

# The relationship between abusive supervision, psychological ownership, and quality of nursing care: The mediating role of job satisfaction

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## Abstract

**Purpose:** This study tested a hypothetical model to evaluate the relationship between job satisfaction, abusive supervision, and psychological ownership with the quality of nursing care.

**Design and Methods:** In this cross-sectional study, a sample of 300 nurses from two public hospitals in Iran was selected. Exploratory factor analysis was used to assess the measurement model and the proposed structural model.

**Findings:** There was a significant negative relationship between abusive supervision with nurses' job satisfaction and quality of nursing care. A positive relationship between psychological ownership with nurses' job satisfaction and quality of nursing care was observed.

**Practice Implications:** Given the importance of nurses' job satisfaction, nursing managers can enhance the quality of nursing care by providing a favorable work environment for nurses.

## KEYWORDS

abusive supervision, Iran, job satisfaction, nursing care, path analysis, psychological ownership, quality of nursing care

## 1 | INTRODUCTION

Providing quality health care to patients is considered the most important competitive advantage for healthcare providers. As nursing care is one of the main components of healthcare services, quality of nursing care is an essential objective of any healthcare organization. Providing high-quality services will increase positive patient outcomes and patient satisfaction. Patients who are more satisfied with nursing care are more likely to adhere to the prescribed medical regimens and have beneficial health effects (Boonpracom et al., 2019; Chan et al., 2015; Karaca & Durna, 2019).

The Iranian healthcare system is struggling with challenges such as a shortage of nursing staff, migration of educated nurses to developed countries, nurses' turnover, and pressure of

imposed sanctions by the United States (2020; Shamsi & Peyravi, 2020; Sharif Nia et al., 2021; Shojaeimotlagh et al., 2018). Undoubtedly, one of the most important factors in the reduction of the number of Iranian nurses is the issue of their job satisfaction. The negative consequences of nurses' dissatisfaction with their work environment are increases in nursing errors and a reduction in the quality of nursing services that directly influence the health of patients (Sarabi et al., 2020; Taban et al., 2020).

Considering the importance of quality of nursing care, it is important to investigate the factors that influence nursing care. Therefore, the aim of the current study is to assess the relationship between abusive supervision, psychological ownership, and job satisfaction with the quality of nursing care as a hypothetical model.

## 1.1 | Background

### 1.1.1 | Job satisfaction and nursing care

Job satisfaction is characterized as the degree to which employees are satisfied with their job (Sarabi et al., 2020). Studies have shown that one of the contributing factors in providing nursing care is nurses' job satisfaction (Lu et al., 2019; Palha et al., 2018; Sharif Nia et al., 2021). Job satisfaction is a global concern, for this reason, several theoretical models have been developed to describe the relationships and interactions between job satisfaction and other factors (De Simone et al., 2018). Indeed, understanding the variables that affect job satisfaction helps healthcare managers retain staff, decrease nurses' burnout and turnover and result in continuous improvement of service quality (Al Sabei et al., 2020; Brown Mahoney, 2020; Danaci & Koç, 2019; Mari et al., 2018; Palha et al., 2018). In a review study, Lu et al. (2019) reported that according to one model of nurses' job satisfaction, when the level of overall job satisfaction increased by 1, the level of quality of care improved by 0.16. In addition, other factors such as working environment, patient-nurse ratios, and nurses' individual factors have been found to influence job satisfaction in recent studies (Cho & Han, 2018; Lu et al., 2019; Palha et al., 2018).

### 1.1.2 | Abusive supervision and nursing care

In addition to these factors, the type of leadership behaviors was a crucial factor in job satisfaction and, and it influenced nurses "quality of care. In addition, abusive supervision was a serious problem for organizations. Abusive supervision refers to subordinates' views of the degree to which their supervisors participated in the continuous verbally and nonverbal aggressive behaviors, without physical contact (Tepper, 2000). Tepper (2007) stated that abusive supervision is similar to the concepts of supervisor bullying, petty tyranny, victimization, and supervisor aggression. Past studies have found that abusive supervision results in lower job satisfaction, lower commitment, higher level of psychological distress, and intending to quit the job (Akbiyik et al., 2020; Lian et al., 2012; Rodwell et al., 2014; Tepper, 2000).

### 1.1.3 | Psychological ownership and nursing care

Psychological ownership is one of the psychological factors of nurses that was found to be associated with low job satisfaction and reduced nursing care quality. However, few studies have addressed the role of this in nurses. Psychological ownership has defined as a sense of responsibility that influences behavior or it is a feeling that an individual believes that the target of ownership is "belong" to them (Pierce & Rodgers, 2004; Schirle et al., 2019). Previous studies reported that psychological ownership is positively related to employee's responsibility, commitment, and job satisfaction (Brown et al., 2014; Pierce & Rodgers, 2004; Schirle et al.,

2019). These factors highly affected nursing care behavior. In two studies that were conducted among nurses, the higher psychological ownership led to a display of a positive in-role and influences caring behavior of nurses. This furthermore led to feelings of ownership and accountability towards nursing care (Kaur et al., 2013; Schirle et al., 2019). Therefore, in this study, we assess the relationship between job satisfaction (JS), abusive supervision (AS), psychological ownership (PO), and quality of nursing care (QNC). This study also tests the mediating role of job satisfaction in the relationship between abusive supervision and quality of nursing care, and psychological ownership and quality of nursing care. By conducting this study, we hope this study helps nurses and other healthcare providers to provide high-quality services. Based on the reported relationship between variables in the literature, the following hypotheses are formed.

- H<sub>1</sub>. There is a relationship between AS and QNC.
- H<sub>2</sub>. There is a relationship between PO and QNC.
- H<sub>3</sub>. There is a relationship between AS and JS.
- H<sub>4</sub>. There is a relationship between PO and JS.
- H<sub>5</sub>. There is a relationship between JS and QNC.
- H<sub>6</sub>. JS plays a mediating role in the relationship between AS and QNC.
- H<sub>7</sub>. JS plays a mediating role in the relationship between PO and QNC.

## 2 | METHODS

### 2.1 | Design

A cross-sectional study design was conducted to explore the relationship between abusive supervision, psychological ownership, job satisfaction, and quality of nursing care as well as the mediating role of job satisfaction in the relationship between abusive supervision and quality of nursing care, and psychological ownership and quality of nursing care.

### 2.2 | Participants

In this study, nurses were recruited from two public hospitals in Iran using a convenience sampling technique between December 2018 and April 2019. There were two inclusion criteria for selecting the participants to this study (1) a willingness to be involved in this study and (2) more than 6 months of working experience as a nurse. Head nurses and nurse managers were excluded from the study sample. Two researchers distributed the questionnaire to 420 nurses. After excluding incomplete questionnaires, it was found that 300 questionnaires were completed by the nurses of the two hospitals (response rate = 71%).

### 2.3 | Data collection

All paper-based scales were translated to Persian. The questionnaire of this study consisted of five parts:

- *Demographic profiles* such as age, gender, marital status, as well as working experience as a nurse.
- *Quality of caring* was measured by adopting a validated 24-item Caring Behaviors Inventory (CBI) instrument by Wu et al. (2006), which is the abbreviated version of the 42-item CBI (Wolf et al., 1994). Wu et al. (2006) believed that this self-evaluation scale is suitable for measuring the quality of caring from the viewpoint of nurses (Wu et al., 2006). This scale measures quality of caring in terms of assurance, knowledge and skills, respectfulness, and connectedness. The respondents were requested to respond to each of the statements using a 5-point Likert-type of scale from 1 (never) to 5 (always) (total scores ranged from 24 to 120). Sample items include “Supporting the patient,” “Talk to the patient,” and “Treating the patient as an individual.”
- *Nursing Job Satisfaction* was measured using a 4-item scale about work satisfaction, which adapted from Shaver and Lacey with 5-point Likert response options, scores range from 1 (very dissatisfied) to 5 (very satisfied) with total score ranged from 4 to 20 (Shaver & Lacey, 2003). There were four statements presented to participants to respond to as “I like being a nurse here” and “Overall, I'm satisfied with my current job as a whole.”
- *Abusive supervision* was measured using the Tepper's 15-item Abusive Supervision Scale (Tepper, 2000). Participants were asked to indicate the frequency of their supervisors' behavior using a 5-point Likert scale ranging from 1 (I cannot remember him/her ever using this behavior with me) to 5 (he/she uses this behavior very often with me) with the total scores ranging from 15 to 75.
- The updated version of *psychological ownership validated* by Mayhew et al. (2007) was used to measure the nurse's psychological ownership, and the original psychological ownership scale was developed by Van Dyne and Pierce (2004). Five questions solicited responses from nurses to score psychological sense of ownership for their job. A 5-point Likert scale ranging in responses from 1 (strongly disagree) to 5 (strongly agree) with total scores ranged from 5 to 25.

## 2.4 | Ethical consideration

We have informed all participants that returning the completed questionnaire survey was deemed as consent (written) for participation in this study. The research protocol was registered and approved by the Ethics Committee of Mazandaran University of Medical Sciences (IR.MAZUMS.REC.1399.6947).

## 2.5 | Data analysis

The covariance-based structural equation modeling (SEM) and Amos software version 26 were employed to assess the measurement model as well as the proposed structural model and hypotheses. The reason we used SEM was that it allows us to assess the complex models with latent construct (Pahlevan Sharif & Sharif Nia, 2021).

For this study, maximum likelihood exploratory factor analysis (EFA) was first conducted to discover the factor structure of the constructs with Promax rotation using SPSS version 26. The factor structure was obtained according to Eigenvalue of higher than one and commonalities of each item higher than 0.3, also, items with factor loadings of less than 0.5 were removed. Then following the two-step approach, the maximum likelihood confirmatory factor analysis (CFA) was conducted using Amos to evaluate the fitness of the model, construct validity, and reliability. To measure the model fit, several fitness indices were used such as comparative fit index (CFI) > 0.90, incremental fit index (IFI) > 0.90, Tucker–Lewis Index (TLI) > 0.90, standardized root mean square residual (SRMR) < 0.09, and root mean square error of approximation (RMSEA) < 0.08.

The internal consistency, construct reliability, and convergent validity were assessed through Cronbach's alpha ( $\alpha$ ) and McDonald's omega ( $\Omega$ ) composite reliability (CR), maximal reliability (MaxR), average variance extracted (AVE), and square root of AVE and heterotrait-monotrait ratio of correlations (HTMT) matrix (Fornell & Larcker, 1981; Henseler et al., 2015; Pahlevan Sharif & Sharif Nia, 2021; Pahlevan Sharif et al., 2019). To achieve good internal consistency and construct reliability, Cronbach's alpha, McDonald's omega, CR, and MaxR should be greater than 0.7. In addition, to achieve good convergent validity, AVE of each construct should be greater than 0.5, and less than its respective CR (Pahlevan Sharif & Sharif Nia, 2021). Moreover, refer to the Fornell–Larcker and HTMT criteria, square root of AVE for each construct should be higher than its correlation with other constructs, and HTMT table with all values less than 0.85 were used to evaluate the discriminant validity for all constructs (Henseler et al., 2015). Next, the proposed research model was developed, and all hypotheses were examined using the bias-corrected bootstrapping technique with 2000 replications.

## 3 | RESULTS

Most of the participants were female (86.9%) and married (82.9%). The mean age of the participants was 40.89 ( $SD = 11.38$ ) years, and on average, working experience as a nurse was 10.63 ( $SD = 6.5$ ) years. Nurses worked on general wards (46%,  $n = 138$ ), intensive care units (38%,  $n = 114$ ), and emergency units (16%,  $n = 48$ ).

The results of the maximum likelihood EFA with Promax rotation showed that five factors were extracted, where quality of care was divided into two factors, namely respectful and connectedness (RC), and skill and assurance (SA). The values of Kaiser–Meyer–Olkin (KMO) was 0.907 and Bartlett's test of sphericity was significant ( $p < 0.001$ , 9330.866,  $df = 780$ ) showed the adequacy of the sampling and suitability of the data for conducting factor analysis. Five items from quality of care (one item from RC, and four items from SA), two items from abusive supervision, and one item from psychological ownership were removed due to their weak factor loadings of less than 0.5. The final factors structure explained 64.282% of the variance.

Subsequently, the maximum likelihood CFA was conducted to evaluate the measurement model based on the factor structure

**TABLE 1** Results of the measurement model assessment

Construct	Factor loading	Internal consistency	CR	MaxR	AVE	MSV
<b>First-order construct</b>						
<b>Quality of caring</b>						
<b>Respectful and connectedness (RC)</b>						
Item 1	0.694	$\alpha = 0.918$	0.917	0.926	0.584	0.472
Item 2	0.730	$\Omega = 0.919$				
Item 3	0.601					
Item 4	0.792					
Item 5	0.808					
Item 6	0.825					
Item 7	0.851					
Item 8	0.779					
<b>Skill and assurance (SA)</b>						
Item 11	0.685	$\alpha = 0.938$	0.939	0.944	0.583	0.472
Item 12	0.701	$\Omega = 0.938$				
Item 15	0.651					
Item 16	0.688					
Item 17	0.805					
Item 18	0.789					
Item 20	0.801					
Item 21	0.786					
Item 22	0.841					
Item 23	0.848					
Item 24	0.775					
<b>Abusive supervision</b>						
Item 2	0.587	$\alpha = 0.919$	0.922	0.933	0.483	0.028
Item 3	0.586	$\Omega = 0.919$				
Item 4	0.653					
Item 5	0.663					
Item 6	0.642					
Item 8	0.821					
Item 9	0.586					
Item 10	0.539					
Item 11	0.807					
Item 12	0.819					
Item 13	0.760					
Item 14	0.743					
Item 15	0.741					

**TABLE 1** (Continued)

Construct	Factor loading	Internal consistency	CR	MaxR	AVE	MSV
<b>Psychological ownership</b>						
Item 1	0.902	$\alpha = 0.885$	0.901	0.946	0.704	0.083
Item 2	0.920	$\Omega = 0.898$				
Item 3	0.938					
Item 4	0.526					
<b>Job satisfaction</b>						
Item 1	0.701	$\alpha = 0.857$	0.863	0.887	0.614	0.083
Item 2	0.786	$\Omega = 0.861$				
Item 3	0.896					
Item 4	0.737					
<b>Second-order construct</b>						
<b>Quality of caring</b>						
RC	0.896	$\alpha = 0.948$	0.819	0.846	0.695	0.064
SA	0.766	$\Omega = 0.948$				

obtained from EFA. In this stage, quality of nursing was considered as a second-order construct that including RC and SA as its first-order construct. Therefore, we first assess the measurement model with all first-order constructs, and then followed by the measurement model assessment for all constructs including second-order construct and first-order construct. The measurement model for all first constructs showed good model fit [ $\chi^2(715) = 1638.979, p < 0.001, \chi^2/df = 2.292, CFI = 0.912, IFI = 0.912, TLI = 0.904, SRMR = 0.057, \text{ and } RMSEA(90\% \text{ CI}) = 0.061(0.058-0.065)$ ]. After including quality of care as a second-order construct, the final measurement model also showed good model fit as evidence by goodness-of-fit indices [ $\chi^2(717) = 1645.813, p < 0.001, \chi^2/df = 2.295, CFI = 0.911, IFI = 0.912, TLI = 0.903, SRMR = 0.058, \text{ and } RMSEA(90\% \text{ CI}) = 0.062(0.058-0.065)$ ].

An evaluation of the measurement model is presented in Table 1. Cronbach's alpha (ranged between 0.857 and 0.948) and McDonald's omega (ranged between 0.861 and 0.948) for all constructs were higher than 0.7, demonstrating good internal consistency. Moreover, as shown in Table 1, all factor loadings were greater than 0.5, and CR and MaxR for all constructs (including both first-order and second-order) were greater than 0.7 and higher than its respective AVE indicating good construct reliability and convergent validity. It has to be noticed that AVEs for all constructs were greater than 0.5, except for abusive supervision (0.464). AVE is a strict indicator for measuring of convergent validity and it is a more traditional measure than CR, therefore, a high level of CR alone can be referred as the measure-

**TABLE 2** Discriminant validity assessment using the Fornell–Larcker criterion and HTMT matrix

		(1)	(2)	(3)	(4)	(5)	(6)
Fornell–Larcker criterion	<b>First-order construct</b>						
	(1) Respectful and connectedness	0.764					
	(2) Skill and assurance	0.687***	0.764				
	(3) Abusive supervision	-0.117	-0.168*	0.695			
	(4) Psychological ownership	0.245**	0.483***		-0.0039	0.702	
	(5) Job satisfaction	0.206*	0.190*		-0.159*	0.287***	0.783
	<b>Second-order construct</b>						
(6) Quality of caring			-0.158*	0.252**	0.236**	0.834	
Heterotrait-monotrait ratio of correlations (HTMT)	<b>First-order construct</b>						
	(1) Respectful and connectedness						
	(2) Skill and assurance	0.700					
	(3) Abusive supervision	0.126	0.194				
	(4) Psychological ownership	0.256	0.165	0.011			
	(5) Job satisfaction	0.259	0.227	0.188	0.312		
	<b>Second-order construct</b>						
Quality of caring			0.179	0.221	0.262		

\* $p < 0.01$ .\*\* $p < 0.005$ ; \*\*\* $p < 0.001$ .**TABLE 3** Structural model assessment

Paths	Standardized estimate	95% confidence interval (lower bound, upper bound)
<i>Total effect</i>		
Abusive Supervision → Quality of Care	-0.229***	(-0.360, -0.106)
Psychological Ownership → Quality of Care	0.217**	(0.085, 0.323)
<i>Direct effects</i>		
Abusive Supervision → Job Satisfaction	-0.148*	(-0.246, -0.043)
Psychological Ownership → Job Satisfaction	0.306***	(0.193, 0.404)
Job Satisfaction → Quality of Care	0.141*	(0.023, 0.264)
Abusive Supervision → Quality of Care	-0.243**	(-0.340, -0.081)
Psychological Ownership → Quality of Care	0.086*	(0.039, 0.286)
<i>Mediation effects</i>		
Abusive Supervision → Job Satisfaction → Quality of Care	-0.021*	(-0.057, -0.004)
Psychological Ownership → Job Satisfaction → Quality of Care	0.043*	(0.009, 0.093)

Note: Control variables: age, gender, marital status, and working experiences in current hospital.

\* $p < 0.01$ ; \*\* $p < 0.005$ ; \*\*\* $p < 0.001$ .

ment of convergent validity (Pahlevan Sharif et al., 2019). Moreover, results showed that the square root of AVE of each construct was more than its correlation with other constructs, and all values of HTMT matrix were less than 0.85, achieving discriminant validity of all constructs (Table 2).

For the second step, the proposed structural model and hypotheses were tested by controlling for the effect of respondents' gender, age, marital status, and working experiences in the current hospital. According to Table 3, the total effect model assessment demonstrated a significant negative relationship between abusive supervision and quality of nursing care ( $\beta = -0.229$ ,  $p < .0001$ ), and a significant positive relationship between psychological ownership and quality of nursing care ( $\beta = 0.217$ ,  $p < 0.01$ ), that providing support for H1 and H2. In addition, the results of the testing of a direct effect in the structural model showed the support for H3, H4, and H5 on the negative relationship between abusive supervision and job satisfaction ( $\beta = -0.148$ ,  $p < 0.05$ ). Additionally, a positive relationship between psychological ownership and job satisfaction ( $\beta = 0.306$ ,  $p < 0.001$ ) was found and a positive relationship between job satisfaction and quality of nursing care ( $\beta = 0.141$ ,  $p < 0.05$ ). Finally, using a bootstrapping approach to evaluate the indirect relationship between abusive supervision and quality of nursing care ( $\beta = -0.021$ ,  $p < 0.05$ ) yielded a significant negative indirect relationship, and a significant positive relationship between psychological ownership and quality of nursing care ( $\beta = 0.043$ ,  $p < 0.05$ ), that supported H6 and H7. Furthermore, the significant direct relationship between abusive supervision and quality of nursing care, as well as psychological ownership ( $\beta = -0.243$ ,  $p < 0.01$ ) and quality of nursing care in the structural model ( $\beta = 0.086$ ,  $p < 0.05$ ), indicating that the mediation of job satisfaction for both relationships was partial (see Figure 1).

## 4 | DISCUSSION

In this study, using EFA and CFA to identify the underlying factor structures, to assess the internal consistency, reliability, and construct validity of the measurement model. The findings indicated that the fitness of the model was good, and the construct reliability and validity were established. Next, this study tested a hypothesized

model linking job satisfaction, psychological ownership, abusive supervision, and quality of nursing care in a sample of nurses in Iran. In addition, results indicated that job satisfaction mediated this relationship; therefore, all hypotheses were supported.

According to the results of the current study, abusive supervision was negatively related to quality of nursing care ( $H_1$ ), which means that abusive supervision leads to a decrease in the quality of nursing care. Nurses as an essential member of the healthcare system, have direct communication with patients; therefore, a positive, ethical, and stress-free climate are necessary to provide optimum nursing care. Abusive supervision is a harmful leader action and may affect nurses' confidence and communication skills with their colleagues and finally influence the quality of nursing care (Akbiyik et al., 2020; Kluemper et al., 2019; Lyu et al., 2019).

Based on our findings, psychological ownership was positively associated with quality of nursing care ( $H_2$ ); conversely, nurses who reported ownership of their work, had positive performances, and provided better nursing care. Nurses with high psychological ownership, have a positive feeling such as motivation, the intent to stay with the organization, and want to improve their skills. Adamson (2014) suggested that psychological ownership had a positive correlation with nursing care behaviors, and it is an important new concept for nurses.

Moreover, the results demonstrated that abusive supervision had a statistically significant negative correlation with job satisfaction ( $H_3$ ); abusive supervision usually leads to nurses' burnout and alienation. This has an effect on nurses' work attitudes and behaviors, therefore nurses who have an abusive supervisor are not satisfied with their job (Mostafa, 2019). Although some studies highlighted that abusive supervision is a kind of monitoring tactics that supervisors used to improve employee work performance. However, it should be noted that some supervisors engage in abusive behavior for hurting their employees or even extracting high performance (Arain et al., 2020; Mostafa, 2019).

Increased psychological ownership among nurses was associated with increased job satisfaction among them ( $H_4$ ). Psychological ownership leads to desirable work attitudes, job performance, and job satisfaction (Adil & Kamal, 2018). Recent studies demonstrated that individuals with high levels of psychological ownership lead to higher participation in work and lower burnout and ultimately higher job satisfaction among employees (Adil & Kamal, 2018; Dai et al., 2020).

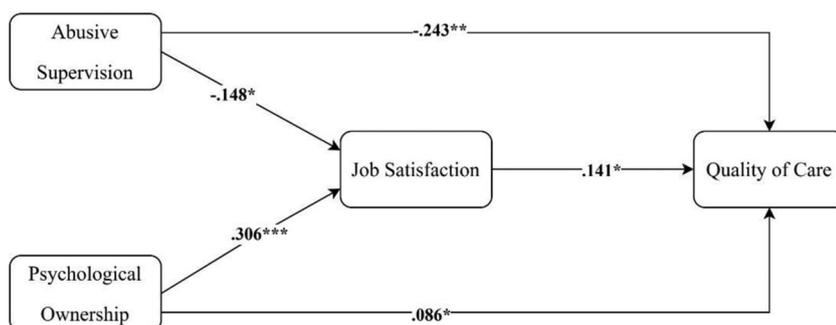


FIGURE 1 The final model

Next, this study found that increasing the quality of nursing care is followed by job satisfaction (H5), and job satisfaction played a mediating role in the relationship between psychological ownership and quality of nursing care (H6). It is to say that nurse's psychological ownership first increases their job satisfaction, which subsequently improves the quality of provided nursing care. Nurses with high psychological ownership have more job satisfaction, are more willing to improve their performance, and finally demonstrate higher quality nursing care behavior. Similarly, recent studies reported that those nurses who perceived psychological ownership of their work, will proactively fulfill responsibility, had higher levels of job satisfaction and organizational commitment, that in turn improved their performance and quality of their services (Cho et al., 2020; Schirle et al., 2019).

Finally, the results suggest that abusive supervision primarily affects the job satisfaction of nurses and in turn affects the quality of nursing care; thus, confirmed that job satisfaction acted as the mediator in the relationship between abusive supervision and quality of nursing care (H6). Nurses, who suffer from abusive supervision in their workplace, had lower job satisfaction, and exhibited negative effects on their caring behaviors. Studies mentioned that nurses who were abused frequently, had disturbing performance with a direct and indirect relationship to the quality of services that they provided and had also a negative influence on patients' satisfaction (Estes, 2013; Martinko et al., 2013).

The model studied in the present study is important in countries such as Iran, which are facing the challenge of a nursing shortage. According to the results of the study, any step taken to properly supervise nurses and create a sense of psychological ownership among them can increase nurses' satisfaction and their continued presence in the healthcare system, which will ultimately improve the provision of nursing services and patient satisfaction.

## 5 | STRENGTHS AND LIMITATIONS

The SEM was used to test a measurement model and hypotheses regarding the influences among interacting variables. The advantage of using SEM is that it specifies measurement error, and using observed variables to estimate latent variables, most of the multivariate techniques ignore these errors. Moreover, it also measured the model fits, the data set, and path analysis technique allows the researcher to investigate interrelationships between ranges of variables simultaneously. Despite its strength, this study has some limitations. First, nurses' may have recall and denial bias. Second, since the data in this study were collected from only two public hospitals in Iran, the generalizability of the results may not be possible. Third, the translation process did not include back translation.

## 6 | CONCLUSION

The results of the significant paths in the model support the hypotheses of this study, concerning the significant relationships between job satisfaction, abusive supervision, psychological ownership, and quality of nursing care, and mediating role of job satisfaction.

## 7 | IMPLICATIONS FOR PSYCHIATRIC NURSING PRACTICE

Nursing managers need to provide a positive climate for nurses and avoid negative leadership behaviors such as abusive supervision and increasing the sense of psychological ownership in nurses. Additionally, all of these work-related factors predicted nurses' job satisfaction and have an effect on the quality of nursing care.

While numerous studies have evaluated the independent effects of a variety of factors on the quality of nursing care, the use of a path analysis approach has further clarified the interrelationship between all these variables. This approach identified that abusive supervision and psychological ownership are important concepts that are statistically determinates of job satisfaction, and job satisfaction affects the quality of nursing care. These results can guide nursing managers to provide a positive climate for nurses, avoid negative leadership behaviors, and offer a climate that encourages psychological ownership in their nursing personnel.

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### CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

### DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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