# Impact of Abusive Supervision on Nurses' Turnover Intentions: The Moderating Effect of Resilience

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## Abstract

**Background:** In the ever-changing healthcare landscape of today, the nursing profession is essential to providing high-quality patient care and guaranteeing successful results. With their compassionate and all-encompassing services, nurses are the backbone of healthcare. But new research has revealed a worrying pattern: nurses' increasing turnover rates. **Aim of this study:** to investigate the relationship between abusive supervision, nurses' turnover intention and resilience. **Subjects and Method: Research Design:** A descriptive correlational research design was used to achieve the aim of this study. **Setting:** Al-Aharar Teaching Hospital in Zagazig, Egypt. **Subjects:** Simple random sample from nurses (n=233), were selected from the above-mentioned setting. **Tools of data collection:** Three tools were used: abusive supervision, nurses' turnover intention and resilience scales. **Results:** 22.3% of the studied nurses perceived their leaders as abusive supervision in high level, 67.5% reported a high level of turnover intention while 76.7% had high level of resilience. **Conclusion**: there was statistically significant positive correlation between abusive supervision and turnover intention, indicating that as abusive supervision increases, turnover intention also rises while resilience acts as a moderator in this relationship. **Recommendations:** Organizations should offer resilience-building programs specifically designed for healthcare professionals. These programs should include mindfulness training, cognitive behavioral strategies and stress management workshops.

**Keywords**: Abusive supervision, Nurses, Resilience, Turnover intentions.

## Introduction

The nursing profession is essential to providing high-quality patient care and guaranteeing successful results in the fast-paced healthcare environment of today. The foundation of healthcare is provided by nurses, who offer caring, all-encompassing services. However, a worrying trend has been brought to light by recent studies: the rising rates of nurse turnover. In addition to presenting a serious problem for healthcare institutions, this issue begs the question of what influences nurses' decisions to quit their jobs **(Malik et al., 2022).**

The loss of qualified and experienced nurses can result in understaffing, worse patient care, more work for the remaining employees, and higher costs for healthcare institutions. Therefore, keeping a stable and capable nursing workforce requires an understanding of the elements that affect nurses' plans to quit. One critical factor that has gained Abuse of

supervision is a topic of interest in the field of organizational behavior **(Pokhrel et al., 2022).** The degree to which subordinates believe their superiors exhibit persistently aggressive verbal and nonverbal behaviors aside from physical contact is known as abusive supervision **(Fischer et al., 2021).**

It has gained more attention because of its profound effects on worker morale, job satisfaction, and organizational performance as a whole. It is typified by degrading behavior, exploitation, and psychological violence displayed by supervisors toward their subordinates. The consequences of abusive supervision can permeate various aspects of a nurse's professional life, including job dissatisfaction, emotional exhaustion, reduced organizational commitment, and ultimately, an increased intention to leave their current position **(Rahman, 2023).**

The connection between turnover intentions and harsh supervision is especially problematic in nursing, where the profession is already known for high burnout rates due to emotional demands, long shifts, and exposure to traumatic situations. Abuse in supervision increases the likelihood that nurses will feel underappreciated and disengaged, ultimately pushing them to consider exiting their roles. This can exacerbate the already critical shortage of nurses globally, making it essential to understand the factors that may influence this relationship **(Malik et al., 2022 & Rahman, 2023).**

Nurses' turnover intention is a critical issue in the field of nursing, and it has received increased attention worldwide. A high turnover rate can lead to a shortage of nursing staff, which can negatively impact the quality of care provided to patients. Nurse well-being partly depends on developing resilience **(Abdullah et al., 2021).** Resilience is the capacity to adapt and overcome adversity. Nurses who are resilient may be better able to handle the negative consequences of abusive supervision and are less likely to quit their jobs. People who are resilient may have better coping mechanisms and emotional control, which enables them to tolerate stress at work without it having a detrimental effect on their plans to leave (**Abdullah et al., 2021**).

Recently, resilience a psychological quality defined by the capacity to adjust and overcome hardship has drawn interest as a possible defense against the negative consequences of abusive monitoring (**Anjum et al., 2023**).

Nurses who possess higher levels of resilience might be more capable of with the difficulties brought on by abusive supervision, which could affect their choices to remain in or leave their jobs **(Anjum et al., 2023).**

According to the theory of moderation, some elements referred to as moderating variables have the ability to affect the direction or intensity of the link between two other variables **(Abdullah et al., 2021).**

The interaction between nurses may be moderated by resilience' desire to leave and abusive supervision, either reducing or increasing the effect on turnover intention of abusive supervision. In the face of abusive supervision, investigating the moderating function of resilience may help identify a possible intervention strategy to lower nurses' intention to leave **(Rafique et al., 2023).**

**Significant of the study**

The literature on the possible buffering effect of resilience among nurses is still lacking, despite an increase in studies looking at the relationship between turnover intention and abusive supervision **(Arshad et al., 2021)**. Understanding how resilience interacts with abusive supervision to influence on the turnover intention of nurses is important for designing focused initiatives to improve nurse retention requires knowledge of nurses' intentions to quit their professions improve patient care quality, and create healthier work environments **(Li & Zhang, 2023).**

By examining the moderating function of resilience in the association between abusive supervision and nurses' intention to leave, this study aims to close the previously noted research gap. By employing a rigorous research methodology, including surveys and data analysis, our goal is to offer insightful information on the intricate interactions between these factors. The study's conclusions have consequences for organizational leaders as well as healthcare professionals. Offering potential avenues for fostering resilience and mitigating the negative impact of abusive supervision on nurses' intention to leave.

### Aim of the study

The aim of the study was to investigate the relationship between abusive supervision, nurses' turnover intention and resilience at Al-Aharar Teaching Hospital in Zagazig,

### Research questions:

1. Assess level of abusive supervision from staff nurses' perspective.
2. Assess staff nurses' turnover intention level.
3. Measure level of nursing resilience.
4. Does resilience moderate the relation between turnover intention and abusive supervision?

### Methods

### Research design:

To accomplish this study's aim, a descriptive correlational research approach was employed.

### Study setting:

The study was conducted at Al-Aharar Teaching Hospital in Zagazig which affiliated to educational hospitals and institutes authority with the capacity of beds (420) bed.

First floor: Reception and emergency, burns and laboratory unit, radiology unit and centeral sterilization, laundry kitchen, morgue consist of 12 bed.

Second floor: Orthopedic, Nephrology, ophthalmology, ENT, cardiothoracic, Tumers consist of 121 bed.

Third floor: Internal Medicine, cardiology, endoscopy ICU, CCU, ER, ICU, Intermediate ICU consist of 136 bed.

**Fourth floor:** Gynecology, Obstetric, pediatric, general surgery, NICU, ICU KIDS, operations room consist of 110 bed.

**Fifth floor:** Nephrology, plastic surgery Oral and Maxillofacial surgery Not specified.

### Study subjects:

A simple random sample of nurses employed at Alahrar Hospital was selected based on the inclusion criteria listed below

### Sample size:

The total population size of 500 nurses, so sample size was calculated by Steven K. Thompson Equation from the next formula:

$$n = \frac{N*P(1-P)}{[(N-1*(d2/Z2)]+P(1-P)]}$$

**Where**: n: Sample size, N: Population size, z: Confidence level at 95% (1.96), d: Error proportion (0.05), p: Probability (50%). The ideal sample size was estimated at a confidence level at 95% (1.96), error proportion (0.05), and the required sample size were 230 nurses. After adjust of a dropout rate of 10% the sample size required was 230. A total of 230 questionnaire forms were returned, giving a response rate of 100%. So the definitive sample of the result was 230

### Tools of data collection:

In order to gather data for this study, three instruments were utilized:

**Tool I: Abusive supervision scale:** It consists of two parts as follows:

**Part one:** Nurses' personal and professional attributes, including information on their age, gender, years of experience, and educational background.

**Part two: Abusive supervision:** to evaluate the degree of abusive supervision as nurses perceived; it consists of 25 items organized into three dimensions: passive abuse, humiliation-active abuse, and angry-active abuse (6 items), humiliation-active abuse (4 items), and passive abuse (15 items). Participants' responses were measured using five-point scale where (1) cannot remember, (2) seldom uses this behavior with me, (3) occasionally uses this behavior, 4 was moderately often and 5 very often. The total level of abusive supervision as reported by studied nurses (n=233).

**Tool II: Expanded -Multi Dimensional Turnover Intention Scale (EMTIS):** includes 25 items measuring five aspects: expectations, professional advancement,

workplace culture, personal orientation, and subjective social standing (4 items); organizational culture (3 items); personal orientation (8 items); expectation (5 items) and career growth (5 items). All the items will be rated on a 5-point scale: strongly disagree = 1 to 5= strongly agree.

**Tool III: Connor and Davidson Resilience Scale:** comprises 25 items categorized under five factors: control, spiritual impact, positive acceptance of change and secure relationships, tolerance of negative effects, and personal competence and high standards(8 items), tolerance of negative effect (7items), positive acceptance of change and secure relations (5 items), control (3 items), and spiritual influence (2 items). All the items were rated on a five-point Liker scale will range from zero (not true at all) to four (true nearly all of the time).

Level of total resilience score as reported by studied nurses (n=233)

**Content validity & reliability**:

After translating the questionnaire into Arabic, a panel of five professionals from Zagazig University's Faculty of Nursing determined its face validity and content. Experts were asked to share their thoughts and feedback on the tool, as well as any recommendations for new features or items that should be added. According to their assessments, the researcher made all suggested changes. Analysis of reliability The Cronbach's Alpha Coefficient factor test was used to assess the internal consistency of each scale and the reliability of Abusive supervision scale was 0.77 the results were accepted And the reliability of Turnover intention scale was 0.75 the results were accepted and the reliability of Resilience Scale was 0.83 the results were good .

**Fieldwork**

Data gathering period was three-months began in mid - November 2023 to Mid - January 2024. The study participants provided all of the data at this time. Each nurse was invited to participate in the

study and given a thorough description of its goals during one-on-one discussions during the planning phase. A self-administered questionnaire was sent to nurses who verbally gave their informed consent, along with instructions on how to complete it.

The second phase involved the researcher personally delivers the required questionnaires to staff nurses in their workplaces in order to collect their feedback. Three days a week, the researcher met with staff nurses in the morning and evening after they had completed their work to collect data. It took ten to fifteen minutes to complete the surveys at the time of distribution. Each completed questionnaire sheet was carefully examined by the researcher to make sure all relevant information was included.

**Pilot study**:

10% (n=23) of the study participants participated in a pilot study to evaluate the tools' practicability, feasibility, and applicability. The pilot study also sought to determine how long it would take to complete the questionnaires. One week prior to the data collection, staff nurses were chosen at random for this pilot investigation. There was exclusion of pilot study participants from the main study population.

**Administrative and ethical considerations:**

The dean of Zagazig University's Faculty of Nursing and the ethics committee gave their approval to the study. Following that, the medical and nursing management of Al Ahrar Hospital received a letter from the Faculty of Nursing explaining the goal of the study, asking for their consent and assistance in gathering data. Consent was established with the completion of the questionnaires. Additionally, staff nurses who were part of the study sample were verbally informed of the purpose and conduct of the investigation. Similarly, each study

participant gave their oral agreement after being informed of the study's objectives. Staff nurses were given the choice to participate or not, and they received assurances that the information would be kept confidential. The study was affirmed by Zagazig University-Faculty of Nursing ethical committee with the ethical code M.D ZU. NUR196/12/9/2023.

**Statistical analysis:**

Using a personal computer (PC), the data gathered from the sample under study was updated, coded, and input. The Statistical Package for Social Sciences (SPSS) version 22 was used to do statistical analysis and computerized data entry. Descriptive statistics were used to display the data as frequencies, mean and standard deviation. A correlation coefficient, also referred to as a "Pearson correlation," is a numerical representation of a statistical relationship between two variables. A statistical test called chi-square looks at how qualitative data differs from one another. Data can be described and the relationship between one or more continuous independent variables and one or more dependent variables explained using multiple linear regressions.

**Results**

**Table (1)** personal and job characteristics 31.3% of the nurses were between 30-40 years old, 74.7% females, and 62.2% married. 62.7% had a nursing institute, 28.8% working in medical department, and 87.6% did not receive an orientation program upon appointment. Regarding years of experience in the nursing profession, 47.2% had 10 or more years of experience.

**Figure (1)** concerning abusive supervision level; (40.3%) of studied nurses exhibited exposure to abusive supervision in low level, while 22.3% in a high level. the most frequent high subscale is passive abuse while the lowest was humiliation-active abuse.

**Figure (2)** concerning turnover intention level; (42.5%) showed a moderate level of total turnover intention. The highest mean score was for subjective social status dimension (67.5%) while the lowest subscale was Career growth dimension (33.2%)

**Figure (3)** regarding resilience level; 42.1% had a high level, and 12.4% had a low level. The highest mean score percent was for spiritual influence (76.7%) while the lowest was notion of personal competence, high standards (35.8%).

**Table (2)** correlation between studied variables: intention to leave was strongly positively correlated with abusive supervision ($r = 0.726$, $p < 0.01$). Total resilience had a negative correlation with both turnover intention and abusive supervision ($r = -0.679$, $p < 0.01$, and $r = -0.683$, $p < 0.01$ respectively).

**Table (3)** presents a study model examining Resilience acts as a moderator between turnover intention and coercive oversight. The results show that abusive supervision positively affects turnover intention ($\beta = 0.220$, $p < 0.01$), resilience negatively affects turnover intention ($\beta = -0.275$, $p < 0.01$), and abusive supervision negatively affects resilience ($\beta = -0.219$, $p < 0.01$). The indirect effect of abusive supervision on turnover intention via resilience was significant (Effect = 0.09).

In summary, abusive supervision is a significant predictor of turnover intentions among nurses, but its impact can be moderated by the presence of resilience.

**Discussion**

The majority of hospital workers are nurses, and how well hospitals provide nursing care is a good indicator of how well they are operating, which can be controlled through oversight via supervision (**Achempim-Ansong et al., 2022**). Worldwide, abusive supervision is common in enterprises. Beyond the typical interaction between the abuser and the afflicted, abusive supervision have numerous negative effects on the organization and its social relationships. Indeed, there is a wealth of evidence

showing that, on the one hand, there are strong links between job discontent and ongoing instances of abusive supervision, and, on the other, a high level of abusive supervision and a sharp drop in employee productivity and performance **(Shi et al., 2024).**

Across cultures and professions, it has been discovered that abusive supervision has a significant impact on turnover intention. Abuse of supervision causes employees to feel alone or shunned at work, which raises their desire to leave **(Wang et al., 2021)**. Thus, this study's goal was to examine the connection between abusive supervision, nurses' turnover intention and resilience.

**Staff nurses' perception of abusive supervision.**

According to the nurses' reports on the degree of abusive supervision, the current study found that over one-third of nurses thought low level of overall abusive supervision while about quarter of them experience high level. Concerning domains of abusive supervision, the highest mean score was for passive abuse domain, the lowest, however, was for active abuse and humiliation. The first research question, "What is the level of abusive supervision as perceived by staff nurses?" was addressed by this finding.

The previous mentioned results may have resulted from the supervisor's understanding of the harm that abusive supervision causes to nurses and the organization. Another factor may be the administration's stringent regulations designed to prevent actions that go against the organization's standards. Furthermore, more than half of the nurses in the study stated that they are rarely trusted by their head nurse or provided with critical information pertaining to task performance. However, nurses who participated in the study stated that supervisors do not degrade or threaten their staff members.

In the same context, **Mahmoud & Elsaeed, (2022)** in Egypt conducted a study about relationship between coaching and abusive supervision and nurses' talent "They confirmed that a significant portion of nurses had a low perceived level of abusive supervision. Furthermore, the majority of nurses perceived aggressive humiliation, angry-active abuse, and passive abuse supervision to be low. According to the nurses, the supervisor never undervalues, mocks, or intimidates them. Additionally, they never treat someone unfairly or withhold information that is essential to completing a task.

Along the same line, **Abou Ramadan and Eid, (2020)** backed up our findings with a study on "toxic leadership: conflict management style and organizational commitment among intensive care nursing staff," which revealed that more than three-quarters of nurses gave their bosses a low rating for abuse. **Dongyuan, (2020)** who studied leader personality, abusive supervision and employee outcomes; and discovered that a small percentage of the sample under investigation had supervisors who provided them with little abusive supervision.

Furthermore; in this concern results done by **Xu et al., (2021)** in a study titled "What is the impact of authentic leadership on employee voice? "from the perspective of the theory of planned behavior" and found that respondents' levels of abusive supervision were moderate. Additionally, the current analysis concurs with **Lyu et al., (2019)** who conducted research on "abusive supervision and turnover intention: Mediating effects of psychological empowerment of nurses" and discovered that the majority of the sample under study had little to no abusive supervision from their managers.

Conversely, these results contradicted a research conducted in Egypt by **Badran et al., (2022)** according to their research on "perceived abusive

supervision and its influence on counterproductive work behavior among staff nurses,". Most study participants had a high opinion of their supervisors' abusive supervision. Minorities, on the other hand, had low and moderate perception levels, respectively. However, **Low et al., (2021)** research on the "Impact of abusive supervision on counterproductive work behaviors of nurses" refuted the current findings and demonstrated that abusive supervision is a problem for hospital nurses.

Additionally, this result was congruent with **Rodwell et al., (2014)** who carried out research on "abusive supervision and links to nurse intentions to quit" and found that only a small portion of participants reported having been subjected to abusive supervision.

**Staff nurses' turnover intention**

With regard to turnover intention, about one-third of nurses reported having a high level, while half showed a moderate level, according to the current study. Regarding the mean score of turnover intention dimensions; the subjective social status dimension had the greatest mean score, but career growth had the lowest. This may be due to that some of studied nurses think they deserve a better job and they want work environment that will improve and respect them. On the other hand, nurses consider looking for a different offer of employment that would fit their status, and they also feel like leaving this position due to their marital status. The above mentioned finding are in agreement with **Nigussie Bolado et al., (2023**) who evaluated the level of turnover intention and related variables among nurses employed by the Government Hospitals of Wolaita Zone in Southern Ethiopia, found that number of them had such intentions. A study conducted by **Nigussie Bolado et al., (2023**) "The Magnitude of Turnover Intention and Associated Factors among Nurses Working at Governmental Hospitals" in

Southern Ethiopia", and stated that two fifth of nurses had turnover intension.

This result also, agreed with **Liu et al. (2023)** they looked into nurses' intentions to leave their current jobs and the factors that influence them in China. They found that a lot of asignificant portion of nurses said they intended to do so. Furthermore, **Allan et al. (2022)** whose research, "Commitment to Organization and Intention to Leave among Nurses at a Selected Taguig City Hospital, Philippines" stated that dimensional turnover intention were moderate.

Furthermore, this leads to agreement with **Piotrowski et al., (2022)** whose study of (Occupational Stress, Intention to Leave the Organization, Job Satisfaction, and Resilience among Nurses and Midwives during the COVID-19 Pandemic) and discovered that 25% of the sample expressed a strong intention to leave the organization.

Additionally, the study's findings are consistent with **Halcomb & Bird, (2020)** who applied a study entitled (Australian General Practice Nurses' Job Satisfaction and Career Intentions) the finding was majority of nurses reported low intention to leave. Also, **Lyu et al., (2019)** who concluded that turnover intention score was high, it illustrates how serious and significant nurse turnover intention is in China.

Conversely, the results of this investigation are in line with a research conducted in Egypt by **Abady et al., (2024).** In order to evaluate the nursing practice environment, staff nurses' resilience, and their intention to leave Beni-suef University Hospital, they found that over two-thirds of reported low intention to leave while less than one third reported high intention to leave. They related that may be as a result of strong social support for nurses and assistance from nurse leaders, who provide flexible scheduling, positive relationships with nurses and doctors, free educational

opportunities for all staff nurses, and decision-making opportunities.

In the meantime, the current study's findings go against **Galanis et al., (2024)** 60.9% of nurses were classified as quiet quitters, and 40.9% had high levels of turnover intention, according to a study done in Greece to evaluate the impact of quiet quitting on nurses' intents to leave their jobs.

**Staff nurses' level of resilience**

With reference to studied nurses' level of resilience; According to the current study, almost one-third of nurses demonstrated a high degree, and small proportion exhibited a low level. Regarding different factors of resilience; our research findings demonstrated that spiritual influence factor has the highest mean score, while the lowest was notion of personal competence and high standards.

From investigator point of view, Resilience is essential for enhancing the mental well-being of nursing staff members and assisting them in managing stress, obstacles, and problems. Because resilience is a variable that can be learned and changed, it may be used to address issues with nurses who lack effective personality qualities. Therefore, understanding the impact of nurses' personality traits leads to better management. On the other hand, most nurses believe in God help.

Thankfully, this result aligned with the findings of the study conducted by **Abo Baraka et al., (2024)** carried out a study to investigate "Resilience of Staff Nurses: Its Association with Moral Intelligence and Professional Compatibility" and found that over 75% of the staff nurses had a high level of resilience. In a similar vein, **Abady et al., (2024)** revealed that 65% of staff nurses report high resilience.

Providing evidence for the study's conclusions by **Amer et al., (2023)**. They looked into "Head Nurses' Resilience Skills and Its Relation to Their Motivating Behavior as Perceived by Nurses" and found that more than half of the nurses in the study thought the head nurse had a moderate level of resilience. Additionally, more than quarter of them stated that the resilience skill level of head nurses was high. However, almost one-fifth of them stated that the resilience skill level of head nurses was low. Also**, Hoşgör & Yaman, (2022)** studied Based on descriptive features, the study "Investigation of the relationship between psychological resilience and job performance in Turkish nurses during the Covid-19 pandemic" revealed that the participants' resilience was modest. The results of this investigation align with those of **Ying et al., (2021),** who conducted a study titled "Nursing practice environment, resilience, and intention to leave among critical care nurses" and discovered that slightly more than half of the workforce exhibited moderate resilience.

Additionally, in the same line a study performed by **Erdogan et al., (2018)**, to investigate the variables influencing public hospital nurses' resilience levels, and came to the conclusion that nurses working in Turkish public hospitals had higher resilience levels.

This result was incongruent with **Lyu et al., (2020)** head nurses have been observed to have low resilience levels, according to a study titled "The relationship among organizational identity, psychological resilience and work engagement of the first-line nurses in the prevention and control of COVID-19 based on structural equation model." Furthermore, this result was not corroborated by **Ren et al., (2018)** who investigated hospital nurses' resilience and the elements that influence it and discovered that nurses' resilience was low.

**Correlation between different study variables**

In terms of association between the variables under investigation, the present study demonstrated a robust positive

relationship between total turnover intention and total abusive supervision. Total resilience had a negative correlation with both total turnover intention and total abusive supervision. Moreover, resilience has a moderating effect in the relationship between abusive supervision and turnover.

It may be explained as nurses who are subjected to hostile or toxic leadership behaviors such because those under abusive supervision are more prone to experience emotional exhaustion and work dissatisfaction, leading to higher turnover intentions. On the other hand, resilience is the ability to constructively adjust to certain circumstances without losing oneself in the process of adjusting to major risks or dangerous circumstances. Resilient people are able to endure and manage organizational obstacles, they will be better equipped to handle the ongoing animosity of their managers and successfully improve their psychological resources at work if they are subjected to harsh supervision.

This result was similar to **Mahmood et al., (2024)**. They observed that AS is directly associated to voice behavior, which in turn has a positive association with turnover intention. They did a study in India on the relationship between abusive supervision and turnover intention: a mediated moderated model of voice behavior and workplace friendship.

Additionally, the findings of this study are consistent with **Jahedian et al., (2021)** who conducted the research on "The Impact of Abuse on Healthcare Workers' Intention to Leave? Examining the Moderating Effect of Employee Resilience and Future Work Self Salience and Mediating Effect of Emotional Exhaustion," they came to the conclusion that abusive supervision has a direct impact on the intention to leave.

Comparisons between this study's findings and those of other research projects, including **Saleem et al., (2018),** who conducted research on the moderating effect of continuance

commitment in "Linking abusive supervision to psychological distress and turnover intentions among police personnel" and **Ahmad and Begum (2020),** Consistent outcomes have been demonstrated by those who introduced abusive supervision as a pull factor that drives individuals to quit their jobs.

In the same context **Al-Hawari et al., (2020),** who investigated how emotional tiredness is affected by abusive supervision as an interpersonal stressor. As previously mentioned, according to the second, third, and fourth hypotheses, emotional exhaustion which is thought to worsen as a result of abusive supervision has a direct impact on turnover intention and mediates the relationship between the two. Furthermore, **Singh et al. (2024)** significant correlations between abusive supervision and turnover intentions were found in the study "The relationship between abusive supervision and job satisfaction and turnover intentions: the moderating role of employee depression."

Meanwhile, **Jahedian et al., (2021)** stated revealed the direct effect of abusive supervision on emotional tiredness was supported by the moderating effect of resilience. This result is in line with earlier research findings such as **Al-Hawari, et al., (2020),** who stated that employee resilience is a factor that prevents resource depletion and the appearance of emotional weariness. They also proposed "employee resilience as a coping mechanism that helps employees regain their lost resources due to abusive supervision." The results of this study show that employees with strong resilience are more tolerant to abusive supervision than others. Therefore, improving employee silence mitigates the detrimental effects of abusive supervision.

Moreover, **Saleem, et al. (2018)** who conducted a study titled "Linking abusive supervision to psychological distress and turnover intentions among police personnel: The moderating role of

continuance commitment" and found a significant correlation between abusive supervision and turnover intention, meaning that when subordinates experienced abusive behavior from their managers, their intention to leave increased. Prior research investigated how continuance commitment influenced the favorable relationship between abusive supervision and turnover intention. As continuance commitment increased, the relationship between abusive supervision and turnover intention weakened.

## Conclusion

In the light of the main study results, it can be concluded that the majority of studied nurses experienced a low level of overall abusive supervision. Additionally, the highest percentage of studied nurses showed a moderate level of turnover intention, and a significant proportion exhibited a moderate level of resilience. Furthermore, A significant positive connection was found between harsh supervision and turnover intention, indicating that as abusive supervision increases, turnover intention also rises whereas in this interaction, resilience serves as a moderator.

## Recommendations

Based on study findings; the followings are key recommendations for building and enhancing resilience in nurses to address these issues:

**1. Implement Resilience Training Programs**

Organizations should offer resilience-building programs specifically designed for healthcare professionals. These programs can include:

- Mindfulness Training: can help nurses manage stress, focus on the present moment, and reduce emotional reactivity to abusive behavior.

- Cognitive Behavioral Strategies: can help them change their perception of stressful situation and manage their emotional responses better.

- Stress Management Workshops: such as breathing exercises, time management skills, and relaxation techniques.

**2. Foster a Supportive Work Environment can enhance resilience among nurses and reduce the negative impact of abusive supervision that includes:**

- Creating formal or informal peer support groups where nurses can share their experiences.

- Mentorship Programs: Pairing less experienced nurses with senior staff can provide emotional support and guidance.

- Counseling Services for nurses facing abusive supervision.

- Leaders should strive to build a positive, inclusive culture where nurses feel valued and supported.

**3. Promote Leadership Development and Positive Supervision Practices**

- Training supervisors in emotional intelligence can enhance their ability to manage their own emotions and interact with staff in a supportive, respectful way.

- Conflict Resolution and Communication Training: Equip supervisors and managers with skills to address conflicts constructively and maintain a healthy, non-abusive work environment.

- Develop Anti-Abuse Policies with appropriate channels for reporting and addressing these issues.

**Part I. Personal and job characteristics of the studied nurses.**

**Table (1): Distribution of the studied nurses' personal and job characteristics (n=233).**

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

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

| Dependent Variables | | Independent Variables | |
|---|---|---|---|
| | | Total abusive Supervision | Total Resilience |
| Total Abusive Supervision | r | | -.683 |
| | p | | .001** |
| Total Turnover Intention | r | .726 | -.679 |
| | p | .000** | .001** |

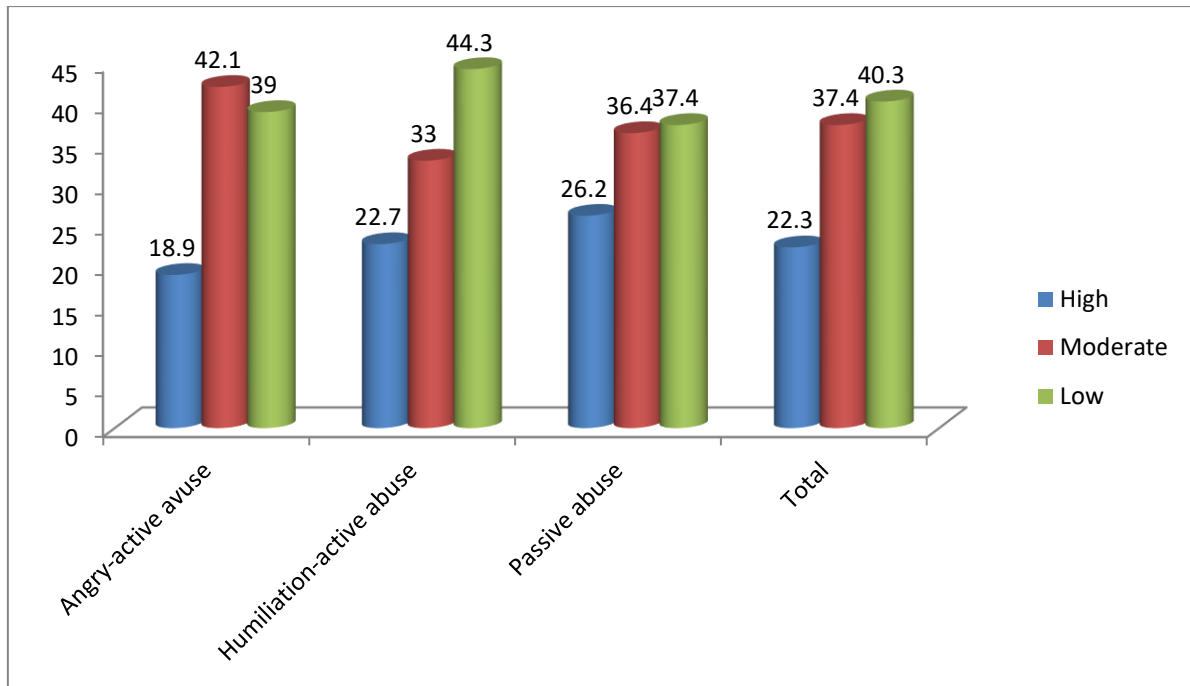**(**) Statistically significant at p <0.01.  r Pearson correlation**

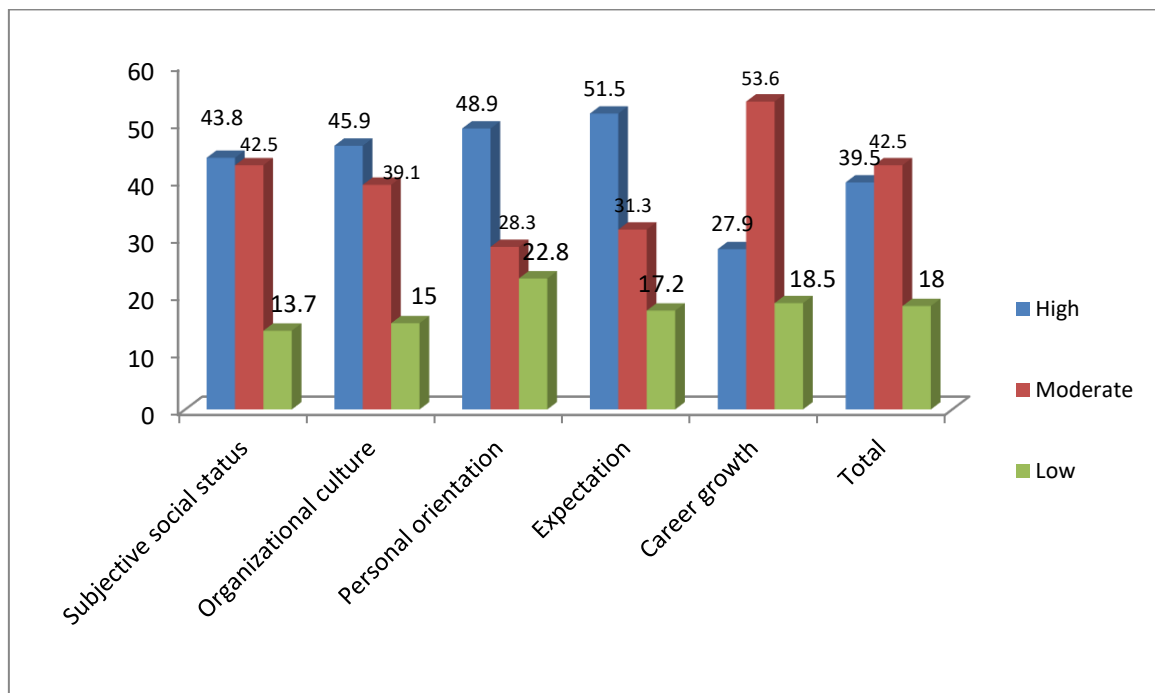**Figure (1): levels of abusive supervision subscales as reported by studied nurses (n=233).**



**Figure (2): levels of turnover intension dimensions as reported by studied nurses (n=233).**
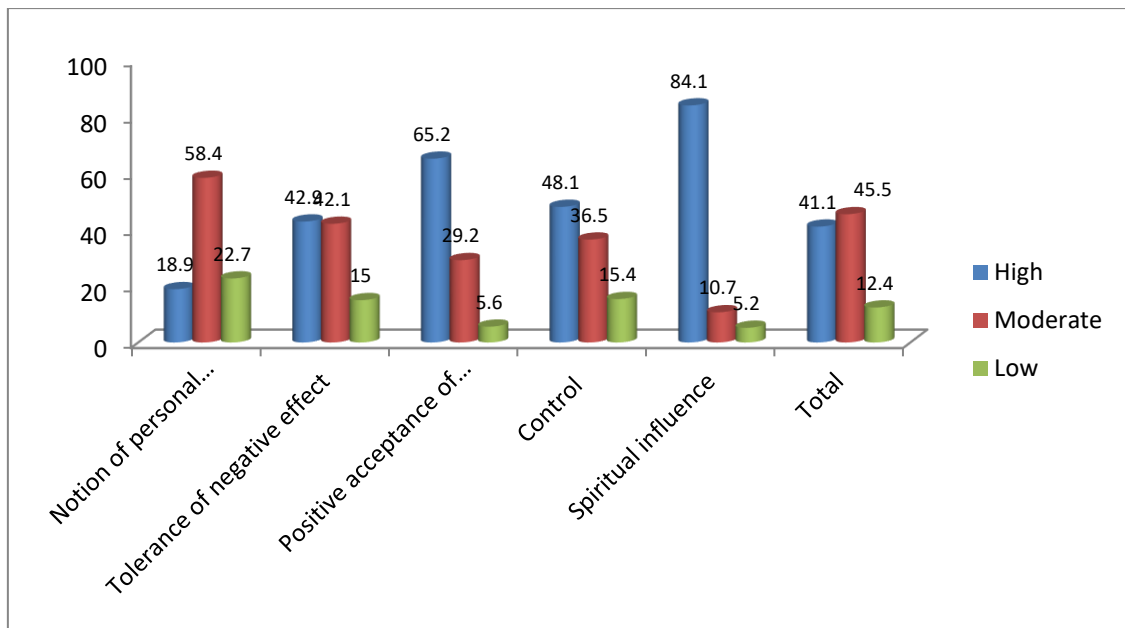
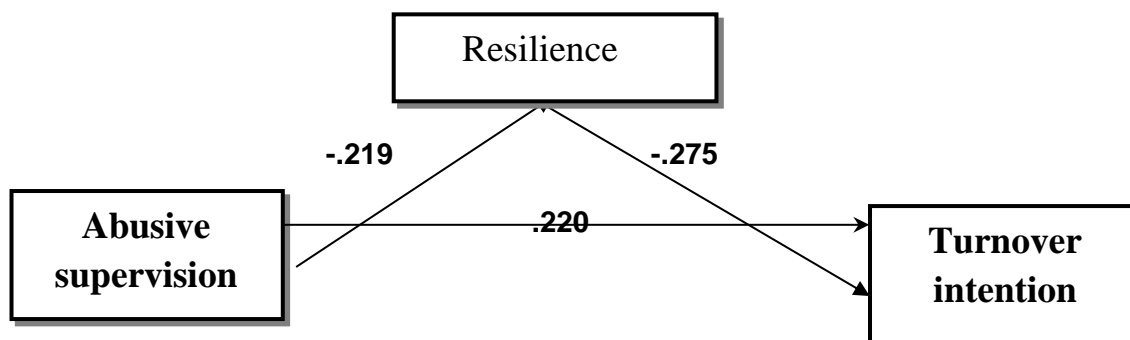**Figure (3): Levels of resilience factors as reported by studied nurses (n=233).**



**Figure (4): The moderating effect of resilience between abusive supervision and turnover intention**

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