

Research Bank

Journal article

Newly qualified graduate nurses' experiences of workplace incivility in Australian hospital settings

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Title

New Graduate Registered Nurses' Experiences of Workplace Incivility in Australian Hospital Settings

Running Head

New Graduate Registered Nurses' Experiences of Workplace Incivility

Abstract

Problem: Workplace incivility is a well-documented issue of concern known to negatively impact on new graduate nurses' confidence, which in turn may affect the quality of patient care. However, there is lack of qualitative research that solely focuses on workplace incivility experiences of new graduate registered nurses enrolled in graduate nurse programs.

Aim: This paper aims to explore new graduate nurses' experiences of workplace incivility while enrolled in graduate nurse programs

Method: A descriptive-qualitative method was used to discover the 'who, what, and where' of events and experiences, and assist in understanding the perceptions of newly qualified nurses, through face-to-face, in-depth interviews. After transcription, the interviews were analysed by thematic analysis.

Findings: Four major themes emerged: 'realising vulnerability', 'sensing self actualisation', 'changing expectations', and 'yearning for respect, support & information'.

Discussion: Our interpretations of what participants said suggest that workplace incivility is an extant issue in nurses' supportive graduate year, with the temporary employment status offered by the graduate nurse program being identified as a major contributing factor. Paradoxically, the relatively short duration of clinical rotation was also found to be a morale booster, as the new graduate nurses knew that any conflict experienced would cease, so acted as a decisive factor for their continuation in nursing.

Conclusion: This study has provided more depth and insight into the experiences of incivility experienced by new graduate nurses, highlighting that the role of temporary employment as a major causative element for exposure to workplace incivility. Graduate nurse programs could be strengthened, with additional support provided for each rotation and throughout the graduate year.

Keywords: Workplace incivility, Co-worker incivility, Graduate nurses, Graduate nurse program, Experiences, Perspectives

Problem

Little is known about the experiences of workplace incivility among new graduate registered nurses during their supportive graduate nurse program in Australia.

What is already known about the topic

Workplace incivility is known to affect new nurses' career intentions and job outcomes.

What this paper adds

The temporary employment status of graduate nurse programs was found to be a major factor in exposure to workplace incivility. The shorter duration of clinical rotations, however, offered a 'morale booster' to keep going and was a key rationale for enduring the stress of being subjected to workplace incivility.

Introduction & Background

In the past three decades, the issue of ‘negative workplace behaviours’ has emerged as a central concern for the nursing profession. These behaviours have been variously described as ‘workplace bullying’ (Einarsen, Hoel, Zapf, & Cooper, 2003); ‘workplace aggression’ (Hills, 2013; Hills, 2016); ‘mobbing’ (Einarsen et al., 2003); ‘lateral violence’ (Christie & Jones, 2014); ‘horizontal violence’ (Freshwater, 2000) and ‘workplace harassment’ (Vessey, Demarco, & Difazio, 2010), terms that are often used interchangeably by different researchers (Szutenbach, 2013). Workplace incivility, which constitutes the focus of this study, is a similar concept.

Civility norms refer to mutually respectful conduct that is acceptable to a group of people (Walsh, Magley, Reeves, Davies-Schnills, Marmet & Gallus, 2012). When these social norms of being respectful and considerate are violated, with significant disregard to others, incivility ensues (Walsh et al., 2012). ‘Incivility’ is derived from the negative of the Latin word ‘civilitas’, meaning community or city (Clark & Carnosso, 2008). Workplace incivility can be defined as, “low-intensity deviant workplace behaviour, with ambiguous intent to harm the target, in violation of workplace norms for mutual respect. These behaviours are characteristically rude, disrespectful and discourteous, displaying a lack of regard to others” (Andersson & Pearson 1999, p. 454). What differentiates workplace incivility from most other negative acts or behaviours is that it is low intensity and ambiguous, whereas aggression and bullying are more severe forms, with a more readily identifiable intention to harm others (Schilpzand, De Pater & Erez, 2016). It could be a discrete instance of insensitive behaviour, such as displaying rudeness or disrespect rather than sustained abusive behaviour (Porath & Pearson, 2012). Although harm is not intended, it does not mean harm is evaded (Schilpzand et al., 2016).

The effects of violent acts or behaviours, such as causing injuries, are obvious, whereas the effects of uncivil acts may not be as apparent (Porath & Pearson, 2012). Encountering these subtle acts of incivility could be particularly challenging for new graduate registered nurses as they are new to the clinical environment (Newton & Mckenna, 2007). Consequently, they may not be willing to question or report the perpetrator, or they may blame their own inadequacies for this negative behaviour (Porath & Erez, 2007). Disrespectful behavior from experienced nurses towards new

graduate registered nurses has been referred to as ‘nurses eating their young’, which appears to be entrenched in nursing culture (Aul, 2017; Douglas, 2014; King-Jones, 2011). Professional nursing is founded on a teamwork model to promote optimal health outcomes for patients and the community, and is bound by codes of ethics for nurses that stress the significance of respectful attitudes toward colleagues (Nursing and Midwifery Board of Australia (NMBA), 2008; Rathert & Fleming, 2008). A civil work culture nurtures a progressive and positive environment, increases staff retention, and thereby promotes and protects peoples’ fundamental human rights to health and health care.

When new graduates first enter the nursing profession, besides feeling incompetent and fearful of making mistakes (Bowles & Candela, 2005; Thomas, Bertram & Allen, 2012), they invariably encounter many challenges and stressors, such as acquiring new skills, facing new situations and becoming familiar with administrative and organisational work structures (Gardiner & Sheen, 2016; Newton & McKenna, 2007). Yet they are also faced with same level of acute illness of patients and nursing workforce shortages as are experienced nurses. When the workplace is intimidating, unfriendly and disrespectful, it can become even more challenging and overwhelming for new graduate nurses (Laschinger, Wong, Regan, Young-Ritchie, & Bushell, 2013).

Workplace incivility can be a major source of distress for new graduate nurses, and can affect the quality of care provided to their patients (McKenna, Smith, Poole & Coverdale, 2003) as the overall quality of patient care is predicated on a dedicated and cohesive workforce. Good working environment empowers new graduate nurses to offer the quality of care they were educated to provide (Laschinger, Finegan & Wilk, 2009). Research suggests that negative workplace interactions may lead to feelings of isolation and alienation, negatively impacting on teamwork and cooperation, which will thereby have adverse effects on the quality of patient care (Laschinger, 2014).

A supportive first year following graduation is highly significant because it can provide new graduate nurses with the additional support and encouragement needed to foster their personal and professional growth (Department of Health, 2014). In Australia, newly qualified registered nurses who have graduated from an accredited Baccalaureate program in nursing, typically engage in a twelve month transitional program, the graduate nurse program (GNP) (Cubit & Ryan, 2011). These hospital-based programs offers them temporary employment and clinically supported rotations in at

least two of a range of clinical settings (Newton & McKenna, 2007). Although substantial research in workplace incivility of experienced nurses has been conducted, no prior qualitative study related to workplace incivility among new Australian graduate nurses employed by the Graduate Nurse Program (GNP) was identified. The overall aim of this study was to explore new graduate registered nurses' experiences of and perspectives on workplace incivility during their graduate year in Australian hospital settings.

Methods

This study utilised a descriptive-qualitative method to explore and understand the newly qualified nurses' experiences of workplace incivility. A conceptual model was inductively developed to provide direction and structure to the research and by suggesting solutions to the practical issues arising (Neuman & Fawcett, 2011). The major theories that helped to explain the concepts of this study and direct the research were Maslow's Hierarchy of Needs (Maslow, 1987), Neuman's Systems Model (Neuman & Fawcett, 2011) and Freire's Theory of Oppression (Freire, 1996).

Concepts from Maslow's Hierarchy of Needs (1987) were integrated into the study to understand the factors that motivated new graduate nurses to stay or leave the nursing profession. In Maslow's Hierarchy of Needs every individual's actions are propelled by different motivating factors. After fulfilling the "basic survival needs", individuals are then motivated to meet "higher needs" for safety, social love and support, self-esteem, respect and finally self-actualisation (Maslow, 1973). Individual desires to experience deeper fulfilment of their potential is referred to as self-actualisation (Tripathi & Moakumla, 2018).

In Neuman's Systems model (2011), the main focus is on the wellness of the client or client system in relation to the environmental stressors and reactions to stressors. In this study, the new graduate nurse was viewed as the unique active client system, which is a vibrant compound of interrelated variables that consists of physiological, psychological, sociocultural, developmental, and spiritual components. When stressors break through the protective boundary of concentric rings called the flexible line of defence, the normal line of defence and lines of resistance, it will affect the

wellness state of the client and send the client to a state of vulnerability. For a new graduate nurse, the transition from a student to clinician offers a multitude of stressors. The study focused on one of the main stressors - workplace incivility.

Freire's oppression theory (Freire, 1996) also aided in the analysis of negative workplace behaviours between nurses. Historically many researchers have argued that workplace incivility in nursing arises from workplace oppression, which in turn leads to low self-esteem and powerlessness (Cox, Hinkley, Reid, & Snell, 1991; H. Duffy, 1995; Fletcher, 2006; Freshwater, 2000; Hedin, 1986; Matheson & Bobay, 2007; Roberts, 1983; Rodwell & Demir, 2012). Nursing is thought to be subject to oppression based on gender and occupation (Mooney & Nolan, 2006; Pannowitz, Glass, & Davis, 2009). The majority of nurses, being female (Nursing and Midwifery Board of Australia, 2017) and being submissive to the medical profession (Boykova, 2011; Duchscher & Myrick, 2008; Rees & Monrouxe, 2010) feel oppressed, ultimately leading to low self-esteem and self-hatred. To relieve this accumulating anger and frustration to this oppression, nurses' might engage in demeaning workplace behaviours that negatively affect their co-workers (Purpora & Blegen, 2012).

Participants

The study's purposive sample of 8 participants consisted of newly qualified graduate nurses who had experienced workplace incivility during their graduate year. The sample for a qualitative descriptive study is typically smaller than in other qualitative designs, which can range from as few as three to five persons up to 20 participants (Colorafi & Evans, 2016). The deciding factor for the sample size, in this study, was the achievement of data saturation, where no new findings were revealed. As Fusch and Ness (2015) rightly explain, data saturation is not about the sample size – rather, it is about what establishes the sample size and the depth of the data collected.

The researcher communicated verbally and through email about the research study with professional contacts in nursing. In the email, the inclusion criteria for participation were specified, inviting new graduate nurses who had experiences of workplace incivility

during their graduate year. The researcher invited participants employing both purposive sampling (Ryan, Coughlan, & Cronin, 2007) and a snowball recruitment technique (Sadler, Lee, Lim, & Fullerton, 2010).

Data collection methods

Face-to-face interviews were conducted over four weeks, in July 2017. Open-ended and closed questions were used, in audio-recorded interviews lasting up to one hour, to collect in-depth responses relating to the perspectives and perceptions of graduate nurses' experiences of incivility. This data collection method proved to be the most appropriate method for this study as it assisted in discovering the subjective meanings and interpretations which participants gave to their experiences (Sandelowski, 2010).

Throughout the interviews, the researcher summarised, repeated and paraphrased the participants' words to validate whether the key points and interpretations were the accurate depictions of their perceptions (Holloway & Wheeler, 2010). Furthermore, the participants were offered copies of interview transcripts and the list of key findings, and were asked to comment on the contents of the transcripts (Holloway & Wheeler, 2010; Ryan-Nicholls & Will, 2009; Thomas & Magilvy, 2011). However, six participants declined, and two who checked the transcripts raised no concerns and ascertained that the findings reflected their perspectives.

An audit trail consisting of field notes and a reflective journal was kept for the duration of the study (Miles, Huberman, & Saldaña, 2014). Quality control was also assured by the use of semi-structured, pre-printed questionnaires, with the same questions in the same order, and by reviewing the interview tapes for the consistency of the interview techniques (Speziale & Carpenter, 2011). Extended commitment and immersion in the setting facilitated the researcher being able to provide a rich description of the context and the phenomenon in question, enabling comparisons to be made, and thereby, transferability of the findings to similar settings (Colorafi & Evans, 2016; Savin-Baden & Major, 2013). Discussion with the co-authors regarding the transcribed data, the coding and the detailed thematic analysis was undertaken on a weekly basis to ensure that the data was faithfully

drawn from participant's interviews. Detailed documentation of the study methods and use of a reflective journal enhanced the researcher's ability to identify any potential researcher bias (Thomas & Magilvy, 2011), which was considered after every interview and during the analysis of the data.

As recommended by Savin-Baden & Major (2013), before the commencement of each interview, session information was recorded, which included the date and time and the names of the interviewee and interviewer. Background information was collected from the participants following the presentation of the purpose of the study and the definition of workplace incivility. Distinct characteristics of workplace incivility and how it differs from bullying were explained to the participants before the commencement of the interview. It not only assisted to put the interviewee at ease but more importantly it aided in creating rapport, which is essential for facilitating a casual and comfortable conversation (Green & Thorogood, 2009). As a novice researcher, the semi-structured interview schedule was used as a prompt. Familiarity with the interview questions, however, facilitated the researcher to be an active listener and a keen observer, rather than relying on the interview schedule during the interview (Streubert & Carpenter, 2011). The researcher later transcribed audio-recorded interviews to enable acquaintance and consistent immersion in the data and to enhance the data quality.

Data analysis

The most basic way of analysing the content of the interview data in a qualitative study is by thematic analysis. This method is mainly described as "... a method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2013). Thematic analysis can be used as a reliable approach in the search and identification of common ideas or meanings that spread across different interviews (DeSantis & Ugarriza, 2000). Data analysis was conducted as recommended by Braun & Clarke (2006) to provide detailed and nuanced account of data.

Thematic analysis commenced with transcription of the interview data, which was then read multiple times to gain a very good understanding of its meaning and to become familiar with it. Notes were taken down, which was utilised to create initial codes and then the data was subsequently

arranged to match the relevant codes. This was categorised into potential themes and reviewed to identify significant concepts and quotes, which were then classified under these themes. The themes were subsequently examined in relation to the relevant data, followed by naming and defining them, which also facilitated generation of an initial thematic map. Thematic maps help to visualise representation of themes, sub-themes and their relationships (Braun & Clarke, 2006; Ryan & Bernard, 2003). The themes were then discussed with the co-researchers and related back to the study's background and aim, yielding a report of the analysis (Braun & Clarke, 2013).

Ethical Considerations

Ethical approval for this study was obtained from the Monash University Human Research Ethics Committee (MUHREC). An explanatory statement, detailing all information about the study, issues of anonymity and privacy and the ability to withdraw from the study at any time, was provided to the potential participants. Participants who volunteered to take part in the research provided their written consent to participate in the study. All participants were assigned a pseudonym (e.g. P1, P2.... Etc.) in the analysis and reporting of the findings. Data saturation was achieved after eight interviews.

Results

This study's purposive sample of eight participants consisted of newly qualified graduate nurses who were employed, or previously employed, under the Graduate Nursing Program (GNP) in Australian hospitals at the time of the interview. They had completed at least one clinical rotation and had been a registered nurse (RN) for between six and 24 months (mean = 11.9 months). The participant characteristics are summarized in Table 1.

Table. 1 Participant Characteristics (N=8) at the time of interview

	Category	N
Gender	Female	6
	Male	2
Months of experience at the time of interview	6	2
	7	1
	11	2
	12	1
	18	1
	24	1
Employment status at the time of interview	Fulltime Permanent	3
	Part Time / Temporary	4
	Maternity Leave	1
Unit/ speciality graduate nurses worked when they experienced incivility	Medical and Surgical	4
	Mental Health	1
	Critical Care	1
	Coronary Care	1
	Dialysis	1

Following thematic analysis, four major themes were identified – ‘realising vulnerability’, ‘sensing self actualisation’, ‘changing expectations’ and ‘yearning for respect, support & information’.

Realising vulnerability.

When asked about their experiences of incivility during their graduate year, the participant nurses narrated multiple incidents of incivility from their co-workers, including nurse unit managers, enrolled nurses and physicians. All of them described how they felt about these unexpected feelings of ‘vulnerability’ after each of these incidents. The terms which denoted their vulnerability and echoed throughout the interviews were: ‘uncomfortable’, ‘incompetent’, ‘intimidated’, ‘stressed’, ‘self-doubt’, ‘disappointed’, ‘depressed’, ‘heartbroken’, ‘scared’, ‘scarred’, ‘unhappy’, ‘riddled’, ‘unjustified’, ‘belittled’, ‘not relaxed’, ‘upset’, ‘on edge’, ‘tension’, ‘feeling out’ and ‘frustrated’.

When they started their graduate year, each of them described how passionate, positive and confident they were about becoming a ‘good nurse’. It did not take them long, however, to realise

how unprotected and exposed they were in the new environment because of their limited experience, knowledge and skills.

P5 revealed, *“When you do your student rotation you don't get to see everything, your real learning actually starts when you are on the floor yourself.”* P7 disclosed that her passion for nursing was lost soon after her commencement of the graduate year: *“The passion that I had definitely died down a bit when I started and now I just try my very best to fit into the culture that they had.”*

Vulnerability was realised not just in the inadequacy they felt as a new graduate nurse, but also when they were being quietly observed and judged by others to find mistakes.

P2 explained, *“I feel very on edge, but I feel everything I am sort of doing is being watched and judged”*. P1 depicted a similar instance, where another nurse observed her practice and misjudged and complained to the educator, *“... she was saying that we were doing bad practice.”*

When new graduate nurses strive hard to feel safe and competent, they require immeasurable support and guidance. Instead of the support, if they are provided with scrutiny and judgement, this not only would make their confidence shatter, but also could trigger mistakes, thus affecting patient care.

P2 strongly believed that, *“Those sort of episodes will make you question your practice and each time something like that happens, it takes weeks to recover and bring back your confidence,... if I am upset then I definitely feel like my practice is affected.”* P1 stated, *“I do feel kind of afraid and scared to go to work... sometimes, .was doubting myself whether I am good enough, and similarly P4 stated; “it kind of changed everything I thought about myself and...and about the environment ... and it made me question whether nursing was where I wanted to be.”* P8 asserted, *“I was doubting what I learned, I lost my confidence And I reduced my patient interaction and did nothing extra because I thought people are trying to find mistakes in me.”*

Graduate nurses verbalized, ignorance from the team or co-workers were painful, as P5 admitted, *“Sometimes I used to feel that I wasn't present there...and I wasn't acknowledged when I was there for handovers and for any opinions regarding my patients”* and P6 stated, *“ I felt like I was ignored... felt very insulted... don't want to work in that ward anymore”*.

Participants also felt that experienced nurses made them feel that they were incompetent and slow. Furthermore, besides not providing adequate support with their patient load, new graduate nurses were delegated responsibilities of other nurses' patients as well. P7 stated: *"One nurse would make me do all her IV antibioticsand when we team-worked, she would delegate patients who are dependent and require full nursing care to me"*

New graduate nurses complained of a range of uncivil behaviours from their co-workers. This included not listening to their handover, questioning them in a demeaning and disrespectful tone, making them repeat the whole handover, making belittling comments, rolling their eyes at them and not maintaining eye contact with them. Incivility was also displayed by inappropriately challenging the new graduates' nursing care and decisions taken for their patient's care, which created doubt about their own knowledge and practice.

P8 stated, *"For a patient with alcohol withdrawal symptoms, we were taught that we have to score [the] Alcohol Withdrawal Scale and give PRN benzodiazepine, but this enrolled nurse ... challenged my decision ... and kind of told other nurses, that I was giving medications without reasons."* P4 stated, *"I had some needling issues in the dialysis unit as a new grad, as this wasn't something we have a lot of training in and I felt that this nurse tried to make a bad example out of me in front of the patient."*

Even though these instances of incivility were not frequent for each individual nurse, vulnerability was quite visible and it affected the new graduate nurses' job satisfaction. Some of them even doubting whether it was the right decision to join the graduate nurse program. P3 mentioned how heartbroken she was on her first day because of the co-worker incivility, *"... that I wanted to run and quit my graduate position on the first day."* Some were even scared to go to work. P1 said, *"I feel quite nervous every time I see the roster and a little bit of heart racing as well."* P3 responded, *"I wouldn't want to get up in the morning, wouldn't want to get ready, wouldn't want to go."*

Physical and psychological impacts and consequences described by the new graduate nurses included pain behind their eyes, a stiff jaw, a stiff neck and shoulders, sleepless nights and having nightmares, episodes of anxiety and even on days off, constantly being either in a fight or flight mode, feeling depressed, and emotional breakdown when they saw family and friends. Participants also

complained of dry lips, loss of weight, lethargy, cold sores, amenorrhoea and abnormal body discharges. For example, P7 complained that, "... *there are days when I don't get breaks at all, I work straight and I finish late. I lost so much weight in the first two months.*"

Disturbingly, P5 stated that she had suicidal thoughts, "*I thought maybe if I ... run the red light, my problems will go*". The deleterious effect of incivility did not wane after the four month rotation for this nurse. She had to get assistance from the employee assistance program (EAP) for counselling. As P5 stated, "*Even after finishing the rotation, I could not shut down, I could not move forward, I was so scared, couldn't sleep at night.*"

Incivility not only affected nurses' personal life, but also family life and future decisions. P8 stated, "... *before this I was thinking I would encourage ... my children to study nursing but now I don't.*" P3 also commented on the adverse effects her distress had on her family life: "... *if you are not happy, then it affects family as well.*"

All participants emphasised how much these uncivil behaviours affected patient care, causing near misses and medication and clinical errors. P8 stressed how motivated he was when he started his nursing career, "... [but] *after that I couldn't do my best... I didn't do anything extra ... I became task oriented, and it affected my patient care.*" On the other hand, one participant (P6) commented that, even though she was preoccupied with the uncivil behaviours, it didn't affect her patient care delivery. "*It might have affected me but I think I did try to rise above it and continued on with my patient care*". Most participants stated that incivility affected their patient care delivery significantly.

Sensing self-actualisation.

New graduate nurses sensed their independence and autonomy, even though they were vulnerable. Graduate nurses when encountered incivility, verbalized that they felt intimidated, belittled and unsafe and thereby lost faith in the system. P2 and P3 stated, respectively, "*I just can't handle any more intimidation ...*" and "... *yes, sure, it did affect my thinking about nursing and my aim is not just nursing anymore ...*". They felt that their values were no longer imperative. "*I was... so passionate ... but then when I started ... it's more of doing, getting things done ...*" (P7), they

managed to attain an intrinsic motivation to strive and achieve their full potential, *“I think I have high tolerance to this, I am resilient and just get on with life” (P1).*

It was a crucial finding that none of the new graduate nurses were afraid of their own vulnerability. Instead they used their own personal strengths and other internal and external support systems to rise above it all and strive for self-actualisation.

P1 emphasised, *“... if I moved to somewhere else, it will be something new and I'll have to deal with the same thing... I am quite a positive person.”*

This constant endeavour to achieve self-actualisation enabled them to learn independently and thereby strive for complete self-sufficiency. As they realised that knowledge is power, new nurses started pursuing knowledge and information about patient conditions and related care, even after work.

P7 stated, *“I would quickly go home and search for it and I always tell myself I have to prove it to the other nurses that I'm confident ... and I'm actually capable of doing this.”* Another nurse (P5) pointed out, *“I would go home and probably read through textbooks, check the continuous professional development (CPD) documents on the hospital website, and watch YouTube and make notes as well.”*

For some nurses it was a constant process of feeling vulnerable and at the same time, being positive and standing up for themselves. P2 reiterated that nothing was going to stop him, nor was he planning to quit nursing, *“... I will do whatever is going to benefit my career, so I can deal with what people throw at me.”*

Their personal strengths, support from their spouse, family and friends, and ‘good’ manager and other supportive coworkers, facilitated this movement towards self-actualisation. A majority commended and praised their supportive partners and spouses, family, friends and the fellow graduate nurses who assisted them to get through their vulnerable period and to grow.

As P3 indicated, *“I survived because of my husband, he was very positive ... I did talk to other grad nurses, which helped me.”*

Above all, the support from the nurse unit manager/manager of the unit (NUM) was the most valued, as one participant (P1) stated, *“... our NUM, was very good ... she always opens the doors for*

us, even if she is quite busy.” This was one of the reasons why P1 stated that she had decided to stay in the same ward.

Another crucial finding was that the new graduate nurses' self-actualisation was closely related to the time spent in the ward, which either led to increased tolerance to incivility or decreased perception of incivility. Graduate nurses verbalised that they found that the displays of uncivil behaviours were found to be more intense during the initial few weeks of the rotation and the more they spent time in one clinical area, the intensity of these behaviours lessened.

P3 commented, *“I was given an acutely ill patient on my very first shift and no one wanted to help me”*.

P7 commented, *“During the first two weeks, whenever I see my family, or see my close friends, my tears would come out straight away because I was really stressed”*. For example, P8 described how her encounters with incivility reduced when a new batch of graduate nurses started in the ward, and she strongly believed, *“... this culture is going in cycle.”*

Additionally, the short time span of four months spent in one ward acted as a buffer against the effects of incivility as the new graduate nurses knew that exposure to incivility would soon end and they hoped that their mental stress would soon come to an end. As P6 indicated, *“Grad year was horrible, it demoralised me a lot, I just wanted to finish my rotation and I was counting single days on my fingers.”*

Employment status was another important factor, which assisted the new graduate nurses in realising their full potential, as it affected the level of incivility displayed by their co-workers and the intensity of incivility perceived by the new graduate nurses. This was an exclusive finding of this study. As (P3) stated, *“I was thinking if I was permanent there, then I would have taken that matter to the next level. I just kept quiet, because I had just three months to go.”* Moreover, nurses who achieved permanent employment after their graduate year commented that permanent employment status itself gave them protection from incivility.

As P5 stated, *“When they know that a staff member has become permanent, they actually have a different attitude towards them”*. P8 commented, *“I think it was the temporary contract which*

instigated incivility ... Everyone sees me as a Division 1 nurse in a different way after being employed here ... now they see me as part of the unit and not as a grad nurse anymore”.

The temporary employment status also affected these new graduate nurses’ motivation to achieve their full potential by making graduate nurses feel less committed to the organisation, which therefore increased their withdrawal from other social activities. It was evident in this study that, even though vulnerable, new graduate nurses utilised coping behaviours to grow in knowledge, competence and confidence towards becoming a creative, good and a fuller human being (Maslow & Stephens, 2000).

Changing expectations.

When graduates started in the real world, they encountered and recognised discrepancies between their practice expectations and practice reality. Graduates believed nursing was a patient centered, caring profession but found that it was task-oriented. P7 commented, “... *it’s more of doing, getting things done, it’s very task orientated ... I would get blamed on, if I don’t get this done ... people would talk about me.*”

New graduate nurses experienced conflict related to the changing priorities and expectations when they started working as a nurse. Even though they had heard stories of patient aggression and were aware of phrases like ‘nurses eat their young’, they never expected that they would personally encounter these behaviours.

According to P5, “... *when I came to work as a grad nurse, I felt each and every phrase was true, it was all applying on me ... so it did change my perception of nursing.*” P4 commented, “*I really didn’t think that it was gonna be an issue with me starting my graduate year but obviously found that ... that wasn’t the case.*”

Graduate nurses perceived that their capabilities and confidence would be regarded as ‘attitude’ or ‘overconfidence’. They soon found out that it was the years of experience that mattered more than their abilities and that they didn’t have a voice to raise their concerns. Nurses exemplified their opinions:

“... you are not praised, or you are not given responsibility according to capabilities, it’s about years of experience ... there is a sort of notion about being a grad and you need to earn your place.” (P2)

“... if I say things to stand my point ... they will say oh, oh ... she is fighting back, she is answering back ... and she is just a new nurse.” (P5)

New nurses realised that their perceived student expectations of the ‘role and responsibilities’ of a nurse changed when they became independent nurses. P8 admitted, *“... when I was a student, on placement ... I saw in a different way ... I thought everything would be happening as it needs to be ... as in the books.”* Some stated that they expected some power differences from physicians, but not from co-workers. They expected co-worker support during their initial time period, and they could ask any questions and doubts to these experienced nurses. They anticipated ‘talking’ resolved every problem, and termed it only happens in the ‘fantasy world’.

Yearning for respect, support & information.

This again was another dominant theme present all through the interviews, as all the new graduate nurses believed that the root causes for workplace incivility were a lack of respect, lack of support and lack of information.

P2 stated, *“... sitting down and talking about these sorts of things really makes you see things from different perspective and I don’t know if these sorts of questions could be asked of graduate nurses during their time ... sometimes it’s the little things that make it harder.”*

Nurses were frustrated with the fact that feedback was mostly in the form of backstabbing or gossiping. They unanimously resonated with their constant desire to be informed about how they were doing every day; how and what they needed to improve in and how they could do better from their supervisors or educators. The only time they received feedback was when:

“... those little things are not done ... mistakes are done.” (P7)

“... even after the incident occurred ... you need to fill out a Riskman ... you did something wrong.” (P5)

P5 concluded by saying, *“It would have helped, if they had asked ... that would have just broken the ice for me and I would have offloaded lots of things.”*

Moreover, one nurse whose graduate nurse program commenced during the mid-year found alarmingly low support from the educators compared to the early starters. As P5 stated, *“I started in the middle of ... the grad program, when I needed help most of the educators were on leave.”*

Nurses described it as ‘painful’ to wait until the end of the placement to know whether their nursing care was up to standard and if they needed to improve on anything. The most valued attributes by the new graduate nurses were honesty as well as open and clear communication in their graduate year.

Discussion

The aim of this study was to explore newly qualified graduate registered nurses’ experiences of and perspectives on workplace incivility during their graduate year in Australian hospital settings. Irrespective of the belief that the graduate year nurtures and supports new graduate nurses, strong evidence was found in this study to suggest workplace incivility is frequently present in Australian hospital settings. When categorising findings, it was evident that vulnerability, self-actualisation, changing expectations and yearning for information and support were distorted and transformed throughout the graduate year.

All the participants in this research were at different stages of their graduate nurse program. Hence, their perceptions about their own vulnerability and self-actualisation changed according to their work experience and the competence they had developed. For someone who has just completed one graduate rotation and had experienced a great deal of workplace incivility, vulnerability was found to be relatively higher than the ability to sense self-motivation, which eventually led to self-actualisation. Also, the autonomy achieved by these graduate nurses were found to be much lower than their counterparts who were in the final stages of their rotation. Moreover, the acknowledgement of changing ‘practice expectations’ was recognised as more intense and vivid for a nurse who had just started a rotation compared to a nurse who had completed two or three rotations. Additionally,

motivation to attain autonomy was found to be much stronger when they finished the clinical rotation in one ward compared to when they first started.

It has been reiterated in the literature that the most exciting, confusing, chaotic, challenging and frustrating period in the new nurses' life as a registered nurse, is the first three months of employment (Walker, Costa, Foster, & de Bruin, 2017). For Australian graduate nurses in this study, every rotation started off with the same amount of chaos as experienced at the beginning of the graduate year. This finding paralleled a theme from the findings of Kelly and Ahern (2009), which spoke about 'double reality shock'. Completing each four-monthly ward rotation led to the same anxiety and apprehension, as the new graduate nurses had to begin again in a new clinical specialty.

The first year in nursing is considered as the vulnerable or crisis period and, during this phase, novice nurses struggle with time management, prioritisation, problem solving and organisational skills, for which they have to rely on experienced nurses for assistance and guidance (Chang & Cho, 2016; Walker et al., 2017). However, as highlighted in previous studies (Duchscher & Myrick, 2008; Walker & Campbell, 2013), when graduate nurses experience instances of incivility in place of support and respect, it can shatter their self-esteem and confidence, leading to job dissatisfaction and attrition.

In this study, it was also found that new graduate nurses engaged in withdrawal behaviours to avoid any workplace encounters with the transgressing co-worker, such as walking the long way around to avoid the potential for incivility, and by refusing to partake in teamwork. According to Spector and Fox (2010), these withdrawal behaviours have an unintended negative impact on the functioning of the organisation. While for some, it might be a well-planned behaviour, for others, this behaviour might just be an emotional reaction (Spector & Fox, 2010). Apart from this withdrawal behaviour, none of the nurses in the current study reported any retaliation with overt or covert behaviours, which is quite contrary to previous findings, where nurses typically retaliated with aggression (Kerber, Woith, Jenkins, & Astroth, 2015; Read & Laschinger, 2015). Even though 'caring' is considered to be inherent in nursing practice, workplace incivility affected the delivery of patient care, since these new graduate nurses were mentally traumatised. All participants emphasised the detrimental effects of incivility on patient care, how it caused 'near misses' of adverse events, and

medication and clinical errors, which again mirrored the evidence in existing literature (Sahay, Hutchinson, & East, 2015).

A unique finding of this study was that the temporary employment status offered by graduate nurse programs was found to be a major contributor to experiencing workplace incivility. A temporary commitment to the workplace may influence long-term employees to treat short-term employees uncivilly. This is relevant for Australian graduate nurses, as their graduate year consists of two six-month placements or three four-month placements that are temporary in nature. New graduate nurses may thus be seen as a safe target. As a consequence, during this period, because of their job instability, new graduate nurses might experience reduced workplace commitment and withdrawal behaviour. Withdrawal in turn may encourage victimisation by others. Experienced nurses may perceive withdrawal as disinterest and lack of enthusiasm and treat the new graduates uncivilly. Monks et al. (2009), explained that characteristics of the target of incivility might also trigger the perpetrator's uncivil behaviour. Although not directly related to new graduate nurses, similar assertions have been made in bullying behaviour research (De Cuyper, Baillien, & De Witte, 2009).

According to Maslow (1987), self-actualisation is attainable at any age, and may be existent or non-existent at any one time. Therefore, anxieties and worries concurred with autonomy. Self-actualising nurses, when disturbed by this increased sense of vulnerability, tried to extend their self-boundaries, which not only enhanced their health and wellbeing, but also expanded their coping skills.

Due to instances of incivility, every day was a struggle for the new graduate nurses in this study. However, specific to Australian graduate nurse programs, the short duration of rotations could also be a morale booster, as the new graduate nurses knew there was 'light at the end of the tunnel', that their conflict would soon be over. This was another exclusive finding of this study, which was identified as one of the important reasons why new graduate nurses did not quit nursing. This unique system provided opportunities for new nurses to work in two or more clinical areas, thus giving them wider exposure and opportunities to learn more about the essence of nursing, as well as providing exposure to and acquaintance with the wider 'respectable' nursing and medical community. This was acknowledged by one of the participants (P5) as, "... *one bad nurse, but lots of good ones.*"

Conversely, this short duration also prevented them from reporting any uncivil behaviour, as they did not want to disrupt any working relationships between the existing ward nurses.

The conflicting findings of this study are important. The nurses who had a six-month rotation confirmed that, as they spent more time in one ward, the intensity of incivility decreased and personal tolerance towards incivility increased. It was also revealed that as novice graduate nurses commenced their rotation in the ward, the experienced nurse colleagues' attention was focused on them. This was found to safeguard the 'experienced' new graduate nurses from further incivility. Moreover, the 'experienced new' graduate nurses, who had more confidence than their junior counterparts relied less on experienced nurses as they became more familiar with the ward setting. This is consistent with findings from previous research, which revealed that the perpetrators' and the targets' years of experience in the organisation was a significant predictor of co-worker incivility (Laschinger & Read, 2016).

The extent of countless physical, emotional, and psychological effects arising from experiences of incivility was found to be largely dependent on the emotional stability and self-esteem of the new graduate nurses, which again facilitated the self-actualisation process (Kerber et al., 2015; Smith, Andrusyszyn & Laschinger, 2010). Previous research has shown that people with high emotional stability experience less psychological distress compared to people with low emotional stability (Taylor & Klumper, 2012). Social support from a spouse, family and friends moderated the ill effects of incivility along with their personal attributes (Farrell and Shafiei, 2012).

They were scared to leave any tasks behind after their shift as they found that it invited incivility from their co-workers. New nurses found that their communication skills, confidence and competence could be viewed as, respectively, trying to impress, overconfidence and attitude. Congruent with the literature (Simons & Mawn, 2010), nurses expected teamwork, healthy relationships and professional behaviours from their co-workers but, due to their bitter experiences, instead voiced that it only happened in a 'fantasy world' or in 'books'. This inconsistency and internal clash between the caring philosophy of nursing profession and clinical reality of being disrespectful to the new nurses was expressed by Pellico et al. (2009), as 'colliding expectations'.

New nurses unanimously agreed that respect, support and information were found to be

critically important during any phase of graduate nurse rotation, regardless of the clinical experience the overwhelming basic necessity requested by all of the nurses during their graduate year was accessibility to a preceptor, manager or educator to whom they could talk regarding their everyday issues and problems. Individual or group debriefs were considered as a protective buffer by all new nurses. Effective leadership, which supports integrity, clear communication, collaboration and role modeling are all mandatory to tackle workplace incivility, and this has been consistently argued for in the literature (Read & Laschinger, 2015; Smith et al., 2010). Promoting new graduate nurses' self-actualisation, by empowering and assisting them to stay motivated will facilitate a tranquil transition to clinical practice.

Implications

The findings from this study confirm that incivility is a significant, ongoing problem for new graduate nurses, despite the guarantees of the supportive graduate nurse programs. Along with conflict resolution strategies, team-building exercises and group assignments where teams collaborate with respect and civil working practices should be included in the curriculum of Bachelor of Nursing programs. Besides talking about the support with which the nurses are provided, the type of uncivil behaviours that need to be formally report, if encountered, needs to be stipulated in the course materials and activities.

Recommendations for future research include studies on a larger, national sample, to further understand the causes and effects of incivility, and to identify whether there are any national uniquenesses, differences or similarities in the support provided in graduate nurse programs. Longitudinal interventional studies, where strategies are implemented to combat incivility and changes are monitored over time, would also be beneficial. This study demonstrates that there is a relationship between the length of time spent by the graduate nurse in the ward and the perceived incivility, which needs to be further explored, to inform the development of potential solutions to reduce new graduate nurses' exposure to and the negative impacts of incivility in clinical practice.

In terms of limitations, it is acknowledged that the results of this study may not be

generalisable, as the sample size was restricted to eight participants in Australian hospital settings. However, data saturation was achieved before the conclusion of the eighth interview. Although the sample represented five major healthcare providers in Victoria, graduate nurse programs may vary from hospital to hospital and across the nation. This study also did not focus on any situational factors that would have likely influenced the graduate nurse to perceive that they were being mistreated. Additionally, the majority of participants were female nurses with minimal representation of male nurses.

Conclusion

This study has provided more depth and insight into experiences of incivility from the perspective of new graduate nurses. It is obvious that they are discontented with the stress they experience from incidents of incivility. The temporary nature of employment offered by the graduate year was found to be an instigator of incivility along with the shorter span of clinical rotation. However, specific to Australian graduate nurse programs, the short duration of rotations could also be a morale booster, which was identified as one of the important reasons why new graduate nurses did not quit nursing. As new graduate nurses strive to become the passionate nurses they always wanted to be, overall, by the strength of their personal capabilities and the assistance of support systems, they emerged as independent and positive individuals. These proud nurses, being completely aware of their vulnerability, are on the path to self-actualisation without entirely losing their passion for nursing. Recognising and addressing workplace incivility can create a culture of safety for patients and can also enhance new graduate nurses' confidence, personal and family health, and future career choices and decisions.

Conflict of interest

There are no conflicts of interest.

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