

## The Association Among Work Alienation, Counterproductive Work place Behavior and Organizational Commitment as Perceived by Nurses

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### Abstract

**Background:** Work alienation and counterproductive work behavior (CWB) are two significant factors that can negatively impact organizational commitment. Alienated employees are less likely to have emotional attachment to their organization, feel obligated to stay with the organization. CWB can damage trust between employees and the organization, lower job satisfaction, and become less committed to the organization. **Aim:** Explore the association among work alienation, counterproductive work place behavior, and organizational commitment as perceived by nurses. **Study design:** Descriptive correlational research design was used. **Setting:** The study was conducted at Sohag University Hospital. **Sample:** The sample size was (266) nurses. **Tools:** four tools were used namely, Personal and occupational data sheet, Work alienation scale, Counterproductive workplace behavior checklist, and organizational commitment questionnaire. **Results:** Majority of studied nurses (94.7%) had high work alienation level, half of them (50%) had high counterproductive workplace behavior level, more than half of them (52.6%) had low organizational commitment level. **Conclusion:** There was high statistically significant negative correlation between organizational commitment with work alienation, and counterproductive workplace behavior. **Recommendations:** Give nurses recognitions on their good practice to feel proud of their selves and become more committed to the organization.

**Keywords:** Behavior, Counterproductive, Nurses, Organizational Commitment & Work alienation.

### Introduction:

The phenomenon of work alienation among nurses has drawn a lot of attention lately since there is mounting evidence that it can have detrimental effects on one's physical, mental, and professional well-being. For example, low productivity, low motivation, poor achievement, low commitment, low job satisfaction, substance abuse, and intention to leave are all associated with work alienation. This unfavorable condition may also lead to a breakdown in the nurse-patient connection, missed nursing, a decrease in patient safety and satisfaction, and ultimately a reduction in the standard of nursing care (You, et al., 2022).

When people are alienated with their jobs, they may experience feelings of powerlessness, meaninglessness, and self-estrangement. Powerlessness is defined as the inability to control oneself; meaninglessness is when nurses believe they are not contributing much to the organization, and self-estrangement is when people lose their intrinsic motivation because they believe they cannot fulfill their needs and desires and instead place more importance on external motivators (Karabulut, et al., 2022).

Counterproductive work behavior (CWB) is employees who intentionally act in a way that harms

the organization and its members are engaging in counterproductive work behavior. It covers verbal abuse, sabotage, lying, and theft. Counterproductive work behavior is intentional, not unintentional, actions taken by employees. These actions could negatively impact an organization's ability to compete and survive (Mahrukh, et al., 2022).

Counterproductive work behavior refers to individual actions that disrupt organizational norms both formal and informal aligned with established procedures, policies, and rules. These behaviors are voluntary and can compromise the welfare of both employees and the organization as a whole. (Badran & Akeel, 2022). Both interpersonal and organizational levels can experience counterproductive behaviors, which vary in intensity. Although there are many different types of counterproductive behavior, they can be divided into five main groups as following; Production deviance, abuse, theft, withdrawal, and sabotage (Alfuqaha, et al., 2022).

Counterproductive work behaviors refer to actions by nurses that undermine the organization's goals and direction. Such behaviors can impede or postpone the achievement of the organization's objectives and may be either deliberate or accidental. Engaging in counterproductive behaviors may allow individuals to pursue their personal objectives more swiftly, often at

the expense of the organization's overall aims (**Amir & Malik, 2016**)

Over the past fifty years, organizational commitment has been extensively examined in the fields of management and organizational behavior. It has been defined as "the degree to which an individual identifies with and engages in a specific organization." Furthermore, it encompasses a belief in the organization's values and objectives, loyalty to the organization, a sense of moral obligation, and the intention to stay with the organization (**Haroon, 2020**).

Organizational commitment is comprised of three key components: affective, continuous, and normative commitment. Affective commitment reflects an individual's attachment to the organization, their alignment with its values, and their eagerness to engage actively in its activities. Continuous commitment signifies an individual's recognition of their dependence on the organization and the costs associated with leaving, which manifest as loss of experience and limited job opportunities. Lastly, normative commitment embodies a sense of loyalty towards the organization's values and objectives (**Saleh, et al., 2020**).

Nurses' commitment to their organization is reflected in their attitudes and behaviors, such as their alignment with organizational goals and their determination to accomplish them. They demonstrate dedication through hard work and a reluctance to leave their jobs. Additionally, a strong emotional attachment to the organization, known as affective commitment, encourages them to engage in extra-role behaviors that benefit both individuals and the organization, referred to as organizational citizenship behavior (OCB) (**Gharib & Khairy, 2019**).

### Significance of the Study:

In today's organizations, particularly healthcare organizations, work alienation and counterproductive behavior have become very serious issues that have a significant impact on both individual and organizational effectiveness and performance. However, many organizations have failed to address and are ill-prepared to deal with this issue.

A number of international studies have been conducted on these issues, including "The impact of work alienation on organizational commitment, work effort, and work to family enrichment" (**Tummers & Dulk, 2013**) and "Analysis of the relation between organizational commitment and counterproductive behavior on academics" (**Baysala, et al., 2020**). "The Role of Work Alienation in the democratic and autocratic leadership styles effect on counterproductive behaviors" (**Uyesi, 2021**). Also, few studies were done on work alienation as Organizational Cynicism and Work Alienation among

Staff Nurses and its Relation to their Commitment" (**Abdallah, et al., 2024**) Job Security as Perceived by Staff Nurses and Its Relation to Their Work Alienation (**Badran & Khaled, 2021**).

There is no national study was conducted to explore the association among work alienation, counterproductive behavior, and organizational commitment among nurses.

So, it was felt necessary to study the association among work alienation, counterproductive behavior, and organizational commitment among nurses to find a way to overcome this problem.

### Aim of the Study:

The study aimed to explore the association among work alienation, counterproductive work place behavior, and organizational commitment as perceived by nurses at Sohag university hospital.

### Specific objective:

Explore the effect work alienation, counterproductive workplace behavior on nurses' organizational commitment

### Research Questions:

- Q1.** Is there an association among nurses' work alienation, counterproductive work place behavior, and organizational commitment?
- Q2.** Is work alienation had more effect than counterproductive workplace behavior on organizational commitment?

### Subject & Method:

#### Technical design

This design includes research design, setting, subjects and data collection tools.

#### Research design:

The present study was carried out using a descriptive correlational research design.

#### Setting:

Study was conducted at Sohag University Hospital, a multispecialty hospital which is affiliated to Sohag University and consists of 6 buildings, each building is composed of five floors with capacity of 913 beds. These 6 building are oncology, kidney dialysis, emergency and burns, pediatric and premature, surgery and critical care, and medical services building which contain the outpatient clinics. This hospital provides advanced surgical, curative and preventive services for all citizens in Sohag governorate.

#### Sample:

Random sample of nurses from Sohag University Hospital which included in the study. The total number of nurses was 850 the sample size was (266) nurses according to **Cohen, (1992)**. the sample was selected randomly by assigning numbers to the nurses (sample) in each department and then randomly choosing from those numbers. Finally, the numbers

that are chosen are the members that are included in the sample.

#### **Tools for gathering data:**

##### **The study included four tools:**

**Tool I: Personal data sheet:** It was designed to collect data about nurses' gender, age, marital status and years of experience, and hospital unit.

**Tool (II): Work Alienation Scale:** Which developed by **Mottaz, (1981)** The scale contains 21 item to assess felt alienation, and includes dimensions of Powerlessness (7items), Meaninglessness (7items), and Self-Estrangement (7items). The work alienation test was administered using a six-point rating system, from (1) indicating "strongly disagree" to (6) indicating "strongly agree." **Scoring system:** Score (21-75) indicate low level, (76 - 94) indicate moderate level, and (95 -126) indicate high level of work alienation.

**Tool (III): Counterproductive Workplace Behavior Checklist:** Which developed by **Spector, et al. (2006)**, to assess counterproductive behavior, it contains 32 items. The items were grouped into the categories of Production Deviance (Ineffective job performance) (3 items), Abuse (Workplace Harassment) (15 items), Theft (5 items), Withdrawal (Absenteeism) (4items), and Sabotage(5items). Each item is measured with a 5- point Likert scale ranging from 1 (Almost Never) to 5 (Almost Always). **Scoring system:** Score (32-96) indicate low level, (97 - 119) indicate moderate level, and (120 -160) indicate high level of counter productive workplace behavior.

**Tool (IV): Organizational Commitment Questionnaire:** This was adopted from **Ersoy, (2014)**, to assess organizational commitment, it contains (15) statements, divided into three categories: five items for affective organizational commitment, five items for Continuance organizational commitment, and five items for normative organizational commitment. Response is measured on a three-point Likert scale, 3 represents agree, 2 represents don't know, and 1 represents disagree.

**System of scoring:** Score (15-27) indicate low level, (28 - 33) indicate moderate level, and (34 -45) indicate high level.

#### **Administrative design**

In order to gather the data required for this study, formal approval was received from the Dean of the Faculty of Nursing at Sohag University, the Director of Sohag University Hospital, and the Nursing Director at Sohag University Hospital.

#### **Ethical considerations:**

- 1- A formal approval to conduct the study was attained from the ethical committee of Assiut University's Faculty of Nursing.

- 2- A verbal consent was acquired from the current study participants.
- 3- Research participants were free to decline to participate in the study or to leave at any moment without providing a valid reason.
- 4- Study participants were not at risk when the research was being applied.
- 5- Privacy of the participants was considered during collection of data, confidentiality and anonymity was assured during collection of data.

#### **Operational design**

##### **Pilot study**

Pilot study included 27 nurses, or 10% of the total participants in the research working at Sohag university hospital taken based on **Rufus, (2017)** if sample size is 100 then 10% must be taken for pilot study (1/10<sup>th</sup>), to guarantee the study instruments' comprehensibility, accessibility, and clarity as well as for time estimation prior to the actual gathering of data. After analyzing the data from the pilot study, the study tools that were part of the study sample were left unchanged.

Using Cronbach's Alpha Coefficient test, the study tools' reliability was evaluated. The results showed that the Organizational Commitment Questionnaire had  $\alpha = 0.832$ , the Counterproductive Workplace Behavior Checklist had  $\alpha = 0.854$ , and the Work Alienation Scale had  $\alpha = 0.823$ . This suggests that the study tools have an excellent degree of reliability.

##### **Data collection**

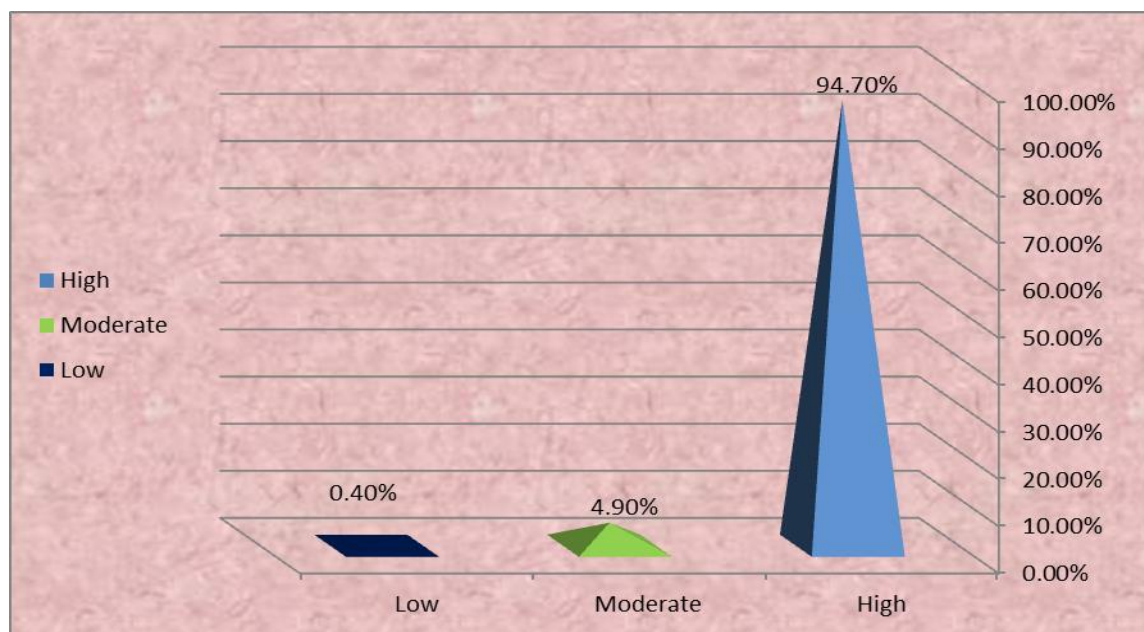
Each nurse participating in the study had a meeting with the researcher to discuss the goal of the study and ask for participation. Nurses who participated in the study were given the opportunity to complete a self-administered questionnaire to gauge their organizational commitment, work alienation, and counterproductive behavior after verbally consenting to the study. The entire data collection process took almost four months, from June to September 2023, and each participant took thirty to forty minutes to complete the questionnaire.

#### **Statistical design**

The data were revised, ready for computer entry, coded, analyzed and tabulated. Descriptive statistics (i.e., frequencies, percentage, mean standard deviation and correlation tests) was done using computer program SPSS version 20. Pearson correlation was done to measure correlation between quantitative variables. P-value considered statistically significant when  $P < 0.05$ .

**Results:****Table (1): Personal characteristics of studied nurses (n=266)**

Items	No.	%
<b>Gender</b>		
Male	107	40.2
Female	159	<b>59.8</b>
<b>Age</b>		
<25	69	25.9
25-<30	96	<b>36.1</b>
30-<35	55	20.7
≥35	46	17.3
<b>Mean ± SD</b>	28.597±5.886	
<b>Marital status</b>		
Married	159	<b>59.8</b>
Un married	107	40.2
<b>Years of nursing experience:</b>		
<5	108	<b>40.6</b>
5-<10	106	39.8
≥10	52	19.5
<b>Mean ± SD</b>	6.278±4.969	
<b>Name of unit:</b>		
Intensive Cardiac Unit (ICU)	29	10.9
Emergency	64	24.1
Dialysis	3	1.1
Chronic Cardiac Unit (CCU)	23	8.6
Surgical	72	<b>27.1</b>
Medical	35	13.2
Obstetrics and gynecology	22	8.3
Pediatric	11	4.1
Ophthalmology	7	2.6

**Figure (1): Work alienation levels among studied nurses (n=266)**



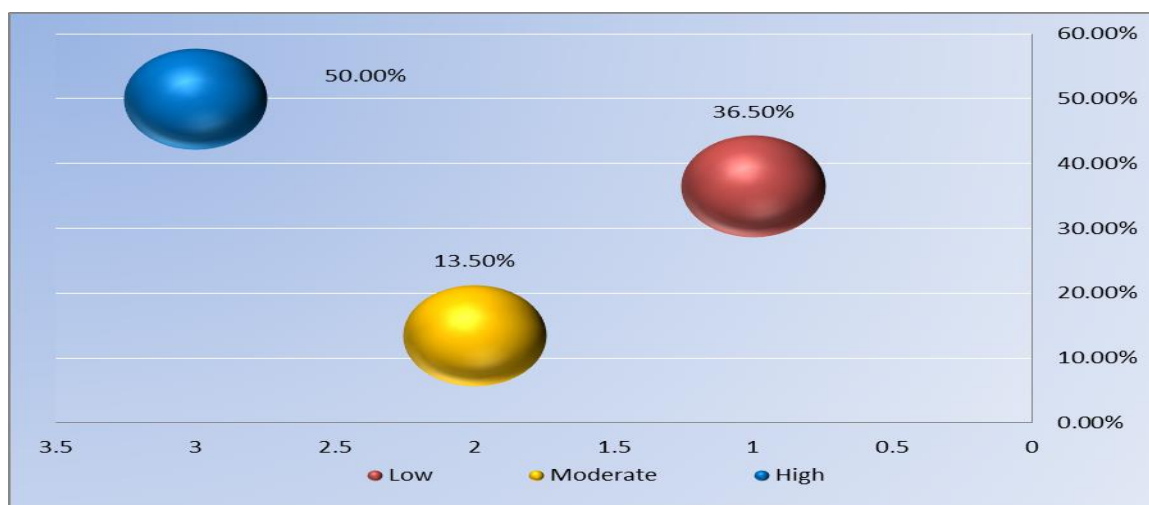


Figure (2): Counterproductive workplace behavior level among studied nurses (n=266)

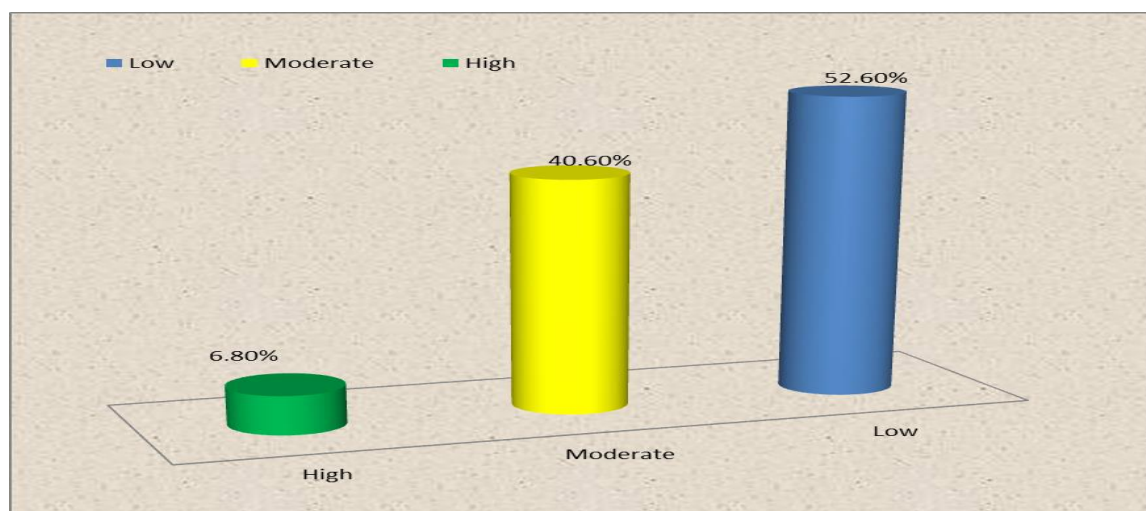


Figure (3): Levels of Organizational Commitment as perceived by studied nurses (n=266)

Table (2): Correlation among work alienation, counterproductive workplace behavior, and organizational commitment as reported by studied nurses (n=266)

Variables	Work alienation		Counterproductive Workplace Behavior		Organizational Commitment	
	r	P	R	P	R	P
Work alienation	1	1	.309	.000**	-.276	.000**
Counterproductive Workplace Behavior			1	1	-.163	.000**
Organizational Commitment					1	1

\*A statistically significant  $P \leq 0.05$

\*\*A highly statistically significant  $P \leq 0.001$

Table (3): Multiple linear regression analysis predicting factors affect Organizational Commitment as reported by studied nurses (n=266)

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound
(Constant)	21.733	5.615		3.870	.000	10.676	32.789
Counterproductive Workplace Behavior	-.582	.181	.185	-3.213	.001	.225	.939
Work alienation	-.099	.019	.311	-5.321	.000	.062	.135

a. Dependent Variable: Organizational Commitment

**Table (1):** Shows that, more than half **59.8%** of the studied nurses were female and more than one third **36.1%** of them were aged from 25-<30 years old with Mean  $\pm$  SD **28.597 $\pm$ 5.886**. Also, more than half **59.8%** of them were married, **40.6%** of them had less than 5 years of experience with Mean  $\pm$  SD **6.278 $\pm$ 4.969** and **27.1%** of them worked at surgical unit.

**Figure (1):** Reveals that, (**94.7%**) of the studied nurses had high work alienation level, while (**4.9%**) of them had moderate level and (**0.40%**) of them had low level.

**Figure (2):** Demonstrates that half (**50%**) of the studied nurses had high Counterproductive workplace behavior level, while more than one third (**36.5%**) of them had low level and (**13.5%**) of them had moderate level.

**Figure (3):** Demonstrates that, more than half (**52.6%**) of the studied nurses had low Organizational Commitment level, less than half (**40.6%**) of them had moderate level, while (**6.8%**) of them had high level of.

**Table (2):** Illustrates that there was high statistically significant negative correlation between organizational commitment with work alienation, and counterproductive workplace behavior at ( **$P \leq 0.001$** )

**Table (3):** Shows that, the predictor factor counterproductive workplace behavior had more substantial effect on nurses' organizational commitment at ( **$B = -.582$ ,  $\text{Beta} = .185$ ,  $t = -3.213$ ,  $P = 0.00$** ) than work alienation at ( **$B = -.099$ ,  $\text{Beta} = .311$ ,  $t = -5.321$ ,  $P = 0.00$** )

## Discussion:

The study aimed to explore the association among work alienation, counterproductive work place behavior, and organizational commitment as perceived by nurses at Sohag university hospital.

Regarding Personal characteristics of studied nurses, the current study revealed that, more than half of the studied nurses were female and more than one third of them were aged from 25-<30 years old. Also, more than half of them were married, one third of them had less than 5 years of experience and less than one third worked at surgical unit **Table (1)**.

Regarding work alienation level among studied nurses the current study revealed that, majority of the studied nurses had high work alienation level **Figure (1)**. This may be due to in cooperative work environment and bad personal relations between staff in health care organizations.

This result was incongruent with **Abdallah, et al., (2024)** who represented that less than two thirds of nurses had work alienation, and **Kartal, et al., (2017)** who stated that the level of work alienation experienced by healthcare professionals assigned in

private hospitals is low, while the level of work alienation experienced by healthcare professionals assigned in university and public hospitals are moderate. Additionally, this result was compatible with **Abd-El Monem, et al., (2023)** who found that more than half of nurses had moderate level of work alienation, and **Karabulut, et al., (2022)** who reported that nurses indicate a higher level of alienation.

As regard to counterproductive workplace behavior level among studied nurses the present study showed that, half of the studied nurses had high Counterproductive workplace behavior level **Figure (2)**. This may be due to stressful work environment and lack of perceived psychological safety.

This result was in the same line with **Ali & Elsayed, (2022)** who showed that nursing staff had a high level of counterproductive behaviors in workplace. But this result was different with **Ebrahim & Eldeep, (2020)** who demonstrated that a moderate degree of counterproductive work behaviors was present in more than half of the nurses in the study. Additionally, this result was incongruent with **Badran & Akeel, (2022)** Who reported that less than two thirds of nurses had moderate counter productive work behavior level while only less than one sixth of the study participants had high level

Concerning organizational commitment level among studied nurses the current study revealed that, more than half of the studied nurses had low level of organizational commitment **Figure (3)**. This may be attributed to workplace abuse, emotional exhaustion, lack of appreciation, lack of motivation and bullying behaviors.

This result was different with **Hossain, (2020)** who studied "Organizational citizenship behavior and organizational commitment among clinical nurses in Bangladesh" and indicated that the nurses' had moderate level of organizational commitment. Additionally, this result was in consistent with **Elmasry, et al., (2022)** who reported that staff nurses perceived high mean percent score of total organizational commitment.

Concerning correlation between work alienation, counterproductive workplace behavior, and organizational commitment as reported by studied nurses the findings of the current study demonstrated that, there was high statistically significant positive correlation between work alienation and counterproductive workplace behavior, but there was high statistically significant negative correlation between organizational commitment with work alienation and counterproductive workplace behavior, with **Table (2)**. This may be because counterproductive behaviors decline organization productivity and decreases employee's performance,

additionally, work alienation makes nurses powerlessness and feel that their work is meaningfulness which affects negatively on their commitment to the organization.

These results supported by **Rahmah, (2021)** who determined that there was a negative and significant correlation between work alienation and organizational commitment. Also congruent with **Amzulescu & Butucescu, (2021)** who reported that there was a statistically significant positive correlation between work alienation and counterproductive behaviors a statistically significant positive correlation between work alienation and counterproductive behaviors which means that an increase in work alienation is associated with a higher level of counterproductive behaviors.

Concerning multiple linear regression analysis predicting factor affect Organizational Commitment as reported by studied nurses, the current study demonstrated that, counterproductive workplace behavior had the most substantial effect on organizational commitment **Table (3)**. This may be due to that counterproductive workplace behavior has a destructive tangible and intangible effect on both individuals and organizations which lead to higher loss of the organization good reputation.

This result was congruent with **Doğruöz & Özdemir, (2018)** who found that the counterproductive work behaviors are a significant predictor of the organizational commitment. Also, **Demirel, (2009)** emphasized that the factors that leads to the organizational commitment directly and indirectly affect in displaying counterproductive behaviors.

### Conclusions:

**In the light of the study results, the following conclusion can be drawn:**

There was high statistically significant negative correlation between organizational commitment with work alienation, and counterproductive workplace behavior at ( $P \leq 0.001$ ). Counterproductive workplace behavior had more substantial effect on nurses' organizational commitment than work alienation.

### Recommendations:

**In the light of the study results, the following recommendations were suggested:**

1. Nurse manager should foster a training program to nurses about how to overcome feeling of work alienation.
2. Head nurse should encourage nurses to make their own decisions concerning work issues.
3. Apply corrective disciplinary actions against counterproductive workplace behavior by nurse manager.

4. Give nurses recognitions on their good practice to feel proud of their selves and become more committed to the organization.

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