empathy and acknowledge the violation of rules in their apologies, thereby facilitating victim forgiveness and restoring the relationship.

B-7

Development and Validation of the Perceived Introvert Mistreatment at Work Scale

Mallory McCord (University of Minnesota)

Perceived introvert mistreatment at work (PIMAW), or the extent to which an individual feels they are the recipient of negative and/or unfair behaviors at work due to their introversion, is a novel construct in the organizational sciences. Study of this phenomenon is important for four key reasons: (1) although introverts are more likely to perceive introvert mistreatment at work, almost everyone has the potential to perceive introvert mistreatment due to within-person variance in introversion (Fleeson, 2004); (2) despite evidence that indicates extraversion explains minimal variance in job performance (Barrick, Mount, & Judge, 2001), the tendency to favor extraverts in organizational decisions (Judge & Kammeyer-Mueller, 2007) suggests widespread feelings of mistreatment among introverted individuals; (3) bias in favor of extraverts means organizations may be losing a competitive edge by not taking advantage of the unique talents of introverted individuals; and (4) unlike traditional discrimination, characteristics of the victim are likely an active ingredient in the PIMAW process.

To assist fellow researchers who are interested in conducting research on this topic, I developed and provide initial validation evidence for the 10-item Perceived Introvert Mistreatment at Work Scale (the PIMAWS). This study incorporated five independent samples, 974 participants, and multiwave (three months between administrations) and multisource data (132 significant others and 83 work peers). This work followed the steps outlined by Hinkin (1998) and occurred in four phases.

Phase 1 involved item generation and reduction. Based on theory and definition, 94 items were generated by modifying items from existing scales (e.g., Workplace Ostracism Scale; Ferris, Brown, Berry, & Lian, 2008) and writing items to capture additional content. Eight subject matter experts (SMEs) eliminated 68 items due to issues such as redundancy or a focus on affect rather than behavior. The remaining 26 items (Table 1) were then subject to analyses of substantive validity (Anderson & Gerbing, 1991) wherein twenty-five additional SMEs completed an item sort task. Drawing on both coefficient of substantive validity (csv) values and the proportion of substantive agreement (psa), I retained the 11 items with csv values > .80 and psa values > .85 in an effort to retain items with the highest values for both indices and to have an economic scale length, Finally, 138 employed individuals from Amazon's Mechnical Turk (Mturk) indicated how frequently each of these 11 items occurred in their workplace in the past six months. On average, 37% of the sample responded in the affirmative to the 11 items (Table 2). However, one item about mentorship was removed because not all jobs include mentorship.

Phase 2 examined the factor structure and reliability of those 10 items across three independent samples: 397 employed MTurk participants (Sample 1), 246 employed students (Sample 2), and 168 employees from a field sample (Sample 3) (Table 3 displays which samples took which measures and when). An exploratory factor analysis and parallel analysis using Sample 1 indicated that the 10 items form a unidimensional scale (Table 4; Figure 1). Results of confirmatory factor analyses (CFA) on Samples 2 and 3 suggest good fit for a unidimensional model (Tables 5 and 6). Finally, the coefficient alpha reliability for all three samples was .93 or higher, indicating sufficient reliability (Tables 7-9; Cortina, 1993). In conclusion, the 10-item Perceived Introvert Mistreatment at Work Scale (PIMAWS) is a reliable, unidimensional measure.

Phase 3 tested for method effects and examined the convergent and discriminant validity (Campbell & Fiske, 1959) of the PIMAWS using the same three samples as in Phase 2. Results of the latent variable modeling procedure (Williams & Anderson, 1994; Table 10) on Sample 1 indicate that the method effects of positive and negative affect do not bias measurement of the PIMAWS. Further, impression management has no method effect. Convergent and discriminant validity was examined across all three samples using three Methods. correlation (Tables 7-9), CFA (Table 11), and Fornell and Larcker's test (1981; Table 12). Results indicate that the PIMAWS is related to but discriminant from age, gender, and ethnic discrimination in addition to incivility, bullying, perceived organizational support, and leader member exchange.

Phase 4 established the criterion-related validity of the PIMAWS. Results (Tables 7-9) indicate that employees who perceive more introvert mistreatment may perceive a justice violation and later retaliate by increasing counterproductive behaviors. Further, those who perceive more introvert mistreatment are also more likely to report decreased job satisfaction and organizational commitment and increased anxiety, depression, symptoms of poor physical health, and turnover intentions. This is perhaps due to a stressor-stress-strain chain, negative appraisals of the job, and/or withdrawal.

In sum, the PIMAWS has satisfactory psychometric properties and can offer valuable insight into workplace mistreatment beyond the topics currently studied in the mistreatment literature. At this early stage, I encourage ongoing validation efforts of the PIMAWS in addition to research that investigates the unique processes surrounding this form of workplace mistreatment.

B-8

New Jersey Workplace Violence Legislation Evaluation Synopsis

Marilyn Ridenour (NIOSH)

Problem. In 2017, there were 13,080 nonfatal workplace violence injuries that required days away from work among healthcare and social assistance workers, which accounted for 71% of the nonfatal violence-related intentional injuries by other persons occurring in all private industries combined. In 2017, within the private health care and social assistance industry sector, the rate for nonfatal violence-related intentional injuries by other persons that required days away from work as a result of violence was 9.1 per 10,000 full-time workers, almost 5 times greater than the overall rate in private industry of 1.9 per 10,000 full-time workers. Because of higher violence-related intentional injuries by other persons among healthcare and social assistance workers and the social impact in New Jersey (NJ) of violence as an escalating problem in many healthcare settings, the NJ Violence Prevention in Health Care Facilities Act was enacted in September 2011 to prevent workplace violence. In September 2011, the enactment of the New Jersey Violence Prevention in Health Care Facilities Act required acute care, psychiatric and nursing home facilities to develop workplace violence prevention programs with minimum requirements of: a workplace violence committee, training in violence recognition and prevention, a workplace violence policy and plan, reporting procedures, work-site violence assessment, and worker participation. Healthcare

facilities covered by the Act were required to be fully compliant with the legislation by June 6, 2012. The objective of this analysis was to describe: hospital security programs' compliance with the Act and nurses and home healthcare aides participation in violence-based training, and to evaluate their experience with workplace violence.

Procedures/Methods. A cross-sectional survey was conducted of NJ hospital security directors at 52 hospitals (69% response rate) via a face-to-face semi-structured interview. In 2013, 309 (22.5% response rate) nurses returned a mailed survey and 513 (17% response rate) home healthcare aides returned a mailed survey in the state of New Jersey.

Analyses. For analyses of the hospital security director interviews, descriptive cross tabs and Fisher's Exact tests were utilized. For the nurse and home healthcare aide surveys, univariate and multivariate statistical analyses were conducted.

Results. The surveyed security programs (n = 52) reported partial compliance with the regulations. Forty-nine percent of Security Directors viewed training as a helpful feature of their program, but also had suggestions for improvement, such as targeted training for staff at highest risk of violence. Nurse survey Results. Ninety percent of respondents were female. Respondents who had heard of the regulation received a higher proportion of training (90%) than those who had not heard of the regulation (58%) (P<0.0001). Nurses who received at least 80% of the required training components were more likely to feel secure at work. When the perpetrator was a patient or a family member of a patient, the respondents experienced verbal abuse the most (n=175, 58%), followed by threats (n=159, 52%), and physical assault (n=118, 38%). Home healthcare aide survey Results. Ninety-four percent of the respondents were female. Respondents whose agency was part of a hospital were more likely to receive violence-based safety training than home healthcare aides whose agency was not part of a hospital (p=0.0313). When the perpetrator of violence was a patient or family member of a patient, the respondents experienced verbal abuse the most (n=128, 26%), then physical assault (n=79, 16%), and exposure to bodily fluids (n=66, 13%).

Conclusions. Training was viewed by administrators as a strength of the regulation. Training is an important tool to address workplace violence for nurses and home healthcare aides and is an important component of a workplace violence prevention program.

Work-Life-Family

C-1

Sleep-Deprived College Students: Resilience as a Moderator of Work-School Conflict on Negative Emotions and Sleep Health

Lisa Scherer (University of Nebraska Omaha)

The physical and mental strain of working while enrolled in college has been well-researched, but more than half of all students are still employed earning a wage today. According to Carnevale, Smith, Melton, and Price (2015), 70 percent of all students work while attending college, nearly 40 percent of undergraduates work at least 30 hours a week, and 25 percent of all students working full time. This strain on students can manifest in several ways including lower academic achievement (Markel & Frone, 1998), increased prevalence of mental health issues (Mounsey, Vandehey, Diekhoff, 2013), or inability to maintain proper sleep hygiene (Augner, 2011).

Resilience as a moderator has been studied with mostly direct physical and mental issues with successful correlations showing its impact on negative emotional responses (NERs) and stress (Abolghasemi, Varaniyab, 2010). As resilience is shown to be a reliable method of moderating stress related events, we have to examine what role it has in working and education environments as well. With the need to juggle work, school, and life stressors, resilience may be a key contributor to success in life.

This study was intended to examine the role that resilience plays in buffering the impact of WSC on NERs and sleep health of college students. We predicted that resilience would moderate the effect of WSC on NERs such under higher WSC, the negative effect of resilience and on NERs would be weaker under higher rather than lower resilience. For those experiencing lower WSC, higher versus lower resilience would exert negligible effects on NERs.

Participants included 103 college students (19 males, 83 female, 1 Non-Binary) ranging in age from 18-37 (M= 21.3, SD=3.01) from the University of Nebraska at Omaha. 87.4% of students reported being employed for wages. The average credit hours enrolled was 12.9 hours per student. The data was collected through Qualtrics, an online survey tool. The participants were offered the survey as a means of completing a class assignment or extra credit through the university's online portal, SONA.

Work-School Conflict. WSC was measured using a 5-item version of the scale developed by Markel and Frone (1998). Participants used a 5-point Likert-type response scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very Often) to rate how frequently they experienced each situation. A sample item is: "When I'm at school, I spend a lot of time thinking about my job." The overall Cronbach's alpha level for this scale was $\alpha = .88$.

Brief Resilience Scale. Resilience was measured using a 6-item scale developed by Smith, Dalen, Wiggins, Tooley, Christopher, and Bernard (2008). Participants used a 5-point Likert-type response scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very Often) to rate how frequently they experienced each situation. A sample item is: "I tend to bounce back quickly after hard times." The overall Cronbach's alpha level for this scale was $\alpha = .88$.

Negative Emotional Responses. The NERs were each measured using six questions from American College Health Association's National College Health Assessment (2005). Participants used a 5-point Likert-type response scale (1 = Strongly Disagree, 2 = Disagree 3 = Neutral, 4 = Agree, 5 = Strongly Agree) to rate how frequently they experienced each situation. A sample item is: "During the current semester, I have seriously considered suicide." The overall Cronbach's alpha level for this scale was $\alpha = .82$.

Sleep Health Index. The Sleep Health Index was measured using a five-item scale based on Scherer (2018). Participants used a 10-point scale (1 = Very Low <> 10 = Very High) to rate their response. A sample item is: "Please indicate your average quality of sleep over the past week?" The overall Cronbach's alpha level for this scale was $\alpha = .77$.

Descriptive statistics and intercorrelations between measures are listed in Table 1. As predicted, WSC was a positive predictor of the NERs; however, was not for sleep health alone. BRS was shown to moderate the negative impact of WSC on two of the NERs: depressed $\beta = 1.61$, $p < .001$, and overwhelmed $\beta = .32$, $p < .05$. Independently, BRS was able to moderate suicidal ideation $\beta = -.419$, $p < .001$. Hierarchical multiple regression analysis was computed to test the hypotheses. Results of the analysis are summarized in Table 3.

With the demonstrated role that negative emotional responses can have on sleep; mental health is a area of opportunity for future research in determining effective treatment plans for sleep related issues. Given

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