

Assessment of Head Nurses' Abusive Supervision from Staff Nurses' perspective

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Abstract: dark side of leadership. It is a remarkable attitude including various mistreatment behaviors of the head nurses. Abusive supervision not only damaged organizations but also damaged staff through job tension, emotional exhaustion and affects the reactions of nurses to workplace mistreatment. **Purpose:** To assess head nurses' abusive supervision levels from staff nurses' perspective. **Method:** A descriptive design was utilized. The study was conducted at all critical care units and departments at Menoufia University Hospitals and National Liver Institute at Shebin El-Kom city/ Menoufia Governorate. Simple random sample of 560 staff nurse constituted the study sample. One instrument was used: Abusive supervision dimension from Toxic Leadership Scale. **Results:** Head nurses' showed low abusive supervision level from staff nurses' perspective at the hospital settings (17.1 ± 3.6 ; Range: 7-35). **Conclusion:** The study emphasized that the highest percentages of studied staff nurses perceived low level of abusive supervision from their head nurses in the mentioned study settings. **Recommendation:** Future training of head nurses in terms of behaviors and ethical standards in management and leadership before upgrading to leadership roles.

Keywords: Abusive supervision, head nurses, staff nurses.

Introduction

Nursing, being a dynamic profession and the largest workforce in a healthcare organization, takes a major role in health leadership and policy making. (Karkada & Cherian, 2017). Nursing leadership plays a crucial role in shaping outcomes for healthcare organizations, personnel and patients and is critical to healthcare decision-making (Cummings, et.al. 2021; Kiwanuka et.al, 2021).

In nursing, head nurses are the key to professional communication between top management and clinical personnel. Their role is highly important in the success of healthcare organizations and they require certain skills and competences. Helping head nurses to develop positive leadership practices can be a potential organizational strategy to prevent abusive behaviors which in turn

prevent the occurrence of adverse patient events and improve the nursing care quality delivered (Murray, 2017). Abusive supervision is an element of toxic leadership which reflects negative/ dark side of leadership (Thompson, 2021). It refers to a manager's perceived intentionally hostile behaviors towards staff, excluding physical contact and has negative supervisor- subordinate relationship which has everlasting effects on staff (Tharwani et al., 2020). Head nurses have the power to change the behaviors, attitudes and emotional states of the nurses negatively or positively as nurses tend to avoid doing the things disliked by their head nurses, and they tend to do the things requested by them (Greenbaum et al., 2013)

Abusive supervision arises when supervisors tend to misuse their authority. Abuse of authority reveals abusive supervision (Tepper, 2000). It includes a series of behavioral dispositions that encompasses arbitrariness and self-aggrandizement, belittling subordinates, lack of consideration, a forcing style of conflict resolution, discouraging initiative and non-contingent punishment. Overall, the main characteristic that encompasses all these demeanors is their emphasis on hostility (Bell, 2017; Klahn Acuña & Male, 2022).

Abusive supervision is a remarkable attitude including various mistreatment behaviors of the head nurses. It involved activities that were both intended to harm for personal gain and behaviors that reflect a form of indifference, rather than actions taken to hurt organizations and their employees directly. Abusive supervision not only damaged organizations through lower productivity, counterproductive work behavior, turnover and withdrawal but also damaged nurses through job tension, emotional exhaustion and work-to-family conflict and affect the reactions of nurses to workplace mistreatment such as aggression and harassment (Mackey et al., 2017; Schyns et al., 2018; Lyu et al., 2019; Milosevic et al., 2019; Zhang et al., 2021). Furthermore, negative attitudes such as workplace incivility, workplace violence and ostracism can be triggered by abusive supervision (Khan et al, 2017).

Purpose of the study

To assess head nurses' abusive supervision levels from staff nurses' perspective.

Research Question

What are the levels of head nurses' abusive supervision from staff nurses' perspective?

Method

Research Design:

A descriptive research design was utilized to fulfill the purpose of this study.

Setting:

This study was conducted at all critical care units and Departments at Menoufia University Hospitals and National Liver Institute at Shebin El-Kom city/ Menoufia Governate.

Sample:

Simple random sample technique was used in the study. It involved staff nurses working in the above mentioned study setting with at least two years of experience and who accept to participate in this study. The total sample size of staff nurses participating in the study was 560 nurses (300 nurses was from Menoufia University Hospitals & 260 nurses was from National Liver Institute).

Data Collection Instruments:

Toxic Leadership Scale.

It consisted of two parts as the followings:

- **Part 1: Personal characteristics data of staff nurses:** is a structured questionnaire designed by the investigator to obtain personal data of the staff nurses including "age, gender, and years of nursing experience, qualifications, unit of work, marital status, and residence".
- **Part 2: Abusive supervision dimension from Toxic Leadership Scale** which was developed by Schemidt (2008). It consisted of 7 items and was translated into Arabic by the investigator to investigate head

nurses' abusive supervision from staff nurses' perspective.

Staff nurses' responses were measured in five point Likert Scale that takes values ranging from 1 (strongly disagree) to 5 (strongly agree). Levels of abusive supervision were represented statistically into $\geq 75\%$ (26-35 points) as high levels, $\leq 60-75\%$ ($\leq 21-26$ points) as moderate levels and $<60\%$ (<21 points) as low levels. According to these values, total score ranged between 7-35 (Paltu, 2020).

Validity and Reliability

The instrument was translated into Arabic language to be clear for all participants' education levels and reviewed by a panel of five experts in the field of study to assess the face and content validity. Minor modifications and rephrasing of some statements were done based on the jury's opinions. The instrument was considered valid from the experts' perspective. Reliability of the instrument was tested by Cronbach's Alpha test. The reliability of abusive supervision was $\alpha = 0.91$ which considered highly reliable.

Ethical Consideration

An approval was obtained from Ethical and Research Committee of the Faculty of Nursing and an oral informed consent was gained from the study sample. Studied nurses were informed that participation in the study is voluntary. The respondents were assured that their data will be treated as strictly confidential and their anonymity were maintained. Additionally, each participant was notified about their right to accept or refuse to participate in the study.

Pilot study

After reviewing the instruments by the experts, a pilot study was conducted

before using the final questionnaire to ascertain clarity, relevance, applicability of the study instrument and to determine obstacles that may be encountered during data collection. It was also helpful to estimate the time needed to fill the study instrument. The pilot study was carried by 56 nurses who represented 10% of sample size. No modification was done. So, the sample of pilot study was included in the study. Participants required at least 10 minutes to complete the questionnaire.

Data collection procedure

After explanation of the purpose and nature of the study, nurses who fulfilled the inclusion criteria were invited to participate in the study. Thereafter, data was collected through a structured interview questionnaire to ascertain all questions were answered and to clarify any inquiry and it took about 10 minutes to accomplish the questionnaire. Data was collected in a period of four months from the beginning of January 2021 till the end of April 2022 in the morning, afternoon and night shifts with average five days/ week. The average number of days for fulfilling instrument was 10-12 per day.

Statistical analysis

Data was entered and analyzed by using SPSS (Statistical Package for Social Science) statistical package version 22. Graphics were done using Excel program. Quantitative data were presented by range, mean (\bar{x}) and standard deviation (SD). Qualitative data were presented in the form of frequency distribution tables, number and percentage.

Results

Table 1: demonstrated percentage distribution of studied staff nurses according to their personal

characteristics. It showed that more than three quarters (76.4 %) of the staff nurses aged between 20 - < 30 years with mean age of (27.4± 5.1years), approximately two thirds were females (58.4%), married (66.3%), and live in rural areas (66.4%). The highest percentage (45.9%) of experience was between 5 - <15 years with mean (6.4±1.5years).

Table 2: demonstrated percentage distribution of head nurses' abusive supervision dimension of toxic leadership, as perceived by studied staff nurses. Generally, it showed low mean total score of abusive supervision dimension (17.1± 3.6) with a range 7 – 35. All highest percent are observed in disagree and lowest percent are observed in strongly agree. For item 6 “ridicules staff nurses”, the highest percent (33.2%) of studied staff nurses responded disagree while the lowest percent (11.6%) responded strongly agree. Regarding item 7 “holds staff nurses responsible for things outside their job descriptions”, the highest percent (30.7%) of studied staff nurses responded disagree while the lowest percent (9.5%) responded strongly agree. Concerning item 8 “is not considerate about staff nurses' commitments outside of work”, the majority (28.6%) of studied staff nurses responded disagree while the

minority (7.1%) responded strongly agree. In reference to item 9 “speaks poorly about staff nurses to other people in the workplace”, the highest percent (35%) of studied staff nurses responded disagree and it was considered the highest percent among all items while the lowest percent (4.5%) responded strongly agree and it was observed the lowest percent among all items. And regarding item 10 “publicly belittles staff nurses”, the highest percent (34.1%) of studied staff nurses responded disagree while the lowest percent (4.6%) responded strongly agree. For item 11 “reminds staff nurses of their past mistakes and failures”, the highest percent (32.1%) of studied staff nurses responded disagree while the lowest percent (7.9%) responded strongly agree. Finally, regarding item 12 “tells staff nurses they are incompetent”, the highest percent (33.9%) of studied staff nurses responded disagree while the lowest percent (8.2%) responded strongly agree.

Table 3 and Figure 1: demonstrated that the low level of abusive supervision had the highest percentages with a range of 72.9%, moderate and high level are 14.8% and 12.3% respectively 14The table also showed that the total mean score of abusive supervision (17.1± 3.6) with a range of (7 -35).

Table 1: Percentage distribution of Studied staff nurses according to their personal characteristics (N=560)

Personal Characteristics	Staff nurses	
	N.	%
Age		
20 - < 30 years	428	76.4
30 - < 40 years	108	19.3
40 - 50 years	24	4.3
Mean± SD	27.4± 5.1 years	
Gender:		
Female	327	58.4
Male	233	41.6
Years of experience		
< 5 years	248	44.3
5 - < 15 years	257	45.9
≥ 15 years	55	9.8
Mean± SD	6.4 ±1.5 years	
Education:		
Nursing diploma	54	9.6
Technical Nursing Institute	396	70.7
Bachelor of Nursing	105	18.8
Postgraduate	5	0.9
Marital status:		
Married	371	66.3
Unmarried	189	33.7
Residence:		
Rural	372	66.4
Urban	188	33.6
Hospital name:		
Menoufia University (M.U)	300	53.6
National Liver Institute (NLI)	260	46.4
Unites and Departments of work:		
Menoufia University Departments	79	14.1
Menoufia University critical unites	221	39.5
National Liver Institute departments	103	18.4
National Liver Institute critical unites	157	28
Total	560	100

Table 2: Percentage distribution of head nurses' abusive supervision as perceived by studied staff nurses (N = 560)

The nurse manager' abusive supervision dimension:	SD		Disagree		Neutral		Agree		SA	
	N.	%	N.	%	N.	%	N.	%	N.	%
1. Ridicules staff nurses	172	30.7	186	33.2	77	13.8	60	10.7	65	11.6
2. Holds staff nurses responsible for things outside their job descriptions	134	23.9	172	30.7	92	16.4	109	19.5	53	9.5
3. Is not considerate about staff nurses' commitments outside of work	116	20.7	160	28.6	148	26.4	96	17.1	40	7.1
4. Speaks poorly about staff nurses to other people in the workplace	159	28.4	196	35.0	105	18.8	75	13.4	25	4.5
5. Publicly belittles staff nurses	171	30.5	191	34.1	104	18.6	68	12.1	26	4.6
6. Reminds staff nurses of their past mistakes and failures	139	24.8	180	32.1	99	17.7	98	17.5	44	7.9
7. Tells staff nurses they are incompetent	157	28.0	190	33.9	98	17.5	69	12.3	46	8.2
Mean total score of abusive supervision dimension	17.1± 3.6 Range: 7-35									

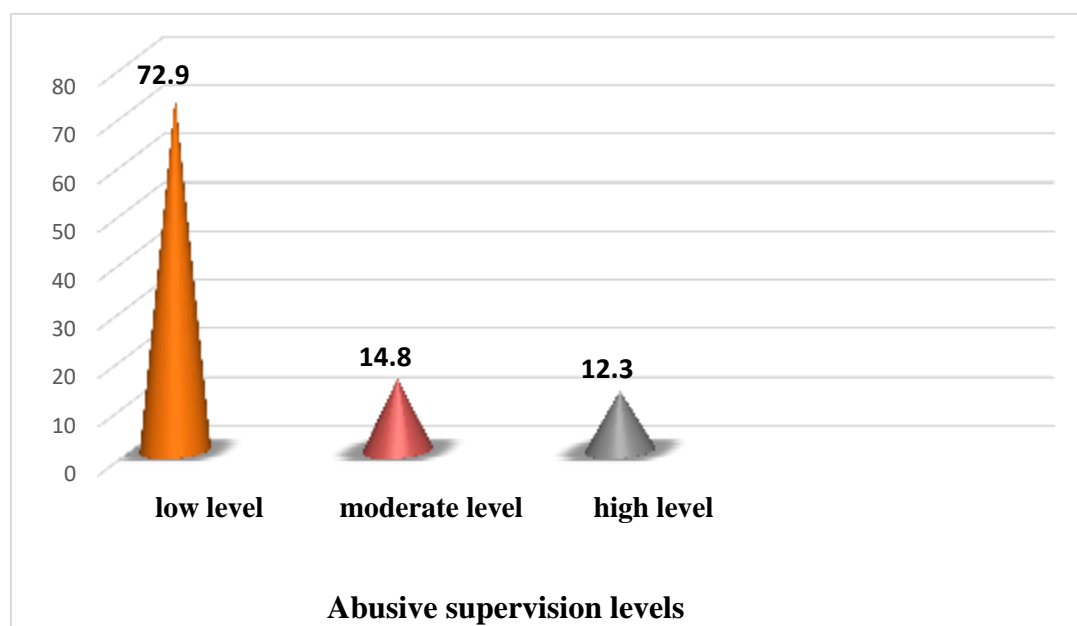
SD= Strongly disagree

SA = Strongly agree

Table 3: Percentage distribution of head nurses' abusive supervision as perceived by studied staff nurses (N = 560)

Abusive supervision levels						Mean± SD (Range)
low level		moderate level		high level		
N.	%	N.	%	N.	%	
408	72.9	83	14.8	69	12.3	17.1± 3.6 (7 -35)

Figure 1: Levels of head nurses' abusive supervision as perceived by studied staff nurses (N = 560).



Discussion

Abusive supervision is an element of toxic leadership which reflects negative/ dark side of leadership (Thompson, 2021). It is a remarkable attitude including various mistreatment behaviors of the head nurses. Abusive supervision not only damaged organizations through lower productivity, counterproductive work behavior, turnover and withdrawal but also damaged subordinates through job tension, emotional exhaustion and work-to-family conflict and affect the reactions of nurses to workplace mistreatment such as aggression and harassment (Lyu et al., 2019; Milosevic et al., 2019; Schyns et al., 2018; Zhang et al., 2021).

The findings of the current study showed that abusive supervision dimension had low mean total score. All highest percent are observed in disagree and lowest percent are observed in strongly agree, as about more than one-third of staff responded disagree to “speaks poorly about staff

nurses to other people in the workplace”.

From the investigator point of view, this result may be due to the head nurses' awareness about the detrimental outcomes of abusive supervision for staff, as nurses perceive injustice when subjected to this practice and indulge in Counter Work Behavior, as well as for the organization. Also, improved methods of institutional governance possibly prevent staff emulation. Unbiased feedback and 360 evaluations for head nurses prevent or at least limit them to practice such abusive behaviors. Furthermore, rules, policies, and effective quality system don't support these behaviors. Good communication, collaboration, teamwork in workplace also limit manager's abusive practices. This result is supported by Mahmoud & ELsaeed (2021) who conducted descriptive correlational study and demonstrated that majority of staff nurses had low perception levels of abusive supervision as the staff nurses

indicated that the supervisor never ridicules, intimidates or underestimates them. While the low percent of them had high and moderate perception levels to overall abusive supervision.

At the same line, a study by Abou Ramadan and Eid (2020) showed that more than three quarters of nurses disagree about being supervised abusively. The result of current study also is consistent with the study of Simard & Parent-Lamarche (2022) who revealed that minority of participant are exposed to abusive leadership by their managers. Also, result is supported by the study of Lyu, et al (2019) who found abusive supervision wasn't prevalent among Chinese female nurse managers and ranged from the moderate-to-low level. While, Low, et al (2019) found that nurses experienced abusive supervision perceive their head nurses had engaged in abusive behavior towards them (such as being mocked, silent, violating their privacy) at least five times per year on average. This result is also supported by Rodwell et al. (2014) who reported that a majority of the respondents indicated high level of exposure to abusive supervision.

In the contrary, the study of Hameed & Cheema (2020) showed that more than half of respondents nurses agreed that they publicly embarrass someone at work. As well as, study conducted by Abdallah & Mostafa (2021) demonstrated that More than half of staff nurses perceived in-appreciativeness from their nurse manager at the moderate level at El-Menshawey General Hospital. Additionally, Estes (2013) who studied "Abusive Supervision and Nursing Performance" contradicted the present findings and showed that abusive supervision is experienced by nurses in hospitals.

Conclusion

The current study aimed to assess head nurses' abusive supervision levels from staff nurses' perspective. The study emphasized that the highest percentages of studied staff nurses perceived low level of abusive supervision from their head nurses in the mentioned study settings.

Recommendation

According to the study findings, it's recommended that; Training future head nurses in terms of behaviors and ethical standards in management and leadership before upgrading to leadership roles. Head nurses should pay attention for identifying staff nurses' needs and feelings and providing the appropriate ways to meet these needs. Education program for head nurses about destructive leadership styles including abusive supervision and its effect on productivity and quality of patient care. Further researches are required to replicate this study in different health care sectors with all healthcare professionals.

References

- Abdallah, S. A. E., & Mostafa, S. A. M. (2021). Effects of Toxic Leadership on Intensive Care Units Staff Nurses' Emotional Intelligence and Their Organizational Citizenship Behaviors. *Tanta Scientific Nursing Journal*, 22(3), 211-240.
- Abou Ramdan, A., & Eid, W. (2020). Toxic Leadership: Conflict Management Style and Organizational Commitment among Intensive Care Nursing Staff. *Evidence-Based Nursing Research*, 2(4), 12.
- Bell, R. M. (2017). The dysfunction junction: The impact of toxic leadership on follower

- effectiveness (Doctoral dissertation, Regent University).
- Cummings, G. G., Lee, S., Tate, K., Penconek, T., Micaroni, S. P., Paananen, T., & Chatterjee, G. E. (2021). The essentials of nursing leadership: A systematic review of factors and educational interventions influencing nursing leadership. *International journal of nursing studies*, 115, 103842.
- Estes, B. C. (2013, January). Abusive supervision and nursing performance. In *Nursing Forum* (Vol. 48, No. 1, pp. 3-16).
- Greenbaum, R. L., Mawritz, M. B., Mayer, D. M., & Priesemuth, M. (2013). To act out, to withdraw, or to constructively resist? Employee reaction to supervisor abuse of customers and the moderating role of employee moral identity. *Human Relations*, 66, 925–950.
- Hameed, F., & Cheema, M. (2020). Effect of Dark Triad of Leader's Personality on Nurses' Counterproductive Work Behavior. *International Journal of Academic Research in Business and Social Sciences*, 10(6), 76–87.
- Karkada., S & Cherian., S. (2017). A Review on Leadership in Nursing. *international journal of nursing research and practice*. 4.
- Khan, A. K., Quratulain, S., & Crawshaw, J. R. (2017). Double jeopardy: Subordinates' worldviews and poor performance as predictors of abusive supervision. *Journal of Business and Psychology*, 32(2), 165-178.
- Khan, S. (2017). Contagion Effects of Abusive Supervision Climate: A Multilevel Study. Doctoral dissertation. Monash University.
- Kiwanuka, F., Nanyonga, R. C., Sak-Dankosky, N., Muwanguzi, P. A., & Kvist, T. (2021). Nursing leadership styles and their impact on intensive care unit quality measures: An integrative review. *Journal of Nursing Management*, 29(2), 133-142.
- Klahn Acuña, B., & Male, T. (2022). Toxic leadership and academics' work engagement in higher education: A cross-sectional study from Chile. *Educational Management Administration & Leadership*, 17411432221084474.
- Low, Y. M., Sambasivan, M., & Ho, J. A. (2021). Impact of abusive supervision on counterproductive work behaviors of nurses. *Asia Pacific Journal of Human Resources*, 59(2), 250-278.
- Lyu, D., Li, J., Zheng, Q., Yu, B., & Fan, Y. (2019). Abusive supervision and turnover intention: Mediating effects of psychological empowerment of nurses. *International Journal of Nursing Sciences*, 6(2), 198–203.
- Mackey, J.D., Frieder, R.E., Brees, J.R. and Martinko, M.J. (2017), "Abusive supervision: a meta-analysis and empirical review", *Journal of Management*, Vol. 43 No. 6, pp. 1940-1965.
- Mahmoud, S. A., & ELsaeed, Z. Z. (2021). Abusive and Coaching Supervision and its Relation to Nurses' Talent. *Egyptian Journal of Health Care, EJHC* Vol 12. no.4
- Milosevic, I., Maric, S., & Loncar, D. (2019). Defeating the Toxic Boss: The Nature of Toxic Leadership and the Role of Followers. *Journal of Leadership & Organizational Studies*.
- Murray E. 2017: Nursing leadership and management for patient safety and quality care, 1st ed;.

- F.A. Davis Company, Philadelphia.
- Paltu, A. (2020). Validation and application of the Toxic Leadership scale in the South African manufacturing industry (Doctoral dissertation, North-West University (South Africa)).
- Rodwell, J., Brunetto, Y., Demir, D., Shacklock, K., & Farr-Wharton, R. (2014). Abusive supervision and links to nurse intentions to quit. *Journal of Nursing Scholarship*, 46(5), 357-365.
- Schmidt, A.A. (2008), "Development and validation of the toxic leadership scale", Unpublished Master Theses, Faculty of the Graduate School of the University of Maryland, College Park.
- Schyns, B., Felfe, J. and Schilling, J. (2018), "Is it me or you? How reactions to abusive supervision are shaped by leader behavior and follower perceptions", *Frontiers in Psychology*, Vol. 9 No. 1309, pp. 1-22.
- Simard, K., & Parent-Lamarche, A. (2022). Abusive leadership, psychological well-being, and intention to quit during the COVID-19 pandemic: A moderated mediation analysis among Quebec's healthcare system workers. *International archives of occupational and environmental health*, 95(2), 437-450.
- Tepper, B. J. (2000). Consequences of abusive supervision. *Academy of Management Journal*, 43(2), 178–190. <https://doi.org/10.2307/1556375>
- Tharwani, M., Saleem, M., Ali, Y., Saher, S., and Zafar.B. (2020): Effects of destructive Leadership on employee's performance, *International Journal of Research and Analytical Reviews (IJRAR)*, 7(1): 698-700.
- Thompson, M. (2021): Toxic leadership: understanding and mitigating the threat, august 2021, pp: 1-19.
- Zhang, X., Sun, Z., Niu, Z., Sun, Y., & Wang, D. (2021). The effect of abusive supervision on safety behaviour: a moderated mediation model. *International journal of environmental research and public health*, 18(22), 12124.