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Influence of Supervisor Support and Resilience on Productivity and Turnover Intentions in Pediatric Health Care

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Walden University
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Abstract

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by

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MS, Troy University, 2001

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Workplace violence has become a critical safety issue in the health care setting, often leading to increased stress levels and employees that feel unsupported and inadequately prepared; which leads to increased turnover, and subsequently, diminished overall organizational productivity and poorer patient outcomes. The purpose of this study was to examine whether supervisor support and resilience affect productivity and turnover intent related to professional role and work experience following workplace violence in the pediatric health care setting. Organizational support theory and the framework of the resilience model provided the theoretical structure for this study. Data were collected through anonymous surveys with 134 direct health care workers, 52.5% of whom were registered nurses or mental health specialists. Multiple regression analysis results indicated mediators of supervisor support and resilience had no statistically significant influence related to professional role and work experience on employee turnover intent and productivity following aggression. Professional role and experience were significant predictors of employees' intent to leave and productivity level. Implications for positive social change include increasing supervisor knowledge of and employee use of resilient behaviors that, if in place, could positively impact employee retention and productivity toward ongoing delivery of safe, quality care, resulting in positive social change.

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Chapter 1: Introduction to the Study

Physical and verbal patient aggression in the workplace is a significant challenge in medicine (Bernaldo-De-Quiros, Piccini, Gomez, & Cerdeira, 2015; Van De Griend & Messias, 2014). Emergency departments (Powley, 2013) and inpatient psychiatric units (M. E. Johnson & Delaney, 2006) have observed an increase in workplace violence. According to O'Connell, Young, Brooks, Hutchings, and Lofthouse (2000), workplace aggression is experienced by 63% to 96% of the workforce. Studies by Bernaldo-De-Quiros et al. (2015), Halpern, Gurevich, Schwartz, and Brazeau (2009), and Shoji et al. (2014) indicated that today's health care employees are regularly exposed to highly stressful critical incidents at work, often resulting in adverse emotional and psychological outcomes including burnout, depression, substance abuse, lower job satisfaction, and emotional and psychological responses of posttraumatic stress disorder (Bernaldo-De-Quiros et al., 2015; Halpern et al., 2009; Shoji et al., 2014; Winstanley & Whittington, 2002).

A study in Occupational Health ("Impact of Workplace Aggression", 2015) found that employee anxiety was considerably lowered by the support received from managers. G. Choi (2011) found that social workers who received more support from supervisors showed a lower degree of stress resulting from secondary trauma. Emotional and physical responses to aggressive and violent incidents must be addressed (DeBoer, van Rikxoort, Bakker, & Smit, 2013). Leveraging employee personal resilience may be one way to counteract the harmful effects of workplace violence on employees.

Warner and Pyle (1997) indicated that organizations have a responsibility to develop and implement processes that help foster resilience among employees. Warner and Pyle suggested interventions such as clear communication, fostering empowerment, establishing an environment that is receptive to change, and following through on promises as key factors expected of the organization. Manson (2014) echoed Warner and Pyle's recommendations and further recommended productivity efforts, management of emotional needs, and establishing an environment that does not compromise employee ability to respond in a positive manner as other factors seen in a resilient workforce. For hospital employees who are exposed to aggression at work, Dollard et al.'s (2012) description of the psychosocial safety climate further reinforces leaders' responsibility in establishing processes that protect employee psychological health.

As stated by Demir and Rodwell (2012), prior research has focused more on the prevalence and consequences of aggressive exposure at work. Prior research in non-pediatric health care settings have also addressed productivity (Gates, Gillespie, & Succop, 2011), turnover intent (Boyd, 2017; Galletta, Portoghese, Penna, Battistelli, & Saiani, 2011; Kalemci & Tuzun, 2012; Kim & Lee, 2009; Laschinger & Fida, 2014; Maertz, Griffeth, Campbell, & Allen, 2007; Portoghese, Galletta, Battistelli, & Leiter, 2015; Sellgren, Ekvall, & Tomson, 2007; Winstanley & Whittington, 2002), influence of supervisor support (Galletta et al., 2011; Maertz et al., 2007; Pohl & Galletta, 2016; Poulsen, Khan, Poulsen, Khan, & Poulsen, 2016; Portoghese et al., 2015; Sellgren et al., 2007; Shanock & Eisenberger, 2006; Wagner, 2010; Whittington & Wykes, 1992; S. Wood et al., 2011), and resilience and coping (Brown, Wey, & Foland, 2018; Cusack et

al., 2016; Glassford, 2015; Hart et al., 2014; Jackson, Firtko, & Edenborough, 2007; Lowe, 2013; Mealer et al., 2011; Mealer, Jones, & Moss, 2012; Prosser, Metzger, & Gulbransen, 2016; Winstanley & Whittington, 2002). However, at the time of the current study researchers had not examined how supervisor support and personal resiliency impact employee productivity and turnover intentions for employees in different roles with varying years of experience following exposure to workplace violence in a pediatric health care setting. I sought to examine whether supervisor support and personal resilience mediate employees' ability to remain productive and decrease turnover intentions following exposure to aggressive incidents in health care organizations serving a pediatric population. Potential positive social change implications of this study include increased supervisor support and use of resilience toward continued provision of quality care and improved patient outcomes through continuity of care delivery related to employee retention and sustained productivity. These changes may support retention of experienced staff in pertinent roles needed for continued quality delivery of care.

This chapter addresses the need for the current study and provides the research problem with the identified gap in the literature, along with a brief summary of related literature. I conducted a quantitative study to examine the influence supervisor support and personal resilience have on the employee's level of productivity and intent to leave following exposure to physical aggression. The four research questions addressed the mediation of supervisor support on productivity, supervisor support on turnover intent, resilience on productivity, and resilience on turnover intent. I also examined the relationship between professional role, work experience, and productivity, and

professional role, work experience, and turnover intent. The theoretical framework for this study is discussed, followed by a summary of the methodology, including the variables. Additional sections of this chapter include the study assumptions, scope, limitations, and potential contributions and implications for positive social change.

Background

Beech and Leather (2006) found that an increase in workplace violence has been associated with crises in recruiting and retaining nursing staff due to negative responses including anxiety, difficulty concentrating and problem-solving, diminished self-confidence, and decreased work satisfaction. Connecting job satisfaction to turnover has been supported in studies by Alhamwan and Mat (2015) and Harhara, Singh, and Hussain (2016) who stated that job satisfaction connects directly to organizational commitment, which when decreased is a precursor to turnover intent and subsequent departure from the organization. Hunt (2012) also found that nurses' years of experience was correlated to turnover intent.

Gates et al. (2011) examined how employee exposure to violence from patients impacted post-traumatic stress disorder and productivity and found that 37% of study respondents experienced a decreased level of productivity following exposure to violent workplace incidents. These responses are concerning because the ability of nurses to function at full efficiency is integral to continued delivery of safe, quality patient care (Norris, 2018). Clark (2015) found that some nurses were able to return to work after experiencing violence, and Clark attributed it to resiliency factors as a conceptual

framework for their ability to survive the assaultive incident and continue to thrive at work following the initial emotional response.

Some researchers have examined how the organization can support and foster these skills and traits to combat negative outcomes. In examining the negative psychological outcomes following exposure to aggressive incidents at work, Edward, Ousey, Warelow, and Lui (2014) observed that nurses' perceptions of management support were seen as poor or absent following exposure to an aggressive incident, and that support, if present, could improve retention efforts of these employees. Similar results were seen by Halpern et al. (2009) who found prominent subthemes of support from their supervisor and the opportunity for a short period away from the activity as two important interventions immediately following a critical incident that were beneficial in preventing negative emotional responses.

Xuehu (2016) noted that to retain strength of experience in integral positions, employers must assess how to meet staff needs. Norris (2018) called for further research on the impact workplace violence has on productivity, patient and staff safety, and quality care delivery from staff who have experienced violence at work. The current study addressed this gap in knowledge as a means of extending research on to how to aid staff experiencing trauma through provision of support and facilitating personal application of skills aimed at positive recovery following trauma exposure.

Problem Statement

Research is needed to identify the impact that experiencing physical violence at work has on the exposed employee's level of productivity and intent to leave, and how

supervisor support and resiliency factors may contribute to decreasing turnover and inefficient delivery of care to the pediatric patient for those staff with various years of experience who function in different positions. Prior research indicated that exposure to violence at work often results in many negative psychological, emotional, and physical outcomes to the exposed individual (Beach & Leather, 2006; Campbell et al., 2011; Dawley, Houghton, & Bucklew, 2010) while also negatively affecting the communities being served due to delays in care delivery (Alsaraireh, Quinn Griffin, Ziehm, & Fitzpatrick, 2014; American Psychiatric Nurses Association, 2016; Franz, Zeh, Schablon, Kuhnert, & Nienhaus, 2010), loss of intellectual knowledge with high turnover (Demir & Rodwell, 2012; Gates et al., 2011), and increased medical costs due to the financial impact of recruiting and training new staff (Blando, O'Hagan, Casteel, Nocera, & Peek-Asa, 2013; Lynch, Plant, & Ryan, 2005; Shoghi et al., 2008; Speroni, Fitch, Dawson, Dugan, & Atherton, 2014).

Sayn-Wittgenstein (2016) examined workplace aggression and provided historical data on the continued increase seen in workplace aggression, the negative impacts to team performance and productivity, how employee well-being suffers, and the high cost of turnover due to aggressive incidents at work. Studies by Powley (2013); Prosser et al. (2016); Speroni et al. (2014); and Yanchus, Periard, Moore, Carle, and Osatuke (2015) provided different perspectives of exposure to violence at work, including the incidence of physical aggression, psychological and physiological responses to violence, and the recognized need for proper intervention and support. The challenge, as shared by Sellgren et al. (2007) and Piquer, Piquero, Craig, and Clipper (2013), is that more research is

needed to determine the relationship between leadership behaviors and turnover intention, and to develop programs aimed at building personal factors to support well-being due to high levels of workplace stress. Demsky (2015) suggested that research is needed to examine other moderators of the association between employee outcomes following workplace aggression. It was the intent of the current study to support the continued efforts of sustained delivery of quality care and retention of experienced staff in vital positions through examination of how personal resilience and perceived supervisor support mediate productivity and turnover intent.

Purpose of the Study

The purpose of this quantitative study was to examine whether personal resilience and supervisor support influence employee productivity and turnover intent for employees functioning in different roles with varying years of experience following physically aggressive patient interactions in a pediatric health care setting. The independent variables were professional role and years of experience, the mediator variables were supervisor support and personal resilience, and the dependent variables were productivity and turnover intent. Findings may be used to promote employee retention and productivity needs after employee exposure to a violent patient interaction when considering position within the organization and work experience. In an environment in which the incidence of aggressive patient behaviors and nursing shortages continues to increase, there is a need to develop and implement processes focused on supporting the direct caregiver and sustaining quality care.

Research Questions

According to Baron and Kenny (1986), the mediator is something that would significantly impact or reduce the path of exposure to workplace violence and decrease productivity and exposure to workplace violence and turnover intention. In the current study, I included personal factors of profession and years of experience as independent variables and used two mediators (support and resilience) as the stimulus that, if present, would significantly decrease the path from the independent variable to the outcome variables of productivity and turnover intent. This study included four research questions to evaluate the mediating effect of supervisory support and personal resilience on employee productivity and turnover intentions. Following Barron and Kenny (1986), for each relationship the predictor and mediator were evaluated, followed by a combined evaluation of the two on each outcome variable. Because there were two independent variables, two outcome variables, and two mediating variables, there were 2 x 2 or four research questions.

RQ1: Does supervisor support mediate the relationship between personal factors (profession and years of experience) and self-reported productivity for staff with exposure to physical aggression?

H_o1a: There is no statistically significant relationship between personal factors (profession and years of experience) and supervisor support.

H_a1a: There is a statistically significant relationship between personal factors (profession and years of experience) and supervisor support.

H_o1b: There is no statistically significant relationship between supervisor support and self-reported productivity.

H_a1b: There is a statistically significant relationship between supervisor support and self-reported productivity.

H_o1c: There is no statistically significant relationship between personal factors (profession and years of experience) and self-reported productivity.

H_a1c: There is a statistically significant relationship between personal factors (profession and years of experience) and self-reported productivity.

RQ2: Does supervisor support mediate the relationship between personal factors (profession and years of experience) and turnover intent?

H_o2a: There is no statistically significant relationship between personal factors (profession and years of experience) and supervisor support.

H_a2a: There is a statistically significant relationship between personal factors (profession and years of experience) and supervisor support.

H_o2b: There is no statistically significant relationship between supervisor support and turnover intent.

H_a2b: There is a statistically significant relationship between supervisor support and turnover intent.

H_o2c: There is no statistically significant relationship between personal factors (profession and years of experience) and turnover intent.

H_a2c: There is a statistically significant relationship between personal factors (profession and years of experience) and turnover intent.

RQ3: Does resilience mediate the relationship between personal factors (profession and years of experience) and productivity for staff with exposure to physical aggression?

H_o3a: There is no statistically significant relationship between personal factors (profession and years of experience) and resilience.

H_a3a: There is a statistically significant relationship between personal factors (profession and years of experience) and resilience.

H_o3b: There is no statistically significant relationship between resilience and self-reported productivity.

H_a3b: There is a statistically significant relationship between resilience and self-reported productivity.

H_o3c: There is no statistically significant relationship between personal factors (profession and years of experience) and self-reported productivity.

H_a3c: There is a statistically significant relationship between personal factors (profession and years of experience) and self-reported productivity.

RQ4: Does resilience mediate the relationship between personal factors (profession and years of experience) and turnover intent for staff with exposure to physical aggression?

H_o4a: There is no statistically significant relationship between personal factors (profession and years of experience) and resilience.

H_a4a: There is a statistically significant relationship between personal factors (profession and years of experience) and resilience.

H_o4b: There is no statistically significant relationship between resilience and turnover intent.

H_a4b: There is a statistically significant relationship between resilience and turnover intent.

H_o4c: There is no statistically significant relationship between personal factors (profession and years of experience) and turnover intent.

H_a4c: There is a statistically significant relationship between personal factors (profession and years of experience) and turnover intent.

The hypothesis of this study was employee productivity and turnover intentions are influenced by personal factors of profession and years of experience for staff who have experienced physically aggressive incidents. I examined whether the initiation of supervisor support closely following exposure to the incident and strong levels of employee personal resilience facilitate the employee's ability to return to a normal state by preventing secondary responses of decreased productivity and intent to leave the organization related to postexposure physiological and psychological stress.

Theoretical Framework

Organizational support theory (Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002) was the theoretical framework for this study. Key concepts in this theory include the employee's formation of a belief that the organization cares about them and their well-being (Eisenberger et al., 2002). Ahmad and Yekta (2010) stated that there is a connection between the employee's perception of how the organization values their contributions and the subsequent level of commitment, drive,

and active involvement from the employee in meeting organizational goals. Organizational support theory's two main concepts of perceived supervisor support (PSS) and perceived organizational support (POS) work in an interrelated fashion to positively influence employee commitment to the supervisor and the organization through a sense of obligation. The supervisor is a representative of the organization, and when employees identify as being cared about and valued by their supervisor, then they perceive that the organization cares for and values them as well (Brauenig, 2007). As PSS increases, the employees feels they have a duty to reciprocate to the supervisor and organization through their work efforts (e.g., productivity) and are less likely to have intentions to leave the organization (Ahmad & Yekta, 2010; Brauenig, 2007; Eisenberger et al., 2002).

Two key themes shared by employees following high-stress incidents include managing the environment and social support (Halpern et al., 2009). Management of the environment relates to the employee's ability to adapt and self-regulate as a means of returning to the norm or personal state pre-incident. Social support involves not only support from immediate peers, but also needed support from supervisors and family. I used the organizational support theoretical framework to demonstrate the influence supervisor support has in mediating employee resilience and productivity. I evaluated part of the theory by examining the impact of supervisory support and included an individual difference component in the form of personal resilience.

Nature of the Study

Quantitative methodology was selected for this study because researchers use this approach to examine relationships between variables as a means of predicting variable

reactions and providing results that are generalizable to the population being studied without variable manipulation (see Creswell, 2009; Sousa, Driessnack, & Mendes, 2007; Tarhan & Yilmaz, 2014). Convenience sampling, a nonprobability sampling method, was used for ease of participation and ready access to individuals within the identified population. Data were collected at one time via online survey instruments. The target population included hospital employees working in the pediatric inpatient and outpatient settings with direct interactions with patients and hospital visitors.

The first mediator for this study of perceived supervisor support (received vs. not received) was measured using the Perceived Supervisor Support Scale developed by Eisenberger et al. (2002). The second mediator of personal resilience was measured using the Connor-Davidson Resilience Scale (Connor & Davidson, 2003). The dependent variables of productivity (work output) and turnover intentions (intent to leave) were measured using the Healthcare Productivity Survey instrument developed by Gillespie, Gates, and Succop (2009) and three items from Abrams, Ando, and Hinkle's (1998) original four-item turnover intentions survey. The independent variables of professional role and work experience were measured using demographic questions correlated with perceived supervisor support and personal resilience where both predict productivity and intent to leave (see Enosh, Tzafrir, & Stolovy, 2014).

Definitions

The following definitions were used in this study:

Adaptability: Cognitive flexibility and an ability to cope or adjust (Taormina, 2015).

Determination: An individual's drive to succeed or persevere in difficult situations (Taormina, 2015).

Emergency department: An area, usually part of an acute care hospital, that provides emergency treatment to patients (Sofield & Salmond, 2003).

Endurance: Personal strength or grit that exists to allow an individual to withstand harsh situations without giving up (Taormina, 2015).

Perceived supervisor support: The degree to which employees feel their supervisor cares about them and their well-being and values the contributions they bring to the organization (Arakeri, 2013; Bowen, 2011; Eisenberger et al., 2002; Rasheed, Khan, & Ramzan, 2013).

Physical aggression: Use of physical force by kicking, punching, pushing, biting, harming with physical objects, punching, or sexual harm (Fallahi-Khoshknab et al., 2016*;* Farrell, Bobrowski, & Bobrowski, 2006).

Productivity: *W*ork output in the delivery of care. This includes use of efficient processes (Gillespie et al., 2009).

Recuperability: A combination of physical and cognitive response where one can truly recover (physically and cognitively) from various challenges and/or trauma (Taormina, 2015).

Resilience: An evolving personality trait and a skill that encompasses an individual's ability to cope with various stressors or trauma in an adaptive manner to overcome negative psychological and physiological stress in response to adverse events and consists of the four domains of determination, endurance, adaptability, and

recuperability (Bonanno, 2004; Brown et al., 2017; Connor & Davidson, 2003; Cusak et al., 2016; Fisher, 2012; Jackson et al., 2007; Prosser et al., 2016; Resilience, 2017; Taormina, 2015).

Turnover intent: Existing thoughts the employee has to quit their job or voluntarily leave the organization (Harhara et al., 2016) considered to be a precursor to actual turnover (Sofield & Salmond, 2003).

Workplace aggression/workplace violence: Behaviors enacted by others with the intent to cause physical or psychological harm (Piquero et al., 2013; Romano, Levi Minzi, Rugala, & Van Hasslet, 2011).

Assumptions

Assumptions for this study included participants' self-reported responses were honest and complete. Participation was voluntary, and all responses were anonymous. Additional assumptions were that the instruments would be valid measures for the variables of interest, and that exposure to violence at work causes a physiological, emotional, and psychological response.

Scope and Delimitations

Participants not providing direct patient care were excluded, resulting in an estimated 6,500 direct care employees working across the 13 sites of care. Of these 6,500 employees, an estimated 1,500 work in areas where higher incidents of aggression occur (e.g., emergency department, psychiatry, outpatient clinics). Although this study involved staff caring for pediatric populations, the findings may be applied to staff providing similar medical care and treatment of adult populations. Study findings may also be

applied to pediatric and non-pediatric populations receiving care in other geographic areas outside of the Midwest.

Limitations

One limitation of this study was single versus repeated administrations of the survey tools. According to Kazdin (2003), repeated administration over a period of time allows a more stable representation of the variables. A second limitation was that there were no measurements to determine the perceived severity of the event, and whether the level of severity affected the relationship between burnout and intent to leave the organization or profession. Selection bias due to staff who have lower levels of resiliency declining to participate and an inability to translate study findings to the general population due to convenience sampling from a Midwest pediatric health care center were two additional limitations that must be considered when interpreting study data.

Researcher bias was also a concern due to study being conducted at my primary employer's organization. This concern was discussed with IRB at the study site and Walden university. This potential bias was not deemed a concern because study participants would be anonymous.

Significance

Despite the large body of research on precursors to and consequences of workplace violence, and the de-escalation and management of aggressive incidents in the workplace, there was a gap in understanding how supervisor support and individual resilience may mediate turnover intentions and the employee's ability to remain productive following such exposure. The results of this study may provide supervisors of

impacted employees and the employees themselves with an increased awareness of how supervisory support and employee resilience can sustain continued care delivery and decrease further strain to personnel resources with potential intentions to leave following aggressive incident exposure.

As stated by Demir and Rodwell (2012), prior research has focused on the prevalence and consequences of aggressive exposure at work. However, research to date had not addressed how supervisor support and personal resiliency impact employee productivity and turnover intentions following exposure to workplace violence. I sought to examine whether supervisor support and personal resilience mediate employees' ability to remain productive and decrease turnover intentions for frontline employees providing direct care of patients following exposure to aggressive incidents in the workplace. Retaining experienced staff results in a decrease in aggressive incidents by patients due to staff properly recognizing escalating behaviors and proactively managing these behaviors (Christensen, 2014).

Summary

Workplace aggression has been linked to a number of negative employee and organizational outcomes (Demsky, 2015; Federal Bureau of Investigation, 2010). Health care workers are exposed to violence in their daily work at an increasing rate and are challenged with how to properly handle their response to violent incidents. Lorente, Salanova, Martinez, and Vera (2014) found that when employees feel a high level of self-efficacy and perceive supervisor support as abundant, they can control their environment and more quickly recover. Because the role of supervisor support and personal resilience

in the management of trauma response had not been researched in the pediatric context, the current study added to the literature on how support from a supervisor and personal resilience can positively influence employees' ability to return to a normal state while maintaining productivity and retention that aids in continued delivery of safe, quality care. Chapter 2 offers a review of previous studies that included the variables of supervisor support, resilience, productivity, and turnover to provide a background for how these variables have been examined in prior research. Organizational support theory is also discussed in the context of the supervisor's and the organization's responsibility to the worker.

Chapter 2: Literature Review

Chapter 2 consists of a comprehensive review of literature focused on workplace aggression, personal resilience, productivity, turnover intentions, and supervisor support. The focus is on responses of direct care personnel in a pediatric academic health care organization. This chapter comprises a review of research on the relationships between exposure to physical aggression at work and how employee resilience and perceived supervisor support influence productivity and intent to leave the organization following an aggressive incident.

Workplace violence has become an increasingly problematic and critical safety issue in health care settings (Fallahi-Khoshknab et al., 2016; Franz et al., 2010; Schat & Frone, 2011). This may be due to the mistaken belief by many health care employees of violence being part of their job, fear of retaliation, a belief that nothing will be done, or lack of administrative support (Fallahi-Khoshknab et al., 2016; Gacki-Smith et al., 2009; Sayn-Wittgenstein, 2016). The Joint Commission's (2018) sentinel event alert on health care violence posited that the number of violent incidents toward health care workers is higher than reported. The frequency of exposure to aggressive incidents in health care settings varies; however, according to Demir and Rodwell (2012) and National Nurse (2012), exposure ranged from a low of 65% to as high as 95% of nursing staff. Fallahi-Khoshknab et al.'s (2016) cross-sectional study of 6,500 health care staff indicated that this same population has a stronger potential of exposure to violence than police officers and correctional officers and are 16 times more likely to be exposed to violence. Additionally, female employees between the ages of 30 and 40 were found to have the

highest rate of exposure to physical violence. This knowledge provides needed information for the supervisor and institution in determining appropriate interventions to lower exposure and provide better response postexposure.

A systematic review of the literature on workplace violence by Solorzano Martinez (2016) indicated the extensive negative physiological and psychological response to violence in the workplace, nurses often feeling unsafe at work, and the subsequent departure of nursing staff from the organization. Nurses' departures result in additional strain on remaining resources, decreased quality in care delivery impacting patient outcomes, diminished efficiencies and productivity, and overall lowered level of staff morale for the remaining team members (Alsaraireh et al., 2014; Gates et al., 2011; Kvas & Soljak, 2015; Potera, 2016).

Much of the prior research has focused on the increasing rate and types of violence in the work environment (Adriaenssens, de Gucht, & Maes, 2015; Barling, Dupre, & Kelloway, 2009; Farrell et al., 2006; Namie, 2003), those work environments experiencing a higher rate of violence (Barling et al., 2009; Campbell et al., 2011; Christensen, 2014), and employee response to violence and recommendations for eliminating violent incidents (Chapman, Perry, Styles, & Combs, 2009; Demir & Rodwell, 2012; Galletta, et al., 2011; G. Gillespie, 2008; Kansagara et al., 2009; Valente & Fisher, 2011). The prior stress-related focus has also been role specific with oncologists, psychologists, school counselors (Rees, Breen, Cusack, & Hegney, 2015), and nurses being the primary professions of interest (Phillips, 2016; Rees et al., 2015). When compared to other health care professions, nurses were among the group

experiencing a higher rate of assault related to their higher rate of direct contact with patients (Phillips, 2016). Xuehu (2016) shared the need for skilled staff to provide a high level of service and quality expected for the patient. To achieve this, retention of staff with solid knowledge and good experience is needed.

This chapter includes the literature search strategy used to identify research on supportive supervision, personal resilience, productivity, and turnover intention. In addition, the theoretical foundation for the study, derived from the research of Eisenberger, Huntington, Hutchinson, and Sowa (1986), is summarized. Next, the research on the key constructs is reviewed and synthesized. Finally, a summary of supervisor support, resiliency, turnover, and productivity closes out the chapter.

Literature Search Strategy

Databases accessed for this literature review included CINAHL Plus, MEDLINE, ProQuest Dissertations & Theses Database, PsycARTICLES, PsycINFO, PsycTESTS, SAGE Journals, and Science Direct. Additional sources included professional organizations such as the American Psychiatric Nurses Association, government associations such as the Federal Bureau of Investigation and Occupational Safety and Health Administration, and Google Scholar. Key search terms included *coping*, *healthcare*, *mental health*, *productivity*, *resilience*, *supervisor*, *support*, *turnover*, *workplace aggression*, *work experience*, and *workplace violence*.

Although a number of studies have focused on identifying types of violent acts occurring in the workplace (Magnavita, 2014; Spector, Zhou, & Che, 2014; Van De Griend & Messias, 2014), staff response to violence (Blando et al., 2013; Franz et al.,

2010; Gates et al., 2011), and the need to find interventions for decreasing workplace violence (Halpern et al., 2009; Morrison & Love, 2003; Magnavita & Heponiemi, 2012; Romano et al., 2011), research has been limited on the responses of those directly exposed to violent episodes in the workplace, and how people adapt to these events. One of The Joint Commission's (2018) general duty clauses specifies that employers are required to provide an environment free from hazards likely to cause serious injury or death. Peek-Asa et al. (2009) reported that many organizations have prevention programs in place, but none that focus on assisting the assaulted worker with returning to a normal state in an expedited manner.

The purpose of my study was to examine whether personal resilience and supervisor support influences employee productivity and turnover intent following physically aggressive patient interactions in a pediatric health care setting. I examined the moderating or mediating impact of individual or personal resilience and supervisor support on the relationship between profession, years of experience, and productivity and turnover intentions exposure to workplace aggression. The study focused on employees working at a nonprofit pediatric teaching hospital that includes outpatient, inpatient, and residential psychiatric services.

This chapter offers a review of the relationships between workplace violence, productivity, and the employee's intent to leave the organization as it relates to personal resilience and supervisor support following an event. A description of the extent or level of violence or aggression and the various types of violent/aggressive behaviors occurring at work initiates the literature review. There is then a review of the research on personal

or individual resilience as it relates to changes in productivity postexposure and turnover intentions. Additional literature is reviewed on employee response to supervisor support and professional role and subsequent experience in their role. A summary of the relevant literature is provided at the end of the chapter.

Theoretical Foundation

A study's theoretical foundation provides a connection and direction for the study and the questions being researched. This theoretical foundation of organizational support theory provided support for this study and aided in answering the research questions used to guide this study.

Organizational Support Theory

Pain in health care is a frequently experienced phenomenon, whether it be pain suffered by patients, pain employees bring with them to work, or pain employees are exposed to in their daily work (Kanov et al., 2004). Violence in the health care setting causes disruption in quality nursing care, has a negative impact on the therapeutic environment, negatively impacts organizational performance and productivity, diminishes employee engagement and morale, and is a significant reason for nurses departing the profession (Grizzle, 2016; Hanson, Perrin, Moss, Laharnar, & Glass, 2015; Kanov et al., 2004; Lipscomb & El Ghaziri, 2013; Phillips, 2016). J. R. Wood (2019) found that bullying occurred regardless of nursing position and years of work experience. If the inclusion of supportive supervisor behaviors following such an incident were to positively impact intent to leave, it would be of great benefit to the employee and the organization. Concerning the occurrence of workplace violence, the annual fiscal cost of

worker-related injury compensation, increased absenteeism, lowered productivity, and diminished delivery of quality care can total $75 billion or more in annual funds (Ballinger, Craig, Cross, & Gray, 2011). Staff departure results in additional loss of intellectual property, falling employee morale, and employee turnover (Morrell, Loan-Clarke, & Wilkinson, 2004). Ballinger et al. (2011) and Martin (2016) found that dependent on the position and level of experience, the cost of employee turnover and training new hires ranged from 100% to 500% of the total compensation package of the replaced employee A compassionate response is a simple action that the supervisor can employ to support the employee at a difficult time, thereby promoting a feeling of appreciation in the employee to decrease burnout and to aid in recovery.

A qualitative explorative study by DeBoer, Van Rikxoort, Bakker, and Smit (2013) of 12 emergency room nurses resulted in themes of how the impact of critical incidents (e.g., depression, anxiety, post-traumatic stress symptoms) were mediated by positive social support that aided in decreasing work-avoidance behaviors and resignations. If organizations are to meet patient and family expectations regarding quality care and services, they have a responsibility to protect and support their employees; a failure to do so has been shown to decrease workplace performance and negatively impact quality and care standards (Brownett, 2015; Franz et al., 2010; Powley, 2013) and increased rate of turnover of the experienced, skilled employee (Hunt, 2011).

Prior research indicated positive outcomes related to perceived organizational support (POS) on employee performance, increased job satisfaction, and decreased turnover (Eisenberger et al., 2002; Shanock & Eisenberger, 2006; Vandenberghe et al.,

2007). For the current study, the definition of perceived supervisor support was the belief an employee has that their supervisor values their contributions and cares for them (see Bowen, 2011). Arakeri (2013) and Eisenberger et al. (2002) defined perceived supervisor support similar to the definition in use here. Arakeri's statement that employees see the supervisor as a direct representative of the organization was a common belief (Ahmad & Yekta, 2010; Bowen, 2011; Lim, 2005). A study by Dawley et al. (2010) demonstrated that perceived supervisor support (PSS) had an inverse relationship with employee turnover, such that as PSS increased, turnover decreased. Of interest in an earlier study by Maertz et al. (2007) were opposing findings. Although researchers observed a significant relationship between PSS, POS, and turnover, the relationship in the current study was that as PSS increased, POS decreased and turnover increased. From another perspective, as PSS decreased, the relationship between POS and turnover was stronger such that POS increased and turnover decreased.

Eisenberger et al. (2002) provided this same perception that the organization has an overall belief of the employee where employees perceive that the beliefs made of them by the organization are directly attributed to an appreciation of their talents and contributions. This translates to a level of concern for employees' well-being from the organization. Additionally, the employees saw the supervisors' interactions and behaviors toward them as representative of the organization. Ahmad and Yekta's (2010) research demonstrated a positive correlation between the level of POS and subsequent employee engagement, job attendance, and job performance. The effect size for this study was large

(r^2 = .58) and indicated that the effects of perceived support could explain variations in employee commitment.

Conceptual Framework

The conceptual framework in research is a visual or written model of the believed relationships between the key concepts being studied (McGaghie, Bordage, & Shea, 2001). In the current study, the conceptual framework of resiliency was used to explain how the staff can overcome adversity and recover to a normal state following traumatic events. The framework of resilience model as described by Catalano, Chan, Wilson, Chiu, and Muller (2011) is that following a disturbance from the norm, initiating a response allows the individual to return to levels ranging from their normal state to that of failing to recover to their norm prior to the disturbance. T. Chen (2015) described resilience as a positive outcome of the adverse event when the individual successfully returns to their former normal state.

While there are various conceptual definitions of resilience as a framework, the concept shared by Taormina (2015) is better-rounded and consists of the four domains of determination, endurance, adaptability, and recuperability. Determination is defined as an individual's drive to succeed or persevere in difficult situations. Endurance is defined as personal strength or grit that exists to allow an individual to withstand harsh situations without giving up. Adaptability entails cognitive flexibility and an ability to cope or adjust; and recuperability is often a combination of physical and cognitive response where one can truly recover (physically and cognitively) from various challenges and

trauma. When combined with Franco's (2016) results, then helping an employee develop resilience has beneficial results in the employee-organization relationship.

Individuals working in healthcare are seen to have an increased probability of exposure to adverse events and a level of vulnerability that is directly influenced by their response to those adverse events (Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, & O'Flaherty, 2013). Brown (2016) studied resilience, change fatigue, and length of experience in nurses and found that novice nurses experienced a higher degree of fatigue and had less resilience factors as compared to the more experienced, expert nurses. Jackson et al. (2007) looked at nurses who were able to return to work following assaultive events to determine the personal qualities or attributes that interconnect to allow staff to utilize problem-focused coping strategies and other constructs within their environment to successfully persevere and thrive following adversity. Their findings supported the concept of resiliency as a mix of attributes, learned behaviors, and drawing on personal relationships. Chapter two will provide further depth into the connections between resiliency, productivity, and turnover intent following exposure to trauma at work.

Literature Review Related to Key Variables and/or Concepts

Webster and Watson (2002) posited that reviewing prior, relevant literature is an integral part of academic work. This section provides additional detail related to the variables used in this study as a means of creating and adding to a solid foundation to further knowledge.

Workplace Violence

Campbell et al. (2011), Spector, Zhou, and Che (2014), and Mroczek, Mormul, Kotwas, Szkup, and Kurpas (2014) stated that violence rates are higher for those working in psychiatric, emergency department, and geriatric care facilities; compared to jobs outside of the social services and those where money does not exchange hands (Mayhew, 2003). Campbell et al. (2011) also stated that nurses/nursing personnel reported the highest rates (19.4%) of WPV. Results obtained by Peek-Asa et al. (2009) showed the highest rates of assaults occurred in healthcare settings; with psychiatric nursing staff members reporting among the highest rate of workplace assaults at a rate slightly over 43 per 1000 healthcare workers. The Occupational Safety and Health Administration ([OSHA], 2019) showed that workplace violence is prevalent in healthcare and social services settings with the highest rate of lost workdays following workplace assaults at 10-11% versus the 3% found in the private sector. Brown's (2016) claims align with the prevalence of WPV occurring in the healthcare setting but states that the Emergency Department sees the highest incidence of WPV. Researchers examining the incidence of workplace violence have stated that patients have often initiated violence, followed by other healthcare workers, and family members of the patients or the employee (Campbell et al., 2011; Nau, Halfens, & Dassen, 2010; Powley, 2013).

The implications of WPV in healthcare include the resultant emotional and physical injury that can occur, burnout, increased absenteeism, and risk of turnover (Brown, 2016). Hanrahan's (2011) study shed light on the issues that exist in the aging population that has reached a critical level in the United States and many other countries.

An insufficient number of trained nurses translates to delayed delivery of care to those in need. Hanrahan identified psychiatric mental health nurses as a "core discipline" assisting those in need of quality and timely mental health services. As such, it is imperative to manage the perceptions of imminent harm, and a healthy work environment of trust and support be established to alleviate the current critical nursing shortage climate.

In the academic literature, workplace violence and aggression are often used synonymously (Christensen, 2014; Demir & Rodwell, 2012). According to Neuman and Baron (2005), aggression is identified as any purposeful or non-purposeful behavior or action directed towards another with resultant harm or injury. The definition of violence provided by the World Health Organization (1996) is very similar in that they define it to be the intentional use of power or physical force against another with the intention of it resulting in injury, psychological harm, or death. Piquero, Piquero, Craig, and Clipper (2013) extended their definition to separate aggression occurring in the course of work duties as 'workplace aggression'; and described 'workplace violence' as distinct behaviors enacted with the intent to cause physical harm; which closely aligns with the definition of a physical assault or other physically aggressive behavior (e.g., kicking, biting, intentionally bumping with force, hitting with an object or fist) offered by Hanson et al. (2015).

Many studies have focused on physical and non-physical exposure to violence in healthcare settings (Christianson, 2015; G. Gillespie, Gates, Miller, Howard, 2010; Hills, Ce, & Humphreys, 2011; Sakellaropoulos, Pires, Estes, & Jasinski, 2011; Sayn-Wittgenstein, 2016; Schat, & Frone, 2011; Taylor & Rew, 2010; & Wilson, 2010). The

types of workplace violence range from verbal threats, to intimidation behaviors, stalking, and exposure to physical levels of assault including slapping, punching, hitting, kicking, spitting, biting or choking (Martin, Levi-Minzi, Rugala, & Vincent, 2011; Peek-Asa et al., 2009). Prior studies have also identified bullying, sexual and non-sexual harassment, and purposeful isolation as other types of non-physical aggression employees have experienced in the workplace (Powley, 2013; Van De Griend & Messias, 2014).

The explanation for the increasing rate of violence and aggression in hospitals has varied depending on the workplace setting. Christensen's (2014) study on aggression in the emergency department suggested the increase in workplace violence events was due to the overwhelming demand for services with limited healthcare resources. Limited resources result in longer wait times, the stress inherent in unexpectedly receiving emergent care with the uncertainty of outcome, and continued incidence of patients and family members with psychiatric needs. Additional factors also included a chaotic setting, high noise levels, and patient misperceptions of uncaring staff due to long wait times (Speroni et al., 2014). Staff working in the mental health arena often cite aggression as being triggered by the patients presenting mental health symptoms, patients feeling they received incorrect information, and an overall high level of acute patients needing care (Edward et al., 2014; Johnson & Delaney, 2006).

Productivity

An organization's overall business performance is strongly connected to the strength of its workforce's productivity (Koopman et al., 2002). Koopman et al. (2002) examined the concept of presenteeism as a means of identifying employees with

decreased productivity. Employees are physically at work, yet their level of productivity is decreased due to varying factors (e.g., physical illness, external personal challenges, and heightened levels of anxiety related to critical incidents at work). The victimized employee's response to workplace violence can be severe; with many employees reporting physiological and emotional responses that interfere with their everyday lives (Potera, 2016; Taylor & Rew, 2010; Yang, Spector, Chang, Gallant-Roman, & Powell, 2012). An important finding by Potera (2016) and Yang, Spector, Chang, Gallant-Roman, and Powell (2012) was that workplace violence has contributed to nurses decreased sense of health and safety and has negatively impacted worker productivity. This finding connects to those of L. Chen et al. (2015), in a study of 3,528 state agency employees who responded to questions focusing on perceived workplace health support and its influence on employee productivity. Results showed a significant correlation for those employees stating they had a high level of perceived support and subsequent higher work productivity.

Historically defining productivity presented with considerable disagreement on how to measure and translate the term across different constructs in industry, academia, and healthcare (Neal & Hesketh, 2001). Productivity as identified by Dewa, Loong, Bonato, Thanh, and Jacobs (2014) is made of elements of sick days, presenteeism, and intent to remain in that position or profession. The definition used in this study is that of G. Gillespie et al. (2009) as measurement that is inclusive of efficient processes in the work output in delivering patient care.

Loss of productivity impacts the individual and the organization. Research by Kvas and Seljak (2015) with 692 nurses responding reported findings of lower productivity and added that WPV has resulted in higher turnover and increased absenteeism that also negatively impacted teamwork. Numerous studies on this topic reported similar findings (AbuAlRub, Khalifa, & Habbib, 2007; G. Gillespie et al., 2010; Potera, 2016; Taylor & Rew 2010) and add that some work environments also experienced increased inefficiencies and personal distress (Fox & Spector, 2005; Frederickson & McCorkle, 2013), absenteeism, depression, a sense of decreased safety, and employees departing the organization, leading to an overall hindering of employee and organizational performance.

Findings by G. Gillespie et al. (2010) also included a heightened autonomic physical and emotional/psychological response and avoidance behaviors around perpetrators of the violent act. Campbell et al. (2011), Van De Griend and Messias (2014) and Ferrell, Bobrowski, and Bobrowski (2006) report similar findings of nurses with higher burnout levels, increased absenteeism, and physical and psychological responses that interfere with the quality of their work. Nurses who experienced violence at work had diminished personal feelings of work performance and productivity thereby influencing their decision to stay with the organization or the nursing profession. Further support of this was found by Dewa et al. (2014) in an examination of physician burnout and its impact on quality care delivery, where a negative relationship existed between violence and productivity.

Supervisor Support

According to Albrecht and Andreetta (2011) and Liden, Wayne, and Sparrowe (2000), supervisors who coached, provided recognition, mentored, were supportive, and used a participative approach to decision making resulted in employees that felt autonomy in their role, competent, and psychologically empowered. This sense of psychological empowerment then stimulates multiple positive actions, including improved commitment, engagement, a higher degree of satisfaction in their work, improved work performance, and diminished intentions to leave (Albrecht & Andreetta, 2011; Bordin, Bartram, & Casimir, 2006; Jose & Mampilly, 2015; Rathi, & Lee, 2017). Jose and Mampilly's (2015) study demonstrated that psychological empowerment increased when employees felt supported by their supervisor, and both factors positively influenced employee engagement. Results from a study of 536 cancer employees by Poulson, Khan, Poulson, Khan, and Poulson (2016) measuring work engagement and supervisor support show that supervisor support was significantly associated with work engagement. Additionally, researchers emphasized the need for supervisors to actively connect with employees to foster new knowledge, improve skill set, and increase motivation and self-confidence.

As the employee's viewpoint connects the supervisor's behaviors to that of the organization, Marner (2008) emphasized findings that employees need regular supervision and support; principally as there is a need to manage the aggression response felt by employees. Lim (2005) noted that supervisor support had a positive impact on reducing employee job stressor perceptions, while also resulting in improved supervisor

satisfaction following giving support. Marner's study (2008) supports the same, as study findings demonstrated a need for direct support for staff following an aggressive incident; as well as, continued consistent supervision. Doing so allowed staff to recover and have lower levels of stress reactions.

Van Schalkwyk, Els, and Rothmann (2011) explored the moderating ability of perceived organizational support (POS) in the relationship between bullying at work and turnover. These researchers found that supervisor relationships, involvement in decisions, and role clarity have an inverse correlation between workplace bullying and employee turnover such that as the identified POS behaviors increased, the rate of workplace bullying, and employee turnover decreased. Study rationale led from prior organizational incidents with negative consequences, including poor performance, decreased productivity and increased turnover (Einarsen, Hoel, Zapf, & Cooper, 2003; Maertz, Jr., Griffeth, Campbell, & Allen, 2007).

According to Constable and Russell (1986), a link exists between support, belonging, and good health in the work environment. The sense of belonging leads to employee stability, and when exposed to higher stress levels, feeling support from supervisors reportedly lowered stress levels to allow recovery. Halpern et al. (2009) sought to learn what interventions emergency service employees felt would be most beneficial in preventing negative emotional responses of depression, substance abuse, and burnout in the immediate post-incident time period. They found prominent subthemes of support from their supervisor and the opportunity for a short period away from the activity as two important interventions immediately following a critical incident

beneficial in preventing negative emotional responses. Results from a study of 536 cancer employees by Poulson, Khan, Poulson, Khan, and Poulson (2016) measuring work engagement and supervisor support were that supervisor support was significantly associated with work engagement.

Additionally, researchers emphasized the need for supervisors to actively connect with employees to foster new knowledge, improve skill set, and increase motivation and self-confidence. A study by G. Choi (2011) found those employees who experienced support from peers and supervisors also demonstrated lower levels of traumatic responses. The lack of needed support often results in employees who are often overwhelmed in their role and can result in secondary traumatic stress, lower overall health, lower levels of job satisfaction, and increased employee turnover (G. Choi, 2011; Demir & Rodwell, 2012; Yragui, Mankowski, Perrin, & Glass, 2012). According to Demir and Rodwell (2012), employees working in jobs that required sustained physical or emotional effort, with little to no support, were seen as ‘high strain’ jobs. An earlier study by Cropanzano, Rupp, and Byrne (2003) had similar results as Ahmed and Yekta’s 2010 study. Similar findings included staff who reached the level of emotional exhaustion felt unvalued by their organization, had decreased performance, and had higher intentions to leave than their counterparts who had not reached that level.

Shoji et al.’s (2014) study examined the relationship between social support and job burnout among 115 mental health providers who were indirectly exposed to trauma. Study mediators were self-efficacy and social support. The hypothesis that these two variables were bi-directional in nature was determined based upon prior studies that

supported the positive reduction in depressive symptoms through social support as the mediator. Findings did support the hypothesis that self-efficacy facilitates social support with participants demonstrating a long-term ability to manage psychological response to trauma. Of interesting note was the interplay of time where receiving support closer to the time of exposure lowered levels of distress several weeks post-exposure.

An examination of 1,494 psychiatric nurses' intent to leave related to perceived assault risk, job satisfaction, and supervisor support found the perceived risk of workplace assault had a negative relationship to turnover intent such that employees experiencing less supervisor support and higher risk of assault were significantly more likely to leave their employment (Kendall's tau b = -.103, p <.001). Results suggest that, inversely, supervisor support may increase job satisfaction and decrease departure intent (Ito et al., 2001). Kim and Lee (2009) also found that employees who experienced high stress in their role were at risk for burnout and turnover. In this regard, supervisor communication indirectly influenced these two factors: demonstrating support from the supervisor to be an important source for coping.

Pohl and Galletta (2017) indicated that engagement at work is seen as the opposite of burnout and that there was a need to further examine how individual engagement and supervisor support were related based on job satisfaction. Their cross-sectional survey study with 323 participating nurses examined the relationship between job satisfaction, engagement, and supervisor emotional support. The findings show that receiving supervisor support did positively enhance employee well-being and individual job satisfaction.

Work-related anxiety is another implication of an aggressive work environment (Impact of Workplace Aggression, 2015); yet this study also found that employees with a supportive manager and positively applying personal optimism had considerably lower levels of anxiety. Research by Bailey (2011) examined the mediating effect of social support on the relationship between stress level and level of resilience post traumatic event exposure. Bailey found that social support mediated the relationship between stress and resilience, with participant resilience increasing as stress decreased. DeBoer et al (2013) used a qualitative explorative study to examine how stress response amongst intensive care nurses following traumatic incidents influenced depression and anxiety symptoms, behavior towards patients, and work productivity. Findings by DeBoer et al showed incidents occurring under emotionally charged situations are the most difficult to manage, and often led to feelings of shame, self-reproach, and feeling powerless. Nurses also reported adequate and inadequate use of emotional, physical, and behavioral coping skills reactions, including talking with peers, family, or friends; and that supervisor support following critical incidents could alleviate employee responses of decreased work hours or even departure from the organization. Additionally, failure to provide support post-incident increases the risk of post-traumatic stress symptoms; and many of the nurses in their study verbalized that additional support would have been much appreciated (DeBoer et al., 2013).

Resilience

Stress involves an individual's assessment of the environment as a threat to their well-being (Lazarus & Folkman, 1984), and can adversely affect the delivery of safe

patient care and the work life of healthcare professionals. Wells (2007) study of nursing students coping with stress showed that persistent ineffective coping produced damaging effects on their academic performance and well-being, such that many left their nursing programs. Earlier information discussed the need for supervisor support; however, the worker's level of response to an aggressive incident requires a level of personal resilience and capability in managing environmental stressors. Cusack et al. (2016) have shared that building resilience is necessary in order to keep skilled nurses and ensure safe patient care in stressful environments. After reviewing results from multiple studies examining workplace violence, Mayhew and Chappell (2007) assert that employees with more frequent exposure to violence experience a more significant psychological and emotional negative impact. This is further supported by Montaiuti's (2013) phenomenological study that resilience is an essential aspect of personal satisfaction and performance for aid workers in remote or dangerous duty stations.

Researchers present differing opinions on whether resilience is a personal trait, characteristic, or attribute (Campbell-Sills, Cohan, & Stein 2006; Fredrickson, Tugade, Waugh, & Larkin 2003; Rutter, 2007; Tusale & Dyer, 2004); an ability to overcome adversity, 'bounce back', and adapt to stressful events (Coleman & Ganong, 2002; Hart et al., 2014; Jackson et al., 2007); or whether resilience is something that is an existing process that can be strengthened (Prosser, Metzger, and Gulbransen, 2016). Atkinson, Martin, and Rankin (2009) stated that resilience is seen as a positive asset following stressful experiences; however, debate exists as to whether resilience can be taught or learned, and how it develops.

According to Wooten (2009), the basic principle of resilience theory is the ability of individuals to overcome adversity and apply personal strength to allow them to return to a normal state or function following a stressful event. Rutter (2007) stated that resilience involves individual responses to stress or adversity, is not a specific psychological trait, and is part of how the individual responds to life's challenges. Evidence supports the realization that resilience is multifaceted psychological factors versus a single, fixed personality trait. An example of this is Fetcher and Sarkar's (2012) study of Olympic athletes, where they found that confidence, focused efforts, motivation, positive personality, and perceived social support work together to influence the relationship of stress, resilience, and performance. Resilience is an important, impactful, contributing factor to the hope and optimism that were influential protective factors towards reframing the future in a challenging work environment for nursing students and educators. Reframing the future with these two factors positively correlated with increased resilience and ability to cope when faced with challenges. An integrative literature review with the concept of resilience as a construct for different protective factors identified the correlation of empowering individuals towards recovery from stress and functioning as an interdependent enhancement towards resilience development (Glass, 2007; Reyes, Andrusyszyn, Iwasiw, Forchuk, & Babenko-Mould, 2015).

A synthesis of psychiatry, psychology, and nursing literature add that defining attributes of resilience consists of self-efficacy, coping skills, and hope (B. Gillespie, Chaboyer, & Wallis, 2007). Sharma et al.'s (2014) studies supported the premise that perceived stress can be managed and decreased through developing or enhancing

personal resilience as a means of coping; with solid interpersonal relationships as a strong indication of resilience. Reviewing data from research conducted by Jackson et al. (2007) further supported the belief that personal resilience is the ability to adjust to adversity while also strengthening individual ability to effectively manage stressors via various emotional, spiritual, and skilled behaviors that included establishing strong personal relationships.

A model developed by Rees, Breen, Cusack, and Hegney (2015) identified key constructs of self-efficacy, mindfulness, and coping for understanding psychological resilience for healthcare professionals in the workplace. They defined self-efficacy in nursing as a belief in personal ability to perform a specific task, confidence in skills, knowledge, everyday decision making, and being able to adapt to change positively. The personal adjustments one makes following exposure to a challenging event is identified as either emotion-focused or problem-focused coping. Differences between emotion-focused coping and problem-focused coping are in where the focus itself lies. Emotion-focused coping aims to solve whatever problem is causing the stressors in the individual's environment. Examples of problem-focused coping could involve ably managing the constant changes in the work environment or managing unpredictable work responsibilities (B**.** Gillespie et al., 2007). Some view mindfulness as a set of skills or techniques, while others view it as a mental state where there is a non-judgmental, accepting focus on present events. Use of mindfulness in nursing can allow them to decrease emotional exhaustion and increase job satisfaction by emotionally detaching

from the stressful situation to reflect, learn, and move forward (Hülsheger, Alberts, Feinholdt, & Lang, 2013).

Employees in healthcare encounter varying degrees of occupational stress which, if not effectively managed, can result in psychological problems of depression and anxiety, lower job performance, burnout, and eventually, increased turnover (Lindwall, Gerber, Jonsdottir, Borjesson, & Ahlborg, 2014). A 2014 study by these researchers examined 2,660 healthcare workers in Sweden and assessed levels of physical activity on resilience, stress levels at work, and mental health characteristics. Individuals with higher physical activity levels demonstrated greater resilience to occupational stressors and were better able to manage stress and avoid adverse psychological effects that can lead to burnout. As a result, these researchers concluded that resilience is something that can be improved upon versus being an inbred trait. Glassford (2015) also identified that resilience involves various characteristics and traits that come together as a dynamic process of adaptation amidst adversity or trauma, and that lower levels of burnout were reported from participants with higher levels of resilience, and that resilience significantly predicted participant levels of depersonalization, emotional exhaustion, and personal accomplishment.

DeBoer et al. (2013) found that emotional and physical responses to aggressive and violent incidents must be addressed. Nurses in their study experienced emotional, physical, and behavioral reactions following traumatic incidents and presented with inadequate coping strategies. Thematic findings included that the desire for additional support from colleagues would have been appreciated following traumatic incidents and

that leveraging employee personal resilience is one way to fight the negative effects of workplace violence on employees.

Cusak et al. (2016) also recognized the need for resilience building in nurses as it relates to the stressful environment within which they practice and the necessity of skilled care in the delivery of safe patient care. Cusak et al. utilized a unified theoretical framework as a means of building onto previously published resiliency work to describe the environmental factors within the workplace that aid in promoting nursing resilience. Mealer, Jones, and Moss' (2012) study provided important information towards identifying characteristics seen in highly resilient nurses. Their qualitative study utilized the CD-RISC amongst intensive care nurses to identify that nurses found to be highly resilient applied positive coping skills, had a supportive network, and felt they had a role model they perceived as resilient upon which to manage the stressful working environment.

Warner and Pyle (1997) indicate that organizations have a responsibility to apply or develop and implement processes that help foster resilience amongst employees. Specific key factors expected of organizations included clear communication, fostering empowerment, establishing an environment that is receptive to change, and following through on promises. Manson (2014) echoed Warner and Pyle's recommendations regarding what a resilient workforce looks like and further recommended productivity efforts, management of emotional needs, and establishing an environment that does not compromise employee ability to respond in a positive manner.

Turnover Intent

According to Boyd (2017), one of the most disruptive and highest expenses to a healthcare organization is voluntary turnover. Beech & Leather (2006) stated that it is difficult to estimate the full economic cost of workplace violence; however, Ballinger et al. (2011) estimated annual costs at $75 billion. Boyd (2019) and Collini, Guidroz, and Perez (2015) offered the negatively impactful financial cost is estimated at 150% of employee's annual salary due to direct (e.g., recruitment, new employee training) and indirect (e.g., decreased employee morale, decreased productivity) costs. Hills, Ce, and Humphreys (2011) presented intangible costs of decreased morale, recruitment and retention challenges, and post-traumatic stress ; while Di Martino, Hoel, Cooper, and the European Foundation for the Improvement of Living and Working Conditions (2003) added difficulty concentrating, decreased level of self-confidence, isolation, loneliness, decreased satisfaction in work, and anxiety as additional negative effects following exposure to physical aggression at work. Others offered similar effects such as difficulty concentrating on work, feelings of increased anxiety and hyperarousal, post-traumatic stress responses impacting employees, and challenges with recruiting and retaining employees as a high cost to the organization (Ferrell, Bobrowski, & Bobrowski, 2006; Jackson, Clare, & Mannix, 2002). Other intangible costs observed by Blando et al. (2013) and Wilkes, Mohan, Luck, and Jackson's (2010) included job satisfaction, diminished performance by nurses, decreased patient satisfaction, decreased staff morale, and difficulty retaining staff.

Van De Griend and Messias' (2014) suggestion that employees exposed to workplace violence experienced higher burnout, post-traumatic stress disorder, increased absenteeism, and employee intent to leave their profession were in-line with those stated by Edward et al.(2014) and Farrell and Cubit (2005). Of the many aggressive incidents occurring in the workplace, this study will focus on physically aggressive incidents of workplace violence and the impact on the healthcare workers (HCW) productivity and intent to leave as it relates to their level of personal resilience and supervisor support post incident.

Turnover has a significant impact on the cost to organizations. Direct costs include those related to recruitment efforts, orientation of new hires, and the potential use of temporary staff while recruitment efforts are underway. Indirect costs are not as easily measured but are of even more importance and include the morale of remaining staff, increased workload for remaining staff, decreased continuity in care/service delivery, and the loss of social capital. (Morrell, Loan-Clarke, & Wilkinson, 2004). Research by Farrell et al. (2006) found that the nurse's level of anxiety greatly impacted personal feelings of work performance and productivity and influenced their decision to stay in the nursing profession. Examining turnover intentions allows the organization valuable time to respond before actual departure occurring. The importance of leadership behaviors on employee organizational commitment has been tied to employee efforts and willingness to remain with the organization (Harhara et al., 2015) and it is of necessity that steps be taken by supervisors to aid in situation improvement and to limit attrition (Ferrell, Bobrowski, & Bobrowski, 2006).

Van De Griend and Messias (2014) found that experiencing workplace violence is associated with increased burnout; and found nurses who had high levels of burnout verbalized intentions to leave. An earlier study by Glomb, Steel, and Arvey (2002) found similar results that further validate that exposure to aggression at work, if unresolved, can often result in increased employee absences, decreased job performance, and eventual departure from the organization.

A study by Dawley, Houghton, and Bucklew (2010) looked at the connection between PSS, POS, and turnover intentions. Their study supported the hypothesis that PSS influenced POS, which was then a predictor of turnover intent. Poulson, Khan, Poulson, Khan, and Poulson (2016) found that supervisors that take opportunities to mentor are openly communicative, give encouragement and are supportive positively influenced work engagement and moderated the relationship between intent to leave and employee burnout. Ben-Zur and Michael (2007) also examined the effect of supportive communication and found that relational communication had an indirect effect on intent to leave; while communication related to the job itself, indirectly effected burnout, and directly affected turnover intentions.

Takase (2010) has described turnover intent as a process with multiple stages that initiates from psychological responses to negative experiences at work, cognitive processes that include the decision to leave, and behavioral components of withdrawing from current and future job opportunities. As burnout is a predictor of turnover behaviors, Muhammad and Hamdy (2005) examined the relationships existing between those with burnout, supervisor support, and intention to leave in Kuwait. Findings support

experiencing burnout was positively related to turnover intent, and that supervisor support did moderate the relationship between burnout and intent to leave. In examining the negative psychological outcomes following exposure to aggressive incidents at work, Edward et al. (2014) observed that nurse's perceptions of management support were poor or absent following exposure to an aggressive incident, and that support, if present, could improve retention efforts of these employees.

Workers in the healthcare industry are at a higher risk of burnout when compared to other occupations (Wilson, 2016). Factors typically seen in stress that result in burnout include increased workload, high demands of patients, families, and peers, and concern for personal safety within the work environment (Rossler, 2012; Wood et al., 2011). Yamada (2009) adds that aggressive behaviors in healthcare are also a direct influence on patient care delivery and employee morale. As developing the intent to leave a job is seen as the strongest predictor of actually leaving (Alexander, Lichtenstein, Oh, & Ullman, 1998), it is vital that organizational leaders initiate processes aimed at retaining nurses. Alhamwan and Mat (2015) expressed the intense focus organizations have on employee turnover due to the significant direct and indirect costs this issue presents in the impact on quality service delivery, loss of intellectual property, and cost to refill the position. The best-case scenario is to determine what employees need or desire to entice them to remain. Researchers determined the factors that can positively influence employee turnover intent in the healthcare arena included the ability to advance, salary, commitment to the organization, leader behaviors and relationships, and social integration.

A strong relationship exists between leader style and the organizational environment (Sellgren, Ekrall, & Tomson, 2007). This relationship has a significant impact on nursing turnover as it is the leaders' behaviors that directly affect employee job satisfaction, commitment, and subsequent intent to leave. Wells and Peachy's (2011) study of 200 assistant college coaches supported these findings and found that a strong negative relationship does exist between turnover and leader style. Through the use of a job stress questionnaire, Ito, Eisen, Sederer, Yamada, and Tachimori (2001) examined if supervisor support had a negative relationship with job satisfaction and turnover intent based on the perceived risk of assault, satisfaction with their job, and degree of perceived supervision. Study findings based on a sample of 1,494 psychiatric mental health nurses noted that perceived assault risk was a significant predictor of turnover intent; however, the actual assaultive experience was not a significant predictor. Additional positive findings were that supervisor support and job satisfaction aided in decreasing turnover intent.

Laschinger and Fida (2014) examined the effect of authentic leadership on turnover intent and presented results that negative interpersonal interactions at work leads to negative feelings and hinders personal and subsequently, organizational productivity. In addition, a higher level of job satisfaction was inversely related to turnover intent. Laschinger and Fida suggested that an integral strategy for promoting recruitment and retention efforts is positive, supervisory support. Hospital leaders were interviewed in a phenomenological study to gather themes of strategies aimed at reducing turnover among frontline employees. Quality leadership and a strong interpersonal relationship was one of

the four main themes identified. In this, leaders must be accessible, visible in the work environment, and an active listener and seeker of information from staff members. Gathering and following through on employee suggestions facilitated positive interactions, built trust, and further enhanced employee job satisfaction and commitment; thereby decreasing turnover intent.

Summary and Conclusions

This chapter provides an overview of the main concepts of this study to include literature relevant to the mediator variables of supervisor support and resilience. Relevant literature included dependent variables of turnover intent and productivity. The literature provided support for supportive supervision as a way of managing the stressors experienced at work in a way that allows a quicker return to normal state; thereby decreasing time away from work and intent to leave the organization or profession. Employees who feel supported and are resilient remain with their current employer, which decreases cost to organizations in refilling positions, promotes continuity of care, and facilitates continued delivery of quality care. Chapter 3 will include rationale behind the selected research design, participant demographics, and provides additional detail on the instruments used in this study.

Chapter 3: Research Methods

The purpose of this study was to examine whether personal resilience and supervisor support influence employee productivity and turnover intent following physically aggressive patient interactions in a pediatric health care setting. In a pediatric health care environment where the incidence of aggressive patient behavior continues to increase, this study offered a different approach to understanding how to promote employee retention and productivity needs post-exposure. Despite the large body of research on precursors to and consequences of workplace violence and the de-escalation and management of aggressive incidents in the workplace, there was a gap in understanding how supervisor support and individual resilience may mediate turnover intentions and the employee's ability to remain productive following such exposure. The results of this study may provide direction to supervisors of impacted employees and the employee themselves by increasing their awareness of how supervisory support and resilience can sustain continued care delivery and decrease intentions to leave following aggressive incident exposure.

This chapter includes the method used to answer the research questions posed in the current study. This chapter includes the operational definitions of the variables of exposure to aggression, supervisor support, personal resilience, turnover intent, and productivity, along with the reliability and validity of the measures chosen. In additon, I describe the population studied, determination of sample size, how participants were recruited, and how data were gathering. Threats to validity and ethical considerations are also discussed.

Research Design and Rationale

The present study included a quantitative cross-sectional correlational design. A correlational study involves comparing two or more variables within the same group of participants (Lappe, 2000). This approach is used to determine the relationship between the identified variables (Waters, 2017). This approach is to used enlighten, predict, explore relationships, define current conditions, or examine possible impacts or influences on designated outcomes without manipulation of variables (Creswell, 2009; Heale & Twycross, 2015). Quantitative research was suitable for the current study to examine the possible influence supervisor support and personal resilience have on productivity and turnover intentions following exposure to aggressive incidents at work.

A qualitative, observational approach was not selected due to the inability to closely follow exposure to a physically aggressive incident across the 13 sites of care at the medical center where the study was conducted. It also would have been difficult to quantify the employee's intent to leave as any contact with the supervisor is often multiple hours postincident. In addition, a qualitative study is interpretive in nature with the researcher identifying themes from the interviews and observations occuring in a natural setting (Cleary, Horsfall, & Hayter, 2014).

Benefits of a quantitative study include the ability to generalize findings to larger populations. The established hypothesis is supported or not supported following the testing of the relationship between the identified variables. The results from the current study may be applied to other health care workers across different physical environments and patient populations.

Methodology

In the method section, I describe steps taken to investigate the research problem and reasons for selection of instruments used in the study. I also describe the approach used to conduct the study and collect data, including detail on the instruments used, and conclude with an explanation of how data were analyzed.

Population

Participants in this study were licensed health professionals and paraprofessionals who work at a pediatric academic health center in the Midwest United States. The employees included psychiatrists, registered and licensed practical nurses, mental health specialists, advanced practice nurses, psychologists, social workers, psychology interns, behavioral specialists, occupational and recreational therapists, counselors, and patient care assistants. The organization employs approximately 15,000 employees with over 9,000 making up the Department of Patient Services. Participants not providing direct patient care were excluded, resulting in an estimated 5,500 direct care employees.

Sampling and Sampling Procedures

Convenience sampling, a nonprobability sampling method, was used to ease participation and provide ready access to individuals within the identified population. Data were collected at one time versus multiple points in time. Determination of minimum sample size is a critical process in research (Biau, Kerneis, & Porcher, 2008; Cohen, 1988). For the current study, determination of statistical power involved use of Cohen's criteria. Adequate statistical power, according to Cohen (1988) allows the researcher to reject the null hypothesis when it is false (i.e., there is no difference). Biau

et al. (2008) explained that rejecting the null hypothesis is needed to ensure that a Type II error does not occur when a true statistical difference exists, or to show the probability of noticing a difference when it does exist. Biau et al. stated that having power set at 80% translates to there being an 80% or greater chance of finding a difference and being correct (rejecting the null hypothesis) and a 20% chance that the researcher will not find a difference when a difference exists (Type II error). In most research power is set at 80%, which translates to a statistical power = .80.

A second factor in determining sample size is the alpha (α). Alpha is also called the level of significance and is a predetermined value that demonstrates the probability of rejecting the null hypothesis (no difference between tests) when there is a difference, meaning the null hypothesis is true (Biau et al., 2008). Alpha is the lowest error rate that is willing to be accepted by the researcher (Nurse Killian, 2014). A Type I error occurs when the null hypothesis is rejected but it is correct. Biau et al. (2008) shared that preventing a Type I error is crucial in medical research to ensure that current ineffective treatments are not continued, or new ineffective treatments are not spread. The alpha is set at 5% (.05) for most psychological research. According to Biau et al., .05 is a standard level of statistical significance in most research.

The final factor of effect size refers to how large one variable influences another variable (Nurse Killian, 2014). An advantage of using Cohen's d standardized difference for this factor is the elimination of assumption around the minimal difference or expected variability in the data; however, because the current study included a correlational design, the appropriate measure of effect size was Pearson's r (r), or the square of the correlation

coefficients (r^2). Determination of r^2 was based on review of literature from previous studies that addressed supervisor support and resilience. Based on results from Bowen (2011); Grizzle (2016); Liu, Li, Liu, and Chen (2016); and Lorente et al. (2014), an r^2 of .57 was used in the calculation of minimum sample size.

According to Biau et al. (2008), the sample size is an important factor in the risk of reporting false negative findings in research. I used a correlational research design with one group of participants. A power of .80, α of .05, and r of 57 resulted in a minimum sample size of between 18 and 23 participants. However, even though prior researchers found a large effect, a sample of 100 or more was sought in this study.

Procedures for Recruitment, Participation, and Data Collection (Primary Data)

The study site location was selected due to my working in the immediate vicinity of the study site's primary location and personal observations of employee responses following direct exposure to workplace violence. Convenience sampling, a nonprobability sampling method, was used to ease participation and provide ready access to individuals within the identified population. Participants were recruited via email. An explanation of the study and request to volunteer to complete the established research procedures were shared via email. An online survey format was chosen as the data collection strategy to allow ease of participation for data collection, to aid in improving participant response rate, and to preserve anonymity. All participation in the study was on a voluntary basis, and participants were ensured anonymity when completing the online survey questionnaires. An explanation of the purpose of the research was provided electronically in writing via emailed cover letter and on screen immediately prior to

participants starting the online survey. Information included explanation of participants' ability to withdraw from the study at any time. I had received approval from Walden University IRB to collect data on this site (IRB Approval No. 10-08-19-0149797) noting the use of an online survey tool with a universal link would allow anonymity of responses and remove risk and concern of coercion as I did not have any information by which to identify participants.

Individuals deciding to participate clicked on the universal link provided in the email. After participants clicked the link, another document stating the purpose of the study, an assurance of anonymity, ability to leave the survey at any time without penalty, and informed consent was displayed. Participants had my contact information for any questions included in the original email and on the documents displayed after clicking the universal link. After answering the initial question of agreement to participate, participants then advanced to the first survey instrument. If participants did not agree to participate at that time, they were redirected to the final page of the survey and thanked for their time.

Demographic questions (Appendix B) allowed me to describe the sample and ensure that participants met inclusion criteria for the study. To be included in the study, participants needed to have direct patient contact as part of their position and be 18 years of age or older. All other demographic questions allowed the participant not to answer but still proceed with the survey. Demographic data collection included age, race, marital status, education level, current profession and years of experience in current role, years of employment at the study site, shift(s) worked, hours worked per week, and average

number of hours spent in direct patient care for each shift worked. Additional information included work setting, particularly related to identification of specific department or unit of work in the medical center.

Instrumentation and Operationalization of Constructs

Each of the study measures are discussed in the following sections. For each measure, the source, format, number of items and scoring, and prior evidence of reliability and validity are provided.

Supervisor support. The first mediator for this study of perceived supervisor support (received vs. not received) was measured using the Perceived Supervisor Support Scale developed by Eisenberger et al. (2002). I received approval to use this instrument (see Appendix C). Perceived supervisor support is defined as the degree to which employees feel their supervisor cares about them and values the contributions they bring (Eisenberger et al., 2002; Rasheed et al., 2013). Bowen's (2011) operational definition closely aligned with Eisenberger et al.'s and added that the scale is designed to measure perceived support versus actual received support. Hammig (2017) posited that the distinction between perceived versus received support is the individual's potential access to the availability of assistance (perceived), while received support is the actual assistance or help received.

Based on perceived organizational support theory, employees see their supervisor's evaluations, favorable or unfavorable behaviors, and beliefs of them and their work are shared with and influence senior leaderships beliefs of them (Bowen, 2011; Christianson, 2015; DeBoer et al., 2013; Eisenberger et al., 1986). According to

Kottke and Sharafinski (1988), the supervisor's treatment and consideration is an indication of the organization's support and intent towards them, and that the employee's level of commitment to the organization is a reciprocation of how valued they feel by the organization.

Much previous research on perceived organizational support has been measured with use of the survey of perceived organizational support (SPOS) developed by Eisenberger, Huntington, Hutchison, and Sowa (Shannock & Eisenberger, 2006; Vandenberghe et al., 2007; Worley, Fuqua, and Hellman, 2009). The original SPOS instrument consisted of 36-items with ratings made on a seven-point Likert scale that ranged from zero ("strongly disagree") to 6 ("strongly agree"). Cronbach's alpha of 0.97 and item total correlations had a median and mean at 0.66 and 0.67 respectively. A study by Neves and Eisenberger (2012) at a mid-Atlantic social services organization utilized the SPOS to examine management communication and employee performance. Surveys completed at two different points in time by the 575 participants with use of the eight high-loading items of the original 36 items further validated the SPOS with validity results ranging from 0.71 to 0.84 and scale reliability at 0.88 and 0.89. Worley, Fuqua, and Hellman (2009) also compared the 16 and eight-item tools against the original 36-item tool with 450 participants from a Midwestern community college. They found that the Cronbach's alpha for the16 and eight-items was $\alpha = 0.95$ and $\alpha = 0.93$ respectively. Correlations for the 16 and eight item versions were also very similar at 0.71 and 0.75 respectively. Based on these findings, they recommended that the eight-item version can be easily substituted and used for its efficiency.

The Survey of Perceived Supervisor Support (SPSS) scale consists of 16 or eight items in a Likert-type scale with seven options from which to select. Ratings are made on a seven-point Likert type scale that ranged from zero ("strongly disagree") to 6 ("strongly agree"); with a higher score (except for the three reverse-scored items) translating to an individual who feels they are supported by their supervisor. Kottke and Sharafinski (1988) used the SPOS as the basis for the Survey of Perceived Supervisor Support by adopting 16 of the higher-loading items from the SPOS and replacing the word *organization* with the word *supervisor*. Confirmatory factor analysis of the two tools was done by surveying 216 city employees and showed factor loading for SPOS = 0.84 and SPSS = 0.87. Reliability analysis also showed nearly identical results with coefficient alpha = 0.96 and 0.98 for the SPOS and SPSS respectively.

Results from a study by Kim, Hur, Moon, and Jun (2017) also supported the use of the SPSS when tested at a Korean airline company with 150 flight attendant participants. Study findings supported a higher level of customer care performance when perceived supervisor support was also high. Cronbach's alpha coefficient showed high reliability with mean $\alpha = .86$ and strong convergent validity with factor loading exceeding .68, with t-values > 2.56 ($p < 0.1$). This study also used SPSS in a similar manner of those adopted by Kotte and Sharafinski (1988), Rhoades, Eisenberger, and Armeli (2001), and Bowen (2011) by substituting the word *organization* for *supervisor* (e.g., 'My supervisor really cares about my well-being'). Following the instructions of the tool's creator, scored items were summed and a mean taken. Results would then

demonstrate that the higher the score, the greater the employee feels their manager is supportive of them.

Resilience. The concept of resilience has gone through many adaptations over the last several decades as numerous researchers have offered varying definitions of what resilience entails (Cusak et al., 2016). Today's definition of resilience results from the inclusion of Meriam-Webster's dictionary definition and from those found from studies conducted in varying populations, with differing age groups, in different industries, and across numerous geographical locations. The working definition of resilience is as an evolving personality trait and a skill that encompasses an individuals' ability to cope with various stressors or trauma in an adaptive manner to overcome negative psychological and physiological stress response to adverse events (Bonanno, 2004; Brown, Wey, & Foland, 2017; Connor & Davidson, 2003; Cusak et al., 2016; Fisher, 2012; Jackson et al., 2007; Prosser, Metzger, Gulbransen, 2016; Resilience, 2017).

Adversity at work can be perceived as any stressful, difficult, or traumatic situation or event that employees are faced with in the occupational setting (Jackson et al., 2007*)*. According to Cusack et al. (2016), the healthcare setting is a multifaceted and stressful environment that requires the retention of skilled, resilient nurses to ensure delivery of safe, quality patient care. Lowe (2013) stated that it is essential to understand the factors within the workplace that promote nursing resilience. Doing so recognizes the significance resilient staff are to an organization's health through increased staff retention, decreased workplace burnout and stress, and enhanced safe care delivery. Prosser, Metzger, and Gulbransen (2016) examined how some nurses can remain resilient

when faced with the challenges of care delivery in psychiatric mental health settings and spoke of this environment often resulting in emotional exhaustion, a sense of decreased personal accomplishment, and turnover. In a setting experiencing increased turnover and lower recruitment rates than other areas, the importance of remaining resilient supported application of positive responses to stressful situations and further facilitated the ability for nursing staff to then guide and support the patient through their acute adverse life experience.

The perspective of resilience as a skill entails the concept of proactive practice to return to baseline functionality through application of learned coping skills (Fishman, 2012; Garcia-Dia et al., 2013; Gucciardi, Jackson, Coulter, & Mallett, 2011). As Jackson et al. (2007) approached resilience as something that can be learned and further developed. the identification of these characteristics via a reliable scale is integral to recognizing and treating individuals experiencing the negative outcomes of adversity, stress, or trauma. Connor and Davidson developed their resilience scale with the focus on assessing the personalities that were considered to be suitable for positively adapting to adversity (Connor & Davidson, 2003; Gucciardi et al., 2011). The items designed to capture the expected characteristics included problem-solving, commitment, adaptability, control, and strengthening effect of stress, along with multiple others (Gucciardi et al., 2011). The original CD-RISC was developed by exploratory factor analysis from clinical and general populations data as a 25-item, five factor model. The five dimensions included individual competence, tenacity; ability to tolerate negative affect, trusting one’s instincts; positively accepting change, presence of secure relationships; control; and

presence of spiritual influences. Convergent validity for the original tool was supported by positive correlations with hardiness and negative correlations with vulnerability to stress.

The original CD-RISC was used in several subsequent studies by other researchers; however, factor analysis testing by Campbell-Sills and Stein (2007) found the five-factor model did not provide the best fit. In a study of two independent samples (n>500 in each sample), they observed inconsistent loadings and determined that the use of a unidimensional four-factor, condensed 10-item model was the best fit. The CD-RISC scores moderated the relationship between childhood maltreatment and psychiatric symptoms ($p < .001$) and Cronbach's alpha was .85 and .86 between the original five-factor and four-factor tools respectively. Significant correlations ($p < .001$) were found with the overall CD-RISC score when Burns and Antsey's (2010) research demonstrated a moderating effect of resilience in a large sample of young adults and supported construct validity of this revised tool.

Researchers used the CD-RISC-10 in a descriptive correlational design study to examine relationships between frequent change, job satisfaction, and resilience with 521 acute care nursing participants in a mid-western state. Study findings showed a statistically significant positive relationship between job satisfaction and resilience ($p < .001$). Resilience was also found to have a negative, but not statistically significant ($p = .28$) association with change fatigue. As stated by Lowe (2013), it is essential to understand those elements within the work environment that aids in supporting psychological resilience as a means of avoiding potential adverse outcomes and enable

staff the ability to weather the stressors and thrive; thereby increasing staff retention, decreasing burnout, and allow the maintenance of safe, quality care. Use of the CD-RISC and the CD-RISC-10 has been found to be a validated tool for reliable measurement of individual resilience. This version of the assessment was used in this study. Items were responded to using a five-point range of responses from zero (‘not true at all’) to four (‘true nearly all of the time’) for each question. Item responses were then summed, with potential total score ranging from 0-40; and higher total scores reflecting greater resilience. This researcher has received approval from survey author to utilize this instrument (Appendix D).

Productivity. Previous research has determined that the impact of direct exposure to violence to include immediate and delayed physical and emotional responses (Gates et al., 2011) including anger, fear for their safety due to a of repeated violence, somatic distress, withdrawal, PTSD symptoms, loss of focus, absenteeism, and intent to leave (Campbell et al., 2011; Chapman et al., 2009; Christensen, 2014; Powley, 2013; Sayn-Wittgenstein, 2016; Speroni et al., 2014; Wilson, 2016). Organizational outcomes negatively impacted due to the exposed employees diminished performance and productivity were also supported by the 2001 study of Ito et al. that found that the employer also suffers due to increased sick days, increased worker’s compensation cases, decreased morale, and increased turnover.

Productivity is defined as work output in the delivery of care with use of efficient processes (Gates et al. (2011). Researchers sought to measure the impact patient and visitor violence towards nurses had on the employee’s perceived change in productivity,

and subsequently patient care and organizational outcomes, through use of the Healthcare Productivity Survey (HPS). The 29-item Healthcare Productivity Survey instrument is made of four scales that capture Cognitive Demands, Workload Demands, Support and Communication Demands, and Competent and Safe Care Demands. These scales measure aspects ranging from concentration to handling assigned patient load, keeping your mind on your work, error-free medication administration, empathetic care, and on time completion of assignments. These scales ask participants to rate performance ability after exposure as compared to prior to the event; with responses rated on a five option Likert scale ranging from -2 (‘decreased productivity’) to +2 (‘increased productivity’). Item responses will be summed to determine the change in productivity. A score of zero indicates no change in productivity from that prior to the event. A decreased score (less than zero) would demonstrate a decreased ability to be productive after the stressful event; and a positive score would indicate increased ability to be productive post - stressful event. Validity of the instrument was determined through use of a content validity index by 10 content experts (i.e. physicians, registered nurses) with each item reflecting a strong content validity score at 80% or better. Original internal consistency subscale reliability was found between 0.88 to 0.94 when testing by a group of emergency room nurses (G. Gillespie et al., 2009). Another study by G. Gillespie et al. (2010) to further examine how patient and visitor violence related to PTSD symptoms and work performance again demonstrated strong internal consistency reliability of 0.87 to 0.95, subscale content and construct validity, and strong test-retest reliability (r =

0.801, $p < 0.001$). This researcher received approval from survey author to utilize this instrument (Appendix E).

Turnover. There has been much focus on the negative impact of employee turnover in the healthcare arena (Alhamwan & Mat, 2015) due to increased cost to the organization in the hiring and training process, loss of intellectual capital, and its serious impact on delivery of quality services. Employee turnover as offered by Harhara et al. (2016) falls into the categories of voluntary and involuntary turnover; with voluntary turnover being the employee's purposeful decision to no longer work with the organization and departing the organization all together. The definition of turnover intent is slightly different in that the employee has actively thought of voluntarily leaving the organization. The focus of this current study was on turnover intent and how the support of the supervisor and employee hardiness correlate with intent to leave.

Several rationales have been offered as the reason for voluntary turnover including advancement opportunities elsewhere, better pay, lack of leadership support, poor working environment, including exposure to physical aggression, and exposure to bullying from others (Alhamwan & Mat, 2015; Gates et al., 2011; Gok, Karatuna, & Özdemir Karaca, 2015; Harhara et al., 2016; Kim & Leem, 2009; Maertz, Griffeth, Campbell, & Allen, 2007; Morrell, Loan-Clarke, & Wilkinson, 2007). The need exists for organizations to determine how to meet the employee's needs to then facilitate consistency of care and overall quality so that the thought of departing the organization does not then become the reality.

Measuring the intent to leave has been shared to be one of the optimal predictors for actual turnover (Ghosh, Satyawadi, Joshi, & Shadman, 2015; Van Dick et al., 2004). Nissly, Mor Barak, and Levin's (2005) study with 416 social worker participants examined the relationship between stress, social support and intent to leave. They utilized the four-item scale developed by Abrams, Ando, and Hinkle (1998). Specific item questions included (1) 'In the next few months, I intend to leave this organization', (2) "I occasionally think about leaving this organization", (3) "In the next few years, I intend to leave this organization", and (4) "I'd like to work in this organization until I reach retirement age"; with the fourth item being reverse scored. A 6-point Likert-type scale with optional responses ranging from (1) "strongly disagree to a (7) "Strongly agree". Scale score was computed by summing all items with a higher score indicating a greater intent to leave the organization. Cronbach's alpha for their study was .77.

Kim and Lee (2009) used the same scale as was used by Nissly, Mor Barak, and Levin's 2005 study; however, they utilized only three items from the original four-item scale developed by Abrams, Ando, and Hinkle (1998). Specific item question excluded was the reverse scored question, "I'd like to work in this organization until I reach retirement age" The three remaining items were rated with use of a 7-point Likert-type scale with optional responses ranging from (1) "strongly disagree to a (7) "Strongly agree". Social worker participants completing the survey (*n=429)* Cronbach's alpha on the original measurement showed a mean $\alpha = 0.76$. Kim and Lee's study found a significant direct correlation ($p < 0.05$) between job-relevant communication and turnover intent with x^2 (46) value of 84.06, with square root of the mean difference =

1.83. A similar single-item question was used by Yanchus et al. (2015) in their sample of 11,726 VHA mental health employees. Testing originally examined civility, procedural justice, autonomy, and psychological safety for their indirect effect on turnover intent through job satisfaction and found that the overall model did not have a good fit. The model did demonstrate a good fit (RMSEA= 0.62, CFI = .990, and TLI = 0.988) after changing to a direct path between turnover intent and psychological safety.

This study utilized the same three-item questions used by Kim and Lee (2009) with scores summed to provide a total score ranging from three to 21. High scores indicated a high level of turnover intent. This researcher did receive approval from survey author to utilize this instrument (Appendix F).

Data Analysis Plan

The data was collected online and downloaded into the most recent version of the Statistical Package for the Social Sciences (SPSS) software. The SPSS program was used to test the hypotheses and answer the study research questions as stated below. This study had four research questions in order to evaluate the mediating effect of supervisory support and personal resilience on employee productivity and turnover intentions.

RQ1: Does supervisor support mediate the relationship between personal factors (profession and years of experience) and self-reported productivity for staff with exposure to physical aggression?

H_o1a: There is no statistically significant relationship between personal factors (profession and years of experience) and supervisor support.

H_a1a: There is a statistically significant relationship between personal factors (profession and years of experience) and supervisor support.

H_o1b: There is no statistically significant relationship between supervisor support and self- reported productivity.

H_a1b: There is a statistically significant relationship between supervisor support and self- reported productivity.

H_o1c: There is no statistically significant relationship between personal factors (profession and years of experience) and self- reported productivity.

H_a1c: There is a statistically significant relationship between personal factors (profession and years of experience) and self- reported productivity.

RQ2: Does supervisor support mediate the relationship between personal factors (profession and years of experience) and turnover intent?

H_o2a: There is no statistically significant relationship between personal factors (profession and years of experience) and supervisor support.

H_a2a: There is a statistically significant relationship between personal factors (profession and years of experience) and supervisor support.

H_o2b: There is no statistically significant relationship between supervisor support and turnover intent.

H_a2b: There is a statistically significant relationship between supervisor support and turnover intent.

H_o2c: There is no statistically significant relationship between personal factors (profession and years of experience) and turnover intent.

H_a2c: There is a statistically significant relationship between personal factors (profession and years of experience) and turnover intent.

RQ3: Does resilience mediate the relationship between personal factors (profession and years of experience) and productivity for staff with exposure to physical aggression?

H_o3a: There is no statistically significant relationship between personal factors (profession and years of experience) and resilience.

H_a3a: There is a statistically significant relationship between personal factors (profession and years of experience) and resilience.

H_o3b: There is no statistically significant relationship between resilience and self-reported productivity.

H_a3b: There is a statistically significant relationship between resilience and self-reported productivity.

H_o3c: There is no statistically significant relationship between personal factors (profession and years of experience) and self- reported productivity.

H_a3c: There is a statistically significant relationship between personal factors (profession and years of experience) and self- reported productivity.

RQ4: Does resilience mediate the relationship between personal factors (profession and years of experience) and turnover intent for staff with exposure to physical aggression?

H_o4a: There is no statistically significant relationship between personal factors (profession and years of experience) and resilience.

H_a4a: There is a statistically significant relationship between personal factors (profession and years of experience) and resilience.

H_o4b: There is no statistically significant relationship between resilience and turnover intent.

H_a4b: There is a statistically significant relationship between resilience and turnover intent.

H_o4c: There is no statistically significant relationship between personal factors (profession and years of experience) and turnover intent.

H_a4c: There is a statistically significant relationship between personal factors profession and years of experience) and turnover intent.

Although influenced by profession and years of experience, the overall premise of this study was that exposure to aggressive incidents led to decreased employee productivity and increased turnover intentions based on their professional role and degree of work experience. As such, the initiation of supervisor support closely following exposure to the incident and strong levels of employee personal resilience would facilitate the employee's ability to return to normal state, preventing secondary responses of decreased productivity and intent to leave the organization related to post-exposure physiological and psychological stress.

A multiple regression analysis was used to test the mediating effects of supervisor support and resilience. According to Kenny, Kashy, and Bolger (1998), mediation is met when there is a resultant significant correlation between the independent variable (profession and years of experience) and the mediator variable (supervisor

support/resilience). A second condition is that the correlation between our mediator (supervisor support and resilience) and the dependent variable (productivity/turnover intent) is significant while controlling for the independent variables (professional role and years of experience). In this approach an assumption was that the independent variables (professional role and years of experience) and dependent variables (productivity and turnover intent) do not already possess a strong relationship (MacKinnon & Fairchild, 2009).

Threats to Validity

Threats to validity included a lack of accurate measurement of the independent variables (profession/experience), if the participants interpretation of how they described these events have too much variability. Test items included in the measurement of the variables had to also sufficiently sample the content that was being measured (Holgado-Tellol, Chacon-Moscoso, Sanduvete-Chaves, & Perez-Gil, 2016). This was managed through review of previous research that demonstrated reliability and validity of the measures being used. All tools used in this study demonstrated acceptable reliability. Of note, as the study was not an experimental design, there was no concern for selection or temporal effects as a threat to internal validity.

External validity threats did include the risk of non-representative sampling if the participants in the study were not a true representation of the population being studied and results could not then be generalized to the overall population (Shadish, Cook, & Campbell, 2002). This researcher managed this threat using survey and demographic

questions that included whether the potential participant had the described exposure to aggression at work and meets other inclusionary criteria.

Ethical Procedures

Primary data collection was accomplished through online surveys. Each participant was provided information about study intent and how data would be stored. Following a statement of participant anonymity was additional detail and clear assurance that participant can elect to withdraw from the study at any time without penalty. Upon acceptance and completion of consent, study participants were then directed to the survey via an embedded link.

Data was stored in a secure online platform to which this researcher was the only individual with password to access the data. A copy of data from the online survey was also saved on a secured external drive that the researcher has in a key lock cabinet to which the researcher has the access. Data will remain secured for one year (online) and five years (via external drive) following study; and will then be cleaned following established cleaning protocol.

Prior to any data collection, approval was requested and received from the Institutional Review Board (IRB) through Walden University IRB and the IRB at the study site. Initiation of any data collection did not occur until approval was received. A primary concern in completing the study at my place of employment was to ensure minimization of potential for perceived coercion. This was accomplished by use of an anonymous online survey that could be accessed via a universal link. Staff directly reporting to this researcher were not provided research information or invited to

participate in the study. Study site approval was also received from Walden University Office of Research Ethics (Walden IRB Approval No. 10-08-19-0149797).

Summary

This chapter discussed the quantitative correlational design used in this study to explore relationships between the identified variables. Population being studied were direct care staff working in a pediatric hospital setting with selection arising from use of convenience sampling procedures. Variable scores were calculated via use of instruments accessed via online surveys that allowed ease of access and completion by participants. Processes for securing and cleaning data were shared; including details of analyses that were used to further support correlations and strength of the relationships between study variables.

Chapter 4: Results

The purpose of this study was to examine whether personal resilience and supervisor support mediate the effects of workplace violence on employee productivity and intent to leave the organization. The research was guided by four questions that included three null and alternative hypotheses per question. Research questions used to examine whether employee productivity and turnover intentions are influenced by personal factors of profession and years of experience for staff who have experienced physically aggressive incidents were (a) Does supervisor support mediate the relationship between exposure to physical aggression and self-reported productivity? (b) Does supervisor support mediate the relationship between exposure to physical aggression and turnover intent? (c) Does resilience mediate the relationship between exposure to physical aggression and productivity? and (d) Does resilience mediate the relationship between exposure to physical aggression and turnover intent?

The results and statistical analyses of findings for each research question and its associated hypotheses are presented in this chapter. The data collection process and sample demographics are presented in the first section. Subsequent sections include evaluations of statistical assumptions for the study and analytical findings of the research questions with tables and figures. The final section provides a summary of the findings and a transition to Chapter 5.

Data Collection

Data were collected over a period of 4 weeks via an online anonymous survey. Participants were recruited via email shared via newsletter by organizational leadership to

all employees within the Department of Patient Services, constituting approximately 9,000 employees. Because this population included direct and non-direct care employees, the invite indicated that individuals volunteering to participate in the study should be providing direct care of patients/families. Following completion of 36 survey responses in the first 2 weeks, I sent subsequent email invites to the Psychiatry and Emergency Services subgroups within the division of Patient Services (with the exception of employees reporting directly or indirectly to me) in Weeks 3 and 4, resulting in a total of 141 survey responses from approximately 700 direct care employees. Due to the anonymous survey format, it was not possible to determine which area within the organization participants worked. There were no discrepancies in the data collection plan.

Sample Demographics

Because there were several cases of missing data, G*Power Version 3.1 was used to determine the required sample size. The smallest sample size (*N*) per question was 85 responses, and the largest was 134 responses. Using a medium effect size at 0.5, probability error of 0.05, and the smallest sample size ($N = 85$), I determined that a sample size of 85 met adequate power ($1-\beta$ err prob = 0.89). The post hoc power demonstrated that missing values did not need to be replaced.

The overall sample consisted of 134 direct care staff who worked at a pediatric hospital in the Midwest. Most of the sample was White (83%) and married or in a domestic partnership (57.4%). Ninety-eight percent of the participants' ages ranged from 18 to 64, with the highest percentage (37.6%) in the 25-34-year-old range (median = 35-

to 44-year-old range). Most of the sample worked the day shift (53.2%) and between 33 and 40 hours per week (41.8%). Tables 1 and 2 provide respondent demographics.

Table 1

Demographic Measures

Characteristic	*N*	Percent
Marital status		
Single, never married	41	29.1
Married or domestic partnership	81	57.4
Divorced	11	7.8
Separated	1	0.7
Unknown	7	5
Age Range		
18-24 years old	5	3.5
25-34 years old	53	37.6
35-44 years old	36	25.5
45-54 years old	23	16.3
55-64 years old	15	10.6
69 or older	2	1.4
Unknown	7	5
Ethnicity		
White	117	83
Hispanic or Latino	2	1.4
Black or African American	12	8.5
Asian / Pacific Islander	1	0.7
Other	2	1.2
Unknown	7	5
Education		
HS graduate, diploma or equivalent	9	6.4
Associate's degree	8	5.7
Bachelor's degree	61	43.3
Master's degree	39	27.7
Doctoral / Other post-grad	2	8.5
Medical degree	5	3.5
Unknown	7	5

Table 2

Additional Demographic Measures

Characteristic	N	Percent
Profession		
Physician/APRN/Psychologist	12	8.5
Registered nurse	45	31.9
Mental health facilitator/specialist	29	20.6
Patient care assistant	2	1.4
Social worker	13	9.2
Allied Health[a]	10	7.1
Other	23	16.3
Unknown	7	5
Years of experience		
Less than 1 year	5	6.4
1-3 years	42	26.2
4-5 years	19	13.5
6-10 years	29	18.4
11-15 years	17	14.2
16-20 years	11	5.7
More than 20 years	11	10.6
Unknown	7	5
Hours worked per week		
Less than 8 hours	14	9.9
9-16 hours	8	5.7
17-24 hours	10	7.1
25-32 hours	28	19.9
33-40 hours	59	41.8
More than 40 hours	14	9.9
Unknown	8	5.7
Work Shift		
Days (7am-3pm)	75	53.2
Evenings (3pm-11pm)	15	10.6
Nights (11pm-7am)	6	4.3
Combination of shifts	38	27

[a]Allied Health represents licensed professionals, such as dietitians, occupational therapists (OT), physical therapists (PT), recreational therapists (RT), and speech language pathologists (SLP).

Of the 134 employees who participated in this survey, most (*n* = 45) were registered nurses (31.9%), with the second largest percentage (20.6%) represented by the mental health facilitator/specialist (*n* = 29) role. These results are not surprising within the inpatient health care setting where the predominant clinical profession tends to be represented by registered nurses (Bureau of Labor Statistics, U.S. Department of Labor, 2020). Cross tabulation presented in Table 2 for the independent demographic variables in this study (profession and years of experience) showed the highest respondents were registered nurses with 1 to 5 years of experience (*n* = 24), followed by registered nurses with 6 or more years of experience (*n* = 21), and mental health facilitator/specialists with 1 to 5 years of experience (*n* = 21). Additional professions are presented in Table 3 within grouped years of experience.

Table 3

Professions and Years of Experience

	Years of Experience (Grouped)	
Profession	1 to 5 yrs.	6 yrs. and up
Physician/APRN/Psychologist	4	8
Registered nurse	24	21
Mental health facilitator/specialist	21	8
Patient care assistant	2	0
Social worker	8	5
Allied health (e.g., OT, SLP, Child life)	0	10
Other	7	16

Results

Study Measures

This section provides a brief review of the statistical findings for each study instrument. A summary of additional descriptive statistics for each study instrument is presented in Table 4.

Perceived supervisor support. Measurement of respondents' perception of support received from their supervisor was completed with use of the 8-Item Survey of Perceived Organizational Support (SPOS) developed by Eisenberger et al. (2002). Participants (n = 120) scores ranged from 17 to 39. Test scores showed normally distributed data with skewness |.056| and kurtosis |3.401|. Levene's test for homogeneity of variances was also tested and was satisfied, $F(1, 118) = .740$, $p = .215$. Table 4 presents additional descriptive statistics.

Resilience. The CD-RISC-10 developed by Connor and Davidson (2003) was used to capture respondents' feelings after experiencing physical aggression at work. Of the 118 respondents, scores ranged from 22 to 40 with the mean, median, and mode values shown in Figure 1 reflecting a normally distributed sample with slightly skewed results to the left. Additional descriptive statistics are presented in Figure 1. Reliability testing used in the present study resulted with a Cronbach's alpha of .83, thereby supporting this tool as a reliable measurement of individual resilience.

Figure 1. Resilience After Aggression

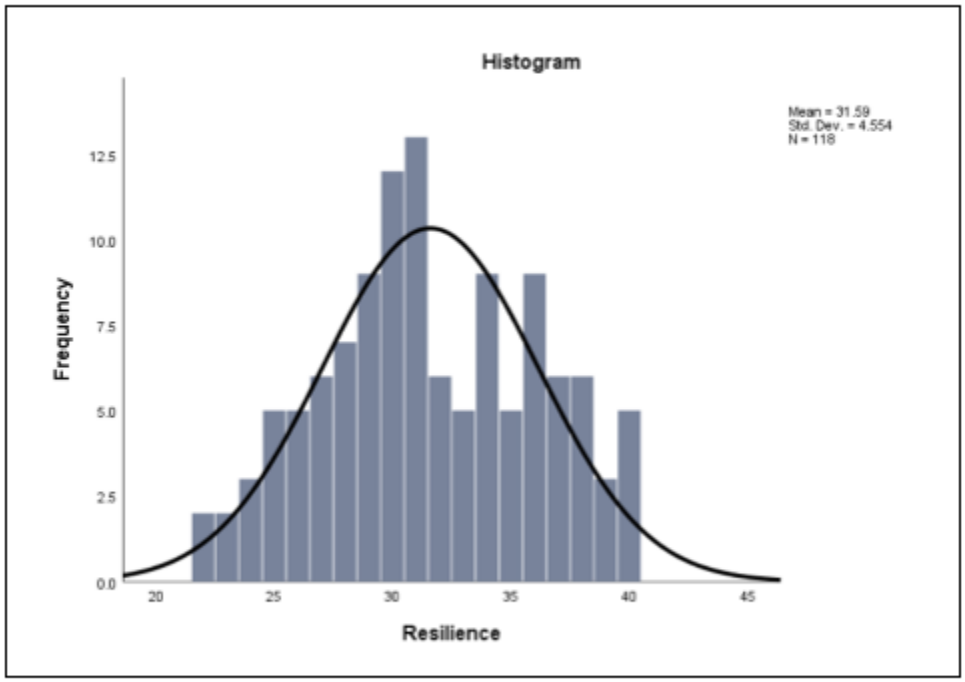

Figure 1. Normally distributed sample with Kurtosis = .775

Figure 1. Normally distributed sample with Kurtosis = -.775

Productivity. Employee self-reported performance following exposure to physical aggression was measured using the WPS developed by Gates et al. (2012). Organizational outcomes negatively impacted due to the exposed employees' diminished performance and productivity were also supported by Ito et al.'s 2001 study that indicated that the employer also suffers due to increased sick days, increased worker's compensation cases, decreased morale, and increased turnover. Participant responses for this scale were the lowest (n = 89) among the four scales. This was not unexpected

because this scale was also the largest, with 29 test questions. Because the sample size was greater than 30, the *t* test for homogeneity of variance was also completed.

Turnover intent. I used Kim and Lee's (2009) three-item question that provided possible total score from 3 to 21. The mean shown in Table 4 represents approximately 55% of scale respondents. It should be noted that the professional groups had dissimilar *n* size (RN and MHS = 69; Non- RN and Non-MHS = 39). Of note Levene's t-test did find F (1,101 = 2.461, p = .091.

Table 4

Descriptive Statistics

	Mean	*sd*	*n*
Instruments			
Perceived supervisor support	27.63	2.953	120
Resilience	31.59	4.554	118
Productivity	50.00	41.115	89
Turnover intent	10.68	5.371	103

Research Questions

This study's intent was to examine if personal resilience and perceived support from the supervisor would mediate the staff's work experience to positively influence the staff's level of productivity and turnover intent after experiencing physical aggression at work. Another intent was to also examine if supportive supervision and personal resilience would impact employee productivity and intent to leave when comparing professional role groups for staff who've experienced aggressive incident(s) at work. With this, four research questions were formulated and tested. Results of the four questions are further broken down below.

Research question one asked whether supervisor support mediated the relationship between personal factors of profession and years of experience on reported productivity following exposure to aggression. To test this question, a mediation analysis was performed using PROCESS via SPSS software. The outcome variable for analysis was productivity. The predictor variables for the analysis were profession and years of experience. The mediator variable evaluated for the analysis was supervisor support. The interaction between profession, years of experience and supervisor support was not found to be statistically significant [B = -.190, 95% C.I. (-2.871, 2.491), $p > .05$]. These results identified perceived supervisor support was not a mediator of the relationship between profession or years of experience on productivity. Therefore, the null hypothesis that there is no statistically significant relationship between profession or years of experience through the mediator of PSS was not rejected.

In order for mediation to exist, all the relationships must be significant, and, at this point, mediation was not possible. Because there was not a significant relationship between profession or experience on productivity, mediation of the relationship was not possible in this study. However, the remaining two relationships of years of experience and profession on PSS and predicting productivity from PSS were explored with linear regression. To test the question, a simple regression analyses was conducted. The predictor was profession and the outcome were supervisor support. The predictor variable was not found to be statistically significant [B = -.454, 95% C.I. (-1.535, 0.628), $p > .05$], indicating that a change in professional role does not change perceptions of supervisor

support. Therefore, the null hypothesis that there is no statistically significant relationship between profession and supervisor support was not rejected.

There were similar findings for years of experience when a simple linear regression was conducted with years of experience as the predictor and supervisor support as the outcome variable. Years of experience was not found to be statistically significant [B = -.400, 95% C. I. (-1.470, 0.670), $p > .05$], indicating that a change in years of experience does not change perceptions of supervisor support. Therefore, the null hypothesis that there is no statistically significant relationship between years of experience and supervisor support was not rejected. A simple linear regression was also completed to test predicting productivity from PSS was completed and indicated no statistically significant relationship between productivity and PSS [B = -.042, 95% C.I. (-2.724, 2.808), $p > .05$]. The null hypothesis that PSS does not predict productivity was not rejected.

Research question two asked whether supervisor support mediated the relationship between personal factors of profession and years of experience on turnover intent following exposure to physical aggression. To test this question, a mediation analysis was performed using PROCESS via SPSS software. The predictor variables for the analysis were profession and years of experience. The outcome variable for analysis was turnover intent. The mediator variable evaluated for the analysis was supervisor support. The interaction between profession, years of experience and supervisor support was found not to be statistically significant [B = -.072, 95% C.I. (-0.412, 0.267), $p > .05$]. These results identify perceived supervisor support is not a mediator of the relationship

between profession or years of experience on turnover intent. Therefore, the null hypothesis that there is no statistically significant relationship between profession or years of experience on turnover intent through the mediator of PSS was not rejected.

In order for mediation to exist, all the relationships must be significant. This analysis, demonstrated that, at this point, mediation was not possible in the study because there was not a significant relationship between profession or experience on turnover intent with PSS as the mediator. The relationship of years of experience and profession on PSS was presented in the prior research question; however, the remaining relationship of predicting turnover intent from PSS was explored with linear regression. Findings indicated no statistically significant relationship between PSS and turnover intent [B = -.037, 95% C.I. (-0.377, 0.304), $p > .05$]. The null hypothesis that turnover intent was not predicted by PSS was not rejected.

Research question three asked whether resilience was a mediator of the relationship between personal factors of profession and years of experience on productivity. This was tested via mediation analysis using PROCESS via SPSS software. The outcome carriable for analysis was productivity. The predictor variables were profession and years of experience. The mediator variable evaluated for the analysis was resilience. The interaction between profession, years of experience, and resilience was fond not to be statistically significant [B = .340, 95% C.I. (-1.663, 2.343), $p > .05$). These results identified that resilience was not a mediator of the relationship between profession, years of experience, and productivity. Therefore, the null hypothesis that

there was no statistically significant relationship between profession or years of experience on productivity through the mediator of resilience was not rejected.

All relationships must be significant in order for mediation to exist. Because there was not a significant relationship between profession or experience on turnover intent with resilience as the mediator, mediation of the relationship was not possible in the study. However, the remaining two relationships of years of experience and profession on resilience and predicting productivity from resilience were explored. To test the question, a simple regression analyses was conducted. The predictor was profession and the outcome was resilience. The predictor variable was not found to be statistically significant [B = 1.202, 95% C.I. (-0.538, 2.942), $p > .05$), indicating that a change in professional role did not change perceptions of personal resilience. Therefore, the null hypothesis that there is no statistically significant relationship between profession and resilience was not rejected.

A simple linear regression with years of experience as the predictor and resilience as the outcome variable had similar findings. Years of experiences was not found to be statistically significant [B = 0.363, 95% C.I. (-1.361, 2.087), $p > .05$], indicating that a change in years of experience does not change personal resilience. Therefore, the null hypothesis that there is no statistically significant relationship between years of experience and personal resilience was not rejected. The relationship of resilience predicting productivity was also tested through simple linear regression with findings indicating no significant relationship [B = .391, 95% C.I. (-1.117, 2.829), $p > .05$)]. The null hypothesis that resilience does not predict productivity was not rejected.

Research question four asked whether resilience mediates the relationship between personal factors of profession and years of experience on intent to leave after experiencing physical aggression at work. To test this question, a mediation analysis was performed using PROCESS via SPSS software. The outcome variable for analysis was turnover intent. The predictor variables for the analysis were profession and years of experience. The mediator variable evaluated for the analysis was resilience. The interaction between profession, years of experience and resilience was found not to be statistically significant [B = -.123, 95% C.I. (-.354, .107), p > .05]. These results identified resilience is not a mediator of the relationship between profession, years of experience and turnover intent. Therefore, the null hypothesis that there is no statistically significant relationship between profession or years of experience on intent to leave through the mediator of resilience was not rejected.

In order for mediation to exist, all relationships must be significant. Because no significant relationship was found between profession or years of experience on turnover intent mediation of the relationship was not possible in this study through use of resilience. The first of two relationships of years of experience and profession on resilience was explored in the prior research question. The remaining relationship of whether resilience predicts intent to leave was tested through simple linear regression. Findings indicated that resilience does not predict turnover intent [B = -.123, 95% C.I. (-0.354, 0.107), p > .05]. The hypothesis that resilience does not predict turnover intent was not rejected.

Post Hoc Analysis

Findings of a 2016 study by Zhou, Martinez, Ferreira, and Rodrigues were that supervisor support had an indirect influence on productivity through associated actions aimed at improving clarity of the role associated with presenteeism. In consideration of this, a multiple linear regression analysis was conducted to evaluate the prediction of productivity from profession and years of experience. The results of the multiple linear regression analysis revealed a statistically significant association between profession and years of experience. Controlling for profession, the regression coefficient [B = -26.82, 95% C.I. (-43.48, -10.16), $p < .05$] associated with years of experience suggests that with each additional year of experience, the productivity decreases by approximately 27-fold. The r2 value of .105 associated with this regression model suggests that work experience accounts for 11% of the variation in productivity, which means that 89% of the variation in productivity cannot be explained by work experience alone. The confidence interval associated with the regression analysis does not contain 0, which means the null hypothesis, there is no association between years of experience and productivity was rejected. Similar results were found for profession.

Controlling for years of experience, the regression coefficient [B = -23.41, 95% C.I. (-40.47, -6.07) $p < .05$] associated with professional role suggests that with a change in profession, productivity is 23 times more likely to decrease. The r^2 value of .076 associated with this regression model suggests that professional role accounts for 8% of the variation in productivity, which means that 92% of the variation in productivity cannot be explained by professional role alone. The confidence interval associated with

the regression analysis does not contain 0, which means the null hypothesis, there is no association between profession and productivity, was rejected.

Expected findings consistent with the literature were that nurses with fewer years of experience, would have lower levels of resilience and higher intent to leave the organization following exposure to aggressive incidents at work (Quinn, 2016). Although this present study's findings did not align related to this specific question, post-hoc analyses of experience and profession on turnover intent were completed. Findings from multiple linear regression analysis testing revealed a statistically significant association between profession and years of experience on turnover intent. Controlling for profession, the regression coefficient [B = -2.68, 95% C.I. (-4.73, -.629), $p < .05$] associated with years of experience suggests that with each additional year of experience above five years, there is a corresponding three unit decrease in intent to leave. The r^2 value of 0.06 associated with this regression model suggests that work experience accounts for 6% of the variation in intent to leave, which means that 94% of the variation in turnover intent cannot be explained by work experience alone. The confidence interval associated with the regression analysis does not contain 0, which means the null hypothesis, there is no association between years of experience and turnover intent, was rejected. Similar results were found for profession.

Controlling for years of experience, the regression coefficient [B = -2.62, 95% C.I. (-4.73, -.508) $p < .05$] associated with professional role suggested that with a change in profession, there is a three unit decrease in turnover intent. The r^2 value of 0.06 associated with this regression model suggests that professional role accounts for 6% of

the variation in turnover intent, which means that 94% of the variation in turnover intent cannot be explained by professional role alone. The confidence interval associated with the regression analysis does not contain 0, which means the null hypothesis, there is no association between profession and turnover intent, was rejected.

Summary

Study findings did not support the use of personal resilience or perceptions of received supervisor support as factors predicting staff productivity or turnover intent following aggressive incidents at work. In addition to that, neither staff's professional role nor years of experience had any significant relationship with the identified mediators of resilience and supervisor support on intent to leave and level of productivity following exposure to physical aggression at work. Because no significant relationships were found, mediation of these relationships were not possible in this study.

Post-hoc analyses did show an inverse correlation when examining the relationships between professional role and productivity and between professional role and turnover intent, such that, a change in professional group from Registered Nurse/Mental Health Specialist/Facilitator resulted in staff that were up to 23 times less productive. When considering intent to leave, staff outside of this same professional group were 23 times less likely to depart the organization following an aggressive incident. Similar results were seen when examining the relationship between profession and turnover intent in that staff outside of the Registered Nurse/Mental Health Specialist/Facilitator professional role were also 23 times less likely to leave the

organization. It was slightly better likelihood for staff with six or more years of experience, as they were 26 times less likely to have an intent to leave the organization.

The following chapter reiterates the reason for my study along with study findings. Detail will be shared around key results with analysis of findings within the study's theoretical framework. Discussion includes a comparison to similar and dissimilar studies and offer suggestions for further research. Final points will be shared around application to practice within the healthcare arena that can positively shape employee productivity and retention efforts towards continued delivery of quality, safe care.

Chapter 5: Discussion, Conclusions, and Recommendations

The rate of violence in health care settings has been on a consistent rise over the last several decades, with an estimated 60% of health care employees having been exposed to violence at work (De Puy et al., 2015; Gates et al., 2011; Kansagara et al., 2009). Consequences of workplace violence directly impact the affected employees and indirectly impact the organization and the patients due to increased absence from work, increased turnover, decreased productivity, and interruptions in treatment consistency and quality (Christianson, 2015; Clark, 2015; Demir & Rodwell, 2012; De Puy et al., 2015; Glomb, et al., 2002; Taylor & Rew, 2010). The purpose of this quantitative study was to examine whether supervisor support and personal resilience influence staff productivity and turnover intent based on profession and years of experience. Study findings may be used to provide direction for organizational leaders and direct supervisors within the targeted pediatric health care organization regarding implementation of strategies to retain quality employees and maintain productivity.

Key Findings

When considering Benjamin's (2019) study on strategies to reduce nurse turnover, I noticed that the current study findings did not confirm or contradict the use of leader support as a strategy to reduce nurse turnover. The 120 participant scores showed a mean of 27 from a maximum possible score of 48, and findings did not demonstrate statistical significance that supervisor support would positively influence employee intent to leave following exposure to violence. This was true when incorporating both profession and years of experience. Resilience was also not found to be a factor in

employees' intent to leave, nor was level of productivity when considering profession and experience. Post hoc regression analysis of the relationship between productivity and profession indicated a negative relationship between years of experience and productivity, such that as experience grew, productivity declined after exposure to aggression at work. When I compared productivity and profession in the same regard, a change in professional role also showed a decrease in productivity. Analysis of the relationship between intent to leave and profession and between intent to leave and years of experience showed inverse relationships. As years of experience increased above 5 years, intent to leave decreased. Findings were similar for profession such that a change in professional role also showed a decrease in turnover intent.

Interpretation of the Findings

Leader support

Focusing on reducing staff turnover is imperative at a time when the turnover rate in hospitals ranges between 4.5% and 30.7% (Nursing Solutions Inc., 2018) and the cost of nursing turnover and increased stress due to increased workload impacts the organization, and more importantly patient outcomes. Hussain et al. (2018) proposed that supportive leadership facilitates a decrease in turnover and retention of experienced employees. Findings supported the importance of leaders assisting and being attentive to staff needs with interventions aimed at removing stressors and resolving conflict (Hussain et al., 2018). One intervention included relationship building between the supervisor and staff as a foundational need for fostering employee commitment and trust (Hussain et al., 2018).

Phelps (2019) used qualitative interviews to determine strategies to reducing nursing turnover. Themes were that employees felt that a good relationship with their supervisor who is seen as approachable aids in reducing turnover. Of critical importance was the need for reassurance, assistance when needed, effective communication, and open support as actions denoting best practice for aiding in reducing turnover.

Whereas findings from these studies supported the relationship between attentive, supportive leadership in reducing turnover and retaining experienced staff, the present study's findings were inconsistent as to what was expected and were not able to add to or confirm findings from previous studies. A possible explanation was respondents had not established a strong relationship with their current supervisor, did not feel they were provided with clear communication from their supervisor, or may have experienced a prior situation in which trust was not established or had been broken (Abbas et al, 2019; Boone, 2020; Wei, 2018).

Dutta and Khatri (2017) examined the connection between employees feeling appreciated and whether building leader-employee relationships has a positive impact on productivity. Considering themes from Phelps's (2019) quantitative study findings, it could be assumed that active connection and support from the supervisor would result in increased productivity. Boone (2020) also used Eisenberger's SPOS to examine how perceived support, with covariates of experience and tenure following exposure to trauma, influenced employee effectiveness for those in the crime scene investigator profession. Boone proposed that crime scene investigators, having been exposed to multiple traumatic scenes in the course of their work, would demonstrate greater

effectiveness and ability to manage stress due to length of service (translating to experience) and perceived support. Findings from my study were similar to Boone's, who could not confirm a demonstrated influence on resultant effectiveness or productivity.

Resilience

Resilience is a process whereby individuals demonstrate an ability to adapt to challenges they face and return to their normal state in a relatively short period of time (Bonanno, 2004; Campbell-Sills et al., 2006; Prosser et al., 2016). Kester and Wei (2018) also reported that highly resilient nurses possess skills to not only survive but thrive when faced with adversity, thereby enabling them to avoid burnout, decreased productivity, and decreased intent to depart the organization. The results of my study pertaining to resilience were similar to Bernard (2018) who examined the relationship between resilience, job satisfaction, and turnover in chief nursing officers. Bernard found that resilience of mediators was related to job satisfaction and job satisfaction was then related to turnover; however, there was no significant relationship between resilience and turnover. The current study findings were similar to Bernard's in that they did not support a significant relationship between resilience and turnover, such that resilience did not anticipate or influence turnover intent. This is contradictory to a study by Sauer (2013) who found that nurses who had experienced bullying and had higher levels of resilience were more self-assured and at ease with initiating action and departing a negative work environment.

Evans, Pistrang, and Billings (2013) found that employee length of service and level of exposure to critical incidents aided employees in building personal resilience as a

means of self-preservation. Results from the current study indicating a lack of significance between the mediator and dependent variables may also demonstrate that respondents possess a degree of de-sensitization or have an ability to compartmentalize feelings after aggression with a recognized need for continued delivery of care. As a result, productivity did not decline as anticipated. Abbas-Shirali, Afshari, Amiri, Kiani, and Rashnoudi's (2019) findings may also guide the need for better environmental management, such that the incidence of aggressive events is controlled/decreased. Doing so then supports the reverse correlation between occupational stress and productivity, resulting in a lower rate of aggressive incidents and continued high productivity. Wei, Roberts, Strickler, and Corbett (2019) also provided strategies of nurturing growth, promoting positivity, establishing social connections with staff, promoting self-care, building upon strengths, and supporting a practice of mindfulness as actions nursing leaders could use to nurture resilience. Doing this aid in reducing turnover rates, decreasing the financial burden on organizations due to decreased productivity and turnover, and achieving optimal patient outcomes.

Theoretical and Conceptual Framework

The theoretical framework of organizational support theory and conceptual framework of resilience model were used to examine the relationships between the variables of supervisor support, resilience, professional role, and years of experience. The central assumption of this study was that when employees' personal values align with the organization's cultural values, employees have an ongoing commitment to the organization. In a health care organization, ongoing commitment translates to retention of

experienced staff and continued delivery of quality care in an efficient manner to promote positive patient outcomes.

Employees assign the supervisor's interactions and behaviors toward them as representative of the overall organization's beliefs and appreciation level (Eisenberger et al., 2002). Although employees are less likely to depart the organization when they are appreciative of the support and recognition they have received (Leider, Harper, Shon, Seller, & Castrucci, 2016; Phelps, 2019), findings from the current study indicated that respondents' rating on the SPOS did not relate to a resultant decrease in intent to leave the organization. Study findings may relate to employee respondents feeling a lack of support or visible appreciation for their skills and efforts from their immediate supervisor. Adeyemi's (2018) findings also indicated that future studies may address organizational practices around compensation, incentives, and leadership training to aid in fostering relationship building between supervisors and those reporting to them.

The conceptual framework of resilience (Catalano et al., 2011) was applied as a means of understanding staff capability in overcoming adversity to quickly recover, experience minimal loss in efficient delivery of care, and contribute to safe, quality patient care as an expert clinician through ongoing employment. Cusak et al. (2016) recognized nursing professionals needed to build resilience to cope within the stressful environment. The current study indicated a need for focused education and training for nursing staff toward building and deploying resiliency factors when needed. Adding in mindfulness training may also be of benefit as Tu (2019) found that mindfulness was

more predictive of burnout, decreased efficiency, more time away from work seen as higher absenteeism and turnover than resilience.

In examining why my study did not present the expected results, one consideration was that studies within the last few years focused on turnover within the adult inpatient psychiatric/mental health setting (see Kelley, 2017; J. R. Wood, 2019) and staff in pediatric settings may be more likely to excuse patient generated aggression; therefore, the considerations of supervisor support or resilience would not have any influence on employee responses after experiencing an aggressive incident. Hanrahan (2011) also shared that, when considering similar factors for departing (e.g., illness, burnout, other positions)., a comparison between outpatient/ambulatory-based psychiatric/mental health nurses showed that more than 80% of the hospital-based nurses remained in their position as compared to 73% within the outpatient/ambulatory setting. Sullivan's (2020) study on psychiatric/mental health nurse mental well-being also offered a need for focused education geared toward positive psychology principles as a means of promoting resilience. Su (2018) found that participants used aromatherapy as a means of remaining resilient following patient-initiated violence and other heightened stress events. Because my study did not address these particular aspects related to resilience, it may be that the absence of these factors connects to an inverse relationship with turnover and productivity in a highly stressful environment. Researchers may take these factors into consideration when conducting future studies within and outside the hospital setting and within the pediatric and adult care populations.

Study Limitations

Limitations in this study related to the cross-sectional design. Because responses were obtained at one point in time, findings may have presented differently as individual factors of stressors, support, gaining additional experience, and training may have changed with respondents over time. Shoji et al. (2014) used a longitudinal approach to examine the relationship between length of service and exposure to traumatic events. If this approach was applied in the current study, an increase in years of experience as time goes by may have yielded different results. This may also result in a higher number or percentage of respondents, which could increase the strength of the regression analysis results and conclusion reliability.

There is an assumption that respondents were truthful in their responses; however, a strong stigma still exists within the work environment and mental health arena to not be perceived as 'weak' (Robinson, Turk, Jilka, and Cella, 2019; Abbas-Shirali et al., 2019). There is also an assumption that all respondents had experienced aggressive incidents at work; thereby influencing responses to survey questions. As this was an anonymous survey, I am unable to resurvey respondents to validate having experienced aggression at work, frequency of incidents, and length of time since last aggressive incident. Having this detail added to the survey may aid in adding greater clarity in the entered responses.

Another limitation of my study was inconsistency in workload for the respondents as this varies across departments, shifts, and professional role. As the organization is focused on pediatric care, it may also be difficult to generalize study results to other healthcare organizations providing services solely for adults or a combination of adult

and pediatric populations as staff-to-patient ratios are often dissimilar. The same premise applies to organizations with a higher percentage of bachelor prepared nursing staff (Harrison et al., 2019).

Recommendations

As results from my study did not demonstrate a connection between support and change in productivity, nor resilience and change in productivity, recommendations for continued research could include measuring the timeliness of received support, as well as, learning from staff what type of support and recognition they desire. In then meeting the desired type or level of support, supervisors may then effectively impact employee's intent to depart the department and/or organization by meeting them where they are versus a generic, standardized response. Doing so delivers a message to employees that they are seen as and valued as an individual contributor. Phelps (2019) also shared that there may be a relationship between perceived support, availability of resources and staff stigma in seeking psychological support. There may be a positive response from staff in a resilient recovery and decreased turnover if organizations were to provide employee assistance programs allowing free, confidential access to therapeutic care closely following having experienced aggression

As it was estimated in by Mealer, et al. (2011) that only one-fifth of nurses could be identified as highly resilient, there is an essential need for facilitating skill development and deployment of resilience for staff often faced with highly stressful, aggressive incidents at work. All could benefit if organizations were to initiate formal program development focused on resiliency for supervisors and nursing staff where

consistent education and leader engagement is established. Wei et al. (2019) shared that the nursing leader is integral to establishing a strong team. Doing so would aid supervisors in supporting application of resiliency skills when their staff have experienced highly stressful events, which then has a direct positive impact on patient outcomes.

Positive Social Change

Implications for positive social change included retention of experienced workers that would not only limit the financial burden to healthcare organizations related to turnover, but more importantly, would facilitate unhindered delivery of safe, high-quality care for the patients that need them. If organizations first focused educating and training on mindfulness and resilience skills for the supervisor that is there to support the frontline employee, this could then translate to building the needed connection and relationship between the supervisor and employee (Wei et al., 2019). Supervisors ability to more quickly respond to the work environment would also allow facilitation of a safer work environment as a means of decreasing the rate of aggressive incidents. Organizations providing standardized resiliency training for staff would also enable staff to recognize within themselves when they are struggling, prompt them to seek external support and/or resources. If supervisors also had this training and having already initiated connections to build relationships with their team members, they would already know when and how their individual staff desired to be recognized. They'd also have an ability to more easily see when employees are struggling and can step in to provide needed support and/or assist them with connecting to other resources. Each of these actions results in continued

retention of a knowledge expert able to educate others towards providing timely, consistent care to every patient that needs them the most.

Conclusions

This study examined the influence of personal resilience, perceived supervisor support, professional role, and work experience on perceived productivity and turnover intent for employees working having experienced physically aggressive incidents at work at a pediatric hospital. Recommendations for future research include a longitudinal study to aid in higher response rate to support power of regression analysis and the reliability of study conclusions. Although study results were not as predicted, this study adds to the literature on the need for an organization that is focused on meeting the needs of the individual employee. Additional supervisor training and engagement with direct reports can aid in relationship building. There is also a need for readily available resources that staff can access to allow them to become and remain resilient when presented with any adverse event; not just those related to physical aggression.

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Appendix A: Informed Consent

INFORMED CONSENT
Mediating the impact of violence in a pediatric healthcare setting on productivity and turnover intentions

PURPOSE:
You are invited to participate in this research study being conducted as a requirement of a dissertation titled, 'Mediating the impact of violence in a pediatric healthcare setting on productivity and turnover intentions.' The purpose of the study is to determine if supportive supervisors and personal resilience are mediators on the employee's intent to leave and productivity level after experiencing violence at work.

PARTICIPATION REQUIREMENTS:
You will be asked to complete an online survey with 10 demographic questions and 51 total questions pertaining to supervisor support, personal resilience, turnover intentions, and productivity and 10 demographic questions. You have been chosen to participate in this study because of specific requirements such as you are a direct-care staff working at a pediatric hospital within the greater _____ Ultimately, your responses to this study will provide further clarification to the research community on the impact supervisor support and resilience have in retaining employees and supporting productivity following exposure to aggression.

PROCEDURES:
If you elect to participate in the study, information will be collected about you, your professional education, and your experience following violence at work. Specifically, the data collected will be your gender, education level, number of years in your current role, and number of years with the hospital. In addition to that, survey questions about your perceptions of supervisor support, personal resilience, productivity, and turnover intention will be collected.
Some sample survey questions for this research study include the following:

- My supervisor really cares about my well-being
- In the next few months, I intend to leave this organization
- I am able to adapt when changes occur

It should take approximately 10 minutes or less to complete the survey questions.

COMPENSATION:
Participants will not be compensated in any way.

CONFIDENTIALITY:
Your participation in this study is strictly confidential and voluntary. At any time, you can withdraw your participation from the study. Should you elect to discontinue

participating in this research study, any information already collected will be discarded. No potential conflicts of interest exist.

RISKS AND BENEFITS IN THE STUDY:
Based upon the research design outlined in this study, this study possesses no foreseeable risks to the participants. This study in no way effects your reputation, your employment status within the hospital, your social status, safety, or well-being. The data collected from the study will benefit direct care staff as well as hospitals and other organizations whose employees have experienced workplace violence. The outcome of the study's findings will only be used to assist healthcare leaders and organizations in understanding their role in managing the impact of aggressive incidents on staff such that proper support may be available and to aid in staff retention.

PRIVACY:
The collected data and results in this study will only be accessed by the researcher, chairperson, and the IRB at Walden University and . No other identifiable information about the participants will be available to the researcher, the chairperson, nor the Walden University and IRB. The extranet site in which the potential participants may review the invitation to participate in the study, will not have any access to the research study nor the results from the study. Research will only be accessed by the logging into the registered account of the primary investigator within SurveyMonkey. Collected data will reside on SurveyMonkey for one year and will then be deleted by the researcher. Data will also be encrypted on a personal drive of the researcher for an additional five years before ultimately destroying all data.

CONTACT INFORMATION:
If you have questions at any time about this study, or you experience adverse effects as a result of participating in this study, you may contact the researcher, Adrienne Martin, at . If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss please contact a Walden University representative by email at .

CONSENT:
I have read, printed, and I understand the above informed consent pertaining to this research study on the influence of supervisor support and resilience on productivity and turnover intent following workplace violence. My consent is being given voluntarily. I may refuse to participate in the survey and may withdraw from the study at any time without any negative effect on myself or relations with this organization. No signature consent is requested to protect my privacy. Instead, by clicking on the 'yes' button on this informed consent, I further acknowledge my consent and I voluntarily agree to take part in this study. If I click on the 'no' button of this informed consent, the research study will terminate.

Appendix B: Demographics

Demographic questions provide information about characteristics of participants that may help researchers understand participants' perspectives and where participants fit within the general population. As demographic information can allow comparisons to be made and to ensure accurate research findings, please answer all items honestly and completely.

Marital Status: What is your marital status?

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

Age: What is your age?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65 or older

Ethnic origin: Please specify your race/ethnicity.

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian
- Asian / Pacific Islander
- Other

Education: What is the highest degree or level of school you have completed

- High school graduate, diploma or the equivalent (for example: GED)

- Associate degree
- Bachelor's degree
- Master's degree
- Doctoral or Other Post-Graduate degree
- Medical Degree

Profession: What is your current profession

- Physician/APRN/Psychologist
- Registered Nurse
- Mental Health Facilitator/Specialist
- Patient Care Assistant
- Social Worker
- Allied Health (e.g., OT, SLP, Child Life)
- Other

Employment: Years of employment with current employer:

- Less than 1 year
- 1-3 years
- 4-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

Experience: Years of employment in current role:

- Less than 1 year
- 1-3 years
- 4-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

Worked hours: What is your average worked hours in direct patient care per week?

- Less than 8 hours
- 9-16 hours
- 17-24 hours
- 25-32 hours
- 33-40 hours
- More than 40 hours

Shift: What is your regular work shift?

- Days
- Evenings
- Nights
- Combination of shifts

Appendix C: Supervisor Support Survey

Format for the 8-item Survey of Perceived Organizational Support

Listed below and on the next several pages are statements that represent possible opinions that YOU may have about working at _____. Please indicate the degree of your agreement or disagreement with each statement by filling in the circle on your answer sheet that best represents your point of view about ____. Please choose from the following answers:

0	1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree

1. The organization values my contribution to its well-being.
3. The organization fails to appreciate any extra effort from me. (R)
7. The organization would ignore any complaint from me. (R)
9. The organization really cares about my well-being.
17. Even if I did the best job possible, the organization would fail to notice. (R)
21. The organization cares about my general satisfaction at work.
23. The organization shows very little concern for me. (R)
27. The organization takes pride in my accomplishments at work.

Permission to use instrument:

Re: Permission to Use The Healthcare Productivity Survey

Adrienne Martin
Sun 5/12/2019 10:57 PM
To: Gillespie, Gordon (gillesgl)
Thank you Dr. Gillespie. I truly appreciate it.

Adrienne Martin

Adrienne

From: Gillespie, Gordon (gillesgl)
Sent: Sunday, May 12, 2019 5:24:49 PM
To: Adrienne Martin
Subject: RE: Permission to Use The Healthcare Productivity Survey

You have my permission to use. You also may modify the tool as needed for your study. [I do recommend adjusting the scale to range from -3 to +3 per item.] Good luck with your research.

Thanks, Gordon

Gordon Lee Gillespie, PhD, DNP, RN, CEN, CNE, CPEN, PHCNS-BC, FAEN, FAAN
Associate Dean for Research
Professor & Deputy Director for Graduate Occupational Health Nursing Program

From: Adrienne Martin
Sent: Sunday, May 12, 2019 3:40 PM
To: Gillespie, Gordon (gillesgl)
Subject: Permission to Use The Healthcare Productivity Survey

Good Afternoon Dr. Gillespie,
My name is Adrienne Martin and I am a doctoral student at Walden University. I am completing my dissertation on the influence of supervisor support and resilience on productivity and turnover intent following workplace violence, and am reaching out to seek permission to utilize your survey in my study.

Re: Permission to Use Your Survey Instrument

Adrienne Martin
Sun 5/12/2019 11:07 PM
To: Eisenberger, Robert W

Thank you Dr. Eisenberger. I truly appreciate it.

Adrienne Martin

From: Eisenberger, Robert W
Sent: Sunday, May 12, 2019 4:53 PM
To: Adrienne Martin;
Subject: Re: Permission to Use Your Survey Instrument

Hi Adrienne,
I am happy to give you permission to use the perceived supervisor support scale for your research.
Cordially,
Bob

Robert Eisenberger
Professor of Psychology
College of Liberal Arts & Soc. Sciences
Professor of Management

From: Adrienne Martin
Sent: Sunday, May 12, 2019 2:19 PM
To:
Subject: Permission to Use Your Survey Instrument

Good Afternoon Dr. Eisenberger,
My name is Adrienne Martin and I am a doctoral student at Walden University. I am completing my dissertation on the influence of supervisor support and resilience on productivity and turnover intent following workplace violence. I have reviewed information on your website and did note permission and the attached survey instrument; but I and am reaching out to officially seek permission to utilize your survey in my study.

Material to be used: Instrument to measure perceived supervisor support

Reference: Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology, Vol 71(3)*, 500-507. doi: 10.1037/0021-9010.71.3.500

This permission will encompass all continued efforts towards completion of this dissertation and future amendments or revisions to this work. The requested instrument will be administered via online survey and distributed only to those participants agreeing to complete the survey. Credit for the survey instrument will include source citation and your copyright owner information.

If the provisions provided in this letter are acceptable, please respond via email with your approval.
I thank you for your time in responding to my request.

Sincerely,
Adrienne Martin, MS, NE-BC

5/13/2019

Appendix D: Resilience Scale

Connor-Davidson Resilience Scale 10 (CD-RISC-10) ©

initials ☐☐☐ *ID#* ☐☐☐☐☐☐☐ *date* ☐☐/☐☐/☐☐☐☐ *visit* ☐☐ *age* ☐☐

Please indicate how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

		not true at all (0)	rarely true (1)	sometimes true (2)	often true (3)	true nearly all the time (4)
1.	I am able to adapt when changes occur.	☐	☐	☐	☐	☐
2.	I can deal with whatever comes my way.	☐	☐	☐	☐	☐
3.	I try to see the humorous side of things when I am faced with problems.	☐	☐	☐	☐	☐
4.	Having to cope with stress can make me stronger.	☐	☐	☐	☐	☐
5.	I tend to bounce back after illness, injury, or other hardships.	☐	☐	☐	☐	☐
6.	I believe I can achieve my goals, even if there are obstacles.	☐	☐	☐	☐	☐
7.	Under pressure, I stay focused and think clearly.	☐	☐	☐	☐	☐
8.	I am not easily discouraged by failure.	☐	☐	☐	☐	☐
9.	I think of myself as a strong person when dealing with life's challenges and difficulties.	☐	☐	☐	☐	☐
10.	I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	☐	☐	☐	☐	☐

Add up your score for each column 0 + ____ + ____ + ____ + ____

Add each of the column totals to obtain CD-RISC score = _____

Permission to use instrument:

Re: Contact Form submitted

Adrienne Martin
Mon 5/13/2019 3:12 PM
To: Jonathan Davidson, M.D. [redacted]

1 attachments (870 KB)
CD-RISC Agreement.pdf;

I thought I had attached it. I sincerely apologize.

Adrienne Martin

From: Jonathan Davidson, M.D [redacted]
Sent: Monday, May 13, 2019 2:23 PM
To: Adrienne Martin
Subject: Re: Contact Form submitted

Hello Adrienne:

Thank you for sending payment. Can you also kindly return the signed agreement? I have pleasure to enclose the RISC-10 and manual. Please let me know if I can be of further assistance.

With good wishes,

Jonathan Davidson

From: [redacted]
Sent: Tuesday, July 31, 2018 10:47 PM
To: [redacted]
Subject: Contact Form submitted

Form details below.

Name: Adrienne Martin

[redacted]

Message: I was directed by Dr. Laura Campbell-Sills to the CD-RISC website to request use of the 10-item CD-RISC. Can you please assist me with this request?
Much appreciated,
Adrienne Martin
PhD Psychology, student

Appendix E: Healthcare Productivity Survey

Healthcare Productivity Survey©
Gillespie, Gates, & Succop (2009)

The Healthcare Productivity Survey© was developed by Drs. Gillespie, Gates, and Succop to determine the self-perceived change in productivity following a stressful traumatic event, specifically workplace violence and providing trauma patient care.

Instrument validity was determined through 10 content experts (physicians, registered nurses) using a content validity index. Each item scored 80% or better reflecting strong content validity.

Reliability was determined with internal consistency reliability using a sample of U.S. emergency nurses. There was strong internal consistency reliability for each subscale ranging from 0.875 to 0.936. The four subscales are: cognitive demands, handle/manage workload, support and communication with patients and visitors, and safety and competency.

SURVEY INSTRUCTIONS:

Please think about a trauma patient care event from the last 30 days. Please answer the following items as they relate to **that event of TRAUMA PATIENT CARE**. Indicate the response that best describes **your ability** to do the following job activities after providing **TRAUMA PATIENT CARE** in comparison to before the trauma patient arriving.

Each item to be rated with the following Likert scale:

-2	decreased productivity
-1	somewhat decreased productivity
0	no change in productivity
+1	somewhat increased productivity
+2	increased productivity

SURVEY ITEMS:

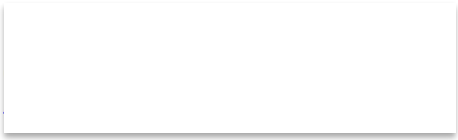
1. Keep your mind on your work.
2. Think clearly when working.
3. Concentrate on your work.
4. Be attentive to details.
5. Initiate or start work activities.
6. Handle your patient load.
7. Work at your usual pace.
8. Complete your patient care on time.
9. Complete your documentation on time.
10. Coordinate/collaborate care of my patients with other employees.

11. Control your emotional reactions (examples anxiety, anger, fear, stress) while working with co-workers.
12. Provide emotional support to all patients.
13. Provide emotional support to all family members.
14. Be empathetic with patients and families.
15. Answer patient and family questions.
16. Advocate for patients' needs.
17. Provide education to patients and families on discharge/transfer from unit
18. Fully evaluate a patient's condition.
19. Monitor a patient's condition.
20. Safely administer medications (right patient, drug, route, dosage).
21. Make safe clinical decisions using critical thinking skills.
22. Perform therapeutic interventions without error or injury (examples intravenous therapy, urinary catheter insertion, restraints).
23. Be attentive to asepsis.
24. Accurately note/report results from lab/diagnostic tests.
25. Confirm patient identification before performing therapeutic interventions.
26. Make accurate and necessary entries on patients' medical records.
27. Perform clinical assessments as ordered and/or dictated by patient's condition.
28. Provide safe care for patients.
29. Provide compassionate care to patients and families.

The instrument may be used with proper acknowledgement to the instrument authors.

Thank you,

Gordon Lee Gillespie, PhD, RN



Permission to use istrument:

Re: Permission to Use The Healthcare Productivity Survey

Adrienne Martin
Sun 5/12/2019 10:57 PM
To: Gillespie, Gordon (gillesgl)
Thank you Dr. Gillespie. I truly appreciate it.

Adrienne Martin

Adrienne

From: Gillespie, Gordon (gillesgl)
Sent: Sunday, May 12, 2019 5:24:49 PM
To: Adrienne Martin
Subject: RE: Permission to Use The Healthcare Productivity Survey

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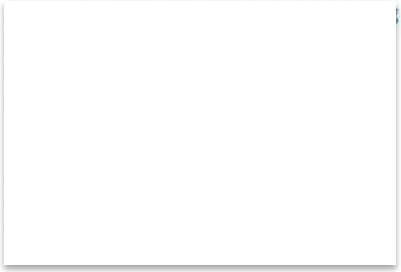
Thanks, Gordon

Gordon Lee Gillespie, PhD, DNP, RN, CEN, CNE, CPEN, PHCNS-BC, FAEN, FAAN
Associate Dean for Research
Professor & Deputy Director for Graduate Occupational Health Nursing Program



From: Adrienne Martin
Sent: Sunday, May 12, 2019 3:40 PM
To: Gillespie, Gordon (gillesgl)
Subject: Permission to Use The Healthcare Productivity Survey

Good Afternoon Dr. Gillespie,
My name is Adrienne Martin and I am a doctoral student at Walden University. I am completing my dissertation on the influence of supervisor support and resilience on productivity and turnover intent following workplace violence, and am reaching out to seek permission to utilize your survey in my study.

5/13/2019

Material to be used: Instrument to measure job productivity
Reference: Gillespie, G. L., Gates, D. M., & Succop, P. (2009). Healthcare Productivity Survey [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t02870-000

This permission will encompass all continued efforts towards completion of this dissertation and future amendments or revisions to this work. The requested instrument will be administered via online survey and distributed only to those participants agreeing to complete the survey. Credit for the survey instrument will include source citation and your copyright owner information.

If the provisions provided in this letter are acceptable, please respond via email with your approval.
I truly thank you for your time in responding to my request.

Sincerely,
Adrienne Martin, MS, NE-BC

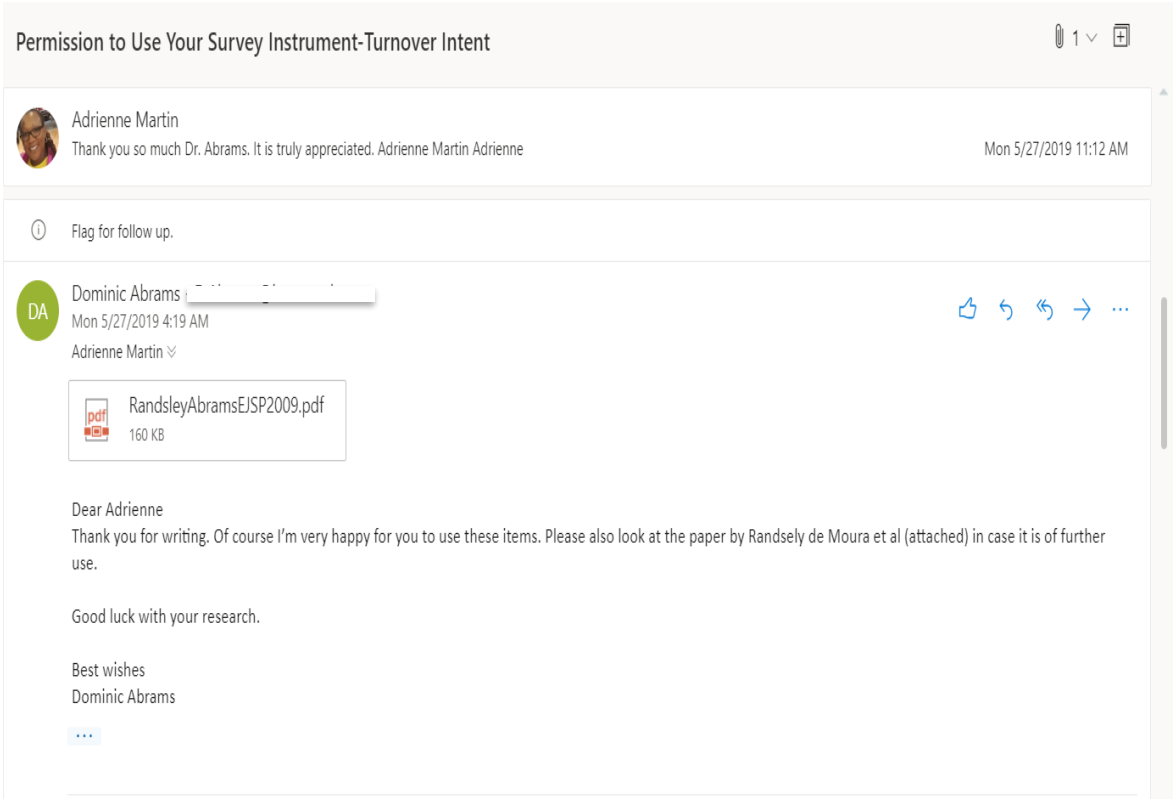
Appendix F: Turnover Intention Survey

Please indicate your degree of agreement or disagreement to the statement by selecting the option that best represents your point of view.

1	2	3	4	5	6	7
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree

(1) 'In the next few months, I intend to leave this organization'
(2) "I occasionally think about leaving this organization"
(3) "In the next few years, I intend to leave this organization"

Permission to Use Instrument


Permission to Use Your Survey Instrument-Turnover Intent

Adrienne Martin
Thank you so much Dr. Abrams. It is truly appreciated. Adrienne Martin Adrienne
Mon 5/27/2019 11:12 AM

Flag for follow up.

DA
Dominic Abrams
Mon 5/27/2019 4:19 AM
Adrienne Martin

RandsleyAbramsEJSP2009.pdf
160 KB

Dear Adrienne
Thank you for writing. Of course I'm very happy for you to use these items. Please also look at the paper by Randsely de Moura et al (attached) in case it is of further use.

Good luck with your research.

Best wishes
Dominic Abrams

From: Adrienne Martin <
Sent: 27 May 2019 00:18
To: Dominic Abrams
Subject: Permission to Use Your Survey Instrument-Turnover Intent

Good Afternoon Dr. Abrams,

My name is Adrienne Martin and I am a doctoral student at Walden University. I am completing my dissertation on the influence of supervisor support and resilience on productivity and turnover intent following workplace violence, and am reaching out to seek permission to utilize your survey in my study.

Material to be used: Instrument to measure turnover intent

Reference:

Abrams, D., Ando, K., & Hinkle, S. (1998). Psychological attachment to the group: Cross-cultural differences in organizational identification and subjective norms as predictors of workers' turnover intentions. *Personality and Social Psychology Bulletin, 24*(10), 1027-1039. doi:10.1177/01461672982410001

This permission will encompass all continued efforts towards completion of this dissertation and future amendments or revisions to this work. The requested instrument will be administered via online survey and distributed only to those participants agreeing to complete the survey. Credit for the survey instrument will include source citation and your copyright owner information.

If the provisions provided in this letter are acceptable, please respond via email with your approval.
I truly thank you for your time in responding to my request.

Sincerely,

Adrienne Martin, MS, NE-BC