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Relation between Organizational Cynicism and Counterproductive Work Behavior among Nurses.

Mohamed Abd Elrahman Mohamed (1) , Maha Abdeen Abdeen (2), Nora Mahdy Attia(3)

(1) B.Sc. Nursing, Faculty of Nursing, Zagazig University. (2)&(3) Assist .Professor of Nursing Administration, Faculty of Nursing, Zagazig University

Email: molaza94@gmail.com

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Abstract: Background: Creating positive working environment with low or no cynicism feelings as well as eradicating counterproductive behaviors in workplace are the keys to organizational growth in the contemporary healthcare. Aim: investigate relationship between organizational cynicism and counterproductive work behavior among nurses. Subjects and Method: A descriptive correlational design was used to conduct this study. Setting: The study was conducted at Zagazig University Hospitals. Subjects: Stratified random sample was selected from nurses working at the above mentioned setting (n= 375). Tools: Two tools were used to collect these data, organizational cynicism scale and counterproductive work behavior scale. Results: (35.7%) of studied nurses had a moderate perception level of organizational cynicism. While, (81.1%) of them had a low perception level of counterproductive work behavior. Conclusion: there are highly statistically significant positive correlation between organizational cynicism and counterproductive behavior. Recommendations: Promoting a culture of trust among nurses by building an atmosphere of confidence, adopting the fair practices like operating in an open and honest atmosphere, emphasizing on a conflict-free environment, and fairness feeling among all of the staff.

Keywords: *Organizational cynicism, counterproductive work behavior, Nurses*

Introduction

Nurses as the largest group of health care providers should enjoy a satisfactory quality of working life to be able to provide quality care to patients. The health sector is one of the important sectors due to the vital role plays at the present time. The nursing job is one of the jobs in which there are many sources of pressure, which make workers are dissatisfied with profession or organizations, and low level of quality of work life, which results in negative and cynical expressions that reflect on job performance⁽¹⁾. The nursing staff missed the feeling of pleasure that comes with success, lacks self-expression and a sense of self-identity or personal fulfillment. Therefore, after the organizations realize that the main way towards achieving goals is through the human element.

Organizational cynicism is general or specific attitudes of disappointment, insecurity, hopelessness, anger, mistrust of institutions or persons, group, ideology and social skills. Organizational cynicism is the belief that an organization lacks honesty causing hard-hitting reputation and critical behaviors.⁽²⁾ Organizational cynicism may arise from the differences in intra organizational practices and behaviors as well as individual differences.

It is significantly affected by psychological contract breach, workload, organizational justice, organizational support, organizational stress, mobbing, ethical leadership, job security, supervision anxiety, political discrimination, organizational silence, organizational communication, organizational trust, organizational ostracism and alienation, and power types adopted by managers and personality traits of nurses⁽³⁾.

There are three main dimensions of organizational cynicism that involves ; cognitive (belief) dimension, affective (emotional) dimension, and behavioral dimension. Cognitive cynicism refers to lack of sincerity, honesty, and justice in the organization. Affective cynicism refers to emotional and sentimental responses towards the organization. Behavioral cynicism refers to negative actions which are directed against the organization. Nurses with higher levels of organizational cynicism therefore have lower job satisfaction, lower organizational commitment, and slightly elevated intentions to quit, has a weaker but negative association with job performance, such that higher organizational cynicism is associated with lower levels of job performance⁽⁴⁾. Organizational cynicism has also adversely affected nurses' productivity and performance, and organizational citizenship behavior. Organizational cynicism is not only emotions that cynical people brought by the organization, but shaping the experiences with attitudes of organizational⁽⁵⁾. Since organizational cynicism is a negative attitude, it can be linked to the workplace counterproductive behavior. A positive relationship between the organizational cynicism and the counterproductive work behaviors, so the existence of organizational cynicism may lead to increased repetition of the counterproductive work behaviors⁽⁶⁾.

Counterproductive work behaviors (CWB) is defined 'as the volitional behaviors by nurses that harm organizations and/or its members in the organization including peers, supervisors, customers and clients', it emerges as one of the most severe problems faced by organizations in many nations⁽⁷⁾. Counterproductive work behaviors may be positive or negative forms. Positive forms of work behavior include behavior such as amiability, generosity, and other forms of positive social behavior that contribute to a positive work environment as well as to productivity⁽⁸⁾. Negative forms nurses experience distressing emotions such as hostility, fear and anxiety⁽⁹⁾.

There are five main dimensions of counterproductive work behaviors including : Abuse against others, Production Deviance, Sabotage, Theft and Withdrawal⁽¹⁰⁾. Abuse against others consists of harmful behaviors directed toward coworkers that harm either physically or psychologically through making threats, nasty comments, ignoring the person, or undermining the person's ability to work effectively⁽¹¹⁾. Production Deviance: it's the purposeful failure to perform job tasks effectively the way they are speculated to be performed⁽¹²⁾. Sabotage: it's defacing or destroying property belonging to the employer; intentional wasting the materials within the organization, and purposely dirtying or littering the place of labor⁽¹³⁾. Theft: Stole something belonging to your employer, delaying the duties to induce an extra-time salary⁽¹⁴⁾. Withdrawal: means a restriction on the amount of time spent working below the level required to meet an organization's objectives (e.g. unjustified absence, tardiness, leaving before the agreed due time for completion of work, taking breaks longer than permitted by the rules)⁽¹⁵⁾.

There are various causes of counterproductive work behavior that includes individual, demographics, and leadership behaviors causes⁽¹⁶⁾. Individual causes like personality or emotional intelligence. **Demographics causes** like age, sex, education, and experiences⁽¹⁷⁾. Leader behaviors causes like ethical leadership and [leader-member exchange](#), are related to less CWB⁽¹⁸⁾. Counterproductive work behaviors have negative impact on customer evaluation of services, negatively impacting satisfaction and loyalty, and damaging long-term profitability⁽¹⁹⁾. Thus, CWB leads to unsafe and insecure work environment which may have adverse effects on the performance and well-being of nurses and the organization in general. Thus, continuous occurrence of CWBs may create a culture in which the behavior can be easily justified and committed more often by far more nurses leading to long term damage to organizational well-being⁽²⁰⁾.

In the area of nursing therefore, it can be inferred that high level of organizational cynicism occur and creative behavior decrease. Nurses may lose confidence in the organization accompanied by series of adverse behaviors such as lying and burnout. So health care organization should create justice workplace environment

that promoting nursing satisfaction, preventing nurses turnover and avoiding feeling of frustration as well as reducing counter work behavior⁽²¹⁾.

Significance of the study:

Staff nurses considered a core of any health care organization . Hence, as any hospital struggle to use its human resources more effectively in order to gain competitive privileges . Healthcare organizations seek to create a workplace environment of organizational justice that promoted nursing staff satisfaction and retention while avoiding feelings of frustration and providing sustainable health service. When nurses believed their organization is lacking in integrity and honesty, organizational cynicism occur⁽²²⁾. Cynicism at work place leads to lack of moral, lack of access to human resources, conflicts, higher absenteeism, and counterproductive work behavior which can affect quality and patient care. Therefore organization could employ a variety of strategies to prevent organizational cynicism: so the aim of these study is to investigate the relationship between organizational cynicism and counterproductive work behavior among nurses at Zagazig University Hospitals⁽²³⁾ .

Aim of the study:

The aim of the study was:

To investigate the relationship between organizational cynicism and counterproductive work behavior among nurses at Zagazig University Hospitals.

Research Questions:

1. What is the level of organizational cynicism as perceived by nurses at workplace?
2. To what extent counterproductive behavior are exhibited by nurses at workplace?
3. Is there relationship between organizational cynicism and counterproductive work behavior among nurses at Zagazig University Hospitals?

Subjects and methods:

Research design:

A descriptive correlational research design was used to achieve the aim of this study.

Study setting:

The study was conducted at Zagazig University Hospitals (academic hospitals), Al Sharqia, Egypt, which include two sectors involving nine teaching hospitals. The total bed capacity of the hospitals is 2043 beds.

Study subjects:

A proportionate stratified random sample was taken from nurses working at Zagazig University Hospitals . A proportionate stratified random sample was taken from nurses working at Zagazig University Hospitals according to the following

Inclusion criteria:

- The available two categories of nurses were included (bachelor & technical nurses & diploma).
- Both genders.
- Had at least one year of experience.
- Agree to participate in the study

Sample size:

The total population size is 2770 nurses working in the setting of the study, Sample size was calculated using a simplified formula $(n=N/1+N(e)^2)$. A 95% confidence level and $P =0.05$ are assumed for Equation. Where „n” is sample size. „N” is Number of population (total number of nurses in all hospitals). „e” is Coefficient factor = 0.05. Then, the required number of nurses from each hospital was calculated with the following formula (number of nurses in each hospital × required sample size / total number of nurses in all hospitals($n=375$)).

Sample size of staff nurses in each hospital was estimated as follows according to the following formula:

(Number of nurses in each hospital x Required sample size)
Total number of nurses in all hospital

Tools of data collection:

To fulfill the purpose of this study, two tools were used for data collection as follows:

Tool I: Organizational Cynicism Scale (OSS) :It consist of two parts :

Part one: Personal characteristics of nurses, which include the data about characteristics of the nurses such as age, gender, years of experience and educational qualifications.

Part two: It was developed by⁽²⁴⁾ to measure the level of organizational cynicism as perceived by nurses at workplace. It consists of (14) items grouped under three subscales as the following; cognitive cynicism (5 items) affective cynicism (4 items), and behavioral cynicism (5 items) .

Scoring System

Responses of nurses to the scale was on five point Likert scale allocated as follows (5=strongly disagree, 4=disagree, 3=Natural, 2=agree, 1=strongly agree). Higher scores indicated higher levels of organizational cynicism.

These scores were converted into a percent score: High organizational cynicism level > 75% . Moderate organizational cynicism level 60-75%. Low organizational cynicism level <60%

Tool II: Counterproductive Behavior Scale (CBS):

It was developed by⁽²⁵⁾.to measure the incidence of counterproductive behavior in workplace. It includes 22 items classified into five subscales of counterproductive behavior as the following; abuses against others (8 items), interference at work (3 items), sabotage (3 items), thefts (4 items), and avoiding work (4items).

Scoring System

Responses of nurses to the scale was on five point Likert scale ranged from 1 (never) to 5 (every day). Higher scores indicated higher levels of counterproductive behavior. The perception level of nursing staff toward counterproductive behavior was considered: High counterproductive behavior level > 75%. Moderate counterproductive behavior level 60-75% Low counterproductive behavior level <60%

Content validity& Reliability:

The questionnaire was translated into Arabic; and then content and face validity were established by a panel of five experts at the Faculty of Nursing, Zagazig University. Experts were requested to express their opinions and comments on the tool and provide any suggestions for any additions or omissions of items. According to their opinions, all recommended modifications were performed by the researcher. Reliability analysis All tools (I, and II) were tested for reliability using the Cronbach's Alpha Coefficient factor test to determine the internal consistency of each scale and all were satisfactory **for organizational cynicism scale (0.896) , and Counterproductive Behavior scale (0.912) .**

Fieldwork

The data collection phase of the study spanned three months, from the 1st of June to the 1st August of 2023. Throughout this period, all data were gathered from the study subjects. In the preparatory phase, individual meetings were conducted with each nurse to provide a comprehensive explanation of the study's objectives, and an invitation to participate was extended. Nurses who verbally provided informed consent were given a self-administered questionnaire and received instructions during the filling process.

The second phase involved the researcher personally delivering the necessary questionnaire sheets to staff nurses in their work settings to gather their opinions. Data collection occurred three days a week, with the researcher meeting staff nurses during both morning and evening shifts after they had finished their work. The questionnaires were completed at the time of distribution, taking approximately 10-15 minutes. The researcher meticulously checked each completed questionnaire sheet to ensure the inclusion of all necessary information

Pilot study:

A pilot study was conducted on 10% of the study subjects to assess the applicability, feasibility, and practicability of the tools. Additionally, the pilot study aimed to estimate the time required for filling in the questionnaire sheets. This preliminary study took place one week before the data collection, with staff nurses selected randomly. Notably, participants in the pilot study were excluded from the main study sample.

Administrative and ethical considerations:

The study was approved by ethics committee and dean of the Faculty of Nursing, Zagazig University. Then, a letter containing the aim of the study was directed from the Faculty of Nursing to the medical and nursing administration of the Zagazig University Hospitals requesting their approval and cooperation for data collection. Consent was established with the completion of the questionnaires. As well, verbal explanation of the nature and aim of the study had been explained to staff nurses included in the study sample. Likewise, an individual oral consent was received from each participant in the study after explaining the purpose of the study. Staff nurses were given an opportunity to refuse or to participate, and they were assured that the information would be used confidentially for the research purpose only.

Statistical analysis:

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, frequency's and Mean SD. A correlation coefficient "Pearson correlation" is a numerical measure of some type of correlation, meaning a statistical relationship between two variables. Chi-square is a statistical test that examines the differences between qualitative data. Linear regression analysis is used to predict the value of a variable based on the value of another variable.

Results:

Table (1): Shows frequency distribution of studied nurses according to their personal characteristics .It's clear from the table that 30% of studied nurses their ages ranged from 30 to less than 40 years old with mean age 38.5 ± 3.67 . The majority of them (77.9% & 74.1 %) were female and had technical institute of nursing . However slightly more than half of them(59.7) % and (52 %) were married and had from 5 to 10 years of experiences.

Table (2): reveals that (46.6%) of studied nurses had a high level of cognitive cynicism, (46.6%) of them had a low level of affective cynicism and (41.1%) of them had a moderate level of behavioral cynicism.

Figure (1): reveals that 29.6% of the studied nurses had a high perception level of organizational cynicism. While, 35.7% of them had a moderate perception level of organizational cynicism and 34.7% of had a low perception level of organizational cynicism.

Table (3) : reveals that (93%) of the studied nurses had a low level of counterproductive work behavior regarding sabotage subscale. While (2.7%) of them had a high level of counterproductive work behavior regarding withdrawal subscale.

Figure (2): reveals that (5.6%) of the studied nurses had a high perception level of counterproductive work behavior. While (81.1%) of them had a low perception level of counterproductive work behavior.

Table (4): displays that, there is a highly statistically significant relation between the studied nurses' organizational cynicism and their age, and years of experience at ($p < 0.01$). Moreover, there is a statistically significant relation between the studied nurses' organizational cynicism and their gender at ($p = 0.012$). On the other hand, there is no statistically significant relation between the studied nurse's total organizational cynicism and their marital status and educational level with ($p > 0.05$).

Table (5) : displays that, there is a highly statistically significant relation between the studied nurses' counterproductive behavior and their age, gender, marital status, educational level and years of experience at ($p < 0.01$).

Table (6) : shows that, there are highly statistically significant positive correlations between the studied nurses' organizational cynicism and counterproductive behavior at ($r=0.821$ & $p = 0.000$).

Table (1): Frequency distribution of studied nurses according to their personal characteristics (n=375).

Personal characteristics	N	%
Age		
20-<30	92	24.5
30-<40	113	30.1
40-<50	118	31.5
50-60	52	13.9
\bar{x} S.D 38.5±3.67		
Gender		
Male	83	22.1
Female	292	77.9
Marital status		
Married	224	59.7
Single	136	36.3
Divorced	5	1.3
Widowed	10	2.7
Educational level		
Technical institute of nursing	278	74.1
Nursing diploma	97	25.9
Years of experience		
<5 years	54	14.4
5-10 years	195	52.0
>10 years	126	33.6
\bar{x} S.D 8.10±0.64		

Table (2): Frequency distribution of studied nurses perception toward organizational cynicism (n=375).

Total levels of organizational cynicism subscales.	High		Moderate		Low	
	N	%	N	%	N	%
Cognitive cynicism	175	46.6	106	28.3	94	25.1
Affective cynicism	58	15.5	142	37.9	175	46.6
Behavioral cynicism	100	26.6	154	41.1	121	32.3

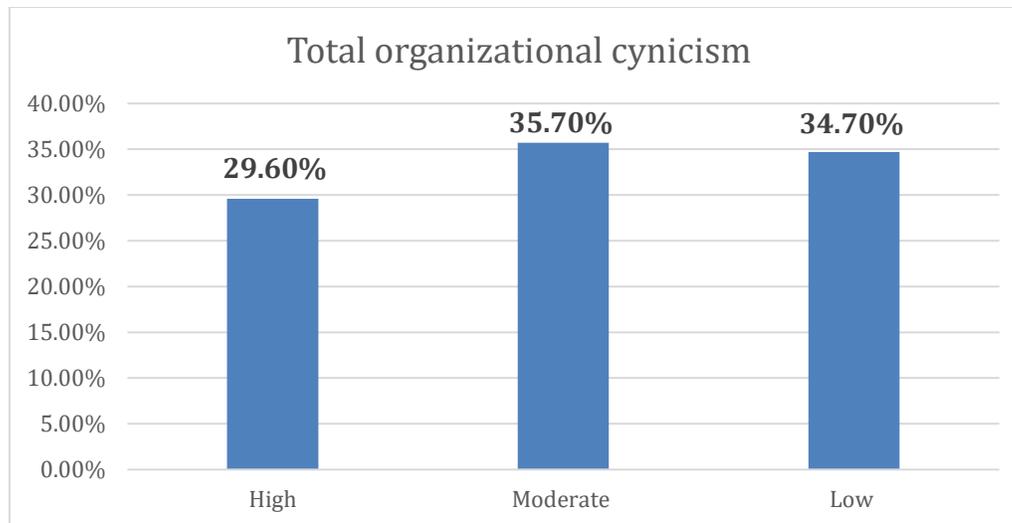


Figure (1): Total level of studied nurses perception regarding organizational cynicism (n=375).

Table (3): Frequency distribution of studied nurses perception toward counterproductive work behavior (n=375).

Total levels of CWB Subscale	High		Moderate		Low	
	No	%	No	%	No	%
Abuses against others	35	9.3	62	16.5	278	74.2
Production deviance	29	7.7	60	16.0	286	76.3
Sabotage	10	2.7	16	4.3	349	93.0
Theft	22	5.9	32	8.5	321	85.6
Withdrawal	10	2.7	81	21.6	284	75.7

Table (4): Relationship between personal characteristics of studied nurses and total level of organizational cynicism (n=375).

Personal characteristics	Total organizational cynicism						X ²	P-Value	
	High N=111		Moderate N=134		Low N=130				
	N	%	N	%	N	%			
Age	20-<30	87	78.4	4	3.0	1	0.8	9.057	0.003**
	30-<40	21	18.9	85	63.4	7	5.4		
	40-<50	2	1.8	36	26.9	80	61.5		
	50-60	1	0.9	9	6.7	42	32.3		
Gender	Male	10	9.0	34	25.4	39	30.0	4.685	0.012*
	Female	101	91.0	100	74.6	91	70.0		
Marital status	Married	73	65.8	36	26.9	115	88.5	1.586	0.069
	Single	35	31.5	91	67.9	10	7.7		
	Divorced	1	0.9	1	0.7	3	2.3		
	Widowed	2	1.8	6	4.5	2	1.5		
Educational level	Technical institute of nursing	82	73.9	97	72.4	99	76.1	1.249	0.052
	Nursing diploma	29	26.1	37	27.6	31	23.9		
Years of experience	<5 years	51	45.9	3	2.2	0	0	3.665	0.021*
	5-10 years	53	47.8	88	65.7	54	41.5		
	>10 years	7	6.3	43	32.1	76	58.5		

*Significant at $p < 0.05$. **Highly significant at $p < 0.01$. Not significant at $p > 0.05$

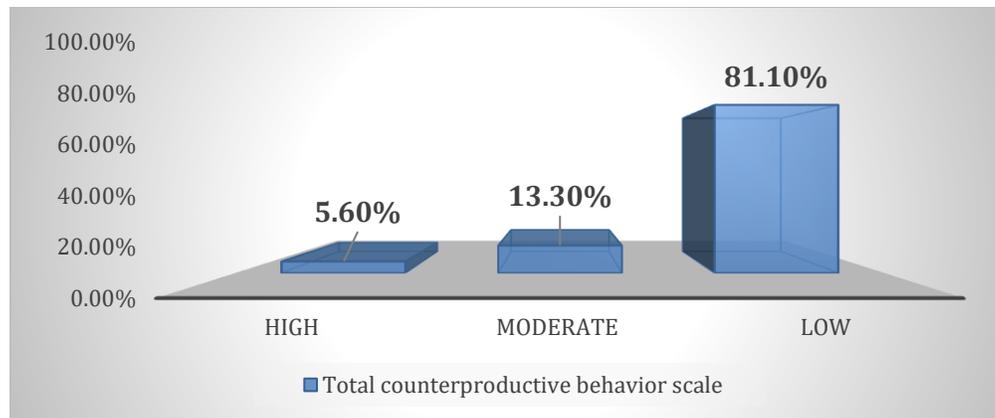


Figure (2): Total level of the studied nurses perception according to counterproductive work behavior (n=375).

Table (5): Relationship between personal characteristics of studied nurses and total level of counterproductive behavior (n= 375).

Personal characteristics		Total counterproductive behavior						X ²	P-Value
		High N=21		Moderate N=50		Low N=304			
		N	%	N	%	N	%		
Age	20-<30	17	81.0	36	72.0	39	12.8	7.308	0.001*
	30-<40	3	14.2	9	18.0	101	33.2		
	40-<50	1	4.8	3	6.0	114	37.5		
	50-60	0	0	2	4.0	50	16.5		
Gender	Male	7	33.3	14	28.0	62	20.4	4.040	0.027*
	Female	14	66.7	36	72.0	242	79.6		
Marital status	Married	2	9.5	9	18.0	213	70.1	4.377	0.015*
	Single	18	85.7	39	78.0	79	26.0		
	Divorced	1	4.8	0	0	4	1.3		
	Widowed	0	0	2	4.0	8	2.6		
Educational level	Technical institute of nursing	16	76.2	35	70.0	227	74.7	3.982	0.036*
	Nursing diploma	5	23.8	15	30.0	77	25.3		
Years of experience	<5 years	20	95.2	34	68.0	0	0	6.578	0.002**
	5-10 years	1	4.8	15	30.0	179	58.9		
	>10 years	0	0	1	2.0	125	41.1		

*Significant at $p < 0.05$. **Highly significant at $p < 0.01$. Not significant at $p > 0.05$

Table (6): Correlation between organizational cynicism and counterproductive behaviors (n=375).

Variables	Organizational cynicism	Counterproductive behavior	Workplace alienation factors
1. Organizational cynicism	r _____ p _____	_____	_____
2. Counterproductive behavior	r 0.821 p 0.000**	_____	_____

(**) Statistically significant at $p < 0.01$. r Pearson correlation

Discussion:

Cynicism is among the salient concepts that have emerged in the field of organizational behavior in recent years. Organizational cynicism can be defined as general or specific attitudes of disappointment, insecurity, hopelessness, anger, mistrust of institutions or persons, group, ideology, and social skills. In other words, organizational cynicism is the negative attitude that is developed by individuals against the organization in which they work. Nurses who are cynical can influence the entire organization and can hinder the organization from reaching its goals. In addition, the organizational cynicism brings negative results to the organization in terms of quality of counterproductive behavior and organizational cynicism⁽²⁶⁾. This study was conducted to investigate the relationship between organizational cynicism and counterproductive work behavior among nurses.

Concerning frequency distribution of the Studied nurses according to their personal and job characteristics, The finding of the present study indicated that the majority of studied nurses were female and married. This result could be due to the high numbers of students who enter the faculty or school of nursing are females and the main core of nursing occupation is feminists, Regarding qualification the majority of studied nurses had technical institute of nursing, this could be due to the bachelor degree in nursing wasn't very popular until recently. Hence, the study sample is a true reflection of the nurses working in our community.

Also this result shows that about three fifth of them having less than five years' experience, These results agree with the study conducted by⁽²⁷⁾ " to identify the correlation between organizational cynicism and counterproductive work behaviors among nurses at Alexandria main university hospital, and showed that more than one -half of the studied staff nurses were female, married and had nursing technical institute.

As concern total level of studied nurses perception regarding organizational cynicism, the results of the current study cleared that, nearly less than half of studied nurses had a moderate level of organizational cynicism. This might be due to the overall bad situation of nurses in Egyptian healthcare system where nurses complain from many sufferings such as injustice, lack of autonomy, underestimation of their roles, lack of leadership support, poor environmental conditions that neglect their basic needs, longer working hours, harder working conditions, unsatisfactory salaries, not being included in organizational decision-making processes, being responsible for serving patient needs, and not being valued or appreciated. In addition negative attitudes of nurses towards their organizations; or they think that the organization does not care about them and does not appreciate their contribution. This result go in the same line with a study conducted by⁽²⁸⁾ who examined the effect of organizational cynicism on quality of work life and employee Effectiveness among Nursing Staff at Minia University Hospital, found that half of studied nurses had a moderate level of organizational cynicism. This result disagreement with a study conducted by⁽²⁹⁾ who assessed organizational cynicism and organizational commitment among staff nurses at Academy of Cardiac Surgery affiliated to Ain Shams University Hospitals, found that studied nurses had a high level of organizational cynicism related to cognitive

cynicism. Similarly, this study result was dissimilar to⁽³⁰⁾, found that the highest frequency of studied nurses had a high level of organizational cynicism related to affective cynicism.

Concerning frequency distribution of studied nurses perception toward organizational cynicism, the finding of the present study indicated that only less than half of studied nurses reported that they had a high level of organizational cynicism related to cognitive cynicism, while less than half of them reported that they had a low level of organizational cynicism related to affective cynicism. This finding from the researcher' point of view indicated that staff nurses agreed that they were cognitively cynical, as well as healthcare workers transform their negative ideas about their institution into behavior more quickly, whereas nurses working at university hospitals experience negative emotions longer at the cognitive level and transform these emotions into behavior much later.

Concerning total level of the studied nurses according to counterproductive behavior perception, the results of the current study revealed that more than three quarters of studied nurses had a low perception level of counterproductive work behavior. This finding may be due to work stress, increased workload, lack of supplies, failure to work through a team work. These results were agreement with⁽³¹⁾ to assess predictors of counterproductive behavior of nurses, stated that around two thirds of studied nurses had a low counterproductive work behavior. On the other hands these results disagreement with the study conducted by⁽³²⁾ to assess the impact of nurse supervisor on social exclusion and counterproductive behavior of employees, revealed that studied nurses had a high level of counterproductive work behavior. Similarity a study conducted by⁽³³⁾ to evaluate workplace ostracism and counterproductive work behaviors among nurses at Damanhour university hospitals, found that one quarter of nurses had moderate level of counterproductive work behavior.

As regarding frequency distribution of studied nurses perception toward counterproductive behavior, the results of the current study indicated that the majority of the studied nurses reported that they had a low level of counterproductive work behavior regarding sabotage domain. While few of them had a high level of counterproductive work behavior regarding withdrawal domain. This may attributed to the fact that withdrawal is socially undesirable in the Egyptian context and nurses may prefer to give socially accepted responses. These results disagreement with⁽³⁴⁾ who found that abuses against others and interference at work are the most frequent behaviors reported by nurses followed by sabotage and avoiding work. Also, thefts as a type of counterproductive behaviors are the lowest frequent behaviors reported by nurses. On the same line a study conducted by⁽³⁵⁾ to assess relationship between workplace ostracism and counterproductive work behaviors, found that few of them had a high level of counterproductive work behavior regarding withdrawal domain.

Concerning relationship between personal characteristics of studied nurses and organizational cynicism, the findings of the current study cleared that there is a highly statistically significant relation between the studied nurses' organizational cynicism and their age, gender and years of experience. Younger and less perceived in hospital work had higher scores on the cynicism, less experience had higher OC levels which made the present researcher conclude that experience increased the self-confidence and performance of employees, integrated them more fully into their organization, and decreased their tendency to display cynical behaviors. The finding of present study was in the same line with⁽³⁶⁾ who studied the Effects of Organizational Identification and Organizational Cynicism on Employee Performance Among Nurses, found that there is a highly statistically significant relation between the studied nurses' organizational cynicism and their age and years of experience.

As regard relationship between personal characteristics of studied nurses and counterproductive behavior, the present study showed that there is a highly statistically significant relation between the studied nurses' counterproductive behavior and their age, gender, marital status, educational level and years of experience. The finding of present study was in the same line with⁽³⁷⁾ who found that growing at nursing experience and educational level of nurses decreased counterproductive behavior. on other hand this finding was dissimilar to the study performed by⁽³⁸⁾ who demonstrated that no gender difference was found in CWB

among supporting staff. The results of the current study revealed that there are highly statistically significant positive correlations between the studied nurses' organizational cynicism and counterproductive behavior. This means that counterproductive behaviors and organizational cynicism go in the same way. This relationship was expected due to the relatedness between the antecedents of each variable. Moreover, both variables are negative characteristics in their nature in which negative feelings often lead to destructive negative behaviors. In addition, regression analysis model support this relationship. This result was in agreement with study conducted by⁽³⁹⁾ who found counterproductive behaviors in the workplace which is represented by the organizational cynicism. Similarity study conducted by⁽⁴⁰⁾ who found that organizational cynicism is a significant antecedent for the incidence of counterproductive work behaviors among nurses.

Conclusion:

In the light of the main study results; it can be concluded that nearly less than half of studied nurses had a moderate level of organizational cynicism. Also, slightly more than three quarters of studied nurses perceived that they had a low level of counterproductive work behavior. Additionally, there are highly statistically significant positive correlations between organizational cynicism and counterproductive behavior .

Recommendations:

Based on the results of this study, the following recommendation can be suggested:

For hospital Administration:

1. Administrators must adopt an open-door policy. This will provide nurses the opportunity to freely express their views without being reprimanded.
2. Policy makers should consider enhancing the organizational commitment of nurses to be an organizational issue that requires the development of strategies to recruit, attract and retain committed nurses
3. Workplace environment should be more civilized to decrease workplace incivility which in turn decreases organizational cynicism
4. Conduct frequent meetings with nurses who are dissatisfied from their job; discuss their problems and their needs and try to formulate plans to overcome these problems.

For nursing management staff

1. Nurse Managers need to be emotionally intelligent and more open-minded when dealing with their staff
2. Enable nurses to feel like a part of organization, value them, and give them opportunities to exercise their own judgment on their job .
3. Encourage nurses who have knowledge, skill and experience to participate in decision making and use their real abilities in the type of work they do.

Help nurses to understand how their work role fit into the overall operation of this organization

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