

# The Study on the Mechanism of the Impact of Perceived Abusive Supervision on Nurse Burnout

Jinglu Peng, Lihua Yao

Public Health College, Chongqing Medical University, Chongqing, China

Email: 15023399924@163.com

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## Abstract

**Objective:** To explore the correlation between nurses' perceived abusive supervision, work stress, and burnout and to analyze the mediating role of work stress between the two. **Methods:** This study was conducted in September-October 2022 using the Abusive Supervision Scale, the Work Stress Scale, and the Burnout Scale to investigate clinical nurses in tertiary hospitals in Chongqing. **Results:** The total score of 629 clinical nurses' perceived abusive supervision was  $(27.29 \pm 11.11)$ , the total score of work stress was  $(29.49 \pm 9.22)$ , and the total score of job burnout was  $(39.66 \pm 9.11)$ . Nurse manager's abusive supervision had a positive effect on nurse burnout ( $\beta = 0.19$ ,  $P < 0.001$ ), work stress had a positive effect on burnout ( $\beta = 0.47$ ,  $P < 0.001$ ), and work stress partially mediated the relationship between the nurse manager's abusive supervision and nurse burnout ( $\beta = 0.15$ ,  $P < 0.001$ ), with the mediating effect accounting for the total effect of 43.32%. **Conclusion:** Abusive supervision by nurse managers can directly affect nurse burnout and indirectly affect burnout through work stress. Hospitals should strengthen the training of management skills for nurse managers, create a supportive work environment to alleviate their work pressure, and reduce their burnout.

## Keywords

Nurses, Abusive Supervision, Work Stress, Burnout, Nurse Manager, Conservation of Resources Theory

## 1. Introduction

Burnout, also known as occupational exhaustion, is a state of physical and men-

tal fatigue and energy depletion triggered by prolonged and sustained work pressure (Maslach, Schaufeli, & Leiter, 2001). Currently, nursing staff face problems such as long working hours, mismatched pay and benefits, and insufficient improvement of professional status (Dussault & Franceschini, 2006), which leads them to be more prone to burnout (Khamisa, Oldenburg, Peltzer, & Ilic, 2015). Nurses' burnout not only hinders personal development (Khamisa et al., 2015), but also further exacerbates the increasingly tense doctor-patient conflicts (Caruso et al., 2022; He, 2014; Khamisa et al., 2015). Among the many factors influencing burnout, the role of leadership behavior occupies an important position. The traditional research direction usually focuses more on the positive effects of positive leadership behaviors on nursing staff (Chiok Foong Loke, 2001; Masood & Afsar, 2017), such as the effects of "transformational leadership" on nurses' innovative behaviors, well-being, employees' performance and organizational commitment (Akdere & Egan, 2020; Ismail et al., 2011; Sougui, Bon, & Hassan, 2015), while the research on negative leadership behaviors is more limited. Most of the research on negative leadership behavior in China invokes the concept of abusive supervision (Guo et al., 2021). Abusive supervision is defined as the sustained display of verbal and non-verbal hostile behaviors by a manager, as perceived by subordinates, but which does not include physical contact (Tepper, 2000). Influenced by the traditional Confucian culture of respect and inferiority, Chinese society has a high power distance (Farh, Hackett, & Liang, 2007), and the phenomenon of abusive supervision is more prevalent in Chinese nursing contexts. Furthermore, it is more crucial to identify, prevent, and manage abusive supervision of nurse leaders than to develop positive leadership behaviors because negative leadership behaviors tend to have a greater negative impact than a positive impact from positive events (Fors Brandebo, Nilsson, & Larsson, 2016).

According to the conservation of resources theory, stress is triggered when an individual's resources are depleted or when they are insufficient to meet their needs (Hobfoll, 1989). Stress in nurses' work can negatively affect their psychological state (Johnston, Jones, Charles, McCann, & McKee, 2013; Mojinyinola, 2008). Although studies in the field of business management have shown that abusive supervision and job stress are significant predictors of burnout (Fakhar, 2014; Li, Qian, Han, & Jin, 2016; Wu, Chung, Liao, Hu, & Yeh, 2019), few studies have discussed the relationship between the three in a nursing context and the mechanism of action between abusive supervision and nurse burnout has not been clarified. Therefore, based on the conservation of resources theory, this study introduces work stress as a mediating variable to explore the mechanism of the impact of abusive supervision on nurse burnout, which is conducive to expanding the research results of negative leadership behaviors in the field of nursing, improving the management of nurse leaders, preventing nurse burnout, and improving the stability of the nursing team and the quality of healthcare services.

## 2. Objects and Methods

### 2.1. Objects and Related Concepts

#### 2.1.1. Objects

This study was conducted in September-October 2022 on the clinical nurses in the tertiary hospitals in Chongqing, China. Inclusion criteria for study subjects: registered nurses with more than one year of clinical nursing work; informed consent and voluntary participation. Exclusion criteria for study subjects: nurses on rotation or further training; nurses who were not on duty during the survey period. A total of 681 questionnaires were distributed, and after excluding questionnaires that took less than 4 min to fill out and the number of consistent answers exceeded 50% of the total number of scales, a total of 629 questionnaires were finally included, with a valid recovery rate of 92.36%.

#### 2.1.2. Related Concepts

(1) Abusive supervision Abusive supervision refers to an employee's perception of the degree of hostile verbal or nonverbal behavior, excluding physical contact, that a leader or supervisor consistently displays. Abusive supervision is manifested by the leader's repeated anger, humiliation, intimidation, coercion, ridiculing subordinates in front of a third party, withholding important information from subordinates, and claiming credit for subordinates' work performance, because of which abused subordinates feel exhausted, frustrated, powerless, rejected, and alienated. Abusive supervision consists of four important features: it is non-physical; the manager's behavior must be deliberate; it is based on the subordinate's perceptions; and it must contain persistent hostility (Fischer, Tian, Lee, & Hughes, 2021).

(2) Work stress Conservation of resources theory suggests that people always actively seek, conserve, and maintain those resources that are valuable to them, and that individuals will have negative psychological feelings when faced with the actual or potential loss of resources (Hobfoll, 1989). According to this theory, abusive supervision by the nurse manager will result in insufficient resources for nurses to accomplish their tasks. Therefore, nurses who experience abusive supervision tend to experience a higher degree of potential loss of resources. At this point, nurses become concerned about the depletion of their resources, which leads to work stress.

(3) Burnout Burnout is defined as a syndrome caused by chronic work stress that has not been successfully managed and is characterized by a feeling of energy depletion or exhaustion, mental detachment from work or cynical feelings, and reduced occupational effectiveness (Maslach & Leiter, 2006).

## 2.2. Methodology

### 2.2.1. Instruments

(1) General Information Questionnaire: designed by the researcher, including age, years of working experience, gender, marital status, education, title and working section.

(2) Abusive Supervision Questionnaire (Tepper, 2000): the abusive supervision questionnaire designed by Tepper was used, which contained 15 items and was scored on a 5-point Likert scale, i.e., from “never” (1 point) to “often” (5 points), with a total score of 15 to 75 points. The higher the score, the higher the perceived level of abusive supervision by the nurse manager. In this study, the nurses evaluated the leadership behavior of their supervisors, i.e., the nurses perceived that the nurse manager was abusive to them, and the reliability coefficient of the scale in this study was 0.931, which indicated that it had good measurement reliability.

(3) Work Stress Perception Questionnaire: this study refers to the Work Stress Perception Scale (WSP), which was modified by Jianhong Ma (Ma & Liang, 1997) in 1997 on the basis of House and Rizzo’s original scale (House & Rizzo, 1972) according to the Chinese context. The scale includes psychological experience, physiological reaction and emotional reaction to work stress, with a total of 11 questions, using the Likert5 scale, i.e., from “never” (1 point) to “often” (5 points), with a total score of 11 - 55 points, and the higher the score, the higher the work stress for the nurses. The higher the score, the more stressful the nurse’s work, and the nurses’ self-assessment. The reliability coefficient of the scale in this study was 0.930.

(4) Burnout Questionnaire: a generalized version of the Burnout Questionnaire developed by Schaufeli and Maslach et al. suitable for all occupational fields was used (Maslach et al., 2001), which consists of three dimensions of emotional exhaustion, dehumanization, and occupational efficacy, with a total of 16 items, such as “Work makes me emotionally exhausted,” “I’m exhausted by work,” and “I’m exhausted by work. “I am exhausted by my work”, etc. The questionnaire is scored on a 5-point Likert scale and has good cross-cultural reliability and validity, with a reliability coefficient of 0.827 in this study.

### 2.2.2. Survey Method

This study used an anonymous survey in the form of an electronic questionnaire, promising that the data would be used only for survey research, strictly enforcing the inclusion and exclusion criteria for research subjects, and systematically sampling at 5% to assess the quality of response. Questionnaires with a response time of less than 4 min and a consistent number of answers exceeding 50% of the total number of scales were judged invalid.

### 2.2.3. Statistical Methods

In this study, Stata17.0 was used to analyze the data, and the count data (gender, marital status, education, etc.) were described by percentages, and the measure data (abusive supervision, work stress, and burnout) were described by means and standard deviations. In addition, Pearson correlation analysis was used to explore the correlation between abusive supervision, work stress and burnout; the mediating effect was tested by path regression and Bootstrap method (1000 samples) was applied to derive a 95% Confidence Interval (CI) to test the signi-

ificance of the mediating effect, which is indicated by  $P < 0.001$ . The difference was statistically significant.

### 3. Results

#### 3.1. General Information of Clinical Nurses

Of the 629 nurses surveyed, 25 (3.97%) were male and 604 (96.03%) were female; ages 21 - 52 ( $27.88 \pm 5.18$ ); years of service 1-32 ( $6.54 \pm 5.75$ ); marriage: 284 (45.15%) married, 298 (47.37%) unmarried, 47 (7.47%) divorced People; Department: Internal Medicine 158 (25.12%), Surgery 188 (29.89%), Operating Room 27 (4.29%), ICU 24 (3.82%), Psychiatry 72 (11.45%), Obstetrics and Gynecology 26 (4.13%), Pediatrics 21 (3.33 %), other 113 (17.96%); education: College and 123 (19.55%), 479 (76.15%), 27 (4.29%); highest educational level: college and below; title: 297 (47.22%) nurses, 236 (37.52%) nurse practitioners, 89 (14.15%) supervisory nurse practitioners, and 7 (1.11%) associate chief nurse practitioners.

#### 3.2. Scores of Abusive Supervision, Work Stress to Burnout

The total score of abusive supervision perceived by 629 clinical nurses was ( $27.29 \pm 11.11$ ); the total score of work stress was ( $29.49 \pm 9.22$ ). The total score for burnout was ( $39.66 \pm 9.11$ ), of which the dimensions scored, in descending order, were: occupational efficacy ( $14.64 \pm 3.86$ ), emotional exhaustion ( $12.77 \pm 3.64$ ), and dehumanization ( $12.25 \pm 3.24$ ).

#### 3.3. Correlation Analysis of Abusive Supervision, Work Stress to Burnout

The results of Pearson correlation analysis show that there is a significant correlation between abusive supervision, work stress, and burnout. Abusive supervision is positively correlated with work stress ( $r = 0.39$ ,  $P < 0.001$ ) and burnout ( $r = 0.43$ ,  $P < 0.001$ ); work stress is also positively correlated with burnout ( $r = 0.58$ ,  $P < 0.001$ ), which is statistically significant (see **Table 1** for details).

#### 3.4. Test of Mediating Effect of Work Stress between Abusive Supervision and Burnout

Since the independent, dependent, and mediating variables are all continuous variables, multiple linear regression, and Bootstrap test were used to analyze the

**Table 1.** The results of Pearson correlation analysis.

	M	SD	Abusive supervision	Work stress	Burnout
Abusive supervision	27.29	11.11	1		
Work stress	29.49	9.22	0.39***	1	
Burnout	39.66	9.11	0.43***	0.58***	1

a. \* $P < 0.05$ , \*\* $P < 0.01$ , \*\*\* $P < 0.001$ .

data in this study. The mediating effect is schematized as follows (see **Figure 1**). The multiple linear regression model of the independent variable on the dependent variable was constructed when the mediator variable was not included (1). Where  $Y$  denotes the dependent variable (clinical nurse burnout) and  $X$  denotes the independent variable (perceived abuse management);  $\alpha_1$  is the constant term,  $c$  is the regression coefficient of the independent variable on the dependent variable, and  $\epsilon_1$  is the random error.

$$Y = \alpha_1 + cX + \epsilon_1 \quad (1)$$

After adding the mediator variable, the multiple linear regression model (2) of the independent variable on the mediator variable was constructed. Where  $M$  denotes the mediator variable (work pressure);  $\alpha_2$  is the constant term,  $a$  is the regression coefficient of the independent variable on the mediator variable, and  $\epsilon_2$  is the random error.

$$M = \alpha_2 + aX + \epsilon_2 \quad (2)$$

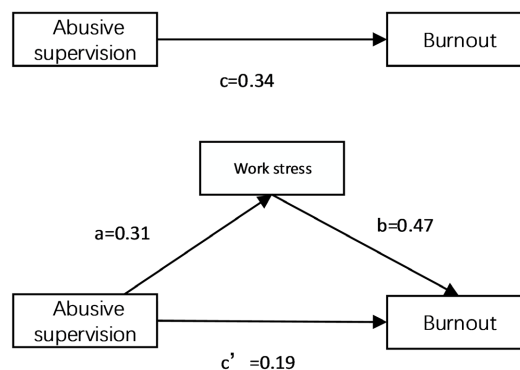
Multiple linear regression model (3) is then constructed for the independent and mediator variables on the dependent variable. Where  $\alpha_3$  is the constant term,  $c'$  is the regression coefficient of the independent variable on the dependent variable,  $b$  is the regression coefficient of the mediator variable on the dependent variable, and  $\epsilon_3$  is the random error.

$$Y = \alpha_3 + c'X + bM + \epsilon_3 \quad (3)$$

From (2), (3) can be transformed into

$$Y = (\alpha_3 + b\alpha_2) + (c' + ab)X + (\epsilon_3 + b\epsilon_2) \quad (4)$$

From (1) (4),  $c = c' + ab$ .  $c$  is the magnitude of the effect of the independent variable on the dependent variable when no mediator variable is added, known as the total effect;  $c'$  is the magnitude of the effect of the independent variable on the dependent variable when the mediator variable is added, known as the direct effect;  $ab$  is the magnitude of the effect of the independent variable on the dependent variable through the mediator variable, known as the indirect effect, and is also known as the mediator effect of mediator variable  $M$ ;  $ab/c$  is the proportion of the mediating effect to the total effect.



**Figure 1.** Path analysis diagram of the effect of work stress, abusive supervision on burnout.

The results of incorporating abusive supervision, work stress, and burnout into the regression model showed that the nurse manager's abusive management positively predicted the nurses' work stress ( $\beta = 0.31$ ,  $SE = 0.03$ ,  $P < 0.001$ ) and burnout ( $\beta = 0.19$ ,  $SE = 0.03$ ,  $P < 0.001$ ); at the same time, the nurses' work stress acted as a factor in their burnout ( $\beta = 0.47$ , and  $SE = 0.04$ ,  $P < 0.001$ ) (see **Figure 1**). Secondly, the significance of the product of coefficients a and b was tested in this study using the bias-corrected nonparametric percentile Bootstrap method. Sampling was repeated 1000 times with put-back at 95% CI using Stata software settings. As shown in **Table 2**, none of the Bootstrap 95% confidence intervals for the mediating effects contained zero, indicating that work stress played a significant mediating effect in the impact of abusive supervision on nurse burnout.

## 4. Discussion

### 4.1. Analysis of Clinical Nurses' Abusive Supervision, Work Stress, and Burnout

The results of this survey showed that the nurses' perceived abusive supervision score was  $27.29 \pm 11.11$ , indicating that abusive supervision exists to varying degrees in the nurse population and is consistent with the findings of Chu et al. (Chu, 2014; Xu, Lai, & Jin, 2018; Yang et al., 2018). Compared with the corporate group, the nursing group had a lower score of abusive supervision (Ma, Xi, Xu, & Zhao, 2017; Yang & Chen, 2022). This is due to the fact that the head nurse belongs to the grassroots managers and is not the absolute power holder, and the opportunity to implement abusive supervision behaviors is relatively limited. Secondly, due to the influence of the traditional Confucian culture of respect for inferiority and superiority, Chinese society has a high power distance (Farh et al., 2007), which implies that nurses in the local nursing context have a higher degree of tolerance for abusive management and a lower degree of subjectively perceived abusive supervision. In addition, the survey respondents in this study were clinical nurses in a tertiary hospital in Chongqing, which had a high level of professionalism and personal qualities, and thus to some extent mitigated the intensity of abusive management implemented by the nurse manager in order to correct the bias. Although nurses subjectively perceive a low level of abusive supervision, nursing work is characterized by high workload, irregular work and rest, and high potential risks in the profession (Manyisa & van Aswegen, 2017). If the nurse manager implements abusive management under this premise, even if the level is not high, it is likely to produce the "butterfly effect",

**Table 2.** Bootstrap analysis of significance test of mediating effect.

Path	$\beta$	SE	95%CI		Efficiency ratio
			BootLLC	BootULCI	
Total effect	0.34	0.03	0.28	0.39	100%
Direct effect	0.19	0.03	0.14	0.25	56.88%
Indirect effect	0.15	0.02	0.11	0.18	43.12%

which will damage the mental and physical health of nurses and affect the quality of the entire nursing system. The quality of the whole nursing system will be affected. Therefore, based on the special nature of nursing work and the destructive nature of abusive management, its implementation, regardless of the degree of severity, should cause hospital administrators and organizations to pay great attention.

The high scores of work stress in this study are similar to the results of the national and international research (Jamal & Baba, 1992; Ma et al., 2017). The top three items with the highest scores are “I often feel a sense of tension at work”, “I feel a lot of pressure at work” and “I often feel tired”. The reasons for the high work pressure of clinical nurses are as follows: First, the number of hospital visits in China is large, and the imbalance in the allocation of health human resources (Li et al., 2020) makes it difficult to relieve the work pressure of clinical nursing staff (Li et al., 2020). Secondly, nurses need to invest extra time and energy in further study after their busy work, which leads to a significant increase in their work pressure (Freeney & Tiernan, 2009). In addition, role conflict also causes nurses to have stress at work (Karimi, Omar, Alipour, & Karimi, 2014). The vast majority of the respondents in this survey were female nursing staff, who faced higher levels of work-family conflict, and therefore nurses perceived higher levels of work stress and fatigue (Hoseini et al., 2021). Finally, leadership behavior also has a direct impact on nurses’ work stress, and abusive management by nurse leaders is one of the stressors of nurses’ work stress.

Clinical nurse burnout scored high in this study, consistent with the findings of Chen Xia and Shi Xiaopu et al. (Chen, Hu, Bai, & Cao, 2017; Shi, Li, & Zhang, 2021). In recent years, the intensification of doctor-patient conflicts and pathogen exposure have led to a rapid depletion of nursing staff’s emotional resources, and dehumanization characteristics have become increasingly prominent (He & Qian, 2016). In addition, the traditional view of nurses as engaged in skilled physical labor and as auxiliaries to physicians (Svensson, 1996). This view undermines the professional status of nurses in the healthcare team, leading to a feeling of lack of due respect and professional recognition, and a low sense of professional efficacy. Secondly, the limitation of decision-making authority is also one of the reasons for nurses’ burnout. Despite the fact that nurses make up the majority of health technicians and play a key role in the quality of healthcare services, they are usually not represented at the decision-making level (Graham-Dickerson et al., 2013). This restricts nurses’ career development, and it makes them lack autonomy when breaking through professional barriers, which reduces their motivation and leads to burnout.

#### **4.2. Direct Effect of Perceived Abusive Supervision on Nurse Burnout**

The empirical analysis of this study suggests that abusive supervision can directly affect clinical nurses’ burnout. Abusive supervision in nursing scenarios usually includes hostile behaviors towards nurse managers towards subordinate



nurses, such as verbal or nonverbal insults, malicious criticism, threats, or discrimination. Such negative interactions can negatively affect the emotional and psychological well-being of nurses, leading to their emotional exhaustion (Shih, Yeh, & Hsu, 2023). Secondly, malicious criticism and put-downs can also cause nurses to lower their assessment of their professional value and contribution, leading to a decreased sense of professional efficacy. In addition, in the case of differentiated abusive supervision, there is a “ripple effect” that affects not only the perpetrator and the abused, but also the social relationships beyond them. Nurses who are subjected to abusive supervision may feel unfairly treated within the team (Low, Sambasivan, & Ho, 2021), which reduces their motivation to work; bystanders may also feel insecure, which reduces their trust in coworkers, job satisfaction (Ogunfowora, Weinhardt, & Hwang, 2021), and ultimately leads to depersonalization, avoidance of personnel contacts at work, which leads to third-party nurses experiencing burnout as well. This further supports the findings of previous studies on the destructive effects of abusive supervision on individual psychological states and work behaviors (Avey, Agarwal, & Gill, 2022; Harris, Harvey, Harris, & Cast, 2013; Liu, Yang, Liu, & Zhu, 2021).

#### **4.3. Mediating Role of Nurses’ Work Stress**

The results of this study show that work stress plays a significant mediating role between nurse manager’s abusive supervision and clinical nurses’ burnout, indicating that abusive supervision not only directly affects clinical nurses’ burnout, but also indirectly affects their burnout through the mediating role of work stress. According to Resource Conservation Theory, an individual’s stress generation depends firstly on his/her assessment of the importance of the situation and task he/she is facing. Secondly, individuals also consider whether they have enough resources to cope with these situations and tasks (Hobfoll, 1989). The individual will also consider whether he or she has sufficient resources to cope with these situations and tasks. Stress arises when an individual believes that his or her resources are not sufficient to accomplish the task. Leaders often act as “gatekeepers” in terms of their subordinates’ work, feedback, compensation, rewards, and promotions, and hold a number of key resources (Yukl, 2008). Therefore, even though nurse leaders are not the absolute authority in healthcare organizations, they have a direct impact on the performance of nurses’ tasks. When nurses are exposed to abusive situations and have difficulty in accomplishing their work tasks, work stress increases significantly, emotional resources are rapidly depleted, and emotional exhaustion eventually occurs. Second, under higher work stress, dehumanization, as a defensive coping strategy, provides an emotional buffer between nurses and the demands of their jobs, leading them to focus on task completion while ignoring patients’ emotional needs when facing patients, and work motivation and occupational efficacy are significantly reduced. In addition, the resource loss spiral emphasizes that the loss of initial resources triggers a series of negative effects (Neto et al., 2016). Therefore, work

stress triggered by abusive management can lead clinical nurses to fall into the resource loss spiral, which triggers a chain reaction of emotional depletion, dehumanization, and low sense of occupational efficacy, which in turn contributes to the overall outcome of burnout and exacerbates the individual's dilemma.

## 5. Summary

Nurses' burnout is gradually becoming a group problem and is an important factor affecting the quality of nursing care and the efficiency of hospital management. This study found that abusive supervision can affect nurse burnout both directly and indirectly through the mediating role of work stress. Based on this, hospital administrators need to intervene in nurses' burnout through both abuse management and work stress. In terms of abusive management, hospitals should establish an open and transparent communication and feedback mechanism to reduce the covert nature of abusive supervision, reduce misunderstandings due to insufficient communication, and reduce the frequency of abusive supervision; secondly, because most of the nurse managers in China are experienced managers, hospitals should strengthen the leadership training for nurse managers to improve their management level; in terms of work pressure, hospital managers need to ensure the reasonable distribution of resources to ensure that nurses have sufficient resources to manage their work, and to ensure that nurses have enough resources to cope with work demands and reduce the occurrence of stress; hospitals should also actively create a supportive work environment to provide nurses with emotional support and alleviate their work pressure. In addition, because nurse burnout is a gradual process, hospital administrators also need to pay close attention to the needs of nurses at different stages of their careers and personalize their management to ensure the sustainability of their careers and career satisfaction.

## 6. Limitations

This study explored the relationship between perceived abusive supervision, work stress, and nurse burnout through empirical research, but the limitations of time, funding, and other related factors made this study have some shortcomings. First, only hospitals under the jurisdiction of Chongqing were selected for this survey, and the convenience sampling method was adopted, which could not fully reflect the overall situation of nurses. Second, this study was unable to infer an accurate causal relationship due to the cross-sectional design. Despite controlling for a variety of possible confounding variables in the analysis, the possibility of unconsidered causal pathways remains. Additionally, the ability to generalize the results was limited by the fact that the sample data only represented a specific point in time or location. Finally, although quantitative research methods were used for data collection and analysis, qualitative research, such as interviews, was not conducted, which failed in this study to adequately capture the deeper insights of nurses into the situation of abusive supervision,

work stress, and burnout, potentially preventing the analyses from fully reflecting the true situation.

### Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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## Appendix

### The Study of the Mechanism of the Impact of Perceived Abusive Supervision on Nurse burnout

Dear Caregivers:

Thank you for taking time out of your busy schedule to assist us in completing this questionnaire! The main purpose of this questionnaire is to find out your personal experience and feelings at work. This questionnaire is anonymous, and all questions are answered according to the actual situation. The valuable information you provide will be used for research purposes only and will never be disclosed to the public, so please feel free to answer. Thank you for your support of scientific research! We wish you good luck in your work, good health and happiness!

I. Basic information: (Please check the appropriate box according to your actual situation)

01. Your gender: ① Male      ② Female
02. Your age: \_\_\_\_\_
03. Your length of service: \_\_\_\_\_
04. Your marital status: ① Married    ② Unmarried    ③ Divorced
05. Your department: ① Internal medicine    ② Surgery    ③ Operating room    ④ ICU    ⑤ Psychiatry    ⑥ Obstetrics and Gynecology    ⑦ Pediatrics    ⑧ Other
06. Your highest education level: ① college and below    ② bachelor's degree    ③ master's degree and above
07. Your title: ① Nurse    ② Nurse Practitioner    ③ Nurse Supervisor    ④ Associate Nurse Practitioner and above

2. Below are some descriptions of yourself and your workplace. Please check or circle the number that corresponds to the degree to which each description matches your actual situation. If a question is vague to you, please do not double-check, just answer it with your first impression.

A1: My supervisor would (openly mock) make fun of me.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A2: My supervisor would tell me my ideas were stupid.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A3: My supervisor would respond to me with silence.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A4: My supervisor would belittle me in front of everyone.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A5: My supervisor would invade my privacy.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A6: My supervisor brings up my previous mistakes and failures.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A7: My supervisor does not give me enough support for my work.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A8: My supervisor would blame me to save himself from embarrassment.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A9: My supervisor will not honor the promises he or she makes.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A10: My supervisor will get upset for other reasons but take it out on me.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A11: My supervisor makes negative comments about me in front of others.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A12: My supervisor would be rude to me.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A13: My supervisor would disallow allowing me and my coworkers to interact with each other.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A14: My supervisor would tell me I was not competent enough.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

A15: My supervisor would lie to me.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B1: I often worry about how to get my work done.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B2: I feel a lot of pressure at work.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B3: At work, I often have a feeling of nervousness.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree



B4: Work places a heavy burden on my spirit and mind.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B5: I have a heavy workload that affects my health.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B6: I often don't rest well because of some problems at work.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B7: I often feel tired.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B8: I am often depressed and unhappy with my work.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B9: I often get irritated with what's going on around me.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B10: I feel that I am sometimes impatient.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

B11: I'm depressed.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C1: My interest in my work has waned.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C2: My enthusiasm for my work waned.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C3: I'm comfortable doing the work.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C4: I feel very elated and happy every time I complete a task.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C5: I can solve problems efficiently.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C6: I am exhausted by my work.

- ① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C7: I can make a positive contribution through my work.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C8: My interest in work has waned.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C9: My enthusiasm for my work waned.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C10: I'm comfortable doing my job.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C11: I feel very elated and happy every time I complete a task.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C12: I do valuable work.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C13: I work for the simple purpose of completing it as a task.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C14: I am indifferent to the outcome of my work.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C15: I question the point of the job.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree

C16: I am confident in my efficiency in doing things.

① Completely disagree    ② Disagree    ③ General    ④ Agree  
⑤ Completely agree