Workplace empowerment, incivility, and burnout: impact on staff nurse recruitment and retention outcomes

HEATHER K. SPENCE LASCHINGER RN, PhD, FCAHS [1], MICHAEL LEITER PhD [2], ARLA DAY PhD [3] and DEBRA GILIN PhD [4]

[1]Distinguished University Professor and Associate Director Nursing Research, *Arthur Labatt Family School of Nursing, The University of Western Ontario, London, Ontario, Canada*, [2]Professor, *Canada Research Chair in Occupational Health and Well-Being, Acadia University, Wolfville, NS, Canada*, [3]Professor, *Canada Research Chair in Industrial/Organizational Psychology and* [4]Associate Professor, *Department of Psychology, Saint Mary's University, Halifax, NS*

Correspondence
Heather K. Spence Laschinger
*Distinguished University Professor
  and Associate Director Nursing
  Research*
*Arthur Labatt Family School of
  Nursing*
The University of Western Ontario
1151 Richmond Street
London
Ontario
Canada
N6A 5C1
E-mail: *hkl@uwo.ca*

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Aim The aim of this study was to examine the influence of empowering work conditions and workplace incivility on nurses' experiences of burnout and important nurse retention factors identified in the literature.
Background A major cause of turnover among nurses is related to unsatisfying workplaces. Recently, there have been numerous anecdotal reports of uncivil behaviour in health care settings.
Method We examined the impact of workplace empowerment, supervisor and coworker incivility, and burnout on three employee retention outcomes: job satisfaction, organizational commitment, and turnover intentions in a sample of 612 Canadian staff nurses.
Results Hierarchical multiple linear regression analyses revealed that empowerment, workplace incivility, and burnout explained significant variance in all three retention factors: job satisfaction ($R^2 = 0.46$), organizational commitment ($R^2 = 0.29$) and turnover intentions ($R^2 = 0.28$). Empowerment, supervisor incivility, and cynicism most strongly predicted job dissatisfaction and low commitment ($P < 0.001$), whereas emotional exhaustion, cynicism, and supervisor incivility most strongly predicted turnover intentions.
Conclusions In our study, nurses' perceptions of empowerment, supervisor incivility, and cynicism were strongly related to job satisfaction, organizational commitment, and turnover intentions.
Implications for nursing management Managerial strategies that empower nurses for professional practice may be helpful in preventing workplace incivility, and ultimately, burnout.

Keywords: burnout, empowerment, incivility, recruitment, retention

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Background

With many nurses nearing retirement and fewer individuals entering the profession, nursing is experiencing a critical workforce shortage (Keenan 2003). Thus, it is critical that nursing work environments are structured in ways that ensure that nurses feel engaged in their work and want to remain in their jobs. According to World Health Organization (2006), there is a shortage of 4.3 million healthcare workers worldwide, which is expected to increase by 20% in the next two decades. The shortage is particularly acute in the nursing profession, which is the largest group of health professionals in hospital settings (McMullin & Cooke 2004). A major cause of turnover among nurses is related to unsatisfying workplaces (Hayes *et al.* 2006). Recently, there have been numerous anecdotal reports of uncivil behaviour in health care settings, although few empirical studies of it exist in the literature. In non-healthcare settings, Cortina *et al.* (2001) linked workplace incivility to important organizational outcomes, such as work distress, job dissatisfaction, and withdrawal behaviours, and this highlights the importance of preventing incivility in work settings. Workplace empowerment has been shown to be an important precursor of employees' positive relationships with their work, and an important factor in burnout, and subsequent turnover intentions (Laschinger *et al.* 2004b, 2006, Nedd 2006). The aim of this study was to examine the influence of empowering work conditions and workplace incivility on nurses' experiences of burnout and important nurse retention factors identified in the literature (i.e. job satisfaction, commitment, and turnover intentions).

Organizational empowerment

Organizational empowerment is a popular construct in current organizational theory and practice (Bartenak & Spreitzer 2006, Conger & Kanungo 1988, Kirkman & Rosen 1999, Koberg *et al.* 1999, Spreitzer & Doneson 2005). Empowerment strategies are designed to increase employees' control over their work, thereby improving job satisfaction and enhancing organizational commitment. Seventy percent of the organizations surveyed by Lawler *et al.* (2001) reported the use of empowerment strategies of some kind in the past 15 years. Rosabeth Moss Kanter's (1977, 1993) model of workplace empowerment has been used to study empowering work conditions in a variety of settings, including nursing workplaces.

According to Kanter's model of structural empowerment (1977, 1993), structural factors within the work environment have a greater impact on employee work attitudes and behaviour than personal predispositions or socialization experiences. Kanter (1979) describes four organizational empowerment structures: access to information, access to support, access to resources needed to do the job, and opportunities to learn and grow. Access to information means having knowledge of organizational decisions, policies, and goals; as well as having technical knowledge and expertise required to be effective within the broader context of the organization. Information provides a sense of purpose and meaning for employees, and enhances their ability to make decisions that contribute to organizational goals. Access to support includes feedback and guidance received from superiors, peers, and subordinates as well as the emotional support, helpful advice, or hands-on assistance others can provide. Access to resources refers to the ability of the individual to access the materials, money, supplies, time, and equipment required to accomplish organizational goals. Access to opportunity for mobility and growth entails access to challenges, rewards, and professional development opportunities to increase knowledge and skills. This opportunity for growth may be accomplished through participation on committees, task forces and inter-departmental work groups.

Numerous studies have established links between structural empowerment and important organizational attitudes and behaviours, including job satisfaction, commitment, productivity, and burnout (Hatcher & Laschinger 1996, Laschinger *et al.* 2001a,b, 2003). Research has identified numerous mechanisms, such as trust in management, autonomy, organizational justice, and positive working relationships with colleagues, through which empowerment affects these outcomes (Laschinger & Finegan 2005, Laschinger *et al.* 2006). Although not conceptualized within Kanter's framework, workplace factors reflective of structural empowerment, such as, lack of information, organizational resources, and support, have been found to be enabling factors for workplace bullying (Einarsen *et al.* 1994, Salin 2003, Spector 1997, Vartia 1996).

Workplace incivility

Workplace incivility has received increased attention in the general management and work stress literature (Cortina *et al.* 2001, Pearson *et al.* 2001). There are numerous anecdotal reports of uncivil behaviour in nursing and health care settings although few empirical studies exist in the literature. Workplace incivility is defined as 'low-intensity deviant behavior with

ambiguous intent to harm the target, in violation of workplace norms for mutual respect. Uncivil behaviours are characteristically rude, discourteous, displaying a lack of respect for others' (Anderson & Pearson 1999, p. 457). Pearson and Porath (2005) found that employees who experienced uncivil behaviours at work intentionally reduced their work efforts and the quality of their work, thereby diminishing overall unit effectiveness. Cortina *et al.* (2001) also linked workplace incivility to decreased job performance and job dissatisfaction. Lim *et al.* (2008) found significant relationships between incivility and employee health and wellbeing as well as turnover intentions. In a study of staff nurses, Dion (2006) found that perceptions of workplace incivility were significantly related to feeling supported by their supervisor and positively related to feelings of occupational stress and turnover intentions.

Burnout/engagement

Maslach (2004) defined burnout as '…a psychological syndrome of exhaustion, cynicism and inefficacy which is experienced in response to chronic job stressors' (p. 93). Leiter and Maslach (2004) argued that burnout is characterized by emotional exhaustion, cynicism, and professional inefficacy. Emotional exhaustion is considered to be the core element of burnout, resulting in cynicism toward one's work and colleagues and low efficacy levels (Leiter *et al.* 1998, Leiter & Maslach 2004, Maslach & Leiter 1997). Burnout has been studied extensively in health care settings. Aiken *et al.* (2002) linked high levels of emotional exhaustion to lower levels of staff nurse job satisfaction and Vahey *et al.* (2004) found that the supportive practice environments and low burnout jointly predicted greater job satisfaction and better patient outcomes. Balogun *et al.* (2002) found significant relationships between allied health professionals' relationships with peers and supervisors and two key elements of burnout. They found that support from supervisors explained 7% of the variance in emotional exhaustion, whereas support from colleagues accounted for 9.6% of the variance in cynicism.

Work satisfaction, organizational commitment, and turnover intentions

Job satisfaction, organizational commitment, and turnover intention are important quality of worklife outcomes in nursing settings (McGillis Hall 2003). In separate meta-analyses, Blegen (1993) and Irvine and Evans (1995), found that nurses' job satisfaction was consistently predicted by autonomy, good communica-

tion with supervisors and peers, organizational commitment, and job stress. In a longitudinal study of over 1000 nurses, Price and Mueller (1981) found that job satisfaction had an indirect effect on turnover through employees' intentions to stay. This pattern of results is also found in the general management literature (Spector 1997). Meta-analyses by Griffeth *et al.* (2000) and Hellman (1997) established job dissatisfaction as a consistent predictor of voluntary turnover behaviour across a variety of occupational groups.

Organizational commitment is an important predictor of nurse turnover and another important outcome considering the high costs associated with turnover (Ingersoll *et al.* 2002, Wagner 2007). Affective commitment refers to an employee's attachment, identification, and involvement with the organization and has been positively related to job performance, job satisfaction, and turnover (Allen & Meyer 1996). A meta-analysis by Wagner (2007) found that organizational commitment was a stronger predictor of turnover than job satisfaction. Ingersoll *et al.* (2002) linked higher turnover intentions to lower organizational commitment, a finding corroborated by Tourangeau and Cranley (2006).

Job satisfaction, organizational commitment, and turnover have been shown to be related to health-related psychosocial factors. Cass *et al.* (2003) conducted a meta-analysis of over 500 studies and found that job satisfaction was significantly correlated with overall health, burnout, depression, anxiety, self-esteem, and general mental health. King and Sethi (1997) found that organizational commitment moderated the effect of job stressors on information systems professionals' experiences of emotional exhaustion. Lee and Ashforth (1996) linked organizational commitment to lower levels of burnout in several studies in their meta-analysis.

Thus, there is considerable evidence in both the nursing and management literature to support links between frequently studied turnover related organizational attitudes and behaviours, such as, empowerment, workplace incivility, and burnout.

Model tested in the study

We tested a model derived from a review of the literature integrating theory and research relating to empowering working environments, workplace incivility, and burnout and their relationship to retention outcomes frequently identified in the literature. Nurses' perceptions of structural empowerment in their work setting are hypothesized to be foundational to nurse retention outcomes. Lack of empowerment has been
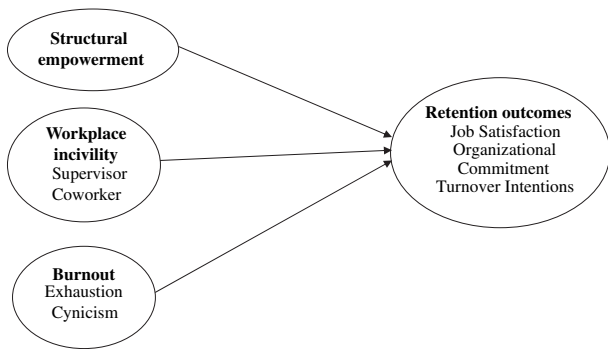
Figure 1
Hypothesized model tested in the study.

shown to be an enabling factor for workplace incivility, which has been linked to burnout. Therefore, we hypothesized that empowerment, incivility, and burnout are related to the retention outcomes in this study, job satisfaction, organizational commitment, and turnover intentions (Figure 1). To our knowledge, this study is one of the first to examine these relationships within a single theoretical model.

Method

Hospital employees ($N = 1106$) from five organizations in two provinces completed surveys that assessed their wellbeing, work environments, and social relationships at work. Following ethical approval, all employees received a questionnaire through the hospital mail. A modified Dillman Total Design Methodology (Dillman 2000) was used to increase return rates (overall return rate was 40%). A reminder letter was sent three weeks following the initial survey package. Employees were assured of the confidentiality of their responses. Of the 1106, 612 were staff nurses. We focused on this sample in this study. Participants were predominantly female (574, 95%; male: 31, 5.1%, 7 not responding), with an average age of 41.3 years (SD = 10.6). Their employment status varied, including fulltime (390, 64.3%), part time (162, 26.7%), casual (52, 8.6%), and temporary (3, 0.5%), with 5 not responding. They worked in their current hospital for varying lengths of time: <6 months (10, 1.8%), 6–24 months (37, 6.6%), 2–5 years (125, 22.3%), 6–10 years (113, 20.1%), 11–15 years (66, 11.8%), 16–20 years (82,14.6%), 21–30 years (96, 17.1%), and more than 30 years (32, 5.7%), with 51 not responding.

Instrumentation

Structural empowerment was measured by the four subscales of the CWEQ-II (Laschinger *et al.* 2001a,b), a short form of the Conditions for Work Effectiveness Questionnaire (CWEQ) (Chandler 1986). The CWEQ-II measures employee access to work empowerment structures described in Kanter's theory (opportunity, information, support, and resources). Each subscale contains three items, rated on a 5-point scale which are summed and averaged. The construct validity of the CWEQ-II was established by Laschinger *et al.* (2001b) in a second-order confirmatory factor analysis that revealed a good fit of the hypothesized factor structure and acceptable subscale reliabilities. In this study, we focused on the core elements of empowerment: access to opportunity, information, support, and resources. Cronbach alphas ranged from $\alpha = 0.74$ to $\alpha = 0.89$ in this study. The item-total correlations ranged from 0.443 to 0.852 across subscales.

Employees' encounters with workplace incivility over the previous month were measured by the Workplace Incivility Scale (Cortina *et al.* 2001). Following suggestions from Caza and Cortina (2007), we asked for specific ratings for encounters with coworkers to produce a score for coworker work incivility and encounters with the immediate supervisor to produce a score for supervisor work incivility (e.g. 'Paid little attention to your statement or showed little interest in your opinion'; 'Addressed you in unprofessional terms either publicly or privately'). Participants rated items on a 7-point Likert scale ranging from 'never' (0) to 'daily' (6). Blau and Andersson (2005) established internal consistency for coworker incivility ($\alpha = 0.89$). In the current study, the internal consistency for each subscale was high: supervisor incivility ($\alpha = 0.84$); coworker incivility ($\alpha = 0.85$). The item-total correlations ranging from $r = 0.28$ to $r = 0.69$.

The Emotional Exhaustion and Cynicism subscales of the Maslach Burnout Inventory-General Survey (MBI-GS) (Schaufeli *et al.* 1996) were used to measure burnout. Items are rated on a 7-point Likert scale ranging from 0 (never) to 6 (every day). Leiter and Maslach (2004) argued that a high score on these scales (>3.0) is indicative of burnout. Cronbach alpha ($\alpha > 0.70$) coefficients for the scales across numerous studies have been acceptable (Schaufeli *et al.* 1996). In this study, the Cronbach alpha reliability coefficient for emotional exhaustion was $\alpha = 0.91$, and cynicism was $\alpha = 0.82$. The item-total correlations ranging from $r = 0.74$ to $r = 0.83$ for emotional exhaustion and $r = 0.43–0.69$ for cynicism.

Job satisfaction was measured by five items in which participants rated their level of satisfaction with: (i) coworkers, (ii) supervisors, (iii) pay and benefits, (iv) the feeling of accomplishment from doing the job, and

(v) job overall (Hackman & Oldham 1975, Tsui *et al.* 1992). Respondents rated items on a 7-point Likert scale ranging from 1 = very dissatisfied to 7 = very satisfied. In the current study, the internal consistency of satisfaction was acceptable ($\alpha = 0.71$), with item-total correlations ranging from $r = 0.31$ to $r = 0.67$.

Organizational commitment was measured using two items from the Affective Commitment Scale (Meyer *et al.* 1993). The items were rated on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). Acceptable reliability and construct validity for the original subscale has been reported by Meyer *et al.* (1993). In this study, the reliability coefficient was marginally acceptable (0.65).

We used three items from the Turnover Intentions measure (Kelloway *et al.* 1999) to measure health professionals' intention to quit ('I plan on leaving my job within the next year,' 'I have been actively looking for other jobs,' and 'I want to remain in my job'). Items were rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). Reliability testing of the original scale indicated that it is internally consistent both at Time 1 ($\alpha = 0.92$) and 6 months later at Time 2 ($\alpha = 0.93$). In the current study, the internal consistency was high ($\alpha = 0.82$). The item-total correlations ranging from $r = 0.57$ to $r = 0.63$.

Data analysis

The Statistical Package for Social Sciences (SPSS) version 16.0 for windows (SPSS, Inc., Chicago, IL, USA) was used to conduct descriptive and inferential statistical analyses. Hierarchical multiple linear regression analyses were used to test the influence of empowerment, incivility, and burnout on three retention outcomes (job satisfaction, organizational commitment, and turnover intentions). Blocks of variables were entered into three separate analyses for each retention outcome, based on a logical theoretical sequence. Structural empowerment

was entered first because this variable describes the extent to which basic empowering structures are perceived to be in place in the work environment. Supervisor and coworker incivility variables were added in the second step as additional worklife variables/stressors, to assess their incremental validity after controlling for empowerment. The burnout variables were entered in the last step to assess their incremental validity after controlling for the worklife variables.

Results

Descriptive results

The means and standard deviations for major study variables are presented in Table 1. Nurses perceived their work environment to have moderate levels of empowerment ($M = 12.0$, SD = 2.18), similar to previous results with nurses (Laschinger 1996).

Interestingly, workplace civility ratings were low for both supervisor and coworkers ($M = 0.66$, SD = 0.89 and $M = 0.81$, SD = 0.82 respectively). There was wide variation on these scores, however, with scores ranging from 0 to 5.00 for supervisor incivility and from 0 to 5.8 for coworker incivility. Most (67.5%) nurses experienced some sort of incivility from their supervisors and 77.6% reported some level of coworker incivility. However, only a small percentage reported regular to very frequent exposure to incivility in their workplaces (4.4 and 2.7% from supervisors and coworkers, respectively). This finding is encouraging although contrary to many anecdotal reports in the literature about high levels of coworker incivility in health care settings.

Nurses in this study reported relatively high levels of emotional exhaustion ($M = 2.99$, SD = 1.42). Almost half (47.3%) scored >3.0, the cut point for severe burnout according to Maslach *et al.* (1996). These results are somewhat lower than recent studies of staff

Table 1
Means, standard deviations, Cronbach's Alphas, and correlations of variables

	Variable	M	SD	Alpha	1	2	3	4	5	6	7	8
1	Total empowerment**	12.03	2.18	0.79	–							
2	Incivility-supervisor[+]	0.66	0.89	0.90	−0.256	–						
3	Incivility-coworkers[+]	0.81	0.82	0.86	−0.181	0.344	–					
4	Emotional exhaustion[+]	2.99	1.42	0.91	−0.235	0.332	0.235	–				
5	Cynicism[+]	1.77	1.26	0.82	−0.376	0.410	0.304	0.562	–			
6	Job satisfaction***	5.19	0.96	0.71	0.476	−0.475	−0.325	−0.407	−0.553	–		
7	Commitment*	3.14	0.89	0.65	0.435	−0.312	−0.266	−0.257	−0.407	0.501	–	
8	Intent to leave*	2.36	0.98	0.83	−0.268	0.347	0.190	0.402	0.462	−0.448	−0.398	–

Score Range: *1–5, **4–20, ***1–7, [+]0–6.
All correlations significant at $P < 0.05$.

nurses: Cho *et al.* (2006) found that 66% of new graduate nurses were in the severe burnout category (exhaustion), and Laschinger *et al.* (2004a) found that 58% of nurse managers reported severe exhaustion levels as well. Cynicism levels for nurses in the current study were lower than exhaustion (M = 1.78, SD = 1.27), with only 19% scoring above the 3.0 cut point.

Finally, nurses were relatively positive in terms of the retention factors measured in this study. They reported moderately high levels of job satisfaction (M = 5.2, SD = 0.96), moderate levels of organizational commitment (M = 3.14, SD = 0.90), and low levels of turnover intentions (M = 2.36, SD = 0.98).

The hierarchical multiple linear regression analyses revealed that empowerment, workplace incivility, and burnout jointly explained a significant amount of variance in all three retention outcomes: job satisfaction (R^2 = 0.46; $P < 0.001$), organizational commitment (R^2 = 0.29; $P < 0.001$) and turnover intentions (R^2 = 0.28; $P < 0.001$). The results for each model are described in the following paragraphs (Table 2).

The predictor variables accounted for 46% of the variance in job satisfaction. Each block of predictors explained a significant amount of variance: empowerment explained 22.8% of the variance when entered first, supervisor and coworker incivility added a further 15% on the second step, and the burnout variables an additional 8.3%. In the final model, cynicism (β = −0.28, $P < 0.001$), empowerment (β = 0.28, $P < 0.001$), and supervisor incivility (β = −0.22, $P < 0.001$) were the strongest predictors of job satisfaction. Coworker incivility and exhaustion were weaker although significant predictors (β = −0.09, $P < 0.01$ and β = −0.09, $P < 0.05$, respectively).

The predictor variables accounted for 29% ($P < 0.001$) of the variance in organizational commitment. Empowerment explained 19.2% ($P < 0.001$) of the variance in commitment in the first step, incivility explained 6% ($P < 0.001$) of variance in the second step, and burnout explained another 3.75% ($P < 0.001$) of the variance in the last step. In the final model, all predictors with the exception of emotional exhaustion explained significant unique variance in commitment. The strongest predictor was empowerment (β = 0.31, $P < 0.001$), followed by cynicism (β = −0.22, $P < 0.001$) and supervisor and coworker incivility (β = −0.10, $P < 0.05$ and β = −0.11, $P < 0.001$, respectively).

The predictor variables accounted for 28% ($P < 0.001$) of the variance in turnover intentions. All blocks of variables explained significant increments in variance explained in turnover intentions (empowerment = 7%, $P < 0.001$, incivility = 8.5%, $P < 0.001$, and burnout = 11.8%, $P < 0.001$). Interestingly, the burnout and incivility variables had a relatively stronger influence than in the previous two models. In the final model, the strongest predictors of turnover intentions were cynicism (β = 0.27, $P < 0.001$), emotional exhaustion (β = 0.19, $P < 0.001$) and supervisor incivility (β = 0.16, $P < 0.001$). Empowerment also was significant (β = −0.08 $P < 0.05$), but it was weaker than in the previous models. Interestingly, the beta associated with coworker incivility was essentially zero and nonsignificant (β = 0.01).

Discussion

The analyses provided support for the hypothesized models. An empowering practice environment and low

Table 2
Hierarchical multiple regression results for job satisfaction, organizational commitment and turnover intentions

| | Retention related outcomes | | | | | |
| | Job satisfaction | | Commitment | | Turnover intentions | |
Step	β	ΔR^2	β	ΔR^2	β	ΔR^2
Empowerment	0.28	0.23‡	0.31	0.19‡	−0.08	0.07‡
Incivility	–	0.15†	–	0.06†	–	0.09†
Supervisor	−0.22†	–	−0.10†	–	0.16†	–
Coworker	−0.09†	–	−0.11†	–	0.01†	–
Burnout	–	0.08†	–	0.04†	–	0.12†
Emotional Exhaustion	−0.09*	–	−0.01*	–	0.19*	–
Cynicism	−0.28*	–	0.22	–	0.27*	–
Total R^2		0.46‡		0.29‡		0.28‡

*$P < 0.05$.
†$P < 0.01$.
‡$P < 0.001$.
N = 105.

levels of incivility and burnout were significant predictors of nurses' experiences of job satisfaction and organizational commitment and their intentions to leave their workplaces. These results support previous evidence of the importance of positive working environments in retaining health professionals in hospital settings. Nedd (2006) found a significant relationship between structural empowerment and nurse turnover. Numerous studies have linked empowerment directly and indirectly to job satisfaction and commitment. Our results add to this knowledge by demonstrating the positive effect of working in collegial work settings in which employees treat each other respectfully and refrain from uncivil behaviors in their day to day work.

Empowerment, incivility, and burnout explained almost twice as much variance in job satisfaction in comparison to organizational commitment and intent to leave. This result is not surprising given the multiplicity of factors affecting turnover intentions and organizational commitment. People can be dissatisfied with their jobs but may have limited opportunities for other jobs, particularly in the currently constrained health care sector. Similarly, nurses who feel they are working in unsupportive work environments may transfer their organizational commitment to professional or occupational commitment as a means of dealing with their situations (Meyer & Allen 1997). This phenomenon was frequently observed in the period of downsizing in the 1990's (Baruch 1998, Knudsen *et al.* 2003). Job satisfaction may be considered one antecedent of turnover intentions and commitment. Future research should examine these temporal relationships using a longitudinal design.

In all models, supervisor civility was an important predictor of retention outcomes. Coworker incivility had a smaller unique influence than did supervisor incivility, except in the commitment model, in which it was equally important as supervisor incivility. It may be that employees feel that they had little control over supervisor behaviour in their setting, and experience a power imbalance, which had a stronger impact on their jobs and turnover intentions in particular. Past research has shown the negative effect of supervisors on subordinate commitment and turnover because they have the power over subordinates that coworkers do not have. On the other hand, feeling committed to the organization as a whole may depend on having civil relationships with both supervisors and colleagues. Organizational commitment entails feeling that one is part of family and a desire to remain in the organization until retirement (Meyer & Allen 1997). Thus, positive

relationships with colleagues are as important as those with their supervisors.

Burnout played an important role in predicting retention outcomes, explaining 4–12% of incremental variance in job satisfaction, organizational commitment, and turnover intentions. Cynicism was a strong predictor in all retention models, even when other worklife factors were taken into consideration. Cynicism has been linked to job satisfaction and commitment in previous research in non-nursing settings (Abraham 2000, Bernerth *et al.* 2007, Wanous *et al.* 2000). To a lesser degree, emotional exhaustion was also important except in the commitment model. The lower degree of relationship between emotional exhaustion and commitment than between cynicism and commitment may be due to the nature of the blocks of variables. That is, some nurses may be exhausted from being overworked and have low commitment. However, some nurses may still be exhausted but like what they are doing, and therefore, they still can be committed to the organization. When nurses experience high cynicism, they may be more disgruntled with the people and working environment, and thus, be much more prone to lower commitment.

Models that consider the relationship of exhaustion and cynicism consider their strong correlation to reflect the importance of personal energy in maintaining employees' involvement in their work (Leiter 1993, 2008). That is, exhausted employees simply lack the energy necessary for enthusiastic participation in worklife. The psychologically distant relationship with work reflected in cynicism is consistent with low commitment, dissatisfaction, and turnover intentions. From this perspective, cynicism mediates the relationship of exhaustion with these three outcomes. That is, chronic exhaustion discourages nurses' psychological involvement in work that in turn prompts dissatisfaction and withdrawal reflected in low organizational commitment and intentions to quit their jobs.

The significant impact of empowerment and incivility on nurses' experiences of burnout suggests that managerial strategies that empower them for professional practice may be helpful in preventing workplace incivility, and ultimately, burnout. Research in nursing has shown that when work environments are structured in this way, nurses experience lower levels of burnout, which, in turn, result in greater job satisfaction and fewer adverse patient events (Leiter & Laschinger 2006, Laschinger & Leiter 2006, Manojlovich & Laschinger 2007). In our study, nurses' perceptions of empowerment, supervisor incivility, and cynicism were strongly related to both job satisfaction and organizational

commitment. These results highlight the importance of managers' leadership behaviour in preventing burnout, thereby ensuring higher quality of worklife and lower turnover intentions.

Given evidence linking burnout to work satisfaction and turnover, as well as poor employee and physical health, strategies to prevent burnout are important for health care workers, organizations and patients. Leiter *et al.* (1998) and Vahey *et al.* (2004) linked nurse burnout to negative patient outcomes, reinforcing the need for creating positive work environments for both providers and their patients. Maslach and Leiter (1997) emphasized the need to create organizational interventions to prevent burnout and promote engagement at work (in contrast to focusing exclusively on enhancing coping skills). Management plays a key role in supporting the implementation of these interventions in their work settings.

Nurses in this study did not report high levels of workplace incivility, contrary to anecdotal reports in the literature. However, the majority of nurses experienced some uncivil behaviours, and their perceptions of workplace incivility were significantly related to feelings of empowerment, burnout, and all retention outcomes. This is the first study we know of to link structural empowerment and burnout with staff nurses' experiences of incivility in the workplace. The results highlight the importance of establishing and monitoring anti-bullying policies in the workplace as a retention strategy. Health care managers play a key role in ensuring that such policies are implemented and reinforced.

Limitations and future research

The cross-sectional nature of the original study precludes strong claims of causal effects. The study should be replicated using a larger more representative sample of nurses to further validate the model. However, support for our a priority model derived from theory and research is encouraging and suggests that further research is warranted. A longitudinal study to examine changes over time would also be valuable.

Conclusions

The results suggest that working in environments that empower nurses to practice according to professional standards and that also are free of uncivil behaviors from supervisors and colleagues may protect them from burning out and may promote retention in the nursing work settings. Given the current workforce shortage in health care, every effort must be made to ensure that nurses are exposed to high quality work environments that engage them with their work. There are many anecdotal reports of workplace incivility in current fast paced health care settings. Our results suggest that workplace incivility is related to health professionals' experiences of burnout and important retention factors. Supervisor incivility and burnout were particularly important determinants of turnover intentions. The results further highlight the need to ensure that professional practice environments foster high quality supervisory and collegial working relationships to ensure that highly skilled nurses remain engaged in their work and that adequate resources are in place for high quality patient care in today's chaotic health care settings.

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