

Abusive Supervision and Career Adaptability among Staff Nurses

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Abstract

Background :

The global scarcity of nurses is becoming a significant worry, and attention to the job satisfaction of nurses is rising everywhere. Abusive supervision from supervisors is a negative supervisory practice can erode trust, diminish job satisfaction, foster retaliatory attitudes, and decrease career adaptability.

Design: A descriptive correlational study design.

Setting: The study was conducted in all Zagazig University Hospitals.

Subjects: A stratified sample was taken from 375 staff nurses.

Tools: Data were collected by using Abusive supervision scale and career adaptabilities scale.

Results: Indicated (66.4%) exposed to moderate level of abusive supervision, and (55.2%) had moderate level of career adaptability.

Conclusion: There is inverse association between abusive supervision and career adaptability.

Recommendations: Addressing abusive supervision, enhancing career adaptability are essential for improving nurse well-being, job satisfaction, and patient outcomes to create a more supportive and effective healthcare environment, ultimately benefiting both healthcare workers and patients.

Key words: Abusive supervision, Career adaptability, Nurses.

Introduction

Nursing is fundamental to the healthcare framework, delivering vital care to patients and acting as an important connection among healthcare providers, patients, and their families. The standard of nursing services directly influences patient safety, contentment, and recovery results. Being the largest portion of the healthcare workforce, nurses are pivotal in maintaining the effectiveness and viability of healthcare services (Abo-Elgheit et al., 2024).

Leadership in nursing departments plays a crucial role in influencing employee happiness and effectiveness. Effective leadership fosters enthusiasm, confidence, and teamwork, whereas poor leadership, especially in the form of abusive oversight, leads to harmful outcomes. (Kim et al., 2025).

Abusive supervision refers to ongoing expressions of aggressive verbal and nonverbal actions by supervisors, excluding any physical interaction. In the context of nursing, it appears as instances of verbal hostility, degradation, unfair evaluations, or deliberate ostracism of staff members. Research indicates that nurses who endure abusive supervision face heightened psychological distress, lower levels of commitment to their organization, and increased intentions to leave their roles. (McDonough et al., 2025).

Abusive supervision is not an isolated event occurring once between a supervisor and an employee. It encompasses a situation where a worker is repeatedly subjected to mistreatment by their supervisor. Although one might think that the supervisor's goal is to harm the employee, this is not always the case. For instance, a

supervisor might display hostility towards an employee to promote high performance and establish standards for job execution. **Sansberry (2020)**.

The concept of abusive supervision was selected as the primary focus for three key reasons. Firstly, abusive supervision is deeply rooted in the literature concerning justice. This allows for alignment with our framework of organizational justice. Secondly, although different terms such as petty tyranny, unethical leadership, toxic leadership, and supervisor undermining have been employed to categorize similar destructive leadership actions, the majority of existing research on dark-side leadership relies on the terminology of abusive supervision. **Zhang et al., (2021)**.

Typical instances of abusive supervision include exhibiting loud, angry outbursts, humiliating or mocking individuals in public, demeaning someone's status, withholding essential information, and employing a silent treatment approach. This ongoing display of marginalization and hostility towards employees is likely to diminish feelings of organizational inclusion. **Rice et al., (2020)**.

Recently, abusive supervision has been recognized as a significant threat to the commitment of subordinates, leading to counterproductive work behaviors, and it has been shown to hinder creativity and innovation. Many employees face abusive behavior from their organizational leaders, which can involve harsh criticism, ridicule, breach of promises, invasion of privacy, or the silent treatment. The phenomenon of supervisory abusive behaviors is termed abusive supervision. **Thomaston (2023)**.

Recent research has revealed various supervisor-level factors that contribute to abusive supervision, including levels of stress and conflict, deep-level dissimilarity, emotional intelligence, and backgrounds of family undermining. Moreover, supervisors' perceptions of injustice are predictors of abusive supervisory conduct. Abusive supervision can lead to further abusive actions, as team leaders who feel mistreated by their managers may become more abusive towards their own team members. **Xiao et al., (2024)**.

Yelling is widely regarded as a form of hostility, undermining employees' inherent right to be treated with dignity and respect. The act of yelling, often tied to abusive supervision, is intentional and reflective of aggression. While typically associated with supervisors, hierarchical agents can also contribute to such hostility, leaving employees with limited options but silence. As a result, yelling is studied extensively as a form of abusive supervision, as emphasized by **Tariq et al. (2025)**. Similarly, belittling behavior, defined as actions that diminish an individual's importance, is another manifestation of intentional hostility. Despite not involving physical violence, it falls under active aggression and is predominantly perpetrated by supervisors.

Such behavior often silences employees and is considered a vital element within the construct of abusive supervision, according to **Jian and Lin (2025)**. Another concern involves credit stealing and the need for achievement. Employees aspire to meet high standards and gain acknowledgment for their accomplishments. However, when supervisors resort to credit stealing—a deliberate act devoid of physical violence—it undermines ethical workplace norms and compels employees to remain silent.

Arshad (2022) describes this behavior as an immoral yet intentional form of abuse. Scapegoating, a term derived from biblical rituals where blame was symbolically transferred to a goat, involves shifting accountability from oneself to another. This act of intentionally transferring blame constitutes a form of hostility and active aggression. **Ghayas and Jabeen (2020)** describe scapegoating as the deliberate attribution of failure to undeserving individuals. Recent studies emphasize the detrimental impact of workplace stressors, such as role ambiguity and hindrance stressors, on employee thriving.

Badran and Akeel (2022) highlight the cascading harm such environments inflict on both individuals and workplace dynamics. Interestingly, resilience alone fails to mitigate the psychological toll of abusive supervision; however, workplace friendships can buffer employees against its impact. Social support from colleagues reduces vulnerability to disempowerment and its ramifications.

Zhang and Liu (2018) found that workers with strong friendships at work exhibited greater resistance to abusive behaviors compared to those without supportive relationships. The stress induced by abusive supervision affects both individuals and organizations, particularly amidst the pressures of globalization and increasing competitiveness in industries. Employees often find themselves overburdened beyond standard work hours due to changing job requirements, leading to heightened stress levels that impair mental and physical health.

Earlier research has identified two key strategies for coping with abusive supervision: problem-focused and emotion-focused approaches. Problem-focused coping involves actively working to eliminate the source of stress, while emotion-focused coping aims to manage or reduce emotional distress. **Pyc(2025)**.

While both methods may be employed in dealing with stressors, problem-focused coping is particularly prevalent when viable solutions are available. This proactive approach can help individuals reassess a stressful situation and perceive it as less threatening, according to **Qin et al. (2024)**

Coping strategies built around static supervisor-subordinate relationships, relational perceptions, and feedback play a critical role in organizational dynamics. While these approaches are well-suited for permanent organizations, there remains a gap in understanding how employees adopt such coping tactics in temporary work environments. With the shift towards flexible organizational structures designed to foster adaptability and corporate ambidexterity, temporary setups are becoming increasingly common. **Badran & Akeel (2022)**.

Supervisors, as organizational representatives, significantly influence employees' perceptions of the workplace environment. However, abusive supervisory behavior can profoundly distort these perceptions, leading to adverse effects on employee attitudes and actions. Abusive supervision—a form of interpersonal mistreatment—undermines employees' sense of social identity and signals insufficient organizational support. This negative experience not only fosters unfavorable views of the organization but also depletes emotional and psychological resources. Emotional exhaustion, arising from such resource depletion, weakens organizational identification, ultimately diminishing overall performance and employee behaviors. **Kim et al. (2025)**.

The ramifications of abusive supervision extend further; long-term negative outcomes may include role ambiguity due to hindered access to information from supervisors, affecting subordinate performance. It may also portray the victim as submissive. Reframing—the process of mentally reducing psychological burdens—can provide self-assurance and mitigate these effects. In contrast, rumination involves obsessively dwelling on past abuses, perpetuating emotional distress and feelings of loss. **Qin et al. (2024)**.

Career adaptability has emerged as a vital psychosocial resource that empowers employees to anticipate and navigate shifting work contexts. This adaptability equips individuals with the readiness to proactively adjust to both predictable career demands and unforeseen changes in workplace conditions. It serves as a foundation for effective self-preparation and resilience in adapting to evolving professional roles and challenges. **Gao et al. (2025)**.

Career adaptability, as described by Savickas (1997), encompasses three critical components: developing suitable attitudes (e.g., cultivating values, skills, and abilities that align with appropriate careers), engaging in self- and environmental exploration (e.g., seeking careers or environments compatible with one's traits), and making informed decisions about career paths.

According to **Glastetter (2025)**, career adaptability is a collection of skills that significantly enhance individuals' ability to manage their professional roles and plan their futures. Central to career adaptability are four key resources: 1. **Concern** – The capacity to anticipate and plan for the future by considering one's current identity and aspirations. 2. **Control** – The belief that, even if not entirely, one can manage and influence their future direction. 3. **Curiosity** – The willingness to explore oneself (e.g., values, skills, and abilities) as well as the surrounding environment to identify opportunities and challenges. 4. **Confidence** – The assurance that one can overcome challenges and successfully handle obstacles.

As Algra (2021) emphasizes, these resources enable individuals to make logical career decisions and tackle workplace challenges by gaining a deeper understanding of themselves and their professional responsibilities. Career adaptability is regarded as a trainable skill, with individuals demonstrating higher adaptability likely to make more practical and informed choices than their peers.

In recent years, research in various industries has increasingly examined the elements contributing to career adaptability. For instance, in the healthcare sector, practitioners are expected to continually acquire new skills and adapt to evolving techniques to excel in their professional environments (**McMahon & Abkhezr, 2025**).

However, acknowledging the limitations of focusing solely on adolescence, Super and Knasel (1981) later proposed career adaptability as a more inclusive concept. Unlike career maturity, career adaptability placed greater emphasis on the interaction between individuals and their environments across their entire lifespan (**Lan & Chen, 2020**).

Career adaptability represents an individual's psychological readiness and resourcefulness for managing both current and anticipated career-related tasks and transitions. It is considered an adaptive skill set that evolves through experience.

As **Mahmoud and Abou Ramadan (2023)** note, students with high adaptability are more likely to make thoughtful and practical choices compared to their peers. Furthermore, career adaptability encompasses an individual's readiness to face predicted or unforeseen work-related tasks, roles, or challenges. It reflects a

personal capacity to adjust seamlessly to new workplace environments or unpredictable changes in career circumstances.

Defined as a resource for navigating current and future occupational challenges, transitions, and setbacks, career adaptability is built upon four foundational dimensions: concern, control, curiosity, and confidence. These subcomponents collectively form a broader framework to better understand an individual's capacity for career resilience. **Glastetter (2025)**.

Career adaptability plays a critical role in helping individuals leverage their strengths—such as self-efficacy—while enhancing career planning, coping mechanisms, and self-regulatory behaviors. It promotes preparedness not only for predictable tasks within work roles but also for unforeseen adjustments within evolving professional landscapes. **Pang et.,al (2025)**.

The evolution of career adaptability has been heavily influenced by Career Construction Theory, which originally focused on individual characteristics. Research has highlighted key personal attributes, such as proactive personality, emotional intelligence, intrinsic motivation, optimism, and core self-evaluations as factors positively influencing career trajectories. Demographic aspects like age, gender, education level, and socioeconomic status (SES) have also been investigated as meaningful contributors to adaptability outcomes. **McMahon & Abkhezr (2025)**.

Beyond personal traits and demographics, contextual and psychological factors offer further insight into the drivers of career adaptability. Studies have identified various positive traits—including hope, resilience, optimism, conscientiousness, cognitive flexibility, and exploration of vocational environments—as significant predictors of adaptability. Leveraging Social Cognitive Career Theory (SCCT) as a guiding framework, researchers suggest that these factors may have independent or intersecting effects on an individual's ability to adapt successfully in their professional journey. **Gao et al. (2025)**.

Research also indicates that career adaptability is positively associated with life satisfaction. It functions as a set of psychosocial resources that individuals can activate during critical educational or professional decision-making processes. By leveraging environmental opportunities, career adaptability influences overall well-being and life satisfaction (**Marcionetti & Rossier, 2019**).

On one hand, career adaptability enables employees to foster positive social exchanges within their organizations, which can lead to heightened affective commitment and lower turnover intentions. On the other hand, it promotes awareness of external opportunities and facilitates comparisons to one's current employment situation. This dual role can sometimes trigger feelings of relative deprivation, thereby increasing the intention to leave. Affective commitment and perceived relative deprivation are thus identified as key mediators to explain these mixed effects on employee turnover behavior (**Lan & Chen, 2020**).

Supportive organizational environments further highlight career adaptability's importance in addressing negative and fostering positive employee outcomes. Enhanced career adaptability has been linked to increased happiness, which can significantly reduce an employee's intention to leave their organization—assuming perceived career opportunities exist within the workplace **Marcionetti et al. (2025)**

As individuals spend a significant portion of their adult lives at work, perceptions of career success profoundly influence overall life satisfaction. High levels of career adaptability contribute to both subjective and objective career success, along with improved job satisfaction and a strengthened vocational identity. Industrial-organizational psychologists have identified this as an essential factor in developing strategies to boost employee motivation and engagement (**Hassan et al., 2024**).

Additionally, the advantages of strong career adaptability extend to resilience and optimism when navigating unanticipated career challenges or crises. It becomes a vital resource for employees dealing with involuntary job changes like furloughs or redundancies. By fostering a forward-looking perspective, it encourages individuals to identify and capitalize on unexpected opportunities while effectively recovering from adverse career situations (**Jones et al., 2024**).

Increasingly acknowledged as a vital personal resource, career adaptability enables employees to effectively manage workplace demands and stresses. Based on Savickas' Career Construction Theory, it encompasses four key dimensions: concern, control, curiosity, and confidence. These psychological attributes empower individuals to stay resilient when confronting uncertainty, job instability, or high-pressure tasks **Yu & li(2023)**.

One significant way career adaptability impacts stress is by reducing the likelihood of burnout. Burnout, characterized by emotional exhaustion, depersonalization, and diminished personal accomplishment,

often stems from prolonged workplace stress. Career adaptability serves as a protective mechanism by fostering a sense of control and agency in employees' careers (Walden, 2020).

Moreover, career adaptability influences how employees choose to handle stress. Those with higher adaptability are more likely to adopt problem-focused and proactive coping strategies instead of opting for avoidance or passive approaches. For instance, individuals with strong "concern" and "confidence" are better equipped to seek solutions, plan effectively, and confront stressors directly (Rudolph et al., 2017).

As a psychosocial resource, career adaptability also acts as a buffer in the context of abusive supervision. Employees with high adaptability are more effective at regulating emotions, reframing challenging experiences, and employing constructive coping strategies. This reduces the risk that abusive supervision will lead to deviant workplace behaviors. In this capacity, career adaptability mitigates the adverse effects of such supervision by enabling employees to disengage negative emotional responses from their actions (Tepper et al., 2017).

Furthermore, career adaptability serves as a moderating factor that reduces the detrimental consequences of abusive supervision. Individuals with greater adaptability can reinterpret adverse events, explore alternative strategies for coping, and remain positively engaged in their work. This capacity allows them to manage their emotional responses effectively, decreasing the chances of deviant behaviors triggered by supervisory abuse (Guan et al., 2023)

Significance of the study

Nursing not only need to acquire the necessary knowledge, abilities, and competences to accomplish this aim, but also experience reinforcement, fulfillment, motivation and effective supervision which is crucial for nurses who meet a variety of patient expectation (Mahmoud et al., 2023)

Effective supervision allows nurses to develop a sense of fairness towards their hospital, influences nurses' decision to stay or leave the organization, in addition to increasing work engagement and job satisfaction, reducing burnout, and increasing care quality, it also decreases bad behaviors among nurses. (Rocha, Pinto & Carvalho, 2021).

Aim of the study

The aim of this study is to assess abusive supervision, and career adaptability among staff nurses .

Research Questions:

- What is the level of abusive supervision toward staff nurses?
- What is the level of career adaptability of staff nurses?

Subjects and methods

Research design: A descriptive correlational study design used to achieve the aim of this study

Setting: This study will be conducted at Zagazig University Hospitals

Subjects: A stratified random sample taken from staff nurses working at Zagazig University Hospitals

Tools of data collection: Two tools used for collecting data in this study. **Tool (1):** Abusive Supervision Scale: consist of two parts as follows: **Part 1:** Include staff nurses' personal data as (age, gender, material status, educational level, years of experience, department. **Part2 :** developed by Ghayas & Jabeen, (2020) to assess abusive supervision level . Include 15 items divided into four categories: scapegoating (4 items), yelling (3 items), credit stealing (4 items), and sneering behavior (4 items). Scoring system ; A five-point Likert scale, with 1 denoting strongly disagree and 5 denoting strongly agree, was used to evaluate the nurses responses . Based on cut of point 50%, the level of abusive supervision is set as, **low**, <50%, **Moderate** 50-75%.and **High** >75%. Ghayas & Jabeen, (2020).

Tool (2): The Career Adaptabilities Scale (CAAS) The scale developed by Savickas and Porfeld, (2012), aims to assess nurses' perception of career adaptability. This scale consists of 24 items classified into four dimensions, Concern (6 items), Control (6 items), Curiosity (6 items), and confidence (6 items). Scoring system: Career Adaptabilities Scale items measured using five - point Likert scale with 1 being strongly disagreeing and 5 being strongly agreeing.

The total mean score varied from (24 to 120):

- The score from (24 to less than 56) indicating a low level of CA.
- The score from (56 to less than 88) indicating a moderate level of CA.

- And the score from (88 to 120) indicating a high degree of Career Adaptabilities. (Savickas and Porfeli, 2012).

Validity: The questionnaire translated into Arabic language. Face and content validity were conducted by five experts from faculty of nursing at Zagazig University and Mansoura University (three professor of Nursing Administration and two Assistant professor of Nursing Administration).

Reliability: For the research purpose, The questionnaires were tested for its reliability. Through Cronbach's Alpha coefficient for assessing its internal consistency. Abusive supervision scale indicated 0.753 and Career adaptability scale indicated 0.826.

Pilot Study : The pilot study was conducted to assess the tool's clarity and feasibility and to identify the obstacles of applicability, Pilot study was done as 10% (37 nurses) to estimate reliability of study tools ,selected from the study setting. No modifications were done and the pilot sample was included in the main study sample.

Field work : The preparatory phase was done by printing questionnaire forms more than the required sample size in order to maintain the complete sample size and also to compensate for the forms with missing data. Then the data collection phase of this study was executed from 7 – 10 nurses per day during the morning, afternoon and night shifts in four days per weeks.

It was lasting three months from February 2025 to the end of April 2025. Also, explaining orally the purpose of the study and ways to fill in the questionnaire sheets briefly to the nurses before the beginning of their answer. The filled forms were collected in time and revised to check their completeness to avoid any missing data.

Official permission: An official letters obtained from the dean of faculty of nursing at Zagazig University to Chairman of board of directors at Zagazig University Hospitals to request permission and cooperation for conducting this study, then oral official permission from the nursing director of each hospital and from the head nurse of each unit after explaining the nature and the aim of the work.

Ethical considerations:

- Approval from Research Ethics Committee (REC) at faculty of nursing, Zagazig University. (M.DZU.NUR//286/15-10-2024). Ethical number –

Informal oral consent was obtained from nurses that were included in the study sample after verbal explanation with each subject of the nature and the aim of the study

Statistical Design: All data were collected, tabulated and statistically analyzed using the IBM SPSS (Statistical Package for the social sciences) statistics for windows, version 23.0 IBM Corp., Armonk, NY: USA.. Quantitative data were expressed as the mean \pm SD & median (range), and qualitative data were expressed as absolute frequencies (number) & relative frequencies (percentage). Percent of categorical variables were compared using Chi-square test. Pearson's correlation coefficient was calculated to assess relationship between various study variables, (+) sign indicate direct correlation & (-) sign indicate inverse correlation, also values near to 1 indicate strong correlation & values near 0 indicate weak correlation. All tests were two sided. p- value < 0.05 was considered statistically significant , p and p-value \geq 0.05 was considered statistically insignificant (NS).

Results

Table (1): shows that nurses aged less than 35 years old were 54.4% years and 45.6% of them equal or more than 35 years old, with allover mean age 36.1 ± 10.2 and range from 20 years to 59 years. Sex of studied nurses distributed as follow 44.8% males and 55.2% females. As regard marital status 63.7% of them were married and 36.3% single. Reported levels of education among studied nurses were (28.6% , 38.1%, 33.3% Bachelors, technical institute diploma, respectively). The years of experience was less than 5 years for 18.1%, of studied nurses, 28.3% of them had experience from 5 -10 years and more than one half 53.6% had more than ten years nursing experience with allover mean 14.1 ± 10.1 and range from one year to 37 years.. According to department affiliated, the studied nurses distributed as follow: 5.1% in economic hospital, delivery and premature 4.8%, 19.5% new surgery hospital, the pediatric hospital 20.5%, cardiothoracic hospital 5.6%, emergency hospital 20.5%, internal medicine hospital 24.5%.

Table(2) shows that the higher percentages indicate that the level of abusive supervision is moderate as follows; about two thirds of studied sample (68.3%) was related to sneering, followed by scapegoating more than half of studied nursing (46%), then yelling slightly above half (65.3%) after that credit stealing just over half (53%) of studied nurses. The highest abusive supervision toward staff nurses a little more than one quarter of

studied sample (26.9%) was related to the credit stealing domain, followed by yelling almost one fifth (17.6%), then scapegoating domain almost one tenth (8.8%), after that sneering around one tenth of studied sample(8%).

Table(3) There was discrepancy in studied nurses about their career adaptability items, slightly more than one third (36%) of studied nurses strongly disagree about realizing that today's choices shape my future, after that almost one third (32.3 %) of nurses strongly disagree about they can overcoming obstacles. On other hand slightly more than one third(36.3%) of studied nurses strongly agree about thinking about what my future will be like. In addition almost one third(33.9%) of nurses strongly agree about their opinion of exploring the surroundings.

Figure 1: Level of career adaptability among studied nurses . Percent of studied nurses with moderate carrier capability about more than one half(55.2%)of them and slightly less than one quarter(23.2%)of nurses with low carrier capability, and high level of carrier capability was less than one quarter (21.6%) of studied nurses .

Table (4): Shows that there is no statistically relation between nurses perception of abusive supervision and their demographic characters >0.05 .

Table (5): Shows that there is statistically relation between nurses and nurses 'education , $p= 0.043$, Hospital affiliation $p=0.003$. It noticeable that bachelors education degree whom work at economic hospital cardiothoracic hospital had significantly high level of career adaptability level than others, . Otherwise there is no statistically

Table (6) shows that :

There is significant and inverse association between total deviate work behavior scale and career adaptability scale

Table (7): It was noticed that, significant predictors of career adaptability score among studied nurses were decrease abusive supervision scale score and decrease deviate work behavior scale score , determined more than one third(42%) of career adaptability among studied nurses

Part 1- Personal and Job Characteristics of the Study Samples.

Table (1): Frequency and Percentage Distribution of the Studied nurses According to Personal and Qualification parameters (n=375).

Variables	n	%
Age in years		
<35 years	204	54.4
≥35 years	171	45.6
Mean ±SD	36.1±10.2	
Median(range)	33(20-59)	
Gender		
males	168	44.8
females	207	55.2
Marital status		
single	136	36.3
married	239	63.7
Qualification		
Bachelor of nursing	107	28.5
Technical Institute of nursing	143	38.1
Nursing diploma	125	33.3
Experience years		
<5 years	68	18.1
5-10 years	106	28.3
>10years	201	53.6
Mean ±SD	14.1±10.1	
Median(range)	11(1-37)	
Department		
Economic hospital	19	5.1

Delivery and premature hospital	18	4.8
New surgical hospital	73	19.5
Pediatric	77	20.5
Cardiothoracic hospital	21	5.6
Emergency hospital	75	20.0
Internal medicine	92	24.5

Table (2): Frequency Distribution of abusive supervision domains levels toward staff nurses (n= 375).

Domains	Mean ±SD Median (Range)	Level					
		High		Moderate		low	
		n	%	n	%	n	%
Scapegoating	11.4±2.7 12(4-20)	33	8.8	240	64.0	102	27.2
Yelling	9.3±2.6 10(3-15)	66	17.6	211	56.3	98	26.1
Credit Stealing	13±4.2 12(5-20)	101	26.9	200	53.3	74	19.7
Sneering	12.1±2.8 12(6-19)	30	8.0	256	68.3	89	23.7

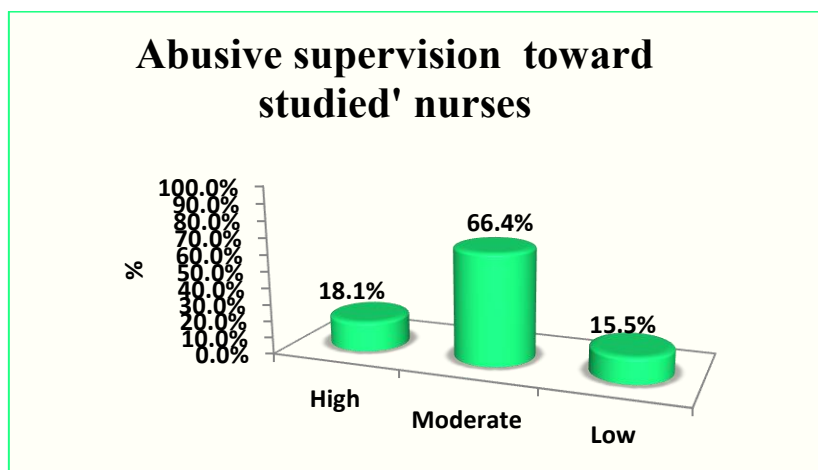


Figure1

Table (3): Frequency Distribution of Career Adaptability domains 'level among studied nurses (n=375

Career Adaptability domains	Mean ±SD Median (Range)	Level					
		High		Moderate		low	
		n	%	n	%	n	%
Concern	17.8±3.5 18(9-29)	49	13.1	223	59.5	103	27.5
Control	17.9±4 18(9-27)	64	17.1	200	53.3	111	29.6
Curiosity	15.4±4.8 16(6-24)	93	24.8	185	49.3	97	25.9
Confidence	21±4.9 21(13-31)	77	20.5	196	52.3	102	27.2

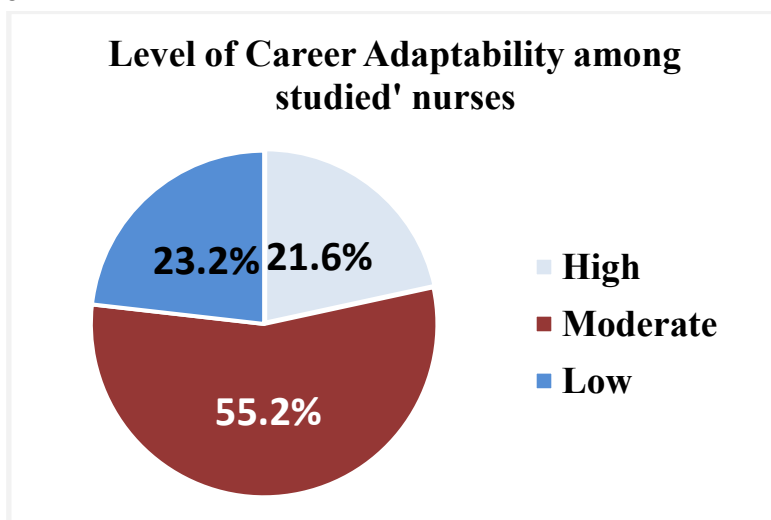


Figure2

Relations and Correlations:

Table (4): Relation between Perception of Abusive Supervision Scale level of studied nurses and their demographic characters (n.375):

Variables	Abusive Supervision Scale						n	χ^2	p
	High n.68		Moderate n.249		Low n.58				
	No.	%	No.	%	No.	%			
Age in years									
<35 years	38	18.6	132	64.7	34	16.7	204	0.67	0.715
≥35 years	30	17.5	117	68.4	24	14.0	171		
Gender									
Males	24	14.3	122	72.6	22	13.1	168	5.36	0.068
Females	44	21.3	127	61.4	36	17.4	207		
Marital status									
Single	28	20.6	86	63.2	22	16.2	136	1.1	0.577
Married	40	16.7	163	68.2	36	15.1	239		
Education Qualification									
Bachelor of nursing	25	23.4	62	57.9	20	18.7	107	5.13	0.274
Technical Institute of nursing	24	16.8	100	69.9	19	13.3	143		
Nursing diploma	19	15.2	87	69.6	19	15.2	125		
Experience years									
<5 years	10	14.7	41	60.3	17	25.0	68	7.52	0.111
5-10 years	23	21.7	72	67.9	11	10.4	106		
>10years	35	17.4	136	67.7	30	14.9	201		
Department									
Economic hospital	3	15.8	10	52.6	6	31.6	19		
Delivery and premature hospital	3	16.7	12	66.7	3	16.7	18		
New surgical	12	16.4	53	72.6	8	11.0	73	18.36	0.105
Pediatric	20	26.0	50	64.9	7	9.1	77		
Cardiothoracic hospital	4	19.0	10	47.6	7	33.3	21		
Emergency hospital	13	17.3	47	62.7	15	20.0	75		
Internal medicine	13	14.1	67	72.8	12	13.0	92		

χ^2 Chi square test non-significant $p \geq 0.05$,

Table (5): Relation between Career Adaptability Scale level of studied nurses and their demographic characters (n.=75):

Variables	Career Adaptability Scale						n	χ^2	p
	High n.81		Moderate n.207		Low n.87				
	No.	%	No.	%	No.	%			
Age in years									
<35 years	41	20.1	115	56.4	48	23.5	204	0.6	0.74
≥35 years	40	23.4	92	53.8	39	22.8	171		
Gender									
Males	33	19.6	96	57.1	39	23.2	168	0.75	0.69
Females	48	23.2	111	53.6	48	23.2	207		
Marital status									
Single	34	25.0	72	52.9	30	22.1	136	1.46	0.48
Married	47	19.7	135	56.5	57	23.8	239		
Education Qualification									
Bachelor of nursing	27	25.2	46	43.0	34	31.8	107	9.8	0.043*
Technical Institute of nursing	29	20.3	87	60.8	27	18.9	143		
Nursing diploma	25	20.0	74	59.2	26	20.8	125		
Experience in years									
<5 years	20	29.4	34	50.0	14	20.6	68	7.49	0.112
5-10 years	14	13.2	63	59.4	29	27.4	106		
>10years	47	23.4	110	54.7	44	21.9	201		
Department									
Economic hospital	10	52.6	8	42.1	1	5.3	19	29.4	0.003*
Delivery and premature	2	11.1	12	66.7	4	22.2	18		
New surgical	13	17.8	43	58.9	17	23.3	73		
Pediatric	11	14.3	43	55.8	23	29.9	77		
Cardiothoracic hospital	11	52.4	6	28.6	4	19.0	21		
Emergency	15	20.0	43	57.3	17	22.7	75		
Internal medicine	19	20.7	52	56.5	21	22.8	92		

χ^2 Chi square test non-significant $p \geq 0.05$, * $p < 0.05$: significant

Table (6): Correlation matrix between Abusive Supervision Scale and Career Adaptability scale among studied nurses (n.375)

Variables	Abusive Supervision Scale		Career Adaptability scale	
	r	P	r	P
Abusive Supervision Scale	1			
Career Adaptability scale	-.628**	0.0001	1	

Table (7): Multivariate linear regression for predicting career adaptability score among studied nurses

Predictors	Unstandardized Coefficients (β)	Std. Error	Test of sig	sig
(Constant)	138.0			
Abusive Supervision Scale	-1.002	0.084	11.904	0.0001
Education	0.987	0.744	1.327	0.185
Model				
R		0.65		
R²		0.42		

Discussion

Nursing is widely acknowledged as the cornerstone of healthcare delivery systems, playing a vital role in safeguarding patient health and well-being across various settings. Nurses constitute the largest segment of the healthcare workforce, contributing not only through direct patient care but also through clinical decision-making, coordination of multidisciplinary teams, health education, and advocacy efforts. As highlighted by **Algra (2021)**, their impact stretches far beyond bedside care to influence the broader dynamics of healthcare systems.

The critical role of nursing in healthcare revolves around providing both physical and emotional support to patients while ensuring the efficiency, safety, and sustainability of healthcare organizations. According to the World Health Organization (**WHO, 2020**), the growing demands on nurses—driven by factors such as increased patient acuity, workforce shortages, and organizational challenges—underscore the need to examine work environments and how they shape nurses' professional and personal well-being.

A recent study aimed to explore the relationships among abusive supervision, workplace challenges, and career adaptability among staff nurses. Findings revealed that the majority of participants reported moderate levels of abusive supervision, while a smaller group experienced high levels. Common behaviors associated with abusive supervision included credit theft by supervisors and frequent yelling—forms of psychological harm that align with existing literature on workplace bullying (**Martinko et al., 2013**).

These results underscore that abusive supervision is not an isolated issue but a widespread challenge within healthcare organizations. It poses a serious threat to both employee satisfaction and organizational effectiveness.

The current study reveals that most nurses show moderate levels of career adaptability, with curiosity emerging as the strongest dimension. This indicates a general openness among nurses to explore new opportunities, ideas, and methodologies within their professional paths. Curiosity reflects an individual's initiative to seek knowledge, develop new skills, and adjust to dynamic workplace environments (**Savickas & Porfeli, 2012**).

However, the findings highlight challenges in other aspects of career adaptability, particularly in the areas of confidence and control. Confidence signifies a nurse's belief in their ability to tackle obstacles and resolve problems, while control pertains to their capability to take ownership of their career progression. Moderate levels in these areas suggest that nurses, although curious and willing to explore, might feel restrained in their self-efficacy or decision-making due to workplace limitations such as heavy workloads, organizational barriers, or ineffective leadership styles. Past research has similarly indicated that workplace conditions and leadership significantly influence career adaptability among nurses (**Zacher 2014**).

Career adaptability can also act as a resilience mechanism against workplace stressors. According to conservation of resources (COR) theory. Nurse possessing strong adaptability might address instances of mistreatment by seeking alternative coping strategies—such as engaging in professional development activities or leaning on peer support—rather than resorting to retaliatory actions. This interpretation aligns with evidence from other industries showing that career adaptability is inversely related to stress and burnout while strongly associated with job satisfaction and career success (**Johnston, 2018**).

Building on earlier studies, such as those by **Tepper (2000)**, the findings reaffirm abusive supervision as a significant predictor of adverse employee outcomes. Past research emphasized its associations with heightened stress, emotional exhaustion, and decreased job satisfaction.

The study's findings on career adaptability align with prior research while offering valuable new insights. **Savickas and Porfeli (2012)** highlighted that adaptability serves as a vital resource for managing career transitions and overcoming challenges. This study's identification of curiosity as the most prominent dimension among nurses is consistent with earlier research suggesting that healthcare professionals tend to exhibit a strong openness to learning and exploration, likely due to the dynamic demands of their work environment (**Johnston, 2018**).

The findings of this study offer several practical implications for healthcare organizations, nurse managers, and policymakers. By highlighting the interconnections between abusive supervision, and career adaptability, the results underscore the urgent need for interventions aimed at fostering healthier organizational environments and empowering nursing staff to thrive in their careers.

The study emphasizes the necessity of addressing abusive supervision as a critical organizational issue. Given that nearly one-fifth of the nurses in this study reported high levels of abusive supervision, healthcare administrators must recognize supervisory abuse as more than an interpersonal conflict that it is a systemic

problem with far reaching consequences. Leadership training programs should be implemented to equip nurse managers with constructive communication, conflict resolution, and emotional intelligence skills. By promoting ethical leadership and accountability, organizations can reduce the prevalence of abusive supervisory behaviors and create climates of trust and respect.

The study suggests that career adaptability can be cultivated as a protective resource for nurses. Healthcare organizations should prioritize programs that strengthen the four dimensions of adaptability: concern, control, curiosity, and confidence. Mentorship initiatives, resilience workshops, and professional development opportunities can enhance nurses' ability to anticipate and manage career challenges. For instance, resilience training may bolster confidence and control, while continuing education programs can encourage curiosity and career concern. Empowering nurses in these areas not only improves individual adaptability but also contributes to organizational resilience by reducing turnover and enhancing patient care quality.

The practical implications of this study are clear: reducing abusive supervision and fostering career adaptability are not isolated goals but interdependent strategies that collectively enhance nurse well-being, organizational performance, and patient safety.

The design of the study limits causal inferences. While significant associations were identified between abusive supervision, and career adaptability, the directionality of these relationships cannot be firmly established. Research designs would allow scholars to examine how supervisory behaviors and adaptability evolve over time, and whether adaptability can buffer the effects of supervisory abuse.

Finally, the study's emphasis on nursing provides valuable contributions to healthcare literature but also raises questions about whether similar dynamics exist in other healthcare professions, such as physicians, allied health professionals, or administrative staff. Expanding future research to include multiple professional groups may provide a more holistic understanding of workplace dynamics in healthcare organizations.

Conclusion

The present study provided comprehensive insight into the complex relationship between abusive supervision and career adaptability among staff nurses. The findings revealed that a considerable proportion of nurses experience moderate levels of abusive supervision (66.4%), which reflects the persistence of negative supervisory practices within the healthcare work environment. Although not always extreme, these behaviors are sufficient to influence nurses' psychological well-being, work attitudes, and professional performance.

Regarding career adaptability, the study found that over half of the nurses (55.2%) demonstrated moderate levels of adaptability, while only a limited proportion showed high adaptability. This suggests that although nurses possess some capacity to cope with professional challenges, their adaptive resources may not be sufficient to fully counterbalance the negative effects of abusive supervision and workplace stress.

Importantly, the study findings demonstrated a significant relationship between the variables. Abusive supervision showed a negative relationship with career adaptability, suggesting that exposure to negative leadership practices reduces nurses' ability to effectively adapt to professional challenges. Additionally, workplace deviance behavior was negatively associated with career adaptability, reflecting that nurses who engage in deviant behaviors tend to exhibit lower levels of adaptive capacity.

The integrated interpretation of these findings confirms that abusive supervision acts as a critical organizational stressor that limits the development of career adaptability. Nurses who are exposed to persistent supervisory mistreatment are more likely to experience emotional strain, reduced motivation, and diminished professional growth, which in turn may manifest as deviant behaviors or reduced adaptability to career demands.

In conclusion, this study highlights the urgent need for healthcare organizations to address abusive supervision as a serious managerial issue and to invest in interventions that enhance career adaptability among nursing staff. Such efforts will contribute to sustainable nursing performance, professional satisfaction, and overall organizational effectiveness.

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