

Correlation between Organizational Cynicism and Counterproductive Work Behaviors among Nurses

Mohamed Saad Saleh Ali ⁽¹⁾, Ahmed Abdelwahab Ibrahim Elsayed ⁽²⁾

(1) Lecturer, Nursing Administration, Faculty of Nursing, Alexandria University, Egypt.

(2) Lecturer Nursing Administration, Faculty of Nursing, Alexandria University, Egypt.

Abstract

Background: The incidence of counterproductive behaviors among nurses in the workplace is another drastic phenomenon that is high among nurses who experience organizational cynicism feelings. **Purpose :** to identify the correlation between organizational cynicism and counterproductive work behaviors among nurses. **Methods:** This is a descriptive correlational study. The stratified random sampling technique used in this study . A total of 550 nurses were recruited from one University Hospital and one private hospital in Egypt. Data were collected using two self-administered questionnaires namely: **Organizational cynicism scale (OCS):** It is five point Likert scale used to measure organizational cynicism.It consists of three dimensions containing (14) items as the following; cognitive cynicism (5 items), affective cynicism (5 items), and behavioral cynicism (4 items). Responses ranged from 1 (completely disagree) to 5 (completely agree), and the mean score ranges from 1 to 5. Higher scores indicate higher levels of cynicism. **Counterproductive Behaviors Scale (CBS):** It is used to measure the incidence of counterproductive behaviors in workplace. It includes 23 items classified into five categories of counterproductive behaviors as the following; abuses against others (9 items), interference at work (3 items), sabotage (3 items), thefts (4 items), and avoiding work (4items). It is a 5 point Likert scale in which responses ranged from 1 (never) to 5 (every day). **Results:** The mean percentage score of organizational cynicism and counterproductive work behaviors were 90.18 ± 3.57 , and 79.03 ± 1.99 , respectively. Multivariate regression model revealed that organizational cynicism accounted for 40.2% of the variances in the incidence of counterproductive work behaviors. Conclusion: organizational cynicism is a significant antecedent for the incidence of counterproductive work behaviors among nurses. **Implications to Nursing Management:** Different strategies such as career development and advancement; considering nurses career goals and objectives; keep promises toward nurses; putting sound reward and punishment system; and make sure that policies, and goals, and practices are in alignment are helpful to prevent organizational cynicism and eradicate counterproductive work behaviors.

Keywords: Organization, Organizational cynicism, Counterproductive behaviors, Nurses

Introduction

Staff nurses are considered as the backbone of healthcare organizations, and nursing administrators continue to struggle with nurse retention. Nurses who do not believe they are receiving adequate organizational support may develop negative feelings toward their supervisors and institutions. Nurses who are experiencing negative emotions and are not receiving help can have a significant impact on excellence and the quality of patient care (Otori, et al, 2020)

Organizational cynicism (OC) is defined as "an attitude arising from a critical assessment of one's employing organization's intentions, behaviors, and ideals; OC is

understood as a state rather than a personality trait" (Sheikh, et al, 2020).

OC is defined as an attitude in which the organization is unfriendly due to a belief that the organization lacks honesty and would always try to deceive its nursing staff (Butt and Yazdani 2021). It happens when nursing staff perceive that their organization is lacking in honesty. This could be the outcome of a belief that morality, fairness, and honesty expectations have been shattered.

When nursing staff believe their organization is lacking in integrity, OC occurs. OC is more than just the feelings that 'negative' people bring into the workplace; it's also how these attitudes are developed through work experiences" (Mohamed and Nagib 2020).

Individuals and organizations are equally affected by organizational cynicism. Anger, agony, hatred, lack of trust in others, disappointment, frustration, mistrust, apathy, alienation, stress and exhaustion, burning, and other mental and physical illnesses are common in cynical nursing staff (**Mohamed, et al, 2022**). Cynicism in the workplace leads to reduced morale and productivity, higher absenteeism rates, conflict, counterproductive behaviors and intents to resign, a lack of access to human resources, and an interchange of caution among nursing staff (**Badran and Abou Zeid 2021**).

Organizational cynicism is now viewed as a three-dimensional term (**Li and Chen, 2018; Rayan et al 2018**), as follows: - Cognitive dimension: The nursing staff conviction that principles such as justice, credibility, and sincerity have been compromised in order to advance the organization's goals. - Affective dimension: indicates emotional and sentimental responses to the realization of the organization's dishonesty and credibility in its actions and activities. - Behavioral dimension: indicates negative nursing staff behavior toward the organisation, which lowers the organization's worth and importance.

According to **Durrah (2020)**, organizational cynicism has a variety of unfavorable attitudes and actions on nursing staff, including counterproductive work behaviors. Organizational cynicism and counterproductive work behaviors are both detrimental in the organization. Organizational cynicism is a negative attitude, and counterproductive work behaviors are negative behaviors that undermine the organization; and, when it comes to activity, a negative attitude is frequently followed by negative behavior (**Cohen and Liu, 2021**). Because organizational cynicism is a negative attitude, it can be connected to counterproductive behavior in the workplace. Previous research (**Mousa et al, 2020**) has found a positive relationship between organizational cynicism and counterproductive work behaviors, suggesting that the presence of organizational cynicism may lead to higher repetition of counterproductive work behaviors.

Kayani and Alasan (2021) describe counterproductive work behavior as "voluntary behavior that violates organization standards and undermines the welfare of members or the organization or both."

(**Tutar, 2021**) stated that individuals and organizational variables can lead to counterproductive work behaviors, which are characterized as follows: - Nursing staff attitudes and views, such as feelings of injustice and inequity, social isolation or contempt, humiliation and disrespect, a sense of psychological contract breach, a lack of understanding of organizational support, and negative attitudes toward organizational policies. - Employee knowledge of the organization's rules and standards, type and characteristics of work, organizational climate, and organizational jargon. Moreover, contingent and organizational factors, such as work pressure, leadership style, excessive control, lack of policies to deter these behaviors, nursing staff knowledge of the organization's rules and standards, type and characteristics of work, organizational climate, and organizational jargon.

One of the most prominent categories on which most studies have been based is (**Erdem, 2021**) classification of the dimensions of counterproductive work behaviors. He divided these behaviors into two categories: - The first dimension: counterproductive work behaviors directed towards individuals within the organization, ranging from little "like spreading rumors" to major "threats and physical abuse." - The second dimension: counterproductive work behaviors directed towards the organization, which range from simple forms that cause the production process to slow down and hamper the production process, such as delays, to more serious forms that impair the organization's property, such as theft.

Szostek (2017); Kundi and Badar (2020) introduced the most well-known taxonomy of detrimental counterproductive work behaviors including: **Abuse against others** means causing physical and mental harm to coworkers (e.g. threatening, unpleasant comments, ignoring). **Production deviance** refers to intentional omission or

impediment to the completion of the assigned assignment. **Sabotage** means ruining or ignoring an organization's property on purpose. **Theft** refers to misappropriation of an organization's or colleagues' property. **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).

Study model and hypotheses:

The following study model and hypotheses were proposed based on Rayan, Aly, and Abdelgalel's (2018) study:

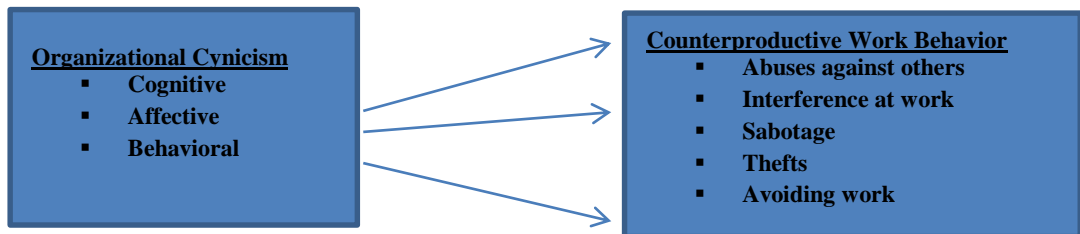


Figure (1): the study model

This model depicts the expected relationships between the study's variables. Nursing staff involvement in counterproductive work behaviors (abuses against others, interference at work, sabotage, thefts, and avoiding work) is directly influenced by organizational cynicism, which has three dimensions: cognitive, feeling or emotion, and behavior.

The study's hypotheses are as follows, based on the study model and preceding literature:

- H1: "Cognitive, emotional, and behavioral components of organizational cynicism are significantly correlated with overall counterproductive work behaviors."
- H2: "Cognitive, emotional, and behavioral components of organizational cynicism are significantly correlated with abuses against others as a counterproductive work behavior."
- H3: "Cognitive, emotional, and behavioral components of organizational cynicism are significantly correlated with interference at work as a counterproductive work behavior."
- H4: "Cognitive, emotional, and behavioral components of organizational cynicism are significantly correlated with sabotage as a counterproductive work behavior."

H5: "Cognitive, emotional, and behavioral components of organizational cynicism are significantly correlated with thefts as a counterproductive work behavior."

H6: "Cognitive, emotional, and behavioral components of organizational cynicism are significantly correlated with avoiding work as a counterproductive work behavior."

Significance of the study:

In order to maintain nurses productive members at the health care organization, nurse managers must regularly assess the level of organizational cynicism among nurses and take actions toward those who have high levels of organizational cynicism. Therefore, it is hoped that the current study suggests that managers could employ a variety of strategies to prevent organizational cynicism among nursing staff, including career development and advancement, taking into account nursing staff career goals and objectives, implementing a sound reward and punishment system, and ensuring that policies, goals, and practices are in line. Also, It is more effective to prevent the occurrence of unproductive behaviours in the workplace than to try to control them once they have happened. Furthermore, The results of this study will provide implications for nurse managers as a preventative approach to lower the prevalence of unproductive work

behaviours which in turn leads to higher job satisfaction, lower turnover, more organizational commitment, higher organizational effectiveness, more patients satisfaction about quality of care.

Research questions:

- What are the levels of organizational cynicism experienced by nurses at workplace?
- To what extent counterproductive behaviors are exhibited by nurses at workplace?
- Is there is a relationship between organizational cynicism experienced by nurses and the incidence of counterproductive behaviors at workplace?

Aim of the study:

This study aims to assess correlation between organizational cynicism and counterproductive work behaviors among nurses through the following sub-objectives;

- Identify levels of organizational cynicism among nurses
- Determine the incidence of counterproductive behaviors among nurses
- Detect correlation between the organizational cynicism (OC) and the Counterproductive Work Behaviors (CWB) exhibited by nurses at work.

Research methodology

Research design:

A descriptive correlational study design was used to conduct this study.

Study setting:

The study was conducted in two hospitals namely;

- Alexandria main university hospital which is the largest governmental tertiary hospital in lower Egypt serving four governorates in the delta area and the North West of Egypt. It is affiliated to Alexandria University where large numbers of nurses with varying characteristics are employed.
- Mabaret Alsafr hospital which is a highly prestigious private hospital located at

Alexandria governorate with bed capacity more than 200 beds.

Study participants

A stratified random sampling technique was used in this study and the study was conducted on a sample of 550 nurses which selected through stratified random sampling method using power analysis technique. Nurses were distributed through proportional allocation using Epi info program 7 according to the following parameters:

- Total population =940
- Confidence level =95%
- Margin of error =5%
- Prevalence of the problem =50%
- Design effect = 2

| Hospital name | Total nurses | Sample selected |
|-------------------------------------|--------------|-----------------|
| Alexandria Main University Hospital | 690 | 403 |
| Mabaret Alsafr hospital | 250 | 147 |

Study Instruments

- Organizational cynicism scale (OCS):

It is five point Likert scale used to measure organizational cynicism. It was developed by Brandes et al. (1999) and adapted to conduct the current study. It consists of three dimensions containing (14) items as the following; cognitive cynicism (5 items), affective cynicism (5 items), and behavioral cynicism (4 items). Responses ranged from 1 (completely disagree) to 5 (completely agree), and the mean score ranges from 1 to 5. Higher scores indicate higher levels of cynicism.

- Counterproductive Behaviors Scale (CBS):

It was developed by Spector et al. (2010) and adapted to measure the incidence of counterproductive behaviors in workplace. This scale was the most famous one used to classify the typology of counterproductive behaviors in workplace. It includes 23 items classified into five categories of counterproductive behaviors as the following; abuses against others (9 items), interference at work (3 items), sabotage (3 items), thefts (4 items), and avoiding work (4items). It is a 5 point Likert scale in which responses ranged from 1 (never) to 5 (every day).

- **Participant information form:** A self-reported information form was designed to collect socio demographic data, including age, gender, qualification, unit, current position, and years of experience in the organization and the profession.

Data Collection

Data collection divided into two phases as follows:

A. Preparatory phase which took one month and included the following:

Data collection written approval was obtained from the hospitals management. Data collection was conducted by the researcher and the questionnaire was hand delivered to the study subjects at the study settings. A pilot study was conducted on 10% of the study sample ($n = 55$) to examine the feasibility of the study; participants in the pilot study were excluded from the study sample. The pilot study demonstrated the clarity of study tools and that no modification was needed.

B. Implementation phase included:

The questionnaires took time ranged from 15-20 minutes to be filled. Data collected over two months (from November to December), 2021 which divided into

Study limitation:

During data collection some nursing staff refused to participate in this study due to worry and fear from hospital administrators and tried to overcome this by clarification to nursing staff the aim of the study and their information was kept confidential and their privacy was maintained.

Validity and Reliability

Tools were translated from English version into Arabic version. The Arabic translation was reviewed by a panel of five experts from Alexandria University. All tools were tested for reliability by estimating the internal consistency of items by Cronbach's alpha coefficient test. The questionnaires verified reliability where $\alpha = (0.852, 0.868)$ for OCS, and CBS respectively. Additionally, a pilot study was accompanied on 10% of nurses to support the validity and reliability of the tools.

Ethical considerations

An official permission was obtained from Alexandria University Research Ethics Committee and directors of the study settings to collect the required data. A written informed consent of the study subjects was taken. Right to refuse to participate in the research was assured. Confidentiality of data, and the privacy, anonymity of study subjects was maintained.

Data Analysis

The data were fed into the social sciences statistical program (IBM SPSS), version 23, and version 23 of IBM SPSS AMOS. The frequencies and percentages were used for presenting demographic characteristics; mean and standard deviation (SD) were used to present continuous variables. Pearson correlation coefficient analysis (r) was used to test the nature of the relationship between organizational cynicism and counterproductive behaviors among nurses. Analyzing the data by Structural Equation Modeling (path analysis) with SPSS Amos was done to confirm that the measurement model had an adequate fit. All statistical analyses were performed using an alpha of 0.05.

Statistical analysis of the data

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp) Qualitative data were described using number and percent. Kolmogorov-Smirnov test was used to verify the normality of distribution Quantitative data were described using range (minimum and maximum), mean, standard deviation and median .Significance of the obtained results was judged at the 5% level.

The used tests were

1 - Pearson coefficient

To correlate between two normally distributed quantitative variables

2 - Mann Whitney test

For abnormally distributed quantitative variables, to compare between two studied groups.

3 – Kruskal Wallis test

For abnormally distributed quantitative variables, to compare between more than two studied groups

4 – Regression

To detect the most independent/ affecting factor for affecting Counterproductive behaviors in workplace

Results

Table (1): Depicts the demographic characteristics of nursing staff, Pertaining to age, (57.8%) had less than 30 years old, whereas (42.2%) had more than or equal 30 years old, (75.4%) were females, (40.0%) worked in critical care units, whereas only (14.7%) of them worked in neonatal intensive care units, (52.7%) had from 10 to 20 years of experience, whereas only (14.5%) of them had 20 years and more of experience, (40.2%) of them had bachelor's degree whereas (1.4%) of them had PHD degree, (79.8%) were bedside nurses, while only (0.4%) of them were nursing directors.

Table (2): Revealed that nursing staff had a high level of organizational cynicism (90.18 ± 3.57) and had a high levels of cognitive cynicism (91.05 ± 6.46), affective cynicism (89.94 ± 5.15), and behavioral cynicism (89.61 ± 6.09).

Table (3): showed that nursing staff had a high level of counterproductive behaviors in workplace (79.03 ± 1.99), and had a high levels of abuses against others (87.18 ± 3.31), interference at work (88.71 ± 7.07), sabotage (87.46 ± 4.97), thefts (44.84 ± 5.88), and avoiding work (81.30 ± 6.06).

Table (4): revealed a highly statistically significant correlation between overall organizational cynicism as perceived by nursing staff and overall counterproductive behaviors in workplace ($r= 0.633^*$, $P<0.001^*$). Also, it showed a highly statistically significant correlation between cognitive cynicism as perceived by nursing staff and overall counterproductive behaviors in workplace ($r= 0.334^*$, $P<0.001^*$). Moreover, it depicted a highly statistically significant correlation between affective cynicism as perceived by nursing staff and overall

counterproductive behaviors in workplace ($r= 0.414^*$, $P<0.001^*$). Furthermore, it showed a highly statistically significant correlation between behavioral cynicism as perceived by nursing staff and overall counterproductive behaviors in workplace ($r= 0.415^*$, $P<0.001^*$).

Results of regression analysis shown in table (5) indicate that all three dimensions of organizational cynicism (cognitive, affective and behavioral cynicism dimensions) have an effect on the counterproductive work behaviors (total), where the determination coefficients (R^2) are 0.402 with Beta 0.319, 0.375, and 0.339 respectively. This result is totally supporting the first hypothesis of the study (H1).

Also, regression analysis indicate that cognitive, affective and behavioral dimensions of organizational cynicism are found to be positively correlated with abuses against others as a counterproductive work behavior, where R^2 values are 0.138, with Beta 0.199, 0.222, and 0.186 respectively. This result is totally supporting the second hypothesis of the study (H2).

Moreover, regression analysis indicate that affective and behavioral dimensions of organizational cynicism are found to be positively correlated with interference at work as a counterproductive work behavior, where R^2 values are 0.059, with Beta 0.129, and 0.163 respectively. Whereas the cognitive dimension of organizational cynicism has no effect on interference at work as a counterproductive work behavior. This result is partially supporting the third hypothesis of the study (H3).

Furthermore, regression analysis indicate that affective and behavioral dimensions of organizational cynicism are found to be positively correlated with sabotage as a counterproductive work behavior, where R^2 values are 0.020, with Beta 0.103, and 0.074 respectively. Whereas the cognitive dimension of organizational cynicism has no effect on sabotage as a counterproductive work behavior. This result is partially supporting the fourth hypothesis of the study (H4).

Additionally, regression analysis indicate that cognitive, affective and behavioral

dimensions of organizational cynicism are found to be positively correlated with thefts as a counterproductive work behavior, where R2 values are 0.049, with Beta 0.096, 0.120, and 0.138 respectively. This result is totally supporting the fifth hypothesis of the study (H5).

Moreover, regression analysis indicate that cognitive and affective dimensions of organizational cynicism are found to be positively correlated with avoiding work as a counterproductive work behavior, where R2

values are 0.058, with Beta 0.158, and 0.142 respectively. Whereas the behavioral dimension of organizational cynicism has no effect on avoiding work as a counterproductive work behavior. This result is partially supporting the sixth hypothesis of the study (H6).

F values of the six regression models are 21.110 with $p < 0.001$, 8.319 with $p < 0.001$, 2.701 with $p = 0.045$, 6.776 with $p < 0.001$, 8.106 with $p < 0.001$, and 88.871 with $p < 0.001$ respectively.

Table (1): Distribution of the studied sample according to demographic and Professional data (n = 550)

| Demographic and Professional data | No. | % |
|-----------------------------------|--------------|------|
| Age | | |
| < 30 | 318 | 57.8 |
| ≥ 30 | 232 | 42.2 |
| Min. – Max. | 20.0 - 55.0 | |
| Mean ± SD. | 29.88 ± 7.49 | |
| Median | 29.0 | |
| Gender | | |
| Male | 135 | 24.6 |
| Female | 415 | 75.4 |
| Hospital | | |
| Main University Hospital | 403 | 73.3 |
| Mobaret El Asafra | 147 | 26.7 |
| Units | | |
| Critical Care Units | 220 | 40.0 |
| Operating departments | 105 | 19.1 |
| Inpatient departments | 144 | 26.2 |
| Neonatal Care Units | 81 | 14.7 |
| Experience | | |
| < 10 | 180 | 32.8 |
| 10 – 20 | 290 | 52.7 |
| ≥ 20 | 80 | 14.5 |
| Min. – Max. | 2.0 - 32.0 | |
| Mean ± SD. | 11.30 ± 6.59 | |
| Median | 11.0 | |
| Qualification | | |
| Diploma with associate degree | 161 | 29.3 |
| Bachelor degree | 233 | 42.4 |
| Specialized diploma | 99 | 18.0 |
| Master | 49 | 8.9 |
| PHD | 8 | 1.4 |
| Position | | |
| Bedside nurse | 439 | 79.8 |
| Head Nurse | 79 | 14.4 |
| Supervisor | 30 | 5.4 |
| Nursing Director | 2 | 0.4 |

SD: Standard deviation

Table (2): Distribution of the studied sample according to score of cynicism (n = 550)

| Cynicism | Total score | Mean % score |
|----------------------------|------------------|---------------|
| Cognitive cynicism | (4 – 20) | |
| Min. – Max. | 15.0 - 20.0 | 68.75 - 100.0 |
| Mean ± SD. | 18.57 ± 1.03 | 91.05 ± 6.46 |
| Median | 19.0 | 93.75 |
| Affective cynicism | (5 – 25) | |
| Min. – Max. | 19.0 - 25.0 | 70.0 - 100.0 |
| Mean ± SD. | 22.99 ± 1.03 | 89.94 ± 5.15 |
| Median | 23.0 | 90.0 |
| Behavioral cynicism | (13 – 65) | |
| Min. – Max. | 15.0 - 20.0 | 68.75 - 100.0 |
| Mean ± SD. | 18.34 ± 0.98 | 89.61 ± 6.09 |
| Median | 18.0 | 87.50 |
| Overall cynicism | (4 – 20) | |
| Min. – Max. | 53.0 - 65.0 | 76.92 - 100.0 |
| Mean ± SD. | 59.89 ± 1.86 | 90.18 ± 3.57 |
| Median | 60.0 | 90.38 |

SD: Standard deviation

Table (3): Distribution of the studied sample according to score of counterproductive behaviors in workplace (n = 550)

| Counterproductive behaviors in workplace | Total score | Mean % score |
|---|-------------------|---------------|
| Abuses against others | (9 – 45) | |
| Min. – Max. | 36.0 - 45.0 | 75.0 - 100.0 |
| Mean ± SD. | 40.39 ± 1.19 | 87.18 ± 3.31 |
| Median | 40.0 | 86.11 |
| Interference at work | (3 – 15) | |
| Min. – Max. | 11.0 - 15.0 | 66.67 - 100.0 |
| Mean ± SD. | 13.65 ± 0.85 | 88.71 ± 7.07 |
| Median | 14.0 | 91.67 |
| Sabotage | (3– 15) | |
| Min. – Max. | 11.0 - 15.0 | 66.67 - 100.0 |
| Mean ± SD. | 13.50 ± 0.60 | 87.46 ± 4.97 |
| Median | 14.0 | 91.67 |
| Thefts | (4 – 20) | |
| Min. – Max. | 9.0 - 14.0 | 31.25 - 62.50 |
| Mean ± SD. | 11.18 ± 0.94 | 44.84 ± 5.88 |
| Median | 11.0 | 43.75 |
| Avoiding work | (4 – 20) | |
| Min. – Max. | 14.0 - 19.0 | 62.50 - 93.75 |
| Mean ± SD. | 17.01 ± 0.97 | 81.30 ± 6.06 |
| Median | 17.0 | 81.25 |
| Overall counterproductive behaviors in workplace | (23 – 115) | |
| Min. – Max. | 90.0 - 102.0 | 72.83 - 85.87 |
| Mean ± SD. | 95.71 ± 1.83 | 79.03 ± 1.99 |
| Median | 96.0 | 79.35 |

SD: Standard deviation

Table (4): Correlation between cynicism and counterproductive behaviors in workplace (n = 550)

| Counterproductive behaviors in workplace | Cynicism | | | | | | | |
|--|-----------|---------|-----------|---------|------------|---------|---------|---------|
| | Cognitive | | Affective | | Behavioral | | Overall | |
| | r | p | r | p | r | P | r | p |
| Abuses against others | 0.207* | <0.001* | 0.243* | <0.001* | 0.231* | <0.001* | 0.371* | <0.001* |
| Interference at work | 0.102* | 0.042* | 0.150* | 0.003* | 0.187* | <0.001* | 0.238* | <0.001* |
| Sabotage | 0.043 | 0.388 | 0.112* | 0.025* | 0.091 | 0.068 | 0.134* | 0.007* |
| Thefts | 0.104* | 0.038* | 0.137* | 0.006* | 0.162* | 0.001* | 0.218* | <0.001* |
| Avoiding work | 0.161* | 0.001* | 0.151* | 0.003* | 0.122* | 0.015* | 0.237* | <0.001* |
| Overall | 0.334* | <0.001* | 0.414* | <0.001* | 0.415* | <0.001* | 0.633* | <0.001* |

r: Pearson coefficient *: Statistically significant at $p \leq 0.05$

Table (5): Multivariate Linear regression for Counterproductive behaviors in workplace

| Cynicism | B | SE | Beta | t | p |
|---|-------|-------|-------|--------|---------|
| 1. Abuses against others | | | | | |
| Cognitive cynicism | 0.102 | 0.024 | 0.199 | 4.243* | <0.001* |
| Affective cynicism | 0.143 | 0.030 | 0.222 | 4.708* | <0.001* |
| Behavioral cynicism | 0.101 | 0.026 | 0.186 | 3.927* | <0.001* |
| $R^2 = 0.138$, $F = 21.110^*$, $p < 0.001^*$ | | | | | |
| 2. Interference at work | | | | | |
| Cognitive cynicism | 0.102 | 0.054 | 0.093 | 1.898 | 0.058 |
| Affective cynicism | 0.178 | 0.068 | 0.129 | 2.628* | 0.009* |
| Behavioral cynicism | 0.189 | 0.057 | 0.163 | 3.294* | 0.001* |
| $R^2 = 0.059$, $F = 8.319^*$, $p < 0.001^*$ | | | | | |
| 3. Sabotage | | | | | |
| Cognitive cynicism | 0.031 | 0.038 | 0.041 | 0.812 | 0.417 |
| Affective cynicism | 0.099 | 0.049 | 0.103 | 2.045* | 0.041* |
| Behavioral cynicism | 0.060 | 0.041 | 0.074 | 1.470* | 0.142* |
| $R^2 = 0.020$, $F = 2.701^*$, $p = 0.045^*$ | | | | | |
| 4. Thefts | | | | | |
| Cognitive cynicism | 0.088 | 0.045 | 0.096 | 1.962* | 0.050* |
| Affective cynicism | 0.137 | 0.057 | 0.120 | 2.419* | 0.016* |
| Behavioral cynicism | 0.134 | 0.048 | 0.138 | 2.788* | 0.006* |
| $R^2 = 0.049$, $F = 6.776^*$, $p < 0.001^*$ | | | | | |
| 5. Avoiding work | | | | | |
| Cognitive cynicism | 0.148 | 0.046 | 0.158 | 3.223* | 0.001* |
| Affective cynicism | 0.167 | 0.058 | 0.142 | 2.880* | 0.004* |
| Behavioral cynicism | 0.090 | 0.049 | 0.091 | 1.836 | 0.067 |
| $R^2 = 0.058$, $F = 8.106^*$, $p < 0.001^*$ | | | | | |
| Overall counterproductive behaviors in workplace | | | | | |
| Cognitive cynicism | 0.098 | 0.012 | 0.319 | 8.172* | <0.001* |
| Affective cynicism | 0.145 | 0.015 | 0.375 | 9.543* | <0.001* |
| Behavioral cynicism | 0.111 | 0.013 | 0.339 | 8.625* | <0.001* |
| $R^2 = 0.402$, $F = 88.871^*$, $p < 0.001^*$ | | | | | |

F,p: f and p values for the model

R²: Coefficient of determination

B: Unstandardized Coefficients

Beta: Standardized Coefficients

SE: Estimates Standard error

t: t-test of significance

*: Statistically significant at $p \leq 0.05$

Discussion

The hallmark of organizational success is to invest in human resources. In organizational context; ignoring the different aspects of development of human resources can foster the feeling of cynicism within nursing staff and let the counterproductive and critical behaviors to prevail in the workplace. 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 business (Abd El-aal& Hassan, 2014; Elbilgahy, Eltaib& Lawend, 2020).

Unfortunately, this is not the case in the present study where results show high levels of organizational cynicism among nurses and marked practice of counterproductive behaviors in workplace. It is a worthy to note that the high levels of organizational cynicism experienced by nurses and the high frequency of practicing counterproductive behaviors is supported by the results of regression analysis which yield positive significant correlation between organizational cynicism and counterproductive behaviors. This means nurses who experience high levels of organizational cynicism feelings have also high tendency to practice counterproductive behaviors in their workplace.

Organizational cynicism is a drastic phenomenon which create negative working environment characterized by high burnout levels and work deviance behaviors leading to organizational losses and decline. Despite this fact, nurses in the current study experience high levels of cognitive, affective, and behavioral cynicism. This reflects the limited activities of human resources development undertaken by the studied settings as well as the marked ignorance of motivation strategies. Moreover, lack of nurses' contribution of work related decisions and the arbitrary measures done against nurses in the studied settings are other drawbacks justifying the high cynicism levels among nurses.

Meanwhile, the high level of organizational cynicism among nurses in the current study is coincident with 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, and poor environmental conditions that neglect their basic needs (Abd El-aal& Hassan, 2014; Elbilgahy, Eltaib& Lawend, 2020). These sufferings are the cornerstone that induces organizational cynicism and counterproductive behaviors among nurses in Egypt.

It is not supersizing to find high levels of cynicism among nurses in the current study because it is the case in numerous studies in different countries as Kalagan and Aksu(2010); Volpe (2011); Volpe et al (2014); Aly, Ghanem& El-Shanawany (2016); Topcu,Karadal&Yildirim(2017); Dillon(2018); Tuna, Bacaksiz&Seren (2018); Durrah, Chaudhary& Gharib(2019); Vu (2020); Kachel et al (2020). These studies highlighted the prevalence of cynicism feelings among subjects in the workplace.

Conducting counterproductive behaviors by nurses in the workplace is prominent feature in the current study since results revealed high levels of counterproductive behaviors among nurses. It is important to note that the frequency of practicing the different types of counterproductive behaviors is different in the current study. 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. This may attributed to the fact that thefts are socially undesirable in the Egyptian context and nurses may prefer to give socially accepted responses.

Eradication of counterproductive behaviors in the workplace is a necessity for any organization to still competitive in the contemporary highly turbulent business environment. Despite this necessity, counterproductive behaviors in workplace is a prevailing phenomenon reported by numerous studies as Palo and Chawla (2015); Ugwu et al (2017);Szostek(2017); Li and Chen(2018); Ebrahim and Eldeep (2020); Yao (2021); Lubbadah (2021); Zhu and Zhang (2021); Ratiu, Curseu & Fodor(2021);Tamadon et al (2022). The findings of these studies support

the findings of the current study since these studies found moderate to high levels of counterproductive behaviors in the workplace.

Results of the current study depict high positive correlation between organizational cynicism and counterproductive behaviors ($r=0.633$, $P<0.001$). 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 ($R^2=0.402$, $p<0.001$). This means that the level of organizational cynicism predict 40.2% of variances in the incidence of counterproductive behaviors among nurses in the workplace.

The study of Yao (2021) found that about 60% of the variability in the incidence of counterproductive behaviors in the workplace is predicted by independent variables like organizational constraints, interpersonal conflicts, proactive coping, and autonomy. On the other side, the remaining 40% of the variability in the incidence of counterproductive behaviors is still unaccounted for and may be caused by other variables or external factors. The current study extend the study of Yao (2021) and offer explanation to the remaining unknown 40% of the predictive causes of counterproductive behaviors in the workplace which is represented by the organizational cynicism.

The findings of the current study are also in line with the studies of Bashir (2011); Hassanein (2013); Li and Chen (2018); Rayan, Aly&Abdelgalil (2018), Zhu and Zhang (2021); Tutar, Tuzcuoglu& Sarkhanov (2021); Butt and Yazdani (2021). These studies concluded that organizational cynicism has tangible effect on the incidence of counterproductive behaviors among nurses in workplace.

Conversely, the study of Ahmed et al (2013) revealed that organizational cynicism has no effect on work deviance behaviors including counterproductive behaviors. This

study found that organizational injustice and breach of psychological contract have a highly predictive power for work deviant behaviors than organizational cynicism which is contrary to the majority of evidences yield from literature which point that organizational cynicism is absolute antecedent for counterproductive behaviors in workplace.

The current study give emphasis on how to control the incidence of counterproductive behaviors among nurses in the workplace. This can be achieved by fostering positive working environment where no space for organization cynicism feelings. In this atmosphere, nursing staff feel secured and their goals are considered hence their behaviors will be constructive and add value to the health care organization.

Conclusion

The current study aimed to identify levels of organizational cynicism and the incidence of counterproductive behaviors among nurses. It also explored the relationship between organizational cynicism and incidence of counterproductive behaviors among nurses in the workplace. It is concluded that nurses in the current study have high levels of organizational cynicism and counterproductive behaviors in their workplace. Moreover, the current study revealed that there is strong positive correlation between organizational cynicism and the incidence of counterproductive behaviors among nurses. Finally, the level of organizational cynicism predicts 40.2% of variances in the incidence of counterproductive behaviors among nurses in the workplace.

Implications

Implication for nursing management :

- It is important for nurse managers to test the level of organizational cynicism among nurses at regular intervals and taking measures toward those with who have high levels of cynicism in order to keep them productive members at the health care organization.
- It is inferred from the current study that different strategies could be used by managers to prevent organizational

cynicism among nursing staff as career development and advancement; considering nursing staff career goals and objectives; keep promises toward nursing staff; putting sound reward and punishment system; and make sure that policies, and goals, and practices are in alignment.

- Preventing the incidence of counterproductive behaviors among nurses in the workplace is more successful approach than controlling these behaviors after incidence.
- The findings of this study highlight some human resource management implications. Human resource managers should use personality-based integrity testing during recruitment and selection process of nursing staff, supervisors, and nurse managers as a preventive measure to reduce incidence of counterproductive work behaviours. Also, fair treatment, fair wages and salaries, equal opportunities for promotion are important considerations to prevent the incidence of counterproductive behaviours among nurses at the workplace.

Implication for nursing research:

Replication of the study on a larger probability sample that includes all employees other than nurses is highly recommended to achieve generalizability of results. Also, further research is needed to compare between levels of organizational cynicism and the incidence of counterproductive behaviours among different age groups, units, professions. The high prevalence of organizational cynicism and counterproductive behaviours in a particular age group or unit or profession might indicate the need for administrative attention, discussion, or negotiation. Finally, it is recommended to conduct a longitudinal study to evaluate whether nurses' level of cynicism can be reversed through interventions designed to reduce counterproductive behaviours in workplace.

References

- Abd El-aal, N. H., & Hassan, N. I. (2014). Relationships between staff nurses' satisfaction with quality of work and their levels of depression, anxiety, and stress in critical care units. *Journal of American Science*, 10(1), 91-101
- Ahmed, W., Kiyani, A., & Hashmi, S. H. (2013). The study on organizational cynicism, organizational injustice & breach of psychological contract as the determinants of deviant work behavior. *Actual Problems of Economics*, 2(140), 145-154.
- Aly, N. A. E. F. M., Ghanem, M., & El-Shanawany, S. (2016). Organizational Cynicism and Its Consequences on Nurses and Quality of Care in Critical Care and Toxicology Units. *Journal of Education and Practice*, 7(8), 85-96.
- Brandes, P, Dharwadkar, R. & Dean, J. W. (1999). Does Organizational Cynicism Matter? Employee and Supervisor Perspectives on Work Outcomes. Eastern Academy of Management Proceedings, 150-153. Outstanding Empirical Paper Award.
- Badran, F., Abou Zeid, M. (2021). Organizational Cynicism and Organizational Commitment among Staff Nurses. *Egyptian Journal of Health Care*, 12(3), 1750-1761.
- Bashir, S. (2011). Organizational cynicism, development and testing of an integrated model: a study of public sector employees in pakistan. *Unpublished doctoral dissertation*. Muhammad Ali Jinnah University, Karachi.
- Butt, S., & Yazdani, N. (2021). Influence of workplace incivility on counterproductive work behavior: Mediating role of emotional exhaustion, organizational cynicism and the moderating role of psychological capital. *Pakistan Journal of Commerce and Social Sciences (PJCSS)*, 15(2), 378-404.
- Cohen, A., & Liu, Y. (2021). The Role of Dark Personalities and the Setting in Explaining Counterproductive Work Behavior among Nurses in China. *International Journal of Psychological Studies*, 13(3), 23-37.
- Dillon, U. (2018). "At the End of My Rope!": A Study of the Relationship between Organizational Cynicism, Burnout, and the Moderating Effects of Tenure (Doctoral dissertation, Azusa Pacific University).

- Durrah, O. (2020). Injustice perception and work alienation: Exploring the mediating role of employee's cynicism in healthcare sector. *The Journal of Asian Finance, Economics, and Business*, 7(9), 811-824.
- Durrah, O., Chaudhary, M., & Gharib, M. (2019). Organizational cynicism and its impact on organizational pride in industrial organizations. *International journal of environmental research and public health*, 16(7), 1203.
- Ebrahim, S.A., & Eldeep, N. M.(2020). Workplace Ostracism and Counterproductive Work Behaviors among Nurses. *Egyptian Journal of Health Care*, 11(3), 641-649.
- Elbilgahy, A. A., Eltaib, F. A., & Lawend, J. A. (2020). Challenges facing clinical nurse educators and nursing students in Egyptian and Saudi clinical learning environment: A comparative study. *International Journal of Africa Nursing Sciences*, 13, 100240.
- Erdem, A. (2021). The Mediating Role of Work Alienation in the Effect of Democratic and Autocratic Leadership Styles on Counterproductive Behaviors: A Study in Ankara OSTİM Industrial Zone. *International journal of society researches*, 17 (34).
- Hassanein, O. A. (2013). Violation of the psychological contract and the perceptions of political behavior as determinants of organizational cynicism and its relation to anti-productive work behaviors - field study. *Journal of Contemporary Business Research*, 26(1), 71-111.
- Kachel, T., Huber, A., Strecker, C., Höge, T., & Höfer, S. (2020). Development of cynicism in medical students: exploring the role of signature character strengths and well-being. *Frontiers in Psychology*, 11, 328.
- Kalağan, G., & Aksu, M. B. (2010). Organizational cynicism of the research assistants: A Case of Akdeniz University. *Procedia-Social and Behavioral Sciences*, 2(2), 4820-4825.
- Kayani, M., Alasan, I. (2021). Impact of Toxic Leadership on Counterproductive Work Behavior with the Mediating role of Psychological Contract Breach and Moderating role of Proactive Personality. *Estudios de Economía Aplicada*, 39 (4).
- Kundi, Y., Badar, K. (2020). Interpersonal conflict and counterproductive work behavior: the moderating roles of emotional intelligence and gender. *International Journal of Conflict Management* © Emerald Publishing Limited
- Li, S., & Chen, Y. (2018). The relationship between psychological contract breach and employees' counterproductive work behaviors: the mediating effect of organizational cynicism and work alienation. *Frontiers in Psychology*, 9, 1273.
- Lubbadeh, T. (2021). Job Burnout and Counterproductive Work Behaviour of the Jordanian Bank Employees. *Organizacija*, 54(1).
- Mohammad, A. S., Abd El Rahman, S. M., Ali, R. M. N., & Ali, H. D. (2022). Effect of Organizational Cynicism on Quality of Work Life and Employee Effectiveness among Nursing Staff. *Minia Scientific Nursing Journal*, 11(1), 2-10.
- Mohamed, I. A., & Ali, R. M. N. (2020). Organizational cynicism and its effect on staff nurses job embeddedness and organizational citizenship behaviors. *Biomedicine and Nursing*, 6(2), 10-21.
- Mousa, M., Abdelgaffar, H. A., Aboramadan, M., & Chaouali, W. (2021). Narcissistic leadership, employee silence, and organizational cynicism: A study of physicians in Egyptian public hospitals. *International Journal of Public Administration*, 44(15), 1309-1318.
- Otori, Y., Mutiu, B., & Calvin, O. (2020). Organizational cynicism as a mediator in the relationship between workplace ostracism and employee deviant behaviour: A proposed framework. *International Journal of Intellectual Discourse*, 3 (2), 1-9.
- Palo, S., & Chawla, A. (2015). Incidences of workplace deviance behavior among nurses. *Indian Journal of Industrial Relations*, 150-161.

- Ratiu, L., Curseu, P. L., & Fodor, O. C. (2021). Death anxiety, job satisfaction and counterproductive work behaviors during the COVID-19 pandemic: a comparative study of healthcare and non-healthcare professionals. *Psychology, Health & Medicine*, 1-13.
- Rayan, A. R., Aly, N. A., & Abdelgalel, A. M. (2018). Organizational cynicism and counterproductive work behaviors: An empirical study. *European Journal of Business and Management*, 10(27), 70-79.
- Spector, P. E., Bauer, J. A., & Fox, S. (2010). Measurement artifacts in the assessment of counterproductive work behavior and organizational citizenship behavior: Do we know what we think we know? *Journal of Applied Psychology*, 95(4), 781-790. <https://doi.org/10.1037/a0019477>
- Szostek, D. (2017). Counterproductive work behaviours in an organization and their measurement upon the example of research conducted among employees in the public administration sector in Poland. *Handel Wewnętrzny*, 369(4), 169-179.
- Sheikh, A., Alvi, A. K., & Rehman, K. U. (2020). The relationship of organizational cynicism with the job satisfaction: the mediating role of psychological contract breach. *Gomal University Journal of Research*, 36(2), 1-13.
- Tamadon, T. M., Heydari, B., Soufiani, A.M., & Babamiri, M. (2022). Investigation of Effort-Reward Imbalance Model as predictor of Counterproductive Work Behaviors. *Occupational Medicine Quarterly Journal*, 13(3), 67-76.
- Topcu, I., Karadal, A., & Yildirim, A. (2017). The relationships between general and organizational cynicism: a study among healthcare professionals. *International Journal of Caring Sciences*, 10(1), 216.
- Tuna, R., Bacaksız, F. E., & Seren, A. K. H. (2018). The effects of organizational identification and organizational cynicism on employee performance among nurses. *International Journal of Caring Sciences*, 11(3), 1707-1714.
- Tutar, H., Tuzcuoğlu, F., & Sarkhanov, T. (2021). The mediating role of organizational cynicism in the relationship between workplace incivility and organizational silence. *TEM Journal*, 10(2), 563-572.
- Ugwu, L. I., Enwereuzor, I. K., Fimber, U. S., & Ugwu, D. I. (2017). Nurses' burnout and counterproductive work behavior in a Nigerian sample: The moderating role of emotional intelligence. *International journal of Africa nursing sciences*, 7, 106-113.
- Volpe, R. L. (2011). *Moral distress, cynicism and internalization of values in nurses* (Doctoral dissertation, Saint Louis University).
- Volpe, R. L., Mohammed, S., Hopkins, M., Shapiro, D., & Dellasega, C. (2014). The negative impact of organizational cynicism on physicians and nurses. *The health care manager*, 33(4), 276.
- Vu, P. (2020). *The Impact of Interpersonal Relations Between Teachers and Principals on Organizational Change and Cynicism in Public Elementary Schools Through the Lens of the Leader-Member Exchange Theory* (Doctoral dissertation, Northwest Nazarene University).
- Yao, J. J. (2021). Predictors of counterproductive workplace behavior of nurses. *Asia Pacific Journal of Health Management*, 16(2), 39-44.
- Zhu, Y., & Zhang, D. (2021). Workplace Ostracism and Counterproductive Work Behaviors: The Chain Mediating Role of Anger and Turnover Intention. *Frontiers in psychology*, 12, 761560-761560.