



Impact of Abusive Supervision on Nurses' Turnover Intentions at Alahrar Hospital

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Abstract

Turnover intentions among nurses pose significant challenges to healthcare systems, affecting workforce stability, patient care quality, and operational costs. Abusive supervision, characterized by hostile supervisory behaviors, has been identified as a key factor influencing these intentions. Aim to investigate the relationship between abusive supervision and turnover intentions among nurses at Al-Ahrar Teaching Hospital, Zagazig, Egypt. A descriptive correlational design was used with a simple random sample of 233 nurses. Two tools were used abusive supervision scale and multidimensional turnover intention scale. 22.3% perceived their leaders as abusive supervision in high level, (67.5%) reported high level of turnover intention. There was statistically significant positive correlation between abusive supervision and turnover intention. Healthcare administrators should implement leadership training, anti-abuse policies, and strategies to enhance work environments and reduce turnover rates.

Keywords: Abusive Supervision, Turnover Intentions, Nurses.

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1. Introduction

Nursing plays a critical role in healthcare systems worldwide, serving as the backbone of patient care and ensuring the delivery of quality services. Nurses are often the first point of contact for patients and are responsible for a wide range of tasks that directly influence patient outcomes. Given their integral role, the retention of nurses is crucial for maintaining the quality of healthcare services. However, high turnover intentions among nurses have become a global concern, threatening workforce stability, patient care quality, and operational efficiency [1]. Abusive supervision—characterized by hostile verbal and non-verbal behaviors by supervisors—has emerged as a significant factor contributing to turnover intentions among nurses, further undermining healthcare systems [2]. Turnover intentions among nurses represent a significant challenge for healthcare systems worldwide. Globally, these rates range from 15% to 60%, driven by factors such as work conditions, leadership styles, and organizational culture [1]. Nurse turnover is particularly problematic in healthcare systems, where quality of patient care is directly linked to stability and expertise of nursing staff [3]. The departure of nurses not only affects day-to-day functioning of hospitals but also results in loss of institutional knowledge, further straining healthcare services [4].

These issues highlight the need for systematic strategies to reduce turnover and enhance nurse retention [5].

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Abusive supervision is a key organizational factor that fosters job dissatisfaction, emotional exhaustion, and decreased organizational loyalty [4]. Nurses, who often work in high-stress environments, are particularly vulnerable to negative effects of abusive supervision [6]. Studies have consistently shown abusive supervision leads to reduced job satisfaction and increases likelihood of voluntary turnover [2]. In healthcare settings, where employees experience high levels of stress and emotional demands, the effects of such abusive behaviors are exacerbated, leading to higher turnover intentions among nurses [5]. In the Egyptian context, hierarchical leadership styles may amplify the impact of abusive supervision [6]. These hierarchical systems often create significant power distances between supervisors and staff, reducing open communication and making it harder for employees to express concerns about mistreatment [4]. As a result, abusive supervisory behaviors may go unnoticed or unreported, fostering an environment of dissatisfaction and eventual turnover [3]. Limited research in developing countries, particularly Egypt, necessitates a deeper understanding of these dynamics to address turnover intentions effectively [1].

Furthermore, the healthcare sector in Egypt faces additional challenges that contribute to high turnover intentions among nurses. These challenges include high nurse-to-patient ratios, limited professional development opportunities, and inadequate work conditions [4]. Research

suggests that improving work conditions and providing opportunities for career advancement are key to retaining nurses in a competitive and high-demand sector [5] With these factors in mind, healthcare administrators must develop policies that not only address the issue of abusive supervision but also improve overall working conditions for nurses [6]. In addition to focusing on leadership and work conditions, fostering a culture of support and recognition within healthcare institutions is critical to enhancing nurse retention. Nurses who feel supported and valued are more likely to remain in their roles, demonstrating a strong organizational commitment [2]. Addressing these issues comprehensively can help mitigate turnover intentions and improve the overall work environment [4] study, therefore, aims to provide evidence-based recommendations that can inform policy changes and leadership training programs to reduce turnover and enhance retention among nurses in Egypt.

1.1. Significance of the Study

This study is significant because it addresses the critical issue of high turnover intentions among nurses, which disrupts healthcare services and increases operational costs. By exploring the relationship between abusive supervision and turnover intentions, it provides actionable insights for healthcare administrators to develop strategies for improving leadership practices, reducing turnover rates, and fostering a supportive work environment. Additionally, this study contributes to the limited body of research on abusive supervision in the Egyptian healthcare context, offering evidence-based recommendations for policy changes and organizational reforms. The findings may also have implications for similar healthcare settings in other developing countries, making the study globally relevant.

1.2. Aim of the Study

The aim of this study is to explore the relationship between abusive supervision and turnover intentions among nurses at Al-Ahrar Teaching Hospital, Zagazig, Egypt.

1.3. Research Questions

2. What is the level of abusive supervision as perceived by nurses?
3. What are the turnover intentions among nurses?
4. Is there a significant relationship between abusive supervision and turnover intentions among nurses?

2. Subjects and Methods

2.1. Research Design

A descriptive correlational design was used to examine relationship b/w abusive supervision and turnover intentions among nurses. This design helps to identify degree of association b/w variables without manipulating them.

2.2. Settings

The study conducted at Al-Ahrar Teaching Hospital, a 420-bed facility serving as a teaching and referral hospital in Zagazig, Egypt. This hospital provides a range of healthcare services and considered one of major hospitals in region.

2.3. Subjects

The study included nurses who met the following inclusion criteria:

1. Nurses with at least one year of experience.

2. Nurses directly involved in patient care.

The sample excluded nurses in administrative positions or those with less than one year of experience to ensure homogeneity in the sample.

2.4. Sample Size

The sample size was determined based on a total population of 500 nurses working at the hospital, with a 95% confidence level and a 5% margin of error, resulting in 233 participants. Simple random sampling was employed to ensure each nurse had an equal chance of being selected.

2.5. Tools of data collection

3 tools will be used for collecting data in this study:
Tool I: Abusive supervision scales: It consists of two parts as follows:

Part one: Personal and job characteristics of nurses, which include the data about characteristics of the nurses such as age, gender, years of experience and educational qualifications.

Part two: Abusive supervision: to assess level of abusive supervision as perceived by nurses; it has 25 items, grouped under 3 dimensions; angry-active abuse, humiliation-active abuse, and passive abuse.

Tool II: Expanded -Multi Dimensional Turnover Intention Scale (EMTIS): contains 25 items that measure five dimensions; subjective social status; organizational culture; personal orientation; expectation and career growth.

2.6. Content validity & Reliability

After translating the questionnaire into Arabic, a panel of five professionals from Zagazig University's Faculty of Nursing determined its face validity and content. Experts were asked to share their thoughts and the feedback on the tool, as well as any recommendations for new features or items that should be added. According to their assessments, the researcher made all suggested changes. Reliability analysis all tools (I, and II) were tested for the reliability using the Cronbach's Alpha Coefficient factor test to determine the internal consistency of each scale and all were satisfactory for abusive supervision on the nurses' turnover intentions.

2.7. Fieldwork

The data collection phase of the study spanned three months, from Mid - November 2023 to Mid - January 2024. The study participants provided all of the data at this time. Each nurse was invited to participate in the study and given a thorough description of its goals during one-on-one discussions during the planning phase. A self-administered questionnaire was sent to nurses who verbally gave their informed consent, along with instructions on how to complete it. The second phase involved the researcher personally delivers the required questionnaires to staff nurses in their workplaces in order to collect their feedback. Three days a week, the researcher met with staff nurses in the morning and evening after they had completed their work to collect data. The questionnaires were completed at the time of distribution, taking approximately ten to fifteen 10-15 minutes. The researcher meticulously checked each completed questionnaire sheet to ensure the inclusion of all necessary information.

2.8. Pilot study

A pilot study was conducted on 10% (n=23) of the study subjects to assess applicability, feasibility, & practicability of tools. Additionally, pilot study aimed to estimate time required for filling in questionnaire sheets. One week prior to data collection, staff nurses chosen at random for this pilot investigation. Of particular note was exclusion of pilot study participants from main study population.

2.9. Administrative and ethical considerations

The study was approved by ethics committee and dean of the Faculty of Nursing, Zagazig University. After that, a letter outlining the study's purpose was sent from the Faculty of Nursing to the AlAhrar Hospital's medical and nursing administration, asking for their consent and assistance in gathering data. Consent was established with the completion of the questionnaires. Additionally, staff nurses who were part of the study sample were verbally informed of the purpose and conduct of the investigation. Similarly, each study participant gave their oral agreement after being informed of study's objectives. Staff nurses were given the choice to participate or not, and they were guaranteed that the data would be kept private and utilized exclusively for study.

2.10. Statistical analysis

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, frequency's and Mean SD. A correlation coefficient "Pearson correlation" is a numerical measure of some type of correlation, meaning a statistical relationship between two variables. Chi-square is a statistical test that examines the differences between qualitative data. Multiple linear regression is used to describe data and to explain the relationship between one dependent continues variable and one or more continues independent variables.

3. Results and discussion

3.1. Results

Table (1) 31.3% of the nurses were between 30-40 years old, 74.7% females, and 62.2% married. 62.7% had a nursing institute, 28.8% working in medical department, and 87.6% did not receive an orientation program upon appointment. Regarding years of experience in the nursing profession, 47.2% had 10 or more years of experience. Figure (1) concerning abusive supervision; (40.3%) of studied nurses exhibited exposure to abusive supervision in low level, while 22.3% in a high level. Figure (2) reveals that, the most frequent high subscale is passive abuse while the lowest was humiliation-active abuse. Figure (3) concerning turnover intention; (42.5%) showed a moderate level of total turnover intention. Figure (4) clarifies that, the highest mean score was for subjective social status dimension (67.5%) while the lowest subscale was Career growth dimension (33.2%). Table 2 reveals a strong positive correlation between total abusive supervision and total turnover intention ($r = 0.726$, $p < 0.01$). Table 3 presents the relationship between personal and job characteristics of the studied nurses and their total abusive supervision. Significant associations were found between total abusive supervision and age, gender, educational level, department, and years of experience in nursing profession, *Abdelhamed et al., 2023*

where p value less than 0.05. Table 4 showed the relationship between personal and job characteristics of the studied nurses & their total turnover intention scale. Significant associations observed b/w total turnover intention and age, gender, educational level, department, and years of experience in nursing profession, where p value less than 0.05.

3.2. Discussion

Worldwide, abusive supervision is common in enterprises. Beyond the typical interaction between the abuser and the afflicted, abusive supervision have numerous negative effects on the organization and its social relationships. In reality, there is a wealth of evidence showing that chronic instances of abusive supervision are strongly associated with job unhappiness on the one hand, and a high level of abusive supervision is associated with a sharp drop in employee productivity and performance on the other [7].

3.2.1. Personal and job characteristics of the studied nurses

In the current study; a convenience sample of 233 nurses working in Al-Aharar Teaching Hospital, Zagazig University; the highest percent of studied nurses were between 30-40 years old, females and married. Regarding qualifications, the lowest percentage of them had bachelor degree in nursing. Most of them worked in the medical department, and the majority did not receive an orientation program upon appointment. Regarding years of experience; nearly half of them had 10 years or more of work experience.

3.2.2. Staff nurses' perception of abusive supervision

Concerning level of abusive supervision as reported by the studied nurses, the current study revealed that, more than one third of nurses perceived low level of overall abusive supervision while about quarter of them experience high level. Concerning domains of abusive supervision, the highest mean score was for passive abuse domain, while the lowest was for humiliation-active abuse. This result answered the first research question which was (What is the level of abusive supervision as perceived by staff nurses?). The previous mentioned results may have resulted from the supervisor's understanding of the harm that abusive supervision causes to nurses and the organization. Also, the restrictive rules from administration to avoid such behavior that violate the organization norms can be a reason. Moreover more than half of studied nurses reported that their head nurse rarely does not trust them or does not give important information to them, related to task completion. On the other hand studied nurses reported that managers don't humiliate or intimidate their subordinates. In the same context, Mahmoud and Elsaed [6] in Egypt conducted a study about "abusive and coaching supervision & its relation to nurses' talent, and they affirmed that a large percentage of nurses had low perception level of abusive supervision.

Additionally, majority of nurses had a low perception levels of humiliation active, angry-active abuse, and passive abuse supervision. As nurses indicated that supervisor never intimidates, ridicules or underestimates them. Also, they never withhold information central to task completion, or treat them unfairly. Along the same line, Abou Ramadan and Eid [8] conducted a study about "toxic leadership: conflict management style and organizational commitment among intensive care nursing staff" and they supported our results and showed that above three quarters of

nurses rated their leaders as abusive at a low level. Dongyuan [9] who studied “Leader Personality, Abusive Supervision and Employee Outcomes: An Integrative Model, Human Resources and Labor Relations” and found that minority of studied sample had low abusive supervision from their supervisors. Furthermore; in this concern results done by Xu et al., [10] a study entitled “How does authentic leadership influence employee voice? From the perspective of the theory of planned behavior” and reported that abusive supervision was at a moderate level among respondents.

Also, this current study agrees with Lyu et al., [3] who studied “abusive supervision and turnover intention: Mediating effects of psychological empowerment of nurses” and found that majority of studied sample had low level of abusive supervision from their supervisors. In the opposite line, these findings were against a study done at Egypt by Badran et al., [11] who studied “Perceived Abusive Supervision and Its Influence on Counterproductive Work Behavior among Staff Nurses” and described that the majority of the study participants had high perception level regarding abusive supervision from their supervisors. While only, minority had moderate and low perception levels respectively. While, Low et al [12] whose study was about “Impact of abusive supervision on counterproductive work behaviors of nurses” contradicted the present findings and showed that nurses in hospitals are subject to abusive supervision. Additionally, this result was congruent with Rodwell et al [4] who conducted study entitled “abusive supervision and links to nurse intentions to quit” and discovered that just a small percentage of respondents said they had experienced abusive supervision.

3.2.3. Staff nurses' turnover intention

With regard to turnover intention, the current study depicted that about one third of nurses reported high level while half of them exhibited moderate level. Regarding the mean score of turnover intention dimensions; the subjective social status dimension had the highest mean score, while the lowest was for career growth. This may be due to that some of studied nurses think they deserve a better job and they want work environment that will improve and respect them. On the other hand, nurses consider looking for alternative job offer that will befit their status and they also feel like quitting this job because of marital status. The above mentioned finding are in agreement with Nigussie Bolado et al., [13] who conducted a study to assess the magnitude of turnover intention and associated factors among nurses working at Government Hospitals of Wolaita Zone, Southern Ethiopia; reported that 39.8% had turnover intention. A study carried out by Nigussie et al., [13] in Southern Ethiopia entitled “The Magnitude of Turnover Intention and Associated Factors Among Nurses Working at Governmental Hospitals”, and stated that two fifth of nurses had turnover intention.

This result also, agreed with Liu et al., [14] who investigated turnover intention and its associated factors among nurses in China, and revealed that a high percentage (69.4%, $n = 1,286$) of nurses expressed their intention to leave their current employment. Also, Allan et al., [15] whose study entitled “Organizational Commitment and Turnover Intention among Nurses in a Selected Hospital in Taguig City, Philippines” stated that dimensional turnover intention were moderate. Additionally, the study's findings are consistent with Halcomb & Bird [16] who applied a study

entitled (Job Satisfaction and Career Intention of Australian General Practice Nurses) the finding was majority of nurses reported low intention to leave. Also, Lyu et al., [3] who concluded that turnover intention score was high, which reflects the severity and importance of nurse turnover intention in China.

3.2.4. Correlation between abusive supervision and turnover intention

The current study represented that there was a strong positive correlation between total abusive supervision and total turnover intention. This result was similar to Mahmood et al., [17] who conducted a study in India on abusive supervision turnover intention relationship: a mediated moderated model of voice behavior and workplace friendship and found that AS is directly related to voice behavior, which further has a positive association with turnover intention. Comparisons of the results of this study with other investigations such as those of Saleem et al., [18] who studied “Linking abusive supervision to psychological distress and turnover intentions among police personnel: the moderating role of continuance commitment” and Ahmad and Begum [19] who introduced abusive supervision as a pull factor that forces the employees to leave their job, consistent results, have been shown. In the same context Al-Hawari et al., [20] who examined the impact of abusive supervision as an interpersonal stressor on emotional exhaustion?

As noted earlier, based on the second, third and fourth hypotheses, emotional exhaustion, which is suggested to increase as a result of abusive supervision, directly affects turnover intention and plays a mediating role in the relationship between abusive supervision and turnover intention. Moreover, Saleem, et al., [18] who studied “Linking abusive supervision to psychological distress and turnover intentions among police personnel: The moderating role of continuance commitment” and indicated that abusive supervision has significant relationship with turnover intention which means that turnover intention of subordinates increased when they faced abusive behavior of their managers. Previous researcher explored that positive association among abusive supervision and turnover intention had been moderated by continuance commitment as positive relation among abusive supervision and turnover intention become weaker due to inflated continuance commitment.

3.2.5. Relation between personal and job characteristics of studied staff nurses and their perception of abusive supervision

Regarding relationship between personal and job characteristics of studied nurses and their total abusive supervision, current study result presented that a significant associations were found between total abusive supervision and age, gender, educational level, department, and years of experience in the nursing profession; younger female nurses with secondary school of nursing reported exposure to abusive supervision. It may be explained that Due to their inexperience, younger nurses may be more susceptible to abuse by managers who may feel justified in employing strict or aggressive methods to enforce policies or guidelines. Secondary school qualifications may be perceived as less qualified or skilled compared to their peers with higher degrees, possibly leading supervisors to adopt a more critical or condescending approach in managing them.

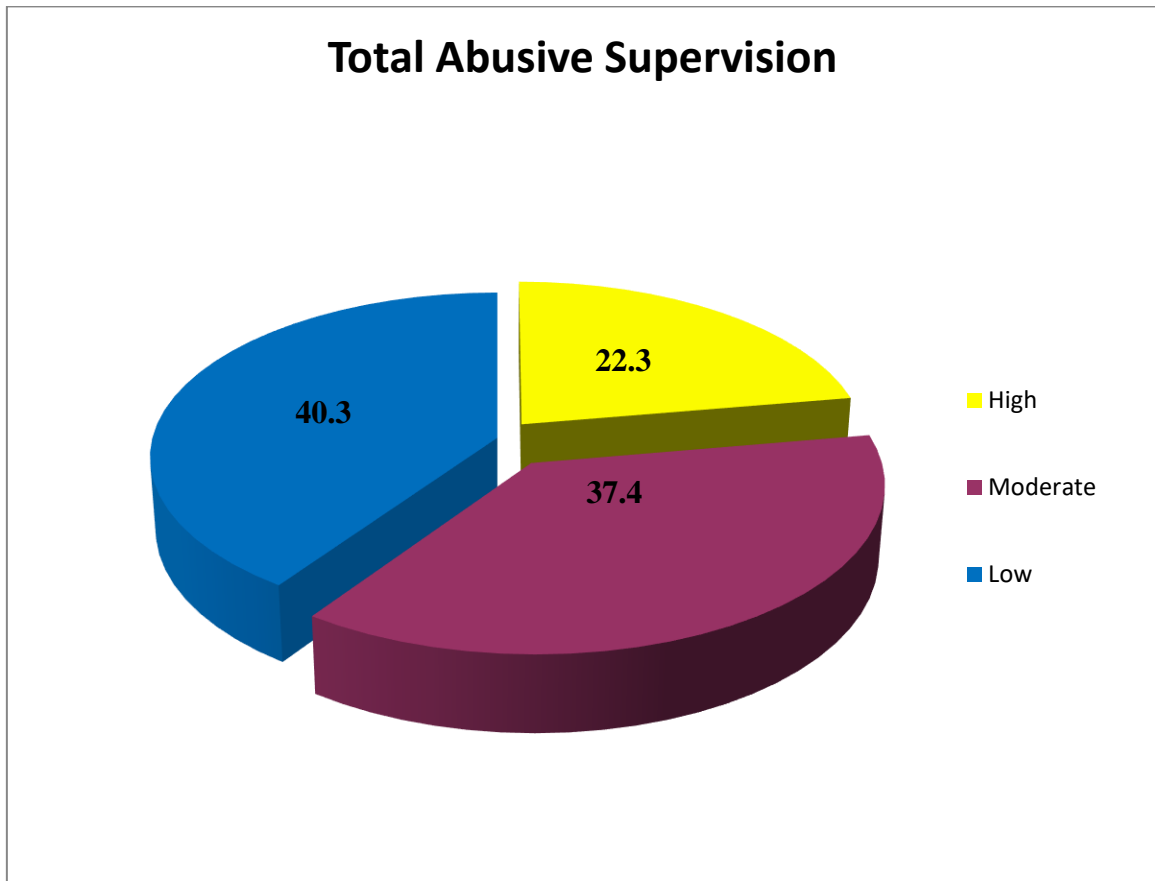


Figure 1: Total levels of abusive supervision as reported by studied nurses (n=233).

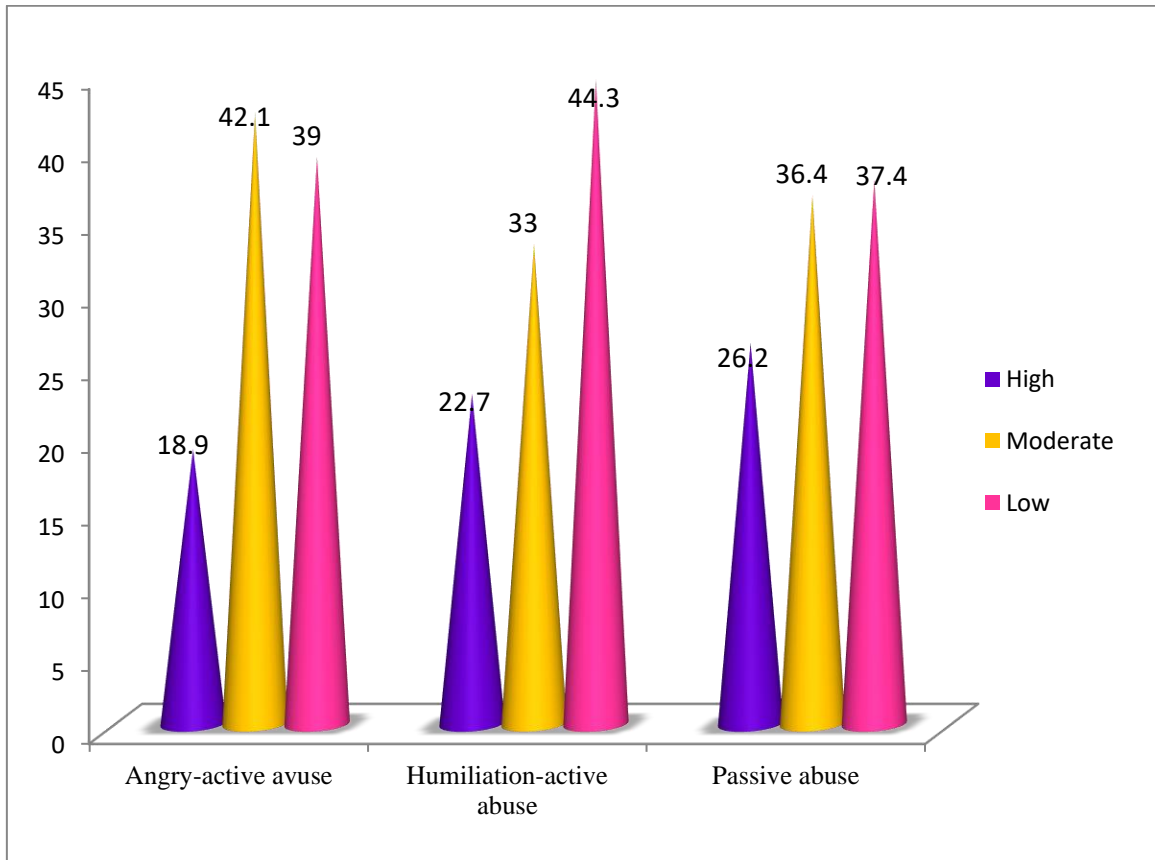


Figure 2: levels of abusive supervision subscales as reported by studied nurses (n=233).

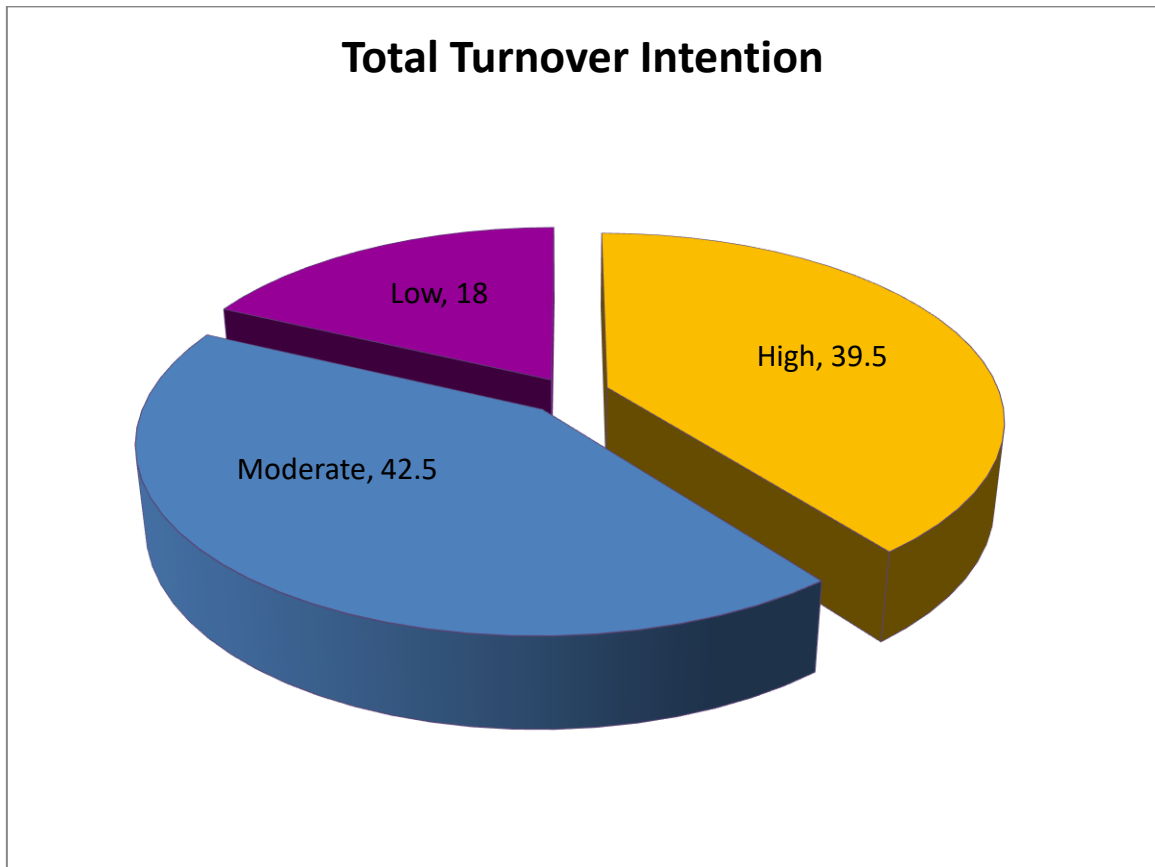


Figure 3: Levels of turnover intention as reported by studied nurses (n=233).

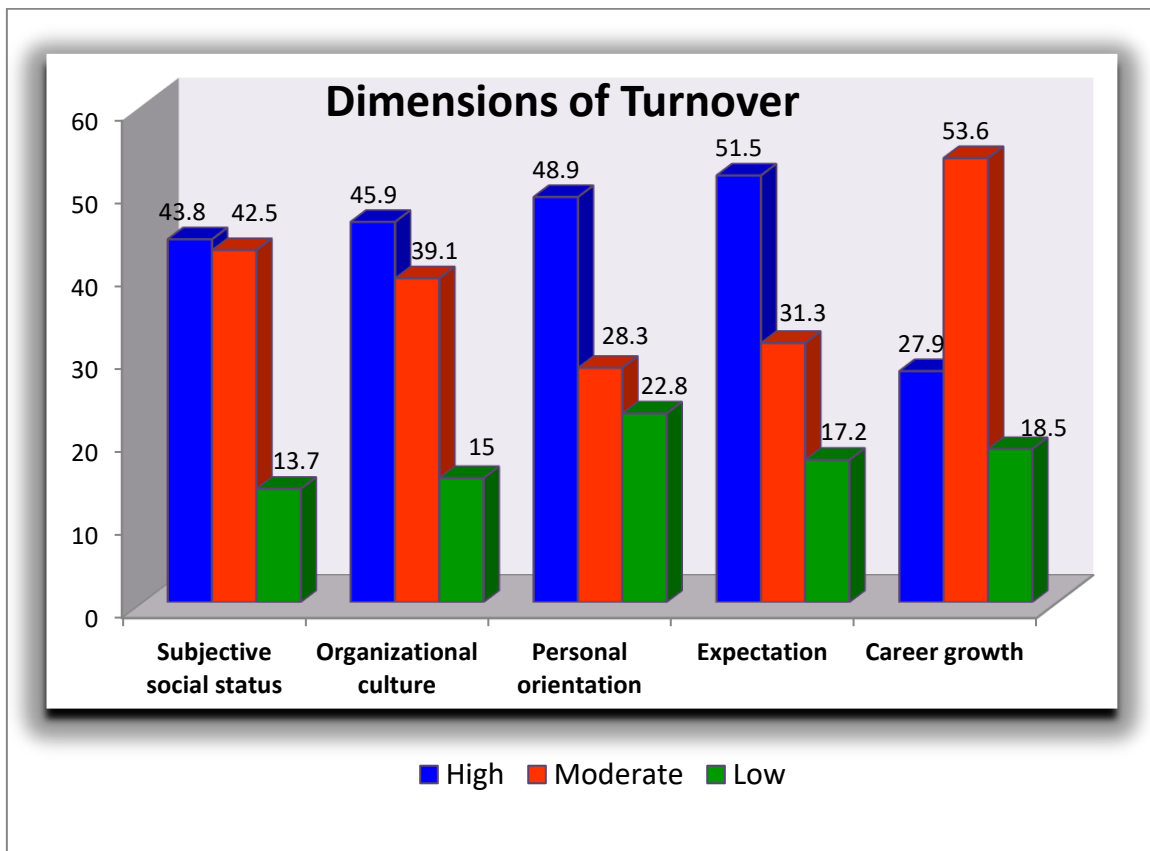


Figure 4: levels of turnover intension dimensions as reported by studied nurses (n=233).

Table1: Distribution of the studied nurses' personal and job characteristics (n=233).

Personal data	N	%
Age		
20-<30	67	28.8
30-<40	73	31.3
40-<50	42	18.0
50-60	51	21.9
\bar{x} S.D 38.30±3.06		
Gender		
Male	59	25.3
Female	174	74.7
Marital status		
Married	145	62.2
Unmarried	88	37.8
Educational level		
Nursing Diploma	50	21.4
Nursing Institute / Health Technical Institute Nursing	146	62.7
Bachelor of Nursing	37	15.9
The department you work in		
Surgical	42	18
Medical	67	28.8
Critical & ICU	39	16.8
Pediatric	29	12.4
Obstetrics & Gynecology	21	9
Operating Room	35	15
Receive an orientation program about the hospital upon appointment		
Yes	29	12.4
No	204	87.6
Years of experience in the nursing profession		
1-<5	42	18.0
5-<10	81	34.8
≥10	110	47.2
\bar{x} S.D 8.98±0.47		

Table 2: Correlation between the studied variables (n=233).

Dependent Variables		Total abusive Supervision
Total Turnover Intention	r	.726
	p	.000**

(**) Statistically significant at $p < 0.01$. r Pearson correlation

Table 3: Relationship between personal and job characteristics of studied nurses and their total abusive supervision (n=233).

Items		Total Abusive supervision						X ²	P-Value
		High N=52		Moderate N=87		Low N=94			
		N	%	N	%	N	%		
Age	20-<30	47	90.4	18	20.7	2	2.1	6.558	.001**
	30-<40	5	9.6	60	69.0	8	8.5		
	40-<50	0	0	5	5.7	37	39.4		
	50-60	0	0	4	4.6	47	50.0		
Gender	Male	3	5.8	6	6.9	50	53.2	5.104	.002**
	Female	49	94.2	81	93.1	44	46.8		
Marital status	Married	34	65.4	56	64.4	55	58.5	1.196	.089
	Unmarried	18	34.6	31	35.6	39	41.5		
Educational level	Nursing Diploma	34	65.4	9	10.3	7	7.4	7.892	.000**
	Technical Institute	16	30.8	77	88.6	53	56.4		
	Bachelor of Nursing	2	3.8	1	1.1	34	36.2		
Working department	Medical	13	25	20	23	23	24.5	5.621	.003**
	Surgical	10	19.2	17	19.5	18	19.1		
	Critical& emergency	9	17.3	15	17.2	16	17		
	Pediatric	7	13.5	13	15	14	14.9		
	Obstetric	7	13.5	12	13.8	12	12.8		
	Operating room	6	11.5	10	11.5	11	11.7		
Years of experience	1-<5	35	67.4	5	5.7	2	2.1	3.658	.021*
	5-<10	15	28.8	55	63.3	11	11.7		
	≥10	2	3.8	27	31.0	81	86.2		

*Significant at p <0.05. **Highly significant at p <0.01. Not significant at p>0.05

Table 4: Relationship between personal and job characteristics of studied nurses and their total turnover intention scale (n=233).

Items		Total turnover intention						X ²	P-Value
		High N=75		Moderate N=116		Low N=42			
		N	%	N	%	N	%		
Age	20-<30	61	81.3	5	4.3	1	2.4	8.078	.007**
	30-<40	12	16.0	60	51.7	1	2.4		
	40-<50	2	2.7	38	32.8	2	4.8		
	50-60	0	0	13	11.2	38	90.4		
Gender	Male	50	66.7	7	6.0	2	4.8	5.503	.001**
	Female	25	33.3	109	94.0	40	95.2		
Marital status	Married	45	60.0	76	65.5	24	57.1	1.692	.053
	Unmarried	30	40.0	40	34.5	18	42.9		
Educational level	Nursing Diploma	1	1.3	17	14.7	32	76.2	4.204	.027*
	Technical Institute	60	80.0	81	69.8	5	11.9		
	Bachelor of Nursing	14	18.7	18	15.5	5	11.9		
Working department	Medical	18	24	28	24.1	11	26.2	9.801	.002**
	Surgical	15	20	23	19.8	8	19		
	Critical& emergency	13	17.3	20	17.2	7	16.7		
	Pediatric	11	14.7	17	14.7	6	14.3		
	Obstetric	10	13.3	15	13	4	9.5		
	Operating room	8	10.7	13	11.2	6	14.3		
Years of experience	1-<5	35	46.7	6	5.2	1	2.4	3.982	.036*
	5-<10	39	52.0	38	32.8	4	9.5		
	≥10	1	1.3	72	62.0	37	88.1		

*Significant at $p < 0.05$. **Highly significant at $p < 0.01$. Not significant at $p > 0.05$.

This result coincided with a study conducted by Badran et al., [11] who stated that there were significant relationships between total level of perceived abusive supervision and all personal data of staff nurses except gender. This result supported with Tepper and Simon [21] who studied "Abusive supervision. Annual Review of Organizational Psychology and Organizational Behavior" and found that significant relationship between the total level of abusive supervision and participants' age and marital status. This result consistent with the result of Mackey et al., [22] a study entitled "Abusive Supervision: A Meta-Analysis and Empirical Review they discover that demographic information showed a weak correlation with beliefs about abusive supervision" and this study estimates the meta-analytic population for the correlations between perceptions of abusive supervision and several demographic, justice, individual difference, leadership, and outcome variables. It also conducts an empirical assessment of previous studies on abusive supervision.

3.2.6. Relation between personal and job characteristics of studied staff nurses and their level of turnover intention

Concerning relationship between personal and job characteristics of studied nurses and their total turnover intention, the current study showed significant associations were observed between total turnover intention and age, gender, educational level, department, and years of experience in the nursing profession. As junior, male and married nurses working in medical departments reporting higher intention to turnover. It may be explained that these nurses take on more family responsibilities, such as supporting their family financially, which may motivate them to search for better jobs. This result coincided with a study conducted by Asif et al., [23] who assessed "Turnover intention was found significantly in employee intention within and among the firms" stated that Tenure of employee, age, leadership style compensation and job characteristics have explained with a moderate level of variability.

Unlike to current results, Liu et al., [14] who reported that single nurses had a stronger intention to quit than non-single nurses. The majority of hospital workers are nurses, and how well hospitals provide nursing care is a good indicator of how well they are operating, which can be controlled through oversight via supervision [24]. Abusive supervision is prevalent in organizations all over world. The impact and consequences of abusive supervision for the organizations and its social relations are manifold, going beyond the usual relationship between the abuser and the abused. Indeed, research provides ample evidence that strong correlations exist between persistent occurrences of abusive Supervision and job dissatisfaction, on one hand, and a high level of abusive supervision and a rapid decline of employee performance and productivity [7].

4. Conclusion

This study highlights the significant role abusive supervision plays in increasing turnover intentions among nurses at Al-Ahrar Teaching Hospital in Zagazig, Egypt. Findings revealed a strong positive correlation between abusive supervision and turnover intentions, emphasizing the detrimental impact of negative supervisory behaviors on staff

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retention. Addressing this issue requires focused interventions, including leadership training, anti-abuse policies, and supportive organizational practices. By fostering a healthier work environment and providing opportunities for career development, healthcare institutions can mitigate the adverse effects of abusive supervision, improve job satisfaction, and retain skilled nursing staff. These measures are essential not only for the well-being of nurses but also for maintaining high-quality patient care and organizational stability.

5. Recommendations

- Mindfulness Training: can help nurses manage stress, focus on the present moment, and reduce emotional reactivity to abusive behavior.
- Creating formal or informal peer support groups where nurses can share their experiences.
- Mentorship Programs: Pairing less experienced nurses with senior staff can provide emotional support and guidance.
- Counseling Services for nurses facing abusive supervision .
- Leaders should strive to build a positive, inclusive culture where nurses feel valued and supported.
- Promote Leadership Development and Positive Supervision Practices
- Training supervisors in emotional intelligence can enhance their ability to manage their own emotions and interact with staff in a supportive, respectful way.
- Conflict Resolution and Communication Training: Equip supervisors and managers with skills to address conflicts constructively and maintain a healthy, non-abusive work environment.
- Develop Anti-Abuse Policies with appropriate channels for reporting and addressing these issues.

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