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The influence of verbal abuse on intention to leave an organization among registered nurses

Paula Evangeline Hilton

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THE INFLUENCE OF VERBAL ABUSE ON INTENTION TO LEAVE AN ORGANIZATION AMONG REGISTERED NURSES

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

by
Paula Evangeline Hilton
June 1989
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AN ORGANIZATION AMONG REGISTERED NURSES

A Thesis
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This thesis examined the relationship between verbal abuse and intention to leave an organization among Registered Nurses. This was done by utilizing Lee and Mowday’s (1987) study of Steers and Mowday’s (1981) conceptual model of turnover. A group of 112 Registered Nurses at a large, urban medical center responded to a 71-item survey. Results indicated partial support for Steers and Mowday’s original hypotheses; however, no clear relationship emerged between verbal abuse and intention to leave an organization.
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INTRODUCTION

Verbal Violence

Leah Curtin (1980) quotes the adage "sticks and stones can break my bones but names will never hurt me" in writing an editorial regarding verbal violence in nursing. According to Curtin this adage is not true, but rather the effects of verbal violence are less observable than the results of physical violence. Verbal violence is characterized by behavior such as humiliation, harassment, expressing comments of a derogatory nature with negative value judgments, and threats of future punishment and/or deprivation (Walker, 1984). Curtin argues that often what passes for informal or even formal communication in a hospital is nothing more than a verbal donnybrook liberally laced with "put-downs". Curtin points out, based on experience, that the victims of verbal violence are more likely to be co-workers than patients. Thus, verbal violence merits investigation, particularly as it arises in small task groups - such as those in which nurses most commonly work.

Anger in the Workplace

In a study conducted on anger, Duldt (1981) states that health professionals frequently encounter anger in their day-to-day practice, yet the effects of this repeated experiences have not been considered. The apparent lack of knowledge may partly be because anger itself has
been overlooked as a subject of study because it is so common.

An exploratory study conducted by Duldt (1982) found that any nurse has a fifty-fifty chance of encountering angry communications during a week at work. The study compared the frequency with which 322 registered nurses and 334 non-nurses received angry communications over a five-day period. Among the findings were that only one-fourth of the nurses had received no angry communications in that period, half had received up to three, and one-sixth had received between four and seven.

While Duldt (1982) found that the non-nurses had received more angry communications than the nurses, both the persons delivering the angry messages and the content of the messages differed. Almost 60 percent of the nurses’ experiences occurred in interactions with other nurses—both peers and superiors—and with physicians, while most of the non-nurses’ experiences arose in their interactions with relatives and close friends. For the nurses, 45 percent of the angry messages were task related, while only 20 percent of the non-nurses said that the anger was connected to their work. Most importantly, the nurses were more likely than the non-nurses to report becoming distant, unconcerned, cold, and mistrustful toward the angry person in these situations. One way in which they may cope with the anger directed towards them
is to resign from their jobs.

Communication Denial

Duldt (1981) believes that continued and consistent communication denial of a nurse by supervisors or physicians has the potential for causing severe psychological damage not unlike that found to occur in schizophrenic children, as Laing (1961) has described them: The characteristic family pattern that has emerged from the study of families of schizophrenics does not so much involve a child who is subjected to outright neglect or even to obvious trauma, but a child whose authenticity has been subjected to subtle, but persistent, mutiliation, often quite unwittingly. (p. 27)

Communication denial occurs when incongruent verbal and nonverbal messages are communicated. If parents verbally profess to love the child but say it in a manner that conveys feelings of distrust, resentment, or anger, the child will experience confusion and try to withdraw from the relationship. Similarly, if the nurse is subjected to frequent angry, critical communications from the very persons who place heavy responsibilities upon her and expect her to carry them out in a skillful and professional manner, she too may withdraw to cope with these incongruent messages (Duldt, 1981). In an effort to shed further light on this idea, the similarities between child abuse and nurse abuse will be considered.
Cycle of Abuse

In writing about abused nurses and abusive nurses, Kohnke (1981) believes that one must first understand the dynamics of child abuse. According to Helfer and Kempe (1987) parents and others who maltreat the infants and children under their care are not haphazardly discharging destructive impulses in the form of abuse and neglect. They are following understandable and predictable patterns of parent-child interactions which have been determined by the way they themselves were cared for in infancy. Beginning with poor attachment in the perinatal period, followed in ensuing months and years by unempathic care, unrealistic demands, and excessive criticism, and punishment for failure, they developed poor self-esteem, poor basic trust, and fragmented identities. Deeply embedded identifications with their parents and their behaviors, which will surface most strongly in times of stress, lead to repetitions of the patterns in their own child-care behaviors. During the earliest, most impressionable period of life, while a child is under the exclusive care of its own family before contact is made with the wider culture, the patterns are transmitted from caretaker to child. As a result, the potential for physical abuse, neglect and sexual exploitation are recreated for yet another generation.
There are aspects of the circular pattern of child abuse that are similar to behavior found among nurses (Kohnke, 1981). The generation-to-generation nature of child abuse is similar to that of abuse in nursing. For example, the older head nurse who refuses to help the younger staff nurse because the "no one helped me when I was new" attitude perpetuates the cycle of verbal abuse among nurses.

Research demonstrates that some people strike out at others because of their own frustrations (Kohnke, 1981). This lashing out is generally a result of the abuser's own insecurity. Rarely is the victim the real focus of another's angry behavior. More often, the victim is the innocent and sometimes not so innocent recipient of the fallout of behavior caused by factors outside of the abuser's control. In addition, the victims are usually the low people on the hierarchical totem pole, thus, they are in a position where they cannot strike back without risk to themselves.

It is the phenomenon of generation transmission and the passage of anger that explains why nurses mistreat nurses. In effect, verbal abuse arises from the abuser as a way of dealing with anger and frustration and the anger of the abused follows a downward spiral (Kohnke, 1981). In nursing, this goes from director to assistant director to supervisor to lead nurse to staff, and, unfortunately,
to patients and their families. Thus, Kohnke (1981) believes the more abusive the hierarchy in an institution is to its staff, the more abusive the staff will be with patients and families.

Nurses as an Oppressed Group

The fact that nurses perpetuate the cycle of verbal abuse and, moreover, in doing so, create a lack of cohesiveness within the nursing group is consistent with a theory of oppressed group behavior. Roberts (1983) argues that nurses can be viewed as an oppressed group. The view of nurses as oppressed is supported by the fact that nurses lack autonomy, and are faced with accountability, but little control, within the health care profession. Roberts (1983) states further that nurses were once an autonomous group, but have become oppressed by powerful societal forces in the last century and exhibit similar characteristics of other oppressed groups.

According to Roberts (1983), nurses have found it natural to think of themselves as second-class citizens. In addition, lack of self-esteem has become a well-accepted characteristic of nurses. Characteristics of nurses, i.e., warmth, nurturance, and sensitivity, have been viewed as negative when compared with those of the dominant culture, i.e., intelligence, decisiveness, and lack of emotion. Thus, according to Roberts (1983), nurses are not inherently inferior but have been placed in
a culture that does not value their attributes. This explanation, however, is contrary to peoples often accepted view of nurses. For example, Marriner (1978) has suggested that leadership is lacking in the nursing profession because the persons attracted to it have certain characteristics: "Nursing seems to attract people who rank low on self-esteem and initiative and higher on submissiveness and need for structure than people in other occupations" (Marriner, 1978).

Furthermore, nurses, like other oppressed groups, exhibit self-hatred and dislike for other nurses. Although this aspect of nursing behavior is subtle, it is evident in the divisiveness and lack of cohesiveness observed in nursing groups (Roberts, 1983). For example, Roberts (1983) argues lack of participation in professional organizations can be viewed as evidence of lack of pride in one's group and a desire not to be associated with it; it is as if to align with other nurses is to align with other powerless persons.

Nurses have another characteristic of oppressed groups that makes change difficult: fear of success. Roberts (1983) argues it is reasonable to assume that nurses, like other such groups, are fearful because they lack belief in the existence of alternatives to the status quo. Another clear parallel between nursing behavior and that of oppressed groups is the submissive-aggressive
syndrome. It is clear to most nurses that although there may be considerable complaining about physicians within the nursing group, rarely are there explicit complaints to the physicians. Moreover, nurses have criticized themselves for this passive-aggressive behavior, but it is only symptomatic of their situation (Roberts, 1983).

According to Lovell (1981), the oppression of nurses throughout their history was initially imposed by physicians, but today nurses help perpetuate the oppression. Nurses have adopted the characteristics of their oppressor. Furthermore, nursing oppression can be profitable for the medical profession because a silent "partner" or "team member" is infinitely more controllable. A silent partner, by virtue of his or her silence, begs to be controlled, and the profession of medicine is happy to honor the request.

The Anger-Dismay Syndrome and Verbal Abuse

Nurses are easily controlled by the medical profession through expressions of anger. That expressions of anger in small task groups, such as those in which nurses most commonly work, may be disruptive has been widely recognized (Duldt, 1981). In fact, it may be so disruptive that members leave the group. Thus, group cohesion may clearly be undermined and the very existence of the group threatened. In addition, frequent exposure to anger is a communication hazard that leads to
alienation among nurses; in turn, continuous exposure may also lead them to resign from their positions instead of dealing with what Duldt (1981) calls the anger-dismay syndrome.

The anger-dismay syndrome is defined as being perplexed, shocked, and at a loss about how to deal with another’s anger expressions to the extent that one feels powerless and overwhelmed, tends to cower and cringe, and is unable to change these responses. Anger-dismay is believed to occur most commonly when the angry person is a professional colleague who has some degree of status or power and with whom the dismayed person expects to interact in the future. Many people may feel uncomfortable when someone expresses anger verbally and nonverbally. However, when this feeling of discomfort begins to affect areas of one’s life that are very significant in terms of personal and professional functioning and goals, then Duldt (1981) believes that the communication problem has become severe enough for one to say that the person is experiencing the anger-dismay syndrome.

To further study Duldt’s (1981) anger-dismay syndrome, Cox (1987) conducted a study focusing on the frequency, nature and effect of verbal abuse on registered nurses in hospitals. The problem was researched from two different viewpoints, that of the staff nurse and that of
directors of nursing. The purposes of the study were to: (1) determine the incidence of verbal abuse in nursing practice in West Texas; (2) assess the influence of verbal abuse on nursing turnover rates; (3) identify the major sources of verbal abuse in nursing practice; and (4) identify the methods used by nurses to respond to verbal abuse.

The results of Cox's (1987) study revealed that eighty-two percent of the staff nurses reported experience with verbal abuse in their practice. In their total experience as registered nurses, eighty-one percent of the directors of nursing reported experience with verbal abuse in their practice. This percentage dropped to 77 percent in their experience as a director. Not only did the nurses report verbal abuse, they also related multiple experiences with verbal abuse. Thus, according to Cox (1987), the incidence of verbal abuse in nursing practice is high and is a significant factor for both nurses and nursing.

Additionally, the results of Cox's (1987) study revealed that from both the director of nursing and the staff nurse viewpoint, each agency could safely consider that at least 18 percent of its turnover rate is related to verbal abuse. Eighteen to 42 percent of director of nursing turnover was related to verbal abuse and 16 to 18 percent of registered nurse turnover rate was related to
verbal abuse.

In determining what methods nurses use to deal with verbal abuse, Cox's (1987) survey demonstrated that the registered nurses initially start with trying to use assertiveness techniques but frequently and quickly resort to avoidance techniques. Directors of nursing were more inclined to use positive behavior techniques but avoidance techniques ranked third on their list of methods.

Furthermore, physicians were the most common source of verbal abuse for 78 percent of the staff nurses and 84 percent of the directors of nursing. The next most frequent source for both staff nurses and directors was patient's families. However, the turnover rate was not influenced by either of these sources. Turnover was related to perceived verbal abuse from the nurse's supervisor even though immediate supervisors ranked only fourth on the list of staff nurses' source of verbal abuse and third on the directors of nursing sources. One explanation for this relationship might be that the nurses perceived verbal abuse from a supervisor as threatening to job security. Thus, nurses decided to leave instead of jeopardizing future employment opportunities with negative references from a supervisor. Although Cox's (1987) study showed a link between verbal abuse and turnover, a conceptual model is needed to determine if a significant relationship between verbal abuse and nursing turnover
rates exists after other variables commonly thought relevant to turnover have been considered.

A Model of Turnover

Steers and Mowday (1981) provide such a model. Their model attempts to explain the turnover process. The model identifies key variables and suggests the relationships among those variables in the leaving process. See Appendix A for a copy of the model.

Steers and Mowday (1981) proposed that the following sequence of variables leads to an employee's staying with or leaving an organization: (1) job expectations (conceptualized as met expectations) and values influence an individual's affective responses to a job; (2) affective responses affect desire and intention to stay or leave, with the choice depending on a variety of nonwork influences; and (3) the resulting intention to leave an organization leads to actual leaving (Lee & Mowday, 1987).

In addition, Steers and Mowday (1981) discussed several affective responses to job and organization, including job satisfaction, job involvement, and organizational commitment. They considered the most direct influences on affective responses to be the interactions of (1) job expectations and values; (2) organizational characteristics and experiences, conceptualized as an individual's "experienced organizational reality,"; and (3) job performance.
Furthermore, affective responses could lead an employee to make efforts to change a situation that in turn could influence subsequent attitudes. They also hypothesized that (1) individual characteristics, (2) available information about a job and an organization, and (3) alternative job opportunities influenced job expectations and values.

Price and Mueller (1985) also provide a causal model of turnover that is conceptually similar to Steers and Mowday's (1981) model. Their model includes job satisfaction, organizational commitment, and intent to leave as intervening variables that mediate 13 determinants of turnover. Steers and Mowday's (1981) model of turnover was utilized in this study because it contains several variables not found in Price and Mueller's (1985) model that this researcher, after conducting one-to-one discussions with registered nurses, felt were important variables in the turnover process. For example, available information about a job and an organization and job involvement are two variables unique to Steers and Mowday's (1981) model that Lee and Mowday (1987) in testing the Steers and Mowday (1981) model found to be significant.

Lee and Mowday (1987) empirically tested the Steers and Mowday (1981) model. The results of their study provided partial support for the model's major
predictions. In support of the model, available information about a job and an organization explained a significant proportion of unique variance in met expectations and job values. Job performance, met expectations, job values, organizational characteristics, and organizational experiences explained a significant proportion of variance in affective responses. Job satisfaction, organizational commitment, and job involvement also explained a significant proportion of variance in intention to leave. Contrary to the model, however, alternative job opportunities did not explain a significant proportion of unique variance in met expectations and job values, nor did it contribute toward the prediction of an employee's leaving—either directly or through interaction with intention to leave. Individual characteristics did not explain a significant proportion of unique variance in met expectations but did explain 3 percent (p < .05) of unique variance in job values. Efforts to change a situation did not explain a significant proportion of unique variance in affective responses, and nonwork influences did not explain a significant proportion of variance in intention to leave, \( r = .01 \) (n.s.).

Steers and Mowday (1981) also suggested that their model contains several unique aspects. However, Lee and Mowday's (1987) study offered support for only four of the
aspects: available information about a job and an organization, job performance, organizational commitment, and job involvement were related to other variables as predicted in the model. Nonwork influences and efforts to change a situation did not, however, relate to other variables as theorized.

Furthermore, Lee and Mowday (1987) found no evidence for the theorized interaction effect of intention to leave and alternative job opportunities, r=.06 (n.s.). Moreover, there is very little empirical evidence in the literature in general for a strong and consistent direct or interactive effect of available job opportunities on an employee's leaving. Lee and Mowday's (1987) results found only the main effect of intention to leave predicted leaving, r=.24 (p < .001). This finding is consistent with other research and corroborates the commonly accepted notion that the intention to leave an organization is the best predictor of actual leaving.

**Turnover Among Nurses**

Turnover, defined as the cessation of employment in an organization due to quitting, dismissal, retirement, or death, is a chronic problem in the nursing labor force (Price and Mueller, 1981). In any hospital setting, a high rate of turnover among nurses results in a constant influx of inexperienced personnel which can reduce the possibility of providing optimal nursing care.
Nurses’ turnover rates far exceed those of women in such occupations as teaching in public schools (18 percent), clinical staff in manufacturing companies (20 percent), and most industries (10 percent) (Duldit, 1981). For example, in a study on controlling nursing turnover, Prescott and Bowen (1987) calculated the nursing turnover rate to be 30 percent. This figure is roughly comparable with that of other studies from the same time period (Prescott & Bowen, 1987). This estimate is considerably lower than those of earlier reports on turnover, which varied from 42 percent to 70 percent. However, evaluating the rate of nursing turnover is difficult at best. Information is fragmentary and the literature reports widely varying rates in different regions and at different times. For example, according to a 1988 survey of 758 hospitals in the United States, the nursing turnover rate appears to be as low as 17 percent in the North Central states and as high as 25 percent in the South Central states (Keppel, 1989). Yet, there are some clues concerning the causes of nursing turnover.

Avoidable and unavoidable turnover. First, a distinction between avoidable and unavoidable turnover in nursing practice must be examined. Unavoidable turnover is assumed to be outside a hospital’s ability to alter or change, e.g., pregnancy, relocation, personal/family, distance, school and hospital location. In contrast,
avoidable turnover is any work-related reason for leaving within a hospital’s ability to alter or change, such as scheduling, salary and staff relationships (Prescott & Bowen, 1987). Thus, to manage turnover, planners need to know both why nurses leave and why they stay.

Why nurses stay. In a study conducted on nursing turnover, Prescott and Bowen (1987) demonstrated that nurses stay, as well as leave, for a number of reasons. In interviews with staff nurses, familiarity with the environment and good working relationships were the most frequently mentioned reasons for staying. Less frequently cited were not wanting to lose seniority or benefits and working on units where the type of patients and/or nursing practice were interesting and challenging.

Why nurses leave. Prescott and Bowen (1987) in their study on nursing turnover, demonstrated that there were more work-related reasons for resignation as opposed to non-work related reasons. Of the two most frequently mentioned, "scheduling" concerns included desire for flexible scheduling options and specific days or hours of work, and "administration" ones focused largely on head nurse characteristics and behavior. Comments such as "head nurse unfair," "head nurse not responsive to staff nurses’ needs," "poor orientation," and "problems with supervisor" were included in this category.
Thirty-six percent of nurses identified reasons for resignation that had to do with nursing practice. Examples of "lack of stimulation" included comments like "pushing pills," "going nowhere," and "not learning anything." Comments about "nursing practice" included "not enough input into patient care".

Looking at the non-work-related reasons, "relocation" was given by 21 percent of the nurses, "personal/family" was given by 17 percent, and "distance" was given by 13 percent of the nurses. No leavers mentioned child care facilities as a factor in resigning. However, over half the nurses who cited non-work-related reasons for resigning also frequently mentioned work-related reasons such as lack of stimulation, poor staff relationships and scheduling.

Furthermore, interviews with nurses who had resigned were asked whether the hospital could have done anything to induce them to stay. Fifty percent of them indicated that the hospital could have (Prescott & Bowen, 1987). More flexible scheduling options was most frequently mentioned. In addition, salary increases could have induced some to stay while others wanted better staffing positions. This is consistent with a two-year study that contributed the difficulty hospitals have of recruiting and retaining skilled nurses to low pay and especially to inadequate working conditions (Keppel, 1989). Improved
management, especially in dealing with head nurse to staff nurse communication could have induced some nurses to stay. This is consistent with the results of a study on verbal abuse conducted by Cox (1987) which demonstrated that nursing turnover is directly related to perceived verbal abuse from the nurse's supervisor.

Criticism of task performance. McCloskey (1981) found that nurses leave partly because of criticism of task performance by patients, peers, and physicians. This criticism tends to cause loss of confidence in ability and self-esteem. Moreover, criticism of task performance may be similar to verbal abuse if it is perceived as being expressed in a derogatory nature with negative value judgments. In the absence of help with the difficulties of the job, the lack of emotional support evidenced in these criticisms may lead nurses to resign to avoid losing their self-esteem (McCloskey, 1981).

Alienation. Duldt (1981) quotes a study by McClure which investigated the reasons hospital staff nurses in a large eastern city resigned. McClure found that a major factor common to many subjects' experiences was alienation. Many nurses verbalized a sense of powerlessness, normlessness, and isolation. In addition, a large portion of the communication that the nurses described as alienating came from people in higher nursing service administration positions. This is consistent with
the findings of a study conducted by Cox (1987) in which turnover among nurses was directly related to perceived verbal abuse from the nurse's supervisor. Duldt believes the majority of nurses feel guilt associated with expressing anger and, therefore, could not deal effectively with anger when it is expressed toward them. McClure also found that nurses resigned because they wished to leave a particular institution, not because they wanted to leave nursing practice all together. The bulk of the research on turnover has focused on causes and correlates. Relatively less attention has been devoted to the consequences of turnover. Of the limited research that deals with turnover consequences, most has been directed toward negative consequences.

Consequences of turnover. There are several potential negative organizational consequences of turnover. The most frequently studied negative consequence of turnover is monetary cost, e.g. recruitment and selection costs. Disruption of performance also is quite expensive for the organization. For example, to the extent that the leaver had special skills, the loss may have a ripple effect on performance far beyond the vacant position. Furthermore, the time required to recruit new nurses is considerable. For example, in the average hospital, more than 60 days are required to recruit new nurses for the medical-surgical unit, and closer to 90 days are required to
recruit new nurses for critical care areas (American Hospital Association, 1987). In addition, turnover may negatively affect the attitudes of those who remain because of the increased workload they must handle until a replacement is found.

It would, however, be simplistic to view turnover from only a negative perspective since there are occasions when turnover has positive organizational implications. Prescott and Bowen (1987), in a study related to turnover, concluded that turnover does not necessarily signal poor working conditions or poor administration. It opens opportunities for hospitals to weed out nonproductive employees. Organizations with little turnover and many long-term employees may become fixed in their ways; in proportion to their degree of stagnation, responsiveness to changing circumstances declines. In situations such as this the most productive and innovative employees leave.

Nevertheless, retention programs targeted at nurses with the most potential will justify their cost by maintaining a reliable, responsive work force. The implications for nursing management include more flexible scheduling options, better relationships and support with nursing staff, better staffing in heavy workload areas and a broader range of salary scales (Prescott & Bowen, 1987).
Objective of this Study

This study was designed in an attempt to utilize Steers and Mowday’s (1981) model of turnover in measuring the relationship between verbal abuse and intention to leave an organization among registered nurses. This was done by incorporating items intended to measure the frequency and nature of verbal abuse into Steers and Mowday’s (1981) organizational characteristics variable.

Steers and Mowday’s (1981) organizational characteristics variable measured how important each of ten organizational characteristics, including job content, co-workers, and general atmosphere were to how employees felt about their jobs. Research demonstrates that verbal abuse in nursing has an impact on co-worker relationships and on the general atmosphere of the work environment. Thus, it appeared to be content valid to add items measuring verbal abuse to Steers and Mowday’s (1981) organizational characteristics variable.

Intention to quit. This study will be unable to measure actual turnover rates among the sample population, however, Steers and Mowday’s (1981) desire/intent to stay or leave variable will be used as the criterion variable and as a proxy for actual turnover. The literature supports the idea that intent to stay has a negative impact on turnover, that is, the stronger the intent to stay, the less the likelihood of turnover (Mangione, 1973).
In a study on turnover conducted by Mangione (1973), the results demonstrated that 75 percent of the workers who intended to stay with their present employers were still working with the same employer two years later. However, 59 percent of the workers who intended to leave actually left. Thus, intent, whether to stay or leave, is related to subsequent behavior. Furthermore, according to Mobley (1982), empirically, behavioral intention to quit-stay measures appear to be among the best individual-level predictors of turnover. The periodic assessment of behavioral intentions to quit, and correlates of those intentions, is a turnover forecasting and diagnostic approach he strongly recommends.

Variables in this Study

The Steers and Mowday (1981) model represents a comprehensive summary of the extensive research on employee's leaving organizations. However, this study will focus only on a subset of their variables which appear relevant to the study at hand. The coefficient alphas (in parentheses) of Steers and Mowday's (1981) variables that Lee and Mowday (1987) empirically tested as well as the number of items in each scale are stated; however, Lee and Mowday (1987) did not report coefficient alphas for the following variables: alternative job opportunities, search for external alternatives, and individual characteristics.
The following variables from Lee and Mowday’s (1987) study were utilized for the purpose of the thesis study: job expectations (alpha = .85, # of items = 9) and values (alpha = .95, # of items = 8); available information about a job and an organization (alpha = .91, # of items = 10); alternative job opportunities (# of items = 1) and search for external alternatives (# of items = 2); individual characteristics (# of items = 6); job satisfaction (alpha = .89, # of items = 42); organizational commitment (alpha = .90, # of items = 9); job involvement (alpha = .73, # of items = 6); efforts to change the situation (alpha = .74, # of items = 5); organizational characteristics (alpha = .82, # of items = 13); and desire/intent to stay or leave (alpha = .59, # of items = 2). These variables were chosen after this investigator conducted one-to-one discussions with registered nurses in an attempt to find out what variables they thought were relevant in the nursing turnover process.

The reliability of the items utilized from Cox’s (1988) Verbal Abuse Survey as well as the items assessing the extent verbal abuse affects performance on the job had not been previously established. Thus, this investigator conducted two pilot studies using college students measuring verbal abuse in the workplace in an attempt to establish the reliability of the items.
The following Steers and Mowday (1981) variables were not included in the thesis study: job performance level, non-work influences and actual turnover rate data. Job performance level and actual turnover data were not utilized because of the lack of accessibility to the needed information. The non-work influences variable was not included because unlike other determinants, such as job satisfaction, there is relatively little research which supports non-work influences as a determinant of turnover. For example, Lee and Mowday (1987) found no evidence for the theorized interactional effect of affective responses and non-work influences on intention to leave. Instead, their data provided evidence for a simpler relationship between intention to leave and job satisfaction, organizational commitment, and job involvement which will be assessed in this study. Furthermore, Duldt (1981) quotes a study on registered nurse turnover in California conducted by Dr. Margurite J. Schaefer in which no statistically significant relationship between nurses' marital status, spouses' income, educational background, wage, or specialty and turnover was demonstrated. It is important to point out, however, that Price and Mueller (1985) found a relationship between their kinship responsibility variable measuring obligations to relatives in the local community and turnover, with greater kinship responsibility being
associated with less turnover.

The objective of this study is to utilize Steers and Mowday’s (1981) model of turnover in measuring the relationship between verbal abuse and desire/intent to stay or leave an organization among registered nurses. This was done by incorporating items intended to measure the frequency and nature of verbal abuse into Steers and Mowday’s (1981) organizational characteristics variable. The relationship between organizational characteristics (specifically, verbal abuse) and desire/intent to stay or leave was assessed.

**Hypotheses**

Steers and Mowday (1981) theorized that job expectations and values are influenced by three categories of variables: (1) individual characteristics; (2) available information about job and organization; and (3) alternative job opportunities. To test these relationships, the following predictions were assessed using multiple regression:

1. Available information about a job and an organization, alternative job opportunities, and individual characteristics will be used as predictors of job expectations which according to Steers and Mowday (1981) influence an individual’s affective responses to the job: job satisfaction, job commitment, and job involvement (Hypothesis 4). It is expected that the
regression of information about a job and an organization, alternative job opportunities, and individual characteristics against job expectations will yield a significant R square with each predictor variable contributing a significant proportion of unique variance.

2. Available information about a job and an organization, alternative job opportunities, and individual characteristics will be used as predictors of job values which according to Steers and Mowday (1981) also influences an individual's affective responses to the job: job satisfaction, job commitment, and job involvement (Hypothesis 4). It is expected that the regression of information about a job and an organization, alternative job opportunities, and individual characteristics against job values will yield a significant R square with each predictor variable contributing a significant proportion of unique variance.

Steers and Mowday (1981) theorized that affective responses to a job: job satisfaction, organizational commitment, and job involvement are a function of efforts to change a situation, and the interaction of job expectations, job values, organizational characteristics and experiences, and job performance (which was not measured in this study). To test these relationships, the following predictions were assessed:
3. There are significant correlations between efforts to change a situation and these affective responses: job satisfaction, organizational commitment, and job involvement.

4. Efforts to change a situation, job expectations, job values, organizational characteristics (including frequency of verbal abuse), and organizational experiences will predict these affective responses to the job: job satisfaction, organizational commitment, and job involvement; each R square will be significant, and each predictor variable will explain a significant proportion of unique variance.

Following from the work of Fishbein (1967) and others on attitude theory, it is assumed that one's affective responses to the job lead to behavioral intentions. Thus, Steers and Mowday (1981) theorized that reduced levels of job satisfaction, organizational commitment and job involvement result in an increased desire or intent to leave an organization. To test this relationship, the following prediction was assessed:

5. Job satisfaction, organizational commitment, and job involvement will predict intention to leave; each R square will be significant, and each predictor will explain a significant proportion of unique variance.

Steers and Mowday (1981) also theorized a relationship between intention to leave and an actual
search for better alternatives. To test this relationship, the following prediction was assessed:

6. There is a significant correlation between intention to leave and search for preferable alternatives.

Cox (1987) theorized a relationship between verbal abuse and turnover rates among registered nurses. To test this relationship, the following prediction was assessed:

7. There is a significant correlation between organizational characteristics (including frequency and source of verbal abuse) and desire/intent to stay or leave.
PILOT STUDY

Method

Design

Verbal abuse items. The pilot studies were conducted because the reliability of the items utilized from Cox's (1988) Verbal Abuse Survey as well as the items assessing the extent verbal abuse affects performance on the job had not been previously established. The research design utilized in the pilot studies was a survey method, designed by this author utilizing items from Helen Cox's (1988) Verbal Abuse Survey as well as items developed by this author.

Sample

Subjects were 106 (58 in the first pilot study and 48 in the second pilot study) undergraduate and graduate college students enrolled at California State University, San Bernardino and Crafton Hills Community College. The sample is a non-random, convenience sample. The subjects were volunteers and their participation in the study implied consent. Anonymity was assured and protected. The subjects were treated in accordance with the "Ethical Principles of Psychologists" (American Psychological Association, 1983). Gender and age were not documented nor controlled for in the sample population.
Instrument

Pilot study survey #1. A five item survey, designed by this author utilizing items from Helen Cox's (1988) Verbal Abuse Survey, was used. The survey measured the following: employment status, experience with verbal abuse in the workplace, frequency of verbal abuse, sources of verbal abuse, and most common source of verbal abuse. See Appendix B for a copy of the survey.

Pilot study survey #2. A five item survey, designed by this author utilizing items from Helen Cox's (1988) Verbal Abuse Survey as well as items constructed by this investigator, was used. The survey measured the following: employment status, experience with verbal abuse in the workplace, frequency of verbal abuse, the extent verbal abuse from different sources affects performance on the job, and the most common source of verbal abuse. See Appendix C for a copy of the survey.

Procedure

Both pilot studies were distributed to undergraduate and graduate college students while they were in class. Students were told of the nature of the questionnaire and confidentiality was assured and protected.
PILOT STUDY

Results

The purpose of the first pilot study was to assess the frequency and sources of verbal abuse in the workplace. Appendix D provides descriptive statistics revealing that of those students employed, 80 percent had experienced verbal abuse in the workplace. Furthermore, they reported multiple experiences with verbal abuse. Fifty-five percent of the subjects reported that over one month's time they were the recipient of approximately zero to five abusive statements. An additional 22.5 percent reported being the recipient of approximately six to ten abusive statements over one month's time.

In addition, Appendix D shows that of those subjects who reported being verbally abused, the majority had been verbally abused by more than one source. Customers/clients were the most common source of verbal abuse for 44 percent of the subjects. The next most common source of verbal abuse was supervisors.

The purpose of the second pilot study was to assess the reliability of the three items developed by this author measuring the affect of verbal abuse on performance. An item analysis on the three items was performed computing Cronbach's coefficient alpha. Basic summary statistics including items means, standard deviations, inter-item covariance and correlation
matrices, scale means, and item-to-item correlations were also computed. Table 1 shows the results revealed a low coefficient alpha equal to .04 (n=29).

Table 1

Reliability Analysis of Pilot Study #2 Data

<table>
<thead>
<tr>
<th>Scale</th>
<th>Corrected Item-Total Correlation</th>
<th>Alpha if Item Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect Verbal Abuse has on Performance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item 1 (Supervisors)</td>
<td>.0043</td>
<td>.1005</td>
</tr>
<tr>
<td>Item 2 (Customers)</td>
<td>-.1308</td>
<td>.3416</td>
</tr>
<tr>
<td>Item 3 (Other Sources)</td>
<td>.2416</td>
<td>-.4714</td>
</tr>
</tbody>
</table>

Alpha = .0425  
N of cases = 29  
N of items = 3
Both pilot studies provided useful information that was incorporated into the thesis study. The results of the first pilot study demonstrated that of those subjects who experienced verbal abuse, 55 percent responded that they were the recipient of approximately zero to five abusive statements over one month's time. Thus, since the majority of subjects responded to the zero to five category, it was decided by this investigator to break down this category into smaller increments for the thesis study. This allowed for more variability in the measure of frequency of verbal abuse.

The results of the second pilot study revealed a low coefficient alpha for the three items measuring the extent verbal abuse affects performance that were developed by this author. It was felt by this investigator, however, that there were several possible explanations for the low reliability of the scale. First, the sample population did not adequately represent the population the items were developed for. That is, the pilot study subjects may no have been employed in jobs that are similar to nursing; therefore, a verbally abusive incident may not necessarily affect their job performance.

A second possible explanation for the low coefficient alpha was the small number of items in the scale (three).
It is a common practice to increase the reliability of a scale by adding more items; therefore, three additional items were developed for the thesis study. Thus, because of the apparent content validity of the items and because of the additional items developed for the scale, it was the judgment of this investigator to include the items in the thesis study.
THESIS STUDY

Method

Design

The research design utilized in the thesis study was a survey method, designed by this author utilizing items from Steers and Mowday's (1981) model of turnover and Helen Cox's (1987) Verbal Abuse Survey. This survey was designed in an effort to determine if a significant relationship between verbal abuse and intention to leave an organization exists after other variables commonly thought relevant to turnover have been considered.

Sample

Subjects were 112 non-supervisory, licensed registered nurses who worked on a variety of units in a 1,000-bed, large urban medical center. Supervisory nurses were excluded from this study to enhance the homogeniety of the sample. Appendix E provides demographic descriptions.

Specifically, Appendix E shows that the typical respondent was a married, female, staff nurse who worked on the medical-surgical unit. The majority of respondents were between the ages of 25 and 29 years old. In addition, the most common length of employment with the hospital was between one and three years. The initial level of education as well as the highest level of
education achieved for the typical respondent was an Associate of Arts degree. The majority of respondents worked the day shift.

The sample was a non-random, convenience sample. The subjects were volunteers and their participation in the study implied consent. Anonymity was assured and protected. The subjects were treated in accordance with the "Ethical Principles of Psychologists" (American Psychological Association, 1983). Permission to collect data was in accordance with the research policy of the participating institution.

Instrument

A 71-item survey, designed by this author utilizing items from Lee and Mowday's (1987) empirical study of Steers and Mowday's (1981) model of turnover and Helen Cox's (1987) Verbal Abuse Survey, was used. See Appendix F and G for a copy of the cover letter and questionnaire. The items utilized from Lee and Mowday's (1987) study were slightly modified to represent hospital employees rather than bank employees. The survey utilized in this study was constructed with multiple items intended to measure the following variables:

Job expectations. Respondents were asked to describe how well their expectations about their immediate supervisor, kind of work, co-workers, physical working conditions, financial rewards, career future and company
identification, and their overall jobs had been met. These items are based on Steers and Mowday's (1981) model (Lee & Mowday, 1987). They are also the dimensions used in the Index of Organizational Reactions (Dunham, Smith, & Blackburn, 1977).

Available information about the job and organization. Respondents were asked to describe the relative importance of five sources of information about their jobs and organization. The scale was conceptually the same as Steers and Mowday's (1981) "degree of complete information" (Lee & Mowday, 1987). The following variables were identified as major mechanisms for organizational communication: hospital recruiters, the new employee orientation and information packet, work friends, supervisor or manager, and policy manuals and newsletters. All sources were readily available to all employees. In addition, respondents were asked how much they knew about other jobs they might like to have and about the hospital in general to assess the completeness of their information.

Efforts to change the situation. Survey respondents were asked to describe their efforts to change the situation when they were unhappy with their jobs. I asked about their use of five change tactics from Steers and Mowday's (1981) model (Lee & Mowday, 1987).

Verbal abuse. To assess verbal abuse, respondents were asked "In your work experience as a Registered Nurse have
you ever had an experience where you perceived you had been verbally abused?" and if so, the frequency and the most common source of that verbal abuse. These items were from Cox's (1987) Verbal Abuse Survey. Six items assessed the extent verbal abuse from different sources, including patients, patients' families, peers, physicians, supervisors, and other sources affects performance on the job. In addition, two items assessed the extent verbal abuse helped to cause an increase in turnover and absenteeism in nursing staff. These items were developed by this author.

**Intention to leave.** Two items assessed intention to leave: (1) "If you happened to learn that a good job was open in another hospital, how likely is it that you would actively pursue it?" and (2) "How likely is it that you will be with the hospital five years from now?" Both items were from Lee and Mowday's (1987) study.

**Alternative job opportunities and search for external alternatives.** Because direct assessment of search behavior was not possible, I used two surrogate items. Alternative job opportunities was assessed with, "All in all, what is the likelihood that you could find an acceptable alternative job with another company?" Search for external alternatives was measured with, "How actively have you searched for a job with another company in the last five years?" Both items were from Lee and Mowday's

**Organizational experiences.** Respondents were asked to describe their reactions to seven organizational experiences, such as compensation equity and employee participation from Lee and Mowday's (1987) study.

**Job values.** Respondents were asked how consistent the hospital's (1) quality standards (e.g., patient care) and (2) operational procedures (e.g., staffing) were with their personal and professional values and judgments from Lee and Mowday's (1987) study.

**Job satisfaction.** Job satisfaction was measured with questions derived from the Index of Organizational Reactions (Dunham et al., 1977) as suggested by Lee and Mowday (1987).

**Job involvement.** Job involvement was measured with the short form of the scale developed by Lodahl and Kejner (1965) as used by Lee and Mowday (1987).

**Organizational characteristics.** Respondents described how important each of ten organizational characteristics, including job content, co-workers, and general atmosphere, were to how they felt about their jobs. These characteristics were from Lee and Mowday's (1987) study on the basis of published work on the model (Mowday, Porter, & Steers, 1982; Steers & Mowday, 1981).

**Organizational commitment.** Organizational commitment has measured with the short form of the Organizational
Commitment Questionnaire (Mowday, Steers, & Porter, 1979) as suggested by Lee and Mowday (1987).

**Individual characteristics.** In addition to the above scales, respondents also completed several items regarding their individual characteristics, including gender, age, marital status, educational level, practice specialty, present position and shift, and length of employment.

**Procedure**

Over a period of two days, this investigator distributed 600 instrument packets to the sample population via each nurse's in-house mailbox. The packets included: (a) a letter explaining the purpose of the study and the process of anonymity (see Appendix F for a copy of the letter); and (b) one questionnaire that was comprised of the above scales. See Appendix G for a copy of the questionnaire. 112 useable surveys were returned to this investigator via a drop box labelled "W.C. Survey" located at the core station on each of the nursing units. In addition, 67 unused surveys that were distributed to the subjects, but never picked up were returned to this investigator. Thus, the return of 112 surveys yielded a 21 percent return rate. Three weeks were allowed for the return of the questionnaires.
Reliability of Measure

Before the raw data were reduced to scale scores, item analyses on the components of the scales were performed computing Cronbach’s alpha. Basic summary statistics including item means, standard deviations, inter-item covariance and correlation matrices, scale means, and item-to-item correlations were also computed. The results revealed varying coefficient alphas (range: low coefficient alpha, -.21, from the analyses produced a coefficient alpha range of .50 to .92 (mean = .71, median = .70). By deleting some items from the scales, the final scales produced slightly higher coefficient alphas (range: the one low coefficient alpha, .18, from the analyses produced a coefficient alpha range of .51 to .92 (mean = the reliability analyses including the original and revised scales. The following scales were analyzed:

Job expectations. This scale originally consisted of nine items; however, after an item analysis was computed on the scale, three of the items were removed from the scale. The coefficient alpha of the final scale equaled

Available information about the job and organization. This scale originally consisted of seven items; however, after an item analysis was computed on the scale, it was clear that the items were actually comprising two separate
scales. The first scale consisted of items one, two, three, four, and five; however, after the item analysis was computed again using only these items, item three was removed from the scale. The coefficient alpha of the final scale equaled .67 (n=112). The second scale consisted of items six and seven. The coefficient alpha of this scale equaled .56 (n=112).

**Efforts to change the situation.** This scale originally consisted of five items; however, after an item analysis was computed on the scale, item four was removed from the scale. The coefficient alpha of the final scale equaled .

**Intention to leave.** This scale originally consisted of two items; however, after an item analysis was computed on the scale, it was clear that the items were not measuring the same construct (alpha = -.21, n=100). Item number four from the change scale (measuring threatening to leave behavior) was added to the scale in an attempt to improve the reliability of the items; however, the coefficient alpha only improved to .18 (n=100). Thus, for all future analyses the items measuring intention to leave as well as threatening to leave behavior were analyzed separately.

**Organizational experiences.** This scale originally consisted of seven items; however, after an item analysis was computed on the scale items four and five were removed from the scale. The coefficient alpha of the final scale equaled .61 (n=111).
Job values. This scale consisted of eight items. After conducting an item analysis, no items were deleted from the original scale. The coefficient alpha of the scale equaled .92 (n=110).

Job satisfaction. This scale consisted of three items. After conducting an item analysis, no items were deleted from the original scale; however, the coefficient alpha remained low (alpha = .51, n=110).

Job involvement. This scale consisted of six items. After conducting an item analysis, no items were deleted from the original scale. The coefficient alpha of the scale equaled .77 (n=110).

Organizational characteristics. This scale consisted of ten items. After conducting an item analysis, no items were deleted from the original scale. The coefficient alpha of the scale equaled .78 (n=111).

Organizational commitment. This scale consisted of nine items. After conducting an item analysis, no items were deleted from the original scale. The coefficient alpha of the scale equaled .92 (n=109).

The effect of verbal abuse on performance. This scale consisted of six items. After conducting an item analysis, no items were deleted from the original scale. The coefficient alpha of the scale equaled .70 (n=99). This analysis was computed using only those subjects who responded that they had experienced verbal abuse.
However, it was felt by this investigator that only complete cases should be included in the item analysis; thus those subjects who responded "not applicable" to one or more of the items were excluded from the item analysis. The final coefficient alpha of the scale equaled .81 (n=59).

The perceived affect verbal abuse has on turnover and absenteeism. This scale consisted of two items. An item analysis of the scale did not separate either of the items. The coefficient alpha of the scale equaled .90 (n=99). This analysis was computed using only those subjects who responded that they had experienced verbal abuse. However, it was also felt by this investigator that only complete cases should be included in the item analysis; thus those subjects who responded "not applicable" to either of the items were excluded from the analysis. The final coefficient alpha of the scale equaled .87 (n=96).

Table 2 provides the means and standard deviations for the final scales. The revised scales were used for all further analyses.
<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Expectations</td>
<td>3.0</td>
<td>.61</td>
</tr>
<tr>
<td>Available Info About Job &amp; Org #1</td>
<td>3.6</td>
<td>.75</td>
</tr>
<tr>
<td>Available Info About Job &amp; Org #2</td>
<td>2.8</td>
<td>.68</td>
</tr>
<tr>
<td>Efforts to Change the Situation</td>
<td>1.7</td>
<td>.60</td>
</tr>
<tr>
<td>Intention to Leave #1</td>
<td>3.1</td>
<td>1.24</td>
</tr>
<tr>
<td>Intention to Leave #2</td>
<td>4.2</td>
<td>.79</td>
</tr>
<tr>
<td>Threatening to Leave Behavior (Change Item #4)</td>
<td>1.9</td>
<td>1.10</td>
</tr>
<tr>
<td>Organizational Experiences</td>
<td>3.1</td>
<td>.67</td>
</tr>
<tr>
<td>Job Values</td>
<td>3.2</td>
<td>.78</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>3.9</td>
<td>.69</td>
</tr>
<tr>
<td>Job Involvement</td>
<td>2.9</td>
<td>.43</td>
</tr>
<tr>
<td>Organizational Characteristics</td>
<td>4.2</td>
<td>.42</td>
</tr>
<tr>
<td>Organizational Commitment</td>
<td>4.5</td>
<td>1.20</td>
</tr>
<tr>
<td>Affect of Verbal Abuse on Performance</td>
<td>3.2</td>
<td>.88</td>
</tr>
<tr>
<td>Affect of Verbal Abuse on Turnover and Absenteeism</td>
<td>3.2</td>
<td>1.20</td>
</tr>
</tbody>
</table>
Experience with Verbal Abuse

Appendix I provides descriptive statistics revealing that 89 percent of the nurses reported experience with verbal abuse in their practice. Verbal abuse was defined as characterized by behavior such as humiliation, harassment, comments of a derogatory nature with negative value judgments, and threats of future punishment and/or deprivation (Walker, 1984). This finding is consistent with Cox's (1987) study which revealed that 82 percent of the staff nurses reported experience with verbal abuse.

Not only did the nurses report verbal abuse, they also related multiple experiences with verbal abuse. Appendix I shows that 47 percent of the nurses reported that over one month's time, they were the recipient of approximately one to two abusive statements. An additional 30 percent of the nurses reported being the recipient of approximately three to five abusive statements over one month's time.

Furthermore, Appendix I shows that physicians were the most common source of verbal abuse for 35 percent of the nurses. The next most frequent source of verbal abuse was patients. Third on the list was patients' families and fourth was the nurses' immediate supervisor.
Test of Hypotheses

Hypothesis one. It was theorized that available information about a job and an organization, alternative job opportunities, and individual characteristics would predict job expectations. The regression of information about a job and an organization, alternative job opportunities, and individual characteristics against job expectations yielded a significant R square of .15 (Adjusted R square = .13), F = 6.09, p < .001.

Table 3 shows available information about a job and an organization scale #2, measuring how much respondents knew about other jobs in the hospital they might like to have and about the hospital in general, explained 5.8 percent of the variance in job expectations, age explained 7.7 percent of the variance, and length of employment explained 3.7 percent of the variance. Available information about job and organization scale #1, measuring how important hospital recruiters, employee orientation, supervisor, and policy manuals were to what a respondent knew about the hospital, alternative job opportunities, as well as the remaining individual characteristics did not explain a significant proportion of unique variance in job expectations.
Table 3
Predictors of Job Expectations

<table>
<thead>
<tr>
<th>Variables</th>
<th>Beta</th>
<th>Partial Corr</th>
<th>t</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available Job Info #2</td>
<td>.2422</td>
<td>.2414</td>
<td>2.658</td>
<td>.009</td>
</tr>
<tr>
<td>Age</td>
<td>.3268</td>
<td>.2778</td>
<td>3.059</td>
<td>.003</td>
</tr>
<tr>
<td>Length of Employment</td>
<td>-.2261</td>
<td>-.1926</td>
<td>-2.121</td>
<td>.036</td>
</tr>
</tbody>
</table>

**Hypothesis two.** It was theorized that available information about a job and an organization, alternative job opportunities, and individual characteristics would predict job values. The regression of available information about a job and an organization, alternative job opportunities, and individual characteristics against job values yielded a significant $R$ square of .18 (Adjusted $R$ Square = .17), $F = 11.8$, $p < .001$.

Table 4 shows available information about job and organization scale #2, measuring how much respondents knew about other jobs in the hospital they might like to have and about the hospital in general, explained 13.0 percent of the variance in job values and alternative job opportunities explained 4.5 percent of the variance. Available information about job and organization scale #1,
measuring how important hospital recruiters, employee orientation, supervisor, and policy manuals were to what a respondent knew about the hospital, and individual characteristics did not explain a significant proportion of unique variance in job values.

Table 4

Predictors of Job Values

<table>
<thead>
<tr>
<th>Variables</th>
<th>Beta</th>
<th>Partial Corr</th>
<th>t</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Info #2</td>
<td>.3607</td>
<td>.3603</td>
<td>4.085</td>
<td>.000</td>
</tr>
<tr>
<td>Alternative Job</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Opportunities</td>
<td>-.2131</td>
<td>-.2128</td>
<td>-2.413</td>
<td>.018</td>
</tr>
</tbody>
</table>

Hypothesis three. A Pearson Product Moment Correlation was calculated to estimate the relationship between efforts to change a situation and these affective responses: job satisfaction, organizational commitment, and job involvement. The correlations between efforts to change a situation and job satisfaction, organizational commitment, and job involvement were, respectively, \( r = \) satisfaction was strongly correlated with organizational commitment, \( r = .56 \) (\( p < .001 \)) and significantly
correlated with job involvement, $r = .17$ (p < .05). When job satisfaction is corrected for attenuation the correlations are .82 and .89, respectively. In addition, organizational commitment was significantly correlated with job involvement, $r = .38$ (p < .001).

Hypothesis four. It was theorized that efforts to change a situation, job expectations, job values, organizational characteristics (including frequency of verbal abuse), and organizational experiences would predict these affective responses: job satisfaction, organizational commitment, and job involvement. Using each affective response as the dependent variable, three multiple regression equations were computed. Statistically significant relations were found for the prediction of job satisfaction $R^2 = .52$ (Adjusted $R^2 = .49$), $F = 16.5$, p < .001, organizational commitment $R^2 = .61$ (adjusted $R^2 = .58$) $F = 23.1$, p < .001, and job involvement $R^2 = .19$ (Adjusted $R^2 = .13$), $F = 3.5$, p < .01.

Table 5 shows job expectations explained 18.5 percent of the variance in job satisfaction and organizational characteristics explained 7.0 percent of the variance. Frequency of verbal abuse, efforts to change a situation, job values, and organizational experiences did not explain a significant proportion of unique variance in job satisfaction.
### Table 5

**Predictors of Job Satisfaction**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Beta</th>
<th>Partial Corr</th>
<th>t</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Expectations</td>
<td>.5026</td>
<td>.4298</td>
<td>5.911</td>
<td>.000</td>
</tr>
<tr>
<td>Organizational Characteristics</td>
<td>.3114</td>
<td>.2649</td>
<td>3.644</td>
<td>.001</td>
</tr>
</tbody>
</table>

Table 6 shows job expectations explained 9.8 percent of the variance in organizational commitment, organizational characteristics explained 9.7 percent of the variance, and job values explained 3.9 percent of the variance. Frequency of verbal abuse, efforts to change a situation, and organizational experiences did not explain a significant proportion of unique variance in organizational commitment.
Table 6

Predictors of Organizational Commitment

<table>
<thead>
<tr>
<th>Variables</th>
<th>Beta</th>
<th>Partial Corr</th>
<th>t</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Expectations</td>
<td>.3658</td>
<td>.3128</td>
<td>4.732</td>
<td>.000</td>
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<tr>
<td>Organizational Characteristics</td>
<td>.3657</td>
<td>.3112</td>
<td>4.708</td>
<td>.000</td>
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<tr>
<td>Job Values</td>
<td>.2485</td>
<td>.1963</td>
<td>2.969</td>
<td>.004</td>
</tr>
</tbody>
</table>

Frequency of verbal abuse, organizational characteristics, efforts to change the situation, job expectations, job values, and organizational experiences did not explain a significant proportion of unique variance in job involvement.

Hypothesis five. It was theorized that job satisfaction, organizational commitment, and job involvement would predict intention to leave. When the two items measuring intention to leave: (1) "If you happened to learn that a good job was open in another hospital, how likely it is that you would actively pursue it?" and (2) "How likely is it that you will be with the hospital five years from now?" were used as dependent variables with job satisfaction, organizational commitment, and job involvement used as independent variables, the R squares were, respectively, .13 (Adjusted
R square = .10, F = 5.2, p < .01 and .002 (Adjusted R square = -.03), n.s.

Table 7 shows organizational commitment explained 3.3 percent of the variance in intention to leave item number one, "If you happened to learn that a good job was open in another hospital, how likely it is that you would actively pursue it?" Job involvement and job satisfaction did not explain a significant proportion of unique variance in intention to leave item number one.

Table 7

Predictors of Intention to Leave Item #1

<table>
<thead>
<tr>
<th>Variables</th>
<th>Beta</th>
<th>Partial Corr</th>
<th>t</th>
<th>p- value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Commitment</td>
<td>-.2357</td>
<td>-.1824</td>
<td>-1.994</td>
<td>.049</td>
</tr>
</tbody>
</table>

In addition, although not hypothesized apriori, when efforts to change the situation item number four (judged by this investigator as being another measure of intention to leave), "When you were unhappy with something about the job, how frequently did you actually threaten to leave?", was added to the equation as a dependent variable with job satisfaction, organizational commitment, and job involvement used as independent variables, the regression yielded an R square of .20 (Adjusted R square = .17), F =
Table 8 shows organizational commitment explained 4.5 percent of the variance in threatening to leave behavior and job satisfaction explained 3.5 percent of the variance. Job involvement did not explain a significant proportion of unique variance in threatening to leave behavior.

**Table 8**

**Predictors of Threatening to Leave Behavior**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Beta</th>
<th>Partial Corr</th>
<th>t</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
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<td>Org. Commitment</td>
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<td>-.2111</td>
<td>-2.403</td>
<td>.018</td>
</tr>
<tr>
<td>Job Satisfaction</td>
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<td>-.1862</td>
<td>-2.119</td>
<td>.037</td>
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**Hypothesis six.** A Pearson Product Moment Correlation was used to estimate the relationship between the two items measuring intention to leave: (1) "If you happened to learn that a good job was open in another hospital, how likely is it that you would actively pursue it?" and (2) "How likely is it that you will be with the hospital five years from now?" and the item measuring search for preferable alternatives, "How actively have you searched for a job with another company in the last five years?" The correlations were $r = .46$ ($p < .001$) and $r = -.07$ (n.s.), respectively. Therefore, search behavior
accounted for 21.5 percent of the variance in intention to leave item number 1; but, it explains less than 1 percent of the variance (n.s.) in intention to leave item number 2.

In addition, even though the following was not hypothesized apriori, a Pearson Product Moment Correlation was calculated to estimate the relationship between the two items measuring intention to leave and alternative job opportunities, "All in all, what is the likelihood that you could find an acceptable alternative job with another company." The correlations were $r = .44 \ (p < .001)$ and $r = -.02 \ (n.s.)$, respectively. Therefore, perceived alternative job opportunities accounted for 19.4 percent of the variance in intention to leave item number 1; but, it explained less than 1 percent of the variance (n.s.) in intention to leave item number 2. Furthermore, alternative job opportunities was significantly correlated with search for preferable alternatives, $r = .23 \ (p < .01)$.

Again, although not hypothesized apriori, a Pearson Product Moment Correlation was calculated to estimate the relationship between the two items measuring intention to leave and efforts to change the situation item #4, "When you were unhappy with something about the job, how frequently did you actually do the following?" The correlations were $.25 \ (p < .01)$ and $.05 \ (n.s.)$, respectively. Furthermore, threatening to leave behavior
was significantly correlated with search for preferable alternatives, \( r = .21 \) (\( p < .05 \)).

**Hypothesis seven.** A Pearson Product Moment Correlation was used to estimate the relationship between Lee and Mowday's (1987) organizational characteristics variable and the two items measuring intention to leave: (1) "If you happened to learn that a good job was open in another hospital, how likely it is that you would actively pursue it?" and (2) "How likely is it that you will be with the hospital five years from now?" among those subjects who responded they had been verbally abused. The correlations were \( r = -.10 \) (n.s.) and \( r = .16 \) (n.s.), respectively.

In addition, a Pearson Product Moment Correlation was calculated to estimate the relationship between frequency of verbal abuse and the two items measuring intention to leave. The correlations were \( .14 \) (n.s.) and \( .10 \) (n.s.), respectively. Although not hypothesized apriori, when frequency of verbal abuse was correlated with affective responses to the job, significant relationships emerged.

Frequency of verbal abuse was significantly negatively correlated with organizational commitment and job satisfaction, \( r = -.17 \) (\( p < .05 \)) and \( -.18 \) (\( p < .03 \)), respectively. No significant relationship was found between frequency of verbal abuse and job involvement.
Furthermore, a Pearson Product Moment Correlation was calculated to estimate the relationship between most common source of verbal abuse, frequency of verbal abuse, and intention to leave. When subjects reported patients as being the most common source of verbal abuse, there was a significant correlation between frequency of verbal abuse and intention to leave item #1, $r = .50$ ($p < .01$, $n=30$). There were no other significant relationships between most common source of verbal abuse, frequency of verbal abuse, and intention to leave.

The following was not hypothesized apriori, however, a Pearson Product Moment Correlation was calculated to estimate the relationship between the extent verbal abuse affects performance on the job and the extent verbal abuse helps to cause an increased turnover and absenteeism in nursing staff. A strong relationship between the two emerged, $r = .63$ ($p < .001$).

In addition, since the measure of verbal abuse in this study was incorporated into Steers and Mowday's (1981) organizational characteristics variable, a Pearson Product Moment Correlation was calculated between the items measuring the affect verbal abuse has on performance, turnover, and absenteeism and organizational characteristics. The results revealed a significant correlation, $r = .27$ ($p < .05$), between the affect verbal abuse has on performance and organizational
characteristics. No significant relationship emerged between the extent verbal abuse affects turnover and absenteeism and organizational characteristics.
THESIS STUDY

Discussion

The objective of this thesis was to determine if a significant relationship between verbal abuse and intention to leave an organization existed after other variables commonly thought relevant to turnover have been considered. This was done by incorporating items from Cox's (1987) Verbal Abuse Survey into Steers and Mowday's (1981) model of turnover as empirically tested by Lee and Mowday (1987). In general, the results partially supported the original hypotheses.

Steers and Mowday's Model of Turnover

Steers and Mowday (1981) proposed that the following sequence of variables leads to an employee's staying with or leaving an organization: (1) job expectations and values influence an individual's affective responses to a job; (2) affective responses affect desire and intention to stay or leave; and (3) the resulting intention to leave an organization leads to actual leaving (Lee & Mowday, 1987).

This thesis project provided partial support for the model's major relationships. For Hypotheses 1 and 2 significant relationships emerged; however, when specific components of the relationships were examined only some of the variables made significant unique contributions toward explained criterion variance. In support of the model,
available information about a job and an organization (scale #2) explained a significant proportion of unique variance in job expectations and job values, partial $r = \text{Lee and Mowday's (1987) findings.}$

Contrary to the model, however, available information about a job and an organization (scale #1) did not explain significant variance in job expectations or job values. A possible explanation for this inconsistent finding is that after an item analysis was done on the original available information about a job and an organization scale, two separate factors emerged. The first factor measured how important hospital recruiters, new employee orientation and information packets, supervisors, and policy manuals/newsletters were to what the respondents knew about the hospital. The second factor measured how much the respondents knew about other jobs in the hospital they would be interested in and about the hospital in general. Thus, it appears that the first factor did not really capture Steers and Mowday's (1981) conceptual variable.

In addition, individual characteristics did not explain a significant proportion of unique variance in job values, but age and length of employment did explain 11.4 percent ($p < .05$) of the variance in job expectations. One possible explanation for this lack of support for the model is that Steers and Mowday did not specify which individual characteristics would explain significant
variance in job expectations and job values. Alternative job opportunities did not explain a significant proportion of unique variance in job expectations, but did explain 4.5 percent ($p < .05$) of unique variance in job values. This partially supports Lee and Mowday's (1987) finding in which alternative job opportunities explained less than 1 percent of the variance in both job expectations and job values.

Hypotheses 3 and 4 provided partial support for the model's prediction that affective responses are a function of efforts to change the situation, job expectations, job values, organizational characteristics, and organizational experiences. In support of the model, using each affective response as the dependent variable, three statistically significant regressions were found for the prediction of job satisfaction, organizational commitment, and job involvement; however, when specific components of the relationships were examined only some of the variables made significant unique contributions toward explained criterion variance.

In support of the model, job expectations and organizational characteristics explained a significant proportion of unique variance in job satisfaction, partial $r = .43$ and .26, respectively. In addition, job expectations, organizational characteristics, and job values explained a significant proportion of unique
variance in organizational commitment, partial r = .31,

Contrary to the model, efforts to change a situation do not appear to be a correlate of these affective responses: job satisfaction, organizational commitment, and job involvement. This finding is consistent with the results of Lee and Mowday's (1987) empirical test of the model. A possible explanation is that the mean and standard deviation of the efforts to change the situation scale were only 1.7 and .60, respectively. This suggests that most of the respondents did not actually try to change the situation (1 = never, 5 = very frequently) when they were unhappy with something about the job. Therefore, it is not surprising that efforts to change a situation did not correlate with job satisfaction, organizational commitment, nor job involvement.

Organizational experiences did not explain a significant proportion of unique variance in any of the affective responses. This finding is also not surprising given that the mean and standard deviation of the scale were 3.1 and .67, respectively. This suggests that the average response for the items measuring organizational experiences was "neither disagree nor agree".

The job values scale which represents the consistency of hospital standards and procedures with personal and professional values and judgments did explain 3.9 percent
(p < .01) of unique variance in organizational commitment. An employee might be more committed to an organization which has policies that match their professional values. Conversely, job values did not explain a significant proportion of unique variance in job satisfaction or job involvement. The job satisfaction and job involvement scales which had questions about one’s relationships with supervision, coworkers, physical working conditions, and attitudes about THE job may have addressed individual or personal concerns rather than more global organizational issues such as hospital policies.

Hypothesis 5 provided little support for the model’s prediction that job satisfaction, organizational commitment, and job involvement would predict intention to leave. Because of the low internal consistency of the two intention to leave items, I analyzed the two intention to leave items pertinent to Hypothesis 5 as separate variables. In support of the model, organizational commitment explained 3.3 percent (p < .05) of unique variance in intention to leave item #1, "If you happened to learn that a good job was open in another hospital, how likely is it that you would actively pursue it?"; but did not explain a significant proportion of unique variance in intention to leave item #2, "How likely is it that you will be with the hospital five years from now"?
Contrary to the model, job satisfaction and job involvement did not explain a significant proportion of unique variance in either of the intention to leave items. Because the intention to leave items did not form a unitary scale and were analyzed separately, these results may not be inconsistent with the Steers and Mowday (1981) model.

However, although not hypothesized apriori, when efforts to change the situation item #4 (judged by this investigator as a measure of intention to leave), "When you were unhappy with something about the job, how frequently did you actually threaten to leave?", was used as a dependent variable with job satisfaction, organizational commitment, and job involvement used as independent variables, the regression yielded a significant R square of .20 (p < .001). When specific components of the relationship were examined organizational commitment and job satisfaction each contributed 4.5 and 3.5 percent of unique variance, respectively, in threatening to leave behavior. In essence, as has been commonly reported in the literature, the less satisfied with and committed to the job, the more likely one is to threaten to leave. Job involvement did not explain a significant proportion of unique variance.

Hypothesis 6 provided partial support for the model’s prediction that there is a significant correlation between
intention to leave and search for preferable alternatives. Again, I analyzed the two intention to leave items pertinent to Hypothesis 6 as separate variables. In support of the model, intention to leave item #1 was significantly correlated with search for preferable alternatives, \( r = .46 \) \((p < .001)\); however, there was no apparent relationship between intention to leave item #2 and search for preferable alternatives. Therefore, search behavior accounted for 21 percent of the variance in intention to leave item #1, "If you happened to learn that a good job was open in another hospital, how likely is it that you would actively pursue it?"; but it explained less than 1 percent of the variance \( \text{n.s.} \) in intention to leave item #2, "How likely is it that you will be with the hospital five years from now?".

These findings are consistent with Stumpf and Hartman's (1984) partial test of Steers and Mowday's (1981) model. From a path analysis, they found that the immediate predictor of an employee's leaving an organization was environmental exploration and intention to leave was the immediate antecedent to environmental exploration.

Contrary to Lee and Mowday's (1987) findings, a significant relationship \( (r = .44, p < .001) \) emerged between alternative job opportunities, "All in all, what is the likelihood that you could find an acceptable
alternative job with another company.", and intention to leave item #1, "If you happened to learn that a good job was open in another hospital, how likely is it that you actively pursue it?". Even though this relationship was not hypothesized apriori, it supports Steers and Mowday's (1981) original model that suggested that knowledge of alternative job opportunities would be related to search behavior.

The Influence of Verbal Abuse in Nursing

Cox (1987) conducted a study focusing on the frequency, nature, and effect of verbal abuse on registered nurses in hospital settings. The purposes of her study were to determine the incidence of verbal abuse in nursing practice; assess the influence of verbal abuse on nursing turnover rates; identify the major sources of verbal abuse in nursing practice; and identify the methods used by nurses to respond to verbal abuse.

This thesis project addressed the frequency and effect of verbal abuse in nursing. The findings provided partial support for the results of Cox's (1987) study. In support of Cox's (1987) study, 89 percent of the nurses I surveyed reported experience with verbal abuse in their practice. This result is consistent with Cox's (1987) finding of 82 percent of the staff nurses she studied reported experience with verbal abuse in their practice. Not only did the nurses report verbal abuse, they also
related multiple experiences with verbal abuse. The majority of nurses reported being the recipient of one to two abusive statements over one month's time. Thus, the results of this thesis project corroborate Cox's (1987) assertion that incidence of verbal abuse in nursing is high.

Furthermore, in support of Cox's (1987) study, this thesis project revealed that physicians were the most common source of verbal abuse in nursing. The next most frequent source of verbal abuse for the nurses was patients. Third on the list was patients' families and fourth was the nurses immediate supervisor.

Verbal Abuse and Steers and Mowday's Model

Verbal abuse was treated as an individual variable (not part of any other scale) and was correlated with both items measuring intention to leave. Frequency of reported verbal abuse did not correlate with either intention to leave items. However, when correlations between intention to leave and frequency of verbal abuse were done for each category of source of abuse (i.e., supervisor, patient, patients' family, and physician) there was partial support of Hypothesis 7: When subjects reported patients as being the most common source of verbal abuse, there was a significant relationship ($r = .50$, $p < .01$) between frequency of verbal abuse and intention to leave item #1, "If you happened to learn that a good job was open in
another hospital, how likely is it that you would actively pursue it?" A possible explanation for this relationship might be that the greater the frequency of verbal abuse from patients the more likely a patient will report perceived incompetency to a supervisor; subsequently reflecting negatively upon the nurse. Thus, nurses may report an intention to leave instead of jeopardizing future employment opportunities with negative references from a supervisor. This corroborates Cox's (1987) finding that turnover was related to perceived verbal abuse from the nurse's supervisor even though immediate supervisors ranked only fourth on the list of nurses' source of verbal abuse.

When frequency of verbal abuse was correlated with affective responses to the job, significant relationships emerged. Frequency of verbal abuse was significantly negatively correlated with organizational commitment ($r = -0.17, p < 0.05$) and job satisfaction ($r = -0.18, p < 0.05$). That is, the greater the incidences of verbal abuse experienced, the less committed and satisfied the respondents were with their jobs.

Furthermore, although the following was not hypothesized apriori, a strong correlation emerged between the perceived effect verbal abuse has on job performance and the perceived extent verbal abuse helps to cause an increased turnover and absenteeism in nursing staff. In
essence, those nurses who perceived verbal abuse as having a greater affect on job performance also perceived verbal abuse as having a greater effect on turnover and absenteeism.

This thesis examined the influence of verbal abuse on intention to leave an organization among Registered Nurses. As Lee and Mowday (1987) point out in their study, there were two unavoidable methodological limitations in this study. First, all variables were collected with a single survey, so common method variance may have elevated many of the reported relationships. Second, the relatively low response rate coupled with the fact that the majority of respondents worked on the medical-surgical unit may have resulted in sample bias. Third, a test-retest reliability measure on the frequency of verbal abuse scale is recommended for future research to establish the reliability of the scale.

Despite these unavoidable problems, this study contributed to the limited research on verbal abuse in nursing. In addition, it provided corroborating evidence for Steers and Mowday's (1981) model of turnover.
THESIS STUDY

Summary

This thesis examined the influence of verbal abuse on intention to leave an organization among Registered Nurses. This was done by incorporating items intended to measure the frequency and nature of verbal abuse into Steers and Mowday's (1981) model of turnover. The findings revealed partial support for the original hypotheses; however, no clear relationship emerged for verbal abuse influencing intention to leave except for those respondents who reported patients as being the most common source of verbal abuse.
APPENDIX A

The Steers and Mowday Model

- Available Information about Job and Organization \( (x_1) \)
- Organizational Characteristics \( (x_{1d}) \) and Organizational Experience \( (x_{1e}) \)
- Non-work Influences \( (x_{1f}) \)
- Job Expectations \( (x_2) \) and Values \( (x_2) \)
- Affective Responses to Job: Job Satisfaction \( (x_3) \); Organizational Commitment \( (x_3) \); Job Involvement \( (x_3) \)
- Desire/Intent to Stay or Leave \( (x_{1g}) \)
- Alternative Job Opportunities \( (x_4) \)
- Economic and Market Conditions

- Individual Characteristics \( (x_5) \)
- Job Performance Level \( (x_{1h}) \)
- Efforts to Change Situation \( (x_6) \)
- Search for Preferable Alternatives

- Yes
- Alternative Modes of Accommodation

- No

*The model is based on Steers and Mowday (1981).*
APPENDIX B

Pilot Study #1 Questionnaire

HELP!

The following 5 questions relate to verbal abuse in the workplace, a serious concern in many organizations. Individual responses from the following questions will be used for a Master's thesis. Questionnaires will not be identified by respondent. To ensure confidentiality, please do NOT put your name on this sheet. Your participation in this study is voluntary and implies consent. Choosing not to participate will in no way effect your grade in this class.

1. Are you currently employed?
   _____ YES (01) Go to question #2.
   _____ NO (02) Please return questionnaire to instructor.

2. In your work experience have you ever had an experience where you perceived you had been verbally abused? (Verbal abuse is characterized by behavior such as humiliation, harassment, comments of a derogatory nature with negative value judgments, and threats of future punishment and/or deprivaton.)
   _____ YES (01) Go to question #3.
   _____ NO (02) Stop.
3. Over one month's time, approximately how many abusive statements are you the recipient of (from all sources).

   _____ 0 - 5 (01)
   _____ 6 - 10 (02)
   _____ 11 - 15 (03)
   _____ 16 - 20 (04)
   _____ over 20 (05)

4. Which of the following have been sources of verbally abusive statements to you?

   PLEASE CHECK ALL THAT APPLY.

   _____ Customer/Client (01)
   _____ Person(s) associated with Customer/Client (02)
   _____ Peer (03)
   _____ Supervisor (04)
   _____ Subordinate (05)
   _____ Immediate Supervisor (06)
   _____ Top Administration (07)
   _____ Other (08) PLEASE SPECIFY ____________________.

5. In your work experience, which of the following is the MOST COMMON source of verbal abuse for you?

   PLEASE CHECK ONE ANSWER ONLY.

   _____ Customer/Client (01)
   _____ Person(s) associated with Customer/Client (02)
   _____ Peer (03)
   _____ Supervisor (04)
THANK YOU for your participation. If you desire feedback on your responses or have questions on any aspect of the study, please contact Dr. Jan Kottke in the Psychology department at CSUSB at (714) 880-5585.
APPENDIX C

Pilot Study #2 Questionnaire

HELP!

The following 5 questions relate to verbal abuse in the workplace, a serious concern in many organizations. Individual responses from the following questions will be used for a Master's thesis. Questionnaires will not be identified by respondent. To ensure confidentiality, please do NOT put your name on this sheet. Your participation in this study is voluntary and implies consent. Choosing not to participate will in no way effect your grade in this class.

1. Are you currently employed?
   _____ YES (01) Go to question #2.
   _____ NO (02) Please return questionnaire to instructor.

2. In your work experience have you ever had an experience where you perceived you had been verbally abused? (Verbal abuse is characterized by behavior such as humiliation, harassment, comments of a derogatory nature with negative value judgments, and threats of future punishment and/or deprivation.)
   _____ YES (01) Go to question #3.
   _____ NO (02) Stop.
3. Over one month’s time, approximately how many abusive statements are you the recipient of (from all sources)?

   _____ 0        _____ 3 - 5        _____ 11 - 15
   _____ 1 - 2    _____ 6 - 10       _____ 16 - 20
   _____ over 20

4. Based on your experiences with verbal abuse, please circle ONE response to complete each of the following statements:

   1 = to a very little extent, 2 = to a little extent,
   3 = to some extent, 4 = to a great extent,
   5 = to a very great extent, NA = not applicable

a) To what extent does verbal abuse from your supervisor effect your performance on the job?
   1  2  3  4  5  NA

b) To what extent does verbal abuse from customers/clients effect your performance on the job?
   1  2  3  4  5  NA

c) To what extent does verbal abuse from other sources (e.g., peers, subordinates) effect your performance on the job?
   1  2  3  4  5  NA
5. In your work experience, which of the following is the MOST COMMON source of verbal abuse for you? PLEASE CHECK ONE ANSWER ONLY.

____ Customer/Client (01)
____ Person(s) associated with Customer/Client (02)
____ Peer (03)
____ Supervisor (04)
____ Subordinate (05)
____ Immediate Supervisor (06)
____ Top Administration (07)
____ Other (08) PLEASE SPECIFY ______________________.

THANK YOU for your participation. If you desire feedback on your responses or have questions on any aspect of the study, please contact Dr. Jan Kottke in the Psychology department at CSUSB at (714) 880-5585.
## APPENDIX D

### Pilot Study #1 Descriptive Statistics

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<td>Separated/Divorced</td>
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**Initial Level Of Education:**

| **Diploma in Nursing** | 14 | 12.5 |
| **Associate Degree**   | 73 | 65.2 |
| **Baccalaureate Degree** | 25 | 22.3 |

**Highest Level of Education:**

<p>| <strong>Diploma in Nursing</strong> | 10 | 8.9 |
| <strong>Associate Degree</strong>   | 59 | 52.7 |
| <strong>Baccalaureate Degree</strong> | 39 | 34.8 |
| <strong>Master's Degree</strong>    | 4  | 3.6 |</p>
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APPENDIX F

Thesis Study Cover Letter

May 3, 1989

Dear Registered Nurse:

I need your help! I am a graduate student in industrial organizational psychology at California State University, San Bernardino. I am conducting a study on attitudes about working conditions and work groups, including verbal abuse from patients, families, co-workers, and other sources. In the past, working conditions have been related to why nurses stay with or leave a hospital, therefore, these issues are of serious concern to the nursing profession. Thus, I cannot overemphasize the importance of your participation in this study.

If you would like to participate in this study please complete the attached questionnaire. Completing the questionnaire should take less than an hour of your time. Individual data from the questionnaire will be used for the sole purpose of my Master's thesis. At no time will questionnaires be identified by respondent. To ensure confidentiality, please do NOT put your name on the questionnaire. Participation in this study is voluntary and your return of the questionnaire will serve as consent
to participating in this study. Choosing not to participate will not jeopardize your continued employment with Memorial Medical Center.

Please return the completed questionnaire to the box labelled "W.C. survey" at the core station on your unit by May 20. If you have any questions, need clarification, or desire feedback on any aspect of this study, please call me at (213) 599-6341. Thank you for your time and cooperation!

Sincerely,

Paula Hilton
APPENDIX G

Thesis Study Survey

This questionnaire is about work attitudes among Registered Nurses. Please read each question carefully, follow the instructions provided, and respond to EACH ITEM on this questionnaire. Thank You. Using the following scale, please circle ONE response to complete each of the following statements:

1 = less than expected
2 = somewhat less than expected
3 = as expected
4 = somewhat more than expected
5 = much more than expected

1. In general, my experiences with my immediate supervision have been: 1 2 3 4 5
2. In general, the kind of work that I do has been: 1 2 3 4 5
3. In general, the amount of work that I do has been: 1 2 3 4 5
4. In general, my co-workers have been: 1 2 3 4 5
5. In general, the physical conditions have been: 1 2 3 4 5
6. In general, the financial aspects (e.g., pay, benefits) have been: 1 2 3 4 5
7. In general, matters affecting my career future have been: 1 2 3 4 5
8. In general, matters affecting my identification with the hospital have been: 1 2 3 4 5
9. All in all, have your expectations about the job been met? 1 2 3 4 5
Using the following scale, please circle ONE response to each of the following questions.

NI = not at all important  UI = unimportant
N = neither unimportant nor important  I = important
VI = very important

10. How important are the following to what you know about the Hospital?
   (a) Hospital recruiters:  NI  UI  N  I  VI
   (b) New employee orientation and information packet:  NI  UI  N  I  VI
   (c) Work friends:  NI  UI  N  I  VI
   (d) Your supervisor/manager:  NI  UI  N  I  VI
   (e) Policy manuals/newsletter:  NI  UI  N  I  VI

Using the following scale, please circle ONE response to complete each of the following questions.

VN = virtually nothing  L = little
S = some  M = much  VM = very much

11. Consider other jobs in the hospital that you would be interested in having. How much do you know about these jobs?
   VN  L  S  M  VM

12. In general, how much do you know about the hospital (e.g., how it runs, who's who, career opportunities, how to get things done)?
   VN  L  S  M  VM

Using the following scale, please circle ONE response to each of the following questions.

N = never  IF = infrequently
S = some  F = frequently
VF = very frequently
13. When you were unhappy with something about the job, how frequently did you actually do the following?
   (a) Transfer: N IF S F VF
   (b) Change the job itself: N IF S F VF
   (c) Change your responsibilities: N IF S F VF
   (d) Threaten to leave: N IF S F VF
   (e) Force someone else to leave: N IF S F VF

14. In your work experience as a Registered Nurse have you ever had an experience where you perceived you had been verbally abused? (Verbal abuse is characterized by behavior such as humiliation, harassment, comments of a derogatory nature with negative value judgments, and threats of future punishment and/or deprivation)
   ____ YES (01) Go to question 15
   ____ NO (02) Go to question 17

15. Over one month’s time, approximately how many abusive statements are you the recipient of (from all sources)?
   ____ 0 (01)
   ____ 1 - 2 (02)
   ____ 3 - 5 (03)
   ____ 6 -10 (04)
   ____ 11 - 15 (05)
   ____ 16 - 20 (06)
   ____ over 20 (07)
16. In your work experience, which of the following is the MOST COMMON source of verbal abuse for you? PLEASE CHECK ONE ANSWER ONLY.

____ Patient (01)
____ Patient’s Family (02)
____ Peer (03)
____ Physician (04)
____ Subordinate (05)
____ Immediate Supervisor (06)
____ Top Nursing Administration (07)
____ Other (08) PLEASE SPECIFY _____________.

Using the following scale, please circle ONE response to each of the following questions.

1 = very unlikely  2 = unlikely
3 = neither unlikely nor likely  4 = likely  5 = very likely

17. If you happened to learn that a good job was open in another hospital, how likely is it that you would actively pursue it?

1 2 3 4 5

18. How likely is it that you will be with the hospital five years from now?

1 2 3 4 5

19. All in all, what is the likelihood that you could find an acceptable alternative job with another company?

1 2 3 4 5

20. How actively have you searched for a job with another company in the last five years?

____ not at all (01)  ____ inactively (02)
____ somewhat actively (03)  ____ actively (04)
____ very actively (05)
Using the following scale, please circle ONE response to each of the following statements.

SD = strongly disagree  D = disagree  
N = neither disagree nor agree  
A = agree  SA = strongly agree

21. The hospital usually promotes qualified company people before hiring outsiders.  
SD  D  N  A  SA

22. Compared with other people who work for the hospital, I think I am fairly paid.  
SD  D  N  A  SA

23. From what I hear, our pay is as good or better than in other hospitals.  
SD  D  N  A  SA

24. The method of determining pay increases offers little incentive to do a good job.  
SD  D  N  A  SA

25. I find it difficult to understand the hospital’s benefit programs.  
SD  D  N  A  SA

26. Sufficient effort is made to get the opinions and thinking of people who work here.  
SD  D  N  A  SA

27. If I am dissatisfied with my supervisor’s decision on an important matter, I feel free to go to someone higher in authority.  
SD  D  N  A  SA

Using the following scale, please circle ONE response to each of the following statements.

SD = strongly disagree  D = disagree  
N = neither disagree nor agree  
A = agree  SA = strongly agree

28. Hospital STANDARDS (e.g., patient care) are consistent with my personal values.
hospital standards (e.g., patient care) are consistent with my personal judgments.

29. Hospital standards (e.g., patient care) are consistent with my professional values.

30. Hospital standards (e.g., patient care) are consistent with my professional judgments.

31. Hospital procedures (e.g., staffing) are consistent with my personal values.

32. Hospital procedures (e.g., staffing) are consistent with my personal judgments.

33. Hospital procedures (e.g., staffing) are consistent with my professional values.

34. Hospital procedures (e.g., staffing) are consistent with my professional judgments.

35. Hospital procedures (e.g., staffing) are consistent with my professional judgments.

Please circle one response to each of the following statements.

36. The supervision I receive is the kind that:
   1. Greatly discourages me from giving extra effort.
   2. Tends to discourage me from giving extra effort.
   3. Has little influence on me.
   4. Encourages me to give extra effort.
   5. Greatly encourages me to give extra effort.
37. How much does the way co-workers handle their jobs add to the success of your unit?
   1. It adds almost nothing.
   2. It adds very little.
   3. It adds only a little.
   4. It adds quite a bit.
   5. It adds a very great deal.

38. How do your physical working conditions affect the way you do your job?
   1. They help me a great deal.
   2. They help me a little.
   3. They make little difference.
   4. They tend to make it difficult.
   5. They make it very difficult.

Using the following scale, please circle ONE response to each of the following statements.

   SA = strongly agree A = agree
   D = disagree SD = strongly disagree

39. The major satisfaction in my life comes from my job. SA A D SD
40. The most important things that happen to me involve my work. SA A D SD
41. I’m really a perfectionist about my work. SA A D SD
42. I live, eat, and breathe my job. SA A D SD
43. I am very much involved personally in my work. SA A D SD
44. Most things in life are more important than work. SA A D SD
Using the following scale, please circle ONE response to each of the following questions.

NI = not at all important    UI = unimportant
N = neither unimportant nor important
I = important    VI = very important

45. How important are the following to how you feel about your job?
(a) Hospital goals:    NI   UI   N   I   VI
(b) Hospital policies and practices:    NI   UI   N   I   VI
(c) Reward for good work:    NI   UI   N   I   VI
(d) Job content:    NI   UI   N   I   VI
(e) Supervision:    NI   UI   N   I   VI
(f) Co-workers:    NI   UI   N   I   VI
(g) General atmosphere at the work place:    NI   UI   N   I   VI
(h) Your job level:    NI   UI   N   I   VI
(i) Your skill level:    NI   UI   N   I   VI
(j) "General Professionalism":    NI   UI   N   I   VI

Using the following scale, please circle ONE response to each of the following statements.

1 = strongly disagree
2 = moderately disagree
3 = slightly disagree
4 = neither disagree nor agree
5 = slightly agree
6 = moderately agree
7 = strongly agree

46. I am willing to put in a great deal of effort beyond that normally expected in order to help this hospital be successful.
47. I talk up this hospital to my friends as a great organization to work for.

48. I would accept almost any type of job assignment in order to keep working for this hospital.

49. I find that my values and the hospital values are very similar.

50. I am proud to tell others that I am part of this hospital.

51. This hospital really inspires the very best in me in the way of job performance.

52. I am extremely glad that I chose this hospital to work for over others I was considering at the time I joined.

53. I really care about the fate of this hospital.

54. For me this is the best of all possible hospital for which to work.

Please answer all of the following questions.

55. What is your gender?

_____ Female (01)  _____ Male (02)
56. What is your age?
   _____ < 25 years old (01)      _____ 40 - 49 (05)
   _____ 25 - 29 (02)            _____ 50 - 59 (06)
   _____ 30 - 34 (03)            _____ 60 or over (07)
   _____ 35 - 39 (04)

57. What is your marital status?
   _____ Never Married (01)       _____ Sep./Div. (03)
   _____ Married (02)            _____ Widowed (04)

58. What is your INITIAL level of educational preparation?
   _____ Diploma in Nursing (01)
   _____ Associate Degree (02)
   _____ Baccalaureate Degree (03)

59. What is your HIGHEST level of educational preparation?
   _____ Diploma in Nursing (01)
   _____ Associate Degree (02)
   _____ Baccalaureate Degree (03)
   _____ Master’s Degree (04)

60. What is your PRIMARY practice specialty?
   PLEASE CHECK ONLY ONE ANSWER.
   _____ Medical-Surgical (01)     _____ Medical (06)
   _____ Critical Care (11)       _____ Women’s (07)
   _____ Oncology (03)            _____ Wound Care (08)
   _____ Ortho/Urology (04)       _____ Emergency (09)
   _____ Telemetry (05)           _____ OR/PAR/MOPS (10)
   _____ Other (02) PLEASE SPECIFY: ____________________

61. What is your present position?
   PLEASE CHECK ONLY ONE ANSWER.
   _____ Staff Nurse (01)
   _____ Resource Nurse (02)
   _____ Other (03) PLEASE SPECIFY: ____________________
62. How long have you worked in this hospital?
   ___ less than 1 year (01)
   ___ 1 - 3 years (02)
   ___ 3 - 5 years (03)
   ___ 5 - 10 years (04)
   ___ over 10 years (05)

63. Which of the following shifts do you MOST COMMONLY work?
   ___ Days (01), ___ Evenings (02),
   ___ Nights (03), ___ Rotating shifts (04)
   ___ Other (05) Please Specify _________________.

Based on your experiences with verbal abuse, please circle ONE response to complete each of the following statements:

1 = to a very little extent  2 = to a little extent
3 = to some extent           4 = to a great extent
5 = to a very great extent   NA = not applicable

64. To what extent does verbal abuse from your supervisor effect your performance on the job? 1 2 3 4 5 NA

65. To what extent does verbal abuse from patients effect your performance on the job? 1 2 3 4 5 NA

66. To what extent does verbal abuse from physicians effect your performance on the job? 1 2 3 4 5 NA

67. To what extent does verbal abuse from patients’ families effect your performance on the job? 1 2 3 4 5 NA

68. To what extent does verbal abuse from your peers effect your performance on the job? 1 2 3 4 5 NA
69. To what extent does verbal abuse from other sources effect your performance on the job? 1 2 3 4 5 NA

70. In general, to what extent does verbal abuse help to cause an increased turnover in nursing staff? 1 2 3 4 5 NA

71. In general, to what extent does verbal abuse help to cause an increased absence in nursing staff? 1 2 3 4 5 NA

THANK YOU for your participation in this study. Please return the completed questionnaire to the box labelled "W.C. survey" at the core station on your unit by MAY 20, 1989.
## APPENDIX H

### Thesis Study Reliability Analyses

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<th>Revised Corrected Item-Total Correlation</th>
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\[\text{alpha} = .6783, \quad N = 110\]

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- Original: alpha = .5528, N = 111
- Revised: alpha = .6055, N = 111

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**Corrected Item-Total Correlation**

- Original: alpha = .9181, N = 110
- Revised: NO ITEMS, DELETED
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### Scale: Job Involvement

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APPENDIX I

Verbal Abuse Descriptive Statistics

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<th>Frequency</th>
<th>Percent</th>
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BIBLIOGRAPHY


Lynaugh, J. (1980). The "entry into practice" conflict - How we got where we are and what will happen next. American Journal of Nursing, 80, 266-270.


Martin, T.N. (1982). Commitment predictors of nursing personnel's intent to leave. Medical Care, 10(11), 1147-1153.


