WORKPLACE BULLYING AMONG THAI NEW REGISTERED NURSES: A CAUSAL MODEL OF ITS ANTECEDENT AND CONSEQUENCES

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Workplace bullying is a persistent and significant problem in healthcare organization. New nurses are especially vulnerable to bullying in the workplace. The objectives of the study were to explore perceptions of workplace bullying among new RNs and test the causal relationship model between new RNs perception of the antecedent of workplace bullying as organizational climate, and consequences of workplace bullying as burnout and job satisfaction. The structural equation modeling [SEM] approach was used to verify the relationship of organizational climate, workplace bullying, burnout, and job satisfaction among Thai new RNs. A multi-stage random sampling technique was used to recruit a sample of 220 RNs from 8 regional hospitals. Data were collected by using organizational climate questionnaire, The negative acts questionnaire revised [NAQ-R], The Maslach burnout inventory [MBI-Thai version], and index of work satisfaction questionnaire.

This result found 69.55 % (n = 153) of new RNs self-identified as not having been bullied during the past six months. The results indicated that the modification of the hypothesized model fit the data well (x^2 = 116.94, df = 96, p = .072 and RMSEA = 0.03). This modified model showed that organizational climate had a negative direct effect on workplace bullying (β = -.60, p < .001). Workplace bullying had a positive direct effect on burnout (β = .40, p < .001). Burnout had a direct negative effect on job satisfaction (β = -.90, p < .001) and explain 82 % of the variance of job satisfaction (R^2 = .82).

This study demonstrates the relationship between antecedent and consequence of workplace bullying. Furthermore, to improve strategies for preventing and reduce workplace bullying and developing policies and procedures against bullying.

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CHAPTER 1
INTRODUCTION

Background and significance of the problems

A nursing shortage currently exists in health systems around the world. It is a phenomenon that has become epidemic and is expected to continue for the foreseeable future (Clarke & Brooks, 2010). The shortage of registered nurses (RNs) is a concern. Research indicates that job dissatisfaction is one of the primary reasons for the high nursing turnover rate (Waldman, Kelly, Arora, & Smith, 2004; Laschinger, Wong, & Grau, 2012). In Thailand, Chirawatkul et al. (2012) found that 65% of nurses were less happy than other people. The major factors influencing happiness were related to issues of safety, violence, fringe benefits, professional advancement, negotiating power, acceptance and work atmosphere. The findings could lead to a solution, in part, to the nursing shortage. Simons (2008) found that new nurse graduates' intent to leave an organization is related to job dissatisfaction due to bullying in the workplace. Bullied nurses often plan on leaving their position or even the profession (Johnson & Rea, 2009; Wilson, Diedrich, Phelps, & Choi, 2011). New RNs leaving the workplace or profession would contribute to the existing nursing shortage.

Workplace bullying is a problem confronting organizations and companies in several countries across multiple sectors. Bullying is the most common form of workplace violence and is especially prevalent among nurses (Johnson, Phanhtharath, & Jackson, 2009). Workplace bullying is defined as a condition where an individual identifies him- or herself to be a victim on the job. The victim is threatened by negative behaviour(s) over a period of time that are intended to be psychologically and emotionally destructive; the victim is unable to preserve oneself within the workplace (Einersen, Hoel, & Notelaers, 2009; Einersen, Hoel, Zapf, & Cooper, 2003). Workplace violence [WPV], on the other hand, defines a comprehensive range of actions that are committed by others, either internal or external to the organization, such as customers, clients, patients, and personal relationships. Workplace bullying has been described as a persistent, enduring form of personal and emotional abuse that

involves negative actions and interactions at work (Lee, Bernstein, Lee, & Nokes, 2014). The frequency of bullying is typically not a single or isolated event but often repeated and persistent negative behavior(s) toward the victim (Rodwell & Demir, 2012).

Researchers agree that a real or perceived imbalance of power between the bully and the victim is a necessary element of bullying behaviour in the workplace (Einersen et al., 2003; Vartia, 1996; Zapf, & Gross, 2001; Randle, 2003; Hutchinson, Vickers, Jackson, & Wilkes, 2006 a; Lewis, 2006). To meet the bullying criteria, exposure to negative acts needs to occur on a weekly basis over a period of at least six months (Leymann, 1990) or up to twice weekly (Einersen et al., 2003). Bullying can be seen as a continuum of behaviours that begin as work-related conflict, progressing to subtle and indiscrete negative acts, then escalating to more overt, aggressive acts that suggest a broader range and degree of victimization.

Newly licensed RNs face many difficulties in knowledge development and skill acquisition. New nurses are more likely to be victims of workplace bullying (McKenna, Smith, Poole, & Coverdale, 2003; Griffin, 2004). Workplace bullying threatens new graduates' adjustment to their roles, workplace, health and well-being, and possibly contributing to their leaving the profession. McKenna et al. (2003) found that 34 % of RNs experienced verbal conflict in their first year of employment, including statements that were impolite, abusive, humiliating or unjust criticism.

In the U.S., about 60 % of new RNs leave their first position within six months because of some form of lateral violence (Griffin, 2004). A negative workplace not only affects the personal and emotional lives of new RNs, it may also contribute to an inability to recruit nurses into the profession. In the U.S., it is projected that by the year 2020 there will be more than 800,000 vacant RN positions. Simons (2008) suggests that negative workplace behaviours may be one important reason impacting the expected workforce shortage. In Thailand, 48.7 % of new RNs left in their first year of employment and 25.6 % in the second year (Bureau of Health Policy and Strategy, Ministry of Public Health, 2010). It is not well-known to what extent workplace bullying may have affected their decision to leave. Yet, a workforce shortfall of 43,988 RNs in Thailand is expected by the year 2019 (Srisuphan & Sawaengdee, 2012).

Nursing staff in developing countries will experience workplace violence on average of at least once during their professional careers (Smith-Pittman & McKoy, 1999). Nurses report being bullied more than other healthcare workers, such as administrative staff, physicians, clinical psychologists, and other healthcare service workers (Quine, 2001).

Bullying is multi-causal in that it involves a range of factors found at many explanatory levels, depending on whether the focus is on the behavior of the actor or the perceptions, reactions, and responses of the victim (Einersen et al., 2003). There are some studies that have investigated the potential source of workplace bullying. Past research on the antecedent of workplace bullying supports the importance of the social context elements in the workplace, including leadership, social support, job characteristics, and interpersonal conflicts at work.

Workplace bullying is a continuing demonstration of forceful interpersonal oppression from peers, subordinates, and managers in the workplace. Organizational climate represents a possible source of workplace bullying (Hoel & Salin, 2003). Previous literature suggests that organizational climate is significantly related to workplace bullying (Chirila & Constantin, 2014; Giorgi et al. 2015; Iftikhar & Qureshi, 2014; Vertia, 1996). On the other hand, Iftikhar and Qureshi (2014), who explored the nature, causes, and extent of bullying in higher education institutions in Pakistan, found a negative correlation between workplace bullying and organizational climate. Nevertheless, when prevalent in the workplace, bullying results are detrimental to both the organization and the victim (Einersen et al., 2003; Lee et al., 2014).

Workplace bullying may still be seen as one possible aspect of a dysfunctional organizational climate (Hoel & Salin, 2003). In the nursing literature, several studies have examined nursing workplace bullying. Factors associated with violence against nurses have been identified, such as as an agreeable personality, conscientious personality, violence perception, relationship (confidence and trust, mutual help, conflict and management, and team efforts toward gold achievement), and policies related to workplace violence (Auemaneekul, Chiangkhong, Chandanasotthi, Kaewboonchoo, & Chansatiporn, 2013); workload, position (being young) (Yildirim, 2009); area of work or department, and violence-prevention training

(Chen, Ku & Yang, 2013).

Bullying can impact nurses' well-being and job performance as indicated by multiple emotional and psychological symptoms: a decrease in confidence and self-esteem, fear, sadness, frustration, mistrust, and nervousness. Other symptoms include insomnia, headaches, digestive problems, stress, irritability, anxiety, depression, loss of concentration and post-traumatic stress symptoms (Yildirim, 2009; Simon & Mawn, 2010; Laschinger, Grau, Finegan, & Wilk. 2010). Physical symptoms such as weight loss, fatigue, headaches, hypertension, and angina have been reported. These symptoms can lead to long-term absences (Ortega, Høgh, Pejtersen, Feveile, & Olsen, 2009). Nurses exposed to bullying may become withdrawn or pullback from participation or involvement in activities that lead to decreased work productivity, burnout and emotional exhaustion (Hutchinson, Wilkes, Jackson, & Vickers, 2010, Berry, Gillespie, Gates, & Schafer. 2012; Laschinger et al., 2012). In one study, McKenna et al. (2003) reported that 14 % of the nurses required days off work because of being bullied, and more seriously, 34 % said that they had considered leaving nursing altogether. Moreover, bullying not only impacts nurse victims, but also has secondary effects on the health care delivery system as a whole, including the quality of patient care and the organization's financial status and support systems (Johnson et al., 2009; Lee et al., 2014).

Continuous acts of bullying can lead to serious harm to the victim, which are of concern at the individual, group, and organizational-levels. The outcome of continual exposure to bullying includes suffering, such as lowered self-esteem (Randle, 2003), depression, anxiety (Quine, 2001) and burnout (Laschinger et al., 2012). Burnout is a severe result of prolonged stress at work that grows when the demands of work and the individual's aptitude are imbalanced for long periods. Burnout can be found in employees in any organization. It is a negative psychological reaction to various organizational variables in the workplace (Maslach & Jackon, 1981). The unrelenting, inconsiderate and deliberate nature of bullying creates not only psychological harm, but also physical disorder (Kivimäki et al., 2003), financial loss and, eventually, work incompetence (Einarsen & Mikkelsen 2003).

Additionally, there is increasing evidence that disclosure to bullying in the workplace has severe detrimental organizational effects, not only for those bullied, but

also for workplace colleagues (Lewis, 2001; Lee et al., 2014) and family members (Einarsen, 1999). Workplace bullying has a significant effect on burnout, which in turn, brings decreased job satisfaction (Giorgi et al., 2015; Allen, Holland, & Reynolds, 2015; Laschinger et al., 2010; Bowling & Beehr, 2006; Laschinger & Fida, 2014)

For organizations, bullying can result in increased staff turnover, lowered morale, reduced productivity and reduced loyalty (Quine 1999). Therefore, workplace bullying has significant effects on nurses working in the healthcare setting because it has profound adverse health effects on individuals. Bullying in the workplace has been associated with burnout, negative job satisfaction, and retention. It has also been found to have negative consequences for the health of employees (Simon & Mawn, 2010; Laschinger et al., 2012). Burnout is linked with decreased job satisfaction, stress, depression, and anxiety. Several studies have connected disclosure to workplace bullying to burnout (Bowling & Beehr, 2006; Laschinger & Fida, 2014). Extensive research has been done to indicate that burnout is a problem for healthcare workers, especially nurses. Bullying has also been shown to have harmful health effects, such as depression and anxiety (Mikkelsen & Einarsen, 2001), and burnout (Laschinger et al., 2010).

An understanding of workplace bullying may help reduce the health and emotional costs for victims. Healthcare organizations have the responsibility of knowing whether bullying occurs in the workplace. Although workplace bullying in the nursing workplace has been a familiar experience for many Thai nurses, especially at the beginning of their professional careers, it is a relatively new area of inquiry for nurse researchers. In Thailand, studies have reported workplace violence, however they have been limited to an emergency department or focused on psychiatric nurses (Kamchuchat, Chongsuvivatwong, Oncheunjit, Yip, & Sangthong, 2008; Rueanyod, 2014; Saimai, Thanjira, & Phasertsukjinda, 2010). Little is known about overall workplace violence experienced by nurses, including prevalence, characteristics of workplace violence, and risk factor both at the individual and contextual levels (Kamchuchat et al., 2008; Rueanyod, 2014). Moreover, no studies were identified in the literature related specifically to about workplace bullying among new RNs in Thailand.

Bullying in the nursing workplace has been a familiar experience for many nurses at the start of their nursing profession. The impact of bullying has been devastating towards nurses. The result of this study about new RNs in Thailand should give a voice to the victims. There should be a better understanding of the common form of bullying in the nursing workplace, the causes and consequences of bullying in the nursing workplace, and the workplace bullying that RNs perceive. Such knowledge helps with developing strategies to create a respectful, bully-free work environment that promotes the retention of a critically valuable person in the nursing profession.

Therefore, the purpose of this study was to explore perceptions of workplace bullying among new RNs and test a causal relationship model between new RNs' perception of the antecedent of workplace bullying (i.e. organizational climate) and consequences of workplace bullying (i.e. burnout and job satisfaction). Findings may expand knowledge about perceptions of workplace bullying among new RNs, and the relationship of antecedent and consequences of workplace bullying. Further, the findings can be used as a guide to developing strategies to deal with workplace bullying by focusing on the factors to decrease the incidence of bullying in the nursing workplace. Such knowledge would help with developing strategies to modify the health care environment in a nonviolent workplace for new RNs and keep nurses in the profession.

Objective

1. To explore perceptions of workplace bullying among new RNs.
2. To test the causal relationship model between new RNs perception of the antecedent of workplace bullying as organizational climate, and consequences of workplace bullying as burnout and job satisfaction.

Research hypotheses

1. Organizational climate has a negative direct effect on workplace bullying.
2. Workplace bullying has a positive direct effect on burnout.
3. Workplace bullying has a negative direct effect on job satisfaction.
4. Burnout has a negative direct effect on job satisfaction.

5. Organizational climate has a negative direct effect on burnout.
6. Organizational climate has a positive direct effect on job satisfaction.

Conceptual framework

The conceptual framework of this study was guided by a model developed by Einersen et al. (2003) for the study and management of bullying at work. The model was developed to explain the causes of workplace bullying, victim's reactions, and the consequences of bullying. The model of workplace bullying in organizations is a framework that displays mutual relationships between the bully's aggressive behavior and the victim's reaction. The model has three important phenomena: 1) a cause that may be the result of an individual's propensity to bully and the lack of organizational inhibitors to curtail bullying behavior, 2) aggressive perception-behavior and the victim's reaction, both emotional and behavioral, and 3) consequences that are an individual effect and an organizational effect. The organizational context has an indirect effect on victims through the tolerant attitudes and behaviors of managers that negatively influence a victim's personality.

For the study of new Thai RNs, the theoretical framework presents bullying as multi-causal in that it involves a range of factors found at many critical levels. Causes depend on the behavior of the actor or the perceptions, reactions, and responses of the target in a cultural and social-economic context. According to concept and literature reviews, there are significant phenomena of workplace bullying: 1) antecedent, 2) perception, and 3) consequences.

The antecedent of workplace bullying is significant because bullying is related to individuals leaving nursing, thus contributing to a nursing shortage (McKenna et al., 2003; Griffin, 2004). The antecedent affects the organization because it involves bullying behavior by personnel internal and external to the organization (Einersen et al., 2003). Some studies have indicated that organizational factors, especially organizational climate are related to workplace bullying (Einarsen, Raknes, & Matthiesen, 1994; Vartia, 1996; Laschinger et al., 2012). Thus, in the study of new Thai RNs, the focus was on organizational climate as the antecedent of workplace bullying.

New RNs may perceive themselves as victims of bullying after they experience the negative consequences, even though they may have previously experienced bullying behavior (Simons, 2008). The perceptions of victims and perpetrators are important factors involving reactions and responses to the bullying.

The consequences of workplace bullying is significant because bullying is related to individuals and organizations. Individuals and groups are affected by most of the variables in the model (Einarsen, 2005). Workplace bullying has been found to be related to burnout and job satisfaction (Quine, 1999; McKenna et al., 2003; Griffin, 2004; Laschinger et al., 2012). Indeed, when a victim is coping with workplace bullying, burnout may occur (Giorgi et al., 2015). Consequently, burnout leads to job dissatisfaction and an intent to leave the job (Einarsen & Mikkelsen, 2003; Johnson & Rea, 2009; Laschinger et al., 2012). Thus, organizational climate is an antecedent of workplace bullying. The conceptual framework is presented in Figure1-1

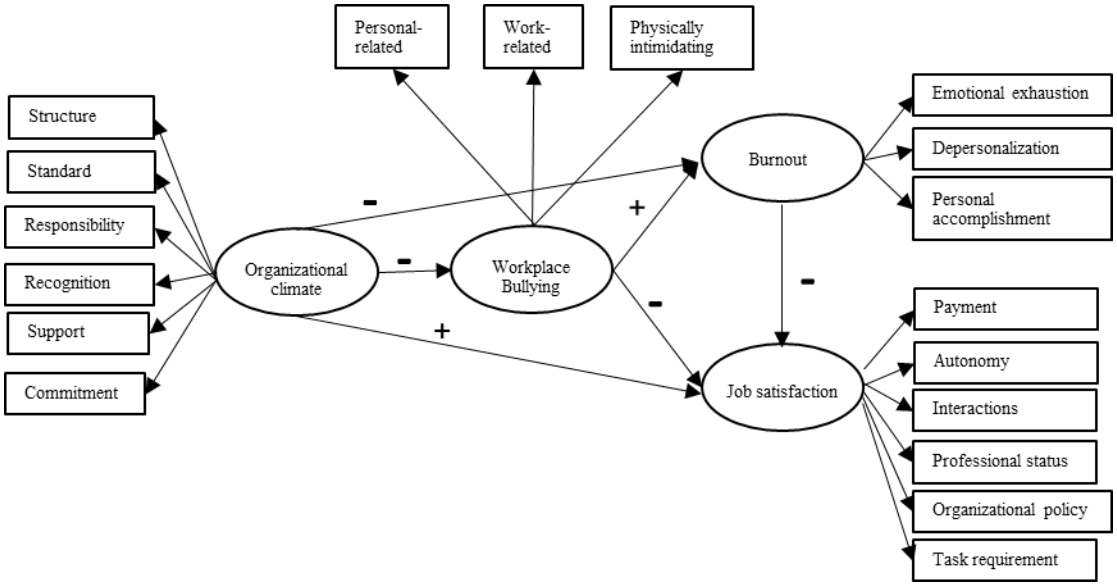


Figure 1-1 A hypothesized model of antecedents and consequences of workplace bullying among new Thai RNs.

Scope of the study

The study of new Thai RNS used a model-testing research design aimed to develop and test models of antecedent and consequences of workplace bullying. The data were collected from RNs that held a position as a staff nurse between 1-3 years of experience and who worked in regional hospitals under the jurisdiction of the Ministry of Public Health, Thailand.

Definition of terms

Workplace bullying refers to all situations where a new RN perceives him or herself to be a victim of systematic, negative behavior that purposefully targets a victim over a period of time with the intent to harm and where the victim is unable to defend him- or herself. There are three types of workplace bullying including personal-related bullying, work-related bullying, and physically intimidating acts (Einarsen, 2005). It was measured by the negative acts questionnaire-revised [NAQ-R] (Einarsen et al., 2009)

Organizational climate refers to new RNs' perceptions or feelings about their work environment in the organization. There are six dimensions including first, structure reflects new RNs' sense of being well organized and of having a clear definition of their role and responsibilities. Second, standards measure the feeling of pressure to improve performance and the degree of pride new RNs have in doing a good job. Third, responsibility reflects new RNs' feelings of "being their own boss" and not having to double-check decisions with other. Fourth, recognition indicates new RNs; feeling of being rewarded for a job well done. Fifth, support reflects the feeling of trust and mutual support that prevails within a work group, and the last, commitment reflects new RNs' sense of pride in belonging to the organization and their degree of commitment to the organization's goals (Stringer, 2002). It was measured by the organizational climate questionnaire [OCQ] (Stringer, 2002).

Burnout refers to a severe consequence of prolonged stress at work. It can develop when the demands of work and a new RN's capacity are imbalanced for an extended period. It can occur among new RNs who spend considerable time with circumstance and are difficult to change. It was measured by a translated Maslach burnout inventory [MBI] Thai version (Summavart, 1989). There are three subscales

to the inventory: emotional exhaustion [EE]; depersonalization [DP]; and personal accomplishment [PA] (Mashlach & Jackson, 1981).

Job satisfaction refers to a new RN's pleasurable and emotional feelings based on their appraisals of the current job position and job experience. It was measured by the index of work satisfaction questionnaire [IWS] (Thai version) developed by Chitpakdee (1993) and based on Stamps and Piedmonte (1986). This questionnaire is a 7-point Likert scale, which measures autonomy, task requirement, payment, organizational policies, interaction and professional status.

CHAPTER 2
LITERATURE REVIEWS

This chapter presents literature review of the relevant concepts, theories, and previous research evidence of the following:

1. Concept of workplace bullying
2. Workplace bullying among nurses
3. Model of workplace bullying
   3.1 Antecedents of workplace bullying
   3.2 Consequences of workplace bullying
4. Summary

Concept of workplace bullying

Overview of workplace bullying

The workplace bullying phenomenon represents a research subject discussed since 1980 (Einersen et al., 2003; Chirila & Constantin, 2013), Workplace bullying has become an important area of research in management studies. Some researchers have proposed that even a 10 % prevalence of workplace bullying warrants strong responsiveness (Einarsen et al., 2003). Some studies have exposed that approximately 95% of employees have had some experience with general bullying behaviors in the workplace over a 5-year period (Fox & Stallworth, 2005). Workplace bullying is a continuing presence of interpersonal violent oppression from peers, subordinates, and managers in the workplace. There are awful outcomes for both the organization and the victim of bullying of this existing and predominant workplace problem (Einarsen et al., 2003; Lee et al., 2014).

Workplace bullying is defined as a persistent, enduring form of abuse at work that involves negative actions and interactions at work (Lee et al., 2014). Workplace bullying is a form of aggressive, hostile, interpersonal interactions and antisocial behaviors in the work environment of a bully toward a target. The victim of the bullying behavior suffers from verbal abuse, pressures, humbling or threatening behaviors, or perpetrator activity which affect his or her job performance and are

meant to place at risk the health and safety of the victim (Murray, 2009).

Greatest of the contributory research on workplace bullying has been done on other peoples than nurses. Studies by research economists and organizational psychologists on a variety of employments indicate that workplace bullying; the continuous experience to interpersonal aggression from co-workers, has a negative effect on individuals and organizations (Einarsen & Mikkelsen, 2003). Their study shows that workplace absence and leaving a job are greater if the individual has been bullied. Victims of bullying may underreport bullying as an outcome of feelings of humiliation and indignity.

Workplace bullying behavior has been defined in dissimilar expressions in studies worldwide. Terms that were used include harassment (Brodsky, 1976), mobbing (Leymann, 1990), workplace aggression (Farrell, 1999), incivility (Cortina, Magley, Williams, & Langhout, 2001), bullying (Lewis, 2001) and horizontal violence (McKenna et al., 2003). Researchers from the United States conducted early studies on bullying in the nursing workplace. Horizontal violence was the term used to describe bullying behaviors between nurses (Quine, 1999). The expression, nurses eat their young, described bullying behaviors and implied that seasoned nurses were abusive to younger, less experienced nurses.

The often heard the statement “nurses eat their young” is puzzling when considered within the context of nursing as the “caring” profession and is evident in nurse against nurse aggression (Daiski, 2004). The matter of verbal abuse from one nurse to another in the healthcare workplace has been gathering increasing attention within the research community and has been studied for a range of reasons. Some have researched it as a probable suggestion of the recruitment and retention challenges experienced by the profession. Others have researched to attempt to gain insight into the reasons for its common occurrence within nursing. Still, others have studied it in the framework of its opposite effects on the profession as a whole.

Definition of workplace bullying

Bullying is defined as a situation in which, over a period, one or more people are continually on the getting end of harmful actions from one or numerous others in a condition where the one at the receiving end has difficulties defending against these activities (Einarsen et al., 2003). Therefore, the concept of workplace bullying

pertains to all situations where one or more people sense negative behavior from others in the workplace over a period and in a position where they for various explanations are unable to defend themselves against these actions (Einarsen, 2005).

Kivimäki et al. (2003) defined workplace bullying as a situation where someone is exposed to social separation or exclusion. His work and efforts are not valued. He is threatened, belittling comments about him are made behind his back, or other negative behavior aimed to irritate, wear down, or frustrate occurs. Similarly, Murray (2009) defined bullying in the workplace as any constant abuse. The victim of this behavior suffers verbal abuse, threats, humiliating or intimidating behavior. The behaviors by the perpetrator that interfere with his or her job performance are meant to place at hazard the health and safety of the victim. While, Randle (2003) explains the symptoms and feelings of workplace bullying that described by the victims. In his studies the victims of workplace bullying seem very cautious at work and have a sense of terror and trouble as they are in fear as to when and where the next attack from the bully will occur. Randle states two of the victims' feelings are fear and shame have privately as they felt victimized and unable to protect themselves.

This definition is consistent with the definitions found in the nursing literature for bullying. Stevenson, Randle, and Grayling (2006) extended the definition and offered that the aggression is usually recurrent, and disrupts the victim's will to defend him or herself. Another definition is the "constellation of repeated acts, where one or more individuals engage, over time, with the intention to harm others and create a hostile work environment" (Hutchinson, Vickers, Jackson, & Wilkes., 2005).

Lewis (2006) defines structures of bullying actions in his research on nurse bullying as a planned, intentional activity to discredit another person. The bullying actions are often not observable to others, continues over a period, and there is no witness. Lewis states the bullying behavior include discouragement of another's work, disadvantaging the target, physical abuse, verbal abuse, isolating the person, intrusive in work practices, disapproving continually, being sardonic, the depreciating of another, extinguishing another's confidence, making false criticisms about another person, and setting another person up for disappointment. Lewis points that nurses regularly do not recognize bullying initial on until it occurs repeatedly. The target of

the bullying is often learnt by another nurse and helped to understand that a bullying event has happened. Lewis recommends the victim should keep a record of the form and occurrence of the events. In Lewis's research bullying events had from six months to seven years in length. The object of the abuse may have been mistreated for years and may need an extended period of recovery from the injury. In Lewis's research, the workplace bullying was found to be a "serial bullier" 90 % of the time. And, it was found that many damaging events to different employees could be found to a particular person who was the bully. Alike, Einarsen et al. (2003) précised the feelings of the target of bullying that the victim often feels isolated, dispirited, and unable to stop the bullying or defend them-self from the bully that is doing the scaring.

The four main important characteristics of workplace bullying were described as (Einarsen et al., 2003; Lutgen-Sandvik, Tracy, & Alberts, 2007): 1) intensity, which describes the number of aggressive acts directed toward a particular person, 2) repetition, that is defined as a pattern of behavior that occurs daily or weekly, 3) duration, the duration includes the behavior that occurs over an extended period, which usually six months or more, and 4) power disparity, it is an imbalance of power between the perpetrator and the target of the bullying, where the target feels incapable of stopping the bullying. These characteristics help define the bullying event. However, workplace bullying is more focused and involves more aggressive behaviors. It has grown from the original definition of physical violence toward another to more concealed actions such as backbiting, blaming, degrading, and excluding others for the great purpose of harming (Randle, 2003).

In conclusion, this study defined workplace bullying as all situations where a new RNs perceives herself to be a victim of organized, negative behavior that is resolutely targeted at the victim over a period with the intent to harm and where the victim is unable to defend him or herself.

Measures of workplace bullying

Most frequently, researchers operationalized workplace bullying with two methods using self-administered questionnaires. The first perception method was to ask participants whether or not they had been subjected to workplace bullying, as defined by the researchers. This approach intended to measure subjective perception of workplace bullying. The second behavioral method was to ask participants whether

or how frequently they had been subjected to each one of various bullying behaviors, as defined by the researchers. In this process, the researchers provided participants with a list of bullying behaviors. The intention of this method was an objective evaluation of workplace bullying. The second method had developed into psychometric measures, such as Likert-type scales. For both methods, the researchers were usually interested in the occurrence of workplace bullying within the past 6 or 12 months.

Several tools are available for assessing workplace bullying, including the measures developed by Quine (1999), the Leymann inventory of psychological terror [LIPT] (Leymann, 1990; 1996), the negative act questionnaire [NAQ] and the NAQ-Revised (Einarsen & Raknes, 1997; Einarsen & Hoel, 2001; Mikkelsen & Einarsen, 2001). The original questionnaire developed by Quine (1999) consisted of 20 bullying behaviors. Participants were asked to respond by indicating "yes" or "no" to questions as to whether or not they had persistently subjected to each one of the specified 20 bullying behaviors in the past 12 months. These behaviors were extracted from the literature, based on the five categories of workplace bullying by Rayner and Hoel (1997). These five categories included a threat to professional status, threats to professional standing, isolation, overwork, or destabilization. Specific frequency and duration were not operationalized in this measure. The reported Cronbach's alpha was .81 (Quine, 2001). This questionnaire was used for healthcare workers in the UK (Quine, 1999; 2001; 2003).

The original and revised LIPT included 45 and 46 bullying behaviors, respectively (Cowie, Naylor, Rivers, Smith, & Pereira, 2002; Leymann, 1996; Niedl, 1996). The five categories of the original bullying behaviors consisted of attack to communication, social contacts, personal reputation, occupational situation, and physical health (Leymann, 1996). Participants were asked whether or not they had been subjected to one or more of the bullying behaviors in the past 12 months. Those who answered "yes" were enquired about the frequency and duration for each one of the bullying behaviors (Niedl, 1996). The frequency was used to compute the score, and researchers used 3- to 6- ' point scales for the frequency (Cowie et al., 2002). Leymann (1996) maintained that participants had to be subjected to at least one of the bullying behaviors at least once weekly for at least for six months to consider as

victims. This definition used for the cutoff point of victims versus non-victims. This questionnaire was revised, translated, and employed in Sweden, Austria, and Germany (Niedl, 1996; Cowie et al., 2002). Cronbach's alphas were .85, .73, .69, .74, and .74 for the five sub-scales of organizational measure, social isolation, attacking the private sphere, verbal aggression, and rumors for the revised German version, respectively (Zapf & Gross, 2001).

Einarsen and Raknes (1997) developed the original NAQ, 5-point, 22-item Likert type scale to operationalize workplace bullying. Participants were asked to report whether and how frequently they had subjected to each one of the specified 22 negative acts in the past six months. The frequency alternatives consist of "never," "now and then," "about monthly," "about weekly," or "about daily." These negative acts were derived from the literature and victims of workplace bullying. A principal component analysis with varimax rotation indicated a five-factor solution, personal delegation, work-related harassment, social exclusion, social control, and physical abuse. Cronbach's alphas for the first three factors were .85, .57, and .33, respectively. The NAQ was modified, translated, and used in various studies in Norway, Denmark, and the UK (Mikkelsen & Einarsen, 2001; 2002; Hoel, Cooper, & Faragher, 2001; Hoel, Faragher, & Cooper, 2004). Cronbach's alphas of the entire NAQ ranged from .83 to .95 in these studies.

The NAQ-R is a self-reported measure of the perceived experience of negative acts and exposure to bullying and victimization at work (Einarsen & Raknes, 1997; Mikkelsen & Einarsen, 2001). The currently used full 22-item NAQ-R is based on the original NAQ first employed in Norway with 29 items and then elsewhere in Europe (Einarsen & Hoel, 2001; Einarsen et al., 2009; Mikkelsen & Einarsen, 2001). Various versions of the NAQ-R used with items ranging between 4 and 22. All of them had found to have consistent high internal reliability as measured by Cronbach's alpha (r = 0.87-0.93). This finding across a variety of cross-sectional studies in different countries (Giorgi, 2009; Haug, Skogstad, & Einarsen, 2010; Johnson & Rea, 2009; Lutgen-Sandvik et al., 2007; Simons, Stark, & DeMarco, 2011). The NAQ-R focuses on the negative acts, using conventional theoretical and operational definitions to capture those acts that constitute bullying behavior (Hoel et al., 2001). All items in the NAQ-R were written in behavioral terms with no initial reference to

the term bullying. This objective approach has the benefit of allowing participants to respond to each item without having to label themselves as being bullied or not (Einarsen et al., 2009). The responses to these items capture the frequency of the occurrence ranging as follows: “never”, “now and then”, “about weekly”, and “about daily”. A one-time incident is not sufficient for an experience to consider as bullying (Einarsen & Hoel, 2001; Hoel et al., 2001). After responding to these items, participants are introduced to a definition of bullying at work; at this point, they must indicate whether or not they considered themselves as victims of bullying at work according to the description provided, demonstrating the subjective perspective (Einarsen et al., 2009).The tool further assesses exposures in the previous six months that include the experience of bullying, the frequency of encounters, duration of experience, self-labeled victimization from bullying, and the main perpetrators (Einarsen & Hoel, 2001; Hoel et al., 2001). Several important dimensions reflected in the three NAQR subscales: person-related bullying, work-related bullying, and sexual harassment (Einarsen & Raknes, 1997; Einarsen & Hoel, 2001; Einarsen et al., 2009; Hoel et al., 2001; Mikkelsen & Einarsen, 2001). The NAQ-R is a tool that is very easy to use and freely available, with no specialized training required to administer or score it.

Today, the NAQ-R is one of the most widely used and respected instruments for studying negative acts such as workplace bullying in nursing and nursing education. For example, Johnson and Rea (2009) used the NAQ-R to measure the prevalence of workplace bullying among nurses in the Washington State Nurses Association. In their sample of 249 nurses, 27.8 % (n = 68) indicated they were victims of workplace bullying. Eighteen percent (n = 45) answered that they experienced the negative act of someone withholding information that would affect their work performance.

Berry et al. (2012) used the NAQ-R to measure the prevalence of workplace bullying among novice nurses in the Midwestern region of the United States. In their study of 197 novice nurses, some degree of work-related bullying was experienced by 87 % (n = 172) of the participants. Among the participants, 84.3 % (n = 166) experienced personally related bullying, and 37.3 % (n = 73) experienced physical-related bullying. Berry et al. (2012) found that 21.3 % (n = 43) of participants

indicated that they had exposed to workplace bullying on a daily basis.

Wright and Kahtri (2015) used the NAQ-R to measure the relationships among workplace bullying, psychological well-being, and medical errors among nurses in a three-hospital health system in the Midwestern region of the United States. Within the group of 241 nurses who completed the study's online questionnaire, person-related bullying was positively associated with both psychological/ behavioral responses such as stress and anxiety and with medical errors. Work-related bullying had positively related to psychological/ behavioral responses as perceived by the nurses in the study.

Hickson (2013) used the NAQ-R to investigate perceptions of nursing hostility and job satisfaction in new graduate nurses in Magnet® and non-Magnet hospitals in the northeastern region of the United States. A total of 226 Magnet® nurses and 939 nurses from non-Magnet institutions participated. The results indicated that 48.7 % (n = 107) of Magnet® nurses experienced workplace bullying once, or several times a week. Similarly, 49 % (n = 460) of non-Magnet nurses reported that they experienced workplace bullying once or several times a week (Hickson, 2013).

Workplace bullying among nurses

Studies on workplace bullying have been done in various work settings since the 1990s mainly in Scandinavian countries, the UK, Australia, and New Zealand. Einarsen (1999) stated that workplace bullying is a growing social problem involving disruptive behaviors. In his research study, organizations investigated included hotel and restaurant workers, teachers, industrial workers, university staffs, clerks, electricians, psychologists, and health care workforces.

Bullying in the nursing workplace has occurred in nursing for prolonged periods. Several deliberate bullying in the nursing workplace as; a learnt performance, which has become regularized, is a recognized behavior among most nurses, is seen as part of the job, and is a ritual of passage in the instructive preparation of new nurses (Hutchinson, Vickers, Jackson, & Wilkes, 2006 b; Huschison, 2009). Workplace bullying is a damaging relationship that is happening for many nurses, especially new graduate nurses (Bartholowmew, 2006).

The United States' researchers conducted the early studies on bullying in the nursing workplace. Quine (1999) said horizontal violence was the term used to call bullying behaviors between nurses. More study of workplace bullying is needed to determine how it is initiating nurses to leave their profession. Because nursing is in the core of a nursing shortage, nursing cannot lose nurses to the devastating problem of bullying in the workplace. Nurses leaving their profession is very costly to health organizations and the consumers of health care. Simons (2008) found the new nurse graduate's intent to leave an organization is related to job dissatisfaction due to being bullied in the workplace. New graduate nurses leaving the workplace or profession contribute to the current nursing shortage.

Workplace bullying and the new registered nurses

Once employed, new nurses experience an unrestrained transition from the educational setting to the workplace. The transition from nursing student to RNs is reportedly chaotic, painful and traumatic, contributing to feelings of isolation, vulnerability and uncertainty (Duchscher & Cowin, 2004). These feelings have been recognized due to reality shock, interpersonal relationships and insufficient support (Kramer, 1974; Casey, Fink, Krugman, & Propst, 2004; Cowin & Hengstberger-Sims, 2006). The conflict was recognized to a gap between the actual role of the professional nurse and the role that the new nurse expected as a result of their academic preparation. New nurses felt unprepared for their work and many had principled expectations of the workplace. Specifically each year the healthcare setting has become more complex in terms of knowledge. Generally, new nurses have experienced insecurities with their ability to provide basic nursing care. Self-identified performance gaps have included clinical skills as well as judgment and reasoning skills.

The difficult emotional and physical nurses' work made the new nurses decrease confidence and the lack of recognition that nurses feel concerning their skill and overall capabilities are some of the factors that act of bullying. These acts of bullying may be between nursing staff and manager, between nurses and patients/ families or even among nurses themselves.

Workplace bullying is defined as repeated negative verbal, psychological and physical behavior and is also called horizontal hostility, lateral violence or "nurse eat their young" (Yun, Kang, Lee, &Yi, 2014). Bartholowmew (2006) stated that the

new graduate nurse is powerless as the weakest link, and is “broken” into the workplace by the experienced nurses who use the oppression theory. The fear of change is articulated by the experienced nurses through horizontal hostility as the new graduate nurse had acculturated into the workplace. The new nurse graduates are expected to become part of the existing main culture that exists within the health organization workplace.

McKenna et al. (2003) surveyed 551 new graduate nurses in New Zealand to adjust if horizontal violence or bullying was occurring from nursing colleagues in the workplace during the first year of practice. McKenna et al. (2003) described horizontal violence or bullying as psychological harassment, threats, verbal abuse, extortion, humiliation, increased criticism, rejecting, denying professional opportunities in the workplace, disinterest, discouragement, and the withholding of information. Of the 551 new graduate nurses who completed the survey the significant findings regarding horizontal violence fell into six groups. First, new graduate nurses felt unappreciated. Second, sexual harassment issues were the most upsetting events. Third, there was an disturbing 58 % who had considered leaving nursing. Fourth, there was evidence of under-reporting of the occasions by the management. Fifth, there was no discussion after an event and, the last, undergraduate education and orientation training at the health organization were insufficient.

Batholowmew (2006) mentions that new nurses want joining through expressive relationships, which will guard them when expression their concerns and building their self-esteem as a new nurse. New nurse graduates need to voice concerns as their expressions are their authority in the workplace and help them form self-confidence in their new role as a registered nurses. Verbal response for the new nurse is essential in their new role, thus they can understand an oppressive environment, and argue the implications of its actuality. McKenna et al. (2003) point that conflict and stress in the new job are the stressful issues new nurse graduates encounter in their first year of employment as RNs.

Many new graduate nurses become subjected to following guidelines they do not know which occur within the workplace. New nurses being bullied is not a new problem and has existed for many years in the nursing profession. It is a condition that has become part of the nursing culture when new nurses are learning the nursing role.

This offensive behavior needs to stop if we want the nursing profession to experience growth. New registered nurses need the support of their co-workers to remain in the nursing profession.

The situation of New Graduated RNs in Thailand

Universal healthcare coverage [UC] policy increases access to the healthcare services. Globalization, international trade, medical hubs policy lead to more international clients and the expansion of private hospitals (Bureau of Policy and Strategy, Ministry of Public Health, 2007). The International Council of Nurses estimated a need for registered nurses over the next 10 years (2010-2020). Thailand currently needs one RNs per 400 patients, and the shortage in Thailand at present is still 41,100 (Khunthar, Ketcham, Sawaengdee, & Theerawit, 2013). Thailand Nursing and Midwifery Council estimate that there will be a shortage of 50,000 nurses by 2020. Meanwhile, nursing educational institutions can produce undergraduate students at the rate of 18,000 nurses per year.

The shortage of nurses has also occurred in Thai hospitals. Thailand Nursing and Midwifery Council [TNC] stated that there is a nursing shortage in hospitals, both under and out of the jurisdiction of the Ministry of Public Health [MoPH] of around 43,988 nurses (Srisuphan & Sawaengdee, 2012). However, public hospitals under the jurisdiction of the MoPH are the highest stay of hospitals in Thailand. They provide health services including health promotion, disease prevention, management of acute and chronic health, and health rehabilitate. Naiyapatana and Joplo (2015) said the prediction of health personnel manpower in Thailand in 2017 needed, health care system still require 160,661 nurses to support the full health care services. Moreover, an analysis of the nursing workforce based on a geographic information system [GIS] survey and overtime paid revealed that that hospital projects a shortage of 47,398 nurses (MoPH, 2017).

Because of the nursing shortage, new registered nurses are in high demand. In Thailand, there is no clear definition of orientation/ preparation for new nurses to the clinical setting. Generally new nurses were assigned to work in the area that is insufficiently supervised. These new nurses should work under supervision by senior nurses as coaches or mentors. There are no clear of limits of time for working under supervision depending on consideration of authorization of each area.

Model of workplace bullying

Concerning illustration formerly studied, there are some studies in the international literature on workplace bullying model that reveal organizational antecedents, personal and organizational consequences for the victims. In spite of both personal and organizational factors in the workplace appear to play a role in bullying at work, the causal links and relative importance of both factors quiet require further research (Einarsen, 2005). There are two workplace bullying models that revealed organizational antecedents, personal and organizational consequences for the victims. Firstly, there is a theoretical framework for the study and management of bullying at work (Einersen et al., 2003), and secondly, a model for explaining bullying in the nursing workplace **(**Hutchinson, Jackson, Wilkes, & Vickers, 2008). The concepts of each model are as follows.

The theoretical framework for the study and management of bullying at work (Einersen et al., 2003) has four important parts. First, this model discriminates between the nature and cause of bullying behavior. That is, the behaviors exhibited by the apparent bully from the nature and cause of the perceptions of those behaviors by the victim perceived versus actual. Second, it differentiates between the perceived exposures to bullying behaviors from the reactions to these types of behaviors. Third, its attentions on the organizational impact on both the behavior of the apparent bullies and the perceptions and reactions of the victims. Finally, the victim's personality is probable to touch how the bully's behavior is perceived and even more so how they are reacting. The conceptual model identified that the victim's reactions to the bullying behavior might have altered the victim's appearances such as a personal style of coping or straight character, besides the very organization itself and how it reacted to the particular victim.

The first processes of the model, the perpetrator's behavior that bullying growths in a grouping of an organizational culture that authorizations or even rewards this kind of misbehavior, situational, and contexts, along with personal factors that may source a manager or an employee to doing aggressively toward assistants or colleagues. Therefore, bullying behavior may be an outcome of the arrangement of a partiality to bully, because of either personal or situational factors, and the lack of organizational inhibitors of bullying behavior. As stated by the model, it is

nonetheless not only the object's character that may influence how bullying is perceived and reacted to. Organizational aspects are vital factors that may adequate the victim's perceptions and reaction in a situation where bullying may exist. These factors are consequently essential both by constraining aggressive behavior in the first place, by personality, decreasing the anxiety such action may create in an unprotected target and of a cause in their right as mean for managing criticisms and intervening in individual cases.

A number of studies have indicated that organizational factors, such as organizational climate and leadership style are related to workplace bullying (Einarsen et al., 1994; Vartia, 1996; Einarsen, Aasland, & Skogstad, 2007; Laschinger et al., 2012). These findings support Laymann's (1996) assertion the reasons for workplace bullying are to be found in the social work environment rather than in the individual. Thus, this study focus on organizational climate and leadership style are the cause of workplace bullying.

Next, new register nurses may perceive themselves as victims of bullying after they have the negative consequences, even though they may already have had bullying experiences before (Simons, 2008; Simons & Mawn, 2010). The perceptions of victims and perpetrators will also be important factor involving their reactions and their response to the bullying.

The later part of the model has plainly an individual, subjective, and most of all a reactive focus. Although bullying at workplace may to some degree be a subjectively practiced situation in which the meaning allocated to an incident will differ, depending on both the persons and the situations involved, this part of the model highlights the essential in any strategy against bullying to take the victim's perceptions and reaction totally and as a truthful description of how they involvement their work environment.

Following from this, it may occur that the apparent bully, the target, and the responses of essential third parties and organization agents may change in the course of the process. The evolution and the dynamics of the interaction involved in the victimization process are therefore necessary to understanding of the phenomenon of bullying at work.

The consequences of workplace bullying are significantly related to individuals and organizations. Individual and organizational will possibly affect most of the proposed variables in the model (Einarsen, 2005). Indeed, when the target was coping with workplace bullying, he or she starts to feel bullied and burnout (Giorgi et al., 2015). Furthermore, burnout could be related to job dissatisfaction and intention to leave the job (Einarsen & Mikkelsen, 2003; Johnson & Rea, 2009; Laschinger et al., 2010). Workplace bullying has been found to be related to burnout, job satisfaction, and leaving the nursing profession (Quine, 1999; McKenna et al., 2003; Griffin, 2004; Laschinger et al., 2012).

The second model, Hutchinson et al.'s (2006 b) and Hutchinson et al.'s (2008) researched and developed an explanatory model of bullying in the nursing workplace. The explanatory model of bullying in the nursing workplace comprises of three concepts that institute which are organizational antecedents of bullying, bullying acts, and the consequences of bullying. Organizational antecedents or predictors of bullying comprised three appearances which are informal organizational alliances, organizational tolerance and rewards for bullying, and misuse of legitimate authority, processes, and procedures. Bullying acts were composed of three behaviors as personal attacks, attacks through work tasks, and attacks on the reputation and competence of the individual. The model identified the consequences of bullying to include normalization of bullying in work teams, distress and avoidance at work and health effects (Hutchinson et al., 2005). A connection existed between the harm caused by bullying to the health of the nurse and the impact on workplace and career disruption. Bullying in the nursing workplace combination of the three constructs constitutes (Hutchinson et al., 2008).

Hutchinson et al.'s (2008) descriptive model of bullying in the nursing workplace propositions a different perspective, considering factors outside of nursing. This model placed bullying in the context of organizational behavior and provides three predictors of bullying.

In conclusion, this study selected a theoretical framework for the study and management of bullying at work (Einersen et al., 2003) as a conceptual framework. Because, this model was widely used and apprehensive for study workplace bullying in nurses, health provider, and other professions.

Antecedents of workplace bullying

There are some studies that have explored potential causes of workplace bullying. As it is tough to declare to be an agent of bullying, it is hard to gather valid information from the agent's point of view. Therefore, most information about antecedent is based on victims' reports (Zapf & Einarsen, 2003) and focuses on characteristics which may encourage victimization at the level of the individual, the job, and the organization. Einersen et al. (2003) supposed that bullying is an energetic process involved in the interaction between perpetrator, victim, and organization. Therefore, bullying behavior may be an effect of the arrangement of a predisposition to bully due to either personality or situational factors that are the source aggressive behavior, and the lack of organization inhibitors of bullying behavior.

Personal factors

Concerning the victims' characteristics, indicators of weakness, such as distinct personality profiles, are important in predicting bullying (Vartia, 1996; Murray, 2009; Baillien, Neyens, De Witte, & De Cuyper, 2009; Hauge, Skogstad, & Einarsen, 2009). Empirical data, yet, has showed differences in the degree to which characteristics of the victim elaborate in potential causes (Zapf, 1999; Baillien et al., 2009). Additionally, the existence of a victims' personality such as the notorious complainer which can explain bullying in general, has been questioned (Zapf & Einarsen, 2003). Moreover, personality, victims of bullying have related to ineffective coping and escaping conflict management style (Zapf, 1999; Baillien et al., 2009). In this perspective, victims of bullying have been associated to wariness (Einarsen et al., 1994), pre-existing symptoms of anxiety and depression (Zapf, 1999), neuroticism (Vartia, 1996; Zapf, 1999) and little social skills (Zapf, 1999). Additionally, researchers focusing on antecedents of bullying have predominantly explored dispositional variables such as personality (Glaso, Matthiesen, Nielsen, & Einarsen, 2007; Persson et al., 2009) and demographic variables such as age, gender, and ethnicity (Fox & Stallworth, 2005; Lewis & Gunn, 2007).

According to the victims of bullying, Fontes, Santana, Pelloso, and Carvalho (2013) found bullying was related with having children, working more than one job, the working area, professional industry division, witness colleagues being a victim of bullying, are currently dealing with bullying behaviors in the workplace, and feel

bullied in the workplace.

Organizational factors

During the last 20 years or so, some studies have been conducted on the individual and organizational antecedents of bullying (Salin, 2003; Zapf & Einarsen, 2003; Hoel & Salin, 2003). The main results concerning the organizational antecedents, are under management control to a greater extent than other kinds. Organizational factors that were identified as potential risk factors include leadership, work organization and job design, and organizational culture and social climate. Also, some studies indicated that organizational factors, such as the work atmosphere, communication style, organizational climate and leadership style are related to workplace bullying (Einarsen et al., 1994; Vartia, 1996; Hoel & Salin, 2003). In this study, organizational factors in workplace bullying focuses on organizational climate.

Organizational climate

The concept of organizational climate is defined in a variety of ways. Litwin and Stringer (1968 cited in Stringer, 2002) defined organizational climate as a set of measurable properties of the work environment, perceived by the employees to influence their motivation and behaviors. Thus, organizational climate is defined as the shared perceptions of organizational policies, practices, and procedures. Stringer (2002) described organizational climate as a concept describing the subjective nature or quality of the organizational environment. Its properties can be perceive or experienced by members of the organization and reported by them in an appropriate questionnaire.

The organizational climate was identified as a critical component between the members of an organization (Guzley, 1992). “Climate” can be defined as “the relatively enduring quality of the internal environment of the organization that is experienced by its members, that influences their behavior and can be described in terms of values of a particular set of characteristics of the environment” (Taguiri, 1968). The climate thus sets the atmosphere in the organization that either encourages or discourages communication (Nordin et al., 2014). Organizations with helpful environments encourage worker participation, free and open exchange of information, and constructive conflict resolution (Nordin et al., 2014). In the organizations with defensive climates, employees keep their views to themselves, make only guarded

statements and suffer from reduced morale. Thus effective communications skills can be the most useful tool in dealing with organizational and personal conflicts (Nordin et al., 2014).

Organizational climate is a multidimensional concept, which includes six dimensions, including structure, standards, responsibility, recognition, support, and commitment (Stringer, 2002). The explanations of each of the six dimension of organizational climate are as follows. The structure is the opinions about the clarity of organizational visions, clarity of communication and the link of command in the organization. The standard is attitude or feelings of dynamism to increase performance and a point of pride that staff have for doing a good job. Responsibility discusses to perceptions about the amount of self-sufficiency lengthy to assign them by the organization and the feelings of being their own boss not having to be double-checked on their judgments. Recognition mentions to feelings of being rewarded or celebrated for one's job values and for a well-done job. Support refers to feelings of general good partnership and helpfulness of their supervisors that succeeds in the organization within the work group, and promise which was a sense of egotism in fitting to the organization and their degree of commitment to the organization's goals.

Organizational climate reflects the personality of the organization and how it affects the employees' performance and attitude. Accordingly, workplace bullying can be seen as one possible aspect of a dysfunctional organizational climate as in both climate and bullying the perception of situation features is important (Hoel & Salin, 2003).

Organizational climate represents an organization level antecedent to workplace bullying (Hoel & Salin, 2003). Indeed, bullying can be stimulated by workgroups or organizations that normalize abusive, or even competitive, behavior (Hoel & Salin, 2003; Salin, 2003). Organizational climate has been explored in workplace bullying research (Chirila & Constantin, 2014; Giorgi et al, 2015; Iftikhar & Qureshi, 2014; Vertia, 1996).

Giorgi (2009) studied 12 Italian participants organizations. The instruments were The negative acts questionnaire [NAQ-R] and The Majer D'Amato organizational questionnaire 10 [MDOQ10]. The Majer D'Amato organizational questionnaire 10 [MDOQ10] is a 70-item measure developed by D'Amato and Majer

(2005 cited in Giorgi, 2009) and was used to assess ten core factors of organizational climate identified in analytic researches. The study used a recent multilevel model of climate as its theoretical framework. A multidimensional approach of climate was also chosen because it could identify the effects of particular dimensions on specific outcomes. MDOQ10 appeared to be also one of the most used questionnaires to measure organizational climate in Italy and it is well known also at the international level. Climate dimensions were: communication, autonomy, team, fairness, job description, job involvement, reward, leadership, innovation, and dynamism. Each measure's questions use a five-point Likert-type response scale, with higher scores indicating perceptions of positive organizational climate. D'Amato and Majer's questionnaire reported MDOQ10 factors internal consistency estimates from 0.69 to 0.92 for a large employee sample. To examine the proposed ten-factor climate structure, they conducted an explorative factor analysis [EFA] and a confirmatory factor analysis [CFA]. The results showed that five climate dimensions as team, job description, leadership, and dynamism were positively correlated to workplace bullying.

Iftikhar and Qureshi (2014) explored the nature, causes and extent of bullying in higher education institutes of Pakistan and assessed the relationship of workplace bullying with organizational climate and health. Standardized questionnaires were taken from relevant literature that attempted to gather information regarding all the variables that were negative acts questionnaire revised [NAQ-R], Majer D'Amato organizational questionnaire [MDOQ10], center for epidemiologic Study for depression and behavioral variables. Organizational climate was assessed by a reduced version (17 items) of the MDOQ10. The selection of seven out of the original ten climate dimensions was inspired by a previous Italian study on the climate-bullying relationship. The variable organizational climate has been measured on the basis of seven dimensions based on the literature review. Each construct is measured on the basis of different number of questions with an itemized ranking scale of 1-5 i.e. from strongly disagree to strongly agree. The reliability of leadership is 0.97, job description is 0.968, team is 0.72, working conditions is 0.76, cultural norm is 0.93, time pressure is 0.77, dynamisms is 0.88. The results show that the first component organizational climate comprises of 19 items having most of the loadings

above 0.50 is contributing in data set with 12.46 % of variation caused by this factor. The result found a negative relationship between workplace bullying and organizational climate, the association between organizational climate and workplace bullying, the standard coefficient of organizational climate and workplace bullying is -0.84 with a *p*-value less than 0.05.

Otherwise, Qureshi, Rasli, and Zaman (2014) investigated the relationship between organizational climate and workplace bullying. The study used the standardised questionnaire used by the recent researchers to measure the workplace bullying named negative acts questionnaire revised [NAQ-R], organizational climate was assessed by a reduced version (17 items) of the MDOQ10 (Giorgi, 2009), depression and anxiety measured by center for epidemiologic study for (Wada et al., 2007). Their study found that organizational climate negatively related to workplace bullying (r = -0.78, p < .05). Similarly, Chirila and Constantin (2014).

Giorgi et al. (2015) studied bullying among nurses and its relationship with burnout and organization climate. The study used a standardised questionnaire to measure workplace bullying named negative acts questionnaire revised [NAQ-R], organizational climate was assessed by 5 out of 10 factors of the MDOQ10.41 D'Amato and Majer distinguished organizational from psychological aspects of climate. The psychological climate factors were assessed in this study: communication, autonomy, team, job involvement, leadership. In this study, MDOQ10 factors internal consistency estimates were: communication (0.80), autonomy (0.78), team (0.83), job involvement (0.70) and leadership (0.73). Burnout was assessed by the 8-item scale burnout indicator tool [BIT], developed in Italy. The result found organizational climate, which were assessed by 5 factors as job involvement, leadership, communication, team and, autonomy, was associated with workplace bullying (β = -0.56), and then associated with burnout (β = -0.15).

Consequences of workplace bullying

Workplace bullying affects individuals and organizations. Bullying is a source of diminished job performance (Lutgen-Sandvik et al., 2007). Continuous acts of bullying can lead to serious harm to the victim. The outcome of continual exposure to bullying includes trauma, lowered self-esteem (Randle, 2003), depression, anxiety

(Quine, 2001) and post-traumatic stress disorder. The unrelenting, considered and deliberate nature of bullying has been known to cause not only psychological harm, but also physical illness (Kivimäki et al., 2003), financial loss and, eventually, an incompetence to work (Einarsen & Mikkelsen, 2003). Additionally, there is increasing evidence that exposure to bullying in the workplace has serious detrimental outcomes, not only for those bullied, but also for organizations, workplace colleagues (Lewis, 2001; Lee et al., 2014) and family members (Einarsen, 1999). For organizations, bullying can result in increased staff turnover, lowered morale, reduced productivity and reduced loyalty (Quine, 1999). In this study, consequences of workplace bullying focuses on both individuals as burnout and organizations effect, which is job satisfaction.

Burnout

Burnout is a severe consequence of prolonged stress at work that develops when the demands of work and the individual's capacity are imbalanced for a long period of time. Burnout can be found in personnel in any organization. According to the literature, burnout is a negative psychological response to various organizational variables in the workplace (Maslach & Jackon, 1981). In this study burnout refers to the syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment experienced by registered nurses in their working environment.
It can be measured by the Maslah burnout inventory [MBI] which consists of three dimensions, including: 1) emotional exhaustion, 2) depersonalization, and 3) reduced personal accomplishment. Emotional exhaustion could be characterized as a loss of energy, depletion, or fatigue. Depersonalization is seen as an individual possessing negative attitudes towards clients, irritability, or a loss of idealism. Depression, low morale, withdrawal, and/or reduced productivity is associated with negative feelings regarding one's personal accomplishment (Maslach, Jackson, & Leiter, 1996).

Worker burnout is a serious concern in human service organizations (Lee et al., 2013). Emotionally burntout employees are unhappy with their jobs and are more prone to leave (Dickinson & Perry, 2002; Drake & Yadama, 1996) resulting in disruptions in services for clients (Lee et al., 2013). A large body of literature is available on the antecedents of burnout (Boyas & Wind, 2010; DePanfilis & Zlotnik, 2008; Maslach, Schaufeli, & Leiter, 2001) and significant advances have been made

in understanding the pathways to burnout (Boyas & Wind, 2010; Leiter, Gascon, & Martinez-Jarreta, 2010).

Giorgi et al. (2015) studied bullying among nurses and its relationship with burnout and organization climate and found workplace bullying associated with burnout ($\beta = 0.47$). Alike, Allen et al. (2015) examine the relationship between bullying and burnout and found bullying was a significant cause of burnout ($\beta = 0.37$, $p < .001$). Moreover, Laschinger et al. (2010) conducted to test a model linking new graduate nurses' perceptions of structural empowerment to their experiences of workplace bullying and burnout in Canadian hospitals and found workplace bullying significantly related to all component of burnout, which were emotional exhaustion ($\beta = 0.41$), cynicism ($\beta = 0.28$) and. efficacy ($\beta = -0.17$). While, Read and Laschinger (2013) explored correlated of the new graduate nurses' experiences of workplace mistreatment and reported bullying was strongly related to emotional exhaustuinal.

Over 25 years of research on this construct has established its complexity, and places the individual stress experience within the larger organizational context as well as individual workers' perceptions of their jobs (Lee et al., 2013). Burnout has been implicated in decreased job satisfaction, a desire to leave the job, and somatic and psychological symptoms (Greenglass, 1991; Koeske & Koeske, 1993; Martin & Schinke, 1998).

Burnout has been linked with job satisfaction, stress, depression, and anxiety. Aiken, Clarke, Sloane, Sochalski, and Silber (2002) stated that burnout and greater job dissatisfaction in nurses were strongly and associated with patient to nurse ratios. Several studies have linked exposure to workplace bullying to burnout (Bowling & Beehr, 2006; Laschinger & Fida, 2014). Extensive research has been done to indicate that burnout is a problem for healthcare workers, specifically nurses. Bullying has also been shown to have harmful health effects, such as depression and anxiety (Mikkelsen & Einarsen, 2001), and burnout (Laschinger et al., 2010). Nielsen and Einarsen (2012) argue that bullying influences negative job-related health outcomes such as burnout and job turnover by activating cognitive mechanisms which may over time deplete available coping resources. Burnout results from prolonged exposure to negative demands in the workplace (Maslach & Leiter, 2008). Workplace bullying is characterized as targeted negative acts that persist over time, which are

stressful for targets of bullying and may potentially deplete psychological resources needed to cope with these bullying behaviors (Einarsen, Matthiesen, & Skogstad, 1998).

Job satisfaction

Job satisfaction is in respect to one's feeling or stage-of-mind regarding the nature of their work. Spector (1997) defined as the degree to which people like or dislike their job. This explanation suggests that job satisfaction is a general or global affective reaction that individuals grasp about a job. The most broadly used and recognized components of nurses' job satisfaction, identified by Stamps (1998) are autonomy, task requirement, payment, organizational policies, interaction, and professional status.

In this study, job satisfaction refers to the newly RNs satisfying and emotional feelings result from their evaluations of the current job position and job experience. It will be measured by the Index of Work Satisfaction questionnaire developed by Stamps (1998). This was a 7-point Likert scale, which measures autonomy, task requirement, payment, organizational policies, interaction, and professional status.

The definition of each component of nurses' job satisfaction were as follows: 1) autonomy mentions to newly RNs' perceptions of freedom to practice independently including decision making, implementing change, providing care and control over work, 2) payment represent newly RNs' monthly salary and fringe benefits received as compensation after an accomplishment of a job, 3) task requirements refers to newly RNs perceptions about their task or activities that must be done as a part of their routine work in the job, 4) organizational policies refer to newly RNs' perceptions of administrative and management policies and procedures that regulate newly RNs professional and hospital activities and put forward the hospital and nursing profession, 5) interactions refer to newly RNs feelings about the opportunities presented on their job for both formal and informal social and professional contracts with other nurses, doctors and health care providers those are indirectly in patient care during newly RNs, work and, 6) professional status refers to newly RNs, perceptions of overall importance or significant feeling about job at the personal level, to the organization, and in the view of other.

Laschinger et al. (2012) studied 342 new graduate nurses who had practical experience of less than two year working in hospitals in Ontario, Canada. They found workplace bullying had both a direct negative effect on job satisfaction (β = -.23) and an indirect negative effect through emotional exhaustion (β = -.31). Like, Quine (2001) reported nurses who had been bullied reported significant lower level of job satisfaction. In additionally, several studied found negative correlation between workplace bullying and job satisfaction (Chipps, Stelmaschuk, Albert, Bernhard, & Holloman, 2013; Nielsen & Einarsen, 2012; Quine, 1999; Read & Laschiner, 2013)

In a recent study, between 18-43 % of newly licensed registered nurses (NLRNs) changed their place of employment or left the profession within three years of their first job (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012).
The findings in the study by Brewer et al. (2012), indicated job satisfaction along with other factors influenced a decision to leave. The more satisfied employees were with their jobs, the less likely they were to quit. In terms of job satisfaction, the evidence also supported the job satisfaction impacting organizational commitment and intention to leave. Employees with lower levels of commitment, experience less job satisfaction and increased their likelihood of leaving their jobs.

Summary

This study considers perceptions of workplace bullying among Thai newly graduated RNs, and tests the causal relationship model between newly graduated RNs perception of the antecedent of workplace bullying as organizational climate, and consequences of workplace bullying as burnout and job satisfaction. We will know the experience of workplace bullying among Thai newly graduated RNs and causal relationship model between newly graduated RNs perception of the antecedent and consequences of workplace bullying. A theoretical framework for the study and management of bullying at work is used as a guideline for the study. The result of this study should give a voice to the victims. It should lead to a better understanding of the common form of bullying in nursing workplace, the antecedent of bullying in the nursing workplace, the workplace bullying that RNs perceived and, the consequences of workplace bullying. This is a time for transformation as health care organizations are responsible for preventing and managing workplace bullying. People who have

contributed in bullying a victim are being held responsible as policies and laws are presently developing in several organizations, and on the national level to deal with this issue. Such knowledge will help with developing strategies to modify the health care environment in a nonviolent workplace for nurses and keep nurses in the profession.

CHAPTER 3
RESEARCH METHODS

This chapter describes the research method uses in the present study and includes study design, which is model-testing design, to develop and test a hypothesized model linking, study area, participants and selection, research instruments, protection of human rights, data collection and data analysis procedure.

Research design

In this study the model-testing design was used. Structural equation modeling [SEM] was used to develop the hypothesized model of workplace bullying and test for the relationship between organizational climate and workplace bullying. According to test for the outcome of workplace bullying, both an organizational outcome and individual outcome, which are burnout, and job satisfaction. The objectives were to explore perceptions of workplace bullying among newly RNs and to test the causal relationship model between newly RNs perception of the antecedent of workplace bullying as organizational climate, and consequences of workplace bullying as burnout and job satisfaction.

Population and sampling

Population

The target population of this study was RNs that has positioned as a staff nurse who has nursed experiences between 1 and 3 years, which, was working in Regional Hospitals under the Jurisdiction of the Ministry of Public Health [MoPH], Thailand in 2016.

Sample

The sample had recruited from RNs that have positioned as a staff nurse who has nursed experiences between 1 and 3 years, which, was working in Regional Hospitals under the Jurisdiction of the Ministry of Public Health, Thailand.

Sample size

The sample size estimation in this study had based on structural equation model testing. Bentler and Chou (1987) and Kline (2011) suggest the minimum sample size was a minimum ratio of at least five respondents per each estimated parameter. There were 44 estimated parameters in this study (22 errors, 14 factor loadings, and 6 path coefficients). Based on their suggestion, the minimum sample size with ratio 5:1 were 220. However, based on the subjects' characteristics, the questionnaire design and the study design potentially leading to an increase in the attrition rate, a dropout rate of 10 % was adopted. Therefore, a total of 240 participants (n = 30 participants in each hospital) had recruited for this study

Setting

This study focus on registered nurses who work in regional hospitals under the Jurisdiction of the Ministry of Public Health [MoPH], Thailand. The regional hospitals are an integrated health care system with the purpose of helping patients and communities live well. The regional hospitals are in provincial centers, have a capacity of at least 500 beds and have a comprehensive set of specialist on staff. The organizational structure of these hospitals was complex and staff must have specialty skill. Additionally, there had a nursing shortage problem. An analysis of the nursing workforce based on a geographic information system [GIS] found that nursing shortage increasingly in regional hospitals under the jurisdiction of MoPH.

Sampling

Study sample were selected by a multi-stage sampling method. These 28 regional hospitals under the Jurisdiction of the Ministry of Public Health, Thailand were chosen to be the settings for this study. The twenty-eight hospitals were divided into four regional areas, according to the four regions where northern region (6 hospitals), central region (9 hospitals), north eastern region (7 hospitals), and southern region (6 hospitals). First, two hospitals were randomly selected from each of four cluster regions. There are Lampang hospital, Uttaradit hospital, Rayong hospital, Prapokklao hospital, Khonkean hospital, Udon Thani hospital, Hatyai hospital, and Suratthani hospital. Second, the quota of thirty new RNs were randomly selected from each hospitals. Details of this sampling technique had shown in figure 3.

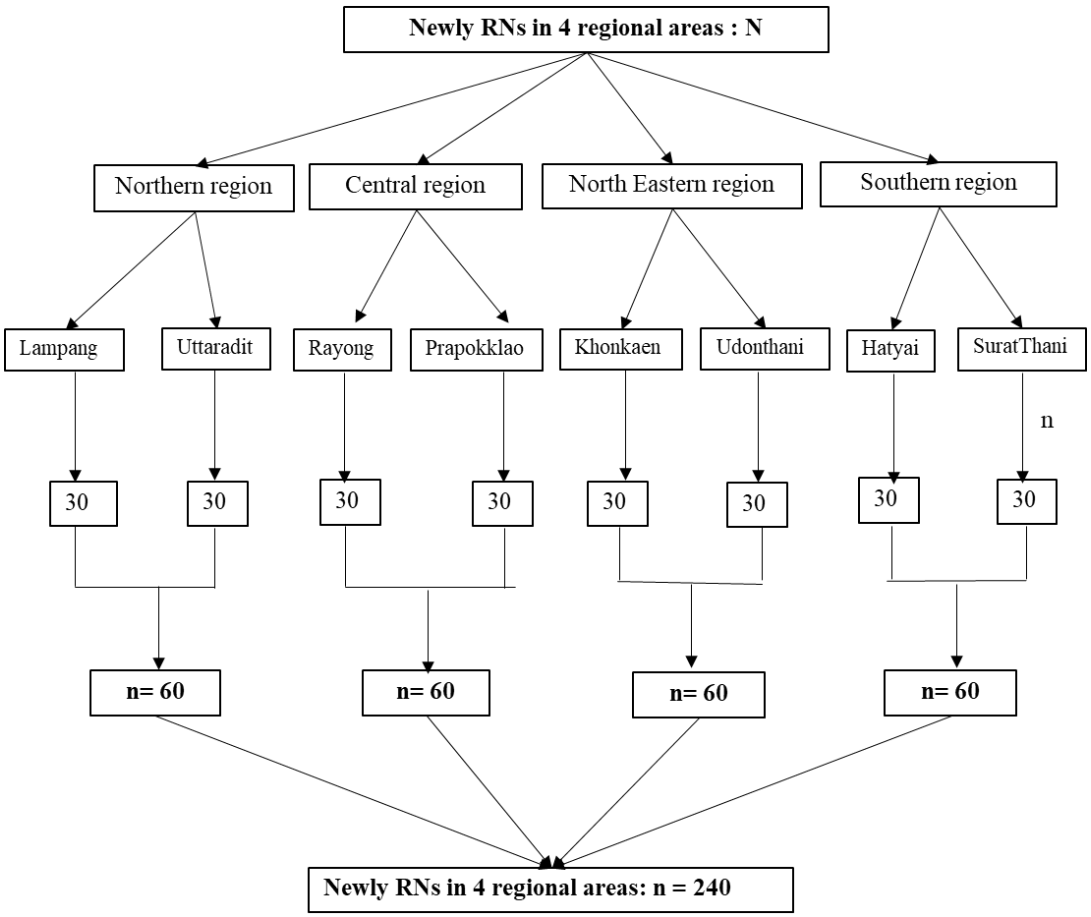


Figure 3-1 Multi-stage random sampling technique of this study

Instrumentation

The instruments used in this study include 1) personal demographic information, 2) organizational climate questionnaire [OCQ], 3) The negative acts questionnaire revised [NAQ-R], 4) The Maslach burn out inventory [MBI] and, 5) index of work satisfaction questionnaire [IWS]. Details of these instruments had described in the following sections. According to table3-1 which outlines the variables and related measures.

Table 3-1 Summarized concepts, variables, measurements, measure, items and reliability of Cronbach's alpha coefficient of constructed variables

Variables	**Measurements**	**Level of measurement**	**Items**	**Cronbach's alpha**
Organizational climate	Organizational climate questionnaire [OCQ] developed by Srtinger (2002). The OCQ had translated from the original language (English) into Thai language for this study.	Interval	24	.82
Workplace bullying	The negative acts questionnaire revised [NAQ-R] developed by Einarsen, Hoel, and Notelaers (2009). The NAQ-R had translated from the original language (English) into Thai language for this study.	Interval	25	.90
Burnout	The Maslach burn out inventory [MBI] developed by Mashlach and Jackson (1981). The MBI was translated into a Thai version by Summavart (1989).	Interval	22	.89

Table 3-1 (continued)

Variables	Measurements	Level of measurement	Items	Cronbach's alpha
Job satisfaction	Index of work satisfaction questionnaire [IWS] developed by Stamps and Piedmonte (1986). The IWS was translated into a Thai version by Chitpakdee (1993).	Interval	44	.80
	Total		115	

The instrument used in the study was used for newly RNs as follows.

1. Personal demographic information

Personal demographic information questionnaire was developed by the researcher. It included questions regarding age, sex, marital status, having children, place of working, another job area**,** nursing experience, witness colleagues being a victim of bullying, and feels bullied in the workplace

2. Organizational climate questionnaire [OCQ]

Organizational climate is measured by a 24-item, 6-dimention organizational climate questionnaire (Stringer, 2002). These six dimensions were structure (4 item), standards (4 item), responsibility (4 items), recognition (4 items), support (4 items), and commitment (4 items). Each item was rated using a 4-point rating scale, ranging from 1 = definitely disagree to 4 = definitely agree. A standardized scoring system of Srtinger (2002) was used to classify the level of overall organizational climate and each dimension and divided into three levels: low, moderate, and high.

The level of overall organizational climate and the dimensions had classified by using the mean score percentage cutoff point as follows: < 35 % [score < 33.6, < 5.6 respectively] = low, 35-70 % [score 33.6-67.2, 5.6-11.2 respectively] = moderate, and > 70 % [score > 67.2, > 11.2 respectively] = high.

3. The negative acts questionnaire revised [NAQ-R]

NAQ-R, comprised of 25 items, was intended to measure the exposure to bullying within the last 6 months. Items one to twenty-two were written in behavioral terms, with no reference to the term bullying. Avoidance of the term bullying had considered to provide a more objective estimate of exposure to bullying behaviors, as respondents' need for cognitive and emotional processing of information would be reduced (Einarsen et al., 2009). The first 22 items of the NAQ-R focused on the aspects of bullying measuring three inter-related factors: work-related (7 items), person-related (12 items), and physical intimidation (3 items) (Einarsen et al., 2009). The last item identified self-labeled victimization from bullying during the last 6 months, which was included after presenting the respondents with a global definition of bullying at the end of the questionnaire (Einarsen & Skogstad, 1996; Salin, 2001). The inclusion of an explicit definition of bullying decreased the tendency for respondents to use their own definitions when considering the single-item question.

Scoring of the NAQ-R. The NAQ-R is a 22-item questionnaire that has a Likert scale design (Einarsen et al., 2009). When completing the NAQ-R, participants choose answers that identify their experiences related to the described negative acts in the last six months from a five point scale of 1 (never), 2 (now and then), 3 (monthly), 4 (weekly) and 5 (daily). Scoring of each item was based on the summation of the frequency of each item of the NAQ-R occurrence and divided by the number of questions. Mean values were used to represent the prevalence, intensity, and duration of experience of the total study sample as well as illustrated any discrepancies in experience between the groups.

Summative scores ranged from 22 to 110. A frequency of each item in the NAQ-R indicated the prevalence of negative acts. Scores were summed and divided by 22 to attain a mean score. Low scores indicated rare to minimal exposure of negative behavior, whereas high scores were associated with frequent to constant exposure of negative behavior (Einarsen et al, 2009). The NAQ-R can be scored in its entirety, as well as evaluated according to its factors; work-related bullying, person-related bullying, and physical-related bullying. According to Notelaers and Einarsen (2013) report a score of 33 or lower indicates that a participant is not being bullied at

work, a score between 33 and 45 indicates occasional bullying, and a score over 45 is indicative of daily bullying.

Reliability evidence. Cronbach‘s alpha for the 22 items in the NAQ-R scored.90, which indicated excellent internal consistency (Einarsen et al., 2009). A confirmatory approach was used to test the underlying imensions of the NAQ-R with three distinguishable measurement models.

Validity evidence. Criterion validity had been explored by Einarsen et al. (2009) by relating the scores on the NAQ-R to a single-item measure of perceived victimization from bullying, showing high correlations with both the total NAQ-R and scores on the three dimensions. The relationships among the scales resulting from factor analyses were studied. The results showed high correlations between the following: person-related and work-related bullying, r = .96; work-related and physically intimidating bullying, r = .89; and person-related and physically intimidating bullying, r = .83 (Einarsen et al., 2009). The NAQ-R correlated as expected with measures of mental health, psychosocial work environment and leadership, which indicated good construct validity of the instrument (Einarsen et al., 2009).

4. The Maslach burnout inventory [MBI]

A translated Maslach burnout inventory-Thai version (Summawart, 1989) are used to examine the level of burnout among Thai nurses. The survey tool is a 22 item questionnaire with three subscales: emotional exhaustion [EE], depersonalization [DP], and personal accomplishment [PA]. The frequency scale was labeled at each point and ranges from 0 (no filling) to 6 (every day). Each item was rated using a 7-point rating scale, rating from 0 = never experiences the feeling or attitude to 6 = experiences the feeling or attitude every day.

A standardized scoring system of Mashlach and Jackson (1981) was used to explain the level of burnout and each dimension and divided into three levels: low, moderate, and high. The emotional exhaustion subscale contains nine items and assesses feelings of being emotionally overextended or exhausted by work. This subscale has a score range of 0-54. High burnout scores for emotional exhaustion are scores > 27 (Maslach et al., 1996). A high degree of burnout is reflected in high scores on the emotional exhaustion subscale.

The second subscale, the depersonalization [DP] subscale is measured by five items and describes an unfeeling or impersonal response to recipients. This subscale has a score range of 0-30. High scores on the depersonalization subscale are associated with a high degree of burnout (Maslach et al., 1996). High burnout scores for depersonalization are scores > 13 (Maslach et al., 1996).

The last subscale, personal accomplishment [PA] assesses feelings of competence and successful achievement in one's work with people (Maslach et al., 1996). The subscale contained eight items and the score range is 0-48. High scores on the personal accomplishment [PA] subscale are associated with a low degree of burnout (Maslach et al., 1996). High burnout scores for personal accomplishment are scores < 31 (Maslach et al., 1996). The items in this subscale were need to reverse scoring.

Scores of all three subscales are considered high if they are in the upper third of the normative distribution sample, average if they are in the middle third, and low if they are in the lower third" (Maslach et al., 1996). Each subscale is scored separately and scores are not combined to obtain a total score (Maslach et al., 1996). Therefore, each individual receives three different scores. Higher scores on EE and DP correspond to higher degrees of experienced burnout (Maslach et al., 1996).

An average score of all three subscales relates an average degree of burnout. Finally, an overall low degree of burnout reflects low scores on both Emotional Exhaustion and Depersonalization and high scores on the personal accomplishment subscale.

The original English version of Maslach burnout inventory human services survey [MBI-HSS] has been widely tested and reported for internal consistency, test-retest reliability and validity (Maslach & Jackson, 1981). The reliability coefficients for the subscales reported by Maslach and Jackson (1981) were: 0.90 for EE, 0.79 for DP, and 0.71 for PA. Although the initial research using the MBI was carried out in the United States and Canada, subsequently it has been used for studies in many countries around the world, and it had translated into various languages (Maslach & Jackson 1981). The MBI had professionally translated into Thai by Sammawart (1989). The reliability of the MBI had reported were: 0.90 for EE, 0.71 for DP, and 0.72 for PA. for Thai nurses.

5. Index of work satisfaction questionnaire [IWS]

A translated index of work satisfaction questionnaire [IWS] (Stamps & Piedmonte, 1986) -Thai version (Chitpakdee, 1993) is used to examine the level of Nurses' job satisfaction. The survey tool is a 44-item questionnaire with six subscales, including interaction (10 items), payment (6 items), task requirements (6 items), organizational policies (7 items), autonomy (8 items), and professional status (7 items). Nurses rated each item using 7-point rating scale, rating from 1 = strongly disagree to 7 = strongly agree. The score of a negative worded statement will reverse.

The possible score for nurses' job satisfaction ranged from 1 to 7. The level of overall Nurses' Job satisfaction and the dimensions were categorized by using the mean score cutoff point as follows: 1.00-2.20 = dissatisfaction, 2.21-3.40 = low, 3.41-4.60 = moderate, 4.60-5.80 = high, and 5.81-7.00 = highest. The reliability of the IWS had reported were .92 for Thai nurses.

Translation of instruments

Two instruments including OCQ and NAQ-R had translated from the original language (English) into the Thai language for this study. Research used using back translation technique (Brislin, 1970), the original English versions of the scales was translate into the Thai language by two bilingual translators who were Thai native. Each performed a separate initial translation after which the two versions was compare, and the differences in translation had resolved. Next, the translated questionnaire would then give to another bilingual translator who then back-translated the items into English without access to the original survey. Then, the advisor and researcher compared the original English version with the back-translated version. This process did not suggest noteworthy discrepancies in the translation. Additionally, the finalized version had distributed to two native Thai speakers, who were asked to fill out the survey questionnaire to ensure that the items will interpretable in the Thai language.

Psychometric properties of the instrument

Validity

The content validity of all instruments were validated in previous studies. However, the construct validity of each questionnaire was tested in this study using confirmatory factor analysis, which was carried out under the AMOS program to estimate the detailed measurement model.

Reliability

The internal consistency reliability of all research instruments was assessed in this study. A pilot study was conducted to test the reliability of instruments with 30 newly RNs who had worked at Saraburi hospitals, Thailand. In this study, the Cronbach's alpha of OCQ, NAQ-R, MBI, and IWS were .82, .90, .89, and .80 respectively, indicating all of these instruments were good reliability.

Protection of human subjects

This study was approved by the Institutional Review Board [IRB] for graduate studies Faculty of Nursing, Burapha University Research (IRB # 04-09-2559). After receiving permission to conduct the study, the proposal was submitted to the research ethical committees of the 8 regional hospitals. All RNs who volunteered to participate were informed about the study's purpose and methods. Participation was voluntary; they could refuse to participate or withdraw from the study at any time without penalty or loss benefits. Participants were assured their anonymous responses would be kept confidential and their identities would not be revealed on research reports or publications. Questionnaires were completed by nurses during their private time. They were destroyed after final analysis. Those who agreed to participate signed a written, informed consent.

Data collection procedures

Data collection commenced after receiving IRB approval from the university (the number of the IRB approval 05-09-2559) and 8 hospital research ethics committees. The data collection had taken by researcher following

1. The data collection had established in all hospitals concerned with the research.

2. The researcher coordinated with the nurse directors of all the hospitals informed about the objectives of the study by the researcher. The name list of < 3 years experiences nurses of each hospital obtained from the nursing department of the hospitals. The participants were selected by simple random sampling method from the name list of each hospital.

3. The package of questionnaires consisting: information sheet, inform consent forms, questionnaires, and returning envelope distributed to the potential participant by request for cooperation to complete the questionnaires in their private time. The information sheet explained the objective of study, the method for assurance of confidentially and anonymously, and time frame for completion of the questionnaires.

4. One hospital staff has been requested to be a research coordinator from each hospital for helping with data collection procedure. Then, the whole process of data collectionhad explained to the research coordinator by the researcher. The job of the research coordinators was sent the package of a questionnaire to sample and place the box for return at the Division of Nursing office. After collecting all data, research coordinators had forwarded to the researcher.

5. The participant were asked to return the completed questionnaires within the next two weeks and had been invited to place their sealed returned questionnaires (in the envelope provided) in a designated box which had put in each hospital.

6. The returned questionnaires in sealed envelopes from designated boxes of each hospital had collected by the research coordinators.

7. Researcher received all questionnaires from research coordinators and screened for the completeness before analyzing the data.

Data analyses

For all significance testing, alpha is at .05 level. The obtained data were analyzed using the statistic package for the social science [SPSS], the preprocessor for AMOS [Analysis of moment structure]. The gotten data were analyzed with a statistical method, as detailed below.

1. Descriptive statistics including frequency, percentage, mean, and standard the deviation was used to describe demographic information and workplace bullying.

2. Data for organizational climate, workplace bullying, burnout, and job satisfaction had calculated by mean and standard deviation.

3. Structural equation modeling [SEM], AMOS software application, was used to test the relationships of the study variables in the model and examine the magnitude of causal effects, both direct and indirect. The analysis of AMOS program was tested based on statistical significance level throughout the analysis at $p < .05$.

CHAPTER 4
RESULTS

This chapter presents research findings included the participants' characteristics, descriptive statistics of major study variables, testing of assumptions, and testing of research hypotheses.

The participants' characteristics

The initial sample was 224 subjects from eight Regional hospital under the Jurisdiction of the Ministry of Public Health, Thailand. After testing for normality, four subjects were identified as statistical outliers; they had deleted from further analysis. Therefore, there were a total of 220 subjects for data analysis.

The demographic characteristics had shown in table 4-1. A majority (94.1 %) of the participants were female. The mean age was 24.5 years, with the nurses' ages ranging from 21 to 31 years. The average length of employment was 1.4 years. One-fourth (25.5 %) of the nurses worked in the surgical department. A large majority (80.0 %) of the nurses did not feel bullied in the workplace nor had they witnessed (70.5 %) a colleague being bullied.

Table 4-1 Demographic characteristics of the sample (n = 220)

Characteristics	***n***	**%**
Sex		
Male	13	5.9
Female	207	94.1
Age (years) (M = 24.49, SD = 1.29, min = 21, max = 31)		
Year as newly RN (M = 1.44, SD = 0.50, min = 1, max = 2.9)		
Marital status		
Single	205	93.2
Married	15	6.8

Table 4-1 (continued)

Characteristics	*n*	%
Type of hospital unit		
Surgical	56	25.5
Medical	48	21.8
Intensive care unit	30	13.6
Obstetric, Gynecological	18	8.2
Pediatric	16	7.3
Orthopedics	14	6.4
NICU	10	4.5
Emergency room	8	3.6
Private room	6	2.7
Operating Room	5	2.3
Eye-Ear-Nose-Throat	3	1.4
Psychiatry	3	1.4
Missing data	3	1.4
Ever seen a colleague bullied		
Yes	65	29.50
No	155	70.50
Feel bullied		
Yes	44	20.0
No	176	80.0

Descriptive statistics of major study variables

The conceptual framework of this study had guided by a conceptual model for the study and management of bullying at work, developed by Einersen et al. (2003). There were four major variables: organizational climate, workplace bullying, burnout, and job satisfaction. Descriptive statistics for each variable had described as follows.

Organizational climate

These result indicated that organizational climate both overall and its subscales were at moderate level. The organizational climate had a score in *M* = 53.93, *SD* = 4.92. For its subscale, structure, standard, responsibility, recognition, support, and commitment had a potential score in *M* = 9.78, *SD* = 1.46; *M* = 9.77, *SD* = 1.72; *M* = 9.20, *SD* = 1.54; *M* = 8.41, *SD* = 1.11; *M* = 8.99, *SD* = 1.23; *M* = 9.49, *SD* = 1.30 respectively. The scores for each climate dimension were interpret as below. Newly RNs perceived the structure of organizational had a degree of flexibility in job and responsibilities which, made them often ambiguity and confusion. For the moderate standard indicate that newly RNs perceived less pressure. Even though, management still had high expectations, but the sense of pressure had not as relentless. Newly RNs perceived their responsibility may work for some highly regulated activities or where risk avoidance was more important than hitting the gold point, especially if managers had new to their job. For the moderate recognition shown that newly RNs perceived pay for performance were equation. Newly RNs perceived the enough teamwork and trust to solve problem, but it had not so overly nurturing as to discourage individual responsibility. Lastly, newly RNs had a health degree of loyalty bonding employees to the hospital, but it had not blind loyalty. Descriptive statistics of organizational climate and its subscales had described in table 4-2.

Table 4-2 Descriptive statistics of organizational climate and its subscales (*n* = 220)

Variable	Possible range	Actual range	*M*	*SD*	Level
Organizational climate (overall)	24-96	52-77	53.93	4.92	moderate
Structure	1-16	7-14	9.78	1.46	moderate
Standards	1-16	6-14	9.77	1.72	moderate
Responsibility	1-16	7-15	9.20	1.54	moderate
Recognition	1-16	8-16	8.41	1.11	moderate
Support	1-16	7-15	8.99	1.23	moderate
Commitment	1-16	7-16	9.49	1.30	moderate

Workplace bullying

The result of this study shown highest rated behaviors of negative acts (rated weekly or daily) included "Being shouted at or being the target of spontaneous anger" (*n* = 19, 8.7 %), "Spreading of gossip and rumours about you" (*n* = 17, 7.8 %), and "Having insulting or offensive remarks made about your person" (*n* = 16, 7.3 %). The lowest rated behaviors of workplace bullying included "Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks" (*n* = 0, 0 %), "Threats of violence or physical abuse or actual abuse" (*n* = 0, 0 %). "Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/ barring the way" (*n* = 2, 1 %). "Being ignored or facing a hostile reaction when you approach" (*n* = 2, 1 %). "Having allegations made against you (*n* = 2, 1 %), as reported in table 4-3. The full table of frequencies of bullying behaviors is found in appendix E.

Table 4-3 Frequency and percentages of perceived negative acts reaching workplace bullying (*n* = 220)

	NAQ-R item	***n* (%)**		
		Weekly	**Daily**	**Total**
1.	Someone withholding information which affects your performance	6(2.7)	1(0.5)	7(3.2)
2.	Being humiliated or ridiculed in connection with your work	7(3.2)	3(1.4)	10(4.6)
3.	Being ordered to do work below your level of competence	4(1.8)	2(1.0)	6(2.8)
4.	Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	0(0)	0(0)	0(0)
5.	Spreading of gossip and rumours about you	**12(5.5)**	**5(2.3)**	**17(7.8)**
6.	Being ignored or excluded (being 'sent to Coventry')	6(2.7)	0(0)	6(2.7)

Table 4-3 (continued)

	NAQ-R item	*n* (%)		
		Weekly	**Daily**	**Total**
7.	Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	**12(5.5)**	**4(1.8)**	**15(7.3)**
8.	Being shouted at or being the target of spontaneous anger (or rage)	**12(5.5)**	**7(3.2)**	**19(8.7)**
9.	Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	2(1.0)	0(0)	2(1.0)
10.	Hints or signals from others that you should quit your job	3(1.4)	0(0)	3(1.4)
11.	Repeated reminders of your errors or mistakes	10(4.5)	3(1.4)	13(5.9)
12.	Being ignored or facing a hostile reaction when you approach	2(1.0)	0(0)	2(1.0)
13.	Persistent criticism of your work and effort	6(2.7)	0(0)	6(2.7)
14.	Having your opinions and views ignored	4(1.8)	3(1.4)	7(3.2)
15.	Practical jokes carried out by people you don't get on with	5(2.3)	7(3.2)	9(5.5)
16.	Being given tasks with unreasonable or impossible targets or deadlines	3(1.4)	1(0.5)	4(1.9)
17.	Having allegations made against you	2(1.0)	0(0)	2(1.0)
18.	Excessive monitoring of your work	4(1.8)	1(0.5)	5(2.3)
19.	Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	4(1.8)	3(1.4)	7(3.2)
20.	Being the subject of excessive teasing and sarcasm	5(2.3)	0(0)	5(2.3)
21.	Being exposed to an unmanageable workload	5(2.3)	0(0)	5(2.3)

Table 4-3 (continued)

NAQ-R item		*n* (%)		
		Weekly	**Daily**	**Total**
22.	Threats of violence or physical abuse or actual abuse	0(0)	0(0)	0(0)

For the question that asked the participants whether they felt they had experienced workplace bullying within the last six months [Item 23]. All of the participants answered the question. Although over two-thirds of the new RNs 69.55 % (*n* = 153) indicated that they had not experienced workplace bullying within the last six months, about a fourth of the nurses 26.36 % (*n* = 58) responded Yes, but only rarely. About a third 30.4 (*n* = 67) of the nurses indicated they had experienced some form of bullying within the previous six months. These data are presented in table 4-4.

Table 4-4 Frequency and percentages of being bullied (*n* = 220) [Item 23]

Rating categories	**Frequency**	**%**
No	153	69.55
Yes	67	30.45
Yes, but only rarely	58	26.36
Yes, now and then	5	2.27
Yes, several times per week	3	1.36
Yes, almost daily	1	.45

For the question that asked the participants who were bullied at work to state they were bullied by whom [Item 24].This item can answer more than one but all participant responded only one perpetrator. Most new RNs stated that a colleague 73.3 % (*n* = 49) was the perpetrator or an immediate superior 10.5 % (*n* = 7). These data are presented in table 4-5.

Table 4-5 Frequency and percentages of the perpetrator (*n* = 67) [Item 24]*

The perpetrator	**Frequency**	**%**
Colleagues	49	73.13
My immediate superior	7	10.45
Customers/ patients/ student. etc.	4	5.97
Subordinates	3	4.48
Other superior/ managers in the organization	2	2.99
Not mention	2	2.99

* can answer more than one but all participant responded only one perpetrator.

For the question that asked the participants state the number and gender of their perpetrators [Item 25]. New RNs stated mainly number of the perpetrator were one female 47.76 %. Moreover, number of male perpetrator less than female. These data are shown in table 4-6.

Table 4-6 Frequency and number of the perpetrator (*n* = 67) [Item 25]

Number of the perpetrator	**Male**		**Female**	
	Frequency	**%**	**Frequency**	**%**
1	7	10.45	32	47.76
2	3	4.48	12	19.40
3	1	1.49	7	10.45
4	-	-	4	5.97
5	-	-	4	5.97
6	-	-	2	2.98

The sum score of NQA-R shown the new RNs 69.5 % (*n* = 153) indicated that they had not being bullied at work, about a fifth of the nurses 18.2 % (*n* = 40) indicated that they had occasional bullying. Nevertheless, the score indicated new RNs 12.3 % (*n* = 27) had daily bullying which were difference from they felt they had experienced workplace bullying within the last six months only .45 % (*n* = 1). These

data are shown in taber 4-7.

Table 4-7 Frequency of exposure to workplace bullying (*n* = 220)

Exposure to workplace bullying	**Frequency**	**%**
Not being bullied at work	153	69.5
Occasional bullying	40	18.2
Daily bullying	27	12.3

The overall mean score on the NAQ-R that measures workplace bullying had a value that was fairly low in the range of possible scores (*M* = 32.05, *SD* = 10.47). Mean scores of the three subscales (work-related, personal-related, and physical intimidation) also had values that were in the lower range of possible scores (*M* = 10.42, *SD* = 3.55; *M* = 17.53, *SD* = 6.38; *M* = 4.08, *SD* = 1.41, respectively). The overall mean score was about one point lower than the threshold cutoff score of 33 for the NAQ-R for workforce bullying. Given the large *SD*, some individual scores would have met the statistical criterion of workforce bullying. These data are shown in table 4-8.

Table 4-8 Descriptive statistics of workplace bullying and its subscales (*n* = 220)

Variable	**Possible range**	**Actual range**	***M***	***SD***
Workplace bullying	22-110	22-66	32.05	10.47
Work-related	7-35	7-26	10.42	3.55
Person-related	12-60	12-40	17.53	6.38
Physical intimidation	3-15	3-9	4.08	1.41

Burnout

The result of this study burnout had a potential score range from 13-106 with a mean of 62.62 (*SD* = 18.12). For its subscale, emotional exhaustion, depersonalization, and personal accomplishment had a potential score in *M* = 22.22, *SD* = 12.59; *M* = 6.58, *SD* = 4.11; *M* = 33.82, *SD* = 8.82 respectively. Therefore, these result

indicated that newly RNs had moderate degree on burnout. These data are presented in table 4-9.

Table 4-9 Descriptive statistics of burn out and its subscales (n = 220)

Variable	**Possible range**	**Actual range**	***M***	***SD***	**Level**
Burnout (over all)	0-144	13-106	62.62	18.12	moderate
Emotional exhaustion	0-54	0-54	22.22	12.59	moderate
Depersonalization	0-30	0-19	6.58	4.11	low
Personal accomplishment	0-48	5-48	33.82	8.82	moderate

Job satisfaction

The result shown job satisfaction had a potential score in M = 4.13, SD = .54. For its subscale, payment, autonomy, interaction, professional status, organizational policies, and task requirements had a potential score in M = 2.53, SD = 1.02; M = .49, SD = 0.78; M = 4.75, SD = 0.76; M = 4.78, SD = 0.66; M = 4.01, SD = 0.79; M = 3.56, SD = 0.84 respectively. These result could be interpreted that newly RNs had moderate level for job satisfaction. These data are presented in table 4-10.

Table 4-10 Descriptive statistics of job satisfaction and its subscales (n = 220)

Variable	**Possible range**	**Actual range**	***M***	***SD***	**Level**
Job satisfaction (total)	1-7	2.75-5.61	4.13	0.54	moderate
Payment	1-7	1.00-5.17	2.53	1.02	low
Autonomy	1-7	2.63-6.38	4.49	0.78	moderate
Interaction	1-7	2.40-6.90	4.75	0.76	moderate
Professional status	1-7	2.57-6.71	4.78	0.66	high
Organizational policies	1-7	1.86-6.57	4.01	0.79	moderate
Task requirements	1-7	1.67-6.50	3.56	0.84	moderate

Evaluation of assumptions

Data management had performed for all of the variables in the model. The used for testing assumptions in SEM analysis included missing, outlier, normality, linearity, and multicollinearity (Schumacker & Lomax, 2010; Tabachnick & Fidell, 2007). The assumptions must be met to reduce the potential distortion and bias in the results and to facilitate an estimation process or results from interpretation (Hair, Black, Babin, & Anderson, 2010; Schumacker & Lomax, 2010; Tabachnick & Fidell, 2007).

First, missing data had first checked. The total samples in this study were originally 224. However, the results showed that there were no missing data.

Second, univariate outliers were examined to confirm free of data outlier. According to Tabachnickanick and Fidell (2007), standardized scored was used to assess univariate outlier. If any case is the score less than -3.29 standard deviation or more than 3.29 standard deviation, it is an outlier. Then, each measured variable had examined, and there were 3 outliers (case 223, 224, and 225 in table Appendix D-1). For multivariate outlier, Mahalanobis distance statistic, which indicates the distance of a case from the centroid of the means of all variables. It can be evaluated by using the X^2 distribution. A case of X^2 value equal or less than .001 had labeled as a multivariate outlier (Tabachnick & Fidell, 2007). Consequently, the test results showed that there was one outlier (Table Appendix D-2). For all above reasons, then 4 cases of outliers (3 univariate and 1multivariate) were deleted from the raw data. Therefore, 220 cases had tested for normality of distribution, linearity, and multicollinearity.

Next, in the multivariate analysis, all variable much have a normal distribution. Normality was tested by examining the statistics and using graphical methods (Hair et al., 2010; Tabachnick & Fidell, 2007). A symmetric distribution of skewness and a peakiness distribution of kurtosis were zero, and the critical ratio for both of them was between -1.96 and 1.96 that presented normal distribution (Hair et al., 2010; Tabachnick & Fidell, 2007). The results showed that only three variables met the criteria of normality distribution, including organizational climate (skewness 0.067/ 0.164 = 0.408; kurtosis -0.083/ 0.327 = -0.258), burnout (skewness 0.007/ 0.164 = 0.042; kurtosis -0.079/ 0.327 = -0.241), and job satisfaction (skewness 0.014/ 0.164 = 0.085; kurtosis -0.129/ 0.327 = -0.394). The other one variable, which was

workplace bullying (skewness 1.560/ 0.164 = 9.512; kurtosis 1.858/ 0.327 = 5.681) did not meet the criteria. The results showed that workplace bullying was significantly positive skewness, and beyond the normal limits, indicating the normality assumption of this study had violated.

Bootstrapping is one option of AMOS program for analysis, continuous variables which nonnormal distribution. This method is a resampling technique that generates pseudo-multiple samples. Consequently, the following hypothesis testing has assessed the model of all variables by using the bootstrap method.

Before further analysis, linearity assumption had determined by using Pearson correlation coefficient (Schumacker & Lomax, 2010; Tabachnick & Fidell, 2007). The bivariate relationships between the study variables did not show a non-zero correlation as shown in table 4-11. Finally, multicollinearity assumption had tested. There were three ways to test multicollinearity including using Pearson correlation coefficients between variables, tolerance value, and variance inflation factor [VIF].

Multicollinearity was a problem of correlation matrix that occurred when variables are too highly correlated ($r \geq 0.90$). The tolerance value should be higher than 0.20 and variance inflation factor [VIF] should be less than 0.40. (Blunch, 2013; Hair et al., 2010). (Tabachnick & Fidell, 2007). Additionally, correlation coefficients among the variables had a ranged from -0.53 to 0.76, indicating no Pearson's correlations greater than 0.90 as shown in table 4-7. A tolerance value had a ranged from 0.66 to 0.76 that no tolerance values less than 0.20 and VIF values had a ranged from 1.32 to1.51, which no greater than 0.40. Consequently, no evidence of multicollinearity had found among the study variables.

Table 4-11 Correlation matrix of study variables (n = 220)

	STR	***STA***	***RES***	***REC***	***SUP***	***COM***	***WR***	***PR***	***PI***	***EE***	***DP***	***PA***	***PAY***	***AU***	***INT***	***PRO***	***POL***	***TA***
STR	1.00																	
STA	.23**	1.00																
RES	.26**	.33**	1.00															
REC	-.01	-.01	.13	1.00														
SUP	.32**	.36**	.41**	.05	1.00													
COM	.13	.30**	.19**	.04	.26**	1.00												
WR	-.30**	-.34**	-.31**	-.03	-.17*	-.15*	1.00											
PR	-.39**	-.41**	-.23**	-.26	-.27**	-.09	.76**	1.00										
PI	-.36**	-.33**	-.19**	.06	-.27**	-.11	.65**	.74**	1.00									
EE	-.28**	-.40**	-.27**	.09	-.32**	-.09	.49**	.48**	.42**	1.00								
DP	-.25**	-.17*	-.14*	-.01	-.17*	-.09	.27**	.31**	.31**	.54**	1.00							
PA	.02	.11	-.05	-.04	-.82	.02	-.03	-.07	-.04	.09	-.02	1.00						
PAY	-.03	.14*	.06	-.12	.19**	-.002	-.07	-.09	-.01	-.30**	-.09	-.04	1.00					
AU	.34**	.32**	.31**	-.09	.23**	.01	-.48**	-.41**	-.32**	-.45**	-.37**	.16*	.02	1.00				
INT	.30**	.38**	.31**	-.05	.29**	.13	-.53**	-.51**	-.40**	-.45**	-.28**	.24**	.13*	.54**	1.00			
PRO	.25**	.18**	.16*	-.07	.08	-.01	-.17**	-.16*	.015*	-.23**	-.23**	.27**	-.12	.47**	.35**	1.00		

Table 4-11 (continued)

	STR	***STA***	***RES***	***REC***	***SUP***	***COM***	***WR***	***PR***	***PI***	***EE***	***DP***	***PA***	***PAY***	***AU***	***INT***	***PRO***	***POL***	***TA***
POL	.25**	.25**	.20	-.18**	.21**	.04	-.29**	-.22**	-.22**	-.48**	-.32**	.15*	.38**	.54**	.57**	.30**	1.00	
TA	.07	.16*	.22**	-.15*	.18**	.04	-.22**	-.19*	-.14*	-.46	-.24**	.08	.38**	.34**	.43**	.12	.57**	1.00

STR = Structure, STA = Standards, RES = Responsibility, REC = Recognition, SUP = Support, COM = Commitment, WR = Work-related, PR = Person-related, PI = Physical intimidation, EE = Emotional Exhaustion, DP = Depersonalization, PA = Personal Accomplishment, PAY = Payment, AU = Autonomy, INT = Interaction, PRO = Professional status, POL = Organizational policies, TA = Task requirements

Principal analysis

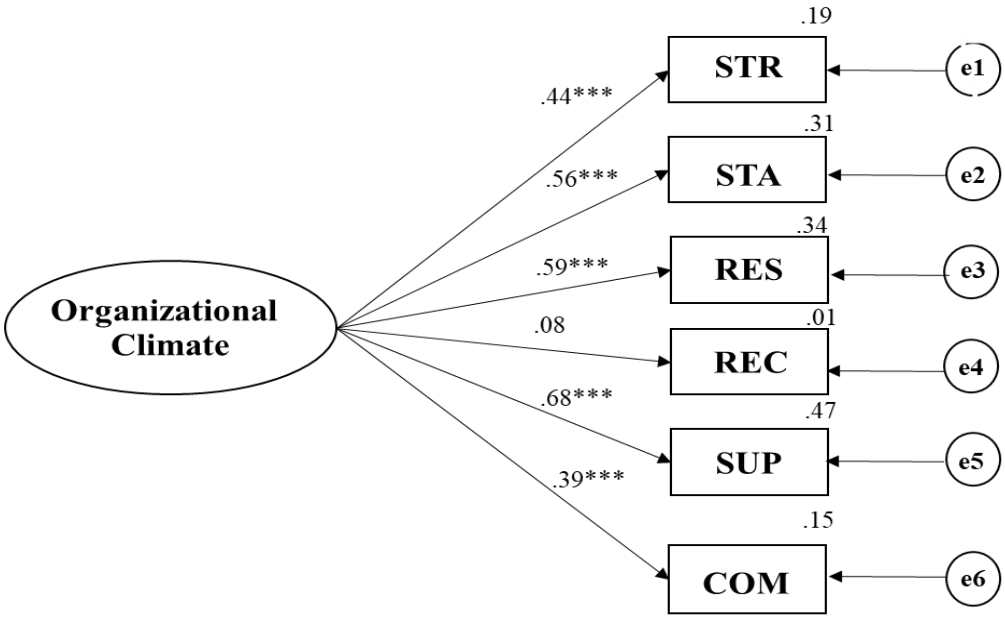
The analysis with AMOS composes of measurement models assessment and structural model assessment.

The measurement model assessment

The measurement models were examined for construct validity of the measurement (Schumacker & Lomax, 2010; Hair et al., 2010). The measurement model had evaluated by using confirmatory factor analysis [CFA].

In this study, four constructs, including organizational climate, workplace bullying, burnout, and nurses' job satisfaction assessed for their measurement model by using CFA. The chi-square (χ^2) was used to assess the statistical fit of the measurement models. The indices used to measure the measure the descriptive fit of models were the minimum chi-square value [CMIN], CMIN/ degrees of freedom (*df*), the goodness of fit index [GFI], comparative fit index [CFI], adjusted goodness of fit index [AGFI], and root square error of approximation [RMSEA] (Schumacker & Lomax, 2010; Hair et al., 2010; Kline, 2011). The criteria for indices of goodness of fit were a non-significant value of χ^2 ($p > 0.05$), values ranging from less than 2.0 for CMIN/ degrees of freedom (*DF*), values below 0.05 for RMSEA, and values exceeding 0.95 for CFI, GFI, and AGFI; (Hair et al., 2010; Schumacker & Lomax, 2010; Tabachnick & Fidell, 2007). Furthermore, factor loadings between construct and each indicator were concerned, which standardized factor loadings were accepted as t value more than 1.96, indicating a significance level of 0.05 ($p < 0.05$), t value more than 2.58 indicating a significant level of 0.01 ($p < 0.01$), and t value more than 3.29 indicating a significant level of 0.001 ($p < 0.001$) (Hair et al., 2010).

The measurement model of organizational climate

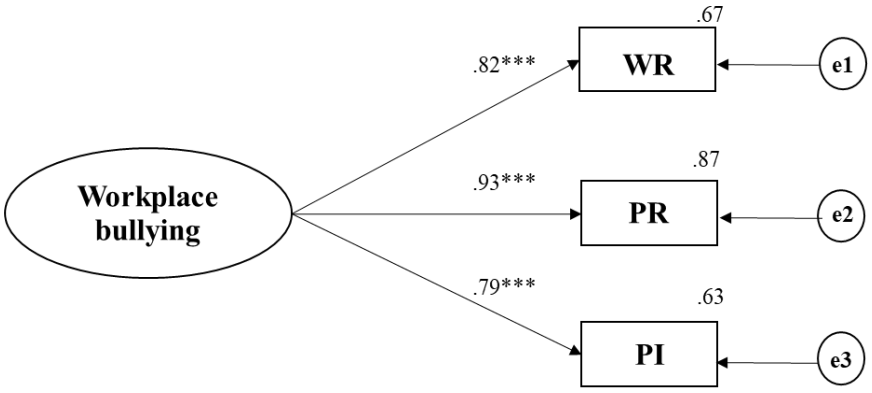


P = .53

Figure 4-1 Standardize factor loading and measurement errors for the measurement model of organizational climate

Organizational climate had six indicators that compose of structure, standard, responsibility, recognition, support, and commitment. The model of organizational climate had a construct validity and fit to empirical data at $p = 0.53$. Five factor loading was statistical significance at $p < .001$, the value of standard factor loading from 0.39 to 0.68. Support had maximum values of standard factor as .68 and commitment had minimum values of standard factor loading as 0.39. Only one factor loading as recognition was not statistical significance at $p < 0.05$, the value of standard factor loading was 0.08. Five of those indicators had positive values of standard factor loading and greater than .30 that acceptable levels (Kim & Whitely, 1978). Therefore, five indicators were indicators of organizational climate. Even though, the result shown that recognition not significance by CFA, when considering the concept of organizational climate this aspect played the important role in this concept. Therefore, the researcher did not reduced this component from the model.

The measurement model of workplace bullying

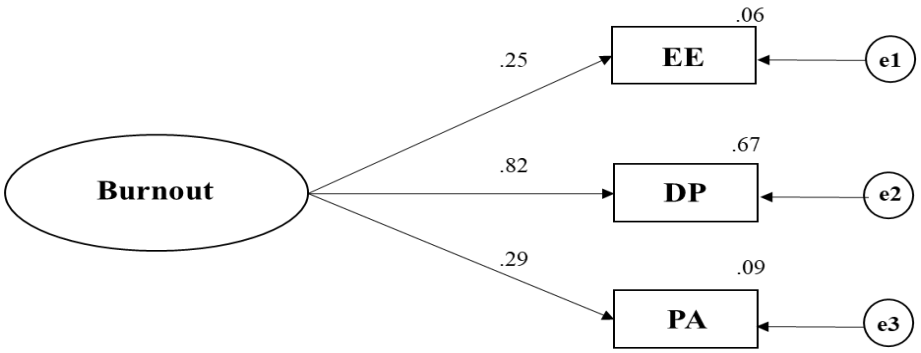


$\chi^2 = 0.000$, $df = 0$

Figure 4-2 Standardize factor loading and measurement errors for the measurement model of workplace bullying

Workplace bullying had three indicators that compose of work-related, personal-related, and physical intimidation. The model of workplace bullying had a construct validity and fitty to empirical data at $\chi^2 = 0.000$, $df = 0$. Three factor loading was statistical significance at $p < 0.001$, the value of standard factor loading from 0.79 to 0.93. Personal-related had maximum values of standard factor as 0.93, and physical intimidation had minimum values of standard factor loading as 0.79. Those of all indicators had positive values of standard factor loading and greater than 0.30 that acceptable levels (Kim & Whitely, 1978). Therefore, three indicators were indicators of workplace bullying.

The measurement model of burnout



χ^2 = 99.46, *df* = 1, *p* = 0.000, χ^2/ *df* = 99.46, GFI = 0.80, RMR = 0.61, CFI = 0.12, RMSEA = 0.67

Figure 4-3 Standardize factor loading and measurement errors for the measurement model of burnout

Burnout had three indicators that compose of emotional exhaustion, personal accomplishment, and depersonalization. The model of burnout had not a construct validity and not fitty to empirical data (χ^2 = 99.46, *df* = 1, *p* =0.000, χ^2/ *df* =99.46, GFI = 0.80, RMR = 0.61, CFI = 0.12, RMSEA = 0.67). Therefore, the assessment of correlation between indicators could be measured by correlation coefficients among independent variables. Appositive correlation mean that change in the dependent item. A coefficient of negative correlation mean that changes in independent item will result in an identical change in the dependent item, but the change will be in the opposite direction (Kline, 2011). The correlation matrix among indicator of burnout presented in table 4-12.

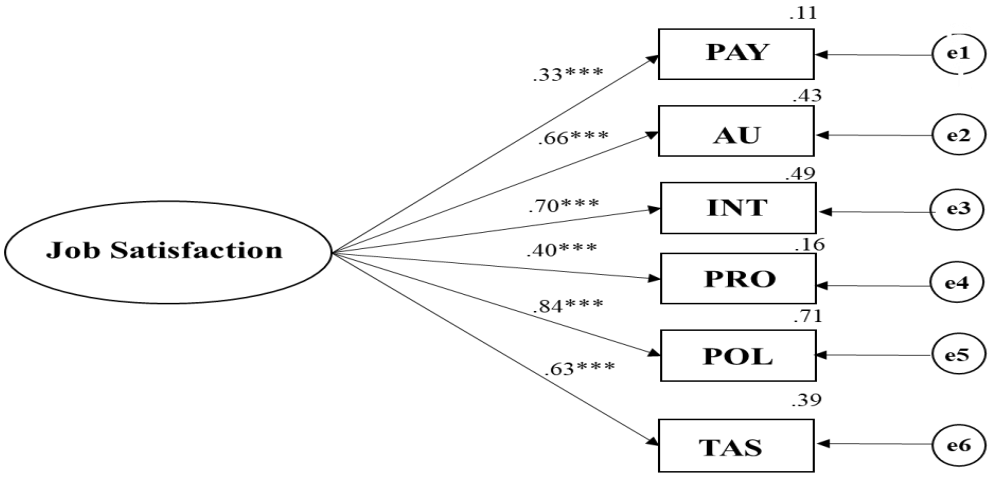
Table 4-12 The correlation matrix among indicator of burnout

	Burnout	**EE**	**DP**	**PA**
Burnout	1.00			
EE	.863**	1.00		
DP	.593**	.543**	1.00	
PA	.546**	.093	-.024	1.00

The correlation matrix among indicator of burnout had presented. Three component had a coefficient of positive correlation with burnout. Moreover, two indicators had a coefficient of positive correlation that composes of emotional exhaustion and depersonalization. A coefficient of negative correlation was personal accomplishment to depersonalization.

Although, the result shown that all three indicators not significance by CFA because there were Haywood cases, that mean negative variance estimates. Kline (2011) stated that it could occurred when there are only two indicators per factor or the sample size is less than 100-150 cases. However, Maslash et al. (1996) reported the reliability coefficient for each of subscales as 0.90 for EE, 0.79 for DP, and 0.71 for PA. Therefore, the researcher did not reduced this component from the model.

The measurement model of job satisfaction



χ^2 = 83.76, *df* = 9, *p* = 0.000, χ^2/ *df* = 9.31, GFI = 0.89, RMR = 0.07, CFI = 0.81, RMSEA = 0.19

Figure 4-4 Standardize factor loading and measurement errors for the measurement model of job satisfaction

Job satisfaction had six indicators that compose of payment, autonomy, interaction, professional status, organizational policies, and task requirements. The model of workplace bullying had a construct validity and fair of fit to empirical data at RMR = 0.07. Three factors loading were statistical significance at $p < 0.001$, the value of standard factor loading from 0.33 to 0.84. Organizational policies had maximum values of standard factor as 0.84 and payment intimidation had minimum values of standard factor loading as 0.33. Those of all indicators had positive values of standard factor loading and greater than 0.30 that acceptable levels (Kim & Whitely, 1978). Therefore, three indicators were indicators of job satisfaction.

The structural equation model assessment

After testing the measurement model, the second step of testing the structure model was done by using SEM technique, focusing on two steps, including assessing the structural model fit and validating parameter estimates against the research hypotheses.

Assessing the structural model fit

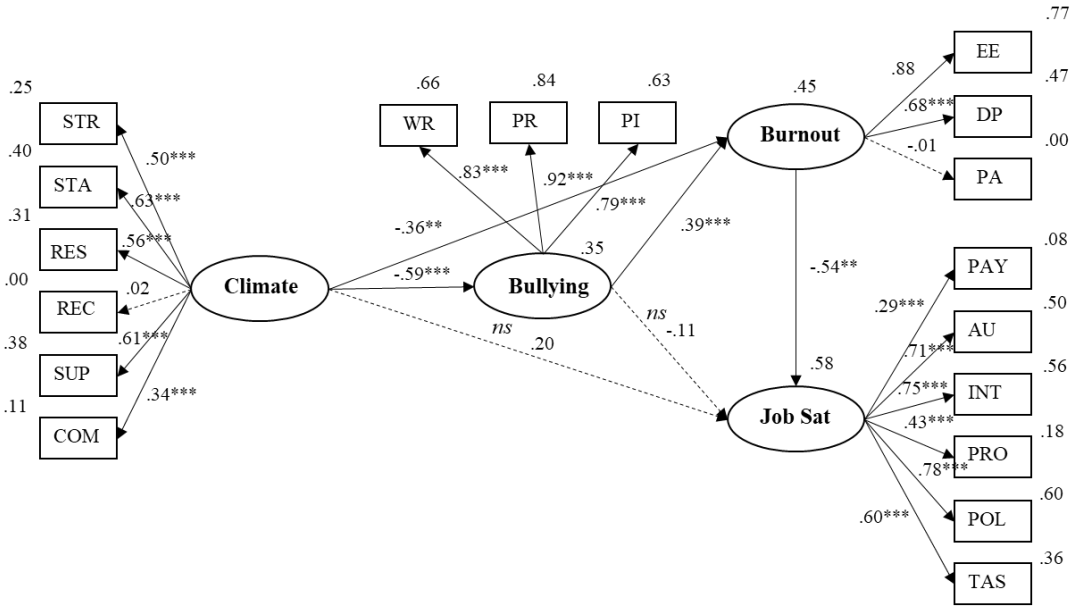
The first step: Testing the hypothesized model

The hypothesized model consisted of one exogenous latent variable as organizational climate and three endogenous latent variables, including workplace bullying, burnout, and job satisfaction. Validation of hypothesized model fit should be assessed by a variety of fit indices. Model-fit indices determine the degree to which the sample variance-covariance data fit the structural equation model (Schumacker & Lomax, 2010; Hair et al., 2010; Hu & Bentler, 1998). Several goodness-of-fit indicators were provided by the AMOS. In this study, the minimum chi-square value [CMIN], CMIN/ degrees of freedom (*df*), adjusted goodness of fit index [AGFI], the goodness of fit index [GFI], comparative fit index [CFI], and root square error of approximation [RMSEA] were used to validated the hypothesized models (Hair et al., 2010; Kline, 2011).

Chi-square was the statistically based measure of goodness-of-fit indices in the SEM analysis. The acceptance values indicate that a minimum chi-square value [CMIN] should be non-significant ($p > .05$) (Hair et al., 2010; Tabachnick & Fidell, 2007). The criterion of CMIN/ degrees of freedom (*df*) for acceptance varies, it could be ranging from less than 2.0 (Hair et al., 2010; Hu & Bentler, 1998; Tabachnick & Fidell, 2007) and to less than 5.0 indicating a reasonable fit (Wheaton, Muthen, Alwin, & Summers, 1977; Schumacker & Lomax, 2010).

The AGFI and GFI should be between 0.90 to 1.00 (Hair et al., 2010; Hu & Bentler, 1998). Comparative fit index [CFI], a cut off criterion of CFI was greater than 0.90 that was accepted for level of model fit (Blunch, 2013; Hooper, Caughlan, & Mullen, 2008) and ≥ 0.95 presented as a good fit model (Hu & Bentler, 1998). Interpretation of RMSEA value was often considered following levels: 0 = perfect fit; < 0.05 = close to fit; 0.05 to 0.08 = fair; 0.08 to 0.10 = moderate fit, and > 0.10 = poor fit (Blunch, 2013; Hooper et al., 2008; Hu & Bentler, 1998).

According to the measures of overall model fit index, the results of the hypothesized model showed that CMIN was 356.54 ($p = .000$, $df = 129$), CMIN/ df = 2.76, GFI = 0.84, AGFI = 0.79, CFI = 0.84, and RMSEA = 0.09. As a result, the hypothesized model did not fit the empirical data as shown in figure 4-5 and table 4-8.



χ^2 = 356.54, p = .000, df = 129, χ^2/df = 2.76, GFI = 0.84, AGFI = 0.79, CFI = 0.84, RMSEA = 0.09, *ns* = non-significant, *p < .05, **p < .01, ***p < .001

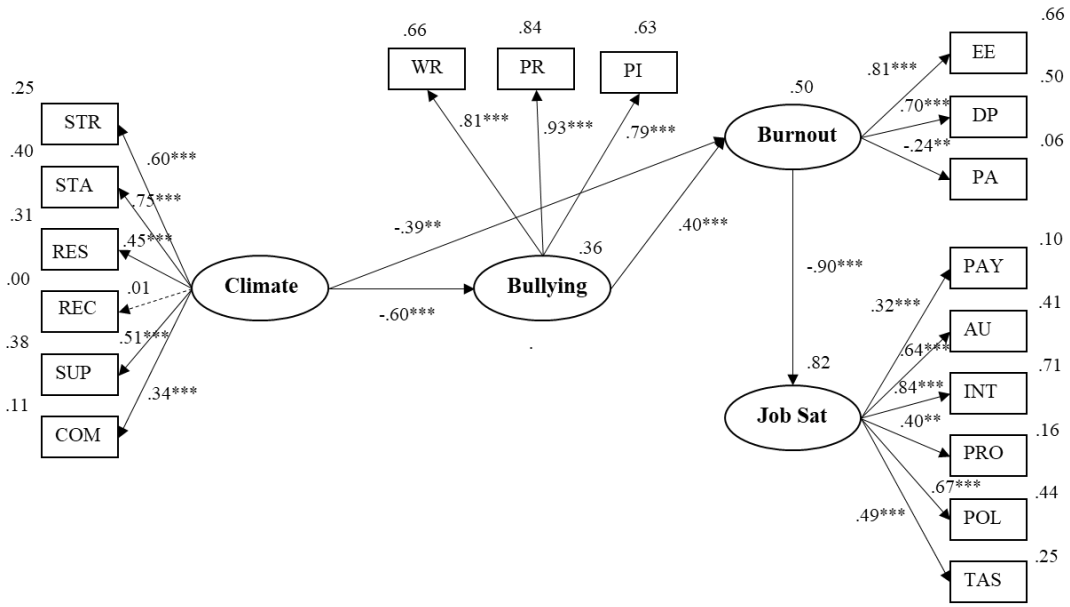
Figure 4-5 The hypothesized model of antecedent and consequences of workplace bullying among Thai newly RNs.

The second step: The model modification

Additionally, the hypothesized model did not fit the data. The model modification [MI] was used to improve model fit, by examining the MI indices from the results of analysis, by considering recommendation to adjust parameters in the model, and by considering the index model from the data analysis (Blunch, 2013; Shumacker & Lomax, 2010). The model trimming was used by deleting 2 parameters estimates with non-significant paths in the hypothesized model. Consequently, the hypothesized model was modified by modification indices until achieving the criteria for model goodness of fit (Kline, 2011).

Finally, the modified model tested until the model accomplished significantly goodness-of-fit coefficients and specified parameters as shown in figure 4-6. The overall model fit indexes of the modified model denoted that CMIN = 116.94 (p = 0.072, df = 96), CMIN/ df = 1.21, GFI = 0.95, AGFI = 0.91, CFI = 0.98, and

RMSEA = 0.03. Therefore, the modified model had a validation index of adequacy of the model at acceptable levels.



χ^2 = 116.94, p = 0.072, df = 96, χ^2/df = 1.21, GFI = 0.95, AGFI = 0.91, CFI = 0.98, RMSEA = 0.03.

Figure 4-6 The modified model of antecedent and consequences of workplace bullying among Thai newly RNs.

The summary of study results

Table 4-13 Parameter estimates of direct, indirect, and total effects of modified model (n = 220)

Causal variables	Workplace bullying			Burnout			Job satisfaction		
	DE	**IE**	**TE**	**DE**	**IE**	**TE**	**DE**	**IE**	**TE**
Organizational climate	-.60***	-	-.60***	-.39***	-.24***	-.63***	-	.57***	.57***
Workplace bullying	-	-	-	.39***	-	.39***	-	-.36***	-.36***
Burnout	-	-	-	-	-	-	-.90	-	-.90***
	R^2 = 0.36			R^2 = 0.50			R^2 = 0.82		

* = p < 0.05, ** = p < 0.01, *** = p < 0.001

Note: DE = direct effect, IE = indirect effect, TE = total effect

A comparison between the hypothesized and modified model indicated that the modified model had a better fit to the empirical data than the hypothesized model that presented in table 4-14.

Table 4-14 Statistics of model fit index between the hypothesized model and the modified model (n = 220)

Model fit criterion	Acceptable score	Hypothesized model	Modified model
CMIN	p > .05	x^2 = 356.54	x^2 = 116.94
		P =.000 (df = 129)	P = .072(df = 96)
CMIN/ df	< 2	2.76	1.21
AGFI	0.95-1.00 = fit	0.79	0.91
GFI	0.95-1.00 = fit	0.84	0.95
CFI	0.97-1.00 = fit	0.84	0.98
RMSEA	< 0.05 = fit	0.09	0.03

Hypotheses testing

In this study, six hypotheses were tested as follows:

Hypothesis one: Organizational climate has a negative direct effect on workplace bullying.

The parameter estimate of organizational climate had a negative direct effect on workplace bullying in the hypothesized model ($\beta = -0.59$, $p < .001$) and the modified model ($\beta = -0.60$, $p < .001$). Therefore, the study findings had supported this hypothesis.

Hypothesis two: Workplace bullying has a positive direct effect on burnout.

The path coefficient between workplace bullying had a positive direct effect on burnout in the hypothesized model ($\beta = 0.39$, $p < .001$) and the modified model ($\beta = 0.40$, $p < .001$). Therefore, the study findings were supported this hypothesis.

Hypothesis three: Workplace bullying has a negative direct effect on job satisfaction.

The study findings did not support this hypothesis. The direct negative effect of workplace bullying on job satisfaction was not statistically significant ($\beta = -0.11$, $p = 0.25$).

Hypothesis four: Burnout has a negative direct effect on job satisfaction.

The parameter estimate for burnout had a direct negative effect on job satisfaction both in the hypothesized model ($\beta = -0.54$, $p < 0.01$) and the modified model ($\beta = -0.90$, $p < 0.001$). Therefore, the results supported this hypothesis.

Hypothesis five: Organizational climate has a negative direct effect on burnout.

The parameter estimate for organizational climate had a direct negative effect on burnout both in the hypothesized model ($\beta = -0.36$, $p < 0.01$) and the modified model ($\beta = -0.39$, $p < 0.01$). Therefore, the results supported this hypothesis.

Hypothesis six: Organizational climate has a positive direct effect on job satisfaction.

The study findings did not support this hypothesis. The direct positive effect of organizational climate on job satisfaction was not statistically significant ($\beta = 0.20$, $p = 0.09$).

Summary

The results of perceptions of workplace bullying among newly RNs and test the causal relationship model between newly RNs perception of the antecedent of workplace bullying as organizational climate, and consequences of workplace bullying as burnout and job satisfaction. Descriptive statistics indicated the characteristics of newly RNs. Descriptive of four major variables as organizational climate, workplace bullying, burnout, and job satisfaction. Outlier, linearity, and multicollinearity of all variables were tested in the preliminary analyses and found acceptable regarding the assumptions for the multiple regression statistics used. While multivariate normality was higher than the absolute value. Then a bootstrap method was performed. Result revealed the hypothesized model did not fit the empirical data. Therefore, the modification of model was done until the goodness of fit indices was in a goodness of fit level. In the final modification mode, the result demonstrated model fit the empirical data (χ^2 = 116.94, p = 0.072, df = 96, χ^2/df = 1.21, GFI = 0.95, AGFI = 0.91, CFI = 0.98, and RMSEA = 0.03).

CHAPTER 5
CONCLUSION AND DISCUSSION

This chapter presents a summary and discussion of the study findings. It also includes strengths, limitations, suggestions, and recommendations.

Summary of the study

The purpose of this study was to explore perceptions of workplace bullying among newly licensed RNs and test a causal relationship model between new RNs' perceptions of the antecedent of workplace bullying (i.e. organizational climate) and consequences of workplace bullying (i.e. burnout and job satisfaction). A multi-stage sampling technique was used to recruit a sample of RNs who held the position of staff nurse and had worked as a staff nurse between one to three years. The sample of new RNs worked in regional hospitals under the jurisdiction of the Ministry of Public Health, Thailand. A total of 220 RNs were selected from eight randomly sampled hospitals that had been randomly drawn from four geographic regions in Thailand. The questionnaires included personal demographic information, OCQ, NAQ-R, MBI, and IWS. The Cronbach's alphas of OCQ, NAQ-R, MBI, and IWS were .81, .90, .89, and .80 respectively.

Study results found that a majority of the participants were female (94.10 %) with a mean age of 24.5 years, ranging from 21 to 31 years. One fourth (25.50 %) of the nurses worked in the surgical department. Over half (73.30 %) worked only in their department, not elsewhere. More than half the nurses (70.50 %) had not witnessed colleagues being bullied. The majority (80.0 %) of participants not felt bullied in the workplace.

The three highest rated negative acts that participants experienced on a weekly or daily basis included "Being shouted at or being the target of spontaneous anger" (8.7 %), "Spreading of gossip and rumours about you" (7.8 %), and "Having insulting or offensive remarks made about your person" (7.3 %). In contrast, most participants (98.2 %) had never experienced "Threats of violence or physical abuse or actual abuse."

The tested model found that the initial hypothesized model did not fit the data. Trimming the model was required until the final model reached the goodness-of-fit criterion.

The tested model showed that organizational climate had a negative direct effect on workplace bullying (β = -.65, $p < .001$), explaining 42 % of the variance of workplace bullying ($R^2 = .42$). Workplace bullying had a positive direct effect on burnout (β = .37, $p < .001$). Burnout had a direct negative effect on job satisfaction (β = -.95, $p < .001$), explaining 90 % of the variance of job satisfaction ($R^2 = .90$). Organizational climate had a negative indirect effect on burnout through workplace bullying (β = -.24, $p < .001$), explaining 58 % of the variance of burnout ($R^2 = .58$). Finally, organizational climate had a negative indirect effect on job satisfaction through workplace bullying and burnout (β = .67, $p < .001$), explaining 90 % of the variance of job satisfaction ($R^2 = .90$).

Discussion of the findings

Findings are discussed based on the conceptual framework. The two objectives of the study: a) to explore perceptions of workplace bullying among new RNs and b) the causal relationship model between new RNs perception of the antecedent of workplace bullying as organizational climate, and consequences of workplace bullying as burnout and job satisfaction.

1. Perception of workplace bullying among new Thai RNs.

The first objective of this study was to explore perceptions of workplace bullying by new Thai RNs. The proportion of participants (30.45 %, $n = 67$) who indicated that they had experienced some form of bullying within the previous six months was higher among new Thai RNs than reported elsewhere. It may callused by some new Thai RNs perceive workplace bullying from their senior as being a process of adjusting to nursing job or that is was an organizational culture, together with their expectations for a new job, lack of abilities to deal with problem and interpersonal relationships, which made them exposed to workplace bullying. Moreover, a more complex and stressful nursing environment was more likely to lead workplace bullying.

Workplace bullying is defined as a condition where an individual identifies him-or herself to be a victim. A victim is threatened by negative behaviors over a long time period with the intent to harm; the victim is unable to preserve him-or herself within the workplace (Einarsen et al., 2009; Einarsen et al., 2003). Many researchers suggest that a real or perceived imbalance of power between the bully and the victim is a necessary element in the workplace (Einarsen & Hoel, 2001; Matthiesen & Einarsen, 2001; Vartia, 2001; Zapf & Gross, 2001; Randle 2003; Hutchinson et al., 2006 b; Lewis, 2006). Additionally, Leymann (1990) suggests that to meet the criteria for bullying, negative acts need to occur on a weekly basis over a period of at least six months. Moreover, Einarsen and Hoel, (2001) and Einarsen et al. (2003) suggest that bullying can be more frequent (up to 2 times weekly), often beginning as work-related conflict, progressing with negative acts more frequently that surface as subtle and indiscrete, then escalating to more overt, aggressive acts. These acts suggest a broader range and degree of victimization.

In the U.S. state of Massachusetts, 31 % of new RNs perceived they had been exposed to workplace bullying at least twice weekly (Simons, 2008). Greek nurses stated that 30.2 % experienced workplace bullying (Karatza, Zyga, Tziaferi, & Prezerakos, 2016). Both in Japan (Yokoyama, Suzuki, Takai, Igarashi, Noguchi-Watanabe, & Yamamoto-Mitani, 2016) and South Korea (An & Kang, 2016), 18.5 % had similar experiences. On the other hand, 78.8 % of nurses working in tertiary hospitals in southeast Nigeria experienced bullying (Nwaneri, Onoka, & Onoka, 2017). Similarly, Berry et al. (2012) found that 44.7 % of new nurses surveyed in three U.S. states (Ohio, Kentucky, and Indiana) experienced workplace bullying over a 6-month period.

Most new Thai RNs (73.13 %, n = 49) indicated that a colleague was the perpetrator consistent with Vogelpohl, Rice, Edwards, and Bork. (2013) reported that 63.9 % (n = 76) of new graduate nurses indicated their perpetrators were peers. The highest frequency of the NAQ-R item in their study identified physically intimidating bullying as ‘Being shouted at as well as in the other studies (Chipps et al., 2013; Yun, et al., 2014). The next highest items in frequency were personal-related bullying, “Repeated reminders of your errors or mistakes” and “Spreading of gossip and rumours about you”, whereas those of “Threats of violence or physical abuse or actual

abuse" was consistently low (Chipps, et al, 2013).

The underlying reasons or causes of workplace bullying among new RNs may be related to the characteristics of nursing practice and the work environment, which are known to be fairly intense and stressful. Participants of this study indicated that a colleague was the perpetrator in workforce bullying. New RNs are less skilled than experienced nurses and are generally supervised by experienced nurses during their first year of employment thus, they were feel bullied by colleague. Vogelpohl et al. (2013) and Berry et al. (2012) also reported that peers were the source of bullying RNs. This might be explained, in part, because nurses who work across a three-shift system may experience fatigue and irritability, especially with colleagues. Samnani and Singh (2012) point that high job stress, conflict, and low autonomy are associated with higher levels of workplace bullying. In such a work climate, interpersonal conflict can be an undesired and unwanted consequence. Thus, the work environment or climate may be one major reason that fosters workplace bullying. The high numbers of reported bullying suggests for more clarity in understanding the work situation of new RNs.

2. Antecedent of workplace bullying as organizational climate, and consequences of workplace bullying as burnout and job satisfaction.

Organizational climate as the antecedent of workplace bullying

Findings from this study show that the means of each of the six dimension scores of organizational climate and the overall score have a moderate level of organizational climate. This suggests that new RNs perceived the organizational structure had a degree of flexibility in job and responsibilities, yet often resulting in ambiguity and confusion. The standard of work had less pressure. Though managers still had high performance expectations, the sense of pressure was not relentless. For their responsibility may work for some highly regulated activities or where risk avoidance is more important than achieving high results, especially if managers are new to their job. New RNs perceived that their pay for performance is equation. New Thai RNs perceived that there was sufficient teamwork and trust to solve problems, was not so overly nurturing as to discourage individual responsibility. Lastly, new RNs had a strong degree of loyalty toward the hospital where they worked, but it was not a blind loyalty.

The dimension of climate in the organization that lead to feel bullied in the workplace, such as poor structure as exposes staff to perceive not well organized and having a not clear definition of their role, low standard as staff feel the organization's performance expectation are irrelevant, low responsibility as staff don't feel they have freedom of action. If staffs are new and need closed supervision or if the task requires zero defects. Usually, low levels of individual responsibility demotivate people and discourage innovation and creativity.

Einersen et al. (2003) stated that workplace bullying is a dynamic process in the interaction between perpetrator, victim, and organization. Therefore, bullying may be the result of a combination of predisposing characteristics that lead to negative behaviors. Personality or situational factors may be the sources of aggressive behavior that co-exist with a lack of organization inhibitors of bullying behavior. The results confirm Einersen et al.'s (2003) postulation that poor organizational climate is a cause of workplace bullying.

The first hypothesis was supported by the findings that the parameter estimate of organizational climate had a negative direct effect on workplace bullying in the hypothesized model ($\beta = -.59$, $p < .001$), and the modified model ($\beta = -.60$, $p < .001$) could explain 36 % of the variance of workplace bullying ($R^2 = .36$). For the path coefficient determination, the guideline proposed by Kline (2011) indicates the standardized direct effect < .01 has a small effect, with values around .30 for a medium effect, and those > .50 for a large effect. The final model showed a direct negative influence of organizational climate on workplace bullying. This finding indicates the strength of the structural pathways in the antecedent of workplace bullying among new Thai RNs. These results explain that negative organizational climate is associated with increased perceptions of workplace bullying for new Thai RNs based on the model for the study and management of bullying at work (Einersen et al., 2003).

These results are consistent with research that has examined the relationship between organizational climate and workplace bullying (Giorgi et al., 2015; Chirila & Constantin, 2014; Qureshi et al., 2014). Giorgi et al. (2015) developed a bullying model that focused on the interaction between bullying and burnout in 658 nurses working at the local health authorities in Italy. They found that organizational climate

was associated with negative acts (NAQ-R) (β = -. 56). Chirila and Constantin (2014) identified organizational factors associated with workplace bullying among 253 non-nursing employees in Romania. They found that workplace bullying was significantly correlated with the organizational climate (r = -.50, p < .05). They reported a adjusted regression coefficient of determination for organizational climate that predicted 25 % of the workplace bullying. In this study, the author showed that a poor organizational climate correlated with workplace bullying with 25 % of the variance explained.

Qureshi et al. (2014) examined the relationships between organizational climate, workplace bullying, and workers' health in selected higher education institutions in Pakistan. The association between organizational climate and workplace bullying was β = -.78 (p < .05), indicating a negative relationship between organizational climate and workplace bullying.

Furthermore, prior research confirms similar findings for new Thai RNs, that organizational climate and workplace bullying are significantly correlated (Einarsen et al., 1994; Hole & Copper, 2000; Salin, 2003; Vertia, 2001). Moreover, a negative correlation between workplace bullying and organizational climate means that if organizational climate is not supportive of work (nursing practice), workplace bullying may follow.

Organizational climate is also related to burnout. Einarsen, 2000, Qureshi et al. (2014) reasoned that the negative organizational climate might facilitate bullying in the workplace. The findings for new Thai RNs show that organizational climate had a negative direct effect on burnout (β = -39, p < .001). This finding is similar to others that have examined the relationship between organizational climate, workplace bullying, burnout, and job satisfaction. Giorgi et al. (2015) found that organizational climate was associated with negative acts (NAQ-R) (β = -. 56, p < .05), and burnout was related to negative acts (β = .47, p < .05) and organizational climate (β = -.15, p < .05). For new Thai RNs, therefore, a negative organizational climate is associated with increased perception of workplace bullying and burnout.

The consequences of workplace bullying

Most new Thai RNs (69.55 %, n = 153) indicated that they had not been bullied. However, 30.44 % (n = 67) of new RNs indicated that they had experienced some form of bullying within the previous six months. They had a moderate degree of

burnout. The perception of workplace bullying was a positive correlation with burnout. These results affirmed that burnout was the consequence of workplace bullying for new Thai RNs. Workplace bullying affects individuals and organizations. Continuous acts of bullying can lead to serious harm to the victim. The outcome of continual exposure to bullying is burnout.

The second hypothesis**,** workplace bullying has a positive direct effect on burnout, was supported by results The path coefficient between workplace bullying had a positive direct effect on burnout in the hypothesized model ($\beta = .39$, $p < .001$) and the modified model ($\beta = .40$, $p < .001$). Workplace bullying had a positive direct effect on burnout ($\beta = .40$, $p < .001$), explaining 50 % of the variance of burnout ($R^2 = .50$). The final model showed a moderate strength of the structural pathways direct positive influence of workplace bullying on burnout, as measured by the path coefficient determination.

These results are consistent with several prior studies that burnout is a consequence of workplace bullying (Laschinger et al., 2010; Nielsen & Einarsen, 2012; Chipps et al., 2013). Laschinger et al. (2010) tested a six areas of worklife model that links workplace actors and personal dispositional factors. In that study, 165 new graduate Canadian nurses in Ontario, who had one year or less than experience in nursing reported a high level of emotional exhaustion ($M = 3.15$, $SD = 1.62$). All aspects of bullying were statistically significantly related to burnout. The strongest associations were between the emotional MBI-Gs exhaustion subscale and the NAQ work-related subscale ($r = 0.53$, $p < .01$). Additionally, they reported workplace bullying was significantly related to all three components of burnout (Emotional exhaustion: $\beta = .41$, Cynicism: $\beta = .28$, efficacy: $\beta = -.17$).

Nielsen and Einarsen (2012) conducted two meta-analyses of potential individual-level outcomes of exposure to workplace bullying. They reported that bullying was positively associated with burnout ($r = .27$, $p < .001$). Read and Laschinger (2013) explored correlates of new 342 graduate nurses' experiences of workplace mistreatment in Ontario and found that emotional exhaustion (burnout) was related to workplace bullying ($\beta = .46$, $p = .05$). Chipps et al. (2013) likewise described the incidence of workplace bullying among 167 perioperative RNs and found a significant moderate positive correlation among bullying frequency

(rho = -.31, $p < .001$), bullying intensity (rho = .54, $p < .001$), and emotional exhaustion. Also, Allen, et al. (2015) examined the relationship between bullying and burnout and the potential buffering effect that psychological detachment might have on this relationship. They found workplace bullying and burnout were significantly, positively correlated ($r = 0.38$, $p < .001$) and workplace bullying was a significant predictor of burnout ($\beta = .22$, $p < .001$). Other studies have also shown statistically significant associations between workplace bullying and burnout (Sa & Fleming, 2008; Nielsen & Einarsen, 2012; Allen et al., 2014).

The findings revealed that workplace bullying is positively related to burnout for new Thai RNs. The findings are congruent with those reported in multiple other studies.

Although the hypothesized relationship between workplace bullying and job satisfaction was negative, the direct negative effect was not statistically significant ($\beta = -.11$, $p = .25$). It may cause by almost questionnaire item asked about feeling not mention to job outcome. The negative relationship between workplace bullying and job satisfaction is supported by prior research. Read and Laschinger (2013) explored correlates of new graduate nurses' experiences of workplace mistreatment with 342 new graduate nurses in Ontario. Job satisfaction was strongly linked to workplace bullying ($\beta = -.46$, $p = .05$). Chang and Cho (2016) examined the prevalence of workplace violence toward 312 newly licensed nurses working in a hospital or clinic in South Korea and found that bullying was a significantly related to four job outcomes: job satisfaction, burnout, commitment to the workplace, and intent to leave. In the two meta-analyses mentioned earlier of potential individual-level outcomes of exposure to workplace bullying, Nielsen and Einarsen (2012) found workplace bullying was negatively associated with job satisfaction ($r = -.22$, $p < .001$). Olsen, Bjaalid, and Mikkelsen (2017) examined a proposed bullying model, including both job resource and job demands, with 2,946 registered nurses from four public Norwegian hospitals. They found workplace bullying had directed negative influence on job satisfaction ($\beta = -.10$, $p < .001$). Additional research also supports that bullying behaviors negatively influence job satisfaction of nurses (Rodwell, Demir, & Steans, 2013).

In summary, the finding of new Thai RNs showed that, workplace bullying was positively related to burnout, workplace bullying was negatively related to job satisfaction through burnout. The more conclusive finding is that burnout was negatively related to the job satisfaction. However, the remark of R^2 that very high (R^2 = .82) it may cause by mono method bias and the items of the questionnaire were closely.

Limitation

This study has a some limitations that should be acknowledged. First, the participants were recruited from new RNs who had work experience from one to three years. Generalizability to other groups may be limited. Second, the research design was cross-sectional. Interpretating a causal relationship must be considered with caution. Third, the cutoff score of NAQ-R may not fit well with Thai culture. Additional research exploring a receiver operation curve [ROC] is needed to determine appropriate cut points. Further investigation and modifications are needed.

Implications

1. Implication for nursing administrator

Organizational climate is a strong negative correlation with workplace bullying. Moreover, workplace bullying was positive relationship with burnout and increase job dissatisfaction. Findings from this study suggest that nurse's manager or health care administrator raise the staff to aware of a negative behavior that lead to bullying in the workplace. Additionally, provide the good organizational climate such as built nursing staff's sense of being well organized and of having a clear definition of their role and responsibilities, drive high performance by pressure to continually improve performances, make staff's feelings of being their own boos and not having to double-check decisions with others, being reward for a job well done, and trust and support when collaboration and teamwork are required and expected.

2. Implications for Nursing Education

Nursing education departments in hospital systems should consider using the results from this study to design orientation programs, nurse residency programs for new-to-practice nurses which is the policy of Thailand Nursing and Midwifery

Council (Pookboonmee, 2017), and in-service education programs for all staff by addressing workplace bullying. Leaders in healthcare organizations should advocate for extensive unit, hospital, and system resources to raise awareness about workplace bullying and how to counter its effects and extinguish negative behaviors.

Within academic settings, nursing education aims to prepare and empower undergraduate nursing students and graduate nurses to succeed in diverse environments. As the findings suggest, new Thai RNs will likely encounter bullying in the places they work. Knowing how to respond to bullying is key to successfully navigating episodes of workplace bullying. Formal academic nursing education programs and continuing education providers can begin to address bullying from the outset of nursing students' careers by including bullying prevention strategies in the curricula in a classroom, clinical lab, service project, and co-curricular activity settings.

Recommendations for future research

The findings from this study provide a guide for future research:

1. As studies of workplace bullying in nursing continue, maintaining the use of instruments, definitions of workplace bullying, and theoretical frameworks that are the same or similar would contribute to building a strong body of evidence to form best practice. Larger sample sizes are needed across health systems, and hospitals. In a profession known for caring for others, bullying behavior among nurses is not best practice. Building a body of knowledge from which to make changes will improve the organizational climate, burnout, nurses' job satisfaction, and desire to remain in one's job and nursing.

2. Future research examining bullying in nursing should consider the theoretical approach in framing the study. Numerous studies have viewed bullying through the lens of oppressed group theory, and yet this theoretical approach holds little hope for the future of nursing.

3. This particular finding leads us to reflect on the importance that workplace bullying perception has on burnout and job dissatisfaction. Negative organizational climate perception could be considered tolerable and endurable, whereas when employees suffer burnout and bullying simultaneously, they could be perceived as harmful and intolerable, causing job dissatisfaction. Consequently,

bullying and burnout can intensify the effect of negative workplace climate on job dissatisfaction. The findings suggest the need to develop nursing interventions by integrating a set of predictors and evaluating the nursing programs.

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APPENDICES

APPENDIX A

List of experts

List of experts

1. Assoc. Prof. Dr. Sumeth Deoisres	Burapha University
2. Assoc.Prof. Dr. Patraporn Tungpunkom	Faculty of Nursing Chiang Mai University
3. Assist. Prof. Dr. Phattharamanat Maneejiraprakarn	Faculty of Nursing, Naresuan University

APPENDIX B

Ethical document

THE INSTITUTINAL REVIEW BOARD (IRB) FOR GRADUATE STUDIES
FACULTY OF NURSING, BURAPHA UNIVERSITY, THAILAND

Thesis Title Workplace Bullying among Thai Newly Registered Nurses: A Casual Model of Antecedent and Consequence

Name Miss Patcharin Sungwan
ID: 56810010
Doctor of Philosophy in Nursing Science (International Program)

Number of the IRB approval 04 – 09 – 2559

The Institutional Review Board (IRB) for graduate studies of Faculty of Nursing, Burapha University reviewed your submitted proposal. The contingencies have been addressed and the IRB **approves** the protocol. Work on this project may begin. This approval is for a period of one year from the date of this letter and will require continuation approval if the research project extends beyond **October 12nd, 2017.**

If you make any changes to the protocol during the period of this approval, you must submit a revised protocol to the IRB committee for approval before implementing the changes.

Date of Approval October 12nd, 2016

Chintana Wacharasin, R.N., Ph.D.

Chairperson of the IRB
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ใบยินยอมเข้าร่วมการวิจัย

หัวข้อดุษฎีนิพนธ์ เรื่อง การถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพไทยที่จบใหม่: แบบจำลองเชิงสาเหตุและผลลัพธ์

วันให้คำยินยอม วันที่.....เดือน.....พ.ศ.....

ก่อนที่จะลงนามในใบยินยอมเข้าร่วมการวิจัยนี้ ข้าพเจ้าได้รับการอธิบายจากผู้วิจัยถึงวัตถุประสงค์ของการวิจัย วิธีการวิจัย ประโยชน์ที่จะเกิดขึ้นจากการวิจัยอย่างละเอียดและมีความเข้าใจดีแล้ว ข้าพเจ้ายินดีเข้าร่วมโครงการวิจัยนี้ด้วยความสมัครใจ และข้าพเจ้ามีสิทธิที่จะบอกเลิกการเข้าร่วมในโครงการวิจัยนี้เมื่อใดก็ได้ และการบอกเลิกการเข้าร่วมการวิจัยนี้จะไม่มีผลกระทบใด ๆ ต่อข้าพเจ้า

ผู้วิจัยรับรองว่าจะตอบคำถามต่าง ๆ ที่ข้าพเจ้าสงสัยด้วยความเต็มใจ ไม่ปิดบัง ซ่อนเร้น จนข้าพเจ้าพอใจ ข้อมูลเฉพาะเกี่ยวกับตัวข้าพเจ้าจะถูกเก็บเป็นความลับและจะเปิดเผยในภาพรวมที่เป็นการสรุปผลการวิจัย

ข้าพเจ้าได้อ่านข้อความข้างต้นแล้ว และมีความเข้าใจดีทุกประการ และได้ลงนามในใบยินยอมนี้ด้วยความเต็มใจ

ลงนาม.....ผู้ยินยอม

(.....)

ลงนาม.....พยาน

(.....)

ลงนาม.....ผู้วิจัย

(นางสาวพัชรินทร์ สังวาลย์)

เอกสารชี้แจงผู้เข้าร่วมการวิจัย
(กลุ่มทดลอง)

การวิจัยเรื่อง การถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพไทยที่จบใหม่: แบบจำลองเชิงสาเหตุและผลลัพธ์

รหัสจริยธรรมการวิจัย 04-09-2559

ชื่อผู้วิจัย นางสาวพัชรินทร์ สังวาลย์

การวิจัยครั้งนี้ทำขึ้นเพื่อ พัฒนาและทดสอบความเชื่อมโยงของของแบบจำลองตามการรับรู้ของพยาบาลวิชาชีพไทยที่จบใหม่ เกี่ยวกับสาเหตุและผลลัพธ์ของการถูกข่มเหงรังแกในที่ทำงาน

ท่านได้รับเชิญให้เข้าร่วมการวิจัยครั้งนี้เนื่องจากท่านเป็นผู้ที่มีคุณสมบัติตรงกับการศึกษาครั้งนี้ คือเป็นพยาบาลวิชาชีพจบใหม่ที่ปฏิบัติงานในโรงพยาบาลศูนย์ สังกัดกระทรวงสาธารณสุข ซึ่งมีประสบการณ์การทำงานระหว่าง 1 ถึง 2 ปี และสมัครใจเข้าร่วมงานวิจัย ซึ่งการวิจัยนี้ต้องการพยาบาลวิชาชีพเข้าร่วมวิจัย จำนวน 220 ท่าน ระยะเวลาที่ใช้ในการเก็บข้อมูลในการทำวิจัยครั้งนี้อยู่ระหว่างเดือน พฤศจิกายน พ.ศ. 2559 ถึง เมษายน พ.ศ. 2560

เมื่อท่านเข้าร่วมการวิจัยแล้ว สิ่งที่ท่านจะต้องปฏิบัติคือ ตอบแบบสอบถามตามความเป็นจริงด้วยตัวของท่านเอง แบบสอบถามมีจำนวน 5 ชุด คือ 1) ข้อมูลส่วนบุคคลของตัวท่าน 2) แบบสอบถามบรรยากาศองค์การ 3) แบบสอบถามพฤติกรรมอันไม่พึงประสงค์ 4)แบบวัดความเหนื่อยหน่าย และ 5) แบบสอบถามความพึงพอใจในงานของพยาบาลวิชาชีพ ซึ่งจะใช้เวลาทั้งสิ้นประมาณ 60 นาที

ประโยชน์ที่ท่านจะได้รับคือ ผลการวิจัยครั้งนี้จะเป็นข้อมูลพื้นฐานในการจัดทำนโยบายหรือแนวทางการปฏิบัติ ในการจัดการหรือป้องกันความรุนแรงที่เกิดขึ้นในสถานที่ทำงาน โดยเฉพาะ การข่มเหงรังแกพยาบาลวิชาชีพใหม่

การเข้าร่วมการวิจัยของท่านครั้งนี้เป็นไปด้วยความสมัครใจ ท่านมีสิทธิการเข้าร่วมโครงการวิจัยหรือถอนตัวออกจากโครงการวิจัยได้ตลอดเวลาโดยไม่มีมีผลกระทบใด ๆ ทั้งสิ้น และไม่ต้องแจ้งให้ผู้วิจัยทราบล่วงหน้า ผู้วิจัยจะเก็บรักษาข้อมูลของท่านโดยใช้รหัสตัวเลขแทนการระบุชื่อ ชั้น และสิ่งใด ๆ ที่อาจอ้างอิงหรือทราบได้ว่าข้อมูลนี้เป็นของท่าน ข้อมูลของท่านที่เป็น

กระดาษแบบสอบถามจะถูกเก็บอย่างมิดชิด และปลอดภัยในตู้เก็บเอกสารและล็อคกุญแจตลอดเวลา สำหรับข้อมูลที่เก็บในคอมพิวเตอร์ของผู้วิจัยจะถูกใส่รหัสผ่าน ข้อมูลที่กล่าวมาทั้งหมดจะมีเพียงผู้วิจัยและอาจารย์ที่ปรึกษาเท่านั้นที่สามารถเข้าถึงข้อมูลได้ ผู้วิจัยจะรายงานผลการวิจัยและการเผยแพร่ผลการวิจัยในภาพรวม โดยไม่ระบุข้อมูลส่วนบุคคลของท่าน ดังนั้นผู้อ่านงานวิจัยจะทราบเฉพาะผลการวิจัยเท่านั้น สุดท้ายหลังจากผลการวิจัยได้รับการตีพิมพ์เผยแพร่ในวารสารเรียบร้อยแล้ว ข้อมูลทั้งหมดจะถูกทำลาย

หากท่านมีปัญหาหรือข้อสงสัยประการใด สามารถสอบถามได้โดยตรงจากผู้วิจัยในวันทำการรวบรวมข้อมูล หรือสามารถติดต่อสอบถามเกี่ยวกับการวิจัยครั้งนี้ได้ตลอดเวลาที่ นางสาวพัชรินทร์ สังวาลย์ หมายเลขโทรศัพท์ 086-876-9739 หรือที่ รองศาสตราจารย์ ดร.วรรณี เดียวอิศเรศ อาจารย์ที่ปรึกษาหลัก หมายเลขโทรศัพท์ 082-993-3483

นางสาวพัชรินทร์ สังวาลย์
ผู้วิจัย

หากท่านได้รับการปฏิบัติที่ไม่ตรงตามที่ได้ระบุไว้ในเอกสารชี้แจงนี้ ท่านจะสามารถแจ้งให้ประธานคณะกรรมการพิจารณาจริยธรรมฯ ทราบได้ที่ เลขานุการคณะกรรมการจริยธรรมฯ ฝ่ายวิจัย คณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา โทร. 038-102823

18 ถนนเทศบาล 4
อำเภอเมือง จังหวัดสระบุรี

โทรศัพท์ 036-316555
โทรสาร 036-211624

เอกสารรับรองโครงการ
คณะกรรมการจริยธรรมการวิจัยในคน โรงพยาบาลสระบุรี

หมายเลข 091/2016

ชื่อโครงการภาษาไทย : การถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพไทยที่จบใหม่:แบบจำลองเชิงสาเหตุและผลลัพธ์

รหัสโครงการ : EC110/02/2016

หัวหน้าโครงการ : นางสาวพัชรินทร์ สังวาล

สถานที่ทำวิจัย : โรงพยาบาลสระบุรี

เอกสารที่รับรอง :

1. แบบเสนอโครงการวิจัยเพื่อขอรับการพิจารณาจากคณะกรรมการจริยธรรมการวิจัยในคน
2. โครงร่างการวิจัย
3. แบบสอบถาม
4. ประวัติผู้วิจัย

วันที่รับรอง : 30 พฤศจิกายน พ.ศ.

วันหมดอายุ : 30 พฤศจิกายน 2560

คณะกรรมการจริยธรรมการวิจัยในคน โรงพยาบาลสระบุรี ดำเนินการให้การรับรองโครงการวิจัยตามแนวทางหลังจริยธรรมการวิจัยในคนที่เป็นสากล อาทิเช่ *Declaration of Helsinki, The Belmont Report, CIOMS Guidelines* และ *The International Conference on Harmonization in Good Clinical Practice (ICH-GCP)*

ลงนาม .....
(นายแพทย์ณรงค์ศักดิ์ วัชโรทน)
ประธานคณะกรรมการจริยธรรมการวิจัยในคน

06 ส.ค. 2559
วันที่

ลงนาม .....
(นายแพทย์สุรโชค ต่างวิวัฒน์)
ผู้อำนวยการโรงพยาบาลสระบุรี

09 ส.ค. 2559
วันที่

เอกสารรับรองจริยธรรมทางการวิจัย

เอกสารฉบับนี้ เพื่อแสดงว่า โครงการวิจัย
เรื่อง การถูกข่มเหงรังแกในที่ทำงานของพยาบาวิชาชีพไทยที่จบใหม่ : แบบจำลองเชิงสาเหตุและผลลัพธ์

ผู้วิจัย คือ นางสาวพัชรินทร์ สังวาลย์
หน่วยงาน คณะพยาบาลศาสตร์ มหาวิทยาลัยบรูพา
ได้ผ่านการพิจารณาจากคณะกรรมการจริยธรรมการวิจัยในมนุษย์ โรงพยาบาลสุราษฎร์ธานีแล้ว และเห็นว่า ผู้วิจัยต้องดำเนินการตามโครงการวิจัยที่ได้กำหนดไว้แล้ว หากมีการปรับเปลี่ยนหรือแก้ไขใด ๆ ควรผ่านความเห็นชอบหรือแจ้งต่อคณะกรรมการจริยธรรมทางการวิจัยอีกครั้ง

ออกให้ ณ วันที่ ๓๐ เดือน มกราคม พ.ศ. ๒๕๖๐

ลงชื่อ
(นายดามพ์ มุกด์มณี)
นายแพทย์ ระดับชำนาญการ
ประธานคณะกรรมการจริยธรรมการวิจัยในมนุษย์

ลำดับที่ ๑/๒๕๖๐

คณะกรรมการจริยธรรมการวิจัยในมนุษย์ โรงพยาบาลสุราษฎร์ธานี ถ.ศรีวิชัย อ.เมือง จ.สุราษฎร์ธานี ๘๔๐๐๐
โทร. (๐๗๗) ๙๑๕๖๐๐ ต่อ ๑๔๐๐, โทรสาร (๐๗๗) ๙๑๕๖๔๒

เลขที่รับรองEC ที่ ๒๙ /๒๕๕๙

โรงพยาบาลอุดรธานี
หนังสือฉบับนี้ให้ไว้เพื่อแสดงว่า

โครงการวิจัยเรื่อง :

ภาษาไทย : **การถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพไทยที่จบใหม่ : แบบจำลองเชิงสาเหตุและผลลัพธ์**

ภาษาอังกฤษ : Workplace bullying among Thai newly registered nurses : A causal model of antecedent and consequences.

ผู้วิจัยหลัก : นางสาวพัชรินทร์ สังวาลย์

หน่วยงาน : คณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา

สำหรับเอกสาร :

๑. แบบเสนอเพื่อขอรับการพิจารณาจริยธรรมการทำวิจัยในมนุษย์
๒. ประวัติและความชำนาญของนักวิจัย
๓. เอกสารชี้แจงผู้เข้าร่วมการวิจัย
๔. ใบยินยอมเข้าร่วมโครงการวิจัย
๕. แบบสอบถามพยาบาลวิชาชีพ
๖. เอกสารรับรองจริยธรรมการวิจัย คณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา
Number of the IRB approval ๐๔ – ๐๙ – ๒๕๕๙

ได้ผ่านการรับรองจากคณะกรรมการจริยธรรมการวิจัยในมนุษย์โรงพยาบาลอุดรธานี โดยยึดหลักเกณฑ์ตามคำประกาศเฮลซิงกิ(declaration of Helsinki) และแนวทางการปฏิบัติการวิจัยทางคลินิกที่ดี (ICH GCP) โดยขอให้รายงานความก้าวหน้าของโครงการวิจัยทุก ๑๒ เดือน

ให้ไว้ ณ วันที่ ๑๖ ธันวาคม พ.ศ. ๒๕๕๙

(นางสาวสุกัญญา ภัยหลีลี้)
นายแพทย์เชี่ยวชาญ
ประธานคณะกรรมการจริยธรรมการวิจัยในมนุษย์ โรงพยาบาลอุดรธานี

วันหมดอายุ : ๑๖ ธันวาคม ๒๕๖๐

โรงพยาบาลอุดรธานี
๓๓ ถ.เพาะนิยม ต.หมากแข้ง อ.เมือง จ.อุดรธานี
โทร (๐๔๒)๒๔๕๕๕๕ ต่อ ๓๔๑๙ , โทรสาร (๐๔๒)๒๔๗๗๑๑

หนังสือรับรองการพิจารณาจริยธรรมการวิจัยในคน

สำนักงานคณะกรรมการพิจารณาจริยธรรมการวิจัยในคน จังหวัดจันทบุรี
โรงพยาบาลพระปกเกล้า อำเภอเมือง จังหวัดจันทบุรี
เอกสารรับรองเลขที่ CTIREC 049 วันที่ 15 พ.ย. 2559
ชื่อโครงการวิจัยเรื่อง

การถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพไทยที่จบใหม่ : แบบจำลองเชิงสาเหตุและผลลัพธ์
Workplace bullying among Thai newly registered nurses : A causal model of antecedent and consequences

เลขที่โครงการ	CTIREC 067/59
ชื่อหัวหน้าโครงการ	นางสาวพัชรินทร์ สังวาลย์
หน่วยงานที่สังกัด	คณะพยาบาลศาสตร์ มหาวิทยาลัยพะเยา
วิธีการทบทวน	การพิจารณาโครงการวิจัยแบบเร่งด่วน
รายงานความคืบหน้า	เมื่อดำเนินการเสร็จสิ้นแต่ไม่เกิน 1 ปี
เอกสารที่ได้การรับรอง	

1. โครงร่างงานวิจัยเรื่อง การถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพไทยที่จบใหม่ : แบบจำลองเชิงสาเหตุและผลลัพธ์
2. แบบเอกสารชี้แจงข้อมูลสำหรับอาสาสมัคร (Participant information sheet)
3. แบบเอกสารแสดงความยินยอมโดยได้รับการบอกกล่าว (Informed consent form)
4. แบบสอบถามการวิจัย

คณะกรรมการพิจารณาจริยธรรมการวิจัยในคน จังหวัดจันทบุรีขอรับรองว่าโครงการดังกล่าวข้างต้นได้ผ่านการพิจารณาเห็นชอบโดยสอดคล้องกับแนวทางที่เป็นมาตรฐานสากลได้แก่ Declaration of Helsinki, The Belmont Report, CIOMS Guideline และ International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

ลงนาม .....
(ดร.พรทิพย์ สุขอดิศัย)
เลขานุการคณะกรรมการพิจารณาจริยธรรมการวิจัยในคน จังหวัดจันทบุรี

ลงนาม .....
(นายแพทย์ทนง ประสานพานิช)
ประธานคณะกรรมการพิจารณาจริยธรรมการวิจัยในคน จังหวัดจันทบุรี

วันที่รับรอง 15 พ.ย. 2559

วันที่เอกสารรับรองหมดอายุ 31 พ.ค. 2560

นักวิจัยทุกท่านที่ผ่านการรับรองจริยธรรมการวิจัยต้องปฏิบัติดังต่อไปนี้

1. ดำเนินการวิจัยตามที่ระบุไว้ในโครงร่างการวิจัยอย่างเคร่งครัด
2. ใช้เอกสารแนะนำอาสาสมัคร ใบยินยอม (และเอกสารเชิญเข้าร่วมวิจัยหรือใบโฆษณาถ้ามี) แบบสัมภาษณ์ และหรือแบบสอบถาม เฉพาะที่มีตราประทับของคณะกรรมการพิจารณาจริยธรรมเท่านั้น และส่งสำเนาเอกสารดังกล่าวที่ใช้กับผู้เข้าร่วมวิจัยจริงรายแรกมาที่สำนักงานคณะกรรมการพิจารณาจริยธรรมการวิจัย เพื่อเก็บไว้เป็นหลักฐาน
3. รายงานเหตุการณ์ไม่พึงประสงค์ร้ายแรงที่เกิดขึ้นหรือการเปลี่ยนแปลงกิจกรรมวิจัยใดๆ ต่อคณะกรรมการพิจารณาจริยธรรมการวิจัย ภายในเวลาที่กำหนด
4. ส่งรายงานความก้าวหน้าต่อคณะกรรมการพิจารณาจริยธรรมการวิจัย ตามเวลาที่กำหนดหรือเมื่อได้รับการร้องขอ
5. หากการวิจัยไม่สามารถดำเนินการเสร็จสิ้นภายในกำหนด ผู้วิจัยต้องยื่นขออนุมัติใหม่ก่อน อย่างน้อย 1 เดือน
6. หากการวิจัยเสร็จสมบูรณ์ผู้วิจัยต้องแจ้งปิดโครงการตามแบบฟอร์มที่กำหนด

THE RESEARCH ETHICS COMMITTEE OF HATYAI HOSPITAL (REC-HY)

HATYAI HOSPITAL 182 , HATYAI, SONGKHLA 90110 THAILAND

DOCUMENTARY PROOF OF ETHICAL CLEARANCE COMMITTEE ON HUMAN RIGHTS RELATED TO RESEARCHES INVOLVING HUMAN SUBJECTS

			Type of reviews
id	87		
Date	24/11/2559	expired after 1 year of issuing	Full board review ☐
Protocol number	94/2559		Expedited review ✔
			Exemption ☐

Project title การถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพไทยที่จบใหม่:แบบจำลองเชิงสาเหตุและผลลัพธ์
(Workplace bullying among Thai newly registered nurses: A causal model of Antecedent and consequences)

Investigators นางสาวพัชรินทร์ สังวาลย์
(Miss.Patcharin Sungwan)

Institution มหาวิทยาลัยบูรพา คณะพยาบาลศาสตร์
(Burapa university Faculty of Nurse)

Document: protocol ✔ Document: others **Question nair**

Document: informed consent ✔

Progress report ☐ This document is approved for "conduct of research" only.

Final report ☐ Progress report and final report have not been received yet except notification.

The aforementioned documents have been reviewed and acknowledged by Committe human rights related to researches involving human subjects, based on the declaration of Helsinki

Signature of Chairman .....

Pairoj Boonluksiri

Signature of Committee .....

Benthira Rachatapantanakorn

RYH 4/2560

โรงพยาบาลระยอง
RAYONG HOSPITAL

แบบรายงานผลการพิจารณาจริยธรรมการวิจัยในมนุษย์
โรงพยาบาลระยอง

โครงการวิจัย

ภาษาไทย การถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพไทยที่จบใหม่ : แบบจำลองเชิงสาเหตุและผลลัพธ์

ภาษาอังกฤษ Workplace bulling among Thai newly registered nurses : A causal model of antecedent and consequences

ผู้วิจัยหลัก นางสาวพัชรินทร์ สังวาลย์ อาจารย์กลุ่มวิชาการพยาบาลขั้นพื้นฐาน คณะพยาบาลศาสตร์ มหาวิทยาลัยพะเยา

ผู้ร่วมวิจัย -

สถานที่ดำเนินการวิจัย หอผู้ป่วยที่พยาบาลวิชาชีพจบใหม่ กลุ่มการพยาบาล โรงพยาบาลระยอง

ระยะเวลาดำเนินการวิจัย เดือนธันวาคม ๒๕๕๙ ถึง เดือนมกราคม ๒๕๖๐

เอกสารที่แนบมาเพื่อพิจารณา

๑.โครงร่างงานวิจัย
๒.ข้อพิจารณาทางด้านจริยธรรม
๓.เอกสารชี้แจงข้อมูล/คำแนะนำสำหรับผู้เข้าร่วมงานวิจัย
๔.แบบสอบถาม

คณะกรรมการพัฒนางานวิจัยโรงพยาบาลระยอง ได้พิจารณาโครงร่างงานวิจัยแล้วอนุญาตให้ดำเนินการศึกษาวิจัยเรื่องข้างต้น ทั้งนี้ขอให้ท่านรายงานผลการศึกษาให้คณะกรรมการทราบเมื่อ สิ้นสุดการทำวิจัยและหรือเมื่อมีการเปลี่ยนแปลงวิธีการวิจัย รวมถึงเกิดเหตุการณ์ไม่พึงประสงค์หรือเกิดอันตรายต่อกลุ่มตัวอย่างหรือเมื่อมีการยุติการทำวิจัย

(.....)
นายแพทย์สมบูรณ์ มะสิขาว
ประธานคณะกรรมการพัฒนางานวิจัยโรงพยาบาลระยอง

NO. ๗๕/๒๕๕๙

แบบรับรองการดำเนินการวิจัยในมนุษย์
คณะกรรมการรักษามาตรฐานและจริยธรรมวิชาชีพ
โรงพยาบาลลำปาง

๑.ชื่อโครงการวิจัย (ภาษาไทย) การถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพไทยที่จบใหม่: แบบจำลองเชิงสาเหตุและผลลัพธ์
(ภาษาอังกฤษ) Workplace bullying among Thai newly registered nurses: A causal model of antecedent and consequences
๒.ชื่อหัวหน้าโครงการวิจัย นางสาวพัชรินทร์ สังวาลย์
หน่วยงานที่สังกัด นิสิตหลักสูตรปรัชญาดุษฎีบัณฑิต สาขาวิชาพยาบาลศาสตร์ คณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา
โทรศัพท์ ๐ ๘๖๘๗๖๙๗๓๙
ชื่อผู้วิจัยร่วม -

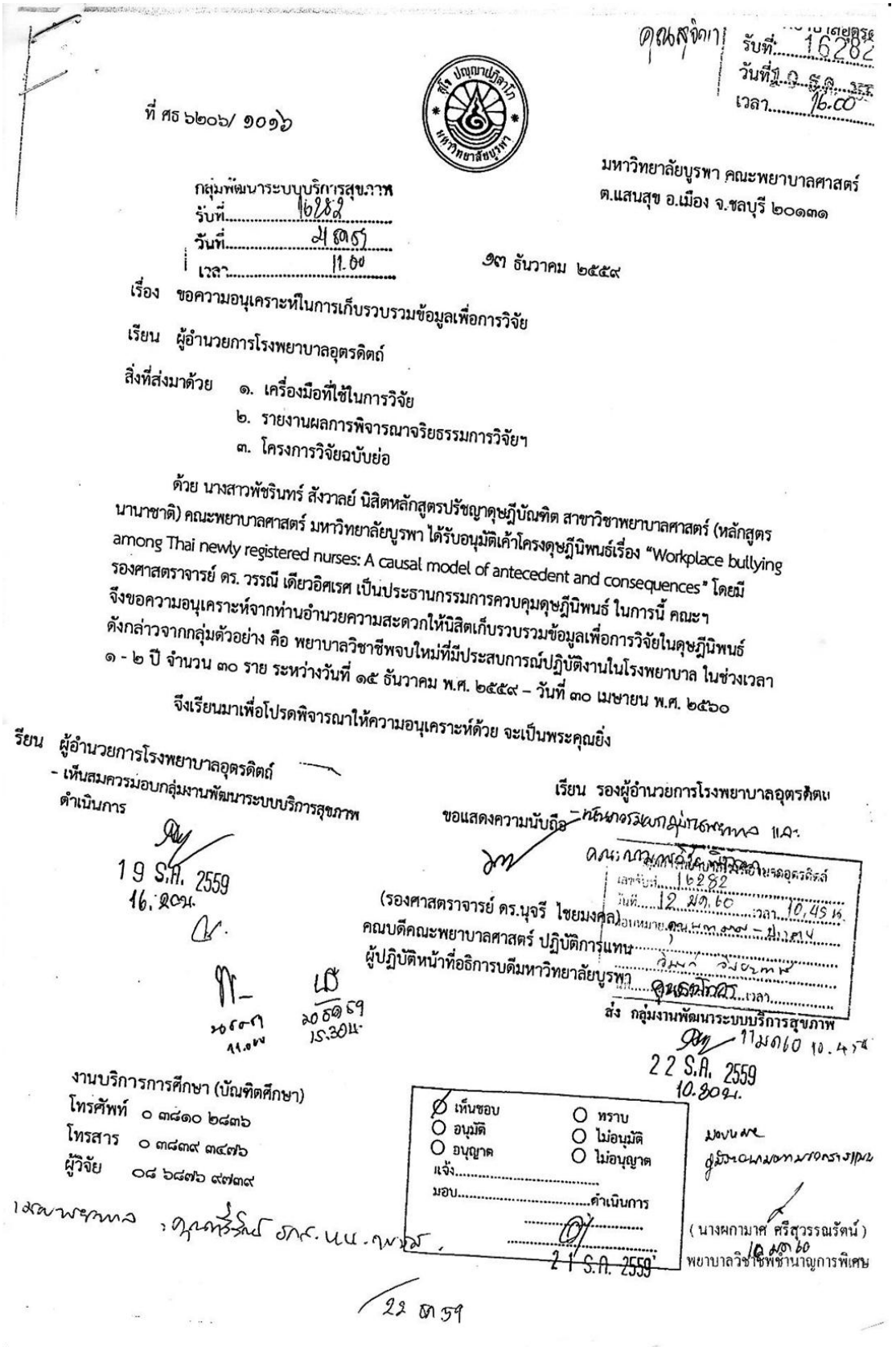
ความคิดเห็นของคณะกรรมการรักษามาตรฐานและจริยธรรมวิชาชีพ โรงพยาบาลลำปาง
☑ อนุมัติให้ดำเนินการวิจัยได้
☐ ไม่อนุมัติ เหตุผล

.....
.....
.....
.....

(นายอรัญ รัตนพล)
ประธานคณะกรรมการรักษามาตรฐานและจริยธรรมวิชาชีพ
โรงพยาบาลลำปาง

วันที่ ๑๗ เดือน ธันวาคม พ.ศ. ๒๕๕๙

FM-10000-020
REV.0 11/07/51



คุณสุจิตา รับที่ 16282 วันที่ 10 ธ.ค. 59 เวลา 16.00

ที่ ศธ ๖๒๐๖/ ๑๐๑๖

มหาวิทยาลัยบูรพา คณะพยาบาลศาสตร์
ต.แสนสุข อ.เมือง จ.ชลบุรี ๒๐๑๓๑

กลุ่มพัฒนาระบบบริการสุขภาพ
รับที่ 16282
วันที่ 21 ธ.ค. 59
เวลา 11.00

๑๗ ธันวาคม ๒๕๕๙

เรื่อง ขอความอนุเคราะห์ในการเก็บรวบรวมข้อมูลเพื่อการวิจัย

เรียน ผู้อำนวยการโรงพยาบาลอุตรดิตถ์

สิ่งที่ส่งมาด้วย ๑. เครื่องมือที่ใช้ในการวิจัย
๒. รายงานผลการพิจารณาจริยธรรมการวิจัยฯ
๓. โครงการวิจัยฉบับย่อ

ด้วย นางสาวพัชรินทร์ สังวาลย์ นิสิตหลักสูตรปรัชญาดุษฎีบัณฑิต สาขาวิชาพยาบาลศาสตร์ (หลักสูตรนานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา ได้รับอนุมัติเค้าโครงดุษฎีนิพนธ์เรื่อง "Workplace bullying among Thai newly registered nurses: A causal model of antecedent and consequences" โดยมี รองศาสตราจารย์ ดร. วรรณี เดียวอิศเรศ เป็นประธานกรรมการควบคุมดุษฎีนิพนธ์ ในการนี้ คณะฯ จึงขอความอนุเคราะห์จากท่านอำนวยความสะดวกให้นิสิตเก็บรวบรวมข้อมูลเพื่อการวิจัยในดุษฎีนิพนธ์ ดังกล่าวจากกลุ่มตัวอย่าง คือ พยาบาลวิชาชีพจบใหม่ที่มีประสบการณ์ปฏิบัติงานในโรงพยาบาล ในช่วงเวลา ๑ - ๒ ปี จำนวน ๓๐ ราย ระหว่างวันที่ ๑๕ ธันวาคม พ.ศ. ๒๕๕๙ – วันที่ ๓๐ เมษายน พ.ศ. ๒๕๖๐

จึงเรียนมาเพื่อโปรดพิจารณาให้ความอนุเคราะห์ด้วย จะเป็นพระคุณยิ่ง

เรียน ผู้อำนวยการโรงพยาบาลอุตรดิตถ์
- เห็นสมควรมอบกลุ่มงานพัฒนาระบบบริการสุขภาพดำเนินการ

19 S.A. 2559
16.20น.

เรียน รองผู้อำนวยการโรงพยาบาลอุตรดิตถ์
ขอแสดงความนับถือ

(รองศาสตราจารย์ ดร.นุจรี ไชยมงคล)
คณบดีคณะพยาบาลศาสตร์ ปฏิบัติการแทน
ผู้ปฏิบัติหน้าที่อธิการบดีมหาวิทยาลัยบูรพา

เลขรับที่ 16282
วันที่ 12 ม.ค. 60 เวลา 10.45 น.

สั่ง กลุ่มงานพัฒนาระบบบริการสุขภาพ
11 ม.ค. 60 10.45 น.
22 S.A. 2559
10.30น.

งานบริการการศึกษา (บัณฑิตศึกษา)
โทรศัพท์ ๐ ๓๘๑๐ ๒๘๓๖
โทรสาร ๐ ๓๘๓๙ ๓๔๗๖
ผู้วิจัย ๐๘ ๖๘๗๖ ๙๗๓๙

☑ เห็นชอบ ☐ ทราบ
☐ อนุมัติ ☐ ไม่อนุมัติ
☐ อนุญาต ☐ ไม่อนุญาต
แจ้ง.....
มอบ.....ดำเนินการ
.....
21 S.A. 2559

(นางผกามาศ ศรีสุวรรณรัตน์)
10 ม.ค. 60
พยาบาลวิชาชีพชำนาญการพิเศษ

22 ธ.ค. 59

APPENDIX C

Instruments

Permission Granted

Inbox x

Bob Stringer <rastringerjr@gmail.com> Aug 26 (2 days ago)

to me

Patcharin — I hereby give you permission to use The Climate Questionnaire in your research. I'm not sure which of my books you have read, but my last book, *Leadership and Organizational Climate*, has the questionnaire in it (page 228-25, as well as other "tools." If you send me your address, I can ship you a copy (in English). Otherwise, it is available on Amazon.com....but it is expensive. Bob Stringer

Bob Stringer
Rastringerjr@gmail.com
Bob@CrimsonSeedCapital.com
617-797-6154

NAQ-R

Inbox x
Ph.D x

Øystein Løvik Hoprekstad <Oystein.Hoprekstad@uib.no> Jul 22

to me

Dear Patcharin Sungwan,

Thank your for your interest in the Negative Acts Questionnaire.
My name is Oystein Hoprekstad, and I am writing to you now on behalf of Professor Staale Einarsen, as his research assistant.

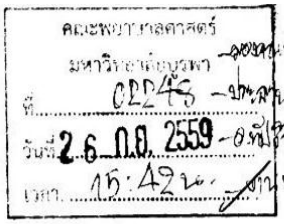
I have attached the English version of the NAQ, a SPSS database, psychometric properties of the questionnaire and the articles suggested on our website. Please use the Einarsen, Hoel and Notelaers article (2009) in Work and Stress as your reference to the scale. I have also attached a book chapter on the measurement of bullying where you also find information on the one item measure.

We will grant you the permission to use the scale on the condition that you accept our terms for users found in the word-file attached in this e-mail. Please fill this in and return. Normally, it is free to use the scale as long as it is not for profit and research only. If not, please be in contact.

One of our terms is that you send us your data on the NAQ with some demographical data when the data is collected. These will then be added to our large Global database which now contains some 50.000 respondents from over 40 countries. Please send them as soon as your data is collected. A SPSS database is attached to this mail in the NAQinfo file.

If you have any questions, we will of course do our best to answer them.

Best regards
Oystein Hoprekstad, Research Assistant
On behalf of
Professor Staale Einarsen
Bergen Bullying Research Group



บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล
๒๕/๒๕ ถ.พุทธมณฑลสาย ๔ ศาลายา นครปฐม ๗๓๑๗๐
โทร. ๐-๒๔๔๑-๔๑๒๕ ต่อ ๑๐๙-๑๑๑ โทรสาร ๐-๒๔๔๑-๙๘๓๔

ที่ ศธ ๐๕๑๗.๐๒/๐๕๒๗๙
วันที่ ๗๙ กันยายน ๒๕๕๙
เรื่อง อนุญาตให้ใช้เครื่องมือวิจัย

เรียน คณบดีคณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา
อ้างถึง หนังสือที่ ศธ ๖๒๐๖ /๐๑๘๐ ลงวันที่ ๒ สิงหาคม ๒๕๕๙

ตามหนังสือที่อ้างถึง คณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา แจ้งว่า

ผู้ขอใช้เครื่องมือวิจัย : ผู้ขอใช้เครื่องมือวิจัย: นางสาวพัชรินทร์ สังวาลย์ นิสิตหลักสูตรปรัชญาดุษฎีบัณฑิต สาขาวิชาพยาบาลศาสตร์ (หลักสูตรนานาชาติ) คณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา

งานวิจัยของผู้ขอใช้เครื่องมือ:"Workplace Bullying among Thai Newly Registered Nurses: A Causal Model of Antecedent and Consequences" โดยมี รศ.ดร.วรรณี เดียวอิสเรศ เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์หลัก

เครื่องมือวิจัยที่ขอใช้: แบบวัดความเบื่อหน่าย

เครื่องมือวิจัยนี้พัฒนาโดย: นางสาวสิระยา สัมมาวาจ ซึ่งเป็นส่วนหนึ่งของวิทยานิพนธ์หลักสูตรวิทยาศาสตรมหาบัณฑิต สาขาวิชาพยาบาลศาสตร์ คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี พ.ศ. ๒๕๓๒ เรื่อง "ความเหนื่อยหน่ายของพยาบาลประจำการในโรงพยาบาลรามาธิบดี" ซึ่งมี ผศ.พวงน้อย สาครรัตนกุล เป็นอาจารย์ที่ปรึกษาวิทยานิพนธ์หลัก

บัณฑิตวิทยาลัย และโรงเรียนพยาบาลรามาธิบดี คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี ได้พิจารณาแล้ว **ไม่ขัดข้องอนุญาตให้ นางสาวพัชรินทร์ สังวาลย์ ใช้เครื่องมือวิจัยดังกล่าวได้** เนื่องจากเป็นการศึกษาวิจัยทางด้านวิชาการ แต่ทั้งนี้ขอได้โปรดระบุให้ชัดเจนด้วยว่าเครื่องมือวิจัยดังกล่าวมาจากวิทยานิพนธ์ของนักศึกษาบัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล และมีอาจารย์ท่านใดทำหน้าที่อาจารย์ที่ปรึกษาวิทยานิพนธ์หลัก และต้องปฏิบัติตามระเบียบการขอใช้เครื่องมือวิจัยของหลักสูตรพยาบาลศาสตรมหาบัณฑิต โรงเรียนพยาบาลรามาธิบดี คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี ซึ่งกำหนดให้ผู้ขออนุญาตใช้เครื่องมือวิจัยต้องดำเนินการตามระเบียบการขอใช้เครื่องมือวิจัย (ตามแบบฟอร์มที่แนบ มาพร้อมนี้) และ**ต้องชำระค่าบริการการขอใช้เครื่องมือ จำนวน ๒๐๐บาท (สองร้อยบาทถ้วน) ต่อเครื่องมือวิจัย ๑ ฉบับ โดยโอนเงินเข้าบัญชีธนาคารไทยพาณิชย์ จำกัด (มหาชน)**

...../ ๒.

สาขารามาธิบดี ชื่อบัญชี "หลักสูตรการศึกษาพยาบาลปริญญาโทรามาธิบดี" เลขที่บัญชี ๐๒๖-๔-๓๕๑๘๓-๗ ประเภทออมทรัพย์ และแนบหลักฐานการโอนเงินมาพร้อมกับการกรอกแบบ บพร. ๑๕, บพร.๑๖ ส่งมาที่...

หลักสูตรพยาบาลศาสตรมหาบัณฑิต โรงเรียนพยาบาลรามาธิบดี
คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล
๒๗๐ ถนนพระรามที่ ๖ เขตราชเทวี กรุงเทพฯ ๑๐๔๐๐
โทร. ๐-๒๒๐๑-๒๐๑๘ โทรสาร ๐-๒๒๐๑-๑๖๗๓

จึงเรียนมาเพื่อโปรดทราบ และดำเนินการต่อไปด้วย จักขอบพระคุณยิ่ง

ขอแสดงความนับถือ

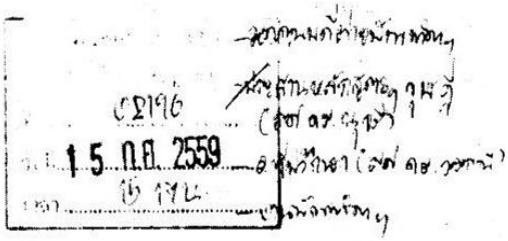
(รองศาสตราจารย์ ดร. วราภรณ์ อัครปทุมวงศ์)
รองคณบดีฝ่ายวิชาการ
ปฏิบัติงานแทน คณบดีบัณฑิตวิทยาลัย

เรียน คณบดี

ด้วย บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล ได้ตอบอนุญาตให้ นางสาวพัชรินทร์ สังวาลย์ นิสิตหลักสูตรปรัชญาดุษฎีบัณฑิต สาขาพยาบาลศาสตร์ (หลักสูตรนานาชาติ) ใช้เครื่องมือวิจัยคือ แบบวัดความเบื่อหน่าย ของนางสาวสิระยา สัมมนาวาจ โดยขอให้ผู้ขอใช้เครื่องมือวิจัยฯ ชำระค่าบริการการขอใช้เครื่องมือ จำนวน ๒๐๐ บาท (สองร้อยบาทถ้วน) ต่อเครื่องมือวิจัย ๑ ฉบับ ดังเอกสารแนบ

๑. จึงเรียนมาเพื่อโปรดพิจารณา
๒. เห็นควรสำเนาแจ้งรองคณบดีฝ่ายบัณฑิตฯ (รศ.ดร.วรรณี) ประธานหลักสูตรฯ ดุษฎีฯ (รศ.ดร.นุจรี) งานบัณฑิตฯ ทราบ และอาจารย์ที่ปรึกษา (รศ.ดร.วรรณี) ดำเนินการแจ้งนิสิต (นางสาวพัชรินทร์ สังวาลย์) ทราบต่อไป

ชาลินี/ ๒๖ ก.ย. ๕๙



ที่ ศธ ๖๕๙๓(๒๓)/

บัณฑิตวิทยาลัย มหาวิทยาลัยเชียงใหม่
๒๓๙ ถนนห้วยแก้ว ตำบลสุเทพ
อำเภอเมืองเชียงใหม่ ๕๐๒๐๐

กันยายน ๒๕๕๙

เรื่อง อนุญาตให้ใช้เครื่องมือวิจัย

เรียน คณบดีคณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา

อ้างถึง ที่ ศธ ๖๒๐๖/๐๔๑๕ ลงวันที่ ๓๐ สิงหาคม ๒๕๕๙

ตามที่ คณะพยาบาลศาสตร์ มหาวิทยาลัยบูรพา มีความประสงค์จะขออนุญาตให้ นางสาวพัชรินทร์ สังวาลย์ นิสิตหลักสูตรปรัชญาดุษฎีบัณฑิต สาขาวิชาพยาบาลศาสตร์ (หลักสูตรนานาชาติ) นำเครื่องมือวิจัยในวิทยานิพนธ์ของ**คุณอัชรี จิตต์ภักดี** ไปใช้ในงานวิจัยนั้น

บัณฑิตวิทยาลัย มหาวิทยาลัยเชียงใหม่ พิจารณาแล้วไม่ขัดข้อง และยินดีอนุญาตให้นำเครื่องมือดังกล่าวไปใช้ประโยชน์ในการศึกษาวิจัยได้

จึงเรียนมาเพื่อโปรดทราบ

ขอแสดงความนับถือ

(รองศาสตราจารย์ ดร.ทิพาพร วงศ์หงษ์กุล)
รองคณบดี ปฏิบัติการแทน
คณบดีบัณฑิตวิทยาลัย

งานบริการการศึกษา
โทร. ๐-๕๓๙๔-๒๔๑๐
โทรสาร. ๐-๕๓๙๔-๒๔๓๕

แบบสอบถามพยาบาลวิชาชีพ

คำชี้แจง ท่านได้รับเชิญให้เข้าร่วมการวิจัยครั้งนี้เนื่องจากท่านเป็นผู้ที่มีคุณสมบัติตรงกับการศึกษาครั้งนี้ คือเป็นพยาบาลวิชาชีพจบใหม่ที่ปฏิบัติงานในโรงพยาบาลศูนย์ สังกัดกระทรวงสาธารณสุข ซึ่งมีประสบการณ์การทำงานระหว่าง 1 ถึง 2 ปี และสมัครใจเข้าร่วมงานวิจัย ขอให้ท่านตอบแบบสอบถามตามความเป็นจริงด้วยตัวของท่านเอง แบบสอบถามชุดนี้มีจำนวน 15 หน้า แบ่งเป็น 5 ส่วน คือ 1) ข้อมูลส่วนบุคคล 2) แบบสอบถามบรรยากาศองค์การ 3)แบบสอบถามพฤติกรรมอันไม่พึงประสงค์ 4) แบบวัดความเหนื่อยหน่าย และ 5) แบบสอบถามความพึงพอใจในงานของพยาบาลวิชาชีพ

ส่วนที่ 1 แบบสอบถามข้อมูลส่วนบุคคล

คำชี้แจง กรุณาเขียนรายละเอียด หรือทำเครื่องหมาย ✓ ลงใน ช่อง ☐ ตามความเป็นจริงมากที่สุด

1. อายุ..... ปี
2. เพศ ☐ ชาย ☐ หญิง
3. สถานภาพสมรส ☐ โสด ☐ คู่ ☐ หม้าย ☐หย่า/ แยกกันอยู่
4. ……
9. …….....……

ส่วนที่ 2 แบบสอบถามบรรยากาศองค์การ

คำชี้แจง แบบสอบถามส่วนนี้ถูกสร้างขึ้นเพื่อวัดความรู้สึกของท่านที่มีต่อสภาพแวดล้อมในการทำงาน ให้ท่านบอกถึงบรรยากาศในองค์การ โดยองค์การหรือหน่วยงาน ในการศึกษาครั้งนี้หมายถึง หอผู้ป่วยที่ท่านปฏิบัติงานอยู่ รวมถึงฝ่ายการพยาบาล โปรดอ่านข้อความแต่ละข้อแล้วทำเครื่องหมาย ✓ ลงในช่องท้ายข้อความที่ตรงกับความคิดเห็นและความรู้สึกที่แท้จริงของท่านเกี่ยวกับสิ่งแวดล้อม/บรรยากาศที่เกิดขึ้น

โดยมีเกณฑ์ให้คะแนนตามดังนี้

1 หมายถึง ไม่เห็นด้วยอย่างยิ่ง ถ้าท่านคิดว่าข้อความดังกล่าวไม่ตรงกับความรู้สึกของท่านเลย

2 หมายถึง ไม่เห็นด้วย ถ้าท่านคิดว่าข้อความดังกล่าวมีแนวโน้มจะไม่ตรงกับความรู้สึกของท่าน

3 หมายถึง เห็นด้วย ถ้าท่านคิดว่าข้อความดังกล่าวมีแนวโน้มจะตรงกับความรู้สึกของท่าน

4 หมายถึง เห็นด้วยอย่างยิ่ง ถ้าท่านคิดว่าข้อความดังกล่าวตรงกับความรู้สึกของท่านมากที่สุด

ข้อความ	ไม่เห็นด้วยอย่างยิ่ง 1	ไม่เห็นด้วย 2	เห็นด้วย 3	เห็นด้วยอย่างยิ่ง 4
1. การให้รางวัลและกำลังใจจากหน่วยงานเป็นสิ่งที่มีค่าและสำคัญต่อการทำงาน มากกว่าคำตำหนิ ต่อว่า				
2. ท่านรู้สึกว่าท่านเป็นสมาชิกของทีมงานที่ปฏิบัติหน้าที่ได้เป็นอย่างดี				
3.				
.....				
.....				
.....				
.....				
24.				

ส่วนที่ 3 แบบสอบถามพฤติกรรมอันไม่พึงประสงค์

คำชี้แจง พฤติกรรมดังต่อไปนี้เป็นตัวอย่างของพฤติกรรมอันไม่พึงประสงค์ในที่ทำงานซึ่งพบได้เสมอ ๆ **<u>ในรอบ 6 เดือนที่ผ่านมา</u>** ท่านเผชิญกับพฤติกรรมอันไม่พึงประสงค์เหล่านี้บ่อยครั้งเพียงใด กรุณาทำเครื่องหมาย ✓ลงในช่องตัวเลขที่ตรงกับประสบการณ์ในช่วง 6 เดือนที่ผ่านมาของท่านมากที่สุด

1 = ไม่เคย, 2 = นาน ๆ ครั้ง, 3 = ทุก ๆ เดือน, 4 = ทุก ๆ สัปดาห์, 5 = ทุก ๆ วัน

พฤติกรรม	**ไม่เคย 1**	**นาน ๆ ครั้ง 2**	**ทุก ๆ เดือน 3**	**ทุก ๆ สัปดาห์ 4**	**ทุก ๆ วัน 5**
1. มีใครบางคนปิดบัง ไม่ให้ข้อมูลที่มีผลต่อการปฏิบัติงานของท่าน					
2. ท่านถูกทำให้อับอาย ถูกฉีกหน้า หรือเยาะเย้ยในการทำงาน					
3. มีการสั่งให้ทำงานที่ต่ำกว่าระดับความสามารถของท่าน					
4.					
.....					
.....					
.....					
.....					
22.					

23. ท่านเคยถูกรังแกในที่ทำงานหรือไม่.....

24. …….....

25. ……..

ส่วนที่ 4 แบบวัดความเหนื่อยหน่าย

คำชี้แจง แบบสอบถามนี้มีทั้งหมด 22 ข้อ โปรดเขียนเครื่องหมาย ✓ ลงในช่องที่ตรงกับที่ท่านประมาณการเกิดความรู้สึกของท่านมากน้อยตามความหายดังต่อไปนี้

ไม่เคยรู้สึกเช่นนั้น หมายถึง ท่านไม่เคยมีความรู้สึกเช่นนั้นเลย

ปีละ 2-3 ครั้ง หมายถึง ท่านมีความรู้สึกเช่นนั้นปีละ 2-3 ครั้ง

เดือนละ 1 ครั้งหมายถึง ท่านมีความรู้สึกเช่นนั้นเดือนละ 1 ครั้ง

เตือนละ 2-3 ครั้ง หมายถึง ท่านมีความรู้สึกเช่นนั้นเดือนละ 2-3 ครั้ง

สัปดาห์ละ 1 ครั้ง หมายถึง ท่านมีความรู้สึกเช่นนั้นสัปดาห์ละ 1 ครั้ง

สัปดาห์ละ 2-3 ครั้ง หมายถึง ท่านมีความรู้สึกเช่นนั้นสัปดาห์ละ 2-3 ครั้ง

ทุก ๆ วัน หมายถึง ท่านมีความรู้สึกเช่นนั้นทุก ๆ วัน

ข้อความเกี่ยวกับความรู้สึกของท่าน	**ไม่เคยรู้สึกเช่นนั้น** **0**	**ปีละ 2-3 ครั้ง** **1**	**เดือนละ 1 ครั้ง** **2**	**เดือนละ 2-3 ครั้ง** **3**	**สัปดาห์ละ 1 ครั้ง** **4**	**สัปดาห์ละ 2-3 ครั้ง** **5**	**ทุก ๆ วัน** **6**
1. ท่านรู้สึกจิตใจห่อเหี่ยวจากการทำงาน							
2. ท่านรู้สึกหมดแรงเมื่อสิ้นสุดเวลาการทำงาน							
3. …….....							
4.							
.....							
.....							
22.							

ส่วนที่ 5 แบบสอบถามความพึงพอใจในงานของพยาบาลวิชาชีพ

คำชี้แจง โปรดวงกลมล้อมตัวเลขที่ใกล้เคียงกับความรู้สึกของท่านมากที่สุด

1 หมายถึง ไม่เห็นด้วยอย่างยิ่ง

2 หมายถึง ไม่เห็นด้วย

3 หมายถึง ค่อนข้างไม่เห็นด้วย

4 หมายถึง ไม่สามารถตัดสินใจได้

5 หมายถึง ค่อนข้างเห็นด้วย

6 หมายถึง เห็นด้วย

7 หมายถึง เห็นด้วยอย่างยิ่ง

	ข้อคำถาม	**ไม่เห็นด้วยอย่างยิ่ง**						**เห็นด้วยอย่างยิ่ง**
1	ท่านรู้สึกพึงพอใจในเงินเดือนที่ท่านได้รับในปัจจุบัน	1	2	3	4	5	6	7
2	คนส่วนใหญ่ไม่เห็นความสำคัญของการพยาบาลที่ให้แก่ผู้ป่วยในโรงพยาบาล	1	2	3	4	5	6	7
3	บุคลากรพยาบาลในหน่วยงานของท่านให้ความร่วมมือและช่วยเหลือซึ่งกันและกันเป็นอย่างดีในขณะที่มีงานยุ่ง	1	2	3	4	5	6	7
4	.....	1	2	3	4	5	6	7
	.....							
	.....							
	.....							
44	.....	1	2	3	4	5	6	7

ขอขอบคุณที่ท่านให้ความร่วมมือในการตอบแบบสอบถามอย่างครบถ้วน

APPENDIX D

Evaluation of assumptions

Test of outlier

Table Appendix D-1 Univariate outlier

ID	ZOrgC	ZWPB	ZBuO	ZMJob	ID	ZOrgC	ZWPB	ZBuO	ZMJob
1	-1.262	-0.863	-2.235	0.778	40	-0.294	-0.956	-0.677	-0.905
2	-0.294	-0.863	-1.107	-0.207	41	-0.100	-0.019	0.397	0.203
3	1.255	0.262	-0.408	0.450	42	-0.681	-0.769	-0.677	0.409
4	0.093	1.106	0.666	-0.823	43	1.061	2.231	1.525	-1.029
5	1.449	3.169	1.042	-2.178	44	-1.455	-0.488	-1.107	0.737
6	0.287	0.169	1.042	0.491	45	1.836	1.762	1.901	-1.645
7	0.868	-0.019	0.075	-0.290	46	0.287	0.637	-0.194	-0.618
8	-2.230	-0.300	-0.570	1.066	47	0.093	0.356	-0.623	-0.618
9	0.093	-0.113	1.257	-0.618	48	-0.294	0.919	1.096	-0.905
10	1.642	0.169	0.935	0.573	49	-0.294	-0.019	0.397	-1.357
11	0.868	-0.206	0.773	-0.741	50	-1.068	-0.956	0.773	0.983
12	-0.294	-0.581	-1.913	1.476	51	-0.875	-0.488	-1.107	-0.248
13	0.093	2.512	1.364	-0.002	52	-0.294	0.169	-0.462	-0.248
14	-0.681	-0.956	-0.570	0.409	53	0.868	0.356	1.472	-0.043
15	-0.875	-0.956	-0.838	1.230	54	0.093	-0.300	-0.247	-1.193
16	0.093	-0.769	0.827	-0.618	55	0.093	-0.394	0.773	-0.043
17	0.287	-0.113	2.116	-0.290	56	-0.487	-0.956	-1.644	1.312
18	1.061	-0.581	-0.462	-0.248	57	-0.100	-0.300	2.224	-2.178
19	-0.487	0.544	2.278	-1.029	58	1.449	-0.863	-0.892	-0.413
20	0.481	0.169	1.687	-0.207	59	-1.455	-0.769	0.129	0.450
21	-0.100	-0.769	0.451	1.189	60	-0.100	-0.488	0.236	1.024
22	-2.423	-0.863	-0.731	1.846	61	-0.100	-0.019	0.397	-1.439
23	0.481	0.262	0.988	-2.466	62	-0.294	0.731	0.290	0.450
24	0.481	-0.394	-0.462	-0.659	63	0.287	2.887	0.827	-1.029
25	-0.681	-0.488	-2.020	0.450	64	-0.681	-0.769	0.827	0.080
26	-0.294	-0.206	-0.140	0.367	65	1.061	0.356	0.129	-0.864
27	-2.230	-0.956	-0.623	2.667	66	1.255	0.450	1.311	-0.659
28	0.481	-0.956	-1.160	1.928	67	-0.681	0.544	0.505	-0.988
29	-0.294	-0.206	-1.268	-0.002	68	0.287	-0.488	1.149	-0.988
30	-0.294	-0.863	0.183	1.148	69	-1.262	-0.113	-0.032	0.696
31	-2.036	-0.769	0.720	-0.495	70	1.061	1.387	1.794	-1.357
32	1.449	-0.019	0.397	-1.070	71	-0.487	2.044	0.559	-0.741
33	-0.681	-0.769	-0.408	1.066	72	-1.262	-0.863	-0.946	2.215
34	-0.100	2.887	0.290	-2.466	73	-1.649	-0.956	0.021	-0.207
35	-0.100	-0.488	0.129	-0.043	74	-1.262	-0.956	-0.623	0.285
36	1.061	-0.019	0.666	-0.125	75	0.287	1.762	2.439	-1.152
37	0.093	-0.581	-1.053	-1.275	76	0.481	-0.581	0.021	1.148
38	-0.681	0.169	-1.429	-0.618	77	-0.294	0.075	0.075	-0.084
39	-0.294	-0.206	-0.838	-0.166	78	-0.681	-0.769	-0.570	0.409

Table Appendix D-1 (continued)

ID	ZOrgC	ZWPB	ZBuO	ZMJob	ID	ZOrgC	ZWPB	ZBuO	ZMJob
79	1.836	2.512	1.794	-2.178	121	-0.487	-0.769	-0.838	-0.413
80	-1.455	-0.863	-0.999	1.024	122	0.287	-0.206	0.773	-0.905
81	0.287	0.262	-1.375	0.450	123	0.287	-0.394	-0.462	1.148
82	-1.455	-0.863	-0.946	1.066	124	0.287	-0.394	-0.408	1.148
83	-0.100	-0.394	-0.247	-0.084	125	0.674	0.075	1.311	-0.741
84	-0.681	-0.019	-0.301	0.121	126	1.449	1.387	1.901	-1.357
85	0.674	0.262	0.935	-0.043	127	-0.681	-0.956	-0.731	0.162
86	-0.487	-0.863	-0.194	-1.029	128	-0.681	-0.488	0.344	-0.084
87	1.061	-0.863	-0.623	0.162	129	-0.487	-0.113	0.021	-0.331
88	1.061	-0.394	-0.677	1.024	130	-1.649	-0.581	0.666	0.367
89	-1.068	-0.488	-0.623	0.491	131	-2.036	-0.675	-1.214	0.409
90	-1.649	-0.581	0.183	-0.207	132	0.481	-0.300	1.096	-0.248
91	1.642	-0.956	0.881	0.039	133	0.481	-0.675	-0.784	0.901
92	1.449	-0.488	-0.838	0.655	134	1.836	-0.300	-0.677	-0.290
93	0.287	1.294	0.505	-1.480	135	0.481	0.169	0.075	-0.536
94	-0.100	-0.300	-0.408	-0.659	136	-1.455	-0.956	-1.322	2.133
95	-0.100	-0.675	-0.623	-0.331	137	-1.068	-0.863	-0.408	1.558
96	2.029	1.762	0.075	-0.782	138	0.093	-0.488	0.344	0.819
97	-1.262	0.169	-1.053	-0.331	139	-0.875	-0.488	-0.999	0.655
98	0.481	1.106	1.418	-1.480	140	-0.100	-0.769	-1.053	0.326
99	-0.294	0.731	1.901	0.655	141	-0.294	-0.956	1.472	-0.043
100	0.868	-0.956	1.096	-0.741	142	-0.294	-0.394	-0.408	1.230
101	0.868	0.731	1.311	-0.495	143	-0.100	-0.019	0.075	0.162
102	-0.875	-0.675	0.183	0.285	144	-1.068	-0.956	-1.107	0.942
103	-0.875	0.169	-0.140	1.107	145	-0.487	-0.581	-0.892	-0.207
104	-0.294	-0.488	-0.731	0.162	146	-0.681	-0.769	0.505	0.039
105	-0.294	-0.581	-1.805	0.162	147	-0.875	0.075	-0.462	-1.193
106	-1.455	-0.956	-1.107	1.312	148	0.674	1.950	0.773	-1.727
107	-1.455	-0.956	-1.107	1.230	149	1.255	2.794	0.720	0.573
108	0.287	-0.113	0.612	-0.166	150	1.642	1.481	0.773	1.312
109	1.061	0.544	0.397	-1.686	151	-0.681	1.200	0.451	-0.700
110	0.868	-0.206	0.290	0.326	152	-0.487	-0.863	-0.946	0.039
111	1.449	-0.019	0.129	-1.439	153	0.093	0.825	0.183	-0.782
112	-0.294	-0.300	-0.408	0.696	154	2.029	-0.300	-1.536	0.409
113	0.481	0.450	1.042	0.121	155	0.093	-0.300	-0.731	1.312
114	-0.875	0.169	-1.322	-0.331	156	0.481	3.169	0.129	-0.331
115	-1.068	-0.488	0.397	-0.372	157	-0.294	-0.769	0.612	0.080
116	-1.455	-0.769	-0.623	1.435	158	0.481	-0.300	-1.483	0.367
117	-0.681	-0.394	1.203	-0.577	159	2.416	2.794	-2.557	-0.290
118	-0.487	-0.956	-1.429	-0.741	160	-0.487	2.512	-1.805	-0.125
119	-0.681	-0.956	0.720	0.942	161	0.093	-0.300	0.021	-0.947
120	1.061	-0.675	1.794	-0.125	162	0.481	0.356	-0.408	0.901

Table Appendix D-1 (continued)

ID	ZOrgC	ZWPB	ZBuO	ZMJob	ID	ZOrgC	ZWPB	ZBuO	ZMJob
163	-0.100	-0.206	0.559	0.162	194	-1.649	-0.863	0.021	0.860
164	-0.294	0.544	0.720	0.450	195	0.287	-0.488	0.183	0.450
165	1.255	-0.956	-0.355	-1.439	196	-2.036	-0.956	-1.805	0.573
166	-0.294	-0.488	-0.516	1.271	197	-0.100	-0.206	0.290	-0.988
167	0.674	2.700	0.773	-0.947	198	-0.294	-0.581	-0.408	0.819
168	-0.100	-0.675	0.183	-0.207	199	-1.262	0.075	0.129	0.039
169	1.255	-0.113	-0.623	1.435	200	0.674	1.481	-0.086	-0.947
170	0.481	1.294	0.988	-1.439	201	-0.294	0.075	0.129	-0.495
171	-0.294	0.262	-0.731	1.230	202	0.287	-0.675	0.021	-0.084
172	-1.262	-0.488	-0.247	0.285	203	1.061	1.669	1.955	-1.480
173	-0.875	-0.300	-0.677	-0.084	204	-0.875	0.356	-0.194	-0.495
174	-0.100	0.450	0.881	-0.618	205	0.287	0.450	0.236	0.778
175	0.868	-0.675	-3.255	-0.413	206	0.287	-0.206	1.418	-0.084
176	0.093	-0.956	-1.483	-0.331	207	0.481	0.637	-0.838	-0.248
177	-2.230	-0.956	-0.570	0.819	208	-0.681	-0.581	-0.784	1.805
178	-1.262	-0.769	-1.644	0.696	209	2.416	2.044	1.472	0.655
179	1.642	-0.113	1.257	-1.645	210	0.481	-0.113	-0.462	-1.398
180	-1.068	-0.956	-0.892	1.969	211	-0.681	-0.956	-0.623	0.983
181	0.481	-0.488	0.773	1.394	212	-0.100	0.169	-0.731	-0.536
182	2.223	-0.113	1.257	-0.207	213	0.674	-0.581	0.129	1.066
183	0.868	-0.113	-0.194	-0.864	214	0.287	-0.300	0.075	0.573
184	0.481	0.637	-0.731	-0.331	215	0.287	-0.300	0.129	0.901
185	0.481	-0.206	0.129	0.778	216	0.093	-0.300	-1.644	0.696
186	-0.487	-0.488	0.451	2.708	217	1.642	1.200	0.612	0.901
187	-0.100	-0.581	-0.784	-0.372	218	0.674	2.700	0.773	-0.947
188	-0.100	2.512	1.311	-1.809	219	-0.100	-0.675	0.183	-0.207
189	0.674	-0.206	-0.140	-0.659	220	1.255	-0.113	-0.623	1.435
190	-0.294	-0.394	-0.462	0.614	221	0.093	2.512	1.364	-0.002
191	-1.262	-0.863	-0.623	1.599	223	*3.384*	-0.300	2.224	*-3.863*
192	-0.681	-0.675	-0.194	0.942	224	*3.384*	-0.019	0.397	-1.132
193	-0.487	-0.956	-1.483	1.558	225	0.093	*3.450*	1.364	-0.039

Table Appendix D-2 Mulivariate outlier

ID	p_mah	ID	p_mah	ID	p_mah	ID	p_mah
1	0.7601	31	0.9119	61	0.4656	91	0.9065
2	0.3418	32	0.5826	62	0.2230	92	0.7776
3	0.4789	33	0.1426	63	0.9603	93	0.4756
4	0.2191	34	0.9961	64	0.3824	94	0.1468
5	0.9790	35	0.0210	65	0.2403	95	0.1654
6	0.3123	36	0.2610	66	0.4302	96	0.8428
7	0.1145	37	0.7896	67	0.3946	97	0.6148
8	0.8248	38	0.6759	68	0.5515	98	0.4972
9	0.3258	39	0.1007	69	0.3248	99	0.8769
10	0.7827	40	0.6070	70	0.6198	100	0.7942
11	0.3240	41	0.0136	71	0.8596	101	0.2857
12	0.6900	42	0.0688	72	0.7623	102	0.1418
13	0.9607	43	0.7810	73	0.6450	103	0.3834
14	0.0976	44	0.4137	74	0.2748	104	0.0402
15	0.2415	45	0.8255	75	0.8963	105	0.5584
16	0.4407	46	0.0896	76	0.4100	106	0.4546
17	0.7930	47	0.1757	77	0.0032	107	0.4345
18	0.4874	48	0.3942	78	0.0594	108	0.0427
19	0.8838	49	0.4522	79	0.9316	109	0.5626
20	0.5173	50	0.6432	80	0.3797	110	0.2160
21	0.4445	51	0.3605	81	0.4639	111	0.7334
22	0.9069	52	0.0436	82	0.3793	112	0.0267
23	0.9007	53	0.4655	83	0.0101	113	0.2048
24	0.2680	54	0.4300	84	0.0386	114	0.5765
25	0.6436	55	0.1360	85	0.1570	115	0.3571
26	0.0028	56	0.4898	86	0.5804	116	0.4861
27	0.9695	57	0.9822	87	0.5998	117	0.5479
28	0.8236	58	0.8676	88	0.6303	118	0.7547
29	0.2617	59	0.4128	89	0.1322	119	0.5267
30	0.3184	60	0.2178	90	0.6106	120	0.8832

Table Appendix D-2 (continued)

ID	p_mah	ID	p_mah	ID	p_mah	ID	p_mah
121	0.3056	147	0.6347	173	0.1481	199	0.3375
122	0.2502	148	0.7303	174	0.1206	200	0.4815
123	0.2737	149	0.9902	175	0.9986	201	0.0314
124	0.2717	150	0.9749	176	0.6542	202	0.1057
125	0.3533	151	0.5468	177	0.7489	203	0.7284
126	0.7053	152	0.1880	178	0.5038	204	0.2765
127	0.1496	153	0.1195	179	0.8763	205	0.2259
128	0.1134	154	0.9730	180	0.6176	206	0.4370
129	0.0351	155	0.3367	181	0.7397	207	0.3033
130	0.6827	156	0.9918	182	0.9239	208	0.5237
131	0.7338	157	0.2123	183	0.3311	209	0.9926
132	0.3027	158	0.5034	184	0.2557	210	0.6041
133	0.3323	159	1.0000	185	0.1824	211	0.1426
134	0.8476	160	0.9989	186	0.9749	212	0.1750
135	0.0307	161	0.2268	187	0.2010	213	0.4769
136	0.7641	162	0.3123	188	0.9547	214	0.0633
137	0.4376	163	0.0424	189	0.1904	215	0.1859
138	0.1864	164	0.2528	190	0.0192	216	0.4943
139	0.1507	165	0.9380	191	0.4839	217	0.8914
140	0.1705	166	0.2117	192	0.1185	218	0.9121
141	0.7461	167	0.9121	193	0.5108	219	0.0901
142	0.1959	168	0.0901	194	0.5341	220	0.8344
143	*0.0004*	169	0.8344	195	0.0819	221	0.9607
144	0.2562	170	0.4297	196	0.8197		
145	0.1825	171	0.4073	197	0.2238		
146	0.2328	172	0.2165	198	0.0529		

APPENDIX E

Descriptive data

Table Appendix E-1 Frequency and percentages of negative acts received in the last six months (n = 220)

	NAQ-R item	***n* (%)**				
		Never	**Now and then**	**Monthly**	**Weekly**	**Daily**
1	Someone withholding information which affects your performance	108(49.1)	95(43.2)	10(4.5)	6(2.7)	1(0.5)
2	Being humiliated or ridiculed in connection with your work	99(45.0)	98(44.5)	13(5.9)	7(3.2)	3(1.4)
3	Being ordered to do work below your level of competence	118(53.6)	75(34.1)	21(9.5)	4(1.8)	2(1.0)
4	Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	145(65.9)	64(29.1)	11(5.0)	0(0)	0(0)
5	Spreading of gossip and rumours about you	108(49.1)	82(37.3)	13(5.9)	*12(5.5)*	*5(2.3)*
6	Being ignored or excluded (being 'sent to Coventry')	168(76.4)	40(18.2)	6(2.7)	6(2.7)	0(0)
7	Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	130(59.1)	65(29.5)	9(4.1)	*12(5.5)*	*4(1.8)*

Table Appendix E-1 (continued)

	NAQ-R item	*n* (%)				
		Never	**Now and then**	**Monthly**	**Weekly**	**Daily**
8	Being shouted at or being the target of spontaneous anger (or rage)	95(43.2)	89(40.5)	17(7.7)	*12(5.5)*	*7(3.2)*
9	Intimidating behaviour such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	187(85.0)	21(9.5)	10(4.5)	2(1.0)	0(0)
10	Hints or signals from others that you should quit your job	187(85.0)	24(10.9)	6(2.7)	3(1.4)	0(0)
11	Repeated reminders of your errors or mistakes	95(43.2)	96(43.6)	46(7.3)	10(4.5)	3(1.4)
12	Being ignored or facing a hostile reaction when you approach	168(76.3)	44(20.0)	6(2.7)	2(1.0)	0(0)
13	Persistent criticism of your work and effort	137(62.3)	70(31.8)	7(3.2)	6(2.7)	0(0)
14	Having your opinions and views ignored	126(57.3)	79(35.9)	8(3.6)	4(1.8)	3(1.4)
15	Practical jokes carried out by people you don’t get on with	130(59.1)	63(28.6)	15(6.8)	5(2.3)	7(3.2)

Table Appendix E-1 (continued)

	NAQ-R item	*n* (%)				
		Never	**Now and then**	**Monthly**	**Weekly**	**Daily**
16	Being given tasks with unreasonable or impossible targets or deadlines	149(67.7)	63(28.6)	4(1.8)	3(1.4)	1(0.5)
17	Having allegations made against you	195(88.5)	14(6.4)	9(4.1)	2(1.0)	0(0)
18	Excessive monitoring of your work	140(63.6)	53(24.1)	22(10.0)	4(1.8)	1(0.5)
19	Pressure not to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	162(73.6)	42(19.1)	9(4.1)	4(1.8)	3(1.4)
20	Being the subject of excessive teasing and sarcasm	184(83.6)	24(10.9)	7(3.2)	5(2.3)	0(0)
21	Being exposed to an unmanageable workload	158(71.8)	49(22.3)	8(3.6)	5(2.3)	0(0)
22	Threats of violence or physical abuse or actual abuse	216(98.2)	3(1.4)	1(0.5)	0(0)	0(0)