

Perceptions of Newly Registered Thai Nurses about Workplace Bullying

นิพนธ์ต้นฉบับ

Original Article

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วารสารไทยเภสัชศาสตร์และวิทยาการสุขภาพ 2560;12(3):101-107.

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Thai Pharmaceutical and Health Science Journal 2017;12(3):101-107.

บทคัดย่อ

วัตถุประสงค์: เพื่อสำรวจการรับรู้ถึงการถูกข่มเหงรังแกในที่ทำงานของพยาบาลวิชาชีพที่จบใหม่ที่มีประสบการณ์ทำงานระหว่าง 1 – 3 ปี **วิธีการศึกษา:** เป็นการศึกษาแบบภาคตัดขวางในพยาบาลวิชาชีพที่ปฏิบัติงานในโรงพยาบาลศูนย์ 8 แห่ง ซึ่งถูกเลือกโดยวิธีการสุ่มแบบหลายขั้นตอน การเก็บรวบรวมข้อมูลใช้แบบวัดพฤติกรรมที่ไม่พึงประสงค์ ซึ่งมีค่าสัมประสิทธิ์ความเชื่อมั่นของครอนบาคเท่ากับ 0.90 การวิเคราะห์ข้อมูลใช้สถิติพรรณนา **ผลการศึกษา:** แบบสอบถามได้รับการตอบกลับ 91.7% (N = 220) กลุ่มตัวอย่างร้อยละ 18.2 (n = 40) รายงานว่าถูกข่มเหงรังแกในที่ทำงานเป็นครั้งคราวและร้อยละ 12.3 (n = 27) ถูกข่มเหงรังแกทุกวัน กลุ่มตัวอย่างร้อยละ 20 รับรู้โดยตรงเกี่ยวกับประสบการณ์การถูกข่มเหงรังแกในที่ทำงาน ผู้ที่ข่มเหงรังแกมากที่สุดคือผู้ร่วมงานและสามารถระบุพฤติกรรมเชิงลบได้หลายประเภท **สรุป:** การข่มเหงรังแกพยาบาลจบใหม่มีเกิดขึ้นจริงในโรงพยาบาลถึงแม้ว่าจะมีความถี่น้อยกว่าที่คาดการณ์ไว้ พฤติกรรมเชิงลบที่เกี่ยวข้องกับการข่มเหงรังแกโดยเพื่อนร่วมงานนี้สามารถใช้เป็นแนวทางสำหรับผู้บริหารการพยาบาลในการแก้ไขปัญหาสำคัญนี้ได้

คำสำคัญ: การข่มเหงรังแกในที่ทำงาน, พยาบาลวิชาชีพจบใหม่, ประเทศไทย

Abstract

Objective: To explore the perceptions of workplace bullying among newly registered nurses (RNs) who had the practice experience of 1 – 3 years in Thailand. **Method:** A cross-sectional study was conducted using multi-stage random sampling of nursing staff working in eight regional hospitals. Data were collected using the Negative Acts Questionnaire-Revised with a Cronbach's alpha of 0.90. Descriptive statistics was used to analyze the data. **Results:** The response rate was 91.7% (N = 220). It was found that 18.2% of the new RNs (n = 40) indicated that they were occasionally bullied and 12.3% (n = 27) were bullied every day. Some RNs (20%) acknowledged that they had experienced workplace bullying. The most perceived perpetrators for bullying were their own colleagues. Specific types of negative behaviors were identified. **Conclusion:** Workplace bullying towards newly registered nurses existed, although less frequently than expected. Specific negative behaviors related to colleagues' bullying could be used as a guidance for nurse managers to solve this important problem.

Keywords: workplace bullying, newly registered nurses, Thailand

Introduction

Workplace bullying is a problem employees may confront in organizations, occurring across several countries and multiple sectors. Bullying is the most common form of workplace violence and is especially prevalent among nurses.¹ Workplace bullying is defined as a repeated negative verbal, psychological and physical behavior and is also called horizontal hostility, lateral violence or “nurse eat their young.”² Workplace bullying has been described as a persistent, enduring form of personal and emotional abuse that involves negative actions and interactions at work.³ The frequency of bullying is typically not a single or isolated event but often repeated and persistent negative behaviours toward the victim.⁴

Chirila and Constantin⁵ summarized the definition of bullying which researchers agree as “situation in which one

or more individuals encountered in a repetitive manner of negative acts from the part of one or more of their co-workers, supervisors or subordinates, a situation which makes the person defenseless.” Bullying can be seen as a continuum of behaviors that begins as a work-related conflict, progressing to subtle and indiscrete negative acts, then escalating to more overt, aggressive acts that suggest a broader range and degree of victimization.

Newly licensed, registered nurses (RNs) face many difficulties in knowledge development and skill acquisition. However, because of the nursing shortage they are in a high demand. In Thailand, there is no clear definition of orientation or preparation for new nurses to the clinical settings. Generally new nurses are assigned to work in the area that is insufficiently supervised. New RNs may perceive

themselves as victims of bullying after they have the negative consequences, even though they may already have had bullying experiences before.^{6,7} Workplace bullying has been found to be related to burnout, low job satisfaction, and early leaving the nursing profession.⁷

A negative workplace not only affects the personal and emotional lives of new RNs, it may also contribute to an inability to recruit nurses into the profession. In the U.S., it is projected that by the year 2020 there will be more than 800,000 vacant RN positions. Simon⁶ suggests that negative workplace behaviours may be one important reason impacting the expected workforce shortage. In Thailand, 48.7% of new RNs left in their first year of employment and 25.6% in the second year.⁹ It is not well-known to what extent workplace bullying may have affected their decision to leave. Moreover, Chirawatkul et al.¹⁰ found that 65% of nurses were less happy than other people. The major factors influencing happiness were related to issues of safety, violence, fringe benefits, professional advancement, negotiating power, acceptance and work atmosphere. The findings could lead to a solution, in part, to the nursing shortage. Yet, a workforce shortfall of 43,988 RNs in Thailand is expected by the year 2019.¹¹

Bullying can impact nurses' well-being and job performance as indicated by multiple emotional and psychological symptoms such as a decrease in confidence and self-esteem, fear, sadness, frustration, mistrust, and nervousness. Other symptoms include insomnia, headache, digestive problems, stress, irritability, anxiety, depression, loss of concentration and post-traumatic stress symptoms.^{7,12,13} Physical symptoms such as weight loss, fatigue, headache, hypertension, and angina have been reported. These symptoms can lead to long-term absences.¹⁴ Nurses exposed to bullying may become withdrawn or pullback from participation or involvement in activities that lead to decreased work productivity, burnout and emotional exhaustion.^{8,15,16} Moreover, bullying not only impacts nurse victims, but also has secondary effects on the health care delivery system as a whole, including the quality of patient care and the organization's financial status and support systems.^{1,3}

An understanding of workplace bullying may help reduce the health and emotional costs for victims. Healthcare organizations have the responsibility of knowing whether bullying occurs in the workplace. Although workplace bullying

in the nursing workplace has been a familiar experience for many Thai nurses, especially at the beginning of their professional careers, it is a relatively new area of inquiry for nurse researchers. In Thailand, studies have reported workplace violence, however they have been limited to an emergency department or focused on psychiatric nurses.¹⁷⁻¹⁹ Little is known about overall workplace violence experienced by nurses, including prevalence, characteristics of workplace violence, and risk factors both at the individual and contextual levels.^{17,18} Moreover, no studies were identified in the literature related specifically to workplace bullying among new RNs in Thailand.

Therefore, the aim of this study was to explore the perceptions of workplace bullying among new RNs. Because the impact of bullying can have devastating effects on nurses, the results of this study may bring clarification and understanding to this important issue and an opportunity to address its impact. Furthermore, the results may be used as a guide to develop strategies to deal constructively with workplace bullying.

Methods

In this cross-sectional study, the sample was newly registered nurses (RNs) who were staff nurses with 1 – 3 years of practice experience as the nurse. They had to be working in regional hospitals under the jurisdiction of the Ministry of Public Health, Thailand.

The sample size estimation was based on structural equation model testing. There were 44 estimated parameters in this study. Based on their suggestion, the minimum sample size with a ratio of 5 to 1 was 220. However, based on the subjects' characteristics, the questionnaire design and the study design potentially leading to an increase in the attrition rate, a dropout rate of 10 % was adopted. Therefore, a total of 240 participants ($n = 30$ participants in each hospital) were recruited for this study.

In this 2016 cross-sectional survey, 28 regional hospitals under the jurisdiction of the Ministry of Public Health (Thailand) were chosen to be the study setting. RNs who were working as staff nurses between 1 and 3 years were the study population. The 28 hospitals were first divided into four regional areas, based on Thailand's four geographical regions. Two hospitals were randomly sampled from each region for a total of eight hospitals. The names of 30 RNs

were then randomly selected from a list of names provided by each hospital.

Research instruments

There were two research instruments used in the study: the Negative Acts Questionnaire Revised (NAQ-R) and demographic data questionnaire.

The Negative Acts Questionnaire Revised (NAQ-R) has 25 items that measure exposure to bullying within the last 6 months. First, items 1 to 22 are written in behavioral terms, with no reference to the term bullying. Avoidance of the term bullying reduces a respondent's need for cognitive and emotional processing of information.²⁰ The first 22 items of the NAQ-R measure three inter-related factors of bullying namely work-related (7 items), person-related (12 items), and physical intimidation (3 items). Summative scores ranged from 22 to 110. A frequency of each item in the NAQ-R indicated the prevalence of negative acts. Scores were summed and divided by 22 to attain a mean score. Low scores indicated rare to minimal exposure of negative behavior, whereas high scores were associated with frequent to constant exposure of negative behavior.²⁰ The NAQ-R can be scored in its entirety, as well as evaluated according to its factors; work-related bullying, person-related bullying, and physical-related bullying. According to Notelaers and Einarsen report²¹, a score of 33 or lower indicates that a participant is not being bullied at work, a score between 33 and 45 indicates occasional bullying, and a score over 45 is indicative of daily bullying. The Cronbach's alpha for the 22 items in the NAQ-R was 0.90.²⁰ Second, the last 3 items identified self-labeled victimization from bullying during the last 6 months.

For this study, the Negative Acts Questionnaire-Revised was translated from the original English to Thai. The process of translation followed the standard back translation technique.²² The Cronbach's alpha of the NAQ-R (Thai version) for internal consistency reliability was 0.90.

In the demographic data questionnaire, the information of participant's age, sex, marital status, having children, place of work, another job area, and nursing experience was collected. In addition, data were collected on whether the nurse felt bullied and whether there was a witness to the event, if actually bullied.

Protection of human subjects

This study was approved by the Research Ethics Committee of the Faculty of Nursing, Burapha University (IRB No. 04-09-2559). After receiving a permission to conduct the study, the proposal was submitted to the Research Ethical Committees of the 8 regional hospitals. All RNs who volunteered to participate were informed about the study's purpose and methods. Participation was voluntary which meant they could refuse to participate or withdraw from the study at any time without penalty or lost benefits. Participants were assured their anonymous responses would be kept confidential and their identities would not be revealed on research reports or publications. Questionnaires were completed by nurses during their private time. They were destroyed after final analysis. Those who agreed to participate signed a written informed consent.

Data collection procedures

Data collection took place after receiving the IRB approval from the university and 8 hospital research ethics committees. The first author informed the nursing director of each hospital about the study's aim. A package of questionnaires was distributed to the randomly selected nurses. They were asked to return the completed forms within the two weeks in a sealed envelope to designated boxes at each hospital. All questionnaires were screened for the completeness before beginning data analysis.

Data analysis

Descriptive statistics of frequency with percentage were used to describe the characteristics background of the sample.

Results

The participants' characteristics

The response rate of completed questionnaires was 91.7% resulting in a total of 220 respondents. Of these 220 participants, 54 (22.5%) were Northern region, 60 (25%) from Central region, 49 (20.42%) from North Eastern region and 57 (23.75%) from Southern region. A majority of participants were female (94.1%) (Table 1). The mean age was 24.5 years, with 88.1% of the nurses' ages ranging from 21 to 31 years. The average length of employment was 1.4

years. One-fourth (25.5%) of the nurses worked in the surgical department. A large majority (80.0%) of the nurses did not feel bullied in the workplace nor had they witnessed (70.5%) a colleague being bullied.

Table 1 Demographic characteristics of the sample (N = 220).

Characteristics	N	%
Gender		
Male	13	5.9
Female	207	94.1
Age (years)	M=24.5, SD = 1.29 minimum = 21, maximum = 31	
Years as newly RN	M=1.4, SD=0.50, minimum=1, maximum=3	
Marital status		
Single	205	93.2
Married	15	6.8
Type of hospital unit		
Surgical	56	25.5
Medical	48	21.8
Intensive Care Unit	30	13.6
Obstetric, Gynecological	18	8.2
Pediatric	16	7.3
Orthopedics	14	6.4
NICU	10	4.5
Emergency Room	8	3.6
Private Room	6	2.7
Operating Room	5	2.3
Eye-Ear-Nose-Throat	3	1.4
Psychiatry	3	1.4
Missing data	3	1.4
Having ever seen a colleague bullied		
Yes	65	29.50
No	155	70.50
Feeling bullied		
Yes	44	20.0
No	176	80.0

The highest rated behaviors of workplace bullying (rated as *weekly* or *daily*) were “Being shouted at or being the target of spontaneous anger,” “Spreading of gossip and rumors about you,” and “Having insulting or offensive remarks made about your personality (i.e. habits and background), your attitudes or your private life” (Table 2). The lowest rated behaviors of workplace bullying were “Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks,” and “Threats of violence or physical abuse or actual abuse,” “Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way,” “Being ignored or facing a hostile reaction when you approach,” and “Having allegations made against you.”

Table 2 Frequency and percentages of perceived negative acts reaching workplace bullying (N = 220).

NAQ-R item	n (%)		
	Weekly	Daily	Total
1. Someone withholding information which affects your performance	6 (2.7)	1 (0.5)	7 (3.2)
2. Being humiliated or ridiculed in connection with your work	7 (3.2)	3 (1.4)	10 (4.6)
3. Being ordered to do work below your level of competence	4 (1.8)	2 (1.0)	6 (2.8)
4. Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks	0 (0)	0 (0)	0 (0)
5. Spreading of gossip and rumors about you	12 (5.5)	5 (2.3)	17 (7.8)
6. Being ignored or excluded (being 'sent to Coventry')	6 (2.7)	0 (0)	6 (2.7)
7. Having insulting or offensive remarks made about your person (i.e. habits and background), your attitudes or your private life	12 (5.5)	4 (1.8)	15 (7.3)
8. Being shouted at or being the target of spontaneous anger (or rage)	12 (5.5)	7 (3.2)	19 (8.8)
9. Intimidating behavior such as finger-pointing, invasion of personal space, shoving, blocking/barring the way	2 (1.0)	0 (0)	2 (1.0)
10. Hints or signals from others that you should quit your job	3 (1.4)	0 (0)	3 (1.4)
11. Repeated reminders of your errors or mistakes	10 (4.5)	3 (1.4)	13 (5.9)
12. Being ignored or facing a hostile reaction when you approach	2 (1.0)	0 (0)	2 (1.0)
13. Persistent criticism of your work and effort	6 (2.7)	0 (0)	6 (2.7)
14. Having your opinions and views ignored	4 (1.8)	3 (1.4)	7 (3.2)
15. Practical jokes carried out by people you don't get on with	5 (2.3)	7 (3.2)	9 (5.5)
16. Being given tasks with unreasonable or impossible targets or deadlines	3 (1.4)	1 (0.5)	4 (1.9)
17. Having allegations made against you	2 (1.0)	0 (0)	2 (1.0)
18. Excessive monitoring of your work	4 (1.8)	1 (0.5)	5 (2.3)
19. Pressure not to claim something which by right you are entitled to (e.g., sick leave, holiday entitlement, travel expenses)	4 (1.8)	3 (1.4)	7 (3.2)
20. Being the subject of excessive teasing and sarcasm	5 (2.3)	0 (0)	5 (2.3)
21. Being exposed to an unmanageable workload	5 (2.3)	0 (0)	5 (2.3)
22. Threats of violence or physical abuse or actual abuse	0 (0)	0 (0)	0 (0)

For the question that asked the participants whether they felt they had experienced workplace bullying within the last six months [Item 23]. All of the participants answered the question. Although over two-thirds of the new RNs (69.55%) indicated that they had not experienced workplace bullying within the last six months, about a fourth of the nurses (26.36%) responded “Yes,” but only rarely. Nevertheless, about a third (30.45%) of the nurses indicated they had experienced some form of bullying within the previous six months (Table 3).

Table 3 Frequency and percentages of being bullied (N = 220) [Item 23].

Rating categories	Frequency	%
No	153	69.55
Yes	67	30.45
Yes, but only rarely	58	26.36
Yes, now and then	5	2.27
Yes, several times per week	3	1.36
Yes, almost daily	1	0.45

For the question that asked the participants who were bullied at work to state they were bullied by whom [Item 24] (Table 4). Among 67 nurses reporting some form of workplace bullying in the past six months, more than one perpetrator could be reported but all participants responded only one perpetrator. Most new RNs stated that a colleague or an immediate superior was the perpetrator (73.13% and 10.5%, respectively).

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

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

* More than one perpetrator could be reported but all participants responded only one perpetrator.

For the question that asked the participants to state the number and gender of their perpetrators [Item 25], new RNs stated that there was one perpetrator and that was female (47.76%) (Table 5). Moreover, the number of male perpetrator was less than female.

Table 5 Frequency and number of the perpetrator (n = 67) [Item 25].

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

The sum score of NQA-R showed that 153 (69.5%) new RNs indicated that they had not being bullied at work, while a fifth of the nurses (40 or 18.2%) indicated that they had

occasional bullying (Table 6). Nevertheless, the score indicated that 27 RNs (12.3%) had daily bullying. This was different from the fact that only 1 RN (0.45%) reported she felt having experienced workplace bullying within the last six months.

Table 6 Frequency of exposure to workplace bullying (N = 220).

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

Discussions and Conclusion

This study explored the perceptions of workplace bullying among newly registered nurses (RNs). The proportion of participants (30.5%) who indicated that they had experienced some form of bullying within the previous six months, either occasional bullying (18.2%) or daily bullying (12.3%), was relatively higher among Thai RNs than reported elsewhere. Greek nurses stated that 30.2% experienced workplace bullying.²³ Both in Japan²⁴ and South Korea,²⁵ 18.5% had similar experiences. On the other hand, 78.8% of nurses working in tertiary hospitals in southeast Nigeria experienced bullying.²⁶ Similarly, Berry et al.¹⁶ found that 44.7% of new nurses surveyed in three U.S. states (Ohio, Kentucky, and Indiana) experienced workplace bullying over a 6-month period. Moreover, in the U.S. state of Massachusetts, 31% of new RNs perceived they had been exposed to workplace bullying at least twice weekly.⁶

New Thai RNs could perceive workplace bullying from their seniors as being a process of adjusting to nursing job or that was an organizational culture, together with their expectations for a new job, and a lack of abilities to deal with problem and interpersonal relationships, which made them exposed to workplace bullying. Moreover, a more complex and stressful nursing environment was more likely to lead to workplace bullying.

Among 67 new Thai RNs who reported some form of bullying in the past six months, 73.13% indicated that a colleague was the perpetrator. This was consistent with the study of Vogelpohl, Rice, Edwards, and Bork²⁷ which reported that 63.9% of new graduate nurses indicated the perpetrators were their peers. The highest frequency of the

NAQ-R item in their study identified physically intimidating bullying as "Being shouted at" which was also found in other studies.^{2,28} The next highest items in frequency were personal-related bullying, "Repeated reminders of your errors or mistakes" and "Spreading of gossip and rumors about you," whereas that of "threats of violence or physical abuse or actual abuse" was consistently low.²⁸

The underlying reasons or causes of workplace bullying among nurses may be related to the characteristics of nursing practice and the work environment, which is well-known to be fairly intense and stressful. Participants of this study indicated that a colleague was the perpetrator in workforce bullying. Similarly, Vogelpohl et al.²⁷ and Berry et al.¹⁶ reported that peers were the source of bullying. Working across a three-shift system may lead to fatigue and irritability among colleagues. High job stress, conflict, and low autonomy are associated with higher levels of workplace bullying.²⁹ In such an environment, interpersonal conflict can be a consequential, though undesired and unwanted result. Thus, the work environment may be at least one major reason that fosters workplace bullying. The high number of bullying reports calls for much more clarity in understanding the work situation.

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

A criterion for inclusion of participants was their employment from 1 to 3 years. Because bullying can occur within the first 6 months of employment, thus leaving their job, it is possible that results might be underestimated than reported here. The NAQ-R cut points were based on a Scandinavian population. Future use of the NAQ-R (Thai version) should undertake extensive psychometric analysis with a general Thai population in the workforce. Because the subject of bullying may be a sensitive topic, social desirability might have influenced the participants, and thus, the marginal NAQ-R scores. Researchers may wish to measure its influence in future studies.

In terms of implications, nurse managers in healthcare organizations are faced with this harsh reality. Despite the

fact that workplace environments can be a source of conflict in nursing practice, individual perpetrators cannot be excused from their negative behaviors. Nurse managers should review our findings as shown in Table 2 for specific types of negative behaviors new RNs are saying they experience. Appropriate actions toward perpetrators need to take place following human resource policies. Developing anti-bullying policies and formal and informal grievance procedures, and taking steps to provide a positive work environment with proper attention to staff support structure are suggested steps toward addressing one of the underlying reasons for workplace bullying. A considerate and courteous workplace environment can foster the reduction and elimination of bullying behavior.

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Editorial note
 Manuscript received in original form on February 22, 2017;
 accepted in final form on June 18, 2017