Influence of Head Nurses' Abusive Supervision on Nurses' Organizational Silence: A Descriptive-correlation Study

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Abstract

Abusive supervision is a logical factor that promotes nurses to display negative feelings, depletes their cognitive resources, and diminishes their perspectives of interactional justice and silent behaviors. **Aim**: Assess the influence of head nurses' abusive supervision on nurses' organizational silence. **Design**: A descriptive - correlational design was used. **Subjects**: The study included two groups namely all (n=35) head nurses and a stratified random sample of nurses (n=310). **Tools**: It involved abusive supervision and nurses' organizational silence scale. **Results**: The current study's findings showed that 40.0% of head nurses had a moderate level of abusive supervision as well as the majority (84.8%) of nurses reported a low level of overall nurses' organizational silence. **Conclusion**: There was a highly statistically significant positive correlation between nurses' abusive supervision and their organizational silence. **Recommendations**: Hospital management provides educational programs, seminars, and workshops for nursing staff regarding abusive supervision and organizational silence.
Keywords: Abusive supervision, Organizational silence, and Nursing staff.

Introduction

Supervision entails the oversight, guidance and direction provided by a more experienced or knowledgeable individual to others. It involves monitoring performance, providing feedback, offering support and facilitating growth and development **(Warman, 2022).** While, non-supportive supervision has worse effect on nurses' motivation and feeling that their efforts are not valued while their mistakes are pointed out immediately. Abusive supervision refers to hostile, aggressive or

demeaning behavior by a supervisor towards subordinates including verbal abuse, micromanagement, intimidation, belittling or resource withholding. In nursing, it negatively impacts nurses' well-being, job satisfaction and work environment, leading to increased stress, anxiety, and burnout **(Ambrose & Ganegoda, 2020).** This affects patient care quality as nurses become less engaged and motivated while also eroding trust and communication within the healthcare team. Chronic exposure to abusive behavior can cause turnover intentions and job dissatisfaction, worsening staffing shortages and compromising patient care continuity **Modaresnezhad, M., Andrews, M. C., Mesmer-Magnus, J., Viswesvaran, C., & Deshpande, S. (2021).**

Abusive supervision involves three dimensions: as angry-active, humiliation active and passive abuse. Angry-active abuse is verbal behavior of nurse supervisors of anger such as scolding nurse in public and showing anger with no explanation. Humiliation-active abuse is verbal and non-verbal behavior; verbal as taunts and threats from nurse supervisor, and nonverbal behavior as hitting the table hard when angry with nurses. Finally, passive abuse refers to superiors' nonverbal behavior toward nurses regarding to the completion of their work as not appreciating the nurses' hard work, breaking promises, withholding important information and making aggressive eye contact. **(Ambrose & Ganegoda, 2020)**

The toxic environment created by abusive behavior can stifle open communication channels, inhibiting nurses from reporting instances of abuse or raising concerns about patient care. This silence perpetuates the cycle of abuse, exacerbating the negative effect on well-being of nurses and patient outcomes **(Wang et al., 2022).**

Organizational silence refers to the phenomenon where nurses withhold information, feedback, or concerns within their workplace environment often due to fear of negative consequences such as retribution, ostracism, or job loss. This silence can manifest in various forms including not speaking up about unethical practices, avoiding discussions on sensitive topics or refraining from offering suggestions for improvement **(Oyewunmi & Oyewunmi, 2022).**

Nurses' organizational silence involves three features: acquiescent, defensive and pro-social silence. Acquiescent silence refers to nurses' withholding the relevant ideas, information, or opinions as their beliefs that the expression of opinions is valueless and that talking about or reporting problems are unlikely to make a difference. Defensive silence, this silence purpose is to protect oneself against external threats. This type involves withholding of information because of the fear that the expression of opinions and ideas

may result in personal risks. Lastly, pro-social silence means withholding information, work related ideas, or opinions with that benefit of others or organization while taking into account others' feelings. This type of silence is based on cooperation and altruism of the nurse to others.

Significance of study:

Understanding the dynamics between abusive leadership and organizational silence sheds light on the toxic workplace environments prevalent in healthcare settings which can have detrimental effects on nurses' well-being and patient care outcomes **(Zaman et al., 2023).**From my experience in the hospital some abusive supervision has negative effect on suppression of nursing opinions and out-come to patients work results. Furthermore, by highlighting the consequences of abusive supervision on nurses' willingness to speak up, the study underscores the importance of promoting respectful and supportive leadership practices to mitigate the negative impact on both nurses and the organization as a whole **(Oyewunmi & Oyewunmi, 2022).**

Aim of the study

Assess the influence of head nurses' abusive supervision on nurses' organizational silence.

Research Questions:

- What are nursing staff's perception levels regarding abusive supervision?
- What are nurses' organizational silence levels?
- What is influence of headnurses' abusive supervision on nurses' organizational silence?

Subjects and Method

Research design:

A descriptive-correlation design was used in the present study.

Setting:

The study conducted at Tanta Main University Hospitals, which affiliated to Minister of Higher Education and Scientific Research namely; gynecology and obstetrics, cardiac, neurology, plastic, Tropical, Chest, Pediatric, and Medical hospitals units.

Subjects:

The subjects of this study included two groups namely:

- All (N=35) head nurses at the previously mentioned settings.

-Astratified (n=310) random sample of nurses were selected from total number of nurses (1618).

Tools: Two tools were used: -

Tool I: Abusive Supervision questionnaire. was used to assess nurses' and head nurses' perception regarding abusive supervision.

This tool was modified by the researcher, guided by Lyu 2019 .It consisted of two parts as follows:

Part one: Nursing staff's personal: It included head nurses' and nurses' personal data such as their age, department, qualification, marital status, and years of experience.

Part two: Abusive supervision scale. It covered three dimensions: angry active abuse (7items), humiliation active (6items), and passive abuse (15items).

Scoring system

Nursing staff's responses were measured on a five points Likert Scale ranging from 5 to 1 as always= 5, sometimes= 4, often=3, rarely= 2 and never = 1. The total score calculated by cut-off points and summing scores of all categories. The total scores represent varying levels as follows:

- High level of abusive supervision ≥ 75%
- Moderate level of abusive supervision 60%- < 75%
- Low level of abusive supervision < 60%.

Tool II: **Nurses' Organizational Silence Scale:** to assess nurses' organizational silence.

This tool was developed by **Acaray and Akturan (2015)** and was modified by researcher based on related literature **Abied and Khalil(2019)**, **Elçi and Erdilek(2014)**, **Acaray, Akturan(2015)** to assess nurses' organizational silence. It contained three features of silence namely acquiescent silence (13items), defensive silence (12 items), pro-social silence (9 items).

Scoring system

Nurses' responses were measured on a five points Likert Scale ranging from: strongly agree (5), agree (4), neutral (3), disagree (2) and strongly disagree (1). The total score calculated by cut off points and summing scores of all categories. The total scores represent varying levels as follows:

- High perception level of organizational silence ≥75%
- Moderate perception level of organizational silence 60%- <75%
- Low perception level of organizational silence < 60%

Methods

1. An official permission obtained from the Dean of Faculty of Nursing and the authoritative personnel of all departments of Tanta Main University Hospital that submitted to the previously mentioned settings.
2. The purpose of study was explained and made clear to directors of hospitals and manger of each unit to gain their cooperation.
3. **Ethical considerations**:

-Consent of the ethical scientific research committee of the Faculty of Nursing was obtained with a code number 45-4-2022.

-Nature of the study not cause harm to the entire sample.

-Informed consent was obtained from nursing staff after explanation of the study's aim.

-Confidentiality and privacy were maintained regarding data collection and explain that was used for study purpose only.

-The right to with drawal at any time was accepted.

4. After reviewing the related literature in this field the tools translated to Arabic to collect data from nurse.
5. Tools were reviewed submitted to five experts in the area to check their content and validity.

- The face validity of tools were calculated based on experts opinions after calculating content the validity index which was 93.9%for tool (I) and 94.6% for tool (II)

6. A pilot study was carried out on a sample (10%) of head nurse (n= 4) and staff nurses (n= 31) from Emergency hospital, who were excluded from the main study sample during the actual collection of data. The pilot study was done to test clarity, sequence of items, applicability, and relevance of the questions and to determine the needed time to complete the questionnaire. Necessary modifications were included clarification, omission of certain questions and adding others and simple work related words were used.

- Reliability of tools were tested using Cronbach´s Alpha which was 0.999 for tool (I) , and 0.999 for tool (II) , about abusive supervision and organizational silence questionnaire.

7. The estimated time needed to complete the questionnaire items from nursing staff was (20-30) minutes.

8. **Data collection phase**: the data were collected from nursing staff by the researcher met nursing staff individually in different areas under study during working hours to distribute the questionnaire. The subjects recorded the answer in the presence of the reasercher to ascertain that all questions were answered.

10. The data was collected over period of seven months started from the beginning of August2022 until the end of January 2022.

Results

Table (1) Shows that all (100.0%) of head nurses were more than or equal 35 years old with a mean score of 41.37 ± 3.85, while most (92.3%) of the nurses had less than 35 years old with a mean 36.49 ± 1.46. As well, the highest percentage (25.7%, and 18.4%) of the studied head nurses and nurses worked in medical department and gynecology & obstetrics departments, respectively. Moreover, most (91.4%, 90.6%) of the studied head nurses and nurses were married, respectively.

The same table revealed that, nearly two-thirds (65.7%) of head nurses had a baccalaureate degree, whilst more than three-fifths (61.0%) of the studied nurses enrolled in a technical institute of nursing. Besides, around - three quarters (77.1%, 74.8%) of head nurses and nurses had more than more or equal to 15 years of experience with a mean score of 18.31 ± 3.60 and 15.64 ± 2.57 years, respectively.

Figure (1) Shows that two-fifths (40.0%) of the head nurses reported a moderate level perception of abusive supervision. As well more than one third (35.8%) of the nurses reported a high level perception of abusive supervision.

Figure (2): displays that more than two thirds (68.8%) of the head nurses reported a low level of overall organizational silence. As well as, majority (84.8%) of the nurses

reported a low level of overall nurses organizational silence.

Figure (3): Shows a positive statistically significant correlation between head nurses' abusive supervision and their organizational silence at (r=0.673; P<0.001)

Figure (4): shows a positive statistically significant correlation between nurses' abusive supervision and their organizational silence perception at (r=0.404-p<0.001).

Table (2): Reveals statistically significant difference relation between head nurses' abusive supervision perception and their all personal characteristic except their years of experience (at p≤ 0.05), As well as, no a statically significant relation between nurses' abusive supervision perception and all their personal characteristic except department.

Table (3): Reveals that head nurses there was no statistically significant relation between head' nurses' organizational silence perception and their personal characteristic except their work department and qualification (at p≤ 0.05).According to nurses, there was no statistically significant relation between nurses organizational silence and their personal characteristic except their work department.

Table (4): illustrates that the evident in this table, there the head nurses overall mean score was 65.31 ± 21.87 and nurses mean score was 58.41 ± 25.67 with no statistically significant difference between the studied groups as regard their perception abusive supervision at (p> 0.05).

Specifically head nurses' highest mean score (66.07 ± 21.51) was related to humiliation domain followed by angry active abuse with mean score 65.82 ± 22.05. While, the lowest mean score (64.76 ± 22.39) was related to passive abuse. According to nurses' highest mean score (58.46 ± 25.84) was related to angry active abuse followed by passive abuse with mean score 58.42 ± 25.70.While the lowest mean score (58.35 ± 25.85) was related to humiliation.

Table (1): Disturbution of head nurses and nurses as regard to their personal data

Personal characteristics	Head Nurses (n = 35)		Nurses (n = 310)		Test of sig.	p
	No.	%	No.	%		
Age						
<35	0	0.0	24	7.7	$\chi2$=	FEp=
≤35	35	100.0	286	92.3	2.912	0.152
Min. – Max.	36.0 – 50.0		33.0 – 40.0		t=	
Mean ± SD.	41.37 ± 3.85		36.49 ± 1.46		7.434*	<0.001*
Median	42.0		36.0			
Department						
Gynecology and obstetrics	4	11.4	57	18.4		
Cardiac	6	17.1	41	13.2		
Neurology	3	8.6	40	12.9		
Plastic	2	5.7	25	8.1	$\chi2$=	MCp=
Tropical	3	8.6	45	14.5	11.121	0.112
Chest	3	8.6	49	15.8		
Pediatric	5	14.3	24	7.7		
Medical	9	25.7	29	9.4		
Marital status						
Married	32	91.4	281	90.6	$\chi2$=	MCp=
Un married/single	3	8.6	29	9.4	0.023	1.000
Qualification						
Nursing Diploma	4	11.4	29	9.4		
Baccalaureate Degree	23	65.7	92	29.7		
Technical Institute of nursing	0	0.0	189	61.0	$\chi2$=	MCp
Master Degree	7	20.0	0	0.0	82.276*	<0.001*
Doctorate Degree	1	2.9	0	0.0		
Years of experience						
<15	8	22.9	78	25.2	$\chi2$=	0.765
≤15	27	77.1	232	74.8	0.089	
Min. – Max.	12.0 – 27.0		10.0 – 20.0		t=	
Mean ± SD.	18.31 ± 3.60		15.64 ± 2.57		4.275*	<0.001*
Median	19.0		16.0			

$\chi2$: Chi square test MC: Monte Carlo FE: Fisher Exact t: Student t-test
p: p value for comparing between the studied groups
*: Statistically significant at $p \leq 0.05$

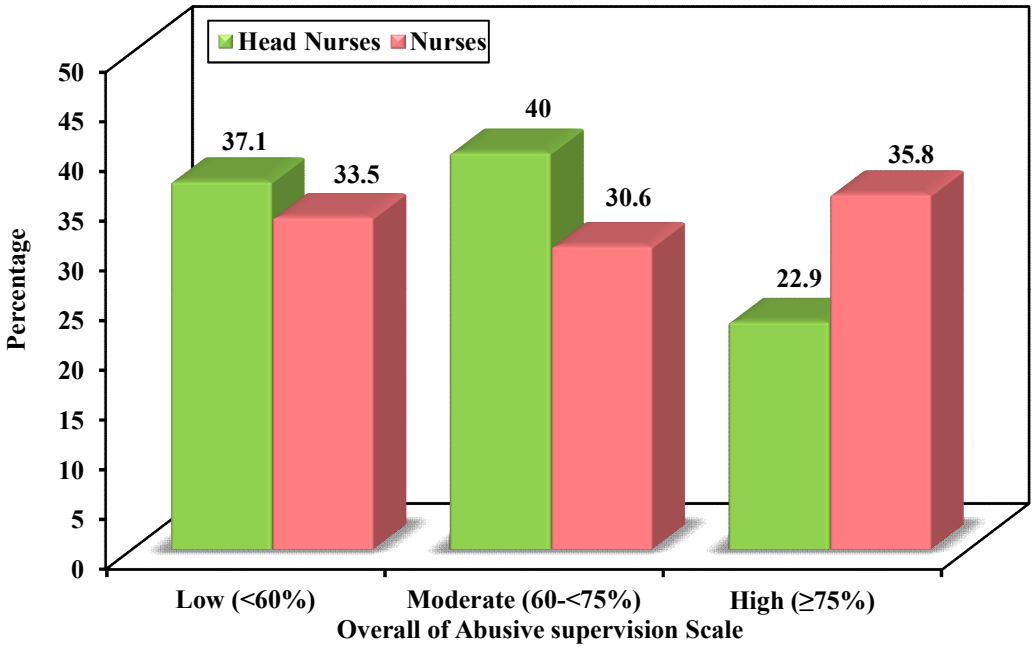

Figure (1): levels of overall perceptions for head nurses' and nurses' abusive supervision

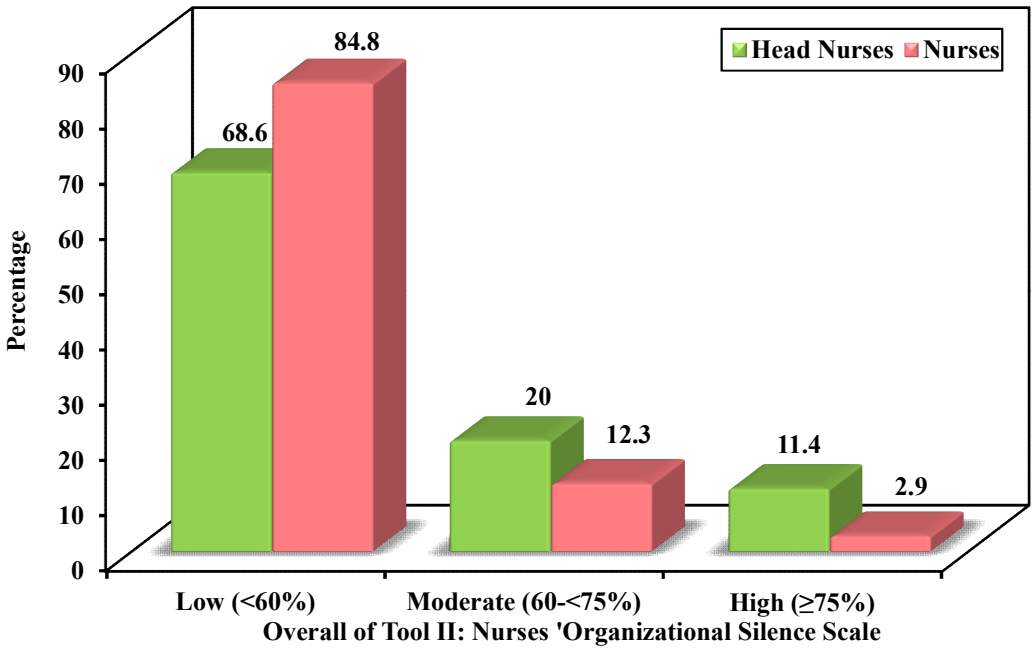

Figure (2): Level of head nurses' and nurses' perception according to overall of 'organizational silence domain

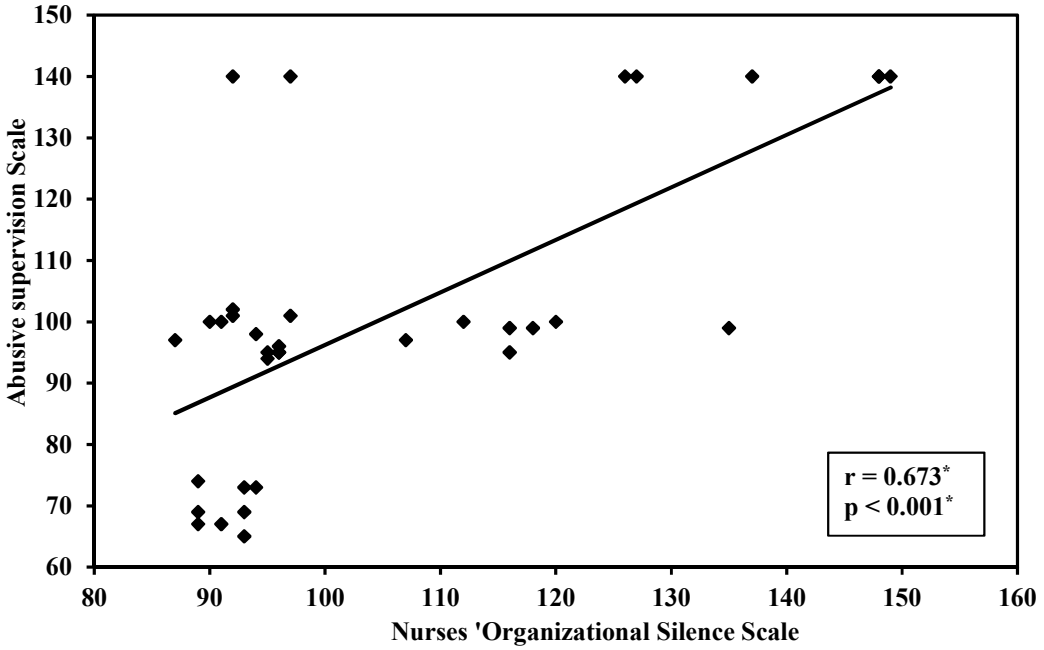

Figure (3): Correlation between head nurses' perception about abusive supervision and their organizational silence

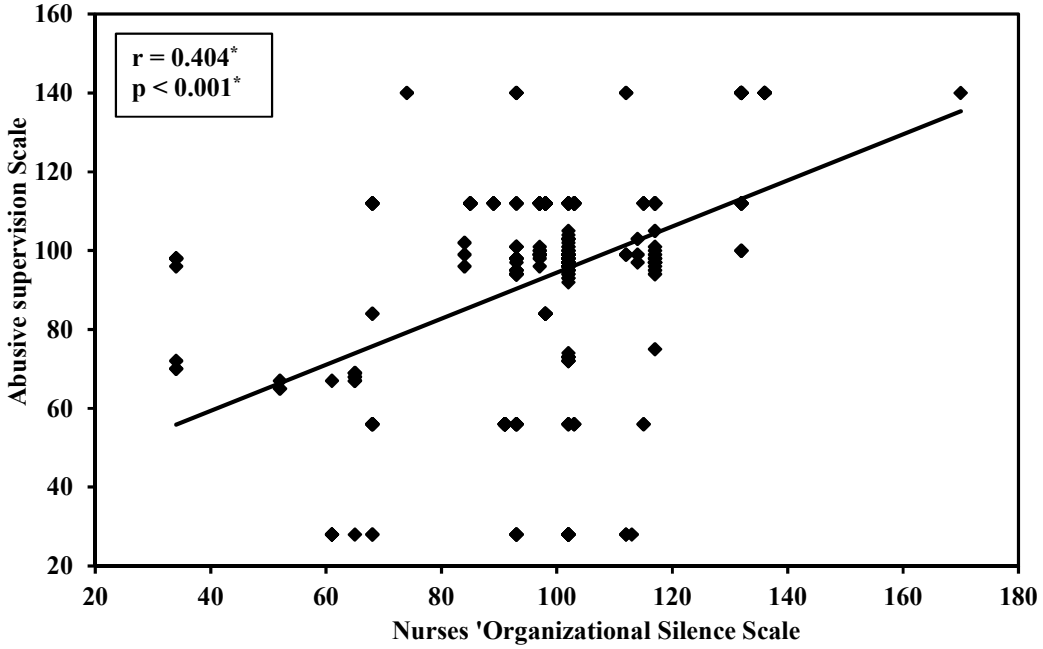

Figure (4): Correlation between nurses' perception about abusive supervision and their organizational silence

Table (2): Relation between head nurses' and nurses' perception about abusive supervision and their personal characteristics

Personal characteristics variable	Mean score for of Abusive supervision Scale	
	Head Nurses (n = 35)	Nurses (n = 310)
	Mean ± SD.	Mean ± SD.
Age		
<35	–	67.37 ± 12.79
≤35	65.30 ± 21.87	57.66 ± 26.34
t (p)	–	3.194* (0.003*)
Department		
Gynecology & obstetrics	36.16 ± 3.05	69.50 ± 20.22
Cardiac	88.54 ± 17.75	61.87 ± 12.68
Neurology	53.27 ± 14.54	59.0 ± 20.33
Plastic	60.27 ± 1.89	51.0 ± 35.71
Tropical	63.39 ± 2.36	60.56 ± 22.92
Chest	47.02 ± 11.09	56.54 ± 28.92
Pediatric	92.86 ± 15.97	57.48 ± 33.64
Medical	59.33 ± 9.34	37.93 ± 24.54
F (p)	11.796* (<0.001*)	5.080* (<0.001*)
Marital status		
Married	66.52 ± 22.10	56.52 ± 25.72
Un married/single	52.38 ± 16.81	76.72 ± 16.49
t (p)	1.073 (0.291)	4.139* (0.001*)
Qualification		
Nursing Diploma	60.27 ± 27.99	66.38 ± 11.81
Baccalaureate Degree	60.56 ± 19.58	50.05 ± 22.78
Master Degree	78.83 ± 19.86	–
Doctorate Degree	100.0	–
Technical Institute of nursing	–	61.26 ± 27.55
F (p)	2.437 (0.083)	7.770* (0.001*)
Years of experience		
<15	64.51 ± 24.41	54.78 ± 21.08
≤15	65.54 ± 21.56	59.63 ± 26.97
t (p)	0.116 (0.909)	1.631 (0.105)

SD: Standard deviation t: Student t-test

F: F for One way ANOVA test

*: Statistically significant at $p \leq 0.05$

Table (3): Relation between head nurses' and nurses' perception about organizational silence and their personal characteristics.

Personal characteristics variable	Organizational silence	
	Head Nurses (n = 35)	Nurses (n = 310)
	Mean ± SD.	Mean ± SD.
Age		
<35	–	45.07 ± 25.39
≤35	52.73 ± 14.16	47.43 ± 13.40
t (p)	–	0.449 (0.657)
Department		
Gynecology and obstetrics	42.10 ± 1.93	47.33 ± 17.18
Cardiac	51.72 ± 12.71	46.16 ± 17.12
Neurology	54.42 ± 17.22	52.34 ± 10.42
Plastic	41.91 ± 4.16	40.67 ± 15.07
Tropical	44.36 ± 2.78	46.32 ± 6.72
Chest	43.14 ± 2.58	46.61 ± 13.99
Pediatric	73.96 ± 18.29	53.71 ± 6.53
Medical	54.17 ± 8.39	44.37 ± 21.01
F (p)	3.972* (0.004*)	2.387* (0.022*)
Marital status		
Married	53.01 ± 14.61	46.83 ± 14.57
Un married/single	49.75 ± 9.19	51.22 ± 14.82
t (p)	0.376 (0.710)	1.542 (0.124)
Qualification		
Nursing Diploma	51.28 ± 16.42	45.92 ± 23.09
Baccalaureate Degree	48.56 ± 8.65	48.44 ± 13.18
Master Degree	65.02 ± 21.04	–
Doctorate Degree	68.38	–
Technical Institute of nursing	–	46.86 ± 13.68
F (p)	3.459* (0.028*)	0.490 (0.613)
Years of experience		
<15	56.34 ± 17.82	46.67 ± 19.09
≤15	51.66 ± 13.10	47.43 ± 12.83
t (p)	0.817 (0.420)	0.328 (0.743)

SD: Standard deviation t: Student t-test F: F for One way ANOVA test

*: Statistically significant at $p \leq 0.05$

Table (4):Comparison between head nurses and nurses' perception according to mean score standard deviation and ranking of abusive supervision domains.

Abusive supervision Scale.	Head Nurses (n = 35)	Rank	Nurses (n = 310)	Rank	t	p
Angry active abuse Total Score (7 – 35) Min. – Max. Mean ± SD.	 16.0 – 35.0 25.43 ± 6.18	2	 7.0 – 35.0 23.37 ± 7.23	1	1.620	0.106
% Score Min. – Max. Mean ± SD.	 32.14 – 100.0 65.82 ± 22.05		 0.0 – 100.0 58.46 ± 25.84			
Humiliation Total Score (6 – 30) Min. – Max. Mean ± SD.	 13.0 – 30.0 21.86 ± 5.16	1	 6.0 – 30.0 20.0 ± 6.20	3	1.702	0.090
% Score Min. – Max. Mean ± SD.	 29.17 – 100.0 66.07 ± 21.51		 0.0 – 100.0 58.35 ± 25.85			
Passive abuse Total Score (15 – 75) Min. – Max. Mean ± SD.	 33.0 – 75.0 53.86 ± 13.43	3	 15.0 – 75.0 50.05 ± 15.42	2	1.401	0.162
% Score Min. – Max. Mean ± SD.	 30.0 – 100.0 64.76 ± 22.39		 0.0 – 100.0 58.42 ± 25.70			
Overall Total Score (28 – 140) Min. – Max. Mean ± SD.	 65.0 – 140.0 101.14 ± 24.49		 28.0 – 140.0 93.42 ± 28.75		1.527	0.128
% Score Min. – Max. Mean ± SD.	 33.04 – 100.0 65.31 ± 21.87		 0.0 – 100.0 58.41 ± 25.67			

t: Student t-test

p: p value for comparing between the studied groups

Discussion

Nursing staff' perceptions regarding abusive supervision

The current study demonstrated that two fifths of the head nurses reported a moderate level of overall abusive supervision.While; more than one- third of the nurses reported a high level of abusive supervision. From the researcher's point of view, this result may be due to those head nurses may think that the less control and flexible leadership is present, the less deviation is observed in the work. In addition, the hierarchical pressures and demands within healthcare settings may contribute significantly to the perceptions of abusive supervision among nursing staff, while head nurses experienced a moderate level due to their intermediary role, while staff nurses report higher levels as a result of direct supervisory interactions.

Along with the study result, **Xu et al., (2021)** whose study revealed that abusive supervision level was moderate as perceived by middle level managers.

In contrast, to the current result is **Lyu et. al., (2019)** who found the majority of studied sample had a low level of abusive supervision from awho found that minority of studied sample had a low abusive supervision from their supervisors. Also, the current study contradictory with **Abou Ramdan & Eid (2020)** who reported that only the lower percentage of the studied nurses had a high level of abusive supervision from their supervisors.

Nursing staff's perceptions regarding organizational silence

As for overall of organizational silence among nursing staff, the present study results displayed that more than two thirds of the head nurses and most of staff nurses reported low levels of overall organizational silence.This results could reflected a culture of transparency and active engagement within the organization. It is possible that the management fosters an atmosphere where nurses feel empowered to voice concerns and suggestions without fear of retaliation or dismissal.Additionally, the low levels could reflect strong leadership that actively solicits input and feedback from staff, further diminishing any tendencies toward silence.

The present study result is in agreement with **Alqarni, (2020)** whofound that the studied participants' perception level of organizational silence was low. Likewise, study conducted by **Mohamed et al., (2021)** reported that the highest percentage of the studied staff nurses is low level of the organizational silence. Parallel with the present study, **Abd-Erhaman et al., (2022)**who illustrated that two-thirds of nurses had low level of organizational silence in the studied setting.

Conversely, the present finding is inconsistent with study carried out by **Sakr, Ibrahim & Ageiz, (2023)** who declared that level of organizational silence was moderate as reported by nurses.

Accordingly, the current study illustrated the head nurses' overall mean score of perceived

organizational silence was higher than staff nurses' mean score. Head nurses' highest mean score was related to defensive silence domain followed by prosocial silence domain with mean score, while the lowest mean score was related to acquiescence silence domain. From the researchers' point of views the higher overall mean score of perceived organizational silence among head nurses, as compared to staff nurses, could reflect their heightened awareness of and involvement in organizational issues that they may feel reluctant to address openly. The prominence of defensive silence, with the highest mean score, suggested that both head nurses and staff nurses may withhold information out of fear of negative repercussions, which could stem from organizational culture, abusive supervision or past experiences of unfavorable responses to feedback. This result is along with study carried out by **Al-Alwani & Tufekci, (2022)** who stated that defensive silence is prevalent in high-stakes work environments like healthcare, where professionals may refrain from speaking out due to concerns about job security, reputation, or punitive reactions. Consistently, **Mohammed et al, (2024)** who identified the prosocial silence as a common form of organizational silence where nurses prioritize harmony and positive relationships over expressing potentially disruptive concerns.

Furthermore, the present study result revealed that nurses' highest mean score was related to acquiescence silence domain followed by defensive silence domain, while the lowest mean score was related to prosocial silence. In addition, there was a highly statistically significant difference between the studied groups as regard their scores of defensive silence and pro social silence domains, whilst there were no statistically significant difference between the studied groups as regard their scores of acquiescence silence domain.**Yang et al., (2022)**

Relation between nursing staff study variables and personal characteristics.

The current study displayed that there was no statistically significant difference between head nurses' abusive supervision and their personal characteristic except their work department. This may be due to the possibility that abusive supervision behaviors are more closely linked to the specific environment and demands of certain departments rather than to individual characteristics of the head nurses themselves, such as age, gender, or years of experience. Different departments may foster distinct pressures and cultural norms that could contribute to varying levels of tolerance or tendencies for abusive supervision.

This finding is consistent with a study conducted by **Dongyuan, (2020)** who found that there was significant association between the head nurses' abusive supervision and their work department. On contrary, **Zhang et al., (2022)** revealed a significant association between the studied head nurses' abusive

supervision and their age and gender. **Helaly et al., (2024)** affirmed that there was a significant difference in head nurses' abusive supervision and their work unit.

Also, contradictory findings by **Maqbool et al., (2024)** showed significant relationships between head nurses' years of experience and tendencies for abusive behaviors. In addition, the current study portrayed that there was statistically significant relation between staff nurses' abusive supervision and their personal characteristic except years of experience. This may be because nurses perceived similarly abusive supervision regardless of their familiarity with the work environment, likely due to shared professional norms and values. Abusive supervision may elicit uniform negative effects on job satisfaction, self-esteem, and mental well-being that overshadow differences in experience, causing such behaviors to exert a standard impact regardless of the nurses' length of service.

Regarding age, the present study showed that nurses' who are less than 35 years old perceived higher level of abusive supervision. This may because they may have less experience in handling hierarchical pressures or managing workplace stressors. This result was congruent with **Xu et al., (2023)** whose study found a significant association between nurses' age and perceived abusive supervision. In contrast, a study conducted by **Hassan & Ali, (2022)** and **Diab & Hassan, (2023)** reported that there was no significant relation between nurses' all demographic characteristics and abusive supervision.

This may be due to work pressures of this setting. This stressful environment, combined with the critical and high-paced nature of the work, may elevate the instances of perceived supervisory abuse in this specific department. This result was compatible with **Lyu et al., (2019)** who found a significant relation between nurses' abusive supervision and their work unit. Conversely, **Shih et al., (2023)** who noticed that there is no significant difference in nurses' abused supervision according to their work department.

As regard marital status, the current study showed that unmarried or single nurses experienced higher level of abusive supervision. This may be attributed to single nurses may face higher job pressures or may be perceived as more available or less established in their careers, which could contribute to them being subjected to more negative behaviors by supervisors. Along with this result, study conducted by **Badran & Akeel, (2022).** Noticed that there was significant relation between nurses' abusive supervision and their marital status. This finding was against **Özkan, (2022)** who showed that there was no significant association between nurses' abusive supervision and their marital status.

According to qualification, the present study declared that nurses with nursing diploma had a higher perceived abusive supervision. This may be due to that nurses with a nursing diploma might had less

formal education and training compared to those with higher qualifications. As a result, they could be more vulnerable to experiencing perceived abusive supervision, possibly due to lower levels of confidence, fewer opportunities for professional development, or less autonomy in their roles.

Study carried out by **Aly & Zakaria, (2021)** who found that no significant relation was found between nurses' abusive supervision and their qualification. . On the other hand, In the same scene, **Abdallah & Mostafa, (2021),** who concluded that nurses' qualification had significant impact on their perspectives of abusive supervision. Also, **Helaly et al., (2024)** reported that there was significant relation between nurses' abusive supervision and their qualification

Considering relation between organizational silence among nursing staff and their personal characteristics, the current study illustrated that there was no statistically significant relation between head nurses' organizational silence and their personal characteristic except their work department and qualification.

As regard work department, the studied head nurses who are working at pediatric department experience high perceived organizational silence. This may be due to the unique challenges and stressors associated with working in pediatric departments. In this regard, **Zekeriya (2021)** revealed that work unit may affect the distribution of concepts related to organizational silence. Likewise, **Yang et al., (2022)** demonstrated that work department had significant effects on organizational silence level. In contrast, **Sakr et al., (2023)** who reported that there was not significant association between perceived organizational silence and participants' work department.

Concerning qualification, the studied head nurses who had master degree experienced high perceived organizational silence. This may because they might be more sensitive to hierarchical constraints or perceive a lack of openness to their ideas and concerns, leading them to withhold their perspectives despite their awareness and expertise. Correspondingly, **De los Santos et al., (2020)** affirmed that highest attained education could significantly predict organizational silence. Moreover, **Labrague & De Los Santos (2020)** showed that educational qualification in the nursing profession affect organizational silence.

Moreover, the current study indicates that there was no statistically significant relation between staff nurses' organizational silence and their personal characteristic except their work department. It was noticed that nurses who are working at pediatric department experience had a higher perception level of organizational silence. Pediatric nurses often encounter high-stress situations, frequent interactions with patients' families, and emotional challenges that may lead them to withhold opinions or feedback, potentially to

avoid additional stress or conflict within the team.

This result was contra indicated **Baghdadi, Farghaly & Alsayed, (2021)** who found that there was statistically significance relation between organizational silence as perceived by the studied staff nurses and their working unit. Conversely, this result contradicted with **El Abdou et al., (2023)** whose study declared that there were statistically significance relations between organizational silence as perceived by the studied staff nurses and their age, gender and experience years.

Conclusion

The present study concluded that highest percent of the head nurses noted a moderate level at overall perception of abusive supervision. Also the highest percent of the staff nurses reported a high level at overall of abusive supervision. Also, the lowest percent of the head nurses perception reported a high level of overall of abusive supervision perception and the lowest percent of nurses reported at a moderate nurses reported a high level at overall of abusive supervision. Level at overall of abusive supervision. While, the highest percent of the head nurses and staff nurses reported a low level of overall organizational silence. While the lowest percent of the head nurses and staff nurses reported high level of overall organizational silence.

Recommendations

Based on the results of the current study, the following suggestions were made:

For nursing management

- Modify hospital policies to allow nursing staff to be more accountable for their work through no blames or sham policy toward their unintentional defects.
- Provide educational programs, seminars and workshops for nursing staff about professional accountability and ownership to increases their opinion about abusive supervision and organizational silence.
- Support nursing staff through differ time to connect the nurses' core values with the organization's values.
- Establish well communication structure system inside departments

For head nurses:

- Ensure that everyone from nurses is being treated as equals.
- Provide rewards that are helpful for improving abusive supervision because it can give them a better idea of the possible results of their actions.
- Provide a cooperative work environment to improve belongingness and connectedness.
- Maintain decision-making autonomy, integration, and involvement to decrease nursing staff silence.
- Attend periodic meeting with nursing staff to take feedback.

For Staff nurses:

-Attend seminars and workshops programs to be up date.

-Build good relationship with their colleagues depend on respect and trust.

-Improve nursing profession through sharing in nursing research.

-Keep on quality of profession through commitment with polices and problems.

For future research:

-Further research needs to prove the current study results in different health care organization.

-Study the relation between nursing staff organizational silence and their work load.

-Conduct educational program about abusive supervision.

References

Ambrose, M., & Ganegoda, D. (2020). Abusive according to whom? Manager and subordinate perceptions of abusive supervision and supervisors' performance. *Journal of Organizational Behavior, 41*(8), 737-756.

Abdallah, S., & Mostafa, S. (2021). Effects of toxic leadership on intensive care units staff nurses' emotional intelligence and their organizational citizenship behaviors. *Tanta Scientific Nursing Journal, 22*(3), 211-240.

Abou Ramdan, A., & Eid, W. (2020): Toxic Leadership: Conflict Management Style and Organizational Commitment among Intensive Care Nursing Staff. *Evidence-Based Nursing Research, 2*(4), 12-12.

Alqarni, S. (2020). How school climate predicts teachers organizational silence. International *Journal of Educationa Administration and Policy Studies, 12*(1), 12- 27.

Abd-Erhaman, E., Helal, W., & Elnady, F. (2022). Authentic Leadership and Organizational Identification: It's Relation to Organizational Silence and Cynicism among Staff Nurses. *Assiut Scientific Nursing Journal, 10*(33), 108- 122.

Abdelaliem, F., & Abou Zeid, M., (2023). The relationship between toxic leadership and organizational performance: the mediating effect of nurses' silence. *BMC nursing, 22*(1),

.**Al-Alwani, E. & Tüfekci, N. (2022).** A Study on Organizational Silence Behaviors of Employees in Hospitals in Ambar, Iraq.

Acaray A, Akturan A. The relationship between organizational citizenship behaviour and organizational silence. *Procedia-Social and Behavioral Sciences. 2015; 207*(1): 472-82.

Abied E. Khalil H. (2019). The impact oforganizational silence on job burnout applied study on doctors and nursing staff at Ain Shams University Hospitals. Scientific *Journal of Commercial and Environmental Studies.; 10*(1): 69-104. Available at: https://jces.journals.ekb.eg/article_50913_8ca23bfce643bb1abb87119233ebf696.pdf

Aly Mahmoud, S., & Zakaria ELsaeed, Z. (2021). Abusive and Coaching Supervision and its relation to nurses' talent. *Egyptian Journal of Health Care, 12*(4), 381-398.

Baghdadi, N., Farghaly Abd-EL Aliem, S., & Alsayed, S..

(2021). The relationship between nurses' job crafting behaviours and their work engagement. *Journal of Nursing Management, 29*(2), 214-219.

Badran,F.&Akeel,A.(2022).PerceivedAbusive Supervision and Its Influence on CounterproductiveWorkBehavior among Staff Nurses. *Egyptian Journal of Nursing & HealthSciences,3*(2):158-182.

Chou, S., & Chang, T. (2020). Employee silence and silence antecedents: A theoretical classification. International Journal of *Business Communication, 57*(3), 401-426.

Dongyuan, W. (2020): Leader Personality, Abusive Supervision and Employee Outcomes: An Integrative Model, Human Resources and Labor Relations. *Doctor of Philosophy. Michigan State University,* 6-27.

Diab, A., & Mostafa, W. (2023). Relationshipbetweentoxicleadership and work outcomes: a cross-sectional study. *Egyptian Journal of Health Care, 14*(1), 199-211.

Santos, J., Rosales, R, Falguera, C., Firmo, C., Tsaras, K., & Labrague, L. (2020, November). Impact of organizational silence and favoritism on nurse's work outcomes and psychological well-being. *Nursing Forum 55* (4):. 782-792).

El Abdou, R., Hassan, H., & M Badran, F. (2023). Organizational silence as perceived by Staff Nurses and its relation to their self-efficacy. Egyptian *Journal of Health Care, 14*(1), 656-669.

Helaly, S.., & Abd El Salam, F. (2024). Career plateau, Abusive Supervision, and their Relation to Nurses' Intention to Quit at Mansoura Medical Specialty Hospital. *Assiut Scientific Nursing Journal, 12*(45), 359-369.

Hassan Mekawy, S., & Ali Mohamed Ismail, S. (2022). Effects of toxic leadership style of nurse mangers on counterproductive work behaviors and intention to quit among staff nurses: A Comparative Study. *Egyptian Journal of Health Care, 13*(3), 1466-1481.

Labrague, L., & De los, J. (2020). Association between nurse and hospital characteristics and organisational silence behaviours in nurses: A cross-sectional study. *Journal of Nursing Management, 28*(8), 2196-2204.

Lyu, D., Ji, L., Zheng, Q., Yu, B., & Fan, Y. (2019). Abusive supervision and turnover intention: Mediating effects of psychological empowerment of nurses. *International Journal of Nursing Sciences, 6*(2), 198-203.

Mohammed, S., Elshahat, R., & Eldeep, N. (2024). Organizational Cynicism as a Mediator of the Relationship between Workplace Incivility

and Organizational Silence among Nurses: A Cross-Sectional Analysis. *Egyptian Journal of Health Care, 15*(1), 1391-1402.

Maqbool, M., Lyu, B., Ullah, S., Khan, M., Abeden, A., & Kukreti, M. (2024). Abusive supervisor triggers counterproductive work behaviors in nursing staff: role of psychological contract breach and Islamic work ethics. *Leadership & Organization Development Journal, 45*(3), 461-477.

Modaresnezhad, M., Andrews, M. C., Mesmer-Magnus, J., Viswesvaran, C., & Deshpande, S. (2021). Anxiety, job satisfaction, supervisor support and turnover intentions of mid-career nurses: a structural equation model analysis. *Journal of Nursing Management, 29*(5), 931-942.

Özkan, A. (2022). Abusive supervision climate and turnover intention: is it my coworkers or my supervisor ostracizing me*?*. *Journal of Nursing Management, 30*(6), 1462-1469.

Oyewunmi, A., & Oyewunmi, O. (2022). Speaking Silence: Abusive Supervision, Subordinates' Citizenship Behavior, and Whistleblowing Intention. SAGE Open, 12(1), 21582440221079912.

Shih, F., Yeh, S., & Hsu,W. (2023). Abusive supervision and employee well-being of nursing staff: Mediating role of occupational stress. *Journal of Advanced Nursing, 79*(2), 664-675.

Sakr, E., Ibrahim, M., & Ageiz, M. (2023). The Relation Between Organizational Silence and Organizational Learning among Nurses. *Menoufia Nursing Journal, 8*(4), 254-270.

Wang, I., Lin, S., Chen, Y., & Wu, S. (2022). The influences of abusive supervision on job satisfaction and mental health: the path through emotional labor. *Personnel Review, 5*1(2), 823-838.

Warman, W. (2022). Principal Managerial Competence and Academic Supervision on Vocational Teacher Performance. EduLine: *Journal of Education and Learning Innovation, 2*(4), 436-446.

Xiao, Q., Cooke, F., & Chen, L. (2021). Nurses' well-being and implications for human resource management: A systematic literature review. International *Journal of Management Reviews, 24*(4), 599-624.

Xu J, Loi R, Lam W. (2019). The bad boss takes it all: How abusive supervision and leader-member exchange interact to influence employee silence. *LeadershipQuarterly.; 2 6* (5): 763-74.

Xu, Z., Yang, F., & Peng, J. (2023). How does authentic leadership influence employee voice? From the perspective of the theory of planned behavior. *CurrentPsychology, 4 2*(3), 1851-1869.

Yang, H., & Wang, B. (2022). [Retracted] Organizational Silence among Hospital Nurses in China: A Cross-Sectional Study. BioMed *Research International,* (1), 9138644.

Zekeriya, N. (2021). Factors Affecting the Organizational Silence of Academics Employed at The Universities in Pakistan. Anemon Muş Alparslan Üniversitesi Sosyal Bilimler Dergisi, 9(1), 9-27.

Zaman, U., Florez-Perez, L., Anjam, M., Ghani Khwaja, M., & Ul-Huda, N. (2023). At the end of the world, turn left: examining toxic leadership, team silence and success in mega construction projects. Engineering, *Construction and Architectural Management, 30*(6), 2436-2462.

Zhang, S. E., Wang, J., Liu, L., Meng, D. X., Wang, H. N., Zhao, X., ... & Sun, T. (2022). Does abusive supervision lead nurses to suffer from workplace violence? A cross-sectional study. *Journal of Nursing Management, 30*(6), 1396-1406.