Abusive and Coaching Supervision and its Relation to Nurses' Talent

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Abstract

Background: Talented nurses generate relative worth that contribute to their hospitals and via good supervision they take responsibility for developing and sustaining their talents in the work practice. **Aim of the study**: explore the relation between abusive and coaching supervision and nurses' talent. **Research design**: Descriptive correlational research design was applied to fulfill the purpose of the current study. **Sample**: All (410) nurses working at Tanta University Main Hospital. **Setting**: Tanta University Main Hospital. **Tools**: Three structured questionnaire were used for data collection: Nurses' Perception of Abusive Supervision, Nurses' Perception of Coaching Supervision, and Nurses' Talent Assessment. **Results:** Majority of nurses had a low perception level to overall abusive supervision. Above half of nurses had a high level of perception level to overall coaching supervision and most of them had a high level of overall nurses' talent. **Conclusion**: There was a negative significant correlation between abusive supervision and nurses' talent, while there was a positive significant correlation between coaching supervision and nurses' talent. **Recommendations**: The hospital administration should provide supervisors with suitable, consistent and timely feedback about both strength and weakness points in their supervision. Nurse supervisors provide continual, targeted practice and training programmes to help talented nurses reach high talent levels..

Key Words: Abusive supervision, coaching supervision, nurses' talent.

Introduction:

Nurses make-up the majority of the health workforce. They are responsible for numerous and complex tasks. With medical progress, new technologies and transfer of hospitals to business representation, this new hospital context requires great competence, accuracy and development potential from nurses (**Badiyepeyma Z.et al 2014)**.

Talent nurses are the key success factor of any hospital. When compared to typical nurses, talented nurses produce two to three times as much **(Elhaddad S. et al 2020).** The developments of those valuable human resources are crucial to achieve the hospital's short- and long-term goal and to cultivate them effectively demanding robust supervision **(Subramaniam A. et al 2015)**. Where, support, instruction, and professional development are all formally handled through supervision. It offers nurses a private, secure space to reflect on and talk about their job, enhancing their clinical expertise and raising their level of

competence and talent **(Dehghani K. et al 2016)** .

Talented nurses required talented supervisors. Supervisors within hospitals have a major impact on the working lives of talented nurses and directly shape their experiences through the style of supervision they employ, whether through coaching or abusive supervision (**Hutchinson D. 2015)**. Abusive supervision is an active manifestation of toxic leadership, and refers to judgments of subordinates on the level of aggressive verbal and non-verbal behaviour by frightened superiors without making physical contact. (**Tepper B. J. 2000, Zhou L. 2016)**. The domains of abusive supervision include breaking promises, withholding important information, rudeness, aggressive eye contact, intimidation (e.g. threats of job loss), unrestrained criticism, silent behavior, petty actions, taunting subordinates in front of others, use of derogatory language, invasion of privacy among others, and coercion tactics (**Lyu D**. **et al 2019)**.

Abusive supervision is closely linked to many negative psychological consequences such as decreased self-efficacy, helplessness, intention to leave job, high emotional exhaustion and reduced organizational commitment and job satisfaction. These relationships make nurses aware and sensitive to being treated unfairly, which can affect their self-esteem and abilities and leave them feeling drained and incompetent (**Khan Sh. et al 2010)**.

Coaching supervision, on the other hand, involves equipping nurses with everything they need to grow and become more effective. It is defined as a developmental activity where nurses work individually with their supervisors to improve their current job performance and advance their abilities for upcoming roles and challenges **(Subramaniam A. et al 2015)**. Coaching has been used primarily as a technique to improve the task performance of nurses, particularly low-performing nurses. More recently, it has become a means of facilitating learning and moving nurses to extent peak performance (**Gregory J., Levy E**. **2010)**.

Coaching supervisor introduces particular behaviors that empower nurses to learn and advance, by enhancing their abilities to guide, support and develop in work practices. Additionally, coaching supervisor focuses on providing regular feedback and helping the nurses to overcome their weaknesses (**Cox E. et al 2010)**.

Coaching supervision encompasses several skills such as: B. building relationships, effective listening skills, asking analytical questions, accepting ambiguity, focusing on the team approach, communicating openly with nurses, prioritizing individual needs and encouraging their development. (**Muhlberger, M. D., Traut-Mattausch, E. 2015)** Coaching has been highlighted as one of the most effective forms of learning and development. Through supervisory coaching, supervisor who impart their "knowledge" to their trainees help them enhance their talents. **(Subramaniam A. et al 2015)** .

Talent provides a competitive advantage for hospitals, so to maximize their effectiveness each nurse can and should be considered a talent (**Ulrich, D., Smallwood N. 2013)**. Talent can be

defined as a person's distinctive capacity to accomplish a certain work in a particular manner. Talent is considered the totality of a person's abilities, including their unique skills, knowledge, expertise, intuitions, judgments, attitude, character and energy. It also values a person's capacity for learning and development. (**Nafei, W.A. 2015).** Talent is defined as an inherent skill that exhibit in a particular field and shows individual variances in basic capacities and abilities (**Ulrich, D., Smallwood N. 2013)**. Finally, talent refers to unique features, qualities, and strength of persons who use this to achieve the goals of organizations (**El Nakhla M.O. 2013)** .

Nurses' talent consists of three dimensions which include nurses' competence, nurses' career commitment and nurses' contribution in workplace **(Alnuqaidan H., Ahmad M. 2019)**. Firstly, nurses' competence which is the nurse's ability to safely and effectively practice and fulfill their professional responsibilities within their scope of practice (**Bach Ch., Suliková R. 2019)**. Competence builds on a basis of fundamental clinical skills, scientific knowledge, and moral development and includes a greater capacity to behave creatively and independently in unpredictable and frequently chaotic circumstances. (**Gallardo E., et al 2013)**. Secondly, nurses' career commitment that includes nurses' dedication to their work, setting personal career goals, identifying with those goals, and embracing them. (**Azim M., Islam M. 2018)**. How willing nurses are to participate in different work-related duties depends on their level of career commitment. As they work toward a long-term objective, despite pressure or other challenging circumstances, committed nurses are more loyal to their work and the hospital as a whole.(**Lima M. et al 2015)**.

Finally, the contribution of nurses to the workplace is related to the fact that nurses find fulfillment and significance in their work. Contribution occurs when nurses experience their particular preferences being fulfilled through their dynamic involvement in their hospital. Talented nurses should have skills, spirits, and energies. Also, they ought to be proficient, committed, and contributing **(Ulrich, D., Smallwood N. 2013)**.

Significance of the study

University hospitals operate under intense pressure on the rapid pace of adopting new technologies and develop new services to meet customer' need especially at this time of pandemic crises. These oblige talents more than before, meaning nurses with high career commitment, and exceptional competence and contribution in the work. Nurses possess skills that can be learnt or developed via practise and experience with appropriate supervision, according to evidence-based management theory **(Subramaniam A. et al 2015)**. High-quality supervision plays key role in providing hospital capitals, rewards, and chances for nurses that nurture their talents. Therefore, the present study pursued to assess abusive and coaching supervision and its relation to nurses' talent.

Aim of the study:

This research sought to determine relation between abusive and coaching supervision and nurses' talent.

Research questions:

- What is the nurses' perception level of abusive supervision?
- What is the nurses' perception level of coaching supervision?
- What is the level of nurses' talent?
- What is a relation between abusive and coaching supervision and nurses' talent?

Subjects and method

Study design

The goal of the current study was accomplished by means of a descriptive correlational research design.

Setting

The research was done at Tanta University Main Hospital.

Subjects

Subjects of this study consisted of (410) nurses working in Pediatric (60), Medical (55), Obstetrics and Gynecology (75), Endemic (40), Pediatric Surgery (10) departments. Neuropsychiatric (60), Cardiac (50), Medical (20), Pediatric (40) ICUs.

Tools

The data for this study were gathered using the three tools listed below:

Tool I: Nurses' Perception of Abusive Supervision Structured Questionnaire.

This tool was created by **Wulani F. et al 2014** and adapted by researchers based on recent related literature (**Zhou L.** 2016, **Lyu D. et al 2019**). It was split into the following two sections:

Part (1): personal traits of nurses include: nurses' age, gender, married status, department, qualifications, if attended any training courses and years of experience.

Part (2): This part was utilized to gauge the degree to which the nurses believed that their supervisor exhibited characteristics that might suggest abusive supervision. It involved 25 items with three subscales: angry-active abuse (sex items), humiliation active (four items), and passive abuse (fifteen items).

Scoring system

Answers from nurses were scored on a three-point Likert scale extended from 3= always do, 2 = some time do, 1= never do. The total score calculated by summing of all categories and high scored indicated high abusive supervision level based on cut off value as follow:

- Low perception of abusive supervision < 60%
- Moderate perception of abusive supervision 60% – 75%
- High perception of abusive supervision >75%

Tool I I: Nurses' Perception of Coaching Supervision Structured Questionnaire.

This tool developed by **MecleanG., Yang,B 2005 and Romiko A., Jumpamool A. 2016 2016** and reformed by the researchers based on current literature in the associated field (**Muhlberger, M. D., Traut-Mattausch, E. 2015, Subramaniam A. et al 2015)**. It contained 20 items distributed into five subscales as follows: open communication (four items), team approach (four items), values nurses (four

items), accepts ambiguity (four items), and facilitates development (four items). Coaching supervision tool was utilized to assess the extent to which nurses believed their supervisors to have the above mentioned behavior(s) in connection to coaching supervision

Scoring system

The replies of nurses were graded on a three-point scale. The Likert Scale varied from 3= always do, 2 = some time do, 1= never do. The total score calculated by summing of all categories and high scored indicated high level of coaching supervision based on cut off value as follow:

- Low perception of coaching supervision < 60%
- Moderate perception of coaching supervision 60 – 75%
- High perception of coaching supervision >75%

Tool ш: Nurses' Talent Assessment Structured Questionnaire.

This three-scale tool was used to evaluate the nursing staff's talent. The Nurse Competence Scale, Nurse Career Commitment Scale, and Nurse Contribution Scale were used to measure these factors. It was separated into three parts.

Part (1): The Nurse Competence Scale: This scale was created by **Meretoja R. et al 2004** and have been adjusted by the researchers based on recent related literature (**Ulrich, D., Smallwood N. 2013**, **El Nakhla M.O. 2013)**. It involved 46 items with six subscales: helping role (sex items), teaching-coaching (nine items), diagnostic functions (ten items), therapeutic interventions (five items), ensuring quality (five items), and work role (eleven items).

Part (2): Nurses Career Commitment Scale: This scale adapted by the researchers guided by **Gardner DL 1992**. This scale consists of 10 measures aimed to assess hospital nurses' commitment.

Part (3): Nurse Contribution Scale. It was developed by researchers guided by U**lrich D. 2007** to measure nurses' contribution to their workplace. It is made up of seven items that adhere to Ulrich's concept of contribution.

Scoring system

Replies from nurses were scored on a three-point scale 3 = agree, 2 = neutral, and 1 = disagree on the Likert scale. The total score calculated by summing of all categories and high scored indicated high nurses' talent level based on cut off value as follow:

- Low level of nurses' talent < 60%
- Moderate level nurses' talent 60% – 75%
- High level of nurses' talent >75%

Validity and Reliability

The contents of the study tools were determined by a jury of 6 academics from the nursing administration of various nursing faculties and checked for their meaningfulness. The validity of the tools to assess their clarity, completeness, relevance and accuracy. All comments have been considered; Some elements have been reworded.

Pilot study

After consulting the experts and before the real data collection procedure began, a pilot research was conducted. It was conducted on 10% of nurses (41) who were omitted from the study's subjects during data collecting. The aim of pilot study was to examine the items sequence, clarity, application, and relevance. Changes that were required were made. Estimating the time needed to complete the questionnaire was also aided by a pilot study. The Cronbach's Alpha test was used for study tools reliability. The calculated reliability was r = 0.992 for tool 1, r = 0.975 for tool п and r=0.893 for tool ш.

Procedure

The data was obtained from the identified subject by the researchers. For the purpose of distributing the questionnaire, the researchers personally interacted with each nurse throughout their shift. In order to ensure that all questions were addressed, the nurses recorded the response as the researchers watched and giving clarification. Depending on the nature of work and workload for each unit, different times were appropriate for data collecting. The questionnaire items took roughly 15-20 minutes to complete. The data was gathered over a three-month period beginning in January 2021 and ending in April 2021.

Ethical Considerations

The hospital administration in the designated setting granted official clearance for the study before it could be carried out. Each research subject received an explanation of the study's purpose and anticipated results. They received assurances that the study is safe, all information acquired will be used solely for research purposes, and their consent to participate is mandatory in order to be included in the study. Each subject was assured that they can withdraw whenever they want.

Statistical Analysis:

The IBM SPSS software version 20.0 was used to analyze the data that was fed into the computer. (IBM Corporation, Armonk, New York) Quantitative data were expressed as percentages and numbers. The normality of the distribution was examined using the Kolmogorov-Smirnov test. The range (minimum and maximum), mean, standard deviation, and median were used to characterize quantitative data. At the 5% level, significance of the results was determined. To determine the correlation between two quantitative variables with normal distributions, the Pearson coefficient test was performed. To compare two examined groups, use the Mann Whitney test for quantitative variables with abnormally distributed data. To compare between more than two examined groups, use the Kruskal-Wallis test for quantitative variables with abnormally distributed distributions.

Results:

Table (1): illustrates nurses' personal traits. Nurses 56.1% aged (30–<40), 30.2% aged (<30), and 1.2% aged (≥50) with mean 32.96 ± 6.04. Majority (88.0%) of nurses were female, married (88.8%). Equal percent of nurses (14.6%) from pediatric and neuropsychiatry. as well as equal percent of nurses (9.8%) from endemic and pediatric ICU. Range

12.2% - 18.3% worked at cardiac ICU, medical department and obstetrics and gynecology department. 2.4% and 4.9% respectively worked at pediatric surgery ICU and medical ICU. High percent of nurses (72.7%) had a bachelor degree, 16.3% associate degree, 8.0% diploma, 2.4% master and 0.5 % doctoral degree. Majority of nurses (88.0%) attended previous training courses. 47.8 % of nurses had <10 year of experience, with mean year of experience 10.77 ± 5.82.

Figure (1): nurses' perception levels to overall abusive supervision. The figure demonstrates that high proportion of nurses had a low perception level to overall abusive supervision, while the minority of them had a high and a moderate perception level to overall abusive supervision.

Table (2): shows nurses' perceptions levels of abusive supervision dimensions, the majority of nurses (93.2%,89.3%, and 87.6%,) respectively had a low perception level of humiliation active, angry-active abuse, and passive abuse supervision, while low percent (6.6%, 4.6%, and 2.0%) had a high perception level of all abusive supervision dimensions.

Figure (2): Nurses' perception levels of overall coaching supervision. The figure shows that above fifty of nurses had a high level of perception to overall coaching supervision. Minority of them had a low level of perception to overall coaching supervision and one quarter of nurses had a moderate perception levels.

Table (3): demonstrates nurses' perceptions levels of coaching supervision dimensions. Equal percent of nurses (57.8%) had a high perception level regarding facilitates development and accepts ambiguity of coaching supervision dimensions. 51.7%, 51.2- and 48.0% of nurses had a high perception level of team approach, open communication, and value people dimensions, respectively. On the other hand low percent of nurses ranged from 8.5% - 23.9% of nurses had a low level of all coaching supervision dimensions.

Figure (3): Overall nurse talent levels. According to the graph, the majority of nurses had a high level of overall nurses' talent, while the minority had a low and a moderate level of overall nurses' talent.

Table (4): represents levels of nurses' talent dimensions. This table shows that 72.2%, 64.9%, and 64.4% of nurses had a high level of nurses' competence, nurses' career commitment and nurses' contribution in workplace respectively. While 7.8%, 7.3% had a low level of all nurses' talent dimensions.

Table (5): shows the correlation between coaching supervision, abusive supervision and nurses, talent. At $p \leq 0.05$, there is a negative statistically significant association between abusive supervision and nurses' talent, but a positive statistically significant correlation between coaching supervision and nurses' talent.

Table (6): demonstrates relation between coaching supervision, abusive supervision and nurses' talent with nurses' personal data. There is significant relation between department and coaching and abusive supervision at $p \leq 0.05$. Furthermore, at $p \leq 0.05$, there is a strong relationship between nurses' years of experience and their talent.

Table (1): Nurses' personal characteristics (n= 410).

Personal Characteristics	No.	%
Age (years)		
<30	124	30.2
30–<40	230	56.1
40–<50	51	12.4
≥50	5	1.2
Min. – Max.	23.0 – 54.0	
Mean ± SD.	32.96 ± 6.04	
Gender		
Male	49	12.0
Female	361	88.0
Marital status		
Single	40	9.8
Married	364	88.8
Widow	6	1.5
Department		
Pediatric	60	14.6
Medical	55	13.4
Obstetrics and Gynecology	75	18.3
Endemic	40	9.8
Pediatric Surgery	10	2.4
Neuropsychiatry ICU	60	14.6
Cardiac ICU	50	12.2
Medical ICU	20	4.9
Pediatric ICU	40	9.8
Qualification		
Bachelor	298	72.7
Associate	67	16.3
Diploma	33	8.0
Master	10	2.4
Doctoral	2	0.5
Attended previous training courses		
Yes	361	88.0
No	49	12.0
Years of experience		
<10	196	47.8
10-<15	99	24.1
15-<20	82	20.0
≥20	33	8.0
Min. – Max.	1.0 – 26.0	
Mean ± SD.	10.77 ± 5.82	

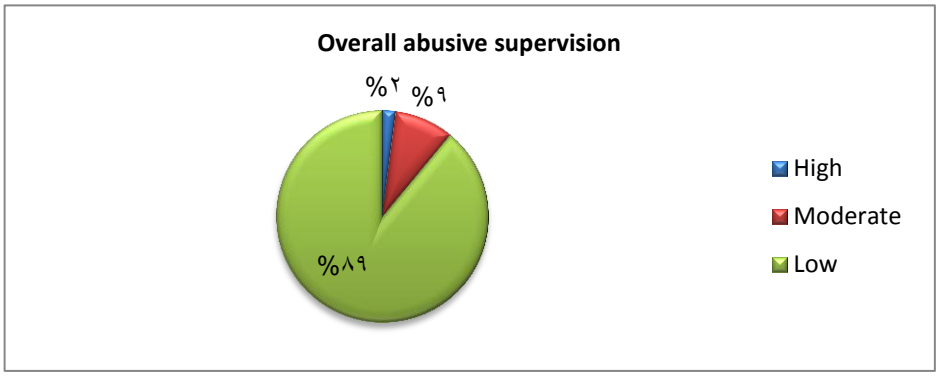

Figure (1): Nurses' perception levels to overall abusive supervision.

Table (2): Nurses' perceptions levels of abusive supervision dimensions (n = 410).

Abusive supervision dimensions	High		Moderate		Low	
	No.	%	No.	%	No.	%
Angry-active abuse	27	6.6	17	4.1	366	89.3
Humiliation active	8	2.0	20	4.9	382	93.2
Passive abuse	19	4.6	32	7.8	359	87.6
Overall Abusive supervision	**8**	**2.0**	**37**	**9.0**	**365**	**89.0**

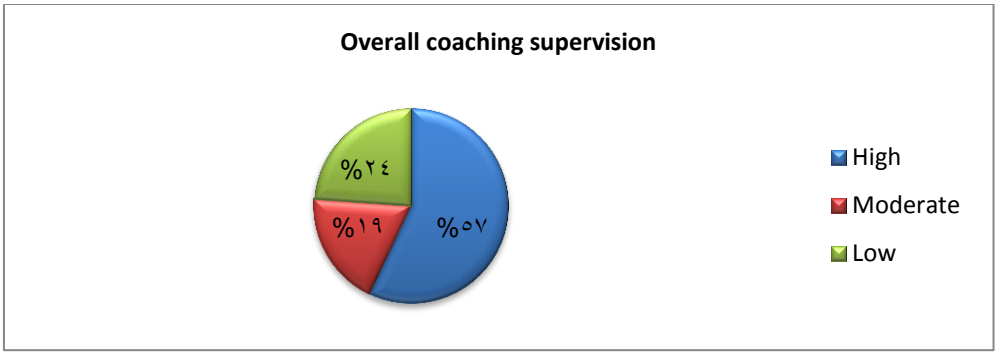

Figure (2): Nurses' perception levels of overall coaching supervision.

Table (3): Nurses' perceptions levels of coaching supervision dimensions (n = 410).

Coaching supervision dimensions	High		Moderate		Low	
	No.	%	No.	%	No.	%
Open Communication	210	51.2	165	40.2	35	8.5
Team Approach	212	51.7	100	24.4	98	23.9
Values People	197	48.0	170	41.5	43	10.5
Accepts Ambiguity	237	57.8	124	30.2	49	12.0
Facilitates Development	237	57.8	127	31.0	46	11.2
Overall Coaching supervision	**234**	**57.1**	**78**	**19.0**	**98**	**23.9**

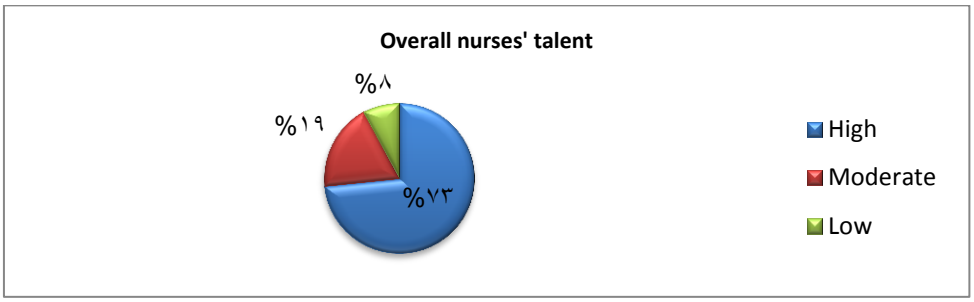

Figure (3): Levels of overall nurses' talent.

Table (4): levels of nurses' talent dimensions (n = 410).

Nurses' talent dimensions	High		Moderate		Low	
	No.	%	No.	%	No.	%
Nurses' competence	296	72.2	82	20.0	32	7.8
Nurses' career commitment	266	64.9	114	27.8	30	7.3
Nurses' contribution in workplace	264	64.4	116	28.3	30	7.3
Overall Nurses' Talent assessment	**301**	**73.4**	**77**	**18.8**	**32**	**7.8**

Table (5): Correlation between coaching supervision, abusive supervision and nurses' talent (n = 410).

		Coaching supervision Scale	Abusive supervision Scale	Nurses' Talent assessment: Nurses' competence dimension	Nurses' career commitment	Nurses' contribution in workplace	Overall Nurses' Talent
Coaching supervision dimension	**r**		-0.793*	0.856*	0.809*	0.790*	0.848*
	p		<0.001*	<0.001*	<0.001*	<0.001*	<0.001*
Abusive supervision dimension	**r**			-0.639*	-0.578*	-0.598*	-0.629*
	p			<0.001*	<0.001*	<0.001*	<0.001*
Nurses competence dimension	**r**				0.964*	0.967*	0.998*
	p				<0.001*	<0.001*	<0.001*
Nurses career commitment	**r**					0.981*	0.978*
	p					<0.001*	<0.001*
Nurses contribution in workplace	**r**						0.979*
	p						<0.001*
Overall Nurses' Talent assessment	**r**						
	p						

Table (6): Relation between coaching supervision dimensions, abusive supervision dimensions and nurses' talent with nurses' personal data (n = 410)

Personal data		Coaching supervision	Abusive supervision	Nurses' talent
Age (years)	**H (p)**	0.577 (0.902)	3.478 (0.324)	2.715 (0.438)
Gender	**U (p)**	7980.50 (0.260)	7833.00 (0.178)	8230.0 (0.412)
Marital status	**H (p)**	1.594 (0.451)	2.331 (0.312)	2.588 (0.274)
Department	**H (p)**	36.002*(<0.001*)	44.818*(<0.001*)	4.288 (0.830)
Qualification	**H (p)**	2.698 (0.441)	3.193 (0.363)	0.912(0.823)
Years of experience	**H (p)**	7.946(0.094)	1.365(0.850)	10.869*(0.028*)
Attended previous training courses	**U (p)**	7860.50 (0.250)	7956.00 (0.166)	7230.0 (0.512)

Discussion

Talent is a desirable quality, particularly in health care organizations need talented nurses which returns on quality of patient care. Therefore, inspiring talents are required (**Elhaddad S. et al 2020).**

Supervisors have a responsibility to provide a work environment that is sufficiently structured and supportive of nurturing talent. Where supervisor behaviors plays a dynamic role in manipulating the desired attitudes and

behaviors of nurses in organizations (**Dehghani K. 2016).**

Thus, the present study aimed to assess abusive and coaching supervision and its relation to nurses' talent.

According to this study, a large percentage of nurses had a low perception level of abusive supervision. As the nurses indicated that the supervisor never intimidates, ridicules or underestimates them. Also, they never withhold information central to task completion, or treat them unfairly. This result may be due to the supervisor awareness regarding the damaging effects of abusive supervision for nurses as well as for the organization. Also, the restrictive rules from the administration to avoid such behavior that violate the organization norms can be a reason. **Abou Ramadan and Eid (2020)** who study was about " Toxic Leadership: Conflict Management Style and Organizational Commitment among Intensive Care Nursing Staff " supported our results and showed that above three quarters of nurses rated their leaders as abusive at a low level. Additionally, **Rodwell et al (2014**) who conducted study on " Abusive Supervision and Links to Nurse Intentions to Quit" discovered that just a small percentage of respondents said they had experienced abusive supervision. While, **Low et al (2019**) whose study was a about " Impact of abusive supervision on counterproductive work behaviors of nurses" [(30)] & **Estes (2013)** who studied**"** Abusive Supervision and Nursing Performance**"** contradicted the present findings and showed that nurses in hospitals are subject to abusive supervision.

The current study indicated that significant percentage of nurses had a high perception level of coaching supervision. Where nurses reported that their supervisor always communicated openly, encouraged a team approach, valued building relationships with nurses, accepted ambiguity, and facilitated nurse development. These findings can be attributed to be the supervisor's comprehension and awareness of the benefits and purpose of coaching as a useful strategy to promote nurse professional development, develop advanced independent practitioners, support nurses to enhance the standard of care. In particular, they have previously participated in a training and education program on coaching (**Ramadan A. and Eid W. 2020)** which expand competencies of supervisor to support, guide , provide feedback and facilitate development which may be a cause of higher nurses' perception. **David and Matu (2013**) stated that the on-the-job training, supervisor should offer chances for staff growth by encouraging nurses to continuously learn new skills, offer comments, make ideas, and offer assistance in novel and difficult circumstances. **Abou Ramadan A. and Eid W. (2020**) supported the current findings, demonstrating that more than 90% of head nurses who had completed the training programme, had average or slightly above average coaching abilities. Furthermore**, Cardoso et al (2014**) who conducted a study on " Coaching leadership: leaders' and followers' perception assessment questionnaires in nursing" consistent with the present results and indicated that the staff had a favorable assessment of how their managers can use the coaching process in their day-to-day work. Contradictory to this findings **Pousa (2014)** who studied"

The Influence of Coaching on Employee Performance: Results From Two International Quantitative Studies" and showed that, despite the significance of coaching as a figure of improvement, the documentation that should support the benefits of staff people receiving development coaching are unsatisfactory.

Thisstudyrevealed that the majority of nurses werehighly .talentedWhere a high percentage of them had a high level of competence and career commitment and contribution in the workplace. This result may be due to the presence of supportive supervisory environments that can produce talented nurses, the present study in particular showed high levels of perceived coaching supervision. This environment helps create safe work environments that encourage autonomy, provides opportunities for advancement and encourages nurses to learn from experience. Furthermore, this study, which is carried out at the university hospital, offers staff a stable career, prospects for training and further education and greater opportunities for growth. Additionally, nurses' years of experience plays significant role in the development of their talents as displayed in the present results. **Alnuqaidan and Ahmad (2019**) who conducted study on " Comparison between Highly-Talented and Low-Talented Nurses on their Characteristics and Quality of Nursing Care" supported the present findings and indicating that almost two thirds of the nurses were really talented nurses. Also the results showed that 69.4% of nurses were competent, 86.1% were committed to their career, and 93.1% contributed with their work. Also, **Bjo¨rkman et al. (2013)** who studied " Talent or Not? Employee Reactions to Talent Identification" pointed out that employees who rate themselves as "talented" are more than the low-talented group**. Lima et al (2015)** whose a study was about" Levels of career commitment and career entrenchment of nurses from public and private hospitals" discovered that nurses exhibit a high level of career commitment in both public and private institutions. **Istomina et al (2011)** who studied" Competence of Nurses and Factors Associated With It "discovered that nurses believed that they generally had high levels of competence. Contradictory to the findings **Meyers et al. (2013**) who conducted a study on "Talent - Innate or acquired? Theoretical considerations and their implications for talent management "and found that few employees are highly talented.

The findings of the present study demonstrated a significant inverse correlation between nurses' talent and abusive supervision. This means that abusive behavior does not nurture the talent of nurses. These results may be due to nurses who experience abusive behavior from their supervisor feeling incapable of responding to that behavior and therefore experiencing feelings of helplessness and frustration can cause to become burned out and incompetent. **Subramaniam et al (2018**) who studied "Supervisions on Talent Development through Clinical Learning Environment "found that, in the context of a clinical learning environment, abusive supervision had a negative impact on talent development. **Subramaniam et al (2015**) who conducted study on " Effects of coaching supervision, mentoring supervision and abusive supervision on talent development among trainee doctors in public hospitals: moderating role of clinical learning

environment " disagreed with the present findings and pointed out that there is no highlighted the lack of a causal relationship between abusive supervision and talent development. Also, **Subramaniam (2014)** who studied " Influences of supervisory styles on talent development, turnover intention and mediating role of clinical learning environment among trainee doctors in Malaysia "shown that the development of talent is not directly impacted by abusive supervision.

According to the results of this study, coaching supervision and nurses' talent have a positive, significant relationship. These findings may be due to the fact that supervision is a space for trainers to review caregiver practice. By thinking along with the supervisor, nurses can strengthen their skills to engage in helping conversations. Also, coaching gives nurses the chance to examine their own work in a safe and efficient manner based on their day-to-day experiences at work and in a way that enhances other learning methods. Additionally, the features of coaching in providing direction, advice on how to progress, and stimulation for nurses to apprehend their potential and talents.

Murshid et al (2020) whose a study was about " Talent development through coaching and mentoring in southeast Asian countries: a systematic literature review " supported the present findings and indicated that most organizations employed coaching, followed by formal training and other talent development initiatives, to produce talented staff. **Subramaniam et al (2015)** demonstrated a positive relationship between coaching supervision and talent development. Also, **Subramaniam (2014**) revealed that coaching supervision facilitates talent development. Additionally, **Hamlin et al (2009)** who studied "Toward a Profession of Coaching? A Definitional Examination of 'Coaching,' 'Organization Development,' and 'Human Resource Development." reported that Coaching is a process that facilitates and supports the acquisition of new skills, improve existing competencies and increase their personal development or potential.

Conclusion

The study's conclusions show that a significant percentage of nurses had negative perceptions of abusive supervision. Above fifty nurses reported having high levels of coaching supervision perception. A large percentage of nurses also have a high level of nurses' talent. Abusive supervision has a negative, statistically significant relationship with nurses' talent. While coaching supervision and nurses' talent showed a positive, substantial association. It was determined that abusive and coaching supervision have an impact on nurses' talent.

Recommendations

Using the study's findings as a basis, the following suggestions were made:

For hospital administration

1. Should provide supervisors with adequate, regular and timely feedback concerning both strength and weakness points in their supervision.
2. Provide supervisors with adequate support and needed resources that

facilitate implementation of coaching supervision.
3. The hospital administration should hold coaching-related refresher courses and instructional programmes for nursing supervisors.

For nurse supervisors:

1. Nurse supervisors can build up nurses' talent through coaching supervision
2. Raise talented nurses to high talent levels by initiating targeted, continuous practice and education sessions.
3. Must create a healthy work environment free of abuse that supports the talent of nurses.

Further research can be done to determine how coaching and abusive supervision affect the quality of patient care.

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