Career plateau, Abusive Supervision, and their Relation to Nurses' Intention to Quit at Mansoura Medical Specialty Hospital

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Abstract
Background: Nowadays, everyone eventually reaches a point in their profession where their hierarchical advancement is reduced. Abusive supervision pushes nurses to develop a sense of unfairness towards their hospital and perform workplace intention to quit. **Aim:** To determine the relationship between career plateau, abusive supervision, and nurses' intention to quit at Mansoura Medical Specialty Hospital. **Subject and Method:** A descriptive correlational research design was used with a sample of 147 nurses working at Medical Specialty Hospital. Three tools were used for data collection: Career Plateau Questionnaire, Abusive Supervision Questionnaire, and Turnover Intention Questionnaire. **Results:** The majority of studied nurses had a low level of abusive supervision and intention to quit, respectively (82.3% and 73.5%) at the workplace, and nearly half of the studied nurses (45.6%) had a high level of career plateau. **Conclusion:** There was a highly statistically significant positive correlation between abusive supervision and career plateau, whereas there was no statistically significant correlation with intention to quit. **Recommendations:** Implement corrective disciplinary systems to address workplace deviant behavior and develop a clear road map for career advancement of the head nurses to reduce career plateauing.

Keywords: Abusive Supervision, Career plateau & Nurses' Intention to Quit.

Introduction

Most nurses agree that career development through hierarchical promotion is an essential measure of objective career success, recognizing and rewarding strong performers, and a crucial organizational strategy for retaining talent. Indeed, a lack of career progression opportunities was the most commonly cited contributor to turnover. On the other hand, perceptions of being on a career plateau have negative performance, attitude, and health consequences. However, a growing body of data indicates that, in some situations, nurses might desire to decline advancements even if they have the potential for advancement and individual merit. A career plateau causes unpleasant conditions, such as emotional exhaustion and unproductive actions in nurses, particularly when attached to discriminating and abusive supervision (**Farivar, et al., 2023**).

Nurses are particularly susceptible to a variety of antisocial behaviors in the workplace, making them a high-risk professional group. Although hostile workplace behavior is widely recognized as a significant problem in several organizations, much of the existing research has examined chiefly anti-social behaviors shown by co-workers or hostility from those outside the organization. There have been very few studies that mainly investigate abusive supervision. The notion of a career plateau has developed over many decades. Initially, it denoted a career that has come to a halt or a stage when advancement is improbable or unattainable. Nevertheless, the correlation between work retention in one's present position and career plateau may vary based on variables such as organizational characteristics, including the size of the organization, the kind of position, and external environmental circumstances (**Hu, et al., 2022**).

The majority of nurses agree that the most annoying and demotivating work experience is being stuck in a job or unable to grow in one's career. This experience is also known as a career plateau. It is a stage in which nurses are unlikely to be promoted in the future. Nurses who have reached a career plateau often experience adverse affective outcomes, including lower workplace well-being and contentment, as well as unfavorable work outcomes, such as poor performance, low organizational commitment, and an increased intention to quit (**Darling & Cunningham, 2023**).

A career plateau refers to stagnation in one's employment when there is no vertical progression, and it is seen as a personal danger. During a job plateau, nurses no longer obtain tasks that include more responsibility or provide them with new challenges in their profession. It is an unpleasant sensation as it hinders the human urge for progress and advancement. Furthermore, it poses a risk to the long-term job prospects of nurses since ongoing

employment and a successful career in the modern day are believed to depend on the continual acquisition of new skills (**Hu, et al., 2023**).

Furthermore, the concept of career plateau pertains to the undesirable and troublesome professional encounters that many individuals have had due to being stuck in a particular employment position for a lengthy duration. It happens when the likelihood of progress diminishes significantly or the chances for more responsibility are limited (**Zhu, et al., 2021**).

Career plateaued nurses were divided into two groups: solid and reasonable citizens. Solid citizens as the first were called, were excellent performers nurses, were unlikely to be promoted because of the organization's pyramidal structure. Other reasons include severe competition for the few senior roles available, with elderly nurses being passed over in favor of younger managers who are thought to be able to stay with the organization longer. Additionally, good citizens may reach a personal plateau if they don't want to advance or don't have the necessary personal qualities. The other category of nurses who reached a career plateau was "dead wood." Promotions are unlikely for nurses who have been labeled as "dead wood" or low performance. In addition to the two types of nurses who have reached a plateau. Nurses who did not reach a plateau in their performance were categorised as "stars," indicating good performers with a strong probability of being promoted, or "learners," indicating poor performers with a high potential of future promotions. Organizations prioritize high-performing individuals and underperforming individuals above nurses who are considered reliable and dependable (**Darling & Cunningham, 2023**).

Nurses encounter job plateauing when their tasks no longer provide them with challenges and fail to provide a sense of significance. Under such conditions, individuals are less inclined to associate themselves with or persevere in attaining their professional aspirations. Nurses who fail to consistently engage in learning and skill acquisition often reach a point when their work responsibilities become stagnant. Eventually, they come to the realisation that they have beyond the level of their present employment, but lack the necessary abilities to go further. Nevertheless, work content stagnation may also arise from employers that fail to see the skills and experience of their employees as a valued human resource and instead use abusive supervision (**Lin, 2021**).

Abusive supervision refers to how subordinates perceive the degree to which supervisors consistently exhibit aggressive verbal and nonverbal behaviors, without involving physical contact. Supervisors often display hostility, whether intentional or not, which is more prevalent in the workplace than physical violence and sexual harassment. Instances of abusive supervision include publicly demeaning behavior, workplace harassment, destruction of social relationships, and sudden and intense displays of anger. Abusive bosses often use their authority to manipulate and dominate their subordinates. Due to the subordinate's lack of authority in their connection with their supervisor, they often refrain from taking any action to address the problem, since doing so may potentially lead to further instances of mistreatment (**Cho, et al., 2023**).

Abusive supervision has four dimensions: belittling behavior, scapegoating, yelling, and credit stealing. Belittling behavior means making nurses feel little or less. Scapegoating means the act of blaming a nurse for something bad that happened or that someone else has done. Yelling means shouting something or making a loud noise. Finally, Credit stealing refers to the supervisor taking credit for the tasks that the nurses do (**Ghayas & Jabeen, 2020**).

In order to fully comprehend the occurrence of abusive supervision, it is important to have a deeper understanding of the variables that contribute to its harming consequences. While there is less knowledge on the origins or antecedents of abusive supervision and the elements that might reduce its influence on nurses' outcomes, there is more understanding about the consequences of abusive supervision (**Achempim-Ansong, et al., 2022**). Extensive research has examined the impacts of abusive supervision and has consistently found that this type of behavior is linked to reduced job satisfaction, diminished organizational commitment, and decreased psychological well-being. Additionally, it is positively correlated with the intention to quit (**Bhattacharjee & Sarkar, 2022**).

One of the most significant organizational difficulties of the modern day is the intention to quit, which necessitates that manager be able to understand, analyze, and handle the effect of turnover. A nurse's intention to quit is a decision they make in their head about whether or not to stay in their job. It's a way to estimate turnover before nurses actually leave the organization. Intention to quit is a cognitive stage that comes before genuine turnover, which is defined as intellectual decisions or thoughts about staying or moving. It is a significant predictor of actual turnover. It also discusses nurses' psychological propensity to quit their existing jobs, which is the result of their discontent with their jobs, their purpose to quit, their willingness to quit, and the potential for leaving (**Dwidienawati, et al., 2023**).

Intention to quit also refers to nurses' final decision to quit. It refers to their intention to leave their jobs as a planned behavior or conscious purpose to leave the

organization **(Mete, et al., 2021)**. Three indicators measure turnover intention, firstly, thoughts of quitting (a nurse has the thought to quit or stay in the current workplace). Secondly, intention to quit (nurse's intention to seek a position in other organizations). Finally, intention to search for another job as nurses' intention to resign from their job **(Merlin, et al., 2024)**.

Significance of the study:

Nurses view career advancement and moving up the hierarchical ladder as markers of success in the workplace; yet, many organizational issues, including management reengineering, downsizing, flattening hierarchies, and unplanned career management, cause career plateauing. When they stay in the same position for an extended length of time, nurses who encounter career plateaus become demoralized. To avoid the situation, nurses may act in a way that lowers their productivity, decreases their commitment to their jobs, increases their intention to quit, and lowers their level of creativity and inertia. All of these actions have negative impacts on the organization as a whole **(Bhattacharjee & Sarkar, 2022)**. Both nurses and organizations lose a lot of money when they leave an organization. When calculating staff turnover costs, three main factors are taken into account; recruitment expenses, replacement costs, and training expenses **(Gadi, et al., 2022)**. The career plateau is responsible for important variations in work-related outcomes, including job satisfaction, career satisfaction, abusive supervision, and intention to quit. So, this study aims to explore career plateau, abusive supervision, and their relation to nurses' intention to quit at Mansoura Medical Specialty Hospital.

Aim of the study

This study aims to determine the relationship between career plateau, abusive supervision, and nurses' intention to quit at Mansoura Medical Specialty Hospital

Research questions

1- What is the level of career plateau among nurses at Mansoura Medical Specialty Hospital?
2- What is the level of abusive supervision among nurses at Mansoura Medical Specialty Hospital?
3- What is the perception of nurses' intention to quit at Mansoura Medical Specialty Hospital?
4- Is there a relationship between career plateau, abusive supervision, and nurses' intention to quit at Mansoura Medical Specialty Hospital?

Method

Design: A descriptive correlation research design was utilized.
Setting: The study was conducted in all inpatient departments at Medical Specialty Hospital with bed

capacity 526 beds. This hospital provides a wide spectrum of health services at Delta Region.

Participants:
A convenient sample of all nurses who working in all inpatient units at Medical Specialty Hospital (147) nurses who fulfills the criteria of having a minimum of one year experience and are available at the time of data collection.

Tools of data collection:
Three tools were used for data collection, namely:
Tool (I): Career Plateau Questionnaire:
It consists of two parts as follows:
Part I: Personnel characteristics include age, years of experience, gender, unit, and educational level.
Part II: It was developed by Milliman (1992) and adopted by Jolie (2014) to evaluate career plateau among nurses. It consists of twelve items; their responses will be evaluated by using a Five-point Likert Scale ranging from 1 (strongly disagree) to 5 (strongly agree).
The scoring system of perceived questions ranged from (12-60) and the mean average was (48). It was categorized into two levels as the following:
- Present career plateau ≥ 60% (scored from 41-60)
- Don't present career plateau < 60% (scored from 12-40)
Sub-items that receive 60% agreement or more are estimated to be on a career plateau.

Tool (II): Abusive Supervision Questionnaire
It was developed by **Ghayas & Jabeen (2020)** to assess the abusive supervision as perceived by nurses. It consisted of 15 items, which were further categorized into four groups: scapegoating (4 pieces), screaming (3 items), credit stealing (4 items), and demeaning behavior (4 items). Responses will be evaluated by using a 5-point Likert Scale, with options ranging from (1) strongly disagree to 5 (strongly agree).
Scoring system: Responses of the subjects were measured by using a 5-point Likert Scale ranging from 1 (strongly disagree) to 5 (strongly agree). According to the cut value of 50% the scoring system of the abusive supervision perceptions questionnaire and categorized into three levels as the following
Low level (<50%)
Moderate level (50%-75%)
High level (> 75%)

Tool (III): The Turnover Intention Scale
The turnover intention scale (TIS-6) is a six-item scale developed by **Bothma & Roodt (2013)** from his 15-item turnover intention scale. The scale consists of six subjective statements to ask about the respondent's intention regarding voluntary quit. Two reverse statements are adopted to reduce the acquiescence bias. Considering the time to complete

the survey, reverse statements will reduce response speed and promote cognitive reasoning in the subjects **(Podsakoff et al., 2003)**. Five-point opposite response scales are adopted from 1 (low) to 5 (high).

Scoring system: Responses of the subject were measured by using a 5-point Likert scale ranging from 1 (low) to 5 (high). According to the cute of value 50% the scoring system of The Turnover Intention Scale and categorized into three levels as follows:

  - Low level (<50%)
  - Moderate level (50%-75%)
  - High level (>75%)

Validity and reliability:

The researchers translated the instruments into Arabic and assessed their face and content validity and relevance with the help of five specialists in Nursing Administration from the Faculty of Nursing at Mansoura University. Subsequently, the necessary modifications were made. The reliability of the tools was assessed using Cronbach's alpha test.

Pilot study:

A pilot study was done on a randomly assigned 10% of the study population to assess the practicality and comprehensibility of the selected tools, which were not included in the study. Appropriate adjustments were made as required.

Fieldwork description:

The field work started in January and ended in February of 2024. Data were gathered via conducting meetings with the nurses and providing them with a clear explanation of the study's objectives. The questionnaire sheets were sent discreetly to participants at their workplaces, with each sheet requiring 15-20 minutes to complete.

Ethical consideration:

Before beginning the study, ethical approval was obtained from the Faculty of Nursing- Mansoura University Research Ethical Committee. Participation in the study be voluntary. Written informed consent for sharing in the study was obtained from the whole study sample. Confidentiality of the data collected is maintained. The privacy of the study sample was respected, and the results were used to guide future research, publications, and learning. Formal permission to carry out the study was attained from the hospital supervisor to conduct this study after explaining its goal. Every participant can select to end carrying out the study and take it away at any time without any consequences.

Results

Table (1): Personal characteristics of the studied nurses (n=147)

Variables	N	%
Age years		
▪ 20>30 yrs.	12	8.2
▪ 30>40 yrs.	132	89.8
▪ 40 yrs. and more	3	2.0
Mean± SD	32.08±2.91	
Unit		
▪ Liver &Diabetes	93	63.3
▪ Endoscopies	54	36.7
Level of education		
▪ Diploma degree	76	51.7
▪ Technical degree	54	36.7
▪ Bachelor's degree	17	11.6
Years of experience		
▪ 1-5	120	81.6
▪ 6-10	24	16.3
▪ >10	3	2.0
Mean ± SD	5.39±2.07	

Table (2): Mean score of abusive supervision dimensions as perceived by nurses (n=147)

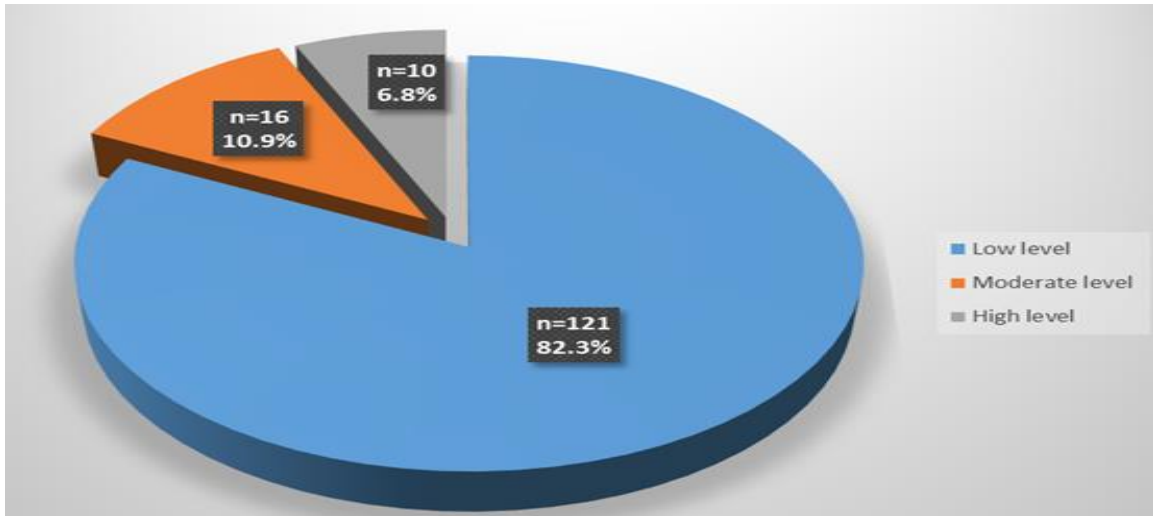| Dimension	N. Items	Mean	Min-Max	Mean %	Rank
Credit Stealing	4	7.70±3.43	4.00-18.00	38.5	4
Yelling	4	8.19±3.16	5.00-18.00	41.0	2
Belittling Behavior	3	6.10±2.50	3.00-13.00	40.7	3
Scapegoating	4	9.14±2.48	6.00-18.00	45.7	1
Total abusive supervision	**15**	**31.14±10.42**	**22.00-61.00**	**41.5**	

Figure (1): Levels of abusive supervision as perceived by nurses (n=147)
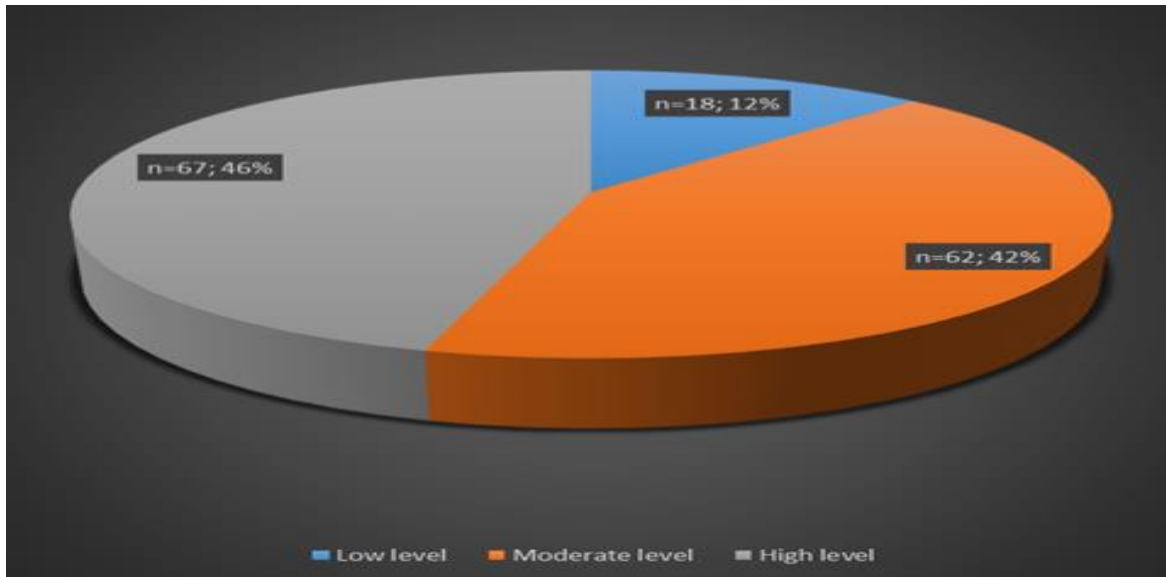
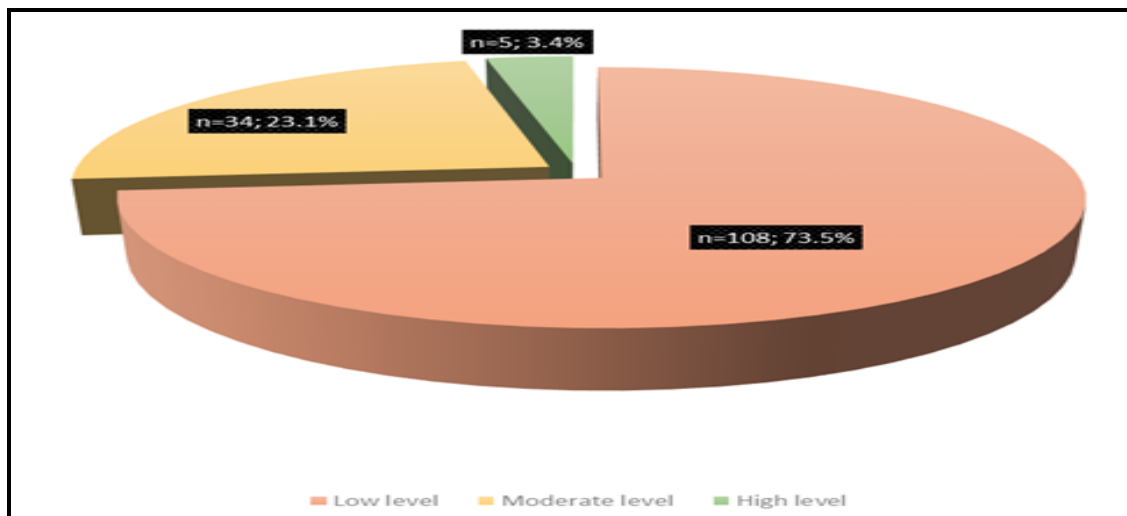**Figure (2): Levels of career plateau as perceived by the studied nurses (n=147)**

Figure (3): Levels of intention to quit as perceived by the studied nurses (n=147)

Table (3): Abusive supervision, career plateau and intention to quit in relation to personal characteristics of the studied nurses (147)

Variables	Abusive supervision	Career Plateau	Intention to quit
Age in years	**Mean±SD**	**Mean±SD**	
▪ 20>30 yrs.	31.58±4.98	41±4.92	12.33±2.1
▪ 30>40 yrs.	31.25±10.87	40.92±10.53	13.33±4.22
▪ 40 yrs. and more	24.67±1.53	47.67±5.77	18.67±4.04
F value/ P- value	**0.593/0.554**	**0.648/0.525**	**2.894/0.059**
Unit			
▪ Liver &Diabetes	34.8511.55	35.328.32	13.512.83
▪ Endoscopie	24.761.52	50.942.36	13.115.78
T-value/P-value	**6.377/0.000****	**13.474/ 0.000****	**0.554/0.581**
Level of education			
▪ Diploma degree	34.36±11.37	35.7±8.37	13.3±2.78
▪ Technical degree	24.85±1.73	50.85±2.81	12.94±5.68
▪ Bachelor's degree	36.76±12.69	33.94±8.31	14.94±3.31
F value/P-value	**20.048/0.000****	**87.447/0.000****	**1.522/0.222**
Experience years			
▪ 1-5	32.7±10.92	39.07±10.06	13.23±3.91
▪ 6-10	24.17±1.95	50.21±3.45	13.33±5.03
▪ >10	24.67±1.53	47.67±5.77	18.67±4.04
F value/P-value	**7.982/0.001****	**15.216/0.000****	**2.561/0.081**

** highly statistically significant (p=≤ 0.01) /* statistically significant (p = ≤0.05)

Table (4): Relation between abusive supervision, career plateau and intention to quit among studied nurses

Correlations		Abusive supervision	Career Plateau	Intention to quit
Abusive supervision	Pearson Correlation	1		
	p- value			
Career plateau	Pearson Correlation	-.861-**	1	
	p- value	.000		
Intention to quit	Pearson Correlation	.396**	-.270-**	1
	p- value	.000	.001	
**. Correlation is significant at the 0.01 level (2-tailed).				

Table (1): Demonstrates personal characteristics of nurses at Mansoura Medical Specialty Hospital. Regarding age and experience years, most of the studied nurses were aged (30>40) years old and had experience from 1 to 5 years with percent (89.8% and 81.6%) respectively. Regarding educational level more than half of them (51.7%) had diploma degree.

Table (2): Shows the mean score of abusive supervision dimensions as perceived by studied nurses at Mansoura Medical Specialty Hospital. In this table, the total abusive supervision mean scores was (31.14±10.42) as perceived by studied nurses. The highest mean score was (9.14±2.48) as regarded to scapegoating as perceived by studied nurses, while the lowest mean score was (6.10±2.50) in relation to belittling behavior dimension.

Figure (1): Reveals levels of abusive supervision as perceived by the studied nurses who working at Mansoura Medical Specialty Hospital. It showed that the majority of studied nurses (82.3%) had low level of abusive supervision at workplace while only 6.8% of the studied nurses had high level of abusive supervision.

Figure (2): Shows the perceived level of a career plateau by studied nurses at Mansoura Medical Specialty Hospital. This figure showed that near to half of the studied nurses (46%) had high level of career plateau while only 12% of studied sample had low level of career plateau as perceived by nurses

Figure (3): Shows that the majority of studied nurses (73.5%) had low level of intention to quit while only 3.4% of the studied sample had high level of intention to quit among nurses.

Table (3): Shows the abusive supervision, career plateau, and intention to quit concerning personal characteristics of the studied nurses, this table

revealed that there was a highly statistically significant relationship between level of education, experience years with abusive supervision and career plateau among the studied nurses.

Table (4): Shows relation between abusive supervision, career plateau and intention to quit among studied nurses at Mansoura Medical Specialty Hospital. According to this table, there was a highly statistically significant positive correlation between abusive supervision and career plateau whereas no statistically significant correlation with intention to quit.

Discussion

When nurses experience anything negative at work, such a career plateau or abusive supervision, they react by doing things that are bad for the way the organization works. Retaliation against a supervisor is a common reaction to abusive behavior from the supervisor (**Jain & Chhabra, 2023**).

The result of the present study illustrates that the highest mean score was related to scapegoating, while the lowest mean score was related to the belittling behavior domain. This may be due to supervisors in this hospital often blames their staff for their mistakes and whenever supervisor is in trouble, he/she shifts the blame on their staff. This result was on the same track with **Badran & Akeel (2022)** who conducted a study to evaluate how abusive supervision affects staff nurses' deviant work behavior at Ain-Shams University Hospital and discovered that the highest perception regarding abusive supervision domains was related to scapegoating followed by yelling domain.

On the other hand, these results were dissimilar to **Abo-Algheit, et al., (2023)** who mentioned that the highest perception regarding abusive supervision domains was related to belittling behavior followed by credit stealing, scapegoating and yelling among nurses at Mansoura University Children Hospital.

Also, this finding was in disagreement with **Selem, et al., (2022)** who conducted a study in Aswan and Luxor, Egypt, to determine the relationship between abusive supervision, fear of negative evaluation, and psychological distress, and they discovered that the highest perception of abusive supervision domains was related to belittling behaviour. As well as, this finding is also inconsistent with **Bajammal, (2021)**, who conducted a study in the private sector in Jeddah, Saudi Arabia to determine whether male and female employees have similar perspectives of abusive supervision in terms of nationality, age, and qualification, and discovered that the highest perception of abusive supervision domains was related to belittling behaviour domain.

Results of the present study revealed that most of the studied nurses had low level of abusive supervision. This may be due to the nurses at Mansoura Specialty Hospital where the nurses work in have a positive work culture that discourages abusive behavior from supervisors and the hospital has strict policies in place against abusive behavior, with clear consequences for supervisors who engage in such behavior

This result was consistent with **Mahmoud & ELSaeed's (2021)** who examine the link between nursing talent, abusive and coaching supervision and the results showed that the majority of nurses had a low perception of abusive supervision at Tanta University Main Hospital. In the same context, a study done by **Abo-Algheit, et al., (2023)** pointed that the most of studied nurses perceived low level of abusive supervision at Mansoura Children Hospital. Similarly, **Caesens, et al., (2019)** conducted a study in the United Kingdom to investigate the relationship between abusive supervision and organizational dehumanization. They discovered that participants perceived lower levels of abusive supervision.

This finding was dissimilar with **Ebrahim & Awad (2022)** who reported that about one-third of studied head nurses perceived abusive supervision in their workplace among head nurses working in Main Mansoura University Hospital.

Findings of the present study revealed that nearly half of the studied nurses had a high level of career plateau because about half of the studied nurses were strongly agree for there is no opportunities for obtain a much higher job title in the organization. Nurses also are plateaued related to a lack of advancement opportunities which limit nurses' opportunities to gain valuable resources such as money, power, and status, as 48% of them suggested that this contributed to their plateauing. This also may be due to job responsibilities have increased significantly. Furthermore, they had a low level of motivation and did not try to set ideal goals for their career path, as a result, the level of responsibility, job satisfaction, and commitment decreased, and plateau conditions increased.

This finding was in congruence with the result done by **Abd-Elrhaman, et al., (2020)** who reported that the majority of participated nurses perceived high level of career plateau, while the lowest percent of them perceived it as low level among Bachelor nursing graduates who are working in medical and surgical units at Benha University Hospital. In addition to, this result is matched with the result of a study conducted by **Tharkude & Gankar (2018)** who found that career plateaus have a significant impact on both employees and organizations in their study of IT-ITEs in Pune City. **Also, et al., (2018)**

found that a high percentage of Korean employees experienced career plateaus.

Moreover, **Lin & Chen (2021)** corroborated this finding by examining the impact of two different types of career plateau, namely hierarchical and job content, on career commitment. They also investigated the mediating role of perceived external employability. The study revealed that individuals experiencing a high level of job plateaus perceive a personal disadvantage in working on unchallenging job content. Consequently, they experience a diminished psychological state and are less inclined to maintain a long-term commitment to their chosen career or achieve their personal career objectives. **Additionally, et al., (2023)** recommended that organizations should consider using or adapting practices such as assigning new responsibilities and increasing task variety which can help reduce job plateaus for nurses.

Again, Both the opportunities for nurses to advance vertically within their organizations and their involvement in training, acquiring knowledge, and skill development have decreased as a result of the flat organizational development, which has also resulted in a significant reduction in the organization hierarchy and a complexity increase in horizontal advancement of organizational members. Nurses' everyday learning and career advancement options are restricted by prolonged delays in their years of promotion. Moreover, it prevents individuals from rapidly updating their professional knowledge and abilities, which makes it challenging for them to access additional resources and a voice. According to **Jing et al., (2024)**, the rise of the flat organizational structure significantly hinders nurses' ability to advance in their careers, causing them to reach a career plateau at an early stage of personal career growth stagnation. Nevertheless, this research opposes **Yang (2016)** who found that nurses who perceive a state of plateau are lower.

The study findings revealed that the majority of nurses had a low level of intention to quit. This may be due to that nurse working in Mansoura Specialty Hospital don't think to leave their job due to their satisfaction with the workplace and there are no complicated tasks in the workplace, also they need the job salary. This is confirmed by a study done in Jimma zone, South West Ethiopia and Tehran University of Medical Sciences, Iran and found that working environment and organizational factors have a significant impact on nurses' intention to leave the profession.

These results are partially consistent with the results of **Yu, et al., (2022)** who reported that a sense of support for colleagues and gossip about colleagues

affect turnover intention, as well as impersonal supervision of bosses and empathy of bosses affect it. These findings were the opposite of the results done by **Varghese (2023)** who reported that 56 % of nurses intended to leave the workforce and responded that the inability to provide quality care was one of the top reasons for leaving. Nurse turnover is a major issue for organizations, resulting in the loss of experienced nurses and high replacement costs. Nurse turnover in large organizations reduces efficiency by depleting the organization's human resources.

The study findings revealed that there was a significant difference in nurses' experience in years and career plateau and abusive supervision. This may be due to nurses with more experience may be more likely to encounter career plateaus, in which they feel stagnant or stuck in their professional development. This also could be due to factors such as limited opportunities for advancement, a lack of professional development programs, or personal issues such as burnout or disillusionment. Experienced nurses may be more sensitive to these plateaus because they have dedicated more time and effort to their careers and have higher expectations for advancement.

Furthermore, experienced nurses may be more resilient when dealing with abusive supervision because they have developed coping strategies over time. However, this does not imply that they are immune to its effects. Abusive supervision can still have a significant impact on nurses' job satisfaction, mental health, and overall well-being. Also, experienced nurses may feel more empowered to address and challenge abusive behaviour, whereas less experienced nurses may feel intimidated or unsure how to approach it (**Labrague, 2024**).

This result was in the same line with a study done by **Zhu, et al., (2021)** who found that clinical nurses in a hospital in Beijing who have worked for more than five years may encounter a career plateau. Therefore, it is important for organizations and individuals to prepare to cope with the phenomenon successfully. In contrast to **Badiane (2016)** assumed that older employees had lower career plateaue than their younger counterparts.

The present study revealed that there was a significant correlation between abusive supervision and intention to quit among nurses in the study setting. This may be a ttributable to that the nurses perceived that abusive supervision provokes job dissatisfaction which thus encourages turnover intentions in hospitality. In addition to the presence of support systems in the workplace also influences the relationship between abusive supervision and intent to quit. Nurses who feel supported by their colleagues or have access to stress-management resources may be less likely to leave.

The observable significant correlation was in agreement with that of **Wei, Khan, & Chang (2021)** who found that supervisor abuse has a positive link with turnover intentions in hospitality organizations and abusive supervision stimulate workers to quit their employment. Also, when nurses are exposed to supervisor abuse in hospitality organizations, they have lowered perceived mobility and tend to opt in counterproductive employment activities instead of turnover to get even with abusive supervisors or organizations. Furthermore, **Bani-Melhem et al., (2021)** suggested that abusive supervision stimulates nurses to quit employment and voluntary turnover models also noted that for some subordinates, the decision to leave could be impulsive concerning few if any considerations.

The result of this study showed that there was a significant correlation between abusive supervision and career plateau among nurses. This may be attributed to the reason that they spend a lot of time in one place and perform similar duties which in turn result in abusive behavior. This finding is confirmed by **Chang, et al., (2024)** who pointed out that if nurses feel that if they don't get the right support, recognition, or even space for advancement, their performance at work will decrease. Nurses who have been in one place for a long time often experience burnout from their routine and familiar work, which can result in inappropriate behaviors and a slow rate of improvement in their performance. In addition, the recurring tasks inside the organization will lead to a sense of imbalance and a belief that the compensation does not match the level of work they accomplish.

In addition to acting abusively, nurses lack motivation to do their work. However, this is in contrast to **Jain & Chhabra's (2023)** findings, which indicated that career-plateaued nurses exhibit a higher tendency to act abusively when they believe their supervisor is acting abusively. The social identity of subordinates may be affected by their supervisors' inability to advance in their careers. As a result, the subordinate's perception of the supervisor as abusive may be shaped negatively, which could have a moderating influence on the association between the abusive supervisor and the career plateau.

Conclusion:
In light of the study findings, there was a highly statistically significant positive correlation between abusive supervision and career plateau whereas no statistically significant correlation with intention to quit and there was a highly statistically significant relationship between level of education, experience years with abusive supervision, and career plateau among the studied nurses.

Recommendation
For organization
- Organizations should prioritize job design strategies, such as implementing flexible work arrangements, job sharing, job rotation, or job crafting. Additionally, they should also implement career development interventions, such as mentorship programmes. It is crucial for organizations to ensure that these opportunities are distributed equitably among individuals of both genders.
- Organizations should promote nurses to transition into other professions as part of an organizational growth strategy; in such circumstances, these motivators and enhancers may achieve success.
- Healthcare organizations must provide support systems, opportunities for professional development, and mechanisms for dealing with workplace issues.

For hospital administration
- Implement corrective disciplinary systems to address supervisory abusive and workplace deviant behavior.
- Develop a clear road map for the career advancement of the nurses to reduce career plateauing
- Establish a healthy work environment for their staff to overcome any unproductive work behavior

For nurses
- Provide nurses with clearly defined responsibilities and give feed backs on their performances and also inputs are considered in the process of decision making.
- Align your behavior, rights, and values with the hospital's values, goals, and objectives
- Participate in training programs to learn ethics and decrease engagement in the workplace to leave

For future research:
- Effect of applying a training program on appropriate supervisory behavior and nursing workplace behavior.
- Assess the attributes and characteristics that influence the supervisors to engage in abusive behaviors.
- Promote alternate methods of acknowledgment, such as instructing newly hired staff, acting as a representative for the organization, or engaging in brainstorming sessions.

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