

▪ Basic Research

Perceived Abusive Supervision and Its Influence on Counterproductive Work Behavior among Staff Nurses

Fawzia M. M. Badran¹ Amira Fathey Akeel²

Assistant professor of Nursing Administration¹, Lecturer of Nursing Administration²
Faculty of Nursing, Ain Shams University¹, Modern University for Technology and Information²

Abstract

Background: Abusive supervision is the subordinates' perceptions of the extent to which their supervisors engage in the sustained display of hostile verbal and nonverbal behaviors that have a negative effect on organization causing lower levels of satisfaction, commitment, and counter productive work behavior. **Aim:** Assessing staff nurses' perception level regarding abusive supervision, assessing level of staff nurses' counterproductive work behavior and finding out the influence of perceived abusive supervision on counter productive work behavior among staff nurses. **Research design:** A descriptive correlational study design was used. **Setting:** The study was conducted at Ain-Shams University Hospital. **Subjects:** (171) staff nurses out of (300) were participated in the study. **Tools of data collection:** Abusive supervision scale and counter productive work behavior scale. **Results:** The majority (94%) of the studied staff nurses perceived high level of abusive supervision, only 2% of them perceived low level of abusive supervision from their supervisors. Also, less than two thirds of them (65%) had moderate level of counter productive work behavior, while only (15%) of the study participants had high level. **Conclusion:** There was strong positive relation between staff nurses' perceived abusive supervision and their counter productive work behavior. **Recommendations:** Hospitals have to take corrective disciplinary approaches, actions and strategies against supervisory abusive behavior and counter - productive behavior. Health care managers have to provide the employees with favorable healthy professional work environment, which helps to overcome any counterproductive work behaviors. Health care managers should carry out in-service training programs about acceptable behaviors and actions which have to take to deal with negative behaviors. Faculties of nursing should introduce abusive supervision and counterproductive work behavior in the nursing curricula to equip students to handle or deal with them if they will experience in the nursing profession.

Keywords: Abusive supervision, counter productive work behavior, staff nurses.

Introduction

Abusive supervision has recently evolved to be considered as a big threat to subordinates' commitment, counterproductive work behavior, and has proved to be killing agent for creativity and innovation. In the 21st century, evidence about the various causes, consequences, and coping strategies to abusive supervision has flourished. The exposure of many employees to organizational authorities' abusive action may include receiving harsh criticism, ridicule, promise breach, privacy invasion, or the silent treatment. Supervisory abusive behaviors phenomenon is called abusive supervision (*Dongyuan, 2020*)⁽¹⁾. Supervision is the activity of overseeing the subordinates at work to ensure that the work is performed as required. Supervision plays an important role in the management setup. In supervision, a designated staff member help subordinates to learn to make the best use of knowledge and skills, and to develop their abilities to achieve organizational goals. It is continuous process in which the supervisor helps the staff member achieves the purposes (*Perera et al., 2021*)⁽²⁾.

The supervisors' responsibility for work progress and productivity in the organization is the corner stone of their work performance that relies on conducting basic management skills including planning, organizing, staffing, directing, controlling, decision making, problem-solving, delegation, and training new employees. Supervisors are also responsible for performance management activities including setting goals, observing and giving feedback, addressing performance issues, firing employees, and ensuring conformance to organizational policies and regulations (*Brown et al., 2020*)⁽³⁾. On the other hand, supervisors may be involved in abusive supervision to achieve definite goals. Supervisors who are involved in such behaviors may be not intended to harm their subordinates, they may commit abusive supervision actions to elicit high subordinate performance, send a clear message to subordinates, or deter other subordinates from engaging in certain behaviors in the future (*Ali & Johl, 2020*)⁽⁴⁾.

Abusive supervision is the repeated negative behaviors of supervisor carried out deliberately or unconsciously, with intentions to harm, cause humiliation, and distress to subordinates with whom they supervise. The terms supervisory bullying and abusive supervision are used interchangeably (*Lipinska-grobelny, 2021*)⁽⁵⁾. It is concerned with sustained displays of nonphysical forms of hostility performed by supervisors against their direct reports. Public derogation, undermining, and explosive outbursts are considered examples of behavior that fall within the abusive supervision content domain. Abusive supervision key features include ongoing manifestations of hostility rather than discrete episodes and those abusers may or may not intend to cause harm (*Baysala , Yangilb & Sevimb, 2020*)⁽⁶⁾.

Abusive supervision may result in unfavorable out comes on employees such as, including lower levels of job satisfaction, psychological and mental health issues, physical health issues,

work-family conflict, increased turnover intentions, high job strain, job burnout, increased blood pressure, decreased organizational commitment, decreased self-efficacy, increased aggressive behaviors, and lower overall performance (*Meier and Semmer, 2018*)⁽⁷⁾. It can also impair subordinates' well-being and health. (*Ocampo et al., 2018*)⁽⁸⁾. Additionally, it can motivate employee to engage in counterproductive behavior that may be harmful to coworkers (*Henderson & Van Hasselt, 2018*)⁽⁹⁾.

In any workplace, leaders should be careful to the impact of their organization's structure and work climate on the levels of their abusive supervision. Also, establishing policies, procedures, and practices to enhance the organization's mistreatment-reduction climate that discourages and prevents abusive supervision. Counter productive work behavior (CWB) can be defined as individual dysfunctional behaviors that voluntarily violates organizational formal and informal norms as prescribed by procedure, policy, and rules, thereby threatening the well-being of members and the organization itself. (*Abdullah & Marican, 2017*)⁽¹⁰⁾. Counterproductive work behavior may be divided in to two types; the first type according to its severity ranging from minor to server. Minor such as lateness, or talking with other workers instead of working, other incidents, such as a physical assault, would be classified as severe (*Wiernik & ones, 2018*)⁽¹¹⁾. The second type according to the target, such that the behavior may be harmful to an individual's (interpersonal CWB) or the organization's well-being (organizational CWB). Crossing these two dimensions results in four quadrants in which to classify (CWB) behavior. These are labeled as production (CWB) (low severity, organizational target, e.g., leaving early or taking too many breaks), property (CWB) (high in severity, organizational target, e.g., stealing or accepting kickbacks), political (CWB) (low in severity, individual target, e.g., gossiping or counterproductive competition), and personal aggression (high in severity, interpersonal target, e.g. verbal abuse or sexual harassment) (*Wang et al., 2020*)⁽¹²⁾.

Despite counterproductive work behavior has increasingly become a serious problem in today's organizations and has been reported to significantly effect on both individual and organizational effectiveness and performance, numerous organizations have ignored and not yet prepared to cope with this problem seriously (*Promsri, 2018*)⁽¹³⁾. Accordingly, organizational Counterproductive work behavior should be focused by researchers, academics, and professionals because of its negative impact on organization in terms of productivity loss, the decrease in job satisfaction, lower level of organizational commitment and poor performance (*De Clercq et al., 2019*)⁽¹⁴⁾. In recent years, counterproductive work behavior (CWB) become increasingly prevalent in the workplace, and subordinates' CWB harm corporate interests and negatively affect organization (*Wei et al., 2019* ⁽¹⁵⁾; *Wurthmann, 2020*)⁽¹⁶⁾. Moreover, CWB leads to destruction of possessions, waste time

and resources, unfortunate actions and it has a major destructive effect on societies and their employees (*Karatuna et al., 2020*)⁽¹⁷⁾.

Prior studies have linked abusive supervision to CWB among nurses, whereby nurses who experience abusive supervision display a tendency to engage in CWB (*Carpenter, et al., 2021*)⁽¹⁸⁾. Abused nurses may feel frustrated when their supervisors spend more time criticizing them than mentoring them for advancement. Equity theory and social exchange theory have emphasized the importance of social comparison in evaluating outcomes. For example, when someone receives favorable treatment, he/she will respond favorably (i.e. positive reciprocity), whereas one who receives unfavorable treatment will respond unfavorably. Thus, CWB surfaces when an employee modifies his or her input to restore equity as a reaction to the perceived injustice of abusive supervision (*Chen, et al., 2020*)⁽¹⁹⁾. Therefore, when nurses are dissatisfied with the valuation of outcome fairness (e.g. being mistreated or abused), they will change their behavior to even the score and restore equity. Organizations should use fair procedures to select, promote, reward, and discipline their employees, ensuring that criteria for raises, promotions, and punishments are clearly communicated to employees. Research has shown that involving employees in decision-making processes and keeping them informed of organizational policies and procedures is a best practice for organizations. Also, incentives should be used to reward ethical behaviors which are valuable to the organization (*Uddin et al., 2018*)⁽²⁰⁾.

Significance of the study

Researchers presented great interest in abusive supervision and related behaviors recently. Abusive supervision has several deleterious consequences for organizations and their members. The consequences associated with abusive supervision include subordinates' job dissatisfaction, poor performance, counterproductive behavior and decrease productivity which have dangerous effect on organizations. Currently, organizations are more interested in reducing counterproductive work behavior because these counterproductive work behaviors ultimately lead them to more difficulties to attain desired results and employees also started to perform less because of aggressive behavior which they faced from their supervisors.

The researchers observed that at Ain Shams University hospital, nurses complain from several issues such as invading their privacy by their supervisors and talking about any problems occurred in front of other nurses which lead to embarrassment among their colleagues, reminding them with past mistakes and failures in front of others when any nurse refused to do any additional daily work making negative comments about them in front of others. So, the researchers are interested to study perceived abusive supervision and its influence on counterproductive work behaviors among staff nurses.

Aim of the Study:

This study aimed at assessing abusive supervision and its influence on counterproductive work behavior among staff nurses through:

- 1- Assessing staff nurses' perception level regarding abusive supervision.
- 2- Assessing level of counter- productive work behavior among staff nurses.
- 3- Finding out the influence of perceived abusive supervision on counter- productive work behavior among staff nurses.

Research Questions:

1. What is the level of abusive supervision as perceived by staff nurses?
2. What is the level of counter- productive work behavior among staff nurses?
3. Is there an influence of abusive supervision on counterproductive behavior among staff nurses?

Subjects and Methods:**Research design**

A descriptive- correlational design was used to achieve this study. Descriptive study/research is research used to provide a picture of the current state of affairs. Correlational study/research is used to investigate the relationship among variables and to identify the prediction of future events from present knowledge (Walters , 2019) ⁽²¹⁾.

Setting

This study was conducted at Ain Shams University Hospital which affiliated to Ain Shams University Hospitals in the following departments; cardiology departments, neurology departments, hemodialysis units, pulmonology care unit, dermatology department, geriatric department and ophthalmology department.

Subjects of the study:

One hundred and seventy-one (171) out three hundreds (300) staff nurse who are working in the above-mentioned setting were participated in the study. The inclusion criteria from both sex eligible to participate with at least one-year experience in the current position. Simple random sampling technique was used for selection. The study subjects' size was determined based on the following equation:

$$n = \frac{N}{1+N(e)^2} \quad (Ryan, 2013) \quad (22)$$

n=sample size

N=population size

e=co-efficient factor

*95% confidence level and $p = 0.5$ are assumed.

Data collection tools:

Abusive supervision scale and Counter productive work behavior scale (CWB) were used to collect data for this study .

First tool: Abusive Supervision Scale (AS):

This scale was used to assess staff nurses' perception regarding abusive supervision. It was developed by *Tapper, (2000)* ⁽²³⁾ modified by the researchers, and it consisted of two parts:

Part I: This part aimed to collect data about personal and job characteristics of studied participants include age, gender, marital status, years of experience in the current position, nursing qualification and attending training course related to abusive supervision.

Part II: This part was consisted of 15 items such as my boss ridicules me, puts me down in front of others and invades my privacy.

Scoring system: Responses of participants were assessed on five point likert scale ranging from (strongly agree =5, agree= 4, neutral =3, disagree =2, and strongly disagree=1). The scores of the statement of each component were summed-up, converted into percent score. The respondent perception of abusive supervision was considered low if the total percent score was less than 60% and considered moderate if total score was ranged from 60-75% and it considered high if the total scores was more than 75%.

Second tool: Counter productive work behavior Scale (CWB): It was developed by *Spector et al., (2006)* ⁽²⁴⁾ and modified by the researchers. It used to assess counterproductive work behavior among staff nurses. It consisted of 33 items, categorized into five dimensions, namely: abuse toward others (18-item); production deviance (3-item); withdrawal (4-item); sabotage (3-item) and theft (5-item).

Scoring system: Responses of study subjects were measured on 3-point Likert rating scale ranged from (1) never to (3) always. The scores of the statement of each component were summed-up, converted into percent score. The respondent level of counterproductive work behavior was considered low if the total percent score was less than 60% and moderate if total score was ranged from 60-75% and high if the total scores was more than 75%.

Tools validity

Validity of tools was examined for face and content by panel of jury group. This group was consisted of seven professors specialized in Nursing Administration and Psychiatric

Health Nursing from Faculty of Nursing- Ain Shams University, Cairo University and Modern University for Technology and information. Jury group examined tools carefully to judge its clarity, comprehensiveness and accuracy. Their opinions were elicited about the tools layout, components and scoring system. According to jury opinions the researchers modified minor items from the tools such as rephrasing some items and rearranging some items to be more accurate and clear.

Tools Reliability:

Data collection tools was assessed its reliability through measuring its internal consistency by using Cronbach's Alpha Coefficient test. The result was (0.88) for counter-productive work behavior scale and it was (0.99) for abusive supervision scale.

Pilot study:

The pilot study was done on 18 staff nurses .This number representing 10% of total population. The aim of the pilot study was to investigate the applicability of the study tools, clarity of language, test the feasibility and suitability of tools. It also estimate the time needed to complete the forms by each subject and identifying potential obstacles that may be encountered during data collection. The time to fill the tools took around 25-30 minutes. A pilot study was conducted in September 2021. There is no modifications were done so the study subjects included in the pilot were included in the main study sample.

Field work:

The actual field work for this study lasted for three months started from the beginning of October 2021 and completed at the end of December 2021. The researchers met the head nurse of each unit to identify the suitable time to collect the data from the staff in each unit. The researchers represent themselves to staff nurses in the workplace, explains the aim of the study and components of the questionnaires and distributed the sheets to staff nurses in their work settings at different times and attended during the filling of the questionnaires to clarify any ambiguity and answer any questions. Data was collected two days per week at different shifts. The researchers collected about 12 to 16 sheets every week. The researcher checked each filled sheets to ensure its completion.

Administrative design and ethical considerations:

First, official permissions to conduct the study were obtained from pertinent authorities. The researchers explained the aim of the study and its' implications to the hospital medical and

nursing directors to get their approval and seek their support before the conduction of the study. In addition, agreement was obtained from the director of the hospital. Then the researchers met the head nurse of each unit to explain the aim of the study, the expected benefits and results of the study and to obtain their approval and seek their support. The subjects were informed about the study aim and their rights to participate or refuse or withdraw from at any time without giving any reason and the collected data kept confidential and used for research only.

Statistical Design:

The statistical package for social sciences (SPSS version 24.0) was used to analyze data for this study using the frequencies and percentages for non-numerical data, means and standard deviations (+ SD) and range for parametric numerical data. Cronbach's Alpha coefficient test was calculated to estimate the reliability of the tools through measuring internal consistency. Also, using statistics in the form of chi square test to investigate the relationship between two variables but when the expected count is less than 5 in more than 20 % of cells; Fisher's Exact Test was used. Pearson correlation coefficient test (r) was used to conduct correlation matrix. Statistical significance was considered at P- value <0.05 and high Statistical significance was considered at P- value <0.001.

Results:

Table (1) demonstrates that more than one third (35.1%) of the studied staff nurses had age ranged from 25 to less than 35 years old, more than two thirds (69.6%) of the staff nurses were females, the great majority (94.2%) of them were married, less than half (40.9%) of them had a bachelor's degree of nursing, more than half (56.7%) of them had five to ten years of experience in their units, and less than half (46.2%) of them had experience ranged from five to less than ten years in nursing field.

Table (2) reveals that almost all (99.4 %) of staff nurses had high perception regarding their supervisors don't give them credit for job requiring a lot of effort. Also, the majority (97.1%) of staff nurses had high perception regarding their supervisors' ridicules them, tells them their thoughts or feelings are stupid, gives them the silent treatment, blames them to save himself/ herself embarrassment and break promises he or she makes. While only, (8.8%) of them had high perception that their supervisors put them down in front of others.

Figure (1) describes that the majority (94%) of the study participants had high perception level regarding abusive supervision from their supervisors. While only, (4% and 2%) had moderate and low perception levels respectively.

Table (3) illustrates that less than one quarter (17 %) of staff nurses had high counter productive work behavior regarding sabotage and theft dimensions, and less than one third (31.6) of them had low level regarding withdrawal dimension of counterproductive work behavior.

Figure (2) identifies that only less than one quarter (15%) of the study participants had high counter productive work behavior level. Meanwhile, less than two thirds of them (65%) had moderate level of counterproductive work behavior.

Table (4) validates that there was highly statistically significant strong positive correlation between abusive supervision and all dimensions of counterproductive work behavior.

Table (5) explains that there were significant relationships between total level of perceived abusive supervision and all personal data of staff nurses except gender.

Table (6) shows that there were significant relationships between total level of counterproductive work behavior and participants' unit experience ($\chi^2= 12.37$, $p= .002$), and all nursing experience ($\chi^2= 15.52$, $p= 0.00$).

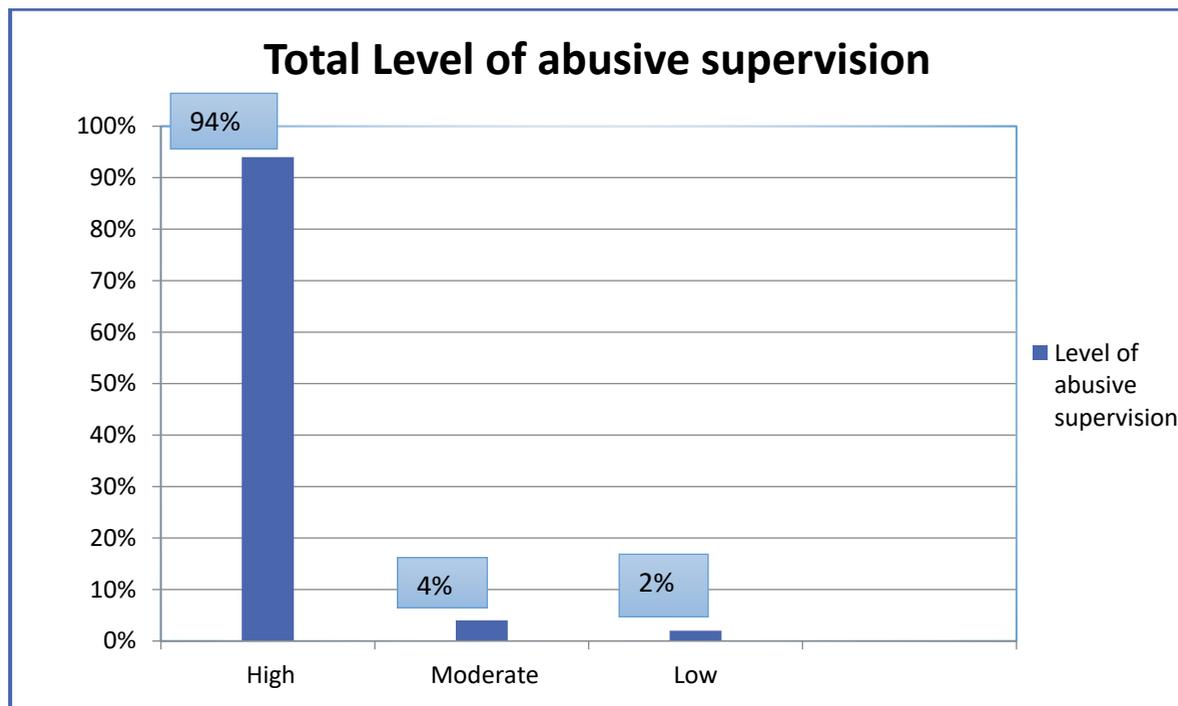
Table (7) demonstrates that there was highly statistically significant positive correlation between total staff nurses' perception level of abusive supervision and their total counterproductive work behavior.

Table (1): Personal Data of studied staff nurses (n= 171).

Personal data	No.	%
Age		
<25	30	17.5
25 <35	60	35.1
35 <45	40	23.4
>45	41	24
Mean± SD	35.22 ± 3.41	
Gender		
Male	52	30.4
Female	119	69.6
Marital status		
Single	10	5.8
Married	161	94.2
Divorced	0	0
Widowed	0	0
Qualification		
Nursing Diploma	50	29.3
High nursing diploma	45	26.3
Bachelor degree	70	40.9
Master degree	6	3.5
Unit experience		
Less than 5 years	27	15.8
5 years to 10 years	97	56.7
more than 10 years	47	27.5
Mean± SD	9.24± 3.25	
Experience in nursing		
Less than 5 years	27	15.8
5 years to 10 years	79	46.2
more than 10 years	65	38
Mean± SD	7.89± 2.87	

Table (2): Staff nurses' perception of abusive supervision (n= 171).

Abusive supervision My supervisor:	Staff nurses' perception level of abusive supervision					
	Low < 60%		Moderate 60-75%		High > 75%	
	No.	%	No.	%	No.	%
1. Ridicules me	3	1.7	2	1.2	166	97.1
2. Tells me my thoughts or feelings are stupid.	2	1.2	3	1.7	166	97.1
3. Gives me the silent treatment.	0	0	5	2.9	166	97.1
4. Puts me down in front of others.	5	2.9	151	88.3	15	8.8
5. Invades my privacy.	5	2.9	141	82.5	25	14.6
6. Reminds me of my past mistakes and failures.	0	0	20	11.7	151	88.3
7. Doesn't give me credit for job requiring a lot of effort.	0	0	1	0.6	170	99.4
8. blames me to save himself/ herself embarrassment.	0	0	5	2.9	166	97.1
9. Breaks promises he/she makes.	0	0	5	2.9	166	97.1
10. Expresses anger at me when he/she is mad for another reason.	5	2.9	5	2.9	161	94.2
11. Makes negative comments about me to others.	5	2.9	139	81.3	27	15.8
12. Is rude to me.	5	2.9	10	5.8	156	91.3
13. Does not allow me to interact with my coworkers.	0	0	15	8.8	156	91.2
14 Tells me I'm incompetent.	0	0	21	12.3	150	87.7
15. Lies to me.	0	0	155	90.6	16	9.4

Figure (1): Staff nurses' total perception level regarding abusive supervision (n= 171).**Table (3): Counter productive work behavior among studied staff nurses (n= 171).**

Counter productive work behavior dimensions	Low < 60%		Moderate 60-75%		High > 75%	
	No.	%	No.	%	No.	%
Abuse toward others	35	20.5	109	63.7	27	15.8
Production deviance	34	19.9	122	71.3	15	8.8
Withdrawal	54	31.6	101	59.1	16	9.4
Sabotage	40	23.4	102	59.6	29	17.0
Theft	44	25.7	98	57.3	29	17.0

Figure (2): Counter productive work behavior level among staff nurses (n= 171).

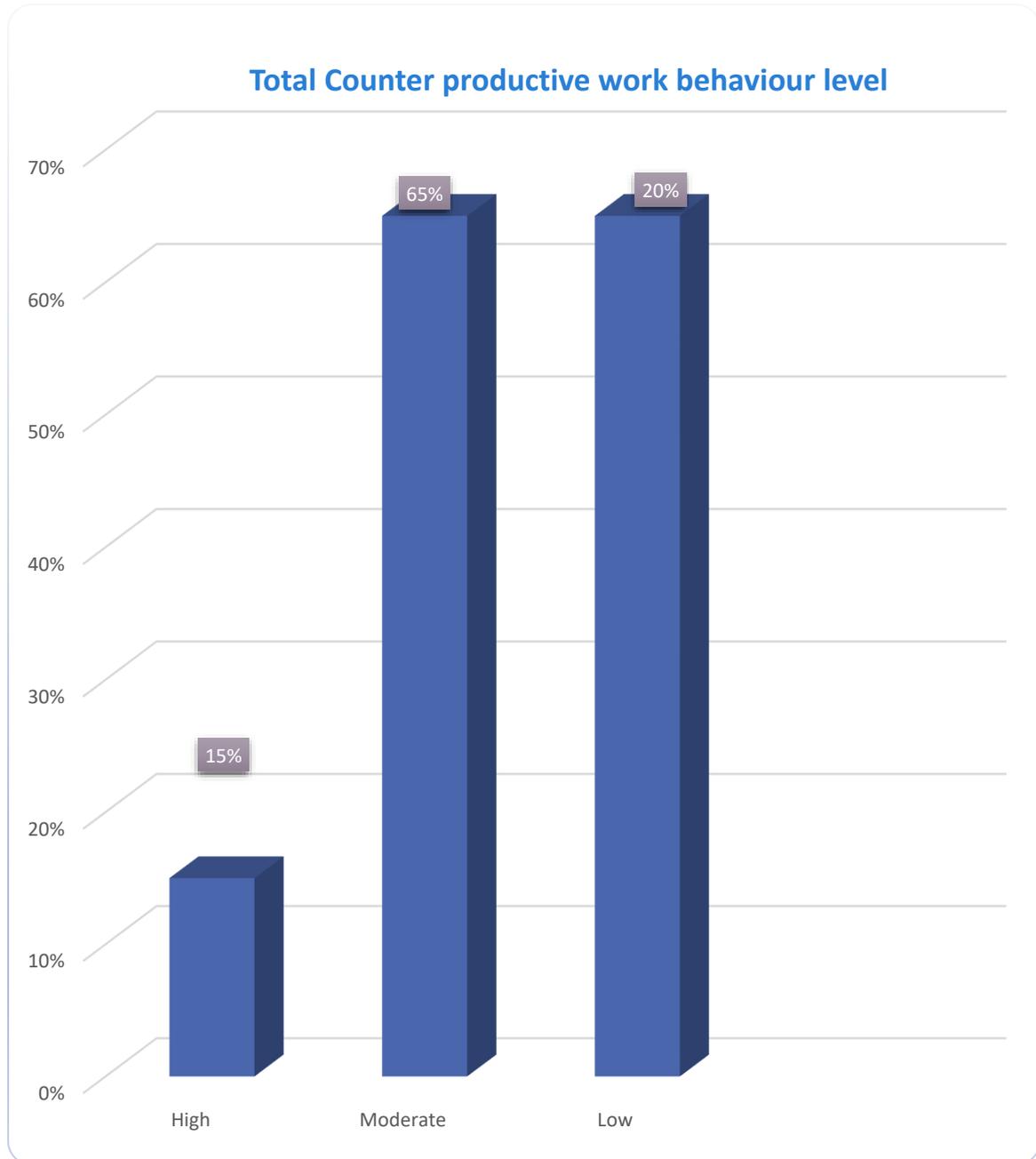


Table (4): correlation between staff nurses' perception level of abusive supervision and level counterproductive work behavior (n=171).

Counterproductive work behavior		Abuse toward others		Production deviance		Withdrawal		Sabotage		Theft	
		R	P	R	P	R	P	R	P	R	P
1.	Ridicules me	0.566	0.002**	0.975	0.025*	0.671	0.000**	0.485	0.009**	0.485	0.009**
2.	Tells me my thoughts or feelings are stupid.	0.457	0.015*	0.603	0.000**	0.235	0.000**	0.603	0.001**	0.603	0.001**
3.	Gives me the silent treatment.	0.671	0.000**	0.579	0.000**	0.603	0.000**	0.658	0.000**	0.528	0.004**
4.	Puts me down in front of others.	0.658	0.000**	0.750	0.000**	0.579	0.000**	0.466	0.012*	0.485	0.009**
5.	Invades my privacy.	0.466	0.012*	0.423	0.000**	0.750	0.000**	0.380	0.046*	0.566	0.002**
6.	Reminds me of my past mistakes and failures.	0.380	0.046*	0.235	0.000**	0.423	0.000**	0.485	0.009**	0.457	0.015*
7.	Doesn't give me credit for job requiring a lot of effort.	0.485	0.009**	0.603	0.000**	0.235	0.000**	0.658	0.000**	0.671	0.000**
8.	blames me to save himself/ herself embarrassment.	0.603	0.001**	0.540	0.000**	0.603	0.000**	0.311	0.002**	0.658	0.000**
9.	Breaks promises he/she makes.	0.528	0.004**	0.613	0.000**	0.671	0.000**	0.579	0.000**	0.466	0.012*
10.	Expresses anger at me when he/she is mad for another reason.	0.307	0.112	0.651	0.000**	0.658	0.000**	0.750	0.000**	0.235	0.000**
11.	Makes negative comments about me to others.	0.456	0.015*	0.593	0.000**	0.466	0.012*	0.423	0.000**	0.603	0.000**
12.	Is rude to me.	0.678	0.000**	0.511	0.000**	0.380	0.046*	0.235	0.000**	0.540	0.000**
13.	Does not allow me to interact with my coworkers.	0.669	0.000**	0.579	0.000**	0.566	0.002**	0.566	0.002**	0.613	0.000**
14.	Tells me I'm incompetent.	0.728	0.000**	0.750	0.000**	0.457	0.015*	0.457	0.015*	0.651	0.000**
15.	Lies to me.	0.492	0.008**	0.511	0.000**	0.671	0.000**	0.671	0.000**	0.593	0.000**

Table (5): Relationship between staff nurses' personal data and job characteristics data, and perception of abusive supervision (n=171).

Personal data	Total staff nurses' perception of abusive supervision level (N=171)						Chi square test	
	Low N=3		Moderate N=7		High N=161		χ^2	P
	No.	%	No.	%	No.	%		
Age								
<25	2	66.7	3	42.8	25	15.6	8.103	0.004*
25 <35	1	33.3	2	28.6	57	35.4		
35 <45	0	0	1	14.3	39	24.2		
>45	0	0	1	14.3	40	24.8		
Gender								
Male	2	66.7	2	28.6	47	29.2	1.93	0.17
Female	1	33.3	5	71.4	114	70.8		
Qualification								
Nursing Diploma	1	33.3	3	42.8	46	28.6	8.10	0.004*
Technical Nursing Institute	2	66.7	2	28.6	41	25.5		
Bachelor degree	0	0	1	14.3	69	42.9		
Master degree	0	0	1	14.3	5	3		
Marital status								
Married	1	33.3	5	71.4	149	96.8	19.04	0.000**
Single	2	66.7	2	28.6	12	70.6		
Divorced	0	0	0	0	0	0		
Widowed	0	0	0	0	0	0		
Unit experience								
Less than 5 years	0	0	4	57.1	22	13.7	10.88	0.004*
5 years to 10 years	2	66.7	3	42.9	92	57.1		
more than 10 years	1	33.3	0	0	47	29.2		
Experience in nursing								
Less than 5 years	2	66.7	3	42.9	22	13.66	85.94	0.000**
5 years to 10 years	1	33.3	4	57.1	74	46		
more than 10 years	0	0	0	0	65	40.4		

Table (6): Relationship between staff nurses' personal data and job characteristics, and their counter productive work behavior (n=171).

Personal data	Counter productive work behavior (n=171)						Chi square test	
	Low N=34		Moderate N=111		High N=26		χ^2	P
	No.	%	No.	%	No.	%		
Age								
<25	25	73.5	27	24.3	4	15.4	.75	.39
25 <35	2	5.9	27	24.3	4	15.4		
35 <45	3	8.8	30	27.1	8	30.8		
>45	4	11.8	27	24.3	10	38.4		
Gender								
Male	4	7.7	7	13.5	41	78.8	1.03	.31
Female	3	2.5	31	26.1	85	71.4		
Qualification								
Nursing Diploma	1	2.9	25	22.5	6	23.1	.034	0.85
Technical Nursing Institute	7	20.6	13	11.7	15	57.7		
Bachelor degree	20	58.8	73	65.8	5	19.2		
Master degree	6	18	0	0	0	0		
Marital status								
Married	27	79.4	111	100	23	88.5	2.15	0.14
Single	7	20.6	0	0	3	11.5		
Divorced	0	0	0	0	0	0		
Widowed	0	0	0	0	0	0		
Unit experience								
Less than 5 years	0	0	80	72.1	13	50	12.37	0.002*
5 years to 10 years	7	20.6	20	18	13	50		
more than 10 years	27	79.4	11	9.9	0	0		
Experience in nursing								
Less than 5 years	0	0	27	24.3	0	0	15.52	0.000**
5 years to 10 years	7	8.8	52	46.8	20	76.9		
more than 10 years	0	0	32	28.9	6	23.1		

Table (7) : Corelation between total staff nurses' perception level of abusive supervision and their total level of counterproductive work behavior .

Items	Total staff nurses' perception of of abusive supervision	
	R	P
Total counterproductive work behavior	0.603	0.000**

R: Pearson coefficient (**) Highly statistical significant at $p < 0.001$

Discussion

It is serious in a dynamic environment there is a need to supervise employees in a way that will be helpful to the organizations to improve their performance and to keep on their employees. Supervisor role become very critical in this dynamic environment due to their direct or indirect interaction with employees. Without supportive supervision, it is identified that employees more engage in CWB. Abusive supervision is becoming an important trend in the last decades especially in health care field, which affect productivity of employees. Supervision has a tremendous effect on influencing the employee's behavior towards the achievement of individuals and organizational performance (*Jiang et al., 2017*)⁽²⁵⁾. Moreover, supervisors can increase trust with their subordinates by providing information, and thereby making themselves vulnerable to their staff, and modeling trust by making the first move – this creates the basis for staff trust (*Nerstad et al., 2018*)⁽²⁶⁾.

Regarding abusive supervision, the finding of the present study revealed that almost all (99.4%) of the study participants had high perception regarding their supervisors not give them credit for a job requiring a lot of effort item, the majority (97.1%) of studied staff nurses had a high agreement about that their supervisors ridicule them, tells them their thoughts or feelings are stupid and gives them the silent treatment. From the researchers' point of view, supervisors may think that the less control and flexible leadership is present, the less deviation is observed in the work. The present study was disagreed with **Frazier & Bowler, (2015)**⁽²⁷⁾ who reported that when managers have a realistic perspective s about themselves, they became more accept others' ideas, and provide employees with benefits for their contributions which in turn have a great feeling about their jobs. On the same respect, **Epitropaki et al., (2017)**⁽²⁸⁾ reported that supervisors are the first and most important source to give feedback to employees at the work, and when interacting with subordinates, supervisor's actions are the most direct representation of his/her feedback for

the subordinates regarding role expectations. Additionally, when a supervisor represents a good leadership behavior during interaction with their subordinates, such as acknowledging employees' contributions. However, when a supervisor suppresses, or ridicules his/her subordinates, suggesting that the supervisor has a lower creative role expectation of his/her followers, this will make employees doubt about their new ideas, and thoughts, that hinder the development of highly creative role identity (**Mackey et al., 2017**)⁽²⁹⁾.

Regarding the first variable investigated in this study staff nurses' total perception level regarding abusive supervision, the finding of present study revealed that the great majority (94%) of the study participants had a high level of abusive supervision from their supervisors. This result may be due to the supervisor not aware about abusive supervision behaviors and considered their behaviors good for the work and for the organization. This result answered the first research question which was (What is the level of abusive supervision as perceived by staff nurses?). This current study finding disagree with **Dongyuan (2020)**⁽¹⁾ who found that minority of studied sample had low abusive supervision from their supervisors. Furthermore, the present study result disagreement with the results done by **Xu et al., (2021)**⁽³¹⁾ who reported that abusive supervision was at a moderate level among respondents, and this led to subordinate silence. Also, this current study contradictory with **Lyu et. al.. (2019)**⁽³²⁾ 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. Moreover, this study incongruent with **Abou Ramdan & Eid (2020)**⁽³⁰⁾ who conducted study about "Toxic Leadership: Conflict Management Style and Organizational Commitment among Intensive Care Nursing Staff" and found that only a few of the studied nurses had high level of abusive supervision from their supervisors.

Regarding the second variable investigated in the present study which was counter productive work behavior. The present study finding demonstrated that, that only less than one quarter of the study participants had high counter productive work behavior level. Meanwhile, less than two thirds of them (65%) had moderate level of counterproductive work behavior. This result may be attributed to lack of fair practices, low financially rewarding, work stress, increased workload, and also high level of ostracism which lead to also job dissatisfaction. This result answered the second reach question which was (What is the level of counter- productive work behavior among staff nurses?). In contradiction with the study findings **Abou Hashish, (2019)**⁽³³⁾ who found that the level of counterproductive work behavior was low. On the same line, the result supported by (**Perera et. al .,2021**)⁽²⁾ who demonstrated that more than half of studied nurses had moderate level, less than one fifth of them had high level, and only 20% of nurses had low counterproductive work behavior. These results disagreed a with the study by **Ali & Johl (2020)**⁽⁴⁾ who revealed

that studied nurses more likely to react with counterproductive work behavior with a low level of political skills. Also, inconsistent with **Yao (2019)** ⁽³⁵⁾ who stated that around two thirds of studied subjects had low counterproductive work behavior.

In relation to dimensions of counter productive work behavior, the present study revealed that less than one quarter of staff nurses had high counter productive work behavior regarding sabotage and theft dimensions. This may due to individuals who have low self-control in the face of potentially detrimental consequences figure prominently in the display of CWB such as theft, sabotage, and aggression. In addition, aggressive and counterproductive workplace behavior occur more readily when individuals with low self-control also suffer from high levels of trait anger. Moreover, the result of **Lipinska-grobelny (2021)** ⁽⁵⁾ who studied organizational climate and counterproductive work behaviors – the moderating role of gender, agreed with present study results and found that assessed low level of responsibility in organization is associated with high level of sabotage and theft, that involved retaliation against the organization, expression of dissatisfaction and opposition. On the contrary, **Baysala , Yangilb & Sevimb (2020)** ⁽⁶⁾ analyzed of the relationship between organizational commitment and counterproductive work behavior and found that low percent only (2%) of the study sample had high counter productive work behavior regarding sabotage and theft dimensions. And added that this was due to Ignoring the ‘human’ factor that caused several problems such as absenteeism, job dissatisfaction, lack of improving the sense of belonging.

The present study also indicated that less than one third of studied staff nurses had low level regarding withdrawal dimension of counterproductive work behavior. This result may due to withdraw behaviors such as came to work late without permission, and stayed home from work and said they were sick when they weren’t these behaviors expose staff nurses for reduce their salaries. On the same line, the result of **Lipinska-grobelny (2021)** ⁽⁵⁾ also, supported present study results and added that withdrawal is described by passivity, and is most strongly related to work organization and leadership quality. **Baysala , Yangilb & Sevimb (2020)** ⁽⁶⁾ also recorded less than quarter (24.8%) had low level of withdrawal dimension including the behaviors such as use the break times longer, absenteeism, coming to the job late or leaving from the job earlier.

Regarding the relationship between staff nurses’ personal data, job characteristics, and perception of abusive supervision, the current study revealed that there were significant relationships between total level of perceived abusive supervision and all personal data of staff nurses except gender. This result may be attributed to most nursing leaders were female, who tend to value mental acuity and considerateness and characteristically monitor their behavior during supervision. Nursing leaders are also ground -level supervisors whose power and authority are not absolute or highly centralized. Thus, they may restrain

themselves from abusive supervision. This result supported with *Tepper and Simon (2017)*⁽³⁷⁾ who found that significant relationship between the total level of abusive supervision and participants' age and marital status.

Regarding Relationship between staff nurses' personal data and job characteristics, and their counterproductive work behavior, results demonstrated that there were significant relationships between total level of counterproductive work behavior and participants' unit experience and all nursing experience. This may be related to the feeling of more experienced in organizations with combination of feeling of injustice and lack of adequate organizational support causing them to develop negative feelings toward their supervisors and institutions. Nurses who are experiencing negative emotions and are not receiving help can have a significant impact on excellence and the quality of patient care and may commit counterproductive work behaviors to feel more compensated.

The result of present study supported by **Carpenter, Whitman, & Amrhein, (2021)**⁽¹⁸⁾ who studied unit-level counterproductive work behavior found the same results that there is a statistically significant relation between nurses' experience in their units, their total experience in nursing and their counterproductive work behavior. Also, **Chen et. al. (2020)**⁽¹⁹⁾ who studied work engagement, emotional exhaustion, and counterproductive work behavior supported present study results. In addition to, **Wurthmann, (2020)**⁽¹⁶⁾ who studied how group and perceiver traits affect collective blame following counterproductive work behavior. Their findings highlighted that when employee had more experience in organizations or had more experience in their profession, the possibility of counterproductive work behavior increase. This may be related to increase their knowledge of the organization's rules and standards, type and characteristics of work, organizational climate, and organizational jargon in addition to other organizational factors, such as work pressure, leadership style, excessive control, lack of policies to deter these behaviors lead nursing staff to counterproductive work behaviors.

Regarding relation between abusive supervision and counter productive work behavior, there was a statistically significant positive correlation between total abusive supervision and total counter productive work behavior among studied staff nurses. From the researchers' point of view, this may be due to employee mostly engages in negative behaviors due to the perception of injustice by the organization and hostile behavior from supervisor. on the same respect, the results reported by **Ali, et al., (2020)**⁽⁴⁾ who indicated that, there was a significant positive relationship between counterproductive work behavior and abusive supervision in organizations. Thus, the third research question was answered by finding there was a statistically significant positive correlation between total abusive

supervision and total counter productive work among studied staff nurses. This finding indicated that, when staff nurses are abused by their supervisors; nurses exercise their maximum efforts to show negative behaviors as counter productive work behavior.

Conclusion:

In the light of the present study findings, it is concluded that, the majority of the studied staff nurses perceived high level of abusive supervision. Meanwhile, less than one quarter of the study participants had high counter productive work behavior level and less than two thirds of them had moderate level of counterproductive behavior. Moreover, There is a statistically significant positive correlation between perceived abusive supervision and counter productive work s behavior among staff nurses.

Recommendations:

In view of the study findings, the following recommendations are suggested:

- Hospitals have to take corrective disciplinary approaches, actions and strategies against supervisory abusive behavior and counter - productive behavior.
- Health care managers have to provide the employees with healthy work environment, which helps to overcome any counterproductive work behaviors.
- Health care managers should carry out in-service training programs about acceptable behaviors and actions which have to take to deal with negative behaviors.
- Faculties of nursing should introduce abusive supervision and counterproductive work behavior in the nursing curricula to equip students to handle or deal with them if they will experience in the nursing profession.

- Future researches can be conducted:

1. Examining the influence of counter- productive work behavior on staff nurses job performance and productivity.
2. Investigating the influence of abusive supervision on staff nurses' engagement and loyalty.
3. The effect of training program about acceptable supervisory accepted behaviors and skills on staff nurses' commitment and satisfaction.

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❖ الملخص العربي

الإشراف المسيء المدرك وتأثيره على سلوك العمل الغير منتج بين الممرضين "

المقدمة: في العقد الماضي ، كان هناك اهتمام متزايد بالسلوكيات الضارة أو المدمرة للعمل في المنظمات. الإشراف المسيء هو إدراك المرؤوسين لمدى انخراط المشرفين في العرض المستمر للسلوكيات العدائية اللفظية وغير اللفظية والتي تؤثر سلبيًا على المنظمة مما يسبب انخفاض مستويات الرضا والالتزام وسلوك العمل المنتج. **الهدف من الدراسة:** تهدف هذه الدراسة إلى معرفة تأثير الإشراف المسيء على سلوك العمل غير المنتج بين الممرضين

• أسئلة البحث: سوف تجيب هذه الدراسة على الأسئلة الآتية:

1. ماهو مستوي الاشراف المسيء كما يدركه الممرضين؟
2. ماهو مستوي سلوك العمل غير المنتج بين الممرضين؟
3. ما تأثير الاشراف المسيء على سلوك العمل غير المنتج بين الممرضين؟

• منهجيه البحث:

- تصميم البحث: ارتباطي وصفي.
- مكان الدراسة : أجريت الدراسة بمستشفى عين شمس الجامعي التابعة لمستشفيات جامعه عين شمس .
- العينة: اشتملت الدراسة على 171 ممرض من اجمالي 300
- أدوات جمع البيانات: تم استخدام مقياس الإشراف المسيء وسلوك العمل غير منتج لجمع البيانات لهذه الدراسة.
- النتائج: أوضحت النتائج أن الأغلبية العظمى (94%) من الممرضين لديهم مستوى عال من الإشراف المسيء
- كما أن أقل من ثلثهم (65%) لديهم مستوى متوسط من سلوك العمل غير المنتج ، بينما (15%) فقط من المشاركين في الدراسة كان لديهم مستوى .
- الخلاصة: إن هناك ارتباط إيجابي قوي بين الإشراف المسيء المدرك، وسلوك العمل غير المنتج بين الممرضين.
- التوصيات: يتعين على مؤسسات الرعاية الصحية رسم استراتيجيات لمواجهة الإشراف المسيء وسلوك العمل غير المنتج في مكان العمل، توفير بيئة تنظيمية مواتية للموظفين تساعد في التغلب على هذه السلوكيات لتحسين مستوى تقديم الرعاية الصحية. دراسة تأثير برنامج تدريبي عن السلوكيات الإشرافية المطلوبة وتأثيرها علي التزام ورضا المرضيين.