

## Nurses' Perception about Abusive as well as Coaching Supervision and its Relation with their Competence

Zeinab Khalaf Hussien<sup>(1)</sup>; Ebtsam Ahmed Mohamed Bashandy<sup>(2)</sup>; Heba Dakrory Ali El-said<sup>(3)</sup>; Eman Aly Abd-Elhamid<sup>(4)</sup>;

1. B.Sc. Nursing, Faculty of Nursing - Minia University.
2. Assistant Professor of Nursing Administration, Faculty of Nursing -Minia University.
3. Lecturer of Nursing Administration, Faculty of Nursing –Minia University.
4. Lecturer of Nursing Administration, Faculty of Nursing –Minia University.

### Abstract

**Background:** Supervision is one of the techniques that used to improve nurses' competence. So, **the aim of this research** was to assess nurses' perception about abusive as well as coaching supervision and its relation with their competence. **Research design:** A descriptive correlational design was utilized in the current research. **Setting:** The research was conducted at Minia Oncology Institute. **Sample:** Convenience sample included (no.106) nurse. **Tools of data collection:** Four scales were used in this research, the first scale was sociodemographic data, the second scale was nurses' perception of abusive supervision scale, the third scale nurses' perception of coaching supervision scale and the fourth scale nurse competence scale. **Results:** The majority of nurses had low perception level of abusive supervision, more than two third of them had high perception level of coaching supervision and less than two third of them had high level of competence. **Conclusion:** There was negative correlation between total abusive supervision and total coaching supervision ( $P = 0.044$ ) and there was negative correlation between total abusive supervision and total nurses' competence ( $P = 0.940$ ). While there was positive correlation between total coaching supervision and total nurses' competence ( $P = 0.239$ ). **Recommendations:** Apply a continuous, regular, adequate and constructive evaluation of supervisors and their supervision style by institute administration.

**Keywords:** Abusive Supervision, Coaching Supervision, Competence, Nurses' Perception.

### Introduction

The majority of those working in the health field are nurses. They have a lot of complicated duties to do. The current hospital environment, brought on by technological and medical advancements, and hospitals being corporate enterprises, calls for nurses to be extremely competent, accurate, and self-reliant (Mahmoud & ELsaeed, 2021). However, working circumstances and the dynamic between staff nurses and supervisors—both of which are directly impacted by supervisory techniques—are what ultimately determine the quality of nurses' work life. Patients may suffer if medical workers are not adequately supervised. While having enough monitoring helps patients improve (Sewell et al., 2024).

Moreover, supervision is a structured process that aids in professional development and training. It gives a private nurses, space's secure to consider and speak about their work, which improves their awareness, clinical skills, competence, and abilities (Howard & Eddy-Imishue, 2020). Additionally, clinical supervisors with training may advise nurses on what to do and when to do it while supervising, and supervision is useful in identifying clinical issues (Martin et al., 2021). Therefore, nurses need skilled supervisors in hospitals as they have a significant impact on their work life and directly shape their experiences via the supervisory style they use, which may be either abusive or coaching (Mahmoud & ELsaeed, 2021).

Abusive supervision is an active kind of destructive leadership, which describe a subordinate's assessments of the degree to which managers consistently exhibit antagonistic verbal and non-verbal actions, prevent physical contact

(Fischer et al., 2021). Furthermore, continuous displays of animosity rather than isolated incidents are essential components of abusive supervision, and the abusers may or may not have malicious intent (Baysala et al., 2020).

In addition, employees under abusive supervision may experience negative consequences such as decreased job satisfaction, mental and psychological problems, physical health problems, work-family conflict, higher intentions to leave the company, high levels of job stress, job burnout, increase blood pressure, reduce organizational commitment, reduce self-efficacy, elevate aggressive behaviors, as well as decreased performance as all. Additionally, it may harm the health and well-being of subordinates. Furthermore, it may encourage employees to act in an unproductive manner that might endanger their coworkers (Badran & Akeel, 2022).

Conversely, coaching supervision provides nurses with all the tools they require to grow as well as become more proficient. It is described as a grow activity in which nurses collaborate one-on-one with their supervisors to strengthen their capabilities for upcoming challenges and roles while also improving their present job performance. The main goal of coaching was to raise task performance among nurses, particularly those who performed poorly. However, in more recent times, it has evolved into a tool for learning facilitation and advancing nurses from peak performance to exceptional performance (Ebewo et al., 2023).

Moreover, coaching an important managerial skills to encourage the staffs' learning goal orientation as well as critical reflection (Matsuo et al., 2020), work satisfaction, job engagement (Lewis, 2023), job practice, corporate citizenship behavior as well as thriving at work. Additionally, coaching supervision reduces negative attitudes and actions among

employees, such as the urge to quit. Studies have also looked at the possible effects of coaching supervision on the subordinates' job satisfaction. Additionally, coaching supervision has become a crucial technique to raise workers' favorable assessments of many aspects of their job (Zhao & Liu, 2020)

Furthermore supervisors' coaching skills, which include defining objectives and a path toward achieving them, giving feedback, thinking flexibility, abilities of active listening, open communication, cognitive skills, fostering a good environment, socio-cognitive role-example, questioning techniques, rapport-building, interviewing abilities, observation, considering multiple viewpoints when making decisions, being a resource, teamwork, and being receptive to recent ideas. These abilities lead to better coaching relationships between supervisors and subordinates, which eventually affects the subordinates' competence, attitudes, and actions (Ali et al., 2021).

According to Tuomikoski et al. (2020), competence is a crucial component in determining a nurse's capacity to offer effective care. It's important to remember that professional competence is the provision of nursing care in regarding professional standards (Lau et al., 2020). Since competence is a lifelong process of developing one's knowledge, beliefs, attitudes, as well as skills as critical thinking, creativity as well as innovation. In the nursing sector, it refers to the utilize of knowledge, skills, talents, attitudes, and qualities to complete successfully significant job tasks (Masters & Rushing, 2021)

Possessing competence advances nursing as a job, enhances practice of nursing as well as nursing education, also the results in higher patient satisfaction moreover the better patient care (Kim & Lee, 2020). Furthermore, a hospital's quality can be raised by qualified nurses who can deliver safe care in compliance with the obligations outlined in the standards of the nursing job. The performance of nurses is closely correlated with their competence, meaning that nurses who are competent may perform better than those who are not, and that nurses require competence to be encouraged to be more motivated at work (Abadi & Norawati, 2022).

Ensuring the quality of healthcare is a global health service delivery system's problem. Since nurses make up the largest professional group in the healthcare system, their skill can have a big impact on the quality of care given. One way to increase a nurse's competence is through supervision, which offers crucial support for nurses advancing into advanced practice to support professional development and career flexibility (Arani et al., 2022).

### Significance of the research

The provision of hospital resources, incentives, and chances for staff nurses to enhance their competence is largely dependent on the quality of their supervision. Nurses have a talent that can be learnt or enhanced via practice and experience under the right supervision, regarding to theory of evidence-based management (Letterstål et al., 2022). Also professional competence is a key component of both patient satisfaction and nursing care supply (Gharghozar et al., 2021). Proficiency advances the nursing field, improves clinical practice and nursing education, and leads to improved patient outcomes and patient satisfaction with nurses (Kim & Lee, 2020).

There aren't studier's integrated three variables, but the study conducts on Egypt by Mahmoud & ELsaeed

(2021) they investigate abusive as well as coaching supervision also its link to nurses' talent and concluded that negative substantial connect between abusive supervision also the nurses' talent. This indicates that abusive actions do not develop a nurse's skill. While the study performed by Murshid et al. (2020) who conducted research on the utilize of coaching and mentoring in talent development in southeast Asian nations and came to the conclusion that the majority of firms used coaching, formal training, and other ways to create outstanding employees.

According to the researcher's observations made during the clinical training of students, certain supervisors treat nurses badly and negatively; they ignore their demands, remind them repeatedly of their failures, undervalue them, and focus too much on correcting mistakes without providing appropriate guidance. On other hand, some supervisors value developing relationships with their nurses, encourage teamwork, and support their growth. In the researcher's opinion, these supervisory styles have an impact on the competence of nurses. Thus, the researcher presents this suggestion to study nurses' perception about abusive as well as coaching supervision and its relation with their competence.

### Aim of the research

The aim of the current research is to assess nurses' perception about abusive as well as coaching supervision and its relation with their competence.

### Research Questions

- What is the nurses' perception level of abusive as well as coaching supervision?
- What is the level of nurses 'competence?
- Is there a correlation between nurses' perception about abusive as well as coaching supervision and their competence?

### Subjects and Methods

#### Research Design

The aim of the actual study was accomplished by using a descriptive correlational research strategy.

#### Setting

The research was conducted at (Oncology Institute), Minia city, Egypt. It consists of three floors, the first floor contains emergency department, outpatient clinics, the radiology department, the outpatient pharmacy, and the archives, and the second floor contains the intensive care unit, operation and recovery department, cardiac radiology department, clinical pharmacy, and laboratory. Finally, the third floor is the director's office, the head nurse's office, the legal affairs office, inpatient and outpatient chemotherapy departments, a pediatric department, and the surgical department.

#### Subjects

The subjects of research sample included all nurses who experience more than one year in working at (Oncology Institute), during the period of data collection sample size (no.=106), classified as follows:

Department	No of nurses
Intensive Care Unit (ICU)	14
Emergency	8
In patient dept.	21
Outpatient dept.	18

Department	No of nurses
Surgical dept.	20
Operations	12
Pediatric dept.	13
<b>Total</b>	<b>106</b>

### Data Collection Tools

Data were collected through using four scales as:

#### Scale (1): Socio-demographic Data

This tool was used to gather data about nurses encompass elements as age, gender, marital status, educational qualification, residence, department, and years of experience in the field of nursing.

#### Scale (2): Abusive Supervision Scale

This tool was developed by **Wulani et al., (2014)**. It involved twenty five items with 3 dimensions as following:

Dimensions	No. of Items
1 Angry-active abuse	6
2 Humiliation active	4
3 Passive abuse	15
<b>Total</b>	<b>25</b>

Each item was evaluated by 3 -point Likert-type scale from one mean never do, two mean sometime do, and three mean always do. So, the scoring system was ranked from 25 to 75 as following:

- Low nurses' perception of abusive supervision ranged from 25to 41.
- Moderate nurses' perception of abusive supervision ranged from 42 to 58.
- High nurses' perception of abusive supervision ranged from 59 to 75.

#### Scale (3): Nurses' Perception of Coaching Supervision Scale

Coaching supervision scale was developed by **Meclean et al., (2005)** and **Romiko and Jumpamool, (2016)**. It involved 41 items classified into five dimensions as following:

Each item was evaluated by 3 -point Likert-type scale from one mean never do, two mean sometime do, and three mean always do. So, the scoring system was ranked from (41to123) as following:

- Low nurses' perception of coaching supervision ranged from 41to 68.
- Moderate nurses' perception of coaching supervision ranged from 69 to 96.
- High nurses' perception of coaching supervision ranged from 97 to 123.

#### Scale (4): Nurse Competence Scale

Nurse Competence Scale was developed by **Meretoja et al., (2004)**. It involved 73 items with seven dimensions as following:

Dimensions	No. of Items
1 Helping role	7
2 Teaching- coaching	16
3 Diagnostic functions	7
4 Managing situation	8
5 Therapeutic interventions	10
6 Ensuring quality	6
7 Work role	19
<b>Total</b>	<b>73</b>

Each item was evaluated by 3 -point Likert-type scale from one mean never, two mean sometime, and three mean always. So, the scoring system was ranked from (73to219) as following:

- Low level of nurses' competence ranged from 73 to 121.
- Moderate level of nurses' competence ranged from 122 to 170.
- High level of nurses' competence ranged from 171 to 219.

### Validity of the research' scales

Dimensions	No. of items
1 Open communication	9
2 Team approach	8
3 Values nurses	6
4 Accepts ambiguity	7
5 Facilitate and empower the staff nurse's development	11
<b>Total</b>	<b>41</b>

A panel of five experts in nursing administration, including two professors and three assistant professors from Minia University's Faculty of Nursing, evaluated the content validity of the measures (See Appendix C). The instruments were sent to each member of the expert panel to review for content coverage, clarity, phrasing, length, format, and overall look. The researcher made the required adjustments to the juror panel as well, rephrasing and changing in Arabic language of some items to make them more accurate and understandable. Also, three-point Likert scale of nurse competency measure was modified from one mean disagree, two mean neutral and three mean agree to one mean never, two mean sometimes and three meanalways.

### Reliability of the research' scales

Scale	Cronbach alpha
Angry active abuse	.89
Humiliation active abuse	.76
Passive abuse	.91
<b>Total abusive supervision</b>	<b>0.92</b>
Open communication	.91
Team approach	.90
Values nurses	.86
Accepts ambiguity	.85
Facilitate and empower the staff nurse's development	.91
<b>Total coaching supervision</b>	<b>0.94</b>
Helping role	.84
Teaching- coaching	.93
Diagnostic functions	.84
Managing situation	.88
Therapeutic interventions	.88
Ensuring quality	.85
Work role	.93
<b>Total nurses' competence</b>	<b>0.95</b>

Scale reliability was assessed in order to verify scale consistency. The degree to which the scales' items measured what they were supposed to measure was determined by looking at the internal consistency. Additionally, the Cronbach alpha test was used to assess the scales' reliability, and the results showed that they had high internal reliability. The scales were then distributed as follows:

**Pilot research:**

A pilot study was conducted with 10% of the nursing staff, consisting of 11 nurses, to ascertain the appropriate time required to fill the tools and to assess the scales' clarity, completeness, and applicability. The results of the pilot study were used in the final output without modification.

**Data Collection Procedure:**

- ❖ An official letter was provided by the Minia University Nursing Faculty Dean and the Ethical Committee of the Nursing Faculty.
- ❖ After being adopted and translated into Arabic, the scales were approved by the jury to be used in gathering study data.
- ❖ After outlining the goal of the study, written permissions were acquired from the head nurses, nursing manager, and director of the Oncology Institute.
- ❖ Following approval, the researcher introduced herself to the head nurse and other nurses, outlining the purpose of the study and how the nurses were to fill out the scales.
- ❖ To ensure the clarity and application of the scales, a pilot study was conducted.
- ❖ Next, the scales' dependability was examined.
- ❖ Every nurse received a set of the scales. With the help of each unit' head nurse, the researcher directly administered and oversaw the scales.
- ❖ During the working days, the researcher gave those scales to nurses working at the morning.
- ❖ Every nurse received a separate sheet, and they had between twenty and thirty minutes to complete the scales. Any queries from nurses are addressed by the researcher.
- ❖ The real fieldwork for data collection began in early February 2023 and ran until the end of April 2023. Three hours prior to the conclusion of the shift, data collecting commenced. Nurses from various shifts were requested to complete scales solely based on their personal experiences. For the most part of the data collecting session, the researcher stayed outside the units, entering them only to answer inquiries after fifteen minutes.
- ❖ The researcher arranged for the visits to every department at the Oncology Institute by taking into account the work schedules of the nurses. To speak with every nurse, the researcher chose two days, Saturday and Wednesday.

**Ethical Considerations:**

- ❖ A formal letter was received from Minia University's Faculty of Nursing's Research Ethics Committee.
- ❖ The study's conduct was authorized by Minia University's Faculty of Nursing Dean.
- ❖ The director of the Oncology Institute, the nursing manager, and head nurse all provided their approval and assent.
- ❖ Oral agreement was gained from consenting participants before to the performance of both the pilot project and the main study, following an explanation of the study's nature and objectives. The research participant is free to decline participation or to leave the study at any moment, for any reason. Privacy of study participants was taken into account when gathering data. Participants received assurances that all of their data would be kept completely private. Anonymity was further ensured by giving each nurse a number rather than their name in order to preserve their privacy

**Statistical Design:**

Using SPSS version (25), the gathered data was tabulated, processed, analyzed, and summarized using descriptive statistical tests to test research hypotheses. Frequency and percentage were used to convey qualitative data. The degree of significance is expressed as a probability (P-value); a value of less than 0.05 was deemed significant. The more important the result (\*), the smaller the P-value achieved; a P-value of less than 0.001 was deemed extremely significant (\*\*). The T-test and Anova test were employed for qualitative data analysis to identify the correlation between the sociodemographic information of nurses and the variables under research.

The kind and strength of a relation between two numerical variables can be ascertained using the statistical technique of correlation. The strength of the link is shown by the value, and the co-sign efficiencies indicate whether the relationship is positive or negative. Rho values fall into one of four categories: weak correlation (below 0.25), reasonable connection (between 0.25 and 0.499), moderate correlation (between 0.50-0.74), and strong correlation (above 0.74).

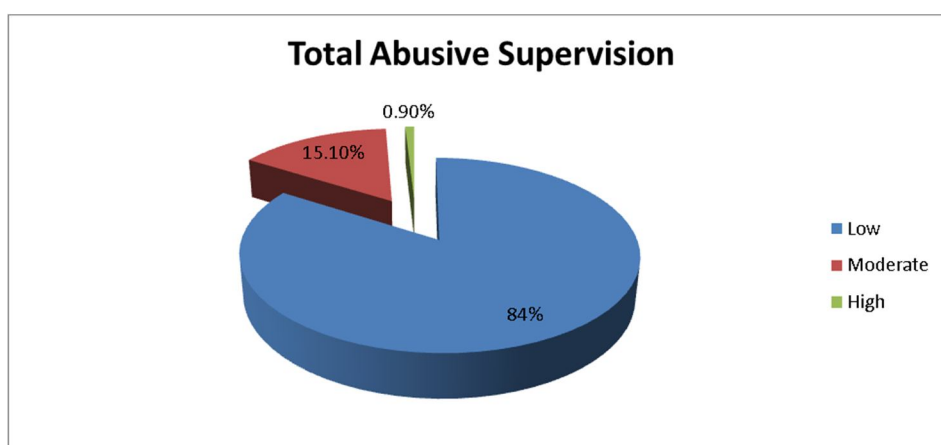
**Results**

**Table (1): Percentage distribution of the nurses' sociodemographic data (no.=106).**

Items	Nurses (no.= 106)	
	no.	%
<b>Age</b>		
• <20-30yrs	73	68.9
• 31-41yrs.	22	20.8
• ≥42yrs.	11	10.3
<b>Mean ± SD</b>	24.37±6.835	
<b>Gender</b>		
• Male	39	36.8
•Female	67	63.2
<b>Residence</b>		
•Urban	52	49.1
• Ruler	54	50.9
<b>Educational qualification</b>		
•Diploma in nursing	14	13.2

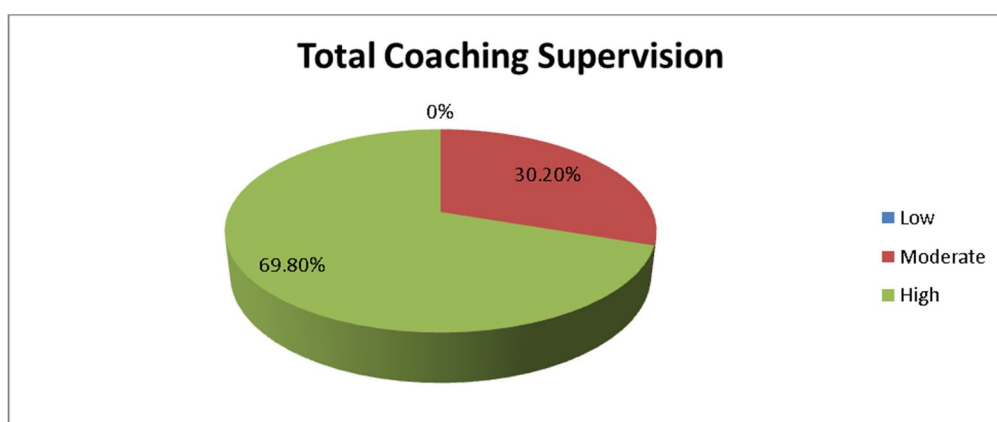
Items	Nurses (no.= 106)	
	no.	%
•Technical institute in nursing	50	47.2
•Baccalaureate in nursing	42	39.6
<b>Years of experience</b>		
• 1-10 yrs.	77	72.6
• 11-20yrs.	14	13.2
• More than 20 yrs.	15	14.2
<b>Mean ± SD</b>	8.18±8.034	
<b>Marital status</b>		
• Single	34	32.1
• Married	70	66
• Divorced	2	1.9
<b>Department</b>		
• ICU	14	13.2
• Emergency	8	7.5
• Inpatient	21	19.8
• Outpatient	18	17
• Surgical	20	18.9
• Operation	13	12.3
• Pediatrics	12	11.3

**Table (1)** illustrates that (68.9%) of the nurses' age are ranged between < 20 to 30 years, with Mean ± SD (24.37±6.835), (63.20%) of them are females, moreover (50.90%) of nurses living in rural area. Also (47.2%) of them have technical institute of nursing. Moreover (72.6%) of them have years of experience ranged from 1 to 10 years with Mean ± SD (8.18±8.034). additionally (66%) of them are married. Finally (19.80%) of them working at inpatient department, and (7.50%) of them are emergency department



**Figure (1): Percentage distribution for nurses' perception level regarding total abusive supervision (no=106)**

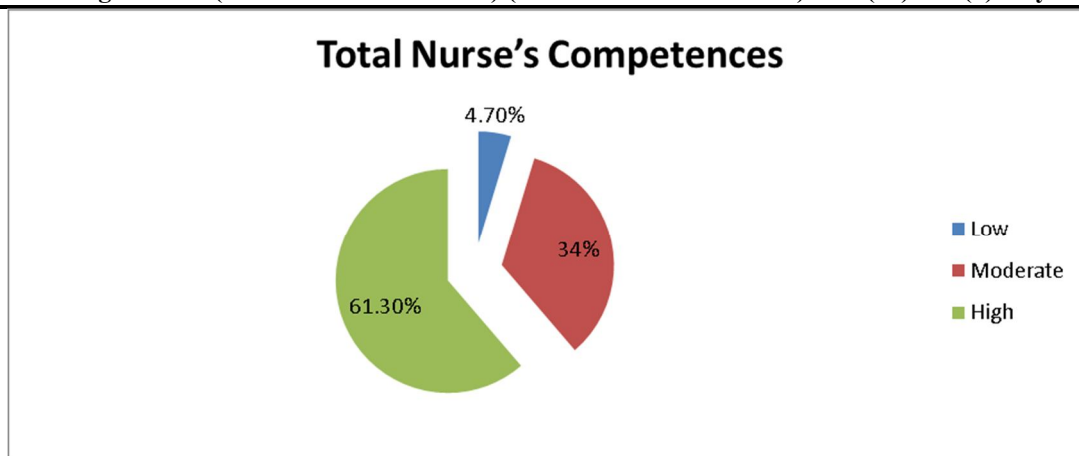
**Figure (1)** shows that there are (84%) of nurses have a low perception level of abusive supervision. while, (15.10%) of them have a moderate perception level, and only (0.90%) of them have a high perception level of abusive supervision



**Figure (2): Percentage distribution for nurses' perception level regarding total coaching supervision (no=106)**

**Figure (2)** reveals that, there are (69.80%) of nurses have a high perception level of coaching supervision. While (30.20%) of them have moderate perception level





**Figure (3): Percentage distribution for total level of nurses' competence (no=106).**

Figure (3) shows that, there are (61.30%) of nurses have a high-level competence. while, (34 %) of them have a moderate level, and only (4.70 %) of them have a low level of competence.

**Table (2): Correlation between abusive as well as coaching supervision and nurses' competence (no.= 106).**

Items		Total Abusive Supervision	Total Coaching Supervision	Total Nurses Competence
Total Abusive Supervision	r	1	-.196*	-.007
	P- value		.044	.940
Total Coaching Supervision	r	-	1	.115
	P- value			.239
Total Nurses Competence	r	-	--	1
	P- value			

**Table (2)** demonstrates that, there is a weak negative correlation between total abusive supervision and total coaching supervision with ( $r = -0.196$ ,  $P = 0.044$ ) and there is a weak negative correlation between total abusive supervision and total nurses' competence ( $r = -0.007$ ,  $P = 0.940$ ). While there is positive correlation between total coaching supervision and total nurses' competence with ( $r = -0.115$ ,  $P = 0.239$ ).

### Discussion

There is a major requirement to oversee workers in a dynamic environment in a way that will assist the firms retain and enhance their performance (**Badran & Akeel, 2022**). Since nurses make up the largest professional group in the healthcare system, the quality of treatment that they give may be greatly impacted by their competency. One strategy to increase nurses' competencies is supervision, so skilled supervisors are needed in hospitals. Supervisors have a significant impact on nurses' work lives and directly shape their experience and competence through their supervisory style, which can be either abusive or coaching (**Arani et al., 2022**).

Regarding the sociodemographic characteristic, the current research revealed that higher two thirds of nurses' age were ranged between < 20 to 30 years old, also it was noted that less than two thirds of them were females. Regarding to their residence about half of them living in rural area, in relation to education qualifications less than half of them had technical institute in nursing. About their experience less than three quarters of them were ranged from 1 to 10 year. Concerning to marital status about two third of them were married and the lowest percentages were divorced, and concerning to their department about one fifth of them working at inpatient department and the lowest percentages working at emergency department.

The majority of nurses had a low perceived degree of abusive supervision, according to the current research, when it came to their overall level of abuse supervision. This outcome can be the result of the supervisors' understanding of

the negative effects that abusive supervision has on employees, supervisors, and the business as a whole. Additionally, the administration's restrictive guidelines to prevent this conduct and establish safe routes for nurses to report any abusive supervisory behavior may also be the root of the problem.

**Mahmoud & ELsaeed (2021)**, who found that most nurses had a low sense of harsh monitoring, corroborate this finding. Furthermore, this conclusion is consistent with the findings of **Abou Ramdan & Eid (2020)**, who discovered that over seventy-five of nurses assessed their superiors as abusive at a low level. This conclusion is also consistent with that of **Lyu et al. (2019)**, who discovered that the majority of the sample under study experienced only somewhat abusive monitoring from their supervisors.

However, the findings of **Badran & Akeel (2022)** indicating the majority of nurses experienced high levels of abusive monitoring run counter to this outcome. Furthermore, the results of **Malik et al. (2022)**, who said that the mean scores of abusive supervisions in our study were high, are not compatible with the current research. Additionally, the current study's findings conflict with those of **Xu et al. (2021)**, who found that respondents' experiences of abusive supervision were on the mild side.

Furthermore, this conclusion contradicts the findings of **Low et al. (2021)**, who demonstrated that hospital nurses encounter abusive supervision. Furthermore, this result contradicts the findings of **Pradhan & Jena (2018)**, who found that participants highly perceived the abusive nature of their supervisor.

As concerned to nurses' perception level regarding total coaching supervision, the present research indicated that more than two third of nurses had a high perception level of coaching supervision. As, during data collection researcher noted that supervisors always had two way communication skill, encourage team approach, value nurses and their needs, accept ambiguity and facilitate and empower nurses' development, these results could be due to realization and recognition of supervisors about benefits, importance and role of coaching as a useful plan and way to enhance practical and professional development of nurses, come about self-dependent nurses, provide direction and help for nurses which help to increase and enhance the quality of care that they provide.

Furthermore, there is a continuing education committee at the institute that seeks to improve and develop the performance of supervisor and strengthen their role to provide support, guidance and assistance to staff nurses and it provide them with all that is new in the field of nursing to perform their role to the fullest extent, in addition committee holding lectures periodically to staff nurses for update knowledge to improve their performance.

This finding is consistent with **Zhao & Liu's (2020)** finding that employees had a high degree of perception of managerial coaching. This conclusion also agrees with the findings of **Mahmoud & ELsaeed (2021)**, who found that the majority of nurses perceived their coaching supervision to be at a high level. Additionally, this conclusion is consistent with that of Southard (2023), who found that employees had a favorable opinion of the coaching process's relevance to their supervisors' daily job.

This result is not in the same line with finding of **Abou Ramadan & Eid (2020)** who found the majority of head nurses had fair coaching skills levels in total. Also, this result is not consistent with finding of **McCarthy & Milner (2020)** He contended that the mandate that all managers serve as coaches has become problematic since coaching requires a lot of time, resources, training, and knowledge. Furthermore, contradictory to this finding **Richardson et al. (2023)** who shown that although coaching is a valuable tool for progress, the documentation that should back up the benefits of staff development coaching is inadequate.

Regarding to total level of nurses' competence, the current research highlighted that less than two third of nurses had high level of competence. This result could be due to the presence of supportive environment from administration that provide opportunities for advancement and encourage nurses to learn from the experiences, attending conferences and improve their competence; especially the present research indicated high perception level of coaching supervision. Also researcher noted that nurses in institute strive and have high motivation level to improve to their competence. Moreover, Oncology Institute provides nurses with continuous training and education programs which help to update their knowledge and improve their skill so; researcher noted nurses had high level of helping role, teaching-coaching, diagnostic function, managing situation, therapeutic intervention, ensuring quality, and work role dimension of nurses' competence.

This result is in the same line with finding of **Mahmoud & ELsaeed (2021)** who reported that the highest percent of nurses had high level of competence. Moreover, this result is in the same line with finding of **Osman et al. (2019)** who, showed that the highest percent of studied nurses had good level of competence. Furthermore, this result is

consistent with finding of **Suryandari & Susanto (2018)** who stated that two third of nurses their competence was in the high level. Also, this result is consistent with **Lakanmaa et al. (2015)** who reported that about two third of nurses were in high level competence.

While, this result is not in the same line with finding of **Geleta et al. (2021)** who reported that the highest percent of nurses were in low competence level. Furthermore, this result is not consistent with finding of **Liang et al. (2021)** who stated nurses' competence was ranked as moderate.

Regarding the correlation between total abusive supervision and total coaching supervision, there is a negative correlation between total abusive supervision and total coaching supervision. This result could be due to the abusive supervisor is difficult to be a coaching supervisor at the same time, because the supervisor who withholds important information from the nurses to accomplish the tasks will be unable to guide, help, and support the nurses to improve their knowledge, performance and development, and the supervisor who always shows anger expression is difficult to maintain open communication, share opinions, and accept ambiguity, and the supervisor who attributes success of work to him effort may not be able to appreciate nurses and their need.

This finding is consistent with that of **Wang et al. (2018)**, who found that while followers typically expect their leaders to act developmentally and supportively when they lack the skills or knowledge to perform their jobs, abusive supervision behaviors include withholding necessary information. Additionally, this conclusion is consistent with the findings of **Almotairy et al. (2023)**, who found that angry behavior negatively affects opinion sharing and interpersonal communication. Accordingly, anger regulation is necessary to establish and sustain successful communication.

**Regarding the correlation between total abusive supervision and total nurses' competence**, the present research highlighted that there was a negative correlation between abusive supervision and nurses' competence. This means abusive supervision not nourishment nurses' competence. This result could be due to as whenever the supervisor is abusive towards nurses, always shows anger expressions, underestimate their effort and role, harnesses from their suggestions and ideas, attributes the success only to his or her effort, and uses the silent treatment with them. All of this will decrease motivation, job satisfaction, commitment, self-confidence, self-efficacy and quality of performance as well as increase turnover, anxiety, tension and depression, and this will have a negative impact on competence.

This result is in the same line to finding of **Nafei (2019)** who founded that toxic leadership such as abusive supervision decreases job satisfaction, nurses' performance, lead to reduce of motivation, little attend to work and elevate intention to leave, as well as increases stress and burn out, it is negatively related with motivation, commitment and performance of nurses. Moreover, this result is consistent with finding of **Meriläinen et al. (2019)** who stated bullying leader in work place decreased employees' performance, leading to a breakdown in their task performance and low their competence.

Furthermore, this result is parallel to finding of **Baloyi (2020)** who concluded that toxic leadership such as abusive supervision had greater effects on the growth of employees. It affects negatively on job satisfaction of employees and reduces the quality of work and performance which all effect on competence of employees. While,

constructive leaders highlight elements of motivation to employees to grow and be competent in order to achieve goals of them and organization. Moreover, this result is parallel to finding of **Tharwani et al. (2020)** they discovered that employees' innovative behavior, dedication to their jobs, and desire to remain with the company are significantly impacted negatively by disruptive leaders that exhibit toxic, bullying, abusive, and narcissistic traits..

As well as, this result is supported with finding of **Snow et al. (2021)** who reported that toxic leadership as abusive supervisor affects performance and quality of work of employee. Also, this result is consistent with finding of **Mahmoud & ELsaeed (2021)** they discovered a negative, substantial relationship between abusive supervision and nurses' talent, which is comprised of three dimensions: competence, career dedication, and workplace contribution (**Alnuqaidan & Ahmad, 2019**).

Regarding the correlation between total coaching supervision and total nurses' competence, there is a positive correlation between coaching supervision and nurses' competence. This means that coaching supervision nurture nurses' competence. This result may be due to supervision is a chance for coaches to review nurses' performance, skill and knowledge and give constructive feedback about how to improve them. Coaching supervision also provides opportunity for nurse to check their work in safe and effective environment, and in a way that supplement other types of learning. Additionally, the role of coaching supervision in providing guidance, training, support and helping on how to improve, and motivate nurses to achieve their competence.

This result is consistent with finding of **Mahmoud & ELsaeed (2021)** They discovered a favorable, statistically significant relationship between coaching supervision and nurses' talent, which is comprised of three dimensions: competence, career dedication, and contribution in the workplace (**Alnuqaidan & Ahmad, 2019**). Also this result in the same line with finding of **Munawar (2019)** who found that supervision had an impact and help to improve nurses' performance, commitment, attachment and had effect on competence and quality of nurses by give supervisor the chance to evaluate and review performance and skills of nurses and give constructive feedback.

Furthermore, this outcome is in line with research by **Su et al. (2019)**, which showed that employee performance and competence were positively impacted by supervisor developmental feedback. Additionally, this conclusion is consistent with that of **Rizany et al. (2018)**, who determined that nurse managers must provide continuing education, mentoring, guiding, training, supporting, assisting, and case-reflection-discussion teaching programs in order to maintain and enhance the competency of staff nurses.

### **Conclusion**

The current research concluded that the majority of nurses had low perception level of abusive supervision, more than two third of them had high perception level of coaching supervision and less than two third of them had high level competence. Moreover, There was negative correlation between total abusive supervision and total coaching supervision ( $P = 0.044$ ) and there was negative correlation between total abusive supervision and total nurses' competence ( $P = 0.940$ ). While there was positive correlation between total coaching supervision and total nurses' competence ( $P = 0.239$ ).

### **Recommendations**

The next recommendations were proposed depend on the research results:

#### **For institute administration:**

- 1 Apply a continuous, regular, adequate and constructive evaluation of supervisors and their supervision style aimed at developing their supervisory performance and reaching the best level of supervision that helps maintain and increase staff nurses' competence.
- 2 Provide supervisors with enough help and needed resources that facilitate implementation of coaching supervision and conduct advanced training and educational programs for nurse's supervisors about coaching.

#### **For nurse supervisors:**

- 1 Improve nurses 'competence through coaching supervision
- 2 Maintain non abusive healthy work environment that support nurses 'competence.

#### **Further research:**

- 1 It is desired that this research will induce and generate more research interests in this field.
- 2 Comparative research between public and private hospital may be made.

### **References**

1. Abadi, A. F., & Norawati, S. (2022). Relationship between Competency, Motivation and Workload of Implementing Nurses with Nurse Performance in the Inpatient Room at Bangkinang Hospital. *INFLUENCE: International Journal of Science Review*, 4(2), 1-10.
2. Abou Ramadan A., Eid W. (2020) Effect of Coaching Educational Program for Head Nurses on Nurses' Self-Efficacy. *IOSR Journal of Nursing and Health Science* 9(2): 15-25
3. Ali, M., Islam, T., Ali, F. H., Raza, B., & Kabir, G. (2021). Enhancing nurses well-being through managerial coaching: a mediating model. *International Journal of Human Rights in Healthcare*, 14(2), 143-157.
4. Almotairy, M. M., Alghamdi, A. T., Alzahrani, A. M., Alqarni, M. S., Alghamdi, S. A., & Alshahrani, M. A. (2023). Nurses' readiness to prescribe under supervision in Saudi Arabia: A cross-sectional study. *Saudi Pharmaceutical Journal*
5. Alnuqaidan, H. A., & Ahmad, M. (2019). Comparison between highly-talented and low-talented nurses on their characteristics and quality of nursing care. *Diversity and Equality in Health and Care*, 16(2), 30-35.
6. Arani, N. E., Hajbaghery, M. A., & Fini, I. A. (2022). Clinical Competence and Clinical Performance of Nurses: A Cross-Sectional Study. *Medical-Surgical Nursing Journal*, 11(3).
7. Badran, F. M., & Akeel, A. F. (2022). Perceived Abusive Supervision and Its Influence on Counterproductive Work Behavior among Staff Nurses. *Egyptian Journal of Nursing and Health Sciences*, 3(2), 158-182.
8. Baloyi, G. T. (2020). Toxicity of leadership and its impact on employees: Exploring the dynamics of leadership in an academic setting. *HTS Theologiese Studies/Theological Studies*, 76(2).
9. Baysala, C., Yangilb, F. & Sevimb, S. (2020). Analysis of the relationship between organizational commitment and counterproductive work behavior on academicians. *Serbian Journal of Management* 15 (1) (2020) 143 – 157
10. Ebewo, P. E., Ndllovu-Hlatshwayo, E., & Myburgh, J. C. (2023). Defining coaching supervision: A South African perspective. *Cogent Business & Management*, 10(2), 2245199.
11. Fischer, T., Tian, A. W., Lee, A., & Hughes, D. J. (2021). Abusive supervision: a systematic review and fundamental rethink. *The Leadership Quarterly*, 32(6), 101540.
12. Geleta, B. A., Dingata, S. T., & Emanu, M. D. (2021). Clinical Competence and Associated Factors Among Nurses working in Selected Health Institutions of Ilu AbaBor Zone, South-West



- Ethiopia: A Cross Sectional Study. *International Journal of Biomedical Engineering and Clinical Science*, 7(2), 14.
13. Gharghozar, N. Z., Alavi, N. M., & Ajorpaz, N. M. (2021). Clinical competence in nursing: A hybrid concept analysis. *Nurse education today*, 97, 104728.
  14. Howard, V., & Eddy Imishue, G. E. K. (2020). Factors influencing adequate and effective clinical supervision for inpatient mental health nurses' personal and professional development: An integrative review. *Journal of Psychiatric and Mental Health Nursing*, 27(5), 640-656.
  15. Kim, C., & Lee, Y. (2020). Effects of compassion competence on missed nursing care, professional quality of life and quality of life among Korean nurses. *Journal of nursing management*, 28(8), 2118-2127.
  16. Lakanmaa, R. L., Suominen, T., Ritmala-Castrén, M., Vahlberg, T., & Leino-Kilpi, H. (2015). Basic competence of intensive care unit nurses: cross-sectional survey study. *BioMed research international*, 2015.
  17. Lau, S. T., Ang, E., Samarasekera, D. D., & Shorey, S. (2020). Development of undergraduate nursing entrustable professional activities to enhance clinical care and practice. *Nurse Education Today*, 87, 104347.
  18. Letterstål, A., Källestedt, M. L. S., Widarsson, M., & Asp, M. (2022). Nursing Faculties' Perceptions of Integrating Theory and Practice to Develop Professional Competence. *Journal of Nursing Education*, 61(5), 236-241.
  19. Lewis, J. J. (2023). The process of one-to-one coaching supervision from the perspectives of the coach and coaching supervisor: what do coaching supervisors actually do?. *International Journal of Evidence Based Coaching & Mentoring*, 21(2).
  20. Liang, H. Y., Tang, F. I., Wang, T. F., & Yu, S. (2021). Evaluation of nurse practitioners' professional competence and comparison of assessments using multiple methods: Self-assessment, peer assessment, and supervisor assessment. *Asian Nursing Research*, 15(1), 30-36.
  21. 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.
  22. Lyu, D., Ji, L., 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.
  23. Mahmoud, S., & ElSaeed, Z. (2021). Abusive and Coaching Supervision and its Relation to Nurses' Talent. *Egyptian Journal of Health Care*, 12(4), 381-398.
  24. Malik, O. F., Jawad, N., Shahzad, A., & Waheed, A. (2022). Longitudinal relations between abusive supervision, subordinates' emotional exhaustion, and job neglect among Pakistani Nurses: The moderating role of self-compassion. *Current Psychology*, 1-21.
  25. Martin, P., Lizarondo, L., Kumar, S., & Snowdon, D. (2021). Impact of clinical supervision on healthcare organisational outcomes: A mixed methods systematic review. *PLoS one*, 16(11), e0260156.
  26. Masters, K., & Rushing, J. (2021). Competencies for Professional Nursing Practice. *Role Development in Professional Nursing Practice*, 127.
  27. Matsuo, M., Arai, K., & Matsuo, T. (2020). Effects of managerial coaching on critical reflection: mediating role of learning goal orientation. *Journal of Workplace Learning*.
  28. McCarthy, G., & Milner, J. (2020). Ability, motivation and opportunity: managerial coaching in practice. *Asia Pacific Journal of Human Resources*, 58(1), 149-170.
  29. McLean, G. N., Yang, B., Kuo, M. H. C., Tolbert, A. S., & Larkin, C. (2005). Development and initial validation of an instrument measuring managerial coaching skill. *Human Resource Development Quarterly*, 16(2), 157-178.
  30. Meretoja, R., Isoaho, H., & Leino-Kilpi, H. (2004). Nurse competence scale: development and psychometric testing. *Journal of advanced nursing*, 47(2), 124-133.
  31. Meriläinen, M., Kõiv, K., & Honkanen, A. (2019). Bullying effects on performance and engagement among academics. *Employee Relations: The International Journal*, 41(6), 1205-1223.
  32. Munawar, M., Saleh, A., & Rachmawaty, R. (2019). The Influence of Supervision on the Performance of Associate Nurse in Hospitals: a Literature Review. *Journal of Nursing Practice*, 2(2), 91-96.
  33. Murshid S., Salleh W., Ismail I., Arshad M., Asimiran S. (2020). Talent development through coaching and mentoring in southeast asian countries: a systematic literature review. *Journal of Critical Reviews*;7(13):603- 15.
  34. Nafei, W. A. (2019). The impact of toxic leadership on job attitudes a study on teaching hospitals in Egypt. *International Journal of Case Studies*, 8(2), 45-58.
  35. Osman, M., Ibrahim, M., & Diab, G. (2019). Relationship between nurses' competencies and quality of patient care at intensive care units. *Menoufia Nursing Journal*, 4(2), 1-14.
  36. Pradhan, S., & Jena, L. K. (2018). Emotional intelligence as a moderator in abusive supervision-intention to quit relationship among Indian healthcare professionals. *Asia-Pacific Journal of Business Administration*, 10(1), 35-49.
  37. Richardson, C., Wicking, K., Biedermann, N., & Langtree, T. (2023). Coaching in nursing: An integrative literature review. *Nursing Open*, 10(10), 6635-664
  38. Rizany, I., Hariyati, R. T. S., & Handayani, H. (2018). Factors that affect the development of nurses' competencies: a systematic review. *Enfermeria clinica*, 28, 154-157.
  39. Romiko A.&Jumpamool A. (2016). Measuring Head Nurses' Coaching Practice: Modifying and Testing the Instrument for Assessing Managerial Coaching Skills. *LIFE: International Journal of Health and Life-Sciences*; 2(1): 18.
  40. Sewell, K. M., McMenemy, C., van Rensburg, M. J., & MacDonald, H. (2024). Organizational outcomes of supervision within human services: A scoping review. *Human service organizations: Management, leadership & governance*, 48(1), 19-42.
  41. Snow, N., Hickey, N., Blom, N., O'Mahony, L., & Mannix-McNamara, P. (2021). An exploration of leadership in post-primary schools: The emergence of toxic leadership. *Societies*, 11(2), 54.
  42. Southard, M. E. (2023). Professional Nurse Coach Supervision: Relationships, Responsibilities, and Requirements. *Journal of Holistic Nursing*, 08980101231163675
  43. Su, W., Lyu, B., Liu, Y., Chen, H., & Fan, J. (2019). Supervisor developmental feedback and employee performance: The roles of feedback-seeking and political skill. *Journal of Psychology in Africa*, 29(5), 435-442.
  44. Suryandari, D., & Susanto, E. R. (2018). The Effect of Nurse Competence, Motivation, and Workload on the Performance of Emergency Room (ER) Nurse in Regional Hospitals of Yogyakarta. *European Journal of Business and Management*, 10.
  45. Tharwani, M. H.A., Saleem, M., Ali, Y., Saher S., & Zafar, B. (2020) effects of destructive leadership on employee's performance. *International Journal Of Research and Analytical Reviews*,7(1).
  46. Tuomikoski, A. M., Ruotsalainen, H., Mikkonen, K., Miettunen, J., Juvonen, S., Sivonen, P., & Kääriäinen, M. (2020). How mentoring education affects nurse mentors' competence in mentoring students during clinical practice—A quasi-experimental study. *Scandinavian Journal of Caring Sciences*, 34(1), 230-238.
  47. Wang, L., Restubog, S., Shao, B., Lu, V., & Van Kleef, G. A. (2018). Does anger expression help or harm leader effectiveness? The role of competence-based versus integrity-based violations and abusive supervision. *Academy of Management Journal*, 61(3), 1050-1072.
  48. Wulani, F., Purwanto, B. M., & Hani, H. (2014). Abusive supervision scale development in Indonesia. *Gadjah Mada International Journal of Business*, 16(1), 55-68.
  49. Xu, Z., Yang, F., & Peng, J. (2021). How does authentic leadership influence employee voice? From the perspective of the theory of planned behavior. *Current Psychology*, 1-19.
  50. Zhao, H., & Liu, W. (2020). Managerial coaching and subordinates' workplace well-being: A moderated mediation study. *Human Resource Management Journal*, 30(2), 293-311.