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Research

Association of Abusive Supervision with Psychological Distress and Turnover Intention Among Clinical Dental Hygienists

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ABSTRACT

Purpose Negative workplace culture has been shown to be a common reason for dental hygienists to leave clinical practice. The purpose of this study was to examine abusive supervision (AS) and its relationship with dental hygienists' psychological distress and turnover intention.

Methods A cross-sectional survey was conducted online with a non-probability sample of clinical dental hygienists in the United States and Canada, recruited via social media. The validated instruments included the Tepper AS scale, the Kessler psychological distress scale (K6), and the Turnover Intention Scale (TIS-6). Descriptive statistics, correlation analysis, and regression modeling were used to analyze the data.

Results A total of 258 participants opened the survey; the completion rate was 53% (n = 137). A majority of the participants (81%) reported experiencing AS with varying frequency. No demographic variables were found to be statistically significant predictors of AS and intention to leave; however, regression modeling identified psychological distress ($\beta = .27$, $p < .001$) and AS ($\beta = .52$, $p < .001$) as predictors of turnover intention. Abusive supervision was stronger in predicting turnover intention than psychological distress ($R^2 = .49$, $p < .001$).

Conclusion Based on the study findings, abusive supervision is prevalent and a strong predictor of turnover intention among clinical dental hygienists, indicating that this is a significant professional issue. Employers should recognize and mitigate abusive behavior to establish a positive workplace environment to increase retention and enhance overall patient care.

Keywords abusive supervision, abusive behaviors, dental hygienists, psychological distress, intention to leave, turnover intention

NDHRA priority area, **Professional development: Occupational health** (determination and assessments of risks).

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INTRODUCTION

In 2022, the Health Policy Institute of the American Dental Association conducted research exploring the causes of dental workforce shortages.[1] The report revealed that negative workplace culture, such as poor leadership and a toxic environment, was the most common reason for dental hygienists leaving clinical practice.[1] However, little is known about what constitutes the negative workplace culture or toxic environment that has been reported by dental hygienists.

A possible cause of the negative workplace culture and environment includes abusive supervision (AS), a form of workplace mistreatment, characterized by a supervisor conveying sustained verbal and/or hostile nonverbal behaviors toward their employee(s).[2] Over the last two decades, research regarding AS has increased significantly, indicating that AS is widely recognized as a harmful phenomenon.[3] Scholars have investigated various facets of AS, including associated antecedents, consequences, and outcomes.[2] Common antecedents associated with AS include the supervisor's leadership style, view of employees, impaired self-regulation, and current state of well-being.[3,4]

Additional research has indicated the direct effects of AS to include emotional exhaustion and mental health risks such as anxiety and depression.[5–7] These findings suggest that AS behaviors negatively impact individuals' psychological well-being.[5–7] Evidence has also shown that AS has a causal relationship with psychological distress (PD).[8,9] Furthermore, job-related stressors, such as occupational stress and increased job demands, have been shown to negatively impact well-being and PD.[5,10]

Similarly, organizations with employees who are experiencing emotional exhaustion are linked to harmful organizational outcomes, such as counterproductive work behaviors, workplace inefficiency and discord, and an overall reduction in productivity.[5,11] Research regarding AS within the medical sector, identified that over one-third of nurses reported supervisor abuse that negatively impacted their work performance.[9,11,12] Consequently, AS has led to increased mental health issues and turnover intention among nurses.[9,10,13] Further research has shown that nurses experience a lack of psychological empowerment when supervisors adopt an abusive leadership style.[13] Nurses working in health care settings have been shown to be more likely to accept their supervisor's abusive behaviors due to their commitment to a corporate social responsibility role.[2] These findings on mental health and work performance underscore the negative consequences of AS in the health care setting.

Although there has been emphasis on the detrimental individual and organizational effects of AS cited in the literature, the problem persists. A possible contributor to the issue is the absence of federal law in the United States (US) addressing workplace abuse.[14] While federal laws protect against work mistreatment grounded in age, race, disability, or gender, there is no federal legislation prohibiting employee mistreatment unrelated to any of the protected characteristics.[14] Additionally, organizational norms may foster AS behaviors, such as ambiguity surrounding mistreatment policies and aggression built into the organization's foundation.[14] In addition to the impact of organizational lapses on the mental health and well-being of their employees, AS behaviors have been reported to cost. US organizations approximately $23.8 billion per year in lost productivity, absenteeism, and employee turnover.[9]

Although there has been a large body of research on AS among various organizations and professions, limited research has been conducted addressing abusive supervision in dentistry and the dental workforce.[15] AS among the dental workforce needs to be researched to identify its impact on dental employees' well-being and job-related factors. The purpose of this study was to examine abusive supervision and its relationship with dental hygienists' psychological distress and turnover intention. The research aims were to: 1) Evaluate the prevalence of AS for dental hygienists, 2) Evaluate the frequency of AS toward dental hygienists, 3) Measure the relationship between AS and demographic and workplace variables, 4) Measure the relationship between

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abusive supervision, PD, and turnover intention, and 5) Model predictors of turnover intention among dental hygienists in relation to abusive supervision.

METHODS

A quantitative cross-sectional survey research design was used to explore the current state of abusive supervision among clinically practicing dental hygienists in the United States and Canada. The study was reviewed by the Massachusetts College of Pharmacy and Health Sciences University Institutional Review Board and was granted "exempt" status as specified by the Revised Common Rule (protocol #IRB-2023-2024-108).

Survey Instrument

The survey used three validated instruments and contained 39 items divided into four sections: demographics and workplace characteristics (12 items), AS scale (15 items), Turnover Intention Scale (TIS-6; 6 items), and the Psychological Distress Scale (K6; 6 items).

Tepper[16] created a 15-item scale to measure AS. Each item represented a different facet of AS and loaded on different factors in the confirmatory factor analysis (CFA). The Cronbach's alpha ranged from .67 to .95, and the overall value was .90. The AS scale utilized a 5-point Likert scale to answer questions relating to the participants' supervisor (1 = I cannot remember him/her ever using this behavior with me; 5 = he/she uses this behavior very often with me). The Tepper scale was chosen to measure AS due to its widespread application and recognition in previous research and to provide consistency for future research.[2] In this study sample, Cronbach's alpha demonstrated excellent reliability with a value of .95.

The original Turnover Intention Scale (TIS) consisted of 15 items; in 2013, Bothma and Roodt validated a short form consisting of six items (TIS-6).[17] Factor analysis was conducted to validate the TIS-6 with good reliability (Cronbach's $\alpha = .80$). The TIS-6 uses a 5-point Likert scale (1 = never; 5 = always). In this study sample, Cronbach's alpha was .87.

Kessler et al. developed the Psychological Distress Scale (K10) and a subset scale (K6) to measure participants' non-specific PD.[18] The K6 is used in population-level studies to assess psychological distress and is considered a valid, reliable tool with a Cronbach's alpha of .87 to .89.[19,20] The K6 utilizes a 5-point Likert scale. For this study, data were initially collected using a scale of 1 (all of the time) to 5 (none of the time). During analysis, responses were reverse-coded to a 0-4 scale, where 0 indicates no distress and 4 indicates high distress, aligning with standard K6 scoring protocols.[21] In this study sample the Cronbach's alpha was .90.

Sample

A non-probability sample of dental hygienists was recruited for the study using social media. Inclusion criteria required participants to be dental hygienists providing patient care for at least 12 hours per week in the United States or Canada; the ability to read English; and internet access to complete an online survey. An *a priori* sample size estimation (G*Power) for the most conservative planned statistical test (linear multiple regression with 7 predictors) using a medium effect size ($f = 0.15$), $\alpha = .05$, and 80% power suggested a minimum sample size of $n = 102$.

Procedure

The study employed an online survey platform (Qualtrics, Provo, UT, USA). To successfully engage a diverse national sample, social media platforms (Facebook and Instagram) with dental hygiene members were targeted.[22] Social media administrators, moderators, and influencers were contacted through their personal social media accounts to obtain permission to post/share the survey invitation to their group members/followers. Once approval was granted, the survey invitation link was posted to the social media page, group, or story to recruit research participants. Thirteen dental hygiene Facebook groups and six dental hygienist Instagram accounts were used for recruitment.

The survey link directed the potential participants to the informed consent page. No personal information

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or IP addresses were collected to maintain participant anonymity. Participants were prevented from taking the survey more than once through the survey platform settings. No incentives were provided for participation. The survey was open from May 1 to June 7, 2024.

Statistical Analysis

Statistical software was used for the data analysis (Statistical Package for the Social Sciences®, version 29; IBM, Armonk, NY, USA). Descriptive analysis was performed for all data variables. Measures of central tendency (mean, median), variance (standard deviation, IQR), and frequencies were reported. Participants with missing responses for validated measures were removed from the analysis. Next, the distributions for all variables were analyzed for statistical assumptions, including normality and collinearity. No outliers were identified using a cutoff criterion of 1.5*IQR.

Multiple methods were employed to explore the relationship between variables. Spearman correlation assessed the relationship between continuous variables, and Mann-Whitney U assessed for differences in variables between two independent groups. Psychological distress and AS were regressed onto turnover intention using multivariable regression. The acceptable alpha level for this study was 0.05 for hypothesis testing and all measures of effect size (e.g., 95% Confidence Interval, R^2, Phi Coefficient, Cohen's *d*).

RESULTS

Of 258 participants who met the inclusion criteria and opened the survey, 137 completed the survey, giving a completion rate of 53%. All respondents were female, the majority were between the ages of 20 and 39 (79.4%), White (80%), and non-Hispanic (84.6%). Two-thirds (67.9%) had an associate-level degree in dental hygiene. In terms of work characteristics, most had 10 years or less experience in clinical dental hygiene (71.5%), worked in a private practice setting (75.9%), and were employed 25-40 hours per week (80.9%). Sample demographics are shown in Table I.

Prevalence and Frequency of Abusive Supervision

The prevalence of AS was evaluated based on the AS scores, ranging from 15 to 75, with 30 as the midpoint of the scale. The mean score was 27.39 (SD 13.04) and the median was 23.00, with most (81%) reporting some amount of AS. In terms of frequency, the majority reported levels below the midpoint with only one-third (33.6%) reporting a score greater than 30, meaning AS behavior was happening moderately to very often. The four most common AS items with the greatest endorsement for behavior occurring moderately or very often included *doesn't give me credit for jobs requiring a lot of effort* (29.2%); *breaks promises he/she makes* (17.5%); *blames me to save himself/herself embarrassment* (17.5%); and *makes negative comments about me to others* (16.8%). The frequency of responses for the Abusive Supervision Scale is shown in Table II.

Demographic and Workplace Variables and Abusive Supervision

Two statistical analyses were performed to measure the relationship between AS and demographic and workplace variables. A two-tailed Spearman's correlation test was utilized and indicated there was no significant correlation between abusive supervision and age ($r = .011$; $p = .895$), years of experience providing care ($r = .007$; $p = .934$), or the hours that a hygienist worked ($r = .023$; $p = .790$). An Independent-Samples Mann-Whitney U Test suggested no significant difference in abusive supervision among dental hygienists across different entry education levels ($p = .523$) or highest level of education ($p = .761$).

Psychological Distress and Turnover Intention

The Psychological Distress Scale (K6) was used to evaluate the perceived PD among the participants. The responses for the K6 are shown in Table III. The mean score was 14.96 (SD 6.4) with a median of 15.0. Participants reported feeling nervous (27%), restless/fidgety (30%), and that everything was an effort (32%) all of the time or most of the time. Kessler

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Table I. Demographic and Workplace Characteristics (N = 137)

Category	n	%
Age		
20-29	57	41.9
30-39	51	37.5
40-49	15	11.0
50-59	9	6.6
60-69	4	2.9
Missing	1	0.7
Gender		
Male	—	—
Female	137	100.0
Race		
American Indian or Alaska Native	2	1.5
Asian	7	5.1
Black or African American	4	2.9
White	109	79.6
Two or more races	8	5.8
Some other race	6	4.4
Missing	1	0.7
Ethnicity		
Hispanic/Latino	21	15.4
Not Hispanic/Latino	115	84.6
Missing	1	0.7
Entry Level Degree		
Certificate	5	3.6
Associate degree	93	67.9
Bachelor's degree	39	28.5
Highest Educational Degree		
Certificate	3	2.2
Associate degree	64	46.7
Bachelor's degree	63	46.0
Master's degree	9	6.6
Other	2	1.5
Years of Experience		
0-10	98	71.5
11-20	25	18.2
21-30	8	5.8
31-40	4	2.9
41-50	2	1.5
Workplace Setting		
Corporate dental office/Dental Service Organization (DSO)	22	16.1
Private dental practice	104	75.9
Federally Qualified Health Center (FQHC)/Government setting	2	1.5
Alternative practice setting (e.g., hospital, mobile)	2	1.5
Other	1	0.7
Average Hours Worked Per Week		
12-16	3	2.3
17-24	20	14.7
25-32	49	36.0
33-40	61	44.5
41-48	3	2.2

et al. calibrated the K6 scale and identified a K6 score of 13+ as an optimal cut point for measuring the prevalence of serious mental illness (SMI) in a population.[18] In this sample, 31.8% of respondents scored 13+ on the K6 scale.

The TIS-6 evaluated turnover intention among the participants; the mean score was 18.18 with a median of 18.0. Participants felt frustrated about not achieving their work goals (34.3%), considered leaving their job (40.1%), were likely to accept another job (33.6%), and dreamed about another job (54.0%) at least most of the time. Responses for the TIS-6 are shown in Table IV.

Abusive Supervision, Psychological Distress, and Turnover Intention

Spearman's correlations showed significant relationships between AS, PD, and turnover intention ($p < .01$). Additionally, PD was shown to have a strong positive correlation with AS ($r = .56$, $p < .01$) and to have a marginally stronger positive correlation with turnover intention ($r = .57$, $p < .01$). Further, AS was shown to have a positive correlation with PD ($r = .58$, $p < .01$) and an even stronger positive correlation with turnover intention ($r = .74$, $p < .01$).

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Table II. Responses for Abusive Supervision Scale (N = 137)

	"I cannot remember him/her ever using this behavior with me"	"He/she very seldom uses this behavior with me"	"He/she occasionally uses this behavior with me"	"He/she uses this behavior moderately often with me"	"He/she uses this behavior very often with me"
	n (%)	n (%)	n (%)	n (%)	n (%)
Ridicules me	68 (49.6)	30 (21.9)	26 (19.0)	10 (7.3)	3 (2.2)
Tells me my thoughts or feelings are stupid	103 (75.2)	21 (15.3)	8 (5.8)	4 (2.9)	1 (0.7)
Gives me the silent treatment	77 (56.2)	20 (14.6)	25 (18.2)	8 (5.8)	7 (5.1)
Puts me down in front of others	76 (55.5)	26 (19.0)	26 (19.0)	4 (2.9)	5 (3.6)
Invades my privacy	90 (65.7)	17 (12.4)	19 (13.9)	7 (5.1)	4 (2.9)
Reminds me of my past mistakes and failures	77 (56.2)	31 (22.6)	21 (15.3)	4 (2.9)	4 (2.9)
Doesn't give me credit for jobs requiring a lot of effort	57 (41.6)	18 (13.1)	22 (16.1)	21 (15.3)	19 (13.9)
Blames me to save himself/herself embarrassment	84 (61.3)	16 (11.7)	20 (14.6)	11 (8.0)	6 (4.4)
Breaks promises he/she makes	61 (44.5)	34 (24.8)	18 (13.1)	16 (11.7)	8 (5.8)
Expresses anger at me when he/she is mad for another reason	66 (48.2)	28 (20.4)	22 (16.1)	12 (8.8)	9 (6.6)
Makes negative comments about me to others	78 (56.9)	21 (15.3)	15 (10.9)	14 (10.2)	9 (6.6)
Is rude to me	61 (44.5)	28 (20.4)	24 (17.5)	15 (10.9)	9 (6.6)
Does not allow me to interact with my coworkers	107 (78.1)	12 (8.8)	8 (5.8)	7 (5.1)	3 (2.2)
Tells me I am incompetent	109 (79.6)	10 (7.3)	9 (6.6)	7 (5.1)	2 (1.5)
Lies to me	96 (70.1)	17 (12.4)	11 (8.0)	8 (5.8)	5 (3.6)

Predictors for Turnover Intention

Multivariate regression analysis was used to model predictors of turnover intention among participants in relation to AS (Table V). The model's overall fit was statistically significant, $F(2, 134) = 65.79$, $p < .001$, and the model accounted for approximately 50% (adjusted $R^2 = .49$) of the variance in turnover intention scores. Statistically significant predictors included psychological distress ($\beta = .27$, SE = 0.012, $p < .001$) and abusive supervision ($\beta = .52$, SE = 0.006, $p < .001$). The strongest positive predictor of turnover intention was abusive supervision and was almost twice as strong

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Table III. Responses for Psychological Distress Scale* (N = 137)

	All the time	Most of the time	Some of the time	A little of the time	None of the time
	n (%)	n (%)	n (%)	n (%)	n (%)
Nervous	11 (8.0)	26 (19.0)	39 (28.5)	37 (27.0)	24 (17.5)
Hopeless	11 (8.0)	19 (13.9)	29 (21.2)	28 (20.4)	50 (36.5)
Restless or fidget	12 (8.8)	29 (21.2)	36 (26.3)	36 (26.3)	24 (17.5)
So depressed that nothing could cheer you up	8 (5.8)	21 (15.3)	18 (13.1)	27 (19.7)	63 (46.0)
That everything was an effort	21 (15.3)	24 (17.5)	34 (24.8)	29 (21.2)	29 (21.2)
Worthless	15 (10.9)	14 (10.2)	21 (15.3)	17 (12.4)	70 (51.1)

*Participants were to choose what best described how often they had the feeling listed in the past 30 days.

Table IV. Responses for Turnover Intention Scale (N = 137)

	Never (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	Always (5)
	n (%)	n (%)	n (%)	n (%)	n (%)
Often considered leaving my job.	13 (9.5)	36 (26.3)	33 (24.1)	28 (20.4)	27 (19.7)
Frustrated when not given opportunities to achieve personal work-related goals.	21 (15.3)	36 (26.3)	33 (24.1)	28 (20.4)	19 (13.9)
Dream about another job that will better suit my personal needs.	16 (11.7)	25 (18.2)	22 (16.1)	26 (19.0)	48 (35.0)
*Satisfied with my job fulfilling personal needs.	20 (14.6)	41 (29.9)	34 (24.8)	32 (23.4)	10 (7.3)
Likely to accept another job at the same compensation level.	40 (29.2)	28 (20.4)	23 (16.8)	16 (11.7)	30 (21.9)
*Often look forward to another day at work.	13 (9.5)	44 (32.1)	23 (16.8)	29 (21.2)	28 (20.4)

*reverse scored

Table V. Regression Model Predicting Turnover Intention* (N=137)

Model B		Unstandardized Coefficients		Standardized Coefficients	t	*p*
		Std. Error	Beta			
1	(Constant)	1.487	.151		9.864	<.001
	K6 Psychological distress	.045	.012	.273	3.796	<.001
	Abusive Supervision	.042	.006	.521	7.242	<.001

*Dependent Variable: Turnover Intention Scale

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as psychological distress. The results indicate that an increase of one standard deviation on the PD scale (SD = 6.40) predicted an increase in the turnover intention scale by 0.29. Further, the analysis showed that an increase of one standard deviation on the AS scale (SD = 13.04) predicted an increase in the turnover intention scale by 0.54.

DISCUSSION

This study explored the impact of abusive supervision (AS) and psychological distress (PD) on turnover intention among dental hygienists. The results demonstrated that about one-third of participants reported AS occurring moderately to very often, and that AS predicted higher psychological distress (PD) and turnover intention (intention to leave). While a systematic review of the literature reported that moderate to high AS was less than 10%,[4] findings in this study indicated a slightly higher prevalence (13%). Not receiving credit for work that took a lot of effort to accomplish was the most frequently occurring behavior reported by participants. In addition, the findings in this study indicated that demographic and workplace variables had no impact on experiencing AS, while prior research has shown that other variables, such as age and tenure, can moderate the effects of AS.[9,15]

Differences in dental practice setting may help explain the findings related to AS, as most studies included in the systematic review by Fischer et al. were conducted in large organizations or institutions, while dental hygiene practice settings differ substantially in structure and hierarchy.[4] Additionally, high power distance (defined as authority being unequally distributed and rarely questioned) between employers and dental hygienists may also be associated with the AS frequency.[9,23,24] The literature identifies a large number of moderators and leader/follower factors that were antecedents to AS,[4] which are possible areas for future research in the dental workforce.

When measuring PD with the Kessler-6 Scale, about one-third of the sample was above the cutoff of 13 for more severe mental illness.[25] This may be consistent with a similar portion of this sample reporting more frequent exposure to AS behaviors. While this level of PD seems higher than expected, Hopcraft et al. had similar findings among Australian dental practitioners.[26] Hopcraft et al. also gathered data for self-report of depression and anxiety disorder along with measuring burnout, to further clarify what might constitute PD.[26] Given the findings from Hopcraft et al., depression and anxiety may have been present in the sample, although further research is needed to clarify any mental health issues associated with the PD scale.

The findings from PD are also related to a mean turnover intention score slightly above 18, which is the midpoint of the TIS-6, suggesting a desire for participants to leave their job. A large body of evidence shows associations between AS, PD, and turnover intention, although this was the first study conducted with dental hygienists.[2,4,8,9] These findings may also provide some insight into the Health Policy Institute's Dental Workforce Shortage report, which indicated that the top reason for dental hygienists leaving the field was the culture (e.g., poor leadership, toxic environment).[1] Abusive supervision has been found to lead to ongoing and persistent cognitive arousal that drains resources, resulting in PD and emotional exhaustion, which may also help to explain the findings.[8]

Moreover, while PD and AS were significant predictors for turnover intention in this sample, AS was twice as strong a predictor compared to PD. This suggests that while PD contributes to turnover intention, abusive behavior from supervisors plays a more influential role. Similar findings have been reported in a variety of professions including public servants and nurses.[11,27] These findings highlight the role of supervisor behavior in retention across service-oriented or so-called helper professions such as dental hygiene.

Implications for practice primarily focus on the need for employers/supervisors in dental settings to take accountability and work to remediate behaviors that may be perceived as AS, such as lack of respect. Given the strength of AS as a predictor of intent to leave in this study, efforts to reduce turnover should include leadership development for employers/

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supervisors to build supportive, respectful work environments to support staff members. In addition, because of the significant association between PD and turnover intention, organizations/dental practices need to identify strategies to help reduce psychological distress, such as manageable workloads, adequate staffing, and access to mental health support. Attention to these aspects of practice may help bring about positive workplace culture changes and improve job satisfaction and retention.

Study Limitations

The non-probability sampling method used in this study may limit the generalizability to the larger population.[28] In addition, participants who had experienced AS may have self-selected to participate, skewing the findings. However, the findings were consistent with the literature. While an effort was made to recruit a national sample, inclusion of the state of residence was not included so the geographic distribution of the sample cannot be verified. Another limitation included recruitment using social media. While using social media is convenient and cost-effective, it may lead to limited access to populations who do not routinely use social media.[22] Conversely, a strength of the study was using well-validated instruments that demonstrated good reliability in the study sample.

CONCLUSIONS

Based on the findings of this study, abusive supervision is prevalent among dental hygienists and a strong predictor of turnover intention, indicating that this is a significant professional issue. Given the concerns regarding workforce shortages, this research underscores the need for employers to be conscious of abusive behaviors resulting in increased mental health issues and turnover intention among dental hygienists in their practice settings. Further research is needed to explore factors that can moderate and mitigate abusive behavior in dentistry.

IMPLICATIONS FOR DENTAL HYGIENE PRACTICE

- The strong relationship seen between abusive supervision and turnover intention highlights the need for dental practice employers to evaluate supervisor behaviors and workplace environments.
- Dental practices should recognize the impact of abusive supervision by holding supervisors accountable when abusive behaviors (e.g., lack of respect) arise and provide support strategies to employees experiencing psychological distress.
- Given the strength of abusive supervision as a predictor of turnover intention, dental supervisors should regularly assess their leadership styles and behaviors to increase employee retention and enhance overall patient care.

DISCLOSURES

The authors have no conflicts of interest to disclose.

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