

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

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Abstract

Background: Supervision is one of the techniques used to improve nurses' competence. So, nurses required talented supervisors, supervisors within hospitals have a great deal of influence over the work lives of nurses and directly shape the experience of them through the supervisory style they utilized either abusive or coaching supervision. So, **the aim of this research** was to assess nurses' perception about abusive as well as coaching supervision and its relation with their competence. **Research design:** A descriptive correlational design was utilized in the current research. **Setting:** The research was conducted at Minia Oncology Institute. **Sample:** Nurses who experience more than one year in working (no.106). **Tools of data collection:** Four scales were used in this research, the first scale was sociodemographic data, the second scale was nurses' perception of abusive supervision scale, the third scale nurses' perception of coaching supervision scale and the fourth scale nurse competence scale. **Results:** The majority of nurses had low perception level of abusive supervision, more than two third of them had high perception level of coaching supervision and less than two third of them had high level of competence. **Conclusion:** There was negative correlation between total abusive supervision and total coaching supervision ($P = 0.044$) and there was negative correlation between total abusive supervision and total nurses' competence ($P = 0.940$). While there was positive correlation between total coaching supervision and total nurses' competence ($P = 0.239$). **Recommendations:** Apply a continuous, regular, adequate and constructive evaluation of supervisors and their supervision style by institute administration.

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

Introduction

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

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

Abusive supervision is an active kind of destructive leadership, which refers to the subordinate's assessments of the amount to which supervisors engage in a persistent display

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

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

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

Moreover, coaching an essential managerial practice to enhance the subordinates' learning goal orientation and

critical reflection (Matsuo et al., 2020), work satisfaction, job engagement (Lewis, 2023), job practice, corporate citizenship behavior as well as thriving at work. Also, unfavorable employee attitudes and behaviors like desire to leave are decreased by coaching supervision. Studies have also looked at the possible effects of coaching supervision on the subordinates' job satisfaction. Additionally, coaching supervision has become a crucial technique to raise workers' favorable assessments of many aspects of their job (Zhao & Liu, 2020)

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

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

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

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

Significance of the research

The provision of hospital resources, incentives, and chances for staff nurses to enhance their competence is largely dependent on the quality of their supervision. Nurses have a talent that can be learnt or developed via practice and experience under the right supervision, according to evidence-based management theory (Letterstål et al., 2022). Also professional competence is a key component of both patient satisfaction and nursing care supply (Gharghozar et al., 2021). Competence promotes nursing as a profession, enhances clinical nursing and nursing education, and results in

better patient care and patient satisfaction with the nurses (Kim & Lee, 2020).

There aren't studier's integrated three variables, but the study conducts on Egypt by Mahmoud & ELsaeed (2021) they investigate abusive and coaching supervision and its link to nurses' talent and concluded that negative substantial association between abusive supervision and nurses' talent. This indicates that abusive actions do not develop a nurse's skill. While the study performed by Murshid et al. (2020) who conducted research on the use of coaching and mentoring in talent development in southeast Asian nations and came to the conclusion that the majority of firms used coaching, formal training, and other ways to create outstanding employees.

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

Aim of the research

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

Research Questions

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

Subjects and Methods

Research Design

A descriptive correlational research design was used to achieve the aim of the current study.

Setting

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

Subjects

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

Department	No of nurses
Intensive Care Unit (ICU)	14
Emergency	8
In patient dept.	21
Outpatient dept.	18
Surgical dept.	20
Operations	12
Pediatric dept.	13
Total	106

Data Collection Tools

Data were collected through using four scales namely: Socio demographic Data, Nurses' Perception of Abusive Supervision Scale, Nurses' Perception of Coaching Supervision Scale and Nurse Competence Scale as follows:

Scale (1): Socio-demographic Data

This developed by the researchers and it was used to collect data about nurses encompass item such as age, gender, marital status, educational qualification, residence, department, and years of experience in the nursing field.

Scale (2): Abusive Supervision Scale

Abusive Supervision Scale that was developed by **Wulani et al., (2014)**. It involved 25 items with three dimensions as following:

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

Each item was measured by three -point Likert-type scale ranged from 1= never do, 2= sometime do, and 3= always do. So, the scoring system was ranged between 25 to 75 as following:

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

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

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

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

Each item was measured by three -point Likert scale ranged from 1= never do, 2= some time do, and 3= always do. So, the scoring system was ranged between (41to123) as following:

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

Scale (4): Nurse Competence Scale

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

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

Nurses' responses were measured on three-point Likert scale ranged from 1=never, 2=sometimes and 3=always. So, the scoring system was ranged between (73to219) as following:

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

Validity of the research' scales

The scales were tested for the content validity by a jury of 5 experts in the field of nursing administration and education, the jury composed of two Professors and three Assistant Professors from Faculty of Nursing, Minia University. Each of the expert panel was asked to examine the scales for content coverage, clarity, wording, length, format and overall appearance. And necessary modification was done from jury panel as rephrasing and Arabic language changes in some items to be more accurate and clearer. Also, three-point Likert scale of nurse competence scale was changed from 1= disagree, 2= neutral and 3= agree to 1=never, 2=sometimes and 3=always.

Reliability of the research' scales

Reliability of the scales was performed to confirm consistency of scales. The internal consistency measured to identify the extent to which the items of the scales measured what it was intended to measure. Also, the scales were tested for its reliability by using Cronbach alpha test which revealed good internal reliability for the scales; and were distributed as follows:

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

Pilot research:

Pilot research involving 10% of nurses, (11) nurses carried out to determine the clarity, completeness, and application of the scales as well as to determine the proper time needed to fill the tools. The pilot research' findings were added to the final results without alteration

Data Collection Procedure:

- An official letter was granted from the Nursing Faculty Dean at Minia University, Ethical Committee of the Nursing Faculty at Minia University.
- The scales were adopted, and translated into Arabic; then collected the jury approval for the scales to collect data of the research.
- Written approvals were obtained from the director of Oncology Institute as well as the nursing manager, and the head nurses of this Institute after explaining the purpose of the research.
- After obtaining the permission, the researcher began to introduce herself to the head nurse and nurses then, explained the nature, aim of the research and how they should fill the scales.
- A pilot research was done to assure scales clarity and applicability.
- Then the reliability of the scales was done.
- The scales were distributed to all nurses. Scales were administered directly and supervised by the researcher with the assistance of head nurse of each unit.
- The researcher distributed those scales for nurses through morning shift during the working days.
- The sheets were given individually to all of them and nurses were given from 20 minute to 30 minutes to answer the scales. The researcher answers any question that nurses need.
- The actual field work started from the beginning of February 2023 to the end of April 2023 for collecting data. Data collection started three hours before the end of the shift; Nurses from different shifts were asked to fill out scales based only on their experiences. The researcher waited outside the units during the majority of the data collection period, going inside the units after 15 minutes to answer questions.

- The researcher scheduled the visits to each department of Oncology Institute based on the nurses' schedule of work. The researcher selected two days Saturday and Wednesday to be able to meet all nurses.

Ethical Considerations:

- An official letter was granted from the Research Ethics Committee of the Faculty of Nursing, Minia University
- Approval to conduct the research was obtained from Dean of the Faculty of Nursing, Minia University
- A permission and consent were obtained from the director of Oncology Institute as well as the nursing manager, and the head nurses of this Institute.
- A permission and agreement were obtained from the head of the department and the head nurse working at the Oncology Institute.
- Before the conduction of the pilot research as well as the actual research, oral agreement was obtained from the participants that are willing to participate in the research, after explaining the nature and purpose of the research.

Statistical analysis

The collected data was tabulated, computerized, analyzed and summarized by using descriptive statistical tests to test research questions by using SPSS version (25). Qualitative data were expressed as frequency and percentage. Probability (P-value) is the degree of significance, less than 0.05 was considered significant. The smaller the P-value obtained, the more significant is the result (*) and less than 0.001 was considered highly significant (**). T-test and Anova test was used for qualitative data test was used to detect the relation between sociodemographic data of nurses and their research variables.

The statistical method of correlation is used to determine the type and degree of a link between two numerical variables. The co-sign efficient's indicate the type of the relationship (positive/negative), while the value indicates its strength, as follows: Rho values below 0.25 indicate a weak correlation, 0.25-0.499 indicate a fair connection, 0.50-0.74 indicate a moderate correlation, and values above 0.74 indicate a strong correlation.

Results

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

Items	Nurses (no.= 106)	
	no.	%
Age		
• <20-30yrs	73	68.9
• 31-41yrs.	22	20.8
• ≥42yrs.	11	10.3
Mean ± SD	24.37±6.835	
Gender		
• Male	39	36.8
•Female	67	63.2
Residence		
•Urban	52	49.1
• Ruler	54	50.9
Educational qualification		
•Diploma in nursing	14	13.2
•Technical institute in nursing	50	47.2
•Baccalaureate in nursing	42	39.6
Years of experience		
• 1-10 yrs.	77	72.6

Items	Nurses (no.= 106)	
	no.	%
• 11-20yrs.	14	13.2
• More than 20 yrs.	15	14.2
Mean ± SD	8.18±8.034	
Marital status		
• Single	34	32.1
• Married	70	66
• Divorced	2	1.9
Department		
• ICU	14	13.2
• Emergency	8	7.5
• Inpatient	21	19.8
• Outpatient	18	17
• Surgical	20	18.9
• Operation	13	12.3
• Pediatrics	12	11.3

Table (1) illustrates that (68.9%) of the nurses' age are ranged between < 20 to 30 years, with Mean ± SD (24.37±6.835), (63.20%) of them are females, moreover (50.90%) of nurses living in rural area. Also (47.2%) of them have technical institute of nursing. Moreover (72.6%) of them have years of experience ranged from 1 to10 years with Mean ± SD (8.18±8.034). additionally (66%) of them are married. Finally (19.80%) of them working at inpatient department, and (7.50%) of them are emergency department.

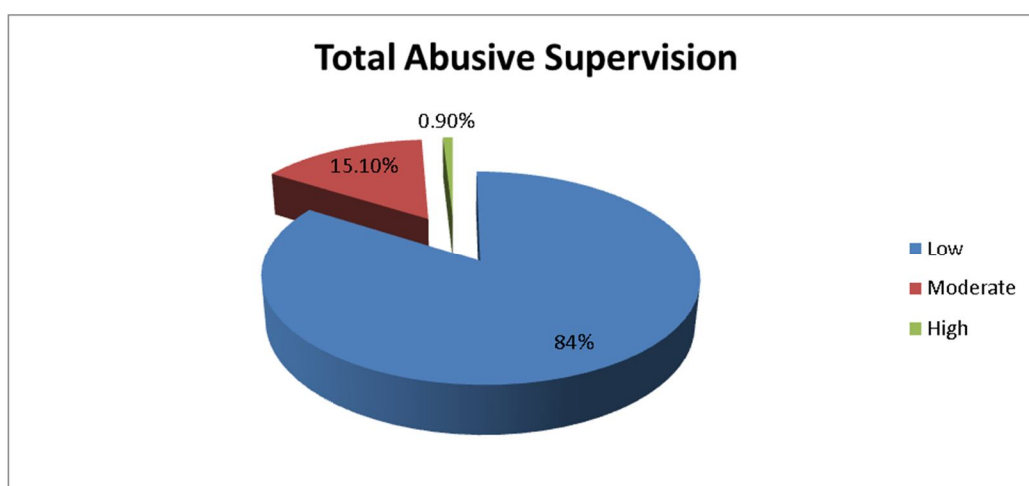


Figure (1): Percentage distribution for nurses' perception level regarding total abusive supervision (no=106)

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

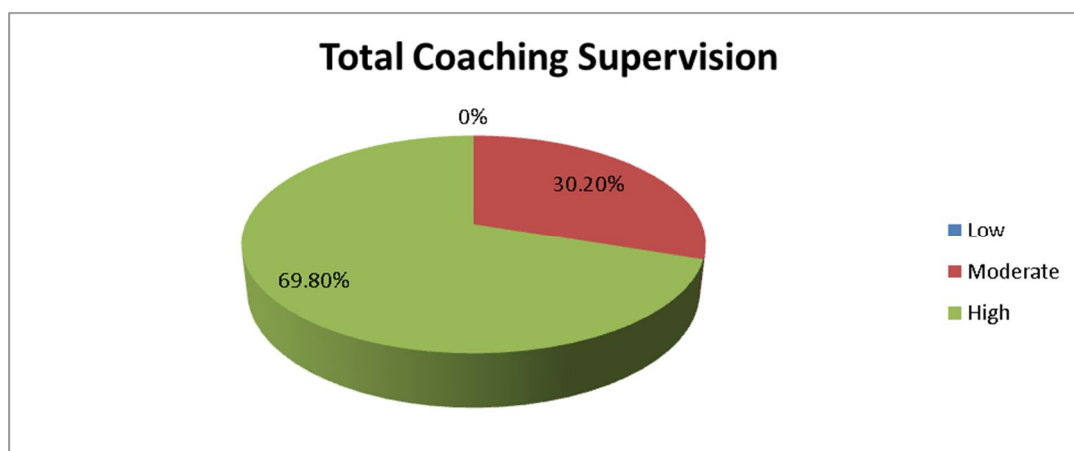


Figure (2): Percentage distribution for nurses' perception level regarding total coaching supervision (no=106)

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

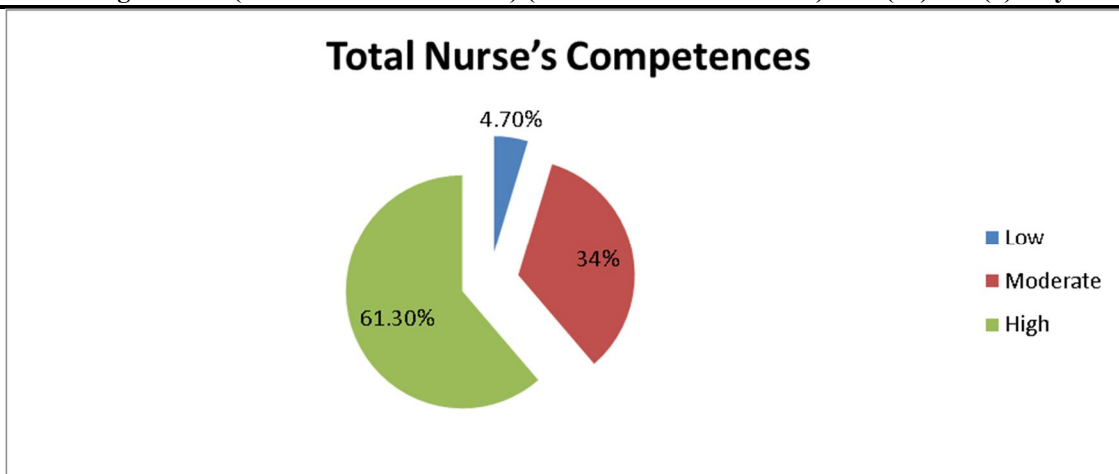


Figure (3): Percentage distribution for total level of nurses' competence (no=106).

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

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

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

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

Discussion

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 (Badran & Akeel, 2022). Since nurses constitute the most significant professional group in the healthcare system, their competence can significantly impact the quality of provided care. Supervision is one of the techniques used to improve nurses' competencies so nurses required talented supervisors within hospitals have a great deal of influence over the work lives of nurses and directly shape the experience and competence of them through the supervisory style they utilized either abusive or coaching supervision (Arani et al., 2022).

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

As concerned to the nurses' perception level regarding total abusive supervision, the current research demonstrated that the majority of nurses had a low perception

level of abusive supervision. This result may be due to the supervisors' awareness regarding the destructive consequences of abusive supervision for staff and supervisors as well as for the organization. Also, the confining rules from the administration to avoid this behavior and put safe channels for nurses to report any abusive supervisory behavior to them can be cause.

This result is supported by Mahmoud & ELsaeed (2021) who reported that the majority of nurses had low perception level of abusive supervision. Additionally, this result congruent with Abou Ramdan & Eid (2020) who found that more than three quarter of nurses rated their leaders as abusive at low level. Also, this result in the same line with Lyu et al. (2019) who found that majority of studied sample had low level of abusive supervision from their supervisors.

While this result is contradicted with the finding of Badran & Akeel (2022) who reported that the majority of nurses had high level of abusive supervision. Moreover, this current research is not consistent with the finding of Malik et al. (2022) who reported that the mean scores of abusive supervisions in our study were high. Furthermore, the present research result is not agreement with the results done by Xu et al. (2021) who reported that abusive supervision was at a moderate level among respondents.

As well as, this result is not consistent with the finding of Low et al. (2021) who showed that abusive supervision is experienced by nurses in hospitals. Also, this result is not in the same line with the finding of Pradhan & Jena (2018) who stated that participants rated the perception of their supervisor's abusiveness was high.

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

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

This result is in the same line with **Zhao & Liu (2020)** who indicated that subordinates had high perception level of managerial coaching. Also, this result is consistent with **Mahmoud & ELsaeed (2021)** who indicated that highest percent of nurses had high perception level of coaching supervision. Furthermore, this result is parallel with finding of **Southard (2023)** who revealed that the staff has a positive view in applicability of coaching process in day-to-day work by their managers.

This result is not in the same line with finding of **Abou Ramadan & Eid (2020)** who found the majority of head nurses had moderate coaching skills levels in total. Also, this result is not consistent with finding of **McCarthy & Milner (2020)** who argued that requirement for all managers to fulfill a manager as coach role become problematic because coaching itself needs support by time, training and resources and high level of education. Furthermore, contradictory to this finding **Richardson et al. (2023)** who illustrated that despite the importance of coaching as a form of improvement, the documents that should support the value of development coaching for staff members are unsatisfying.

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

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

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

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

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

This result is in the same line with finding of **Wang et al. (2018)** who stated that abusive supervision behaviors include withholding needed information while followers generally expect their leaders to act developmentally and supportively when they lack the skills or knowledge to perform their jobs. Also, this result is in the same line with finding of **Almotairy et al. (2023)** who concluded that anger behavior have negative impact on interpersonal communication and sharing opinions so providing anger control is essential in order to construct and maintain effective communication.

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

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

Furthermore, this result is parallel to finding of **Baloyi (2020)** who concluded that toxic leadership such as abusive supervision had greater effects on the growth of

employees. It affects negatively on job satisfaction of employees and reduces the quality of work and performance which all effect on competence of employees. While, constructive leaders highlight elements of motivation to employees to grow and be competent in order to achieve goals of them and organization. Moreover, this result is parallel to finding of **Tharwani et al. (2020)** who found that there is a significant negative relationship between destructive leader comprising of toxic, bullying, abusive supervision and narcissist to employee innovation behavior, commitment to work and their intention to stay with the organization under effective performance of employee.

As well as, this result is supported with finding of **Snow et al. (2021)** who reported that toxic leadership as abusive supervisor affects performance and quality of work of employee. Also, this result is consistent with finding of **Mahmoud & ELsaeed (2021)** who found that negative significant relation between abusive supervision and nurses' talent where nurse talent consists of three dimensions which include nurses' competence, nurses' career commitment and nurses' contribution in workplace (**Alnuqaidan & Ahmad, 2019**).

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

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

Moreover, this result consistent with finding of **Su et al. (2019)** who indicated that supervisor developmental feedback had a direct and positive influence on employee performance and competence. Furthermore, this result is parallel to finding of **Rizany et al. (2018)** who concluded nurse managers need to support and improve staff nurses' competence through ongoing education, mentoring, directing, training, supporting, helping and case-reflection-discussion teaching programs.

Conclusion

The current research concluded that the majority of nurses had low perception level of abusive supervision, more than two third of them had high perception level of coaching supervision and less than two third of them had high level competence. Moreover, There was negative correlation between total abusive supervision and total coaching

supervision ($P = 0.044$) and there was negative correlation between total abusive supervision and total nurses' competence ($P = 0.940$). While there was positive correlation between total coaching supervision and total nurses' competence ($P = 0.239$).

Recommendations

The following recommendations were proposed based on the research findings:

For institute administration:

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

For nurse supervisors:

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

Further research:

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

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