identified the objective, background, methods, results, and conclusions.
Introduction Statement of the problem	<ul style="list-style-type: none"> • Was the problem stated unambiguously, and was it easy to identify? • Is the problem statement build a persuasive argument for the new study? • Was there a good match between the research problem and the methods used –that is, was a quantitative approach appropriate? 	The introductory statement built a persuasive argument for the need of this study. The focus was easily identified.
Hypotheses or research questions	<ul style="list-style-type: none"> • Were research questions and/or hypotheses explicitly stated? If not, was their absence justified? • Were questions and hypotheses appropriately worded, with clear specification of key variables and the study population? • Were the questions/hypotheses consistent with existing knowledge? 	The hypothesis for the research study was explicitly stated.
Literature review	<ul style="list-style-type: none"> • Was the literature review up-to-date and based mainly on primary sources? • Did the review provide a state-of-the-art synthesis of evidence on the problem? • Did the literature review provide a strong basis for the new study? 	The literature review was well developed under related research.
Conceptual/theoretical framework	<ul style="list-style-type: none"> • Were key concepts adequately defined conceptually? • Was a conceptual/theoretical framework articulated—and, if so, was it appropriate? If not, is the absence of a framework justified? • Were the questions/hypotheses consistent with the framework? 	The Exploratory Conceptual Framework was used for the research study and appeared to be an appropriate model.

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Method Protection of human rights	<ul style="list-style-type: none"> • Were appropriate procedures used to safe-guard the rights of study participants? • Was the study externally reviewed by an IRB/ethics review board? • Was the study designed to minimize risks and maximize benefits to participants? 	The University of Western Ontario's research ethics board granted approval to conduct this study.
Research design	<ul style="list-style-type: none"> • Was the most rigorous design used, given the study purpose? • Were appropriate comparisons made to enhance interpretability of the findings? • Was the number of data collection points appropriate? • Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)? 	A survey was sent to 907 and completed by 342 (48% response rate) new graduate nurses that were registered in the College of Nurses of Ontario within the last two years.
Population and sample	<ul style="list-style-type: none"> • Was the population identified? Was the sample described in sufficient detail? • Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized? • Was the sample size based on a power analysis? 	The sample was a total 342, all registered nurses; 313 were females and 29 were male, with an average of one year of nursing experience.
Data collection and measurement	<ul style="list-style-type: none"> • Were the operational and conceptual definitions congruent? • Were key variables measured using an appropriate method (e.g., interviews, observations, and so on)? 	Survey packages were sent out to 907 new graduate nurses' homes that included a letter of information, a study questionnaire, an addressed, stamped return

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Data collection and measurement (continued)	<ul style="list-style-type: none"> • Were specific instruments adequately described and were they good choices, given the study population and the variables being studied? • Did the report provide evidence that the data collection methods yielded data that were reliable, valid and responsive? 	<p>envelope, and a coffee voucher. Reminder letters were sent four weeks after the initial mailing to non-responders. The total response was 48% (342). The data collection appeared appropriate for this study.</p>
Procedures	<ul style="list-style-type: none"> • If there was an intervention, was it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Was there evidence of intervention fidelity? • Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained? 	<p>The data were collected from participants: 342 new graduate nurses registered in the College of Nursing registry.</p>
Data Analysis	<ul style="list-style-type: none"> • Were analyses undertaken to address each research question or test each hypothesis? • Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests? • Was a powerful analytic method used? (e.g., did the analysis help to control for confounding variables)? • Were type I and Type II errors avoided or minimized? • In intervention studies, was an intention-to-treat analysis performed? Were problems of missing values evaluated and adequately addressed? 	<p>The Statistics Packages for the Social Sciences (SPSS) was used to analyze the results.</p>

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
Findings	<ul style="list-style-type: none"> • Was information about statistical significance presented? Was information about effect size and precision of estimates (confidence intervals) presented? • Were the findings adequately summarized, with good use of tables and figures? • Were findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP? 	The statistical information was present but appeared to be inadequate due to the lack of information related to the scales used in this survey.
Discussion Interpretation of the findings	<ul style="list-style-type: none"> • Were all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework? • Were casual inferences, if any, justified? • Was the issue of clinical significance discussed? • Were interpretations well-founded and consistent with the study's limitations? • Did the report address the issue of the generalizability of the findings? 	The study results showed that co-worker and supervisor incivility had a negative impact on new graduate nurses' mental and physical health. However, bullying had stronger negative impacts on new graduate nurses' health than acts of incivility.
Implications/ recommendations	<ul style="list-style-type: none"> • Did the researchers discuss the implications of the study for clinical practice or further research—and were those implications reasonable and complete? 	The recommendations from this study were to have nursing leaders foster an environment to decrease and not tolerate bullying/incivility among staff and supervisors.
General Issues Presentation	<ul style="list-style-type: none"> • Was the report well-written, organized, and sufficiently detailed for critical analysis? • In intervention studies, was a CONSORT flowchart provided to show the flow of participants in the study? 	The study finding provided strong results to support the negative impact of bullying, co-worker incivility, and supervisor incivility but lacked some detail in the survey results.

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Aspect of the Report	Critiquing Questions	Detailed Critiquing Guidelines
General Issues Presentation (continued)	<ul style="list-style-type: none"> Was the report written in a manner that makes the findings accessible to practicing nurses? 	
Researcher credibility	<ul style="list-style-type: none"> Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation? 	The researchers are well experienced in this body of work. They have taken part in many studies related to this topic
Summary assessment	<ul style="list-style-type: none"> Despite any limitations, do the study findings appear to be valid—do you have confidence in the <i>truth</i> value of the results? Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline? 	The results appear to be valid.

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