

2020

Verbal Abuse Toward Early Career Nurses and the Effect to Workforce Operations

Steven G. Purdon
Walden University

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Walden University

College of Health Sciences

This is to certify that the doctoral study by

Steven Purdon

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Mary Garbowski, Committee Chairperson, Health Sciences Faculty
Dr. Kourtney Nieves, Committee Member, Health Sciences Faculty
Dr. Suzanne Richins, University Reviewer, Health Sciences Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Verbal Abuse Toward Early Career Nurses and the Effect to Workforce Operations

by

Steven Purdon

MHA, LeTourneau University, 2018

BS, LeTourneau University 2002

Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Healthcare Administration

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November 2020

Abstract

Several studies report that healthcare workers face verbal abuse from patients, patients' family members, and other healthcare personnel at increasingly higher rates, and trends depict early-career registered nurses (ECRNs) are affected disproportionately. This negative trend can affect the future registered nurse (RN) workforce and create a potential shortfall of qualified nurses. It has become increasingly important for hospital administrators to mitigate verbal abuse among ECRNs to manage their future RN workforce. The purpose of this quantitative study was to empirically evaluate the effects of verbal abuse towards ECRNs. This study used the social exchange theory to provide a framework that explains the reciprocal nature between groups of people and was used to clarify the negative effects of verbal abuse between those groups. Three research questions focused on the relationships between the frequency of verbal abuse to the level of RN engagement, job satisfaction rates, and intent to leave. Using a quantitative method approach, simple linear regression was used to examine any significant relationships between verbal abuse (n=1082), RN engagement (n=1099), job satisfaction (n=1111), and intent to leave (n=1108). The results of this study indicate no significant relationship was found between verbal abuse and RN engagement ($p < 0.5$). In contrast, significance relationships were found between verbal abuse, job satisfaction ($p < .001$), and intent to leave ($p < .001$). These results indicated that hospital administrators should be aware that verbal abuse significantly affects ECRN job satisfaction rates and increases their intent to leave. These results give hospital administrators increased knowledge of the importance of implementing strategies to mitigate verbal abuse to protect their future RN workforce.

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Dedication

This study is dedicated to God, my wife Crystal, and my twin daughters Abby and Bailey. Without their inspiration, encouragement, and the steadfast belief in me, this journey would have never been realized. The strength that I gained from each of you is overwhelming. Your sacrifice of countless hours, patience, and understanding over the years is truly remarkable. I am forever grateful.

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Section 1: Foundation of the Study and Literature Review

Introduction

Workplace violence in the healthcare industry, whether physical or psychological, has become a significant problem that extends beyond race, color, creed, socioeconomic status, or gender (Escibano et al., 2019). This violence is not restrained by borders or geography and is seen in healthcare institutions globally. Workplace violence ranges in severity from physical abuse, taking the form of punching and slapping, to psychological abuse, taking the form of bullying, mob harassment, verbal abuse, and threats. Literature indicates that psychological mistreatment is the most prominent form of abuse in the healthcare industry, and verbal abuse is the most common practice (Al Shaman et al., 2017). The Nursing Solutions 2020 report found that early-career registered nurses (ECRNs) lead tenured registered nurses (RNs) in turnover frequency. Consequently, in this study, I focused on the effects of verbal abuse toward the ECRN population and the potential effects on workforce operational demands.

Healthcare providers experience verbal abuse at rates four times higher than other industries (Occupational Safety and Health Administration, n.d.), with RNs reporting verbal abuse at rates of 45%–75% in the United States (Keller et al., 2018; The Joint Commission, 2018). Although studies show the prevalence of abuse is high in healthcare, the actual number may be higher because many hospitals do not track nonphysical injuries, like verbal abuse (Al-Shamlan et al., 2017; OSHA, n.d.; Rosenthal et al., 2018; The Joint Commission, 2018). This lack of reporting demonstrates a need to raise awareness of the importance of studying verbal abuse. Increasing awareness of the effects

of verbal abuse toward ECRNs can positively impact social change within a healthcare organization.

Little is known about the effects of verbal abuse among ECRNs and the impact on workforce capabilities. The results of this study could advance the conversation of the effects of verbal abuse against nursing staff and raise awareness of the significant adverse impact that verbal abuse can have on ECRNs' engagement, job satisfaction, and their intent to leave. The findings from this study could have implications to change how hospital leadership views verbal abuse toward ECRNs and the barriers verbal abuse causes to meeting operational demands.

The remainder of this section consists of the problem statement, the purpose of the study, and the research questions and hypotheses. A description of the study's theoretical foundation is presented along with reviews of the study's nature, literature search strategy, literature review, key variables, concepts, definitions, and assumptions. This section ends with a conclusion, summary, and discussion of how the study contributes to positive social change.

Problem Statement

Healthcare organizations are experiencing high nursing turnover rates annually (NSI Nursing Solutions, 2020). Healthcare administrators should be concerned because turnover rates are the leading indicators of employee satisfaction and a gauge of future organizational financial pressure (NSI Nursing Solutions, 2020). The need to recruit and maintain highly effective RN staff members becomes vital for healthcare organizations to meet operational goals and provide communities with effective healthcare. Therefore,

hiring, training, and mitigating attrition of ECRNs is becoming more critical to meet workforce and operational demands. Healthcare workers face verbal abuse from patients, patient family members, and other healthcare personnel, and these trends disproportionately affect ECRNs (NSI Nursing Solutions, 2020; Rosenthal, 2018). Mitigating verbal abuse among ECRNs is essential to manage the future RN workforce effectively. The need to increase employee engagement, increase job satisfaction, and decrease attrition rates is vital to maintaining a healthy workforce population and maintaining operational control. Moreover, administrators must consider the financial consequences associated with high turnover rates. The average cost of replacing a bedside RN is \$44,400, which equates to the average hospital losing \$3.6 million to \$6.1 million (NSI, 2020). Despite the reported pervasiveness of the relationships between verbal abuse toward RNs and its negative influences (Houck & Colbert, 2017; Liu et al., 2019; Oh et al., 2016; Wong & Lennaco, 2019), few researchers have examined the relationship between verbal abuse toward ECRNs and the associated factors like RN engagement, job satisfaction, and intent to leave, that potentially give rise to workforce shortages.

Purpose of the Study

This quantitative study's primary purpose was to empirically evaluate the effects of verbal abuse toward ECRNs and the relationship to RN engagement, job satisfaction, and intent to leave, that may potentially lead to workforce shortages. The study aimed to add to the body of knowledge and examine the effects of verbal abuse toward ECRNs by evaluating any significant relationships to RN engagement, job satisfaction, and intent to

leave. The social exchange theory was used as the foundation to examine the associations between these variables. The independent variable for this study was verbal abuse experienced by ECRNs and the three dependent variables were RN engagement, job satisfaction rates, and intent to leave.

Research Questions and Hypotheses

This study is comprised of three research questions. Each question examines the statistical significance of one independent variable (verbal abuse) against the three dependent variables (RN engagement, job satisfaction, and intent to leave). The following research questions and the associated null and alternative hypotheses are as follows:

RQ1: Is there a relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and level of RN engagement?

H_01 : There is no statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and level of RN engagement.

H_11 : There is a statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and level of RN engagement.

RQ2: Is the relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and job satisfaction rates?

H_02 : There is no statistically significant relationship the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and RN job satisfaction rates.

*H*₁₂: There is a statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and RN job satisfaction rates.

RQ3: Is the relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and their intent to leave?

*H*₀₃: There is no statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and their intent to leave.

*H*₁₃: There is a statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and their intent to leave.

Theoretical Foundation

This study's theoretical framework was based on the social exchange theory, the origins of which can be traced to Malinowski's and Mauss's work in the 1920s. The theory has been adopted and advanced in various disciplines, including anthropology (Firth, 1967; Sahins, 1972), sociology (Blau, 1964), and social psychology (Gouldner, 1960; Homans, 1958; Thibault & Kelly, 1959). All the interpretations of the theory have differed slightly, eventually coalescing into a set of viewpoints that form social exchange theory. The foundation of the theory involves a series of interactions that produce a sense of obligation from one individual to another.

The version of the theory developed by George Homans in 1958 was appropriate for this study. Homans' theory describes the relationship of social behaviors in the

context of risk versus benefits. In this study, I used the social exchange theory's general framework to explain the relationship between the perceptions of verbal abuse (risk) that can lead to improved or deterred employee engagement, job satisfaction, and intent to leave (benefits). Homans's social exchange theory submits that independent work relationships are reciprocal, and the basis of the theory embraces equilibration and the expectancy of justice from both parties (1958).

The basic tenets of social exchange theory involve the necessity of trust, loyalty, and mutual commitments between individuals to produce a certain level of behavior among one another (Cropanzano & Mitchell, 2005; Homans, 1958). The theory requires that reciprocity rules be followed, and social exchange relationships are necessary for positive employee relations. The following summarizes each of these rules in more detail providing the basis for the theoretical framework for this study.

Reciprocity Rule

Within the concept of social exchange theory, reciprocity is exchanging like behaviors between two individuals. Gouldner has demonstrated that reciprocation values are not the same for all individuals and that some people have high levels of need for reciprocation and carefully track obligations. In contrast, others place a low value on reciprocation and are less likely to care if exchanges are reciprocated (1960). Eisenberger et al. (1986) discovered that those with high exchange ideologies had stronger relations with their organizations. Witt (1992) found a strong correlation between those with strong exchange ideologies and significant increases in job satisfaction, increased positive attitudes, and employees ultimately stayed with their organizations longer.

Negative reciprocity produces negative returns. In contrast, positive reciprocity yields positive returns on job performance and satisfaction, indicating that the reciprocity component within social exchange theory strongly influences job satisfaction and retention.

According to this theory, the need for positive exchanges between RNs, patients, physicians, and other hospital personnel becomes notable. Healthcare leadership's effectiveness can also be determined by evaluating employee engagement, job satisfaction, and intent to leave. In this study, I assessed these variables and any statistically significant relationships between them to substantiate that verbal abuse would negatively impact the exchanges between RNs and other personnel, causing adverse effects toward RN engagement, job satisfaction, and intent to leave.

Social Exchange Relationship Models

The social exchange theory offers multiple models. The two models that best represent this study and participants are below.

Model One

The perceived organizational support and leader-member exchanges make up the fundamentals of model one (Eisenberger et al., 1986). Employees who perceive to have the support of leadership are likely to reciprocate in kind. An increase in verbal abuse toward ECRNs will potentially affect the perception of organizational support and damage the leader-member exchange and will potentially have an increase in job satisfaction.

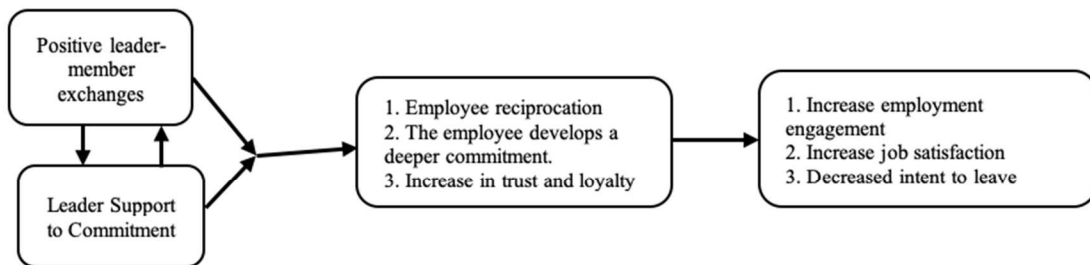
Model Two

Leader support for commitment is the foundation of model two. Building on model one, social exchange theorists propose that employees who are shown support by their organizations will have a more profound commitment. I measured support in this study by analyzing the variables of employee engagement and intent to leave to align with model two.

To summarize the social exchange theory, Figure 1 suggests that employees respond either positively or negatively in response to the actions perpetrated against them. The reciprocity aspect of the social exchange theory provides the foundation for healthcare workers who perceive a safe work environment to support a commitment to employee engagement. An essential component of the theory is building trust and loyalty. I measured job satisfaction and employee engagement that may result in a decreased intent to leave, representing loyalty and trust as allotted by the theory.

Figure 1.

Social Exchange Theory



Note. Social-Exchange Theoretical framework and the relationship to RN development (Homan, 1959).

Nature of the Study

The aim of this study was to determine if any statistically significant relationships exist between the independent variable of verbal abuse and the three dependent variables of RN engagement, job satisfaction, and intent to leave. A quantitative study using a simple regression analysis method was employed to examine the three dependent variables to the one independent variable of verbal abuse. A simple regression quantitative design was used for this study because it was the most appropriate method to evaluate causality between one independent variable and multiple dependent variables when using a survey method (Creswell & Creswell, 2018; Frankfort-Nachmias & Leon-Guerrero, 2018). The variables analyzed originated from the data repository at the Inter-University Consortium for Political and Social Research (ICPSR), a longitudinal survey named “Newly Licensed Registered Nurse New Cohort 3 Survey, 2016” was conducted on 1,171 RNs with less than 1 year of experience and used a five-point Likert scale to record the responses from the respondents (Kovner, C. 2016). The survey method was chosen because it was a useful tool to describe a large population’s characteristics and the associative relationship between variables being studied (Creswell & Creswell, 2018). The ICPSR repository uses rigorous standards to archive and preserve the integrity of the data collected. The results obtained from this study were evaluated against a p-value of < 0.5 , as this is the most common and appropriate threshold to use (Creswell & Creswell, 2018).

Literature Search Strategy

Information for the literature review was located by accessing digital journals. Searches on verbal abuse in healthcare were conducted to systematically identify any relevant literature about the effects of verbal abuse, RN engagement, job satisfaction, or RN attrition rates. A comprehensive literature search was conducted using the following protocols. First, a cursory search of the topics using Google search engine and Google Scholar was performed using exclusion criteria of published dates between 2000 and 2020 to locate the more recent publications of the subject and relevant matter. Second, a Boolean search, utilizing Walden University's library, was conducted with the following key search terms: verbal abuse (or) workplace violence, healthcare (and) abuse, RN engagement, RN (and) job satisfaction, RN attrition rates (or) turnover, and verbal abuse (and) new RNs (or) early career RNs (or) first-year RNs, and verbal abuse (and) prevalence. All relevant articles were then sorted according to relevance and reputable journal publications. Six digital databases were used: Ovid, ProQuest, MEDLINE, EBSCOhost, Elsevier, and Springer. A 5 year limit, 2016–2020, filter was used, and the search was limited to peer-reviewed journals and included *Journal of Management*, *American Journal Sociology*, *Science Direct*, *Journal of Advanced Nursing*, *Journal of Nursing Administration*, *Journal of Family and Community Medicine*, and *Nursing Research*. Additionally, seminal literature was used to define the study's theoretical foundation, including social exchange theory. Statistics and any referenced quantified data presented in this study were cited using reputable and legitimate websites from the Joint Commission, Centers for Disease Control and Prevention, Occupational Safety

Health Administration, U.S. Bureau of Labor Statistics, and the World Health Organization. Finally, only research published in English was used.

Literature Review

There have been a variety of studies addressing the issues of verbal abuse in healthcare. Below is a review of nine peer-reviewed studies that address verbal abuse, early career RNs, RN engagement, job satisfaction, and intent to leave. The following literature review is organized by each variable being studied. Each section uses the following convention of (a) a general introduction of the variable; (b) a description, summary, and synthesis of the studies; and (c) a review and concluding remarks of the literature completes each section.

Verbal Abuse Variable

Abuse, both verbal and nonverbal, have been cited as a global problem reaching beyond borders or ethnicity. In this study, I focused on verbal abuse and its effects on ECRNs' level of RN engagement, job performance, and intent to leave. Sources were reviewed and provided insight into the foundation of verbal abuse toward ECRNs, healthcare workers, and potential consequences. The importance of reviewing these studies demonstrated the prevalence of verbal abuse in the healthcare industry.

The higher verbal abuse incidents were associated with the more complex and higher stress environments, such as emergency departments, operating rooms, and psychiatric wards (Keller et al., 2018; The Joint Commission, 2018). The sources of verbal abuse originated from patients, patient family members, physicians, administrators, or fellow nurses and manifested as accusations, criticisms, blaming,

yelling, and humiliation (Al-Shamlan et al., 2017; Cohn 2010; Keller et al., 2018; World Health Organization, 2002). High-risk areas should be a central focus for hospital administrators to target necessary mitigation solutions concentrating on hospital staff and patients.

Although Keller et al. (2018) reported that between 45% and 94% of RNs experience verbal abuse, it is estimated that only 30% of nurses report abuse incidents (The Joint Commission, 2018). Because reporting is voluntary, some research has indicated that the actual number might be three to four times higher than what is currently being recorded (OSHA, n.d.; The Joint Commission, 2018). Both OSHA and The Joint Commission recommend improving education and training to identify and respond appropriately to abuse. OSHA has created an injury-tracking application to encourage nursing staff to report abuse, either verbal or nonverbal, sustained in the workplace. As a solution, increasing awareness through training programs and encouraging reporting behaviors would benefit healthcare institutions.

Susceptibility of New Registered Nurses

Within the healthcare industry, the demographic most at risk of verbal abuse were nurses. RNs, who comprised the highest share of the hospital workforce, were at the forefront of patient care and experienced violence at higher rates than other staff (Al-Shamlan et al., 2017). Further data showed that student RNs, who were less experienced, were more vulnerable and reported abuse at higher rates than more tenured RNs (Tee et al., 2016). This finding indicated that less experienced RNs were more sensitive to verbal abuse than more desensitized, experienced nurses. Researchers have found that the

effects of abuse included depriving RNs of their dignity, disrupting working relationships, and creating animosity that affected job productivity and increased burnout (Alameddine et al., 2015; Cohn, 2010; Keller et al., 2018; World Health Organization, 2002). The prevalence of verbal abuse in healthcare continues to grow. The need to study verbal abuse in healthcare and the effects on inexperienced nurses continues to be necessary.

Summary and Synthesis

There were four studies pertaining to verbal abuse within healthcare systems consistent with this study's scope: Al-Shamlan et al. (2017), Anuesiewicz (2019), Keller et al. (2018), and Tee et al. (2016). Both Anuesiewicz (2019) and Tee et al. (2016) demonstrated the vulnerability of new RNs, while Keller et al. (2018) and Al-Shamlan et al. (2017) chose to differentiate cohorts of RNs, examining a nationally representative population of nurses. Thus, all four studies demonstrated the prevalence of abuse across nursing populations. Additionally, Al-Shamlan et al. (2017), Anuesiewicz (2019), and Keller et al. (2018) added to the discussion by examining the predicting characteristics that placed nurses at higher risk for being verbally abused. For example, ECRNs who were recently divorced, widowed, separated, and worked evening shifts in high-stress departments (e.g., emergency rooms, intensive care units, operating rooms, psychiatric wards) reported abuse at higher levels (Keller et al., 2018). Furthermore, male nurses (Al-Shamlan et al., 2017) and poor leadership (Anusiewicz, 2019) were identified as further high-risk predictors of verbal abuse. Therefore, identifying high-risk areas, leadership

techniques, and high-risk personnel should be a central focus for hospital administrators to target necessary mitigation strategies.

Conclusion of Verbal Abuse Variable

Four studies showed that verbal abuse is pervasive in healthcare systems globally. The majority of the studies center around predictive characteristics in which nurses would experience verbal abuse (Al-Shamlan et al., (2017); Anuesiewicz (2019); and Keller (2017). One of the studies substantiated that ECRNs are a cohort vulnerable to verbal abuse due to lack of belonging or confidence levels (Tee et al., 2016). Although these studies described the pervasiveness and risk characteristics of verbal abuse, these studies failed to address the affects of verbal abuse toward employee engagement, job satisfaction, or intent to leave. The following studies demonstrate support for these variables.

Employee Engagement Variable

A healthcare working environment can be constructive or destructive. According to the social exchange theory, an employee who perceives to have a supporting leader is likely to be more engaged. A productive healthcare working environment involves staff in the decision-making process, fosters collaboration, and develops staff opportunities to improve them personally and professionally (Carthon et al., 2019). Collectively, these positive work attributes foster an increase in RN engagement. I am presenting five articles that outline the importance of positive employee engagement initiatives and the effects of verbal abuse towards engagement.

Importance of Employee Engagement

RN engagement refers to how a nurse will want to accomplish healthcare institutional goals and collaborate with peers. RNs are more emotionally and intellectually connected to their departments and hospitals when engaged (King & Bradley, 2018). Employee engagement has been tied to positive patient experiences, higher hospital ratings, and positive patient outcomes (Carthon et al., 2019; King & Bradley, 2018, Lee et al., 2016; Tafelmeyer et al., 2017). Therefore, hospital administrators will find it advantageous to increase RN engagement to improve organizational ratings and outcomes. Additionally, since a significant amount of federal funding is tied to positive Hospital Consumer Assessment of Healthcare Providers System (HCAHPS) scores and positive patient outcomes, the financial benefits are well worth the investment in creating work environments free from anxiety and abuse.

King and Bradley found that 36.8% of Millennials were disengaged (2018). Because Millennials are the future of nursing leadership, this disengagement level represents a risk to operational workforce outlooks. Because many ECRNs are millennials, this suggests an area that needs to be studied. The value of good employee engagement cannot be underestimated. The positive emotional ties and financial well-being and overall value-added aspects to healthcare organizations become apparent.

Effects of Verbal Abuse on Engagement

Verbal abuse negativity effects work environments leading to low RN engagement. Rosenthal et al., reports that as verbal abuse increases, the work environment deteriorates, and RN's attitudes dwindle (2018). Rosenthal further equated

verbal abuse to post-traumatic syndrome disorders (PTSD), further affecting RN engagement (2018).

Summary and Synthesis

A lack of RN engagement due to increase incidents of aggression and verbal abuse coinciding with a lack of RN's knowledge of reporting systems was widely reported (King & Bradley, 2018, Rosenthal et al., 2018). Rosenthal et al., reported 34.1% of healthcare workers reported verbal or physical violence within 12 months of employment, with 60.2% of those respondents showing at least one sign of PTSD symptoms (2018). The researchers concluded that verbal abuse is prevalent in healthcare and negatively affects RN engagement. Researchers recommended that front-line consulting psychiatrists be deployed, and wellness programs be implemented to help treat abuse issues (Rosenthal et al., 2018).

In support of the importance of RN engagement, King and Bradley (2018), concurred with Rosenthal et al. (2018) that engagement is essential. King and Bradley emphasized that low engagement may hurt the financial well-being of a hospital, nursing productivity, recruiting, and training efforts (2018). The authors warned of future nursing shortages and highlighted the importance of retaining high-performing nurses. The study warned of an increasing elderly nursing population, creating a nursing deficit of 15% by 2026 (King & Bradley, 2018). Other researchers furthered the discussion, by adding that attrition rates will increase as RN engagement decreases (Lee et al., 2016). They demonstrated that hospitals with higher engagement levels had lower levels of RN dissatisfaction, burnout, and intent to leave.

Conclusion of Employee Engagement Variable

Together, these five studies agree that nursing engagement is vital to hospital effectiveness and work environment and RN engagement are insurmountably linked to each other. Low RN engagement reduces patient care, decreases emotional status, and increases the financial expenses associated with turnover. Overall, the hospital's ability to achieve a high level of excellence is dampened when verbal abuse is allowed to proliferate. As hospital administrators begin to recognize the financial costs associated with low RN engagement, the need to mitigate verbal abuse becomes more apparent. The next section will explore the importance of job satisfaction and the effects of verbal abuse upon it.

Job Satisfaction Variable

The level of RN engagement is a manifestation of the perceived job satisfaction experienced by the RN. Increasing job satisfaction can improve work relationships, increase productivity, and lower burnout rates (Boamah, 2017; Havens et al., 2018; Herzberg, 1959; Liu et al., 2019). Job satisfaction is a measure of the job experiences that a worker dislikes, which negatively affects the job's overall satisfaction as described by Herzberg's Dual -Factor Theory of Job Satisfaction (1959). It is essential to recognize that nursing staff is the direct link to patients, and the perceived manner in which they view their job can directly be linked to patient experiences and outcomes (Liu et al., 2019). RN's negative experiences directly affect patient care and; therefore, nursing job satisfaction is an essential aspect of healthcare.

Importance of Job Satisfaction

The level of RN job satisfaction has many advantages to healthcare facilities. Increasing job satisfaction can lead to improve employee engagement and decrease attrition rates. (Boamah, 2016; Havens et al., 2018; Liu, 2019). Poor job satisfaction ratings, the cost of RN turnover, and the cost of contract labor cost all lead to adverse financial consequences for healthcare facilities (NSI, 2020). Therefore, increasing job satisfaction can control these costs.

Healthcare administrators have many ways to increase job satisfaction rates. Improving the institution's foundational elements by offering proper staffing levels, increasing work-life balance, enhancing communication and collaboration, and encouraging mutual respect have proven beneficial (Boamah et al., 2016; Havens et al., 2018). All these foundational elements can be improved by mitigating verbal abuse in the workplace.

Effects of Verbal Abuse on Job Satisfaction

Verbal abuse mitigation can help create an environment that breeds mutual respect in the workplace, which leads to the freedom to increase communication, trust, and collaboration. However, if verbal abuse is allowed to proliferate, these foundational elements may be suppressed (Havens et al., 2018). Furthermore, Havens et al. (2018) and Cohn et al. (2010) explained that verbal abuse affects the quality of relationships by undermining trust and RN engagement, resulting in broken relationships. Verbal abuse ultimately increases negative emotions, which leads to decreased productivity and the potential for reduced job satisfaction.

The healthcare administrator's role in contributing to positive job satisfaction is essential (Boamah et al., 2017; Havens et al., 2018). Healthcare leaders have the responsibility to increase trust, resolve conflicts, and increase productivity. This lends support to the models in the social exchange theory which denotes that increasing trust increases positive reciprocity. Verbal abuse has an effect on these responsibilities and leadership can, therefore, improve and maintain a productive work environment by mitigating verbal abuse.

Increased communication, trust, and collaboration are all elements of job satisfaction. However, if verbal abuse is allowed to increase, job satisfaction will decline. (Boafo, 2018; Havens et al. 2018) Verbal abuse ultimately increases negative emotions, which leads to decreased productivity and the potential for decreased patient outcomes.

Healthcare leaders must understand that verbal abuse is foundation for poor job satisfaction. The Joint Commission recognizes that without strong verbal abuse zero-tolerance policies and reporting mechanisms, healthcare organizations will continue to experience high turnover rates, reduced job satisfaction, and reduced employee engagement (2018). Job satisfaction is correlated with productivity and trust in leadership. Verbal abuse has a potential to decrease job satisfaction rates.

Intent to Leave Variable

Healthcare administrators monitor turnover rates closely. In 2019 the turnover rates for RNs were 17.8%, with behavioral health, critical care, and emergency care departments experiencing the highest turnover rates indicating that the turnover trends are

increasing and that higher stressed departments are at a greater risk of turnover (NSI, 2020).

The turnover rates, or intent to stay with the current employer, is often predicated on the environment in which an RN works. Negative work environment will increase turnover rates. With the demand for RNs increasing every year the need to mitigate attrition is becoming increasingly important.

Costs of Attrition

Healthcare administrators need to focus on the cost of turnovers since it has substantial effects on healthcare budgets. According to latest figures the average cost of replacing a bedside RN is \$44,400, which equates to the average hospital losing \$3.6 million to \$6.1 million (NSI, 2020). A one percent change, (+ or -), in turnover rates equals an approximate cost/savings of \$306,400 per year and the 2019 national hospital turnover rate is 17.8%, indicating the turnover rates are costly (NSI, 2020). Promoting initiatives to decrease intent to leave becomes a high priority for hospital administrators.

Effects of Verbal Abuse on Attrition Rates

Verbal abuse increases job stress, and job stress is a significant predictor of intent to leave (Oh et al., 2016). 45% - 94% of RNs experience verbal abuse, which manifests in accusations, blaming, yelling, insulting, swearing, defaming, and condescending remarks (Keller et al., 2018). These forms of abuse can lead to lower productivity, increased medical errors, absenteeism, and increase turnover rates (Keller et al., 2018; Liu et al., 2019).

Four studies support the hypothesis that verbal abuse is associated with higher attrition rates. Oh et al. studied South Korean hospitals and agreed that bullying increased job stress, which effected an RNs intent to leave (2016). In South Korea, Chang and Cho studied job outcomes, job satisfaction, burnout rates, commitment to the workplace, and intent to leave (2016). Keller and Liu observed that abuse was equated with lower productivity and also increase intent to leave. It can be summarized that the literature supports the hypotheses that verbal abuse is associated with intent to leave. This study will attempt to add to the discussion and clarify if the provision applies equally towards ECRNs.

The healthcare industry continues to be a substantial part of the United States economy. RNs are the direct link to patients and the care in which they receive. The importance of intent to leave and mitigating verbal abuse has profound financial and psychological ramifications to nursing staff and their wiliness to stay in one position. Leadership must understand that verbal abuse within their organizations will negatively affect their organization's quality and culture.

Definitions

For this study, the definitions of intent to leave, job satisfaction, RN engagement, and verbal abuse are as follows:

Intent to leave: The Bureau of Labor Statistics defines intent to leave as the number of people who intend leave a healthcare organization that will be replaced by another individual to perform the same or similar duties (n.d.). Questions that address

intent to stay with current employer or plans to leave current positions are applied to this study.

Job satisfaction: A measure of the job experiences that a worker dislikes, which negatively affects the overall satisfaction of the job as described by Herzberg's Dual - Factor Theory of Job Satisfaction (1959). Job satisfaction is a broad term. Although job satisfaction can be viewed from the employers' perspective as a measure of productivity, this study will focus on job satisfaction from the employee's perspective. Herzberg, Mausnek, and Snyderbman, conveyed that people have two sets of needs: a person's need to avoid pain and the requirement as a human to grow psychologically (1959). They concluded that job satisfaction consisted of two parts: the first part was job satisfaction, and the second part was job dissatisfaction. For this study, in the context of verbal abuse, job satisfaction is the measure of the amount of negative psychological factors related to the work itself that affect achievement, job responsibility, and subdued feelings of recognition (Herzberg, 2008; House & Wigdor, 1967). In summary, job satisfaction is characterized by events on the job that a worker dislikes, which affects overall satisfaction.

RN engagement: According to the Society for Human Resource Management, employee engagement is related to the level of an employee's commitment to an organization (n.d). In this study, employee engagement will be measured by researching the willingness to participate in team training, various hospital boards, or committees.

Verbal abuse: An amalgamation of definitions and concepts was utilized to define this broad term. Verbal abuse is the aggressive use of language to demean, criticize,

insult, or humiliate another person resulting in mental distress or anguish (Centers for Disease Control and Prevention, 2019; The Joint Commission, 2018; World Health Organization, 2002). For this study, verbal abuse will be defined as an adverse nonphysical event experienced by ECRNs from patients or their family members, physicians, or other RNs.

Assumptions

It is assumed that the findings of this study would affect the financial well-being of hospital institutions. Although the literature suggests that economic consequences can result from higher attrition rates (Keller et al., 2018; King & Bradley, 2018; NSI, 2020), no data variable specific to financial degradation was available in the data set.

This study explored the effects of verbal abuse towards ECRNs and the effect on their intent to leave, and three limitations must be considered. First, although the data set suggested that participants were randomly selected, 85.5% of the respondents were female, and 13.5% of the respondents were male. The large percentage of females sampled may have injected gender bias and limited the generalization of the findings. Secondly, a majority (71.8%) of the 1,171 participants were identified as white non-Hispanic which may not have accounted for cultural differences and limit the study's generalization ability. Thirdly, because the study is centered around RNs with less than 1 year experience, this study may not have accounted for more experienced RNs, limiting generalization to RNs with greater tenure.

Scope and Delimitations

Studies have shown that healthcare organizations are facing high levels of nursing turnover rates annually. With the healthcare industry facing an aging RN population and the cost associated with turnovers, it is becoming imperative for hospital leaders to mitigate attrition rates associated with verbal abuse.

The independent variable of verbal abuse was chosen because it has been a leading issue for hospital administrators for decades. The dependent variables of RN engagement, job satisfaction, and intent to leave are leading indicators of employee fulfillment.

This study's limitations were the effects of these four variables on ECRNs. In doing so, experienced RNs will be excluded, which may not be affected by verbal abuse significantly.

Significance, Summary, and Conclusions

This study's results can potentially contribute into how verbal abuse towards ECRNs relates to employee engagement, job satisfaction, and intent to leave. Outcomes provided by this study can potentially outline the detrimental influence of verbal abuse on RN engagement, job satisfaction and intent to leave; thereby, affecting the ability for healthcare organizations to meet operational goals. This study's relevance to hospital administrators, emphasizes the importance of monitoring verbal abuse towards ECRNs, thereby, improving workplace environments to maintain a viable nursing workforce. This study will potentially add to the body of knowledge of verbal abuse in healthcare and provide insight to healthcare administrators to improve cultures that will diminish verbal

abuse and drive social change. Mitigating verbal abuse will allow organizations to meet operational goals, decrease costs associated with high turnover rates, and maintain a nursing workforce capable of providing high-quality care.

Section one presented a literature review for verbal abuse and its impact on ECRNs to address the problems of verbal abuse in healthcare. To address the purpose of this study, RN engagement, job satisfaction, and intent to leave due to associated verbal abuse was explored and indicated a potential relationship. Most of the literature centered around the predictive components of verbal abuse; however, what is unknown is the extent of the relationship between the variables toward ECRN populations. This study potentially adds to the body of knowledge on verbal abuse toward ECRNs. See Figure 2 for a conceptual model overview of the relationship between the variables being studied.

Figure 2

Conceptual Model Linking Verbal Abuse and Dependent Variables to RN Workforce Capability



Researchers have described verbal abuse propagating animosity among RNs, increasing stress levels, depriving nurses of dignity, and creating workforce barriers.

Hospital administrators should be aware that these issues can potentially create workforce operational demands and generate negative financial outcomes for healthcare organizations. The potential for positive social change is possible by increasing awareness of the negative influences of verbal abuse and instituting policies that will mitigate this abuse in the workplace.

To determine if there is statistical significance between verbal abuse on RN engagement, job satisfaction, and intent to leave, section two details the research plan that will be used to quantitatively test any potential relationship between the variables. Three research questions are presented detailing the methodology, data analysis plan, threats to validity are addressed for each question. Following the plan outline, a conclusion of section two is given with a transition statement into section three presented.

Section 2: Research Design and Data Collection

Introduction

This purpose of this quantitative study was to evaluate the effects of verbal abuse toward ECRNs and the relationship to RN engagement, job satisfaction, and intent to leave. In this section, I outline the research design and rationale, describe the methodology used to analyze the data, examine the threats to validity, review the study's ethics, and conclude with a summary.

A quantitative correlational study using a simple regression analysis method approach was employed to examine three dependent variables and one independent variable. The independent variable was the frequency of verbal abuse experienced by ECRNs with less than 1-year of employment. The three dependent variables were (a) level of RN engagement, (b) job satisfaction rates, and (c) intent to leave. A simple regression quantitative design was used for this study because it was the most appropriate method to evaluate causality between the independent variable and dependent variables and to identify factors that may affect multiple dependent variables when using a survey method (Creswell & Creswell, 2018; Frankfort-Nachmias & Leon-Guerrero, 2018). Due to the straightforward design process, there were no time or resource constraints identified with this design choice.

Methodology

Population and Sampling Procedures

This study's target population consisted of 1,171 surveyed ECRNs with less than 1 year of experience. The secondary data source was a longitudinal survey supplied by

ICPSR: The Newly Licensed Registered Nurse New Cohort 3 Survey 2016. This survey was the third wave of a multi-wave panel survey that studied newly licensed RNs who obtained their first license to practice nursing between August 1, 2014, and July 31, 2015. It was conducted as part of the RN Work Project, a national study of new nurses funded by the Robert Wood Johnson Foundation. The survey interviewed the nurses about their jobs, turnover, education, intentions and attitudes, organizational commitment, and preferences about work (Kover & Brewer, 2016). This cohort study sampled ECRNs residing in 20 metropolitan areas and one rural county across 14 states and used a Likert scale to record their responses (Kover & Brewer, 2016).

The data repository adheres to regulations and holds appropriate licenses. The ICPSR uses the principles of the Core Trust Seal Trustworthy Data Repositories requirements and complies with access regulations and holds applicable licenses as a data repository (ICPSR, Data Management, and Curation, n.d.). ICPSR archived the data set used for this study through its open ICPSR archive, which is open to the public for use as outlined in their terms of use statement (ICPSR, Find and Analyze, n.d.). Permission to use the data was further confirmed, in writing, by ICPSR, see the Appendix. The multiwave study was maintained and distributed by the Health and Medical Care Archive, the official data archive of the Robert Wood Johnson Foundation (ICPSR Find and Analyze, n.d.).

Power Analysis

A power analysis was conducted between the variables to detect any significant association between them and to estimate a sample target size. Per Creswell and Creswell

(2018), the use of a two-tailed alpha value of 0.5 is the preferred threshold to test the amount of risk of a Type 1 error; additionally, a beta value of 0.80 was used to assess the risk of a Type II error. The sample size for correlation was generated using G*Power Version 3x. G*Power is a general and stand-alone open-access statistical power analysis program developed by Faul et al. (2007). The power analysis plan was to create a set of composite constructs from the variables to be tested, determine the effect size and minimum sample size.

Subset Constructs

Subset constructs were developed to analyze each variable. Because several questions within the instrument represent a variable characteristic, composite variables were constructed for this study. The details of the composite variables are as follows. The *verbal abuse* independent variable was measured by combining questions A46G, A46H, A46I, and A46J, located on pages 50 and 51 of the Codebook and created a new composite subset variable named *verbal abuse*. The verbal abuse subset variable ranges from 4–16, with results closer to 16 representing a higher frequency in verbal abuse.

The dependent variable *employment engagement* was measured by combining questions A71_1, A71_2, A71_3, and A71_4, located on pages 47–49 of the Codebook, and created a new composite subset variable name *RN engagement*. All reported results from each question range 0–1 with 0 being “No, I do not participate,” and 1 being “Yes I participate.” The employee engagement subset variable ranges from 0 to 4, with results closer to 4 representing a higher employee engagement factor.

The dependent variable *job satisfaction* was measured by compiling questions A30, A32, located on pages 26–27 of the Codebook to create a new subset variable called *job satisfaction*. These questions were chosen because they represent the respondents recommending and choosing their current job. The job satisfaction subset variable ranges from 4–8, with results closer to 8 representing a higher job satisfaction rating.

The dependent variable *intent to leave* was measured by compiling questions A40a, A40b, A40c, and A40d, on pages 35 and 36 of the Codebook, which demonstrated intent to leave the employer that created the composite subset *intent to leave*. The intent to leave subset variable ranged 5–10, with results closer to 10 representing a higher intent to leave rating.

Power Analysis for Each Research Question

RQ1: Is there a relationship between the frequency of verbal abuse experienced by ECRNs with less than 1-year employment and level of RN engagement using the Newly Licensed Registered Nurse New Cohort 3 Survey of 2016? For RQ1, the dependent variable was employee engagement and the independent variable was verbal abuse. Using the G*Power software, these variables were tested using the F tests linear multiple regression: fixed model, R^2 deviation from zero tests with the following input parameters: effect size = 0.15, α value: 0.05, β value: 0.2 (1-0.8), number of predictors was set at 1 yielding a total sample size for this research question of 55.

RQ2: Is the relationship between the frequency of verbal abuse experienced by ECRNs with less than 1-year employment and RN job satisfaction rates using the Newly Licensed Registered Nurse New Cohort 3 Survey of 2016? For RQ2, the dependent

variable was job satisfaction and the independent variable was verbal abuse. Using the G*Power software, these variables were tested using the F tests linear multiple regression: fixed model, R^2 deviation from zero tests with the following input parameters: effect size = 0.15, α value: 0.05, β value: 0.2 (1-0.8), number of predictors was set at 1 yielding a total sample size for this research question of 55.

RQ3: Is the relationship between the frequency of verbal abuse experienced by ECRNs with less than 1-year employment and intent to leave using Newly Licensed Registered Nurse New Cohort 3 Survey of 2016? For RQ3, the dependent variable was intent to leave and the independent variable was verbal abuse. Using the G*Power software, these variables were tested using the F tests linear multiple regression: fixed model, R^2 deviation from zero tests with the following input parameters: effect size = 0.15, α value: 0.05, β value: 0.2 (1-0.8), number of predictors were set at 1 yielding a total sample size for this research question of 55.

Instrumentation and Operationalization of Constructs

The survey instrument used for this study was developed by the Health and Medical Care Archive, the Robert Wood Johnson Foundation's official data archive. This instrument has been used in the RN Work Project since August 1, 2014, to measure jobs, turnover, education, intentions and attitudes, organizational commitment; it was the third wave of a multiwave project and is a proven and well-tested instrument sufficient to answer my research questions. The data repository adheres to regulations and holds appropriate licenses. ICPSR uses the principles of the Core Trust Seal Trustworthy Data Repositories requirements and complies with access regulations and holds applicable

licenses as a data repository (ICPSR, Data Management, and Curation, n.d.). ICPSR archived the data set used for this study through its open ICPSR archive, which was open to the public for use as outlined in their terms of use statement (ICPSR, Find and Analyze, n.d.). Permission to use the data was further confirmed, in writing, by ICPSR, see the appendix.

Internal consistency was quantified using Cronbach's Alpha (α) value between 0 and 1, as recommended by Creswell and Creswell, to ensure all items assess the same construct (2018).

The Validity of the Instrument

The validity of the existing survey instrument is vital to establish meaningful inferences from the data. According to Creswell & Creswell (2018), there are two traditional forms of validity to anticipate, which include content validity and construct validity. The below information details the steps that were performed to validate the instrument.

Content Validity

To assess if the content measures the variables needed. This validity test was met because all the variables, including verbal abuse, job satisfaction, and intent to leave, are accounted for within the data set.

Construct Validity

To assess if the instrument serves a useful purpose, a test to study the relationship between the variables was conducted. The most common technique used to determine construct validity is factor analysis (Creswell & Creswell 2018). Using the SPSS Version

25 factor analysis tool to look for outliers between variables all questions were used to test each item's correlation.

Reliability of the Instrument

The reliability and validity of the instrument are interrelated and needed to be discussed further. Cronbach's alpha will be considered to measure internal consistency to ensure the data being measured of the same construct is able to measure what was intended (Creswell & Creswell, 2018).

Operationalization of Each Variable

Each variable was operationalized and defined for all stakeholders to understand how each variable was defined and collected. Each variable's operational definition, variable scoring, and examples were given below.

Verbal Abuse Variable

These categorical ordinal variables measure verbal abuse from patients, patient's family members, physicians, and other employees. This variable was measured using a Likert scale from 1-4 and indicated the frequency of variable abuse with "1= never, 2 = 1-3 times a week, 3= once a week, 4 more than once a week". There were three questions with five answers possible for each question creating an aggregate scoring range from 5 – 15. The higher the score, the more frequent the verbal abuse.

Employee Engagement Variable

The employee engagement variable measured an employee's wiliness to participate outside his/her typical work requirements (e.g., participate in the advisory board, committees, or leadership groups). Each variable question was measured in the

Codebook as a binary choice of “0 = no and 1 = yes” and indicates an employee’s willingness to involve themselves deeper into the organization. There was a total of five questions with two answers creating an aggregate scoring range from 0-5. The higher the score, the more engaging an employee.

Job Satisfaction Variable

The operational definition of this variable measured the ECRNs contentment with their current employer (e.g., willingness to recommend their current employer to others, the employer is great to work for, glad they choose their current employer). This was an ordinal categorical variable measured on a Likert scale from 1-5. It indicated an RN’s satisfaction with their current employer with 1= strongly disagrees, 2= disagrees, 3= neither agree nor disagree, 4= agree, and 5= strongly agree. There were four questions with five answers possible for each question creating an aggregate scoring range from 5 – 20. The higher the score, the more satisfied the employee.

Intent to Leave Variable

The operational definition of this variable measures an ECRNS intention to leave the job soon (e.g., likely to leave soon, plan to leave as soon as possible). This was an ordinal categorical variable measured on a Likert scale from 1-5. It indicated an RN’s intention to stay with their current employer with 1= strongly disagree, 2= disagrees, 3= neither agree nor disagree, 4= agree, and 5= strongly agree. There were two questions with five answers possible for each question creating an aggregate scoring range from 5 – 10. The higher the score, the greater the intent to leave the job.

Data Analysis Plan

To test the hypothesis and answer each of the research questions, the data analysis was performed using SPSS Version 25. The data analysis plan included the following steps: 1) the variables were cleansed and screened, 2) a descriptive analysis was performed, 3) inferential statistical tests were performed, 4) data was interpreted.

Descriptive Analysis

A descriptive analysis was conducted to summarize the information within the study quantitatively. The analysis included frequencies of the participants (e.g., how many males and female participants in the survey, is there any missing data?); described the central tendencies of the information (e.g., mean, median, mode); and included variability information (e.g., standard deviation, minimum and maximum variables, and kurtosis and skewness).

Cleaning and Screening Procedure

Cleaning and screening the missing and reverse order coding data was fundamental to ensure proper data analysis (Creswell & Creswell, 2018). Any reverse coding was identified, and if found, the data was cleaned using the “transform” function in SPSS version 25 to recode the data into the same variables.

Research Questions Analysis Plan

The following null and alternative hypotheses for each research question with the associative statistical tests are outlined in the following paragraphs.

RQ1 Analysis Plan

Is there a relationship between the frequency of verbal abuse experienced by ECRNs with less than 1-year employment and level of RN engagement using the Newly Licensed Registered Nurse New Cohort 3 Survey of 2016? One independent variable (verbal abuse) and one dependent variable (RN engagement) were studied for this research question. The plan used a simple linear regression to examine relationships between the variables. Results were interpreted and included confidence intervals set at 95%, alpha level set at 0.05 and an effect size will be reported if significance is found.

Covariates for employee engagement. Three covariates to be considered for this dependent variable. Employee engagement is directly related to having the required resources and support from their employer (King & Bradley, 2018). Therefore, including variables that measure difficulty performing job duties due to supervisor performance (e.g., question A41B) and lacking the supplies needed to complete the job (e.g., question A41C and A41E) were included as a potential covariate for employee engagement dependent variable. Additionally, a third covariate variable would be considered. King and Bradley reported that nurses would be more fully engage if RN staff are active in the decision-making process. Therefore, adding the variable, “A66_NC3: Number of times you involved in a specific clinical effort to improve a system or pattern of patient care on your unit”, could be included to measure the level of decision-making opportunities for ECRNs.

RQ2 Analysis Plan

Is the relationship between the frequency of verbal abuse experienced by ECRNs with less than 1-year employment and RN job satisfaction rates using the Newly Licensed Registered Nurse New Cohort 3 Survey of 2016? One independent variable (verbal abuse) and one dependent variable (job satisfaction) were studied for this research question. The plan used a simple linear regression. Results were interpreted and included confidence intervals set at 95%, alpha level set at 0.05, and an effect size will be reported if significance is found.

Covariates for job satisfaction were considered. Research has shown nurse-patient ratios and nursing shortages play a part in job dissatisfaction (Boafo, 2018; Bomah, 2017). By possibly including a covariant variable (A20: number of patients or clients cared during the most recent shift, A55B, average number of patients during a shift) may show a statistical relationship incorporated into the measurements of the Job Satisfaction dependent variable.

RQ3 Analysis Plan

Is the relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year employment and intent to leave using Newly Licensed Registered Nurse New Cohort 3 Survey of 2016? There was one independent variable (verbal abuse) and one dependent variable (intent to leave) were studied for this question. The plan used a simple linear regression. Results were interpreted and included confidence intervals set at 95%, alpha level set at 0.05, and an effect size will be reported if significance is found.

Covariates for intent to leave were considered. Boamah et al. demonstrated that a poor work environment was one factor that leads to an increase in turnover intentions among nurses (2017). NSI 2020, defined a work environment that included the type of shift and type of department. Therefore, variables that measure work environments (e.g., A12R2: Unit-spent most of the working time: 4 groups/CTK, and A23: Typical work schedule) were included in this study. These covariates had a statistical relationship and were incorporated to measure the Intent to Leave dependent variable.

Threats to Validity

External Threats

Because the participants' characteristics are limited to RNs with 1-year or less employment, this study cannot be generalized to more senior RN staff members. This study restricted its claims about the groups and indicated that results could not be generalized to general RN populations. Also, this study's interaction of history and treatment results was time-bound and could not be generalized into past or future situations. Additional studies at later times could determine if similar results would occur.

Internal Threats

The risk of internal threats was limited due to the short longitudinal survey design. This secondary data was obtained from RNs who earned their licensure between August 1, 2014, and July 31, 2015, representing a short period and excluded the possibility of history or maturation threats. Statistical regression was possible and was tested using the Analysis of Variance (ANOVA) approach. Additionally, selecting a subject's risk may have existed because each participant's early career aspect may have

created a bias; however, this threat is limited by participants' randomization during the collection process.

Ethical Considerations

The use of secondary data analysis limited the risk of ethical concerns for this study. The secondary data was devoid of identifying information and was collected and disseminated using the deidentification process by the ICPSR, thereby protecting the participant's identity.

Summary

Section two presented an overview of the methods that were used in this study. It outlined the population and sampling procedures used for this study and the detailed the power analyses procedures used to test for proper sampling sizes. An overview of the instrument was presented specifying the validity and details of the individual variables. Following that, a data analysis plan was presented, outlining the descriptive analysis and the cleaning and screening procedures that are planned. Subsequently, each research question was presented detailing the statistical analysis plan for each. Lastly, threats to external and internal validity were outlined followed by an ethical consideration statement.

Once sections one and two were approved, section three was begun and presents the statistical analysis results and findings. An interpretation of the findings followed revealing any further limitations of the study. Recommendations were made based on the data's conclusions and results. In concluding section three, the implications of the

research on the RN workforce's future is shown and a statement of the impact of this study on social change is made.

Section 3: Presentation of the Results and Findings

Introduction

The purpose of this study was to evaluate statistically significant relationships between verbal abuse toward ECRNs and the effects of verbal abuse on the level of RN engagement, job satisfaction, and intent to leave. Simple linear regression was used to test relationships between the independent variable (verbal abuse) and the three dependent variables (RN engagement, job satisfaction, and intent to leave). Results indicate no significant relationship between verbal abuse and RN engagement, but significant relationships were determined between verbal abuse, job satisfaction, and intent to leave. Details of the data collection method, the data analysis, and subsequent statistical results are in this section. The research questions and the associated null and alternative hypotheses used for this study are as follows:

RQ1: Is there a relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and level of RN engagement?

H_01 : There is no statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and level of RN engagement.

H_11 : There is a statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and level of RN engagement.

RQ2: Is the relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and RN job satisfaction rates?

*H*₀₂: There is no statistically significant relationship the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and RN job satisfaction rates.

*H*₁₂: There is a statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and RN job satisfaction rates.

RQ3: Is the relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and their intent to leave?

*H*₀₃: There is no statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and their intent to leave.

*H*₁₃: There is a statistically significant relationship between the frequency of verbal abuse experienced by ECRNs with less than 1 year of employment and their intent to leave.

Section 3 provides details of the data collection methods and subsequent analysis of the information. Descriptive statistics, assumption analysis, and details of the simple linear regression techniques, and post hoc tests are outlined. Charts and tables are provided to illustrate and clarify the findings. Section 3 concludes with a summary of the data and a transition into Section 4.

Data Collection

Upon IRB approval (# 09-04-20-0980088), data analysis was conducted to answer the research questions. The secondary data source provided by ICPSR was a longitudinal

survey: The Newly Licensed Registered Nurse New Cohort 3 Survey 2016. This survey was the third wave of a multiwave panel survey that studied newly licensed registered nurses who obtained their first license to practice nursing between August 1, 2014, and July 31, 2015. The survey interviewed ECRNs about their jobs, turnover expectations, education levels, intentions and attitudes, organizational commitment, and work preferences.

The survey instrument sampled 1,171 ECRNs residing in 20 metropolitan areas and one rural county across 14 states and used a Likert scale to record their responses. Out of the 1,171 respondents, 1,001 (86%) were female, and 158 (14%) were male, (see Table 1) and respondents ranged in age from less than 29 years old to over 50 years old (see Table 2). The participants were randomly selected based on the criteria of being an RN with less than 1 year of experience (Kover & Brewer, 2016). Randomly selecting participants is a measure of internal validity (Frankfort-Nachimas & Leon-Guerrero, 2018). This secondary survey represented a sample population of ECRNs characterized and proportionated to the larger population being studied. The data collected did not diverge from the plan presented in Section 2, and no discrepancies have been noted to the project.

Table 1

Age Group Demographics

	Frequency	Percent
less than 29 years	637	54.4
30 to 39 years	318	27.2
40 to 49 years	153	13.1
50 or more years	51	4.4
Total	1159	

Table 2*Gender Demographics*

	Frequency	Percent
Male	158	13.5
Female	1001	85.5
Total	1159	

Results**Descriptive Statistics**

Using simple linear regression, the three research questions were quantitatively examined to test the effects of one independent variable (verbal abuse) to three dependent variables (engagement, job satisfaction, and intent to leave). The descriptive statistics for each variable are as follows.

Verbal Abuse Descriptive Statistic

The sample, measuring verbal abuse, yielded valid responses (n = 1082) and missing responses (n = 89). This variable score ranges from 4 -16, with results closer to 16 representing a higher frequency of verbal abuse experienced by the ECRN. Measures of central tendency were computed to summarize the data of the verbal abuse variable and measures of dispersion were calculated to understand the variability of scores. The sample (n = 1082) yielded a mean score (M= 6.03) representing a moderate level of verbal abuse experienced by the ECRNs. Standard deviation (SD = 1.815) indicated that the frequency of verbal abuse experienced by ECRNs varied moderately among participants (see Table 3).

RN Engagement Descriptive Statistic

The sample, measuring RN engagement, yielded valid responses (n=1099) and missing responses (N=72). This variable measures RN engagement ranging from 0 to 4, with results closer to 4 representing a higher employee engagement factor. Measures of central tendency were computed to summarize the data for the RN engagement variable and measures of dispersion were calculated to understand the variability of scores. The sample (n = 1099) yielded a mean score (M= 0.36) representing a low level of engagement exhibited by the ECRNs. Standard deviation (SD = 0.622) indicated little variability between participants (see Table 3).

Job Satisfaction Descriptive Statistic

The sample, measuring job satisfaction, yielded valid responses (n=1111) and missing responses (n=60). This variable measured job satisfaction ranging from 2 to 8, with results closer to 8 representing a higher job satisfaction factor. Measures of central tendency were computed to summarize the data for the job satisfaction variable and measures of dispersion were calculated to understand the variability of scores. The sample (n = 1111) yielded a mean score (M= 6.44) representing a moderate to high level of satisfaction exhibited by the ECRNs. Standard deviation (SD = 1.507) indicated moderate variability between participants (see Table 3).

Intent to Leave Descriptive Statistic

The sample, measuring intent to leave, yielded valid responses (n=1108) and missing responses (n=63). This variable measured intent to leave ranging from 4 to 20, with results closer to 4 being more likely to leave the employer. Measures of central

tendency were computed to summarize the data for the intent to leave variable and measures of dispersion were calculated to understand the variability of scores. The sample (n = 1108) yielded a mean score (M= 10.79) representing a moderate amount of ECRNs are considering leaving their employer. Standard deviation (SD = 4.197) indicated large variability between participants (see Table 3).

Table 3

Descriptive Characteristics of RN Engagement, Job Satisfaction, Intent to Leave, and Verbal Abuse

		RN engagement	Job satisfaction	Intent to leave	Verbal abuse
N	Valid	1099	1111	1108	1082
	Missing	72	60	63	89
Mean		0.36	6.44	10.79	6.03
Std. Error of Mean		0.019	0.045	0.126	0.055
Median		0	7	10	6
Mode		0	8	12	5
Std. Deviation		0.622	1.507	4.197	1.815
Variance		0.386	2.272	17.611	3.295
Skewness		1.832	-0.888	0.312	1.517
Std. Error of Skewness		0.074	0.073	0.073	0.074
Kurtosis		3.486	0.234	-0.624	3.193
Std. Error of Kurtosis		0.147	0.147	0.147	0.149
Range		4	6	16	12
Minimum		0	2	4	4
Maximum		4	8	20	16
Sum		392	7160	11953	6523

Following descriptive analysis of each variable, a simple linear regression was performed for each research question to measure any significant relationship between the independent and dependent variables. Linear regression statistical assumptions were

considered, and included: linearity, normality, and homoscedasticity. The results of each simple linear regression are as follows.

Research Question 1

To investigate RQ1, a simple linear regression was conducted. The predictor variable was *Verbal Abuse*, which was measured continuously. The outcome variable was *RN Engagement* which was measured continuously. The predictor variable was found not to be statistically significant ($p < 0.5$), and therefore, the null hypothesis is retained, demonstrating that RN engagement is not significantly influenced by verbal abuse.

Research Question 2

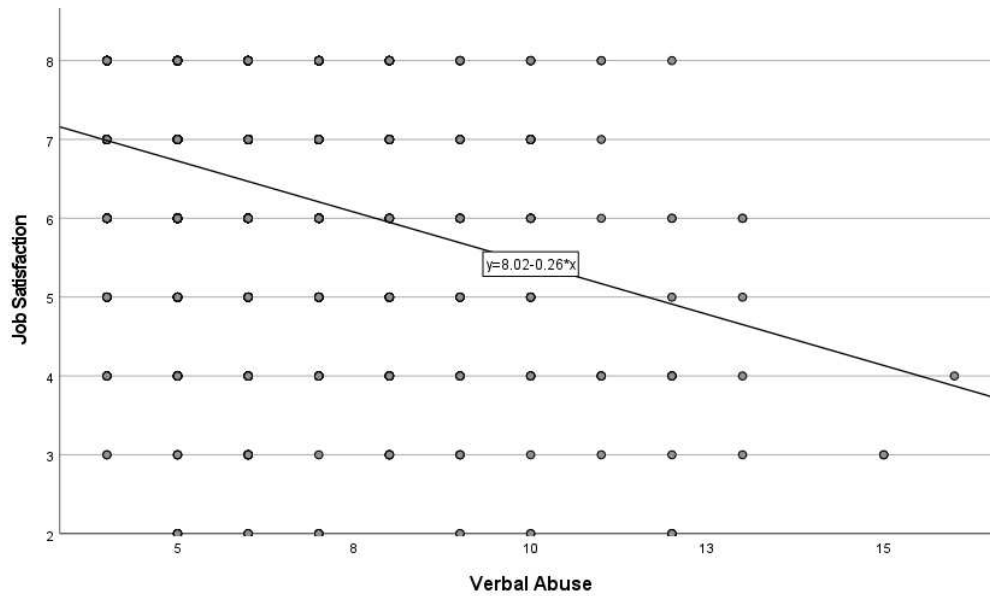
To investigate RQ2, a simple linear regression was conducted. The predictor variable was *Verbal Abuse*, which was measured continuously. The outcome was *Job Satisfaction* rates, which was measured continuously.

RQ2 Assumptions

Prior to analysis, the assumptions of linearity, normality, and homoscedasticity were visually assessed. The assumption of linearity was tested with a scatterplot between verbal abuse and job satisfaction. The assumption of linearity was met as the regression line appeared to depict a downward trend (see Figure 3). Normality was tested with a P-P scatterplot. The assumption was met due to the data closely following the normal trend line (see Figure 4). Homoscedasticity was tested with a residual scatterplot, and the assumption was met due to a non-recurring pattern in the scatterplot (see Figure 5).

Figure 3

Scatterplot between verbal abuse and job satisfaction.

**Figure 4**

Normal P-P plot for relationship between verbal abuse and job satisfaction.

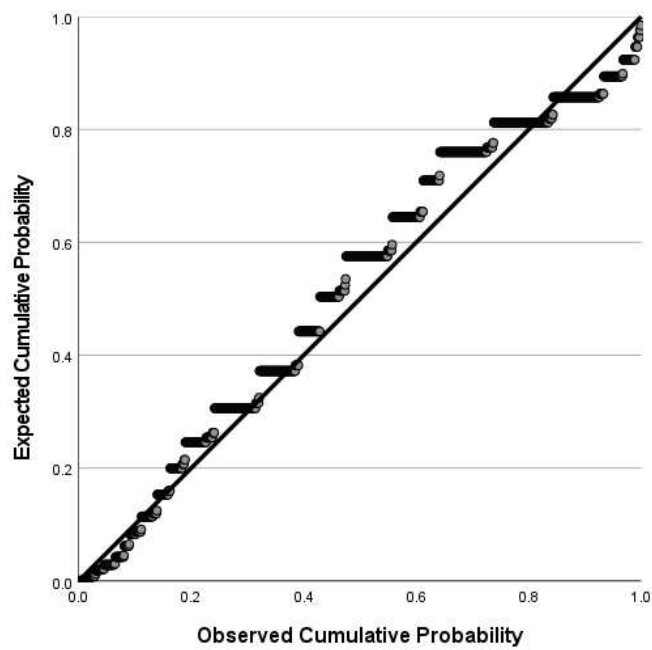
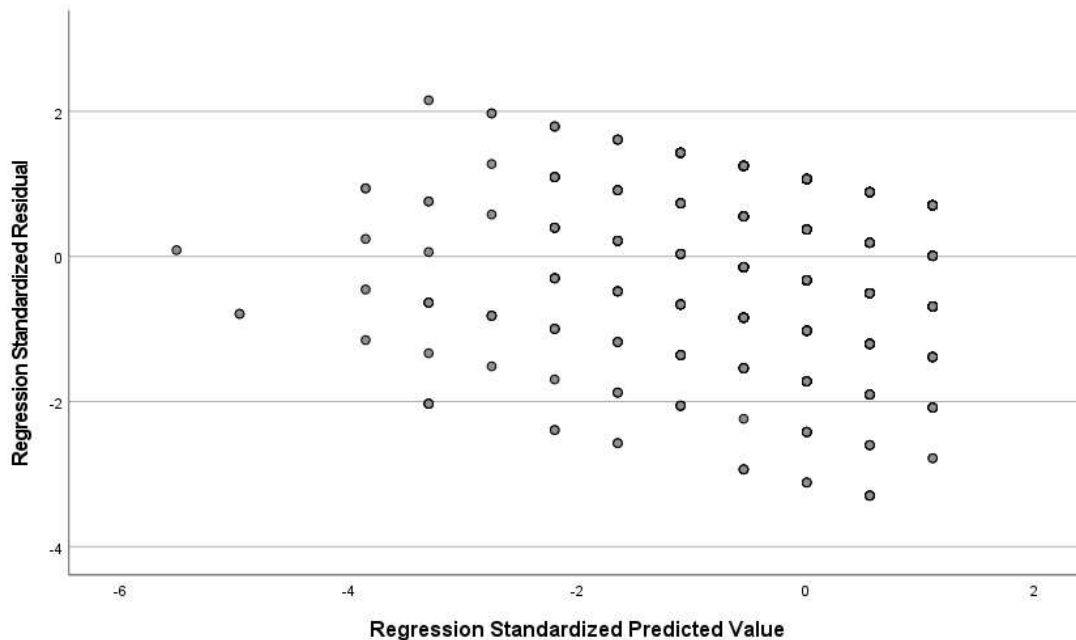


Figure 5

Residuals scatterplot for relationship between verbal abuse and job satisfaction.



RQ2 Simple Linear Regression

Frequency of verbal abuse was found to be statistically significant [$B = -.259$, 95% C.I. $(-.307, -.212)$, $p < .001$], indicating that for every one-unit increase in *Verbal Abuse*, *Job Satisfaction* decreased by 0.26 units. The coefficient of determination, R^2 , indicates that approximately 9.7% of the variability in level of job satisfaction can be explained by verbal abuse. Therefore, the null hypothesis is rejected, and the alternative hypothesis is retained, indicating a significant relationship between verbal abuse and job satisfaction.

RQ2 Post Hoc Test

Because significance was found, post hoc tests were conducted using G*Power version 3X. A post hoc power analysis (*post hoc: Compute achieved power - given α* ,

sample size, and effect size) using parameters, effect size $f^2 = 0.15$, α err prob = 0.05, $n=1111$, number of predictors = 1, was used to test the achieved power of the model. A result of 1.00 was obtained, demonstrating there is a 100% probability of avoiding a Type II error. Secondly, a post hoc sensitivity test (*Compute required effect size - given α , power, and sample size*) using the parameters α err prob = 0.05, Power = 0.8, $n= 1111$, number of predictors = 1) resulting in a very small effect size ($r^2 = .007$). Indicating the model was able to detect very small differences in the relationship between *Verbal Abuse* and *Job Satisfaction*.

Research Question 3

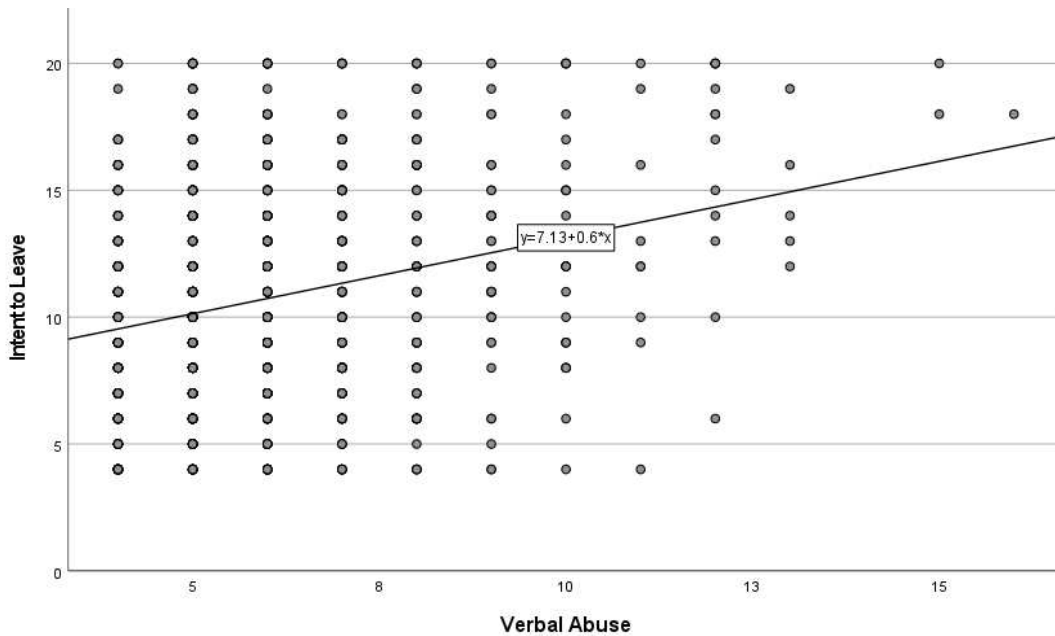
To investigate RQ3, a simple linear regression was conducted to examine the predictive relationship between frequency of verbal abuse and intent to leave. The predictor variable was *Verbal Abuse*, which was measured continuously. The outcome variable was *Intent to Leave*, which was measured continuously.

RQ3 Assumptions

Prior to analysis, the assumptions of linearity, normality, and homoscedasticity were visually assessed. The assumption of linearity was tested with a scatterplot between verbal abuse and intent to leave. The assumption of linearity was met as the regression line appeared to depict an upward trend (see Figure 6). Normality was tested with a P-P scatterplot. The assumption was met due to the data closely following the normal trend line (see Figure 7). Homoscedasticity was tested with a residual scatterplot, and the assumption was met due to a non-recurring pattern in the scatterplot (see Figure 8).

Figure 6

Scatter plot between verbal abuse and intent to leave.

**Figure 7**

Normal P-P plot for relationship between verbal abuse and intent to leave.

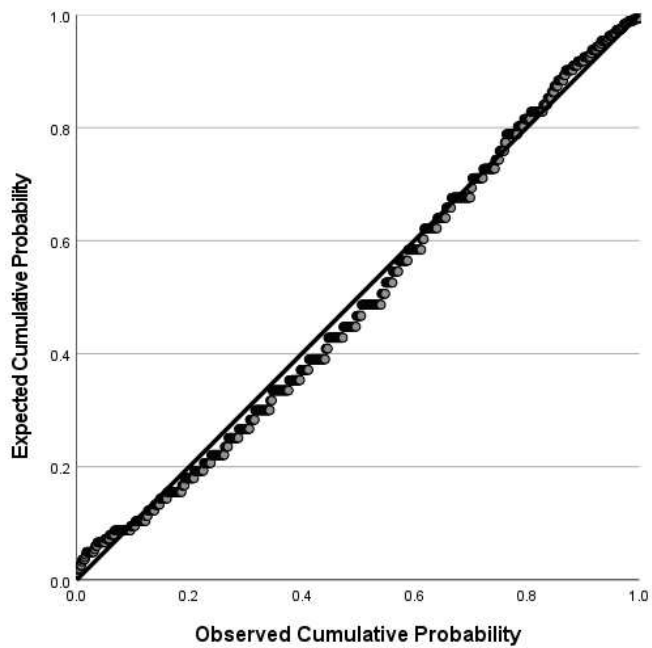
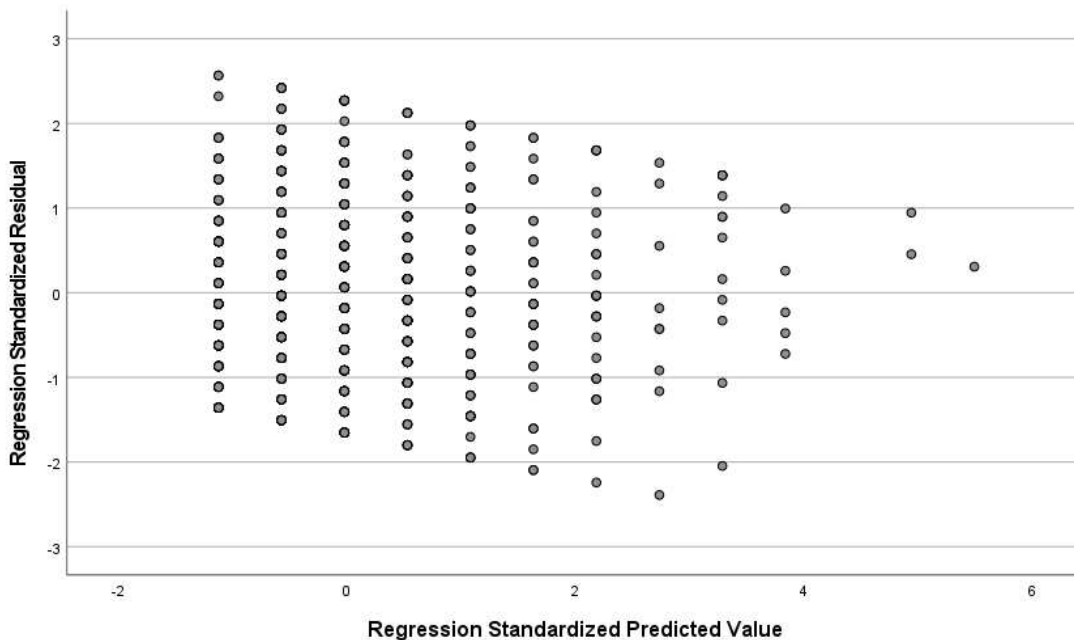


Figure 8

Residuals scatterplot for relationship between verbal abuse and intent to leave.



RQ3 Simple Linear Regression

Frequency of verbal abuse was found to be statistically significant [$B = 0.60$, 95% C.I. (.466, .735), $p < .001$], indicating that for every one-unit increase in verbal abuse, intent to leave increased by 0.60 units. The coefficient of determination, R^2 , indicates that approximately 6.7% of the variability in level of intent to leave can be explained by verbal abuse. These results are reflected in Table 6. Therefore, the null hypothesis is rejected, and the alternative hypothesis is retained, indicating a significant relationship between verbal abuse and intent to leave

RQ3 Post Hoc Test

Because significance was found, post hoc tests were conducted using G*Power version 3X. A post hoc power analysis (*post hoc: Compute achieved power - given α* ,

sample size, and effect size) using parameters, Effect size $f^2 = 0.15$, α err prob = 0.05, $n=1108$, and number of predictors = 1, was used to test the achieved power of the model. A result of 1.00 was obtained, demonstrating there is a 100% probability of avoiding a Type II error. Secondly, a post hoc sensitivity test (*Compute required effect size - given α , power, and sample size*) using the parameters α err prob = 0.05, Power = 0.8, $n= 1108$, number of predictors = 1) resulting in a very small effect size ($f^2 = .007$). Indicating the model was able to detect very small differences in the relationship between *Verbal Abuse* and *Job Intent to leave*.

Summary

This section included a restatement of the purpose of this quantitative study and research questions. The data collection analysis was explained with the associated results of each analysis presented. A descriptive analysis was made of the independent and dependent variables.

Following descriptive analysis of each variable, linear regression statistical assumptions were considered and included: linearity, normality, and homoscedasticity. Upon the assumptions being established, simple linear regression was used to assess any significant relationships between the variables and a conclusion to either accept or reject the null hypotheses for each question was made.

RQ1 Conclusion

The results indicated that RN engagement variable was found not statistically significant ($p < 0.5$), and therefore, the null hypothesis was retained, demonstrating that RN engagement was not significantly influenced by verbal abuse.

RQ2 Conclusion

Job satisfaction was statistically significant ($p < .001$) when compared to verbal abuse. The null hypothesis for job satisfaction was rejected, indicating a significant relationship between verbal abuse and job satisfaction. Due to the statistically significance findings, post hoc tests were conducted to test achieved power and sensitivity to the model.

RQ3 Conclusion

Intent to leave and was statistically significant ($p < .001$) when compared to verbal abuse. The null hypothesis for intent to leave was rejected, indicating a significant relationship between verbal abuse and intent to leave. Due to the statistically significance findings, post hoc tests were conducted to test achieved power and sensitivity to the model.

Summary of Conclusions

To summarize, when comparing the dependent variables to the independent variable, it was found that verbal abuse was not statistically significantly to RN engagement indicating no significant association was found between verbal abuse and the level of RN engagement. In contrast, it was found that there were statistically significant relationships between verbal abuse, job satisfaction and intent to leave. This indicates that job satisfaction and intent to leave have a level of association to verbal abuse.

Section 4 will discuss the results in section 3 in greater detail and provide an interpretation of the findings. Recommendations for further research will be discussed,

limitations of the study will be presented, and a statement of implication for professional practice and social changes will be made.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

According to researchers, healthcare providers experience verbal abuse at rates four times higher than other industries, with RNs reporting verbal abuse at rates between 45%–75% in the United States (Keller et al., 2018). Little is known about the effects of verbal abuse among ECRNs, which precipitated the need for this study. The results of this study can help further the conversation and raise awareness among healthcare administrators of the significant adverse impact of verbal abuse on ECRNs. The purpose of this study was to evaluate statistically significant relationships between verbal abuse toward ECRNs and the effects of verbal abuse on the level of RN engagement, job satisfaction, and intent to leave. The nature of this study determined the relationships between the independent variable (verbal abuse) and three dependent variables (RN engagement, job satisfaction, and intent to leave). A quantitative correlational study using a simple regression analysis method was employed to examine the variables.

Verbal abuse within healthcare has become a significant problem that extends beyond race, color, creed, socioeconomic status, or gender (Escibano et al., 2019). Verbal abuse is not restrained by borders or geography and is seen in healthcare institutions globally. Literature supports that RNs in the United States experience verbal abuse at high percentages, with ECRNs being the most vulnerable population (Al-Shamlan et al., 2017). With turnover rates increasing and the costs associated with increased RN attrition, it has become increasingly important for hospital administrators to develop policies and strategies to increase RN engagement and job satisfaction and decrease the

intent to leave. The interpretations of the findings follow, and each variable is explained separately, starting with RN engagement, followed by job satisfaction and intent to leave.

Interpretations of the Findings

RN Engagement

Literature supports that RN engagement is a critical component to decreasing attrition rates and that RNs who are more engaged are more connected to their departments and hospitals (King & Bradley, 2018). Furthermore, the literature provided that positive RN engagement is tied to positive patient experiences, higher hospital ratings, and better patient outcomes (Carthon et al., 2019; King & Bradley, 2018; Lee et al., 2016; Tafelmeyer et al., 2017). The results of this study confirmed other researchers' observations of abused RNs exhibiting low levels of engagement (Carthon et al., 2019; King & Bradley, 2018; Lee et al., 2016; Tafelmeyer et al., 2017). However, in this study, analysis indicated no correlation with the frequency of verbal abuse and the level of ECRN engagement.

Job Satisfaction Interpretation

Literature supports that RN job satisfaction has many advantages to healthcare facilities. Increasing job satisfaction can improve employee engagement and decrease attrition rates (Boamah, 2016; Havens et al., 2018; Liu, 2019). In contrast, poor job satisfaction ratings can increase RN turnover and increase the use of contract labor (NSI, 2020). The need to manage job satisfaction becomes increasingly important to meet operational goals but also decrease costs.

The analysis in this study demonstrated a correlation between the frequency of verbal abuse and job satisfaction ($p < .001$). The results of this study offer to the body of knowledge that job satisfaction is at risk from verbal abuse. As the frequency of verbal abuse increased, the level of job satisfaction decreased. The effect size of the differences was small, indicating that the relationship verbal abuse has a weak effect on job satisfaction. This study's theoretical framework was based on social exchange theory, which is grounded on the act of mutual reciprocity between persons. The reciprocity component within the social exchange theory strongly influences job satisfaction. Under social exchange theory, the negative effects of verbal abuse will negatively affect ECRN behavior and negative reciprocity will follow, putting at risk departmental well-being and increasing the risk of attrition.

Intent to Leave

As the demand for RNs grows each year, the need to mitigate turnover rates becomes important for hospital administrators to meet staffing demands and control the cost of replacing RNs. According the NSI, in 2018, the turnover rates for RNs grew 17.2%. The analysis in this study demonstrated that intent to leave is correlated with verbal abuse ($p < .001$). The results of this study offer to the body of knowledge that attrition rates may increase when nurses experience verbal abuse. As the frequency of verbal abuse increases toward ECRNs, their level of intent to leave their positions also increased. This demonstrates that hospital administrators should consider verbal abuse mitigation techniques to retain staff. Under this study's theoretical framework, mitigating

negative verbal abuse comments will reduce the events of negative reciprocity, thereby reducing the risk of an ECRN leaving.

Limitations of the Study

This study explored the effects of verbal abuse towards ECRNS. The study used a survey instrument. One of the limitations that exists with surveys is self-reporting bias'. Bias from selective memory may exist due to the respondents not remembering a verbal abuse experience accurately or respondents may not feel comfortable providing negative answers that may portray themselves in an unfavorable manner. Also, respondents may avoid selecting the extreme measures "*Strongly Agree*" or "*Strongly disagree*" and choose the answers like "*Agree*" or "*Disagree*", which cover the true intentions of the respondents, thereby skewing results (Theofanisdis & Fountouki, 2018)

Although respondents were randomly selected, 85.5% of the respondents were female and 13.5% were male. This may pose a gender bias, which may lead to difficulty in generalizations. Also, a majority (71.8%) of the 1,171 participants were identified as white non-Hispanic which may not have accounted for cultural differences and limit the study's generalization ability.

Recommendations

This study explored whether verbal abuse affects ECRNs negatively. As the RN workforce continues to decline, the need to define determinates of attrition becomes more important for hospital administrators. The findings of this study demonstrate that ECRNs are vulnerable to increase attrition rates with an increase frequency of verbal abuse. Similarly, researchers have indicated that costs are associated with increased turnover

rates (NSI, 2020). Creating a study to monetize the cost of attrition associated with verbal abuse would be recommended.

Researchers noted that particular departments were at higher risk of verbal abuse than others. Emergency departments, operating rooms, intensive care units, and psychological wards have higher than average verbal abuse rates (Keller et al., 2018; The Joint Commission, 2018). This study's sampled ECRN populations from various many departments. Creating a study to focus on ECRNs within high risk departments would also be recommended.

Also, researchers suggest RNs are a vulnerable group to verbal abuse (Al-Shamlan et al., 2017). The findings of this study reinforce those conclusions and adds to the discussion that ECRNs are also a vulnerable cohort to verbal abuse. Hospital leaders would be advised to oversee the well-being of ECRNs on a more frequent basis and provide reporting mechanisms that can be utilized efficiently.

Implications for Professional Practice and Social Change

The results of this study show that verbal abuse negatively affects job satisfaction rates and increases attrition within ECRN populations. Therefore, it can be reasoned that verbal abuse mitigation efforts will help increase job satisfaction rates and decrease intent to leave. Increasing RN job satisfaction and decreasing attrition rates can lead to better work environments and decrease costs.

The incentive to increase job satisfaction arises from the desire of administrators to achieve higher levels of motivation within their nursing staff and create a working environment free from abuse. Cortini et al. has noted that job satisfaction is related to job

performance (2019). Those healthcare administrators who wish to improve working environments and increase job performance can create methods to decrease verbal abuse within their facilities. Hospital administrators have influence on their personnel and thereby, can directly effect change. The social exchange theory states employees who perceive to have the support of leadership are likely to reciprocate in kind and that employees who are shown support by their organizations will have a more profound commitment to them. An increase in verbal abuse towards ECRNs will potentially affect the perception of organizational support and damage the leader-member exchange. Leaders can show support and prepare ECRNs for the potential impact of verbal abuse by developing and promoting verbal abuse awareness campaigns, developing zero-tolerance programs, increasing reporting mechanisms, and training staff in de-escalation techniques to address the pervasiveness from verbal abuse. These policies can be instituted during onboarding or orientation processes and create a culture in which verbal abuse will not be tolerated.

Higher attrition rates costs healthcare organizations revenue. This study demonstrated that verbal abuse is related to intent to leave. It is prudent to conclude that instituting techniques to mitigate verbal abuse would lower attrition and create savings.

Creating verbal abuse awareness initiatives for new RNs would create a positive social change in the healthcare industry. Making verbal abuse a focus of hospital administrators nationwide would increase job satisfaction in the workplace, create better working environments for all, and provide mechanisms to decrease attrition rates, which will help solidify future RN workforce demands.

Conclusion

ECRNs are the future of the healthcare workforce. This study has shown that ECRNs are a vulnerable group to verbal abuse which may create the potential for future workforce operational difficulties. Administrators must use every strategy they have to support this valuable cohort and equip them with the necessary tools to be successful. This study shows that as verbal abuse increases, ECRN's job satisfaction decreases and their intent to leave increases. Healthcare leaders who understand this concept can implement education plans to increase awareness, create zero-tolerance programs to mitigate such negative behavior, implement de-escalating training programs, and improve reporting mechanisms. With the demand for qualified and experienced RNs increasing in the United States, the need for hospital administrators to effectively manage workforce operations has become more critical. It will be advantageous for hospital administrators to make a conscious and deliberate approach to alleviate verbal abuse within their organization so as to preserve their future RN workforce.

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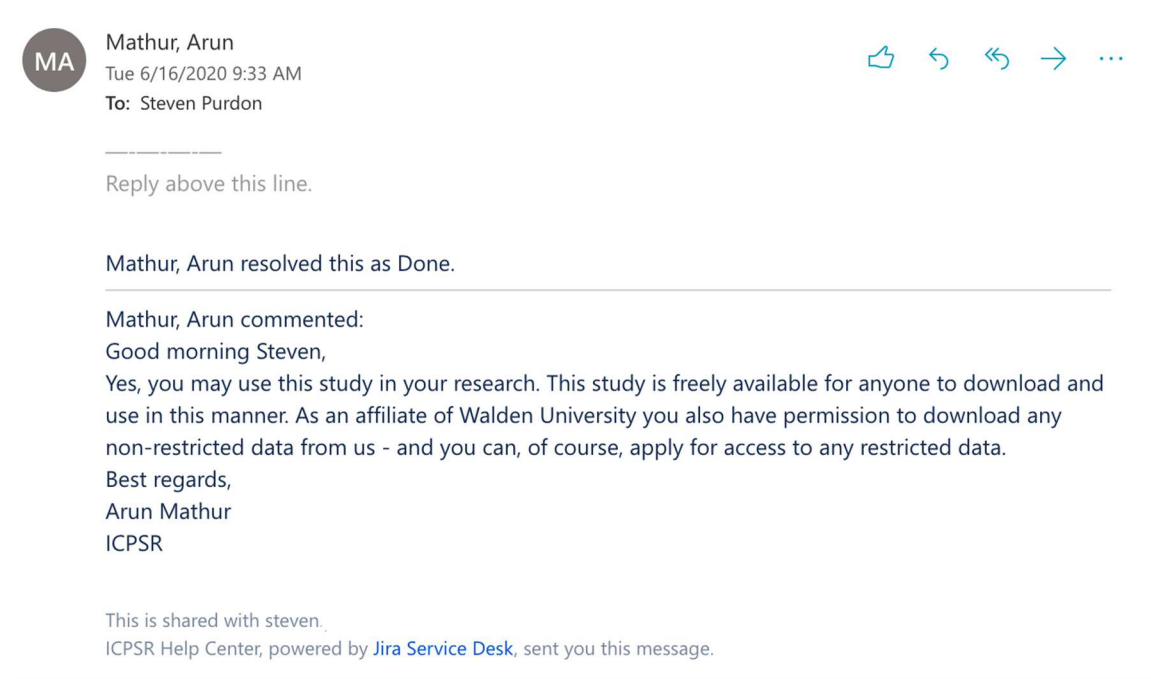
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Appendix: Authorization to Use Data Set

Figure 9*Authorization to use data set*

MA Mathur, Arun
Tue 6/16/2020 9:33 AM
To: Steven Purdon

Reply above this line.

Mathur, Arun resolved this as Done.

Mathur, Arun commented:
Good morning Steven,
Yes, you may use this study in your research. This study is freely available for anyone to download and use in this manner. As an affiliate of Walden University you also have permission to download any non-restricted data from us - and you can, of course, apply for access to any restricted data.
Best regards,
Arun Mathur
ICPSR

This is shared with steven.
ICPSR Help Center, powered by [Jira Service Desk](#), sent you this message.