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Incivility Among Nurses, the Influence of Structural Empowerment: A Systematic Review

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Walden University
2020

Abstract

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MSN, University of Phoenix, 2014

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Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

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Abstract

Workplace nurse-on-nurse bullying is a well-known phenomenon in health care organizations at both national and global levels. Healthcare organizations struggle to find effective solutions to help nurses to mitigate bullying and incivility and create safer work environments. The purpose of this systematic literature review doctoral project was to critically appraise the literature to find the best research evidence to show that higher levels of structural empowerment lead to lower levels of incivility and increase nurses' ability to create safer and more positive work environments. Kanter's theory of structural empowerment served as the theoretical framework for this review. The evidence-based question is focused on a systematic review of horizontal violence, bullying, incivility, and nurses' perceptions of structural empowerment show that nurses who feel structurally empowered are more likely to create a positive work environment. A systematic review was completed using multiple databases. The literature search was limited to articles published from 2012 to 2019 and yielded 365 articles with 12 articles meeting the inclusion and exclusion criteria. The Melnyk, Fineout-Overholt Levels of Evidence Pyramid Hierarchy was used for grading the evidence. The conclusion was that empowered nurses are less likely to experience horizontal violence, especially if they have access to information and opportunity in the workplace. Also, nurses who feel structurally empowered are more likely to mitigate bullying behaviors in the workplace and improve the work environment. The findings can lead to positive social change by empowering nurses to create safer work environments.

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Dedication

First and foremost, I would like to give thanks to almighty God for giving me the strength every day to persevere and the knowledge to achieve my goals. Also, this project is dedicated to my mother, Gladys Webb, the matriarch of the family. As the single parent of five children, she sacrificed her own dreams of becoming a nurse so that I could achieve mine. I thank her for the infinite support and love not only through my pursuit of advanced learning, but for the lifelong values of hard work, commitment, faith, and perseverance. I am forever grateful to my son, Mark Webb, his wife, Mandy Webb, my two beautiful granddaughters, Mia and Makayla Webb, and my grandson, Mark Webb Jr. They have served as my inspiration through challenging times. Additionally, I would also like to dedicate this project to my brothers, George Nelson, Kenroy Thomas, and Talbert Gardner, and my sister, Paulette Webb. Also, this project is dedicated to my colleagues, to every nurse who has experienced bullying in the workplace, and to those who have advocated for physical and psychological empowerment for safer work environments.

Acknowledgments

Thanks to my colleagues and to every nurse who has advocated for physical and psychological safety in the workplace. I would like to thank Michael Reid for his faith, prayers, and positive expressions as he cheered me on. Thanks to Sylvia Weschler for her constant reminder of the many ways I motivated her by pursuing this degree. Thanks to Sharon Perrilliat-Drewes for her advice, love, support, prayers, and for just being there. Special thanks to Ms. Kathleen Andrews for her unconditional friendship and sisterhood, her belief in my success, and for being there when it counted. Thank you, Dr. Joanne Minnick and Dr. Amy Nichols for your guidance, overwhelming commitment, and dedication in my completion of this project and achieving my goal. Thanks to Renada Rochon for her editing expertise and expert knowledge. Last, I would like to thank Dr. Cynthia Nuttall for her mentoring and coaching and for her commitment to my success. As a nurse leader and educator, she served as an outstanding role model providing the scholarly guidance essential for my success.

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Section 1: Nature of the Project

Introduction

Horizontal violence is destructive behavior from one coworker to another that disrespects and devalues the worth of the recipient (Purpora, Blegen, & Stotts, 2012). As described by numerous nursing researchers (Dellasega, 2009; Hutchinson & Jackson, 2013; Hutchinson, Jackson, Haigh, & Hayter, 2013; Plonien, 2016), displays of horizontal violence include calling co-workers demeaning names; using words, tone of voice, or body language that humiliates or ridicules them; belittling their concerns; and displaying direct aggressive behaviors against another coworker (e.g., pushing them) or against inanimate objects (e.g., slamming doors) in their presence. Accordingly, horizontal violence includes both verbal and nonverbal behaviors, and overt and covert actions including unfair assignments, sarcasm, eye rolling, ignoring, making faces behind one's back, refusing to help, sighing, and refusing to work with someone (Bartholomew, 2014; Gilbert, Hudson, & Strider, 2016), in addition to physical acts of aggression toward people or inanimate objects (Purpora et al., 2012).

Horizontal violence is not new to nursing, nor has it changed substantially from one generation to another (Skehan, 2015), although this negative behavior has been referred to by several names in the nursing literature, including "eating our young," incivility, lateral violence, and bullying. Despite more than 20 years of concerted efforts to purge horizontal violence, it still continues to be evident in healthcare workplaces on both national and global levels (Araujo & Sofield, 2011; Mitchell, Ahmed, & Szabo, 2014; Skehan, 2015), and it continues to affect the quality of patient care (Beecher &

Visovsky, 2012), as well as nurses' well-being (Corney, 2008; Yildirim, 2009), workplace satisfaction, and workforce retention (Beecher & Visovsky, 2012; Maddalena, Kearney, & Adams, 2012).

The actual incidence and prevalence of horizontal violence in nursing healthcare worksites are difficult to know with certainty for several reasons. Horizontal violence is often unrecognized and underreported (Beecher & Visovsky, 2012), and there are definitional inconsistencies and a lack of strategies to measure bullying (Vessey, DeMarco, & DiFazio, 2011). For example, Beecher and Visovsky (2012) reported that covert acts of horizontal violence are typically not reported and not resolved, as there is little or no evidence available. Vessey et al. (2011) stated that nurses are asked to respond to questionnaires measuring horizontal violence without frequently taking into account how long the nurse has been employed by the hospital or nursing worksite. This is critical as new nurses' responses will differ based length of employment. New nurses may be hesitant to give negative responses.

Studies conducted have estimated that between 44% and 85% of nurses are victims of horizontal violence and up to 93% of nurses report witnessing horizontal violence in the workplace (Jacobs & Kyzer, 2010; Walrafen, Brewer, & Mulvenon,; 2012). Despite this wide variation in incidence, horizontal violence must continue to be addressed, as its effects are detrimental to the healthcare workforce, the work environment, and ultimately patient care. Although interventions directed at reducing horizontal violence have been introduced in many different healthcare worksites, the literature still documents the existence of this type of negative behavior. Lachman (2014)

stated that there is “no one solution for this complex problem of negative human interaction within the organizational (healthcare) culture” (p. 57) but advocates that healthcare worksites must bolster their “structural empowerment” to deal with horizontal violence. Laschinger et al. (2000) have demonstrated that empowerment in healthcare worksites is correlated inversely with rates of incivility and bullying. This is logical because empowered work settings provide nurses with the resources, support, and information necessary to do their job and a sense of respect for their expertise and knowledge. As a result, nurses are more likely to develop respectful, helping relationships, and less likely to experience stress from not being able to accomplish their work, making disrespectful encounters less likely. Laschinger et al. (2002) reported that higher levels of structural empowerment and lower levels of incivility were significant predictors of three important nurse retention outcomes (i.e., job satisfaction, organizational commitment, and turnover intentions). Structural empowerment is important in mitigating the effects of negative work behaviors in health care settings and in building positive work environments.

Problem Statement

Evidence supports the significance of the problem of horizontal violence (Clark, 2013a; Griffin & Clark, 2014; Katrinli, Atabay, Gunay, & Canagarli, 2015; Skehan, 2015). Although the issue of horizontal violence has affected other disciplines, a resolution is more critical in the health care profession because of potential undesired patient outcomes. Bullying by health care professionals can result in serious mistakes, preventable complications, and even death (Griffin & Clark, 2014; Katrinli et al., 2015).

An evidence-based study by Katrinli et al. (2015) indicated that bullying is harmful to the fundamental work principles of the nursing profession. Uncivil behaviors can affect the nurse's self-worth, self-confidence, and clinical judgment, thereby affecting patient safety (McNamara, 2012).

Efforts intended to fight incivility within organizations are a struggle. Organizations lack definitive strategies to fight uncivil and bullying behaviors that lead to feelings of disempowerment among nurses. Incivility and bullying in the workplace affect nurses' psychological and physical health as well as their performance, and jeopardize resources needed for a safe patient and staff environment. Nurse bullying in the workplace affects patient outcomes and increases work-related stress and staff turnover (Etienne, 2014). A knowledge gap exists in identifying the magnitude of the problem and developing effective strategies to solve the issue. Healthcare organizations and nursing as a profession must focus on resolving the increasing problem of horizontal violence among nurses by developing effective strategies and policies and establishing transparent processes to deal with bullying and to promote a safe work environment.

The current organizational health care culture is deficient in providing strong supportive infrastructures, antibullying policies, effective strategies through education, and training to eliminate bullying and incivility among nurses. The principles of the nursing profession dictate that it is the responsibility of each nurse to help create a safe environment for patients and medical professionals alike and deliver safe, high-quality care. Also, nurses should function as a team and build collaborative relationships to develop highly efficient practice environments. Employers must support and facilitate the

process (ANA, 2015) of building a culture of civility. As the health care practice environment changes, so does the role of the nurse. Nurses are expected to direct their practice but often feel powerless in implementing change. This systematic literature review will produce the best evidence for healthcare leaders on the benefits of nurse empowerment in building respectful and civil work environments.

A systematic review of the literature will show that structural empowerment leads to lower levels of incivility and bullying, the evidence will show that empowered nurses are less likely to experience bullying, especially if they have access to information and opportunity in the workplace. Organizations should be encouraged and directed to focus on ways to challenge nurses and allow them to utilize their expert knowledge to build more positive work environments. This can be accomplished by creating a professional governance structure that empowers direct-care nurses to contribute as decision-makers in their practice environment. Within this structure, nurses may be able to develop evidence-based practice and quality improvement projects as well as participate on committees that determine hospital policy that supports structural empowerment. Disrespect among nurses causes a breakdown in communication. As a result, there is inadequate handoff communication on patients' status during shift changes leading to increased risk of adversely impacting the patient (Griffin & Clark, 2014). Nurses' inability to direct their frustrations at higher levels of hierarchy increase feelings of oppression and lack of empowerment, leading to the release of their frustrations through horizontal violence (Purpora et al., 2015). Although there were numerous kinds of

literature on the topic of bullying among nurses, research showing an association between nurse-on-nurse bullying and feelings of structural empowerment is sparse.

Purpose

The purpose of this systematic review was to examine the literature to find and summarize the best available evidence to show whether higher levels of structural empowerment lead to lower levels of incivility and create more positive work environments. Levels of evidence were classified using the Melnyk and Fineout - Overholt (2015) Levels of Evidence Pyramid Hierarchy. The Analysis and Synthesis of Evidence Matrix Table was used to organize the evidence (see Appendices A and B). The Melnyk and Fineout Levels of Evidence was used to analyze systematic reviews, integrative review, quasi-experimental studies, independent pre/post-test design, cross-sectional correlational studies, various mixed methods, and literature reviews. After a review of multiple articles relevant to the topic, I used a matrix table to organize the evidence into levels. After completion of the matrix table, I analyzed the literature for themes and findings. Before the selection of the articles, inclusion and exclusion criteria were developed. A PRISMA flowchart was developed to show the decision process in literature selection. The evidence from this systematic review may be used to change the nursing work environment and organizational attitudes on addressing bullying behaviors among nurses. Nurse leaders can focus on creating a professional governance structure that empowers direct-care nurses to contribute as decision-makers in their practice environment. Solving nurse-on-nurse bullying supports a healthier work environment and a stronger, healthier nursing workforce. Changing attitudes about bullying ultimately

creates an environment of safety and respect. Eliminating bullying behaviors promotes acceptance of diversity, protects targets of bullying, and creates a respectful work culture, leading to a more empowered nursing workforce. The evidence provided through this project may help nursing leaders and healthcare organizations provide infrastructure to empower nurses to confront bullying behaviors and create more positive work environments.

Review Question

The practice-focused question of this doctoral project was as follows: Will a systematic review of horizontal violence, bullying, incivility, and nurses' perceptions of structural empowerment show that nurses who feel structurally empowered are more likely to create a positive work environment?

Nature of the Doctoral Project

Nursing practice using guidelines based on evidence promotes safety and improved patient outcomes. Healthcare organizations and nursing as a profession must focus on resolving the increasing problem of horizontal violence among nurses by developing effective strategies and policies and establishing clear processes to deal with bullying to promote a safe work environment. Also, organizations should be encouraged and directed to focus on ways to challenge nurses and allow them to utilize their expert knowledge to improve the work environment. Understanding the reasons bullying behaviors occur is critical to eliminating the problem (Griffin & Clark, 2014).The nature of this project was to collect the best available evidence from a systematic review of the literature to support the need for health care organizations to provide a supportive

environment that empowers nurses to create and maintain safe work environments. The sources of evidence include a search of various databases for nursing journals and peer-reviewed articles. The literature search was conducted using ProQuest, Embase, PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Google Scholar, Medline, Ovid, Sigma Theta Tau International, and the Walden Library.

Significance

Evidence suggests that horizontal violence produces significant problems in many fields (Clark, 2013a; Griffin & Clark, 2014; Katrinli et al., 2015; Skehan, 2015). However, a resolution to this problem is more critical in the health care profession because horizontal bullying by health care professionals can result in serious mistakes, preventable complications, and even death (Griffin & Clark, 2014; Katrinli et al., 2015). Evidence-based studies show the fundamental work principles of the nursing profession suffers harm from bullying (Katrinli et al., 2015). Uncivil behaviors can affect a nurse's self-worth, self-confidence, and clinical judgment, thereby affecting patient safety. A breakdown in communication occurs in a disrespectful work environment and can lead to inadequate reporting of patients' status during shift changes. Such a breakdown in communication can negatively affect patient safety (Griffin & Clark, 2014).

Implications for Social Change

The outcomes of nurse-on-nurse bullying include physical and psychological harm to the nurse (Chapovalov & Van Hulle, 2015; Griffin, 2004; Macintosh, 2013; Rocker, 2008; Rodwell & Demir, 2012; Waschgler et al., 2013). Nurse bullying creates a hostile environment that is detrimental to other nurses, co-workers, patients, and their

families (Aiken et al., 2012). Bullying behaviors affect the victims' lives daily at work and outside of work. Bullying behaviors lead to lower job satisfaction, absenteeism, chronic disease, weight gain, substance abuse, mental illness, and even suicide (Keller, Budin, & Allie, 2016; Skehan, 2015; Youn, Bernstein, Miyoung, & Nokes, 2014). This DNP project may lead to positive social change in the work environment and provide the evidence needed to change workplace practices for nurses while improving the work environment. Eliminating nurse-on-nurse bullying would improve the organizational care environment. Nursing as a profession can solve the issue of nurse-on-nurse violence using a collaborative approach. The findings from this DNP project could provide evidence for nurses on all levels to accept accountability for their role in the pervasive behavior of nurse-on-nurse bullying (D'Ambra & Andrews, 2014). Nurse managers, nurse leaders, and administrators need to build organizational cultures that foster teamwork and respect. These individuals have the responsibility to develop standards, a code of conduct, and a strategic plan for eliminating bullying (Lachman, 2014) and building safer work environments.

Nurses are subjected to bullying from peer groups as well as from their immediate supervisor. This can lead to a sense of feeling unsafe while at work. Poor mental health is associated with workplace bullying more than any other psychosocial workplace difficulties (Einarsen & Nielsen, 2015; Leach, Poyser, Butterworth, 2017). Nurses who experience bullying deal with feelings of isolation because of intentional and repeated psychological violence and humiliation (Wilson, 2016). Nurses under attack are faced with using energy to survive in environments that undermine their efforts and face the

challenge of seeking employment elsewhere, which may not have been part of their career plans. It can add unwanted stress, especially when nurses are faced with their personal health challenges, and even suicide (Leach et al., 2017).

Acceptance of bullying behaviors contributes to its perpetuation, suggesting bullying is a learned process (Dellasega, 2011; Rocker, 2008). Dellasega (2011) also argued that bullying behavior among nurses is a learned process and that social norms mold new nurses into the culture of the organization. Therefore, bullying behaviors may not be recognized by the perpetrator. Positive and collaborative nurse-to-nurse communication and relationships are imperative for a healthy work environment (Callendrillo, 2009). A healthy work environment enables nurses to achieve personal satisfaction and organizational goals (Schmalenberg & Kramer, 2007). A healthy work environment, clinical excellence, and optimal patient outcomes are interdependent (American Association of Critical Care Nurses, 2005). A healthy work environment promotes clinical excellence and improved patient outcomes. Efforts intended to improve patient safety require teamwork and respect. An environment of disrespect and incivility causes ineffective communication that could result in adverse patient care (Kaplan, Mestel, & Feldman, 2010).

Solving nurse-on-nurse bullying supports a healthier work environment and a stronger, healthier nursing workforce. Changing attitudes about bullying ultimately creates an environment of safety and respect. In a civil environment, nurses treat one another with courtesy and respect. An environment of respect and civility fosters conditions where nurses can consult freely with colleagues, solve problems, and identify

and address learning needs to promote patient safety (Covell, 2010). Additionally, eliminating bullying behaviors promotes acceptance of diversity, protects potential targets of bullying, and creates a respectful work culture (Antoniazzi, 2010; Vickers, 2006), leading to a more empowered nursing workforce. According to Moore et al. (2013), "Standards that uphold positive nurse relationships must be woven into the culture of health care organizations, including the vision statement, organizational mission, job descriptions, and evaluative criteria for advancement" (p. 177). Nurses at every level and in every role must do their part in creating healthy work settings. Keen awareness on the part of nurse managers of the importance of their actions is essential to establishing a healthy work environment. Nurse managers must develop a culture that supports positive nursing relations (Moore et al., 2013).

Summary

Section 1 provided the background information based on the literature review. Included are the review questions, purpose of the review, and nature of the review. The principles of the nursing profession dictate that it is the responsibility of each nurse to help create a safe environment for patients and medical professionals alike and deliver safe, high-quality care. Also, nurses should function as a team and build collaborative relationships to develop highly efficient practice environments. Employers must support and facilitate the process (ANA, 2105) of building a culture of civility. Nurses must treat each other with respect, kindness, dignity, and collegiality; mentor, encourage, and support each other; and, most importantly, aspire to uphold the nursing professional code of ethics (ANA, 2105).

The pervasive behavior of bullying and incivility among nurses impacts individuals, groups, patients, families, and the organization. Organizations can provide supportive infrastructures that structurally empower nurses to prepare them to mitigate bullying behaviors and improve their work environment. Laschinger et al. (2010) have demonstrated that empowerment in healthcare worksites is correlated inversely with rates of incivility and bullying. Empowered work settings provide nurses with the resources, support, and information necessary to do their jobs and a sense of respect for their expertise and knowledge. As a result, nurses are more likely to develop respectful, helping relationships, and less likely to experience stress from not being able to accomplish their work, making disrespectful encounters less likely. Laschinger et al. (2009) reported that higher levels of structural empowerment and lower incivility were significant predictors of nurse retention outcomes, including job satisfaction, organizational commitment, and turnover intentions. These findings suggest that structural empowerment may mitigate the effects of adverse work behaviors in health care settings.

Section 2 focuses on scientific literature, trustworthy and reliable websites, and peer-reviewed journal articles that provided information on the issue of bullying. Also, Section 2 of this DNP project provides background and context of the DNP project to include concepts, models, and theories used to conduct this systematic review of nurse bullying, incivility, and structural empowerment.

Section 2: Background and Context

Introduction

Research evidence supports the need for creating a setting where nurses feel structurally empowered to change their work environment. Lindy and Schaefer (2010) used a phenomenological qualitative research approach to conduct a study on nurse managers' perceptions of negative workplace behaviors (bullying) encountered by staff in their unit. The objective of the research was to gain insight into nurse managers' perceptions of negative workplace behaviors they have observed or negative behaviors they have addressed. Analysis of the data showed six emerging themes in nurse managers' descriptions of their perceptions and experiences about instances of negative workplace behavior. Themes that emerged included "that's just how she is," "they just take it," "a lot of things going on," "old baggage," "three sides to a story," and "a management perspective" (Lindy & Schaefer, 2010, p. 285). Nurse managers had observed, experienced, and received reports of adverse workplace behaviors. Although some felt comfortable addressing the behavior, others experienced ethical dilemmas when trying to treat all fairly (Lindy & Schaefer, 2010).

Concepts, Models, and Theories

Kanter's (1977) theory of structural empowerment is an appropriate framework to explain concepts related to negative workplace behaviors, such as turnover, job dissatisfaction, and perceptions of horizontal violence (or bullying). Kanter asserted that the structure of the work environment is an important correlate of employee attitude and behaviors in organizations and that perceived access to power and opportunity structures

relate to the behaviors and attitudes of employees in organizations. Kanter suggested that individuals displayed different behaviors depending on whether certain structural supports were in place (i.e., power and opportunity).

According to Kanter (1977), five factors determine the structural empowerment of the workplace. The first component, opportunity, refers to growth, mobility, and the chance to increase knowledge and skills. The second component, structure of power, refers to the ability to access and mobilize resources, information, and support from one's position in the organization to accomplish the job successfully. Access to resources refers to the ability to acquire necessary materials, supplies, money, and personnel needed to meet organizational goals. Information relates to the data, technical knowledge, and expertise required to perform one's job. Support refers to guidance and feedback received from subordinates, peers, and supervisors to enhance effectiveness (Kanter, 1977; Laschinger, 1996).

Kanter asserted that employees who believe their work environment provides access to these factors are empowered (Greco, Laschinger, & Wong, 2006; Mendoza-Sierra, Orgambídez-Ramos, León-Jariego, & Carrasco-García, 2013; Wong & Laschinger, 2013). The focus of Kanter's theory is on the employees' perceptions of the actual conditions in the work environment, and not on how they interpret this information psychologically. This "structural" empowerment has been found to predict job satisfaction (Lautizi, Laschinger, & Ravazzolo, 2009; Wong & Laschinger, 2013), organizational commitment (Smith, Andrusyszyn, & Laschinger, 2010), leadership

practices (Davies, Wong, & Laschinger, 2011; Wong & Laschinger, 2013), and job stress and burnout (Laschinger, Wong, & Grau, 2012) on nurse staff.

Kanter (1977) believed that access to empowerment structures is associated with the degree of formal and informal power an individual has in the organization. Formal power is derived from jobs that allow flexibility, visibility, and creativity. Formal power is also derived from jobs that are considered relevant and central to the organization. Informal power is developed from relationships and networks with peers, subordinates, and superiors within and outside of the organization.

Again, Kanter (1977) posited that when employees feel empowered, they respond accordingly and rise to the challenges present in their organization. Research has shown how empowering working environments lead to positive outcomes for nurses, such as increased work engagement, organizational commitment, and lower turnover intentions (Cho et al., 2006). Similarly, Smith et al. (2010) reported that nurses who perceived their workplaces to have high levels of structural and psychological empowerment and low levels of incivility (coworker and supervisor) had high levels of overall commitment. Laschinger, Wilk, Cho, and Greco (2009) noted a strong link between workplace empowerment and work engagement and nurses who engage positively in their work with enthusiasm and dedication will, in turn, positively influence the quality of work-life for others. With Kanter's theoretical foundation, one can then begin to hypothesize that organizations with gaps in workplace supports that do not foster workplace empowerment may create an environment where incivility may reside and flourish.

The concept of evidence-based practice was used to steer this DNP project. Critiquing, analyzing, and rating the strength of the evidence in the literature to find the best available evidence will help to guide nursing practice and effect social and practice changes on workplace bullying. Nurses play a pivotal role in disseminating and implementing evidence-based practices to attain the highest achievable outcomes in nursing practice. A systematic review of the literature provided evidence based on research to effect change in practice and policies. Evidence-based concepts apply to this project, as preventative approaches to workplace bullying that empower nurses are currently sparse. The evidence-based concept for this project helps healthcare organizations, including nursing leaders, develop a practice framework grounded in evidence to develop supportive structures that promote a safe working environment for nurses.

The selected model for this systematic review of the literature on nurse bullying and structural empowerment was the ACE star model of knowledge transformation (Stevens, 2004). I selected the ACE because it provides an understanding of the various aspects of knowledge transformation used in the evidence-based process. The ACE star model provides a framework for organizing evidence-based practice (EBP) processes through the various stages of translating existing research evidence into practice through examination and application of EBP. The ACE star model purports that evidence goes through cycles of combining and integrating previous knowledge into practice. This process or cycle provides the framework for the systematic review of the evidence before

implementing it into practice (Stevens, 2004). The ACE star model outlines the following five stages in the process of knowledge transformation:

1. Star point one—discovery research: This is a knowledge-generating stage where new knowledge is discovered through research and scientific inquiry. The research results are generated from a primary research study with varying research designs (Stevens, 2004).
2. Star point two—evidence summary: This the knowledge-generating phase. This is the phase of synthesizing the research knowledge. New knowledge is generated by combining findings from all studies. The advantages to this stage are that it takes a large body of evidence and reduces it to a more manageable form, reduces bias, and provides existing information for decision-making about clinical care, economic decisions, future research design, and forming policies. Also, the time from research to implementation is faster (Stevens, 2004).
3. Star point three—translation to guidelines: Translation to clinical practice guidelines provides useful and relevant summarized evidence to formulate and implement care standards, clinical pathways, protocols, and algorithms (Stevens, 2004).
4. Star point four—practice integration: Practice integration involves changing individual and organizational practices through formal and informal channels. This phase consists of barriers to adoption and implementation and factors that affect integration and sustainability (Stevens, 2004).

5. Star point five—process, outcome evaluation: This is the final stage where EBP outcomes are evaluated. Also, evaluation of the impact of EBP on all stakeholders is evaluated (Stevens, 2004).

There are several underlying premises to transform knowledge into practice:

- the most stable and generalizable knowledge is discovered through systematic processes that control bias (Stevens, 2004);
- evidence is categorized into a hierarchy based on the comparative strength of the evidence, which depends on the rigor of the scientific design from which it is obtained (Stevens, 2004);
- knowledge is transformed through the translation of evidence into clinical recommendations;
- findings are integrated through organizational or individual actions (Stevens, 2004); and
- evaluation of the impact of action or intervention

Systematic reviews are considered among the most advanced EBP methods, as they are used to develop evidence summaries. Therefore, this model was appropriate for this DNP project. The ACE star model supports the systematic review methodology because it increases the reliability and reproducibility of results and decreases bias (Stevens, 2004).

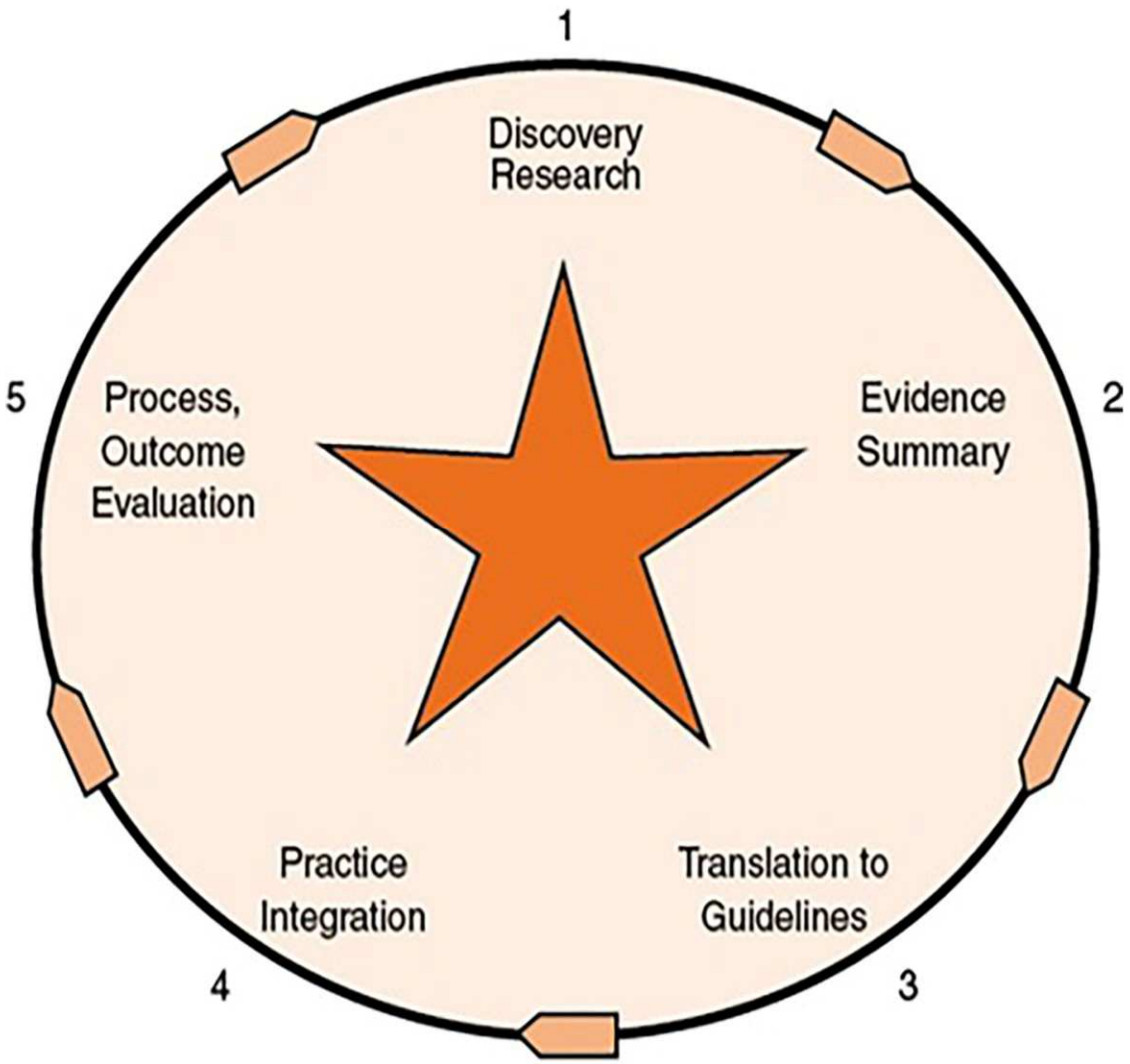

Figure 1. ACE star model of knowledge transformation ©2012 Stevens.

Related Synthesis

The evidence-based model is applicable in nursing as well as in other disciplines. Nursing practice based on evidence is critical in practice, education, and research. Translating evidence into practice serves to improve clinical outcomes. The application of evidence to practice and patient outcomes can improve the quality of care (The Joint Commission, 2008). A component of quality care is safety (White & Dudley-Brown,

2012). The physical and psychological well-being of the nurses providing care to patients is crucial to them providing safe care. Mobbing behaviors have psychological impacts on those who witness these acts. Witnesses of incivility or mobbing in the workplace are reluctant and afraid to confront bullies leaving the victims to fend for themselves (Cardoso, Formes-Vives, & Gilli, 2016). Bullying by health care professionals can result in serious mistakes, preventable complications, and even death (Griffin & Clark, 2014; Katrinli et al., 2015). Evidence-based studies indicate, "bullying harms the fundamental work principles of the nursing profession" (Katrinli et al., 2015, p.57). Uncivil behaviors can affect the nurse's self-worth, self-confidence, and clinical judgment, thereby affecting patient safety. Healthcare organizations and nursing as a profession must focus on resolving the increasing problem of horizontal violence among nurses by developing effective strategies, policies, and establishing clear processes to deal with bullying and to promote a safe work environment.

Clarification of Terms

The following terms are used within this DNP project:

- *Aggression:* Behaviors that cause harm to an individual regardless of the intention of the aggressor (Richardson, 2014).
- *Bullying:* The use of vicious words and cruel acts to demean, undermine, intimidate, humiliate, and downgrade another. Bullying occurs when an individual perceives negative actions directed at him or her from one or more persons, continuing over at least six months, and when he or she has difficulty defending against these actions (Matthiesen & Einarsen, 2001). The distinct

features of bullying include intensity, repetition, duration, and power disparity.

- *Disruptive behavior:* Any inappropriate behavior, confrontation, or conflict that harms or intimidates others to the extent that quality of care or patient safety could be compromised. Disruptive behavior ranges from verbal abuse to physical and sexual harassment (Rosenstein & O'Daniel, 2008).
- *Formal power:* Formal power is augmented when jobs are adaptable and allows for employees to exercise ingenuity in decision-making (Ning, Zhong, Libo, & Qiujie, 2009).
- *Harassment:* Harassment is any physical, visual, verbal, personal, or sexual behavior that makes an individual feel uncomfortable, frightened, embarrassed, degraded, or hurt. Harassment oppresses a person by abuse of power and diminishes his or her confidence (White, 2013).
- *Horizontal violence:* Conflict within groups manifested in overt and covert non-physical hostility such as sabotage, infighting, scapegoating, and criticism (Duffy, 1995). Horizontal violence is frequently referred to among nurses.
- *Hostility:* The use of relationship rather than physical means to inflict social harm. Opposition or antagonism in action, thought, or principle (psychological or physical) with the intent to cause social harm. The three main features consistent with hostility are cognitive, affective, and behavioral.
- *Incivility:* Rude or disruptive behaviors resulting in psychological or physiological distress for the people involved (including targets, offenders,

bystanders, peers, stakeholders, and organizations). Incivility is less threatening than mobbing or bullying (Clark, 2013a, 2013b).

- *Informal power:* Informal power is derived from the development of successful relationships and communication with colleagues inside and outside the organization (Ning et al., 2009).
- *Lateral violence:* An act of aggression that is perpetrated by one nurse against another; bullying, and workplace incivility (Griffin, 2004). Lateral violence is categorized into verbal, physical, and psychological and may include rude comments, verbal attacks, or condescending language.
- *Mobbing:* Antagonistic behaviors with unethical communication directed systematically at one individual by one or more individuals in the workplace. The actions occur frequently, continue for a long time and is directed at one individual (Yildrin & Yildrin, 2007).The egregious acts are intended to control, harm, and eliminate a targeted individual.
- *Structural empowerment:* Defined as having the essential work structures (access to information, opportunity, resources, and support) that empower individuals to accomplish their work in a meaningful way (Faulkner & Laschinger, 2008).

Relevance to Nursing Practice

The nurses' work environment (e.g., perceptions of organizational structures, decision-making, group behaviors, and leadership) impacts job satisfaction and performance (White & Dudley-Brown, 2012). Horizontal violence, lateral violence,

incivility, or bullying (whatever term is used) among nurses is a significant national and global health problem in the workplace (Skehan, 2015) and continues to affect the entire work environment. Workplace bullying is significantly underreported and underrecognized as an occupational safety and health problem (Beecher & Visovsky, 2012; Cooper & Swanson, 2002; Hutchinson & Jackson, 2013; Skehan, 2015; Vessey, Demarco, Gaffney, & Budin, 2009). When organizations fail to acknowledge and address workplace bullying, retaining good employees becomes difficult (Berry, Gillespie, Gates, & Schafer, 2012; Kennedy, Nichols, Halamek, & Arafeh, 2012; Pines et al., 2012; Skehan, 2015; Weaver, 2013). Hospitals lack appropriate procedures for reporting incidents of workplace violence leading to unreported occurrences or underreporting. Unreported bullying incidents minimize the scope of the problem within the institution resulting in inadequate policies and programs to address the issue (Shahzad & Malik, 2014). Developing strategies for fostering civility in the practice setting is critical to enhancing a culture of civility in practice as well as academic setting (Clark et al. 2011).

Hodgins, McCurtain, and Mannix-McNamara (2014) conducted a systematic review to determine what interventions designed to reduce workplace bullying or incivility were effective. A search of 11 databases produced 12 interventions to address workplace bullying. Half of the studies focused on changing individual behaviors or knowledge about bullying or incivility (Hodgins et al., 2014). None of the interventions addressed the organizational responsibility of creating an environment that where nurses feel structurally empowered. Nurses feel empowered when they see organizational commitment that provides psychological empowerment, structural empowerment, and

workplace civility (Smith et al., 2010). When examining empowerment, nurses' commitment, and incivility, new graduate nurses working in acute care hospitals found structural empowerment, psychological empowerment, and workplace incivility were important precursors to affective commitment in new graduate nurses (Smith et al., 2010)

One research study intended to determine the influence of work environment on new graduate transition and retention at magnet hospitals showed a statistically significant higher retention rate of newly licensed registered nurses in units with very healthy work environments compared to those with work environments needing improvement. After completion of a nurse residency program, a three-year follow-up showed nursing units with a very healthy work environment retained 80% of their new nurses. Work environments needing improvement retained 68% of their new nurses. Kramer, Brewer, and Maguire (2013) tracked 468 new graduates from immediate post-hire to 4, 8, and 12 months post-hire to determine if healthy work environments facilitate new graduate transition into professional practice. The study showed the single most significant factor affecting new graduates' transition to the practice environment was the healthy work environment (Kramer et al., 2013). Kramer et al. also determined that healthy work environments positively affect new graduates' positive perceptions of the quality of patient care.

A research of the literature showed health care organizations lack established, effective practices to address bullying and incivility. Organizations often only feel compelled to formulate formal anti-bullying policies when enough people share the same perception about bullying toxicity in the work environment (Lutgen-Sandvik, Tracy, &

Alberts, 2007). Based on a descriptive study by Etienne (2014), a reported 48% of nurse participants in one study admitted they experienced bullying in the workplace. Of the 10,000 nurses invited to participate in the online survey, 95 responded for a 1% response rate. The revised NAQ (NAQ-R) instrument was used for the study. Of the participants, 48% admitted to being bullied at work, 24% were rarely bullied, 20% said now and then, 12% were bullied several times per week, and 4% daily. The findings from this study were consistent with other research findings suggesting bullying among nurses continues. The implication is for nurse leaders to create and maintain positive work environments by developing strategies to address bullying in the workplace.

Local Background and Context

Nurses' job satisfaction is directly related to the work environment. Additionally, job satisfaction is proven to be a predictor of lower job stress and indirectly affects emotional exhaustion (Hayes & Bonner, 2014). Research (Hayes & Bonner, 2014) showed that understanding the organizational predictors of emotional exhaustion in nurses is critical for staff retention and improving nurse and patient outcomes. For example, Hayes and Bonner (2014) conducted a cross-sectional study of 417 nurses working in the hemodialysis unit using an online survey method. In this study, Kanter's theory of organizational empowerment was used to explain the relationships between the nursing work environment, job satisfaction, job stress, and emotional exhaustion for hemodialysis nurses. The findings from this study suggested that creating empowering work environments promotes job satisfaction and retention among hemodialysis nurses. The results of this research study were consistent with Kanter's theory that asserts

empowered work environments increase job satisfaction and decrease job stress and emotional exhaustion. Nursing leaders should promote positive work environments for nurses and implement strategies to manage conflict and increase support for nurses (Hayes & Bonner, 2014).

Citizenship behavior of employees in other industries, such as fast food, showed a strong positive relationship between psychological empowerment and perceived organizational support (Karavardar, 2014). Gilbert, Laschinger, and Leiter (2010) used Kanter's structural empowerment theory in a study of healthcare professionals and found a significant link between empowerment and organizational citizenship behavior. Narzary (2015) developed several hypotheses based on the findings by Gilbert et al. to conduct a similar study. Narzary hypothesized that access to information, access to support, opportunity to learn and grow, access to resources, formal power, and informal power has significant and positive relationships with employee behavior. They used a modified version of the 19 Conditions for Work Effectiveness Questionnaire-II (Laschinger, Finegan, Shamian, & Wilk, 2001) and the 41 Organizational Citizenship Behavior Questionnaires (Podsakoff, Mackenzie, Moorman, & Fetter, 1990) to measure the relationship between variables. Findings from the study support the hypothesis that there is a significant and positive relationship between structural empowerment and organizational citizenship (0.35). All of the structural empowerment constructs predicted organizational citizenship and behavior, with the exception of access to resources. Access to information had the highest effect (Narzary, 2015).

Cardoso et al. (2016) used a sample of 204 nurses in a cross-sectional study to analyze the problem of mobbing from the perspective of the witnesses to determine the physical and psychological impacts of the phenomenon on them. The participants believed nursing was poorly valued which led to perceived feelings of little support from supervisors. They expressed feelings of powerlessness and defenselessness as justifications for not participating in decision-making in their work (Cardoso et al., 2016). Nurses may experience feelings of frustration because they feel they have no control over bullying behaviors in the workplace. The inability to direct their frustrations at higher levels of hierarchy increases a sense of oppression and a lack of empowerment, hence, the release of their frustrations through horizontal violence (Purpora et al., 2015). Purpora et al. (2012) recommended that further research includes intervention analysis that identifies strategies to help nurses cope with horizontal violence. Additional research should focus on identifying barriers within the organizational social structure that prevent nurses from feeling empowered to advocate for the profession, nursing practice, and safer work environments.

Developing strategies for fostering civility in the practice setting is critical to enhancing a culture of civility in academic and practice settings (Clark et al. 2011). Nurse leaders, managers, and nurse executives responded similarly when answering the question of the most efficient strategies for fostering civility in the practice setting, as was indicated in a qualitative descriptive study by Clark et al. (2007). Notable differences in nurse executives' recommendations included the initiation of civility teaching in academia, civility as a requirement for hiring, and ongoing civility assessment. In one

study by Clark et al. (2011), there were some differences in managers' recommendations for improving practice. Recommendations included establishing a healthy work environment, ongoing practice-preparedness education, and reinforcing positive behavior (Clark et al., 2011). Strategies recommended by the participants in the study included conducting joint meetings to develop a shared vision and a culture of civility, and for establishing codes of conduct and policies with clearly expected behaviors. The recognition for health care organizations to develop a shared vision and strategy for combating incivility, structural empowerment was not mentioned as a method for resolution. The current state of nursing practice lacks workplace intervention strategies that include training that focuses on facilitating improved access to structural empowerment. Improving structural empowerment may improve workplace civility among nurses, thereby improving efficiency, performance, and the quality of patient care (Narzary & Palo, 2015).

This DNP systematic review of literature is not specific to any one practicum site. However, the literature search involved various nursing practice areas and specialties. The phenomenon of nurse-on-nurse bullying is not unique to any one organization. However, emphasis should be placed on prevention and intervention strategies to create healthy work environments. As health care organizations move toward magnet status and the American Nurses Credentialing Center's Pathway to Excellence Designation, the concept of just culture, shared governance that includes shared leadership and decision-making, and a safe workplace practice environment is essential to providing safe care.

Providing supportive environments where nurses feel structurally empowered is shown to help nursing retention and commitment.

As health care organizations move toward magnet status and the American Nurses Credentialing Center's Pathway to Excellence Designation, the concept of just culture, shared governance that includes shared leadership and decision-making, and a safe workplace practice environment is essential to providing safe care, and an evidence-based approach to care is promoted and supported at the organization. Providing supportive environments where nurses feel structurally empowered is shown to help nursing retention and commitment.

The Role of the DNP Student

As a nurse leader, role model, mentor, educator, and scholar, I can effect change within the health care organization. In developing the DNP project, evidence-based information is crucial to implementing change. The plan is to develop staff education and training after completion of the DNP project. To be a nurse with a practice doctorate means having a practice-focused knowledge base, educational preparation, and expertise. Grove, Burns, and Gray (2013) defined a research problem as "An area of concern where there is a gap in the knowledge base needed for nursing practice" (p. 73). Knowledge is generated through research to meet and address the practice issue to provide evidence-based health care (Grove et al., 2013). My role in this DNP project as a student was to perform a systematic review of the literature to find the best available evidence to eliminate the gap in practice by translating the knowledge gained into practice to change nursing practice.

Summary

The literature clearly identifies the magnitude of the problem of bullying among nurses. Research evidence confirms the negative effects of bullying on many facets of health care, the emotional well-being of staff, patient safety, and financial cost to organizations (Dussault & Frenette, 2015; Plonien, 2016). Several studies support the need for effective leadership intervention, including structural empowerment, to prevent bullying and hostile behaviors (Dussault & Frenette, 2015; Plonien, 2016; Stanley et al., 2007). Effective management of workplace bullying helps healthcare organizations retain good employees. While several studies identify the causes and consequences of bullying, relatively few studies focus on structural empowerment as an effective intervention strategy for eliminating horizontal violence among nurses. When nurses perceive their environment as empowering, they are more dedicated to the organization and provide high-quality care (Armstrong & Laschinger, 2006). When employees have access to information, support, resources, opportunity to learn and grow, and formal and informal power in the work setting, they are empowered (Laschinger et al., 2001, Laschinger & Finegan, 2004).

Section 3: Collection and Analysis of Evidence

Introduction

The phenomenon of bullying and incivility in nursing is not new. A plethora of literature is available on the issue, but research is sparse on the role of structural empowerment in mitigating the problem. The objective of this DNP project was to analyze and synthesize the best available evidence to use as a recommendation for a change in nursing practice. This DNP project included a systematic review of the literature using the PRISMA method, ACE star model, and a matrix table of evidence. This DNP project utilized the DNP systematic review manual as a guide for analysis and translation of the literature to find the best available evidence to show the relationship between horizontal violence in the workplace and structural empowerment. It is reasonable to assume that if no one type of incident or one variable is responsible for horizontal violence, as Lachman (2014) purported, then no one intervention will eradicate this behavior. The purpose of this doctoral project was to evaluate and synthesize the best available evidence to show that nurses who feel structurally empowered can create positive work environments. This section includes the methodology used for the literature search to include key terms, databases, and inclusion and exclusion criteria.

Practice-Focused Question

The practice-focused question of this doctoral project is as follows: Will a systematic review of horizontal violence, bullying, incivility, and nurses' perceptions of structural empowerment show structural empowerment leads to lower levels of bullying and incivility among nurses and improve the work environment? The evidence obtained

can be used to effect changes in organizational infrastructure that empower nurses to eliminate bullying and incivility in the workplace, thereby promoting safer work environments.

Objectives

The purpose of this doctoral project is to evaluate and synthesize the best available evidence to show that structural empowerment leads to lower levels of bullying and incivility among nurses and improve the work environment. The evidence collected will provide nurse leaders' access to up-to-date evidence to improve the work environment. I developed this doctoral project as outlined in the DNP manual using the best available evidence relevant to the DNP practice-focused question. Data were gathered from sources preapproved by IRB for systematic review in the doctoral programs. The goal of this DNP project was a review and analysis of the literature to find the best available evidence to show how nurses who felt empowered were more prepared to deal with bullying and uncivil behaviors in the workplace thereby creating a more positive work environment. Health care organizations have used various strategies to address bullying. However, they have failed to establish sustainable practices, policies, and the infrastructure for nurses to feel empowered in decision-making, leadership, and practice. The evidence from this systematic review may be used to change the nursing practice environment.

I obtained evidence to support the practice-focused question from a review of primary-source, peer-reviewed articles using key terms and various databases. After extensive research, 12 articles were used for the systematic review. After a review of

multiple articles relevant to the topic, a matrix table was used to organize the evidence by levels of evidence. After completion of the matrix table, the literature was analyzed for themes and findings. Before selecting the articles, I developed inclusion and exclusion criteria. A PRISMA flowchart was developed to show the decision process in the literature selection.

Sources of Evidence

Databases and Search Engines

An extensive search of the literature was completed using the CINAHL database, MEDLINE, Embase, Walden Library, Ovid, PsycINFO, Cochrane Database, ProQuest Nursing and Allied Health Source, PubMed, and Google Scholar. The assistance of a Walden University librarian was used to further exhaust the literature search. I also used articles referenced in the studies that I reviewed. The review process included all study designs to allow for exhaustive and comprehensive research findings using diverse methodologies relevant to the review topic. Exclusion and inclusion criteria were essential to guarantee the selection of articles most valuable to the topic of nurse empowerment evidence-based practices.

Key Search Terms and Combinations of Search Terms

The search strategy focused on pre-appraised evidence using key search terms *lateral violence, horizontal violence, nursing violence, policy implementation in hospitals, structural empowerment, CWEQ, NAQ-R, nursing, empowerment, and incivility,* and *work environment*.

The Scope of the Review

The literature search for this DNP systematic review was intended to find evidence to show how nurses who feel empowered can effectively deal with bullying and uncivil behaviors in the workplace. The literature search included studies conducted in the various nursing practice settings and was limited to articles from 2012-2019. Articles were selected if they contained the key terms or a combination of terms. I excluded articles that were not full text, not peer-reviewed, or not relevant to the practice-focused question.

Institutional Review Board

As this is a systematic review of the literature, the protection of human subjects was not an issue. However, an application for an expedited IRB approval was submitted to Walden University to ensure all rights are protected. The literature review was initiated after IRB approval was granted. All data were gathered from the literature review.

Analysis and Synthesis

The use of articles from different study designs increased the opportunity of finding articles relevant to the review topic. This systematic review of the literature was completed using an analysis and synthesis of evidence matrix table (see Appendix A) in which I arranged the literature by year of publication, authors, title, purpose, sample, design, and findings. The data were systematized using the Melnyk and Fineout-Overholt's (2015) levels of evidence pyramid hierarchy (see Appendix B). The PRISMA flowchart (see Appendix C) was used for tracking of articles from the various databases and narrowing article selections. The initial database search yielded the following:

PubMed (*n* = 1,693), ProQuest (*n* = 12), Embase (*n* = 3), Medline (*n* = 124), Google Scholar (*n* = 1,163,900), Ovid (*n* = 2,390), and CINHAL (*n* = 368). Records after inclusion criteria of the date range of 2012-2019, keywords in the title, and relevance PubMed yielded a total of 544 (see Appendix C). The analysis for this doctoral project was the categorization of the evidence obtained based on the strength of the evidence.

Analysis Procedure

Because of the variation in the amounts of relevant information yielded when using the search terms individually, terms were combined using "and" for a more narrowed and effective search. The evidence obtained from the literature review was selected based on relevance to the topic, the strength of the evidence. Excluded with reasons were some foreign-based articles, articles not focused on nursing, dissertations, and those not related to structural empowerment. Once I had read the articles in their entirety, I reviewed them for emerging themes, limitations, potential bias, strengths, weaknesses, future implications, and recommendations for practice. Studies included quantitative/qualitative synthesis systematic (meta-analysis) reviews. Three Level I studies included one systematic review (Coursey, Rodriquez, Dieckmann, & Austin, 2013), one integrative review (Crawford et al., 2019), and one narrative literature review (Bambi, Guazzini, De Felippis, Lucchini, & Rasero, 2017). There was one Level III quasi-experimental, interrupted time-series design (Lundeen, Kerbow, Roberts-Jackson, Gafford, & HoSang, 2019). Two Level IV reviews consisted of one independent pre/posttest design that measured changes in participant knowledge using the Staff Observation Assessment Scale-Revised for the data collection on aggression pre- and

post-implementation (Schwartz & Bjorklund, 2019). The second Level IV is a cross-sectional, correlational study to investigate relations among the variables (Arslan Yürümezoğlu & Kocaman, 2019). There is one Level V literature review (Wilson, 2016). Also, the literature search yielded five Level VI studies consisting of one mixed-method nonexperimental design (Connolly, Jacobs, & Scott, 2018), one descriptive, cross-sectional design (Hampton, & Rayens, 2019), one qualitative cross-sectional survey (Laschinger et al., 2014), one descriptive qualitative design (Read, & Laschinger, 2013), and one predictive nonexperimental design (Wing, Regan, & Spence Laschinger, 2015). Levels of evidence were classified using Melynk and Fineout-Overholt's hierarchy of evidence rating.

Summary

The findings of this systematic review will help to inform nurse leaders on the need to create supportive empowering infrastructure for nurses to create safer and more positive work environments. The findings have the potential to provide safer work environments and improved patient outcomes.

Section 4: Findings and Recommendations

Introduction

Empowered work settings provide nurses with the resources, support, and information necessary to do their job and a sense of respect for their expertise and knowledge. Empowered nurses are less likely to experience horizontal violence. Kanter's (1977) theory of structural empowerment, the theoretical framework for this DNP project, posits that environments that ensure access to empowering structures influence employee attitudes and behaviors, resulting in increased organizational effectiveness. Gaps in effectively resolving bullying and incivility among nurses exist despite numerous evidence in the literature. With more of the population becoming active participants in their health care, the community's expectation has changed, increasing the need for quality and evidence-based care. Nurses and health care leaders need access to up-to-date evidence to improve the care environment. The purpose of this doctoral project was to evaluate and synthesize the best available evidence to show that nurses who feel structurally empowered can create safer work environments. The evidence obtained can be used to effect changes in organizational infrastructure that empower nurses in mitigating bullying and incivility.

The practice-focused question used for this DNP project is "Will a systematic review of horizontal violence, bullying, incivility, and nurses' perceptions of structural empowerment show structural empowerment leads to lower levels of bullying and incivility among nurses and improve the work environment?" This systematic review included the use of primary source, peer-reviewed articles. Articles were retrieved from a

literature search conducted using ProQuest, Embase, CINAHL, Google Scholar, Medline, Ovid, and Walden University Library (see Appendix C). Articles meeting the inclusion criteria were used. There were 13 full-text articles with the inclusion of structural empowerment (see Appendix A).

Findings and Implications

A systematic review of the literature for this project showed that nurses who feel structurally empowered are more likely to mitigate bullying behaviors in the workplace and improve the work environment. Research evidence shows that empowered nurses are less likely to experience horizontal violence, especially if they have access to information and opportunity in the workplace. An abundance of worldwide studies on adverse workplace behaviors has been conducted providing substantial evidence to support the significance, impact, and scope of the problem of bullying among nurses. However, studies addressing structural empowerment and positive workplace environment in health care settings are sparse.

The studies that focused on understanding the association of psychological empowerment with workplace bullying and intent to leave among nurse leaders (see Appendix A) showed that psychologically empowered leaders felt adept at handling complex work challenges. Also, psychological empowerment influences individuals' beliefs about their skills, their ability to control situations, and participation in decision making and problem-solving activities.

Connolly et al. (2018) obtained an Evidence Level VI in their study focused on the emergency room nurses to see if they felt psychologically and structurally

empowered. The researchers found that improvements in structural and psychological empowerment improved their ability to act as clinical leaders (Connolly et al., 2018). Spence-Laschinger et al. (2014), in a Level VI study, performed a cross-sectional survey of acute care nurses to test Kanter's theory of structural empowerment and Nahapiet and Goshal's social capital to determine the influence of nursing unit empowerment on unit effectiveness. The study showed a significant effect of structural empowerment and social capital on unit effectiveness. These findings led the authors to conclude that after the study, there was a better understanding of how unit-level structural empowerment and social capital affect both unit and individual outcomes (Spence-Laschinger et al., 2014). Structural empowerment and working in a supportive environment (social capital) are precursors of nurses' ability to provide high-quality care. The findings indicate that the quality of the work environment at the unit level is important in improving the quality of patient care and influences nurses' individual sense of patient care quality (Spence-Laschinger et al., 2014). Social capital was not a key term used during the literature search. However, this article was included because of the strong focus on structural empowerment and the work environment. Similarly, Wing et al.'s (2015) study of new graduate nurses showed high levels of structural empowerment were significantly associated with fewer negative mental health symptoms in new graduates. There was a link between structurally empowering workplaces, lower workplace incivility, and better mental health of new graduate nurses (see Appendix A).

Hampton and Rayens (2019) examined nurse leaders to determine the impact of psychological empowerment on workplace bullying and their intentions to leave the

workplace. Although chief nursing officers had significantly higher psychological empowerment, there was no significant difference in intent to leave among the group of leaders. A similar study by Narzary (2015) showed a relationship between structural empowerment and organizational citizenship behavior, suggesting that structurally empowered nurses may engage more in organizational citizenship behavior. The results of the study supported the promotion of structural empowerment as a strategy to smooth positive workplace behaviors and strengthen organizational performance.

The Level I studies (see Appendix A) reviewed had similar findings. However, the narrative literature review by Bambi et al. (2017) did not show enough effective evidence-based practice strategies to mitigate bullying. The researchers found that organizations that implemented zero-violence policies did not actively disseminate the information about these phenomena. The Level III study by Lundeen et al. (2019) was conducted among nurses to determine the source of workplace incivility and working towards a healthy environment. The results showed that increasing civility awareness decreases incivility.

Limitations/Potential Impact on Findings

The initial plan was to exclude foreign articles. However, most of the studies were conducted overseas. One of the studies had a small sample size and was from a single site. Trying to identify some of the causes or factors for bullying and uncivil behaviors remains challenging and may limit response in the various studies. The assumption is that the literature review will provide evidence that the review findings can be generalized because of the various settings in which studies were conducted. Finally, the experience

of nurses in various environments such as clinics, long-term care, or the public health sector may differ.

Implications for Social Change

Improving care using best practices presents many challenges. This systematic review reinforces the need for a supportive environment where nurses feel empowered to effect change in their practice and the practice environment. Nurse leaders can focus on strategies that allow nurses to utilize their expert knowledge to improve patient care by creating a professional governance structure that empowers direct-care nurses to contribute as decision-makers in their practice environment. This DNP project could contribute to positive social change through nurses' participation in committees that determine healthcare policies. As a profession, nursing must focus on resolving violence among nurses by developing effective strategies, policies, and promoting an environment where nurses feel empowered to deal with incivility. This project may lead to the identification of barriers within organizations' social structures that prevent nurses from feeling empowered to advocate for the profession and nursing practice. Lateral violence affects nurses negatively and can adversely impact patient safety (Griffin & Clark, 2014). Nurses who feel empowered are less likely to experience bullying. Existing studies show the link between incivility and work environments that supports structural empowerment. The findings from a systematic review of the literature provide supporting evidence that will be useful information for nurse leaders and healthcare organizations.

Arslan Yürümezoğlu and Kocaman (2019) strongly supported the need for better work environments for nurses. The implication of this study was that organizations

(specifically nurse managers) need to have strategies in place that promote structural empowerment. This study showed that the nurse manager was key to an empowering work environment. A review of this article supported the role of the nurse manager's responsibility to support nurses and provide access to varied resources to access the information necessary to provide them with opportunities that enable them to achieve professional development and career advancement (Arslan Yürümezoğlu & Kocaman, 2019). Nurse leaders can facilitate managers' efforts in implementing a structurally empowered work environment. Coursey et al. (2013) emphasized how imperative it is to build a positive workplace culture. This DNP project could contribute to positive social change through nurses' participation in committees, unit-based councils that promote shared decision-making, and help to build healthier nursing work environments.

Recommendations

After analyzing the literature, some gaps were identified in applying the concept of SE to resolve or mitigate bullying and uncivil behaviors among nurses. Future research on lateral violence policy implementation needs to be conducted, specifically, strategies for effective policy implementation to prevent lateral violence behavior (Coursey et al., 2013). The recommendation is that new nurses should receive assertiveness, mobbing, and conflict management training that includes feelings of empowerment to raise awareness of the problem. Similarly, this type of training should be a part of every nursing curriculum.

Strengths and Limitations of the Doctoral Project

Strengths

The strength of the doctoral project was the opportunity to become a part of the community of scholars leading the effort in implementation science. Being involved in the DNP project has broadened my knowledge base and has improved my confidence in the research process, appraising and translating evidence into practice, and becoming an agent for practice, social, political, and policy changes.

Limitations

The limitation was that I was not able to engage members of the nursing teams at the practicum site in the review process. Although plenty of studies address the issue of bullying in the workplace and the effects on the workplace environment, research that speaks to the effects of structural empowerment in mitigating bullying behaviors among nurses has been insufficient.

Recommendations for Future Projects

Evidence supports interventions for implementing successful lateral violence policies that include behavior change and a supportive social structure. Future research is intended to study the relationships among structural empowerment, psychological empowerment, and incidences of nurse bullying. Although Kanter's theory of structural empowerment gives a clear definition of the term, the concept is not well adapted in health care organizations or in nursing practice. The literature review shows that the studies were conducted in various nursing practice settings, leading to the assumption that the findings may be applied to nurses in similar situations and settings. The results

can be used for further studies related to structural empowerment and nursing incivility and bullying. Future research on nurse-on-nurse bullying policy implementation needs to be conducted, particularly strategies that focus on empowering nurses in the workplace. Evidence supports the need for interventions in implementing successful bullying policies that include behavior change and a supportive social structure. More studies showing a link between structural empowerment and levels of incivility and bullying among nurses are needed. Much research is needed to clearly identify evidence-based strategies to use as criteria for establishing work environments that support nurses' feelings of empowerment. During the review process, numerous articles were identified that focused on students and new nurses and the impact of bullying and incivility. This finding may indicate a need for nursing education programs to incorporate strategies to effectively mitigate incivility and bullying in the nursing curriculum. Healthcare organizations need to provide education and training upon hire to new nurses entering the profession to foster feelings of empowerment, pride, confidence, organizational commitment, and practice ownership. Bullying may not be the same across all departments and may be greater in one area versus another. New and inexperienced nurses entering the profession need to feel safe in their career choices and be confident of processes in place to address behaviors that may influence their intentions to leave.

Section 5: Dissemination Plan

Introduction

Evidence-based practice is crucial to nursing practice and improved patient outcomes. Resolving the issue of bullying among nurses and building an empowering work environment requires gathering the best available evidence and disseminating the findings. The objective of the systematic review was the evaluation and synthesis of the best available evidence to show the influence of structural empowerment on nurses' ability to mitigate workplace bullying and improve the workplace environment. The findings can be used to (work on solutions that will) educate leaders, managers, and policy makers of the necessity to support the need for safe work environments. This section of the DNP project addresses the audiences for dissemination, self-analysis, and summary.

Audiences for Dissemination

Dissemination of findings may require several venues because of the stakeholders involved. The situational evaluation of stakeholders is critical not only to successful implementation but the dissemination of findings as well. The plan is to provide the nursing leadership an executive summary of the findings as a first step. With the approval of the nurse executive, the findings can be presented at the organization's monthly nurse executive board and then at the nursing administration meetings. This is another excellent forum for discussing findings as the organization plans how to improve services and processes. Also, the organization has a robust nursing EBP program focused on nursing excellence. Dissemination through the organization's Office of Nursing Service's website

is another avenue to reach staff as well as the leadership team locally and nationally. The organization has a website available on its intranet called the "VA Pulse." The VA Pulse allows for networking, collaborating, sharing of ideas and evidence-based findings, and presentation of issues for discussion. The site is open to staff as well as leadership and is an ideal forum for open discussion and sharing. Additionally, we routinely have quality fairs at which poster boards can be used as a means of dissemination.

Sigma Theta Tau International is a potential additional source for the dissemination of the findings from my project. STTI promotes nursing leadership, education, evidence-based practice, and scholarly work. STTI supports nurses' knowledge and professional development with the goal of improving health by increasing the scientific base of nursing research (STTI, 2013). This source also reaches a wide audience nationally and internationally.

Analysis of Self

Challenges/Solutions/Insights Gained

I started this doctoral journey in April of 2014. I faced numerous challenges as a scholar and as a practitioner. As I reminisce on my journey in obtaining my DNP, I feel an overwhelming sense of pride, accomplishment, and joy. As a young girl growing up on the island of Jamaica, it was always my dream to become a nurse. I recall many days walking long distances to the district clinic just to stand there and watch the nurses deliver kind and compassionate care. The lines were often long, and there were no distinctions as to age or gender. Everyone was seen for whatever ailment or complaint was presented. In retrospect, I can only assume the long lines were common because, in

some cases, it would be a week before the clinic opened again. The nurses were revered by everyone in the district, and young girls such as I aspired to be like them. My humble beginnings, as well as seeing the immense need for trained nurses, were to shape the trajectory of my life and my choice to become a nurse. Without knowing it, this was my first exposure to the population health issues and what it means to be underserved. Kindness, compassion, comfort, and healing were the attributes I desired to bring to those in need of care. Also, those same experiences from early childhood served to guide my philosophy of nursing.

As a scholar, I had to strengthen my skills at becoming disciplined and focused. I had to research carefully and select a problem that would have professional and societal significance. Also, I carried out a critical evaluation of the literature to determine credibility and application to practice. I have learned the various research methods and approaches to understanding and managing the negative effects of bullying and incivility among nurses. The myriad of literature searches, reviews, and critical evaluations increased my knowledge base significantly.

As a practitioner, I have honed my skills in organizational and systems leadership for quality improvement and systems thinking in keeping with the DNP essentials. I translated what I learned into my professional practice to improve care practices, develop my skills in business acumen, and implement process improvement initiatives to improve the quality of care in my practice area and the organization. I have served as a mentor to many graduate students facilitating their learning and educational growth. I have advocated for and supported nurses' involvement in evidence-based project activities. As

a practitioner, I am charged with the dissemination and application of evidence to nursing practice. Grasping concepts, applying theories, and synthesizing evidence prepared me to meet the challenges of a changing health care system.

Finally, as the project developer, I have learned the value of time management and the importance of setting realistic project goals to meet expectations. I am prepared to develop strategies for quality improvement, budgeting, and risk. Equally important is the ability to set a long-term vision. Completing this project means further literature reviews and continued exploration of the best evidence for future professional nursing practice guidelines. Future implications are the development of staff education programs to create safe and healthy practice environments for nurses that promote safe quality patient care.

Summary

Eliminating bullying and incivility among nurses is imperative. Just as critical is the need to provide a supportive environment that structurally empowers nurses to direct their practice and promote evidence-based care. Dissemination of information from this systematic review to the target audience is crucial to implementation. The findings will provide credible information to organizational leaders to develop processes and policies that promote safe working environments for nurses. Lachman (2014) stated that there is "no one solution for this complex problem of negative human interaction within the organizational (healthcare) culture" (p. 57) but advocated that healthcare worksites must bolster their SE to deal with horizontal violence. Empowered work settings provide nurses with the resources, support, and information necessary to do their job, and a sense of respect for their expertise and knowledge. Laschinger et al. (2010) demonstrated that

empowerment in healthcare worksites is correlated inversely with rates of incivility and bullying. Healthcare organizations will benefit greatly by adopting these findings because of the long-term benefits to individuals, patients, and the organization. Nurses are more likely to develop respectful, helping relationships and less likely to experience stress from not being able to accomplish their work, making disrespectful encounters less likely.

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Appendix A: Analysis and Synthesis of Evidence Matrix Table

Author(s)/Year	Title	Purpose	Settings	Population	Design	Finding	Level of Evidence
Bambi, S., Guazzini, A., De Felippis, C., Lucchini, A., & Rasero, L. (2017)	Preventing workplace incivility, lateral violence, and bullying between nurses. A narrative literature review	To summarize the results of international studies regarding the prevention of individual and collective reactions towards workplace incivility, lateral violence, and bullying between nurses	Researchers in Italy	Nurses	A narrative literature review was performed	Only seven articles were reviewed, and it was found that not enough evidence-based practice studies showed effective strategies. It was found that places that implemented zero violence policies and passive dissemination of information about these phenomena showed to be clearly ineffective	Level I
Connolly, M., Jacobs, S., & Scott, K. (2018).	Clinical leadership, SE, and PE of registered nurses working in an emergency department.	Examine clinical leadership of emergency nursing to see if they felt psychologically and structurally empowered. Connection between the need for structural and PE.	Emergency room	Emergency room nurses	Mixed-method nonexperimental design	Emergency room nurses believe that they show clinical leadership most of the time event though their sense of being psychologically empowerment was only moderated. It was found that improvement in structural and PE would improve their ability to act as clinical leaders.	Level VI
Coursey, J., Rodriquez, R., Dieckmann, L., & Austin, P. (2013).	Successful implementation of policies addressing lateral violence	Review the literature about policies addressing lateral violence so they can implement a policy in the OR	Operating room	Operating room nurses	Systematic review	You need a culture that supports policy implementation, nursing administration involvement, implementing multiple interventions simultaneously to combat lateral violence	Level I

Crawford, C. L., Chu, F., Judson, L. H., Cuenca, E., Jadalla, A. A., Tze-Polo, L., & Garvida Jr, R. (2019).	An integrative review of nurse-to-nurse incivility, hostility, and workplace violence: a GPS for nurse leaders.	To examine the quantity, quality, and consistency of the evidence regarding nurse-to-nurse incivility, bullying, and workplace violence for student nurses, graduates, experienced nurses, and nurse faculty.	Kaiser Permanente librarians conducted the review	Student nurses, graduate nurses, experienced nurses and nurse faculty	Integrative review	Every nurse is responsible for nursing, where civility prevails in the workplace. Both academic and practice leaders must create cultures, structures, and processes that foster workplace civility. Nursing leaders must ensure that civil behavior descriptions, policies, and care practices are consistent and standardized throughout all organizational levels to minimize interpretative variations and situational responses	Level I
Hampton, D., & Rayens, M. K. (2019).	Impact of PE on workplace bullying and intent to leave	The purpose of this study was to understand the association of PE with workplace bullying and intent to leave among nurse leaders	Nursing leaders from professional organizations.	Participants included NMs, directors, and executives who belong to a national nursing leadership organizations	Descriptive, cross-sectional design	PE was negatively correlated with both bullying and intent to leave. Chief nursing officers and directors had significantly higher PE than did nurse managers, but there was no significant difference in intent to leave among the leader groups.	Level VI
Spence Laschinger, H. K., Read, E., Wilk, P., & Finegan, J. (2014)	The influence of nursing unit empowerment and social capital on unit effectiveness and nurse perceptions of patient care quality	This article was trying to test Kanter's theory of SE and Nahapiet and Goshal's model of social capital, which argues that SE and social capital at the work-unit level are predictive of nurses' perceptions of their units' effectiveness in meeting patient goals	Ontario Canada in 25 acute care hospitals	525 acute care hospital nurses	Cross-sectional survey Qualitative	Both unit-level SE and social capital had significant effects on unit effectiveness ($ = .05 and $ = .29, P G .05, respectively	Level VI

Lundeen, S., Kerbow, K. E., Roberts-Jackson, T., Gafford, C., & HoSang, D. (2019)	Promoting civility: working towards a healthy environment.	To discover what is the source of workplace incivility in the nursing Harris Health Care System	Nursing Harris Health Care System	80 nurses working at the Harris Health Care system	A quasi-experimental, interrupted time-series design was used	Results indicate that the use of increasing incivility awareness along with conducting education that contains cognitive training techniques is an effective method to decrease the prevalence of incivility.	Level III
Read, E., & Laschinger, H. K. (2015)	Correlates of new graduate nurses' experiences of workplace mistreatment	Explores new graduate nurses experience of workplace mistreatment	New Graduate nurses at the College of Nurses of Ontario	907 new graduate registered nurses	Descriptive, Qualitative Study	The study found that there were 3 types of workplace incivility experienced new graduate nurses, coworker incivility, r = 0.19, supervisor incivility, r = 0.17, and bullying r+-0.21. Bullying had a stronger effect on job turnover and mental and physical health needs.	Level VI
Schwartz, F., & Bjorklund, P. (2019).	Quality improvement project to manage workplace violence in hospitals: lessons learned.	The purpose of the study was to evaluate if a new workplace violence management program helped employees manage violence better	The violence management training program was implemented at a large teaching hospital in a Midwestern state on a 39-bed general medical unit that provided care to patients on stroke/ cerebrovascular, epilepsy, general neurology, and family medicine services	All nurses working the unit to include ADN, BSN, MSN, and advanced practice registered nurses and patient care attendants took the test and participated in the program	An independent pre/posttest design measured changes in participant knowledge. The Staff Observation Assessment Scale-Revised (SOAS-R) was used for data collection on aggression pre- and post-implementation.	The number of violence incidents did not decrease following the program, but the program did increase staff knowledge of de-escalation techniques.	Level IV

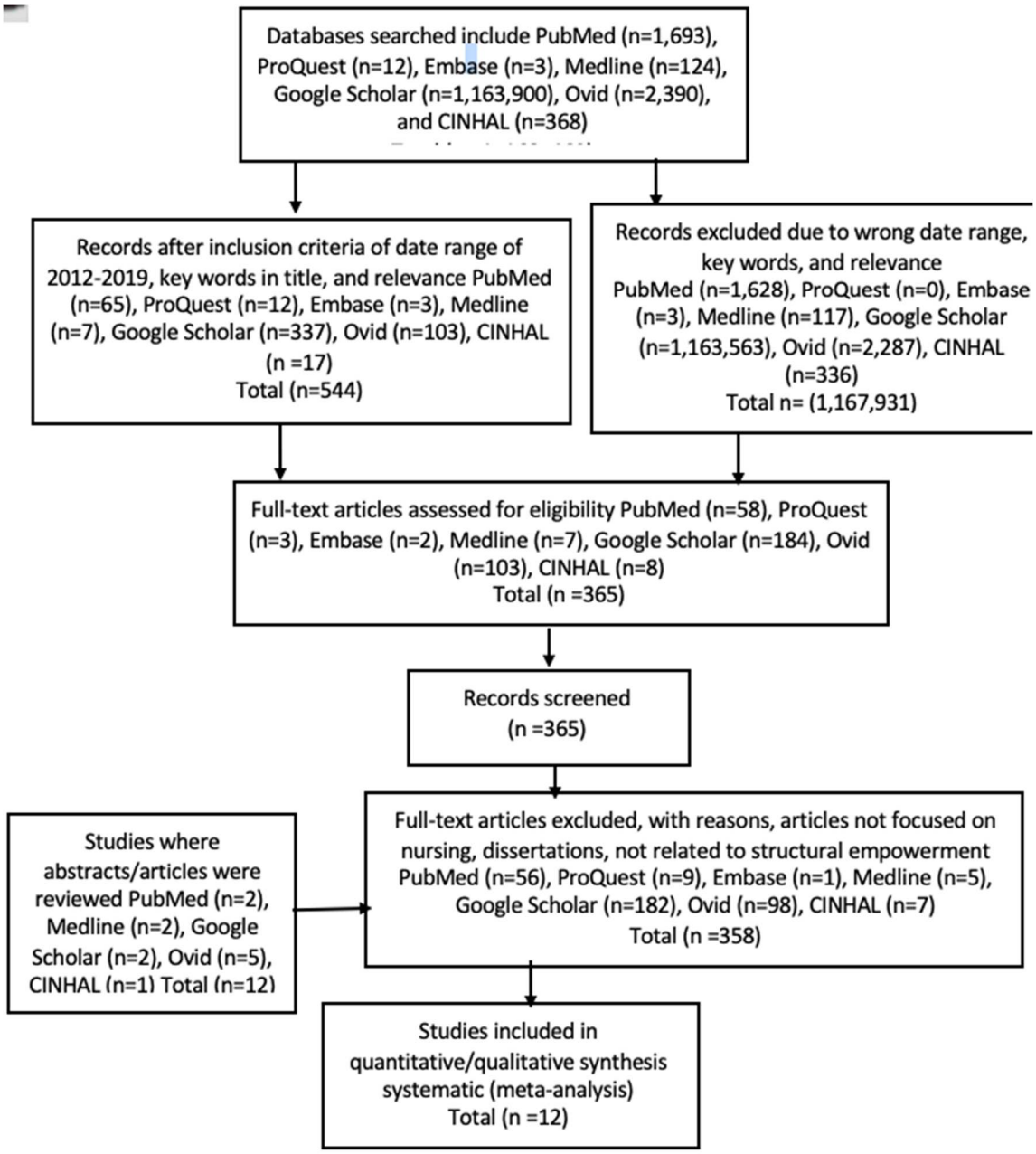
Wilson, J. L. (2016)	An exploration of bullying behaviors in nursing: A review of the literature	This article explores the literature on bullying behaviors in nursing both in the UK and other countries, what this type of behavior involves and what can be done to prevent or combat it	United Kingdom	Nurses	A literature review	Those most likely to be bullied are new nurses and nursing students Those doing the bullying are nurses in established roles and those in management positions. Bullying occurs have been identified including hierarchical management, a lack of involvement in decision making and heavy workloads with tight deadlines	Level V
Wing, T., Regan, S., & Spence-Laschinger, H. K. (2015)	The influence of empowerment and incivility on the mental health of new graduate nurses	Test a model on Canter's theory, which examines relations between new graduate nurses' perceptions of SE, workplace incivility and mental health symptoms.	Provincial Nursing Registry Database	1400 Ontario new graduate nurses	Predictive nonexperimental design	High levels of SE were significantly associated with fewer negative mental health symptoms in new graduate nurses.	Level VI
Arslan Yürümezoğlu, H., & Kocaman, G. (2019).	SE, workplace incivility, nurses' intentions to leave their organization and profession: A path analysis	This aim of this study is to test the theoretical model involving the relationships between nurses' perceptions of SE, supervisor and coworker incivility, and their intention to leave the organizations and the nursing profession	Turkey	574 nurses working in a state university hospital	Cross-sectional, correlational study used to investigate relations among the variables	SE had significantly direct negative effects on supervisor incivility, coworker incivility, and nurses' intentions to leave their organization	1V

Appendix B: Levels of Evidence Pyramid Hierarchy

Level	Description of Evidence
1	Systematic review and meta-analysis of randomized controlled trials; clinical guidelines based on systematic reviews or meta-analyses
2	One or more randomized controlled trials
3	Controlled trial (no randomization)
4	Case-control or cohort study
5	Systematic review of descriptive qualitative studies
6	Single descriptive or qualitative study
7	Expert opinion

Source. Melnyk, B., & Fineout-Overholt, E. (2015).

Appendix C: PRISMA 2009 Flow Diagram



For more information, visit www.prisma-statement.org. *From:* Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009)
*P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097