

## Effect of occupational adjustment on nurse's counterproductive work behavior and job burnout

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### Abstract

**Background:** In Egypt, there are various problems facing the health care system in which the health of individuals should be protected and ensured. The roles of nurses have influenced the quality and delivery of health care effectiveness; in which these nurses are the largest portion of the hospital health care staff, so they should grow their profession continuously. **The aim of the study:** identify effect of occupational adjustment on nurses' counterproductive work behavior and job burnout. **Subject and method:** A descriptive correlation research design was utilized. **Setting:** This study was conducted at two Hospitals. Which were included Minia Psychiatric Mental Health and Addiction Hospital and Minia University liver center. **Subject:** convenience sample of the present study included all staff nurses at Minia Psychiatric Mental Health and Addiction Hospital (56 nurses) and Minia University liver center (74 nurses) . The total numbers were 130 nurses. **Tools of data collection:** 1<sup>st</sup> tool divided into two parts, first part Personal data, second part occupational adjustment tool, 2<sup>nd</sup> tool counterproductive work behavior checklist, and 3<sup>rd</sup> Maslach's burnout inventory scale. **Results:** (60%) of the studied sample have high level of occupational adjustment while, (56.9%) of them have a low level of counterproductive work behavior. Also, (64.6%) of the studied sample has a low level of job burnout. **Conclusion:** The most of the studied sample that have a high level of occupational adjustment at Minia University liver center compare with Minia Psychiatric Mental Health and Addiction Hospital as. While, counterproductive work behavior were low at Minia University liver center staff nurses (compare with Minia Psychiatric Mental Health and Addiction Hospital. Also, job burnout considering low among staff nurses working at Minia University liver center compare with Minia Psychiatric Mental Health and Addiction Hospital. **Recommendations:** Administration support and resources should be provided to upgrade the general awareness level of occupational adjustment.

**Keywords:** *Occupational Adjustment, Counterproductive Work Behavior, Job Burnout & Nurses.*

### Introduction

Human resources are regarded as an organization's major asset and the quality of human resources can have a direct effect on organizational performance, sustainability and promotion. Work-related tensions now common among people, which usually affect adaptation of people who work as health, education and public welfare professionals such as nurses (Amiresmaili et al., 2013). Their workload, workplace tension, and stressful circumstances make nurses confront numerous job and personal challenges in their day-to-day work. (Chirico, 2016).

These demanding circumstances need caregivers to constantly adapt to their working environment in order to provide quality care. Otherwise, they would be unhappy, will provide services of poor quality and will eventually leave employment (Lu 2019). Moreover Khamisa et al., (2017), described nursing as one of the most demanding occupations, with their sensitivity to their patient emotional demands, extended periods of work, disagreements with others, interpersonal issues. **Occupational adjustment** (OA) is ideal when people and the community have a job

and expertise matching needs. An employee may be considered steps designed to boost his or her health in the working environment (Vaezi et al., 2016).

Several definitions of occupational adjustment, one described as compatibility between a work environment and a person have been offered (Dehestani et al., 2012). Occupational adjustment is characterized as a process by which employees improve the skills required to fulfil their work requirements. Professional adaptation not only increases the physical and mental well-being of workers, but enhances their personal and corporate success (De Crom & Rothmann, 2018). It also enhances the efficiency and sustainability of organizations, improves the quality of service, assists workers in creating positive and humanistic relationships and increases their sense of identity, motivation and wellbeing. It helps also minimize the impacts of factors such as pressures, the imbalance between skills and job needs and imbalance between work resources and expectations (Gharibzadeh et al., 2017)

The employees' actions are contradictory to an organization's objectives, as **counter-productive behaviors**. All counter-productive behaviors activities are in breach of an organization's legitimate interests by damaging the members of the organization. The behavior, which harms workers, consumers and/or the organization, includes a wide variety. These conducts differ from serious, systemic and violent to milder and vague occupational unity episodes. (Wei & Si, 2013).

Another negative workplace conduct, called 'counterproductive behavior,' indicates the high absenteeism levels and intentions of attrition that are malicious behavior carried out to clearly damage or harm workers and/or organizations. not a classification with a single construction but is a cluster of occupational deviant activities categorized in compliance with various categorization schemes. This scheme classifies counterproductive behavior into five categories such as withdrawal, abuse, sabotage, theft, and production deviance (Makhdoom et al., 2019).

The locus of causality is also suggested by Fox & Freeman (2011) that forms the affection of an employee, resulting in the decision to engage in "counterproductive behavior. They suggest that if negative incidents are due to inner causes, they frequently contribute to negative feelings for oneself and diminished personal achievement. In addition, all forms of attributions and less influence over incidents (which results in increased workplace burnout) allow the workers to direct their frustration towards themselves (e.g. absenteeism and other relocation behaviors) or to the outer environment (e.g. abuse & sabotage) (Makhdoom et al., 2019).

**Burnout** is a form of psychological stress. Work burnout or job burnout is marked by fatigue, lack of initiative and excitement and feelings of uselessness as well as the dimension of cynicism or anger, thus reducing the effectiveness of the working environment (Ruotsalainen et al., 2014). Additionally, the burnout in human services professions is usually and especially found in social workers, nurses, technicians and police officers, partially because of high-stress working atmosphere and the emotional demands of the job. Burnout is so prevalent in the human services industry.

Job burnout was described as a three-dimensional, which included: emotional exhaustion, depersonalization, and reduction in personal accomplishment. Emotional exhaustion is the primary aspect of burnout and the overextension of physically and emotionally work-related effort, and results in the loss of perceived individual resources. Finally, the person feels tired from work (Kim, & Yoon, 2018).

Depersonalization is often the lack of emotion and non-human behavior in response to work-related issues. It pushes an individual away from work-related issues and thus operates with no empathy, as non-problems are the depersonalization of the burnout dimension (Van der Heijden et al., 2019). When an individual is emotionally drained and depersonalized, they lose a passion for success and ability. Long term job burnout can make nurses vulnerable to emotional issues relative to their colleagues who work in ambulatory environments (Molero Jurado et al., 2019).

Therefore, the responsibility of organizations to grow the profession is to encourage competitive features through the inclusion and promotion of their human resources. It has been shown from literary evidence that workers with adequate expertise, abilities and skills can handle their jobs if they are well-armed, are more optimistic, less stressful about their job and that their satisfaction progresses. Also, employee satisfaction will increase workers' engagement and productivity and minimize burnout in the business (Hartarto et al., 2020).

#### Significance of the study

Nursing employees are now becoming very relevant because of their commitment to job quality and personal life preparation in order to increase the education demands. In addition, counterproductive behavior and job burnout was a significant problem that had an impact on the efficiency and profitability of health organizations in which the institution required high levels of practice and nursing workers actively engaged to provide patients with an appropriate standard of treatment. (Zerwekh & Garneau, 2017).

According to Elshaer et al. (2017), nurses experience a great deal of burnout because of the high emotional and physical demands of their work. Heavy workloads have been found to precipitate high burnout levels (Laschinger, Finegan, & Wilk, 2011), while burnout has been found to be positively associated with counterproductive work behavior (Uchenna, 2013).

This serious phenomenon should thus be discussed and investigated since the organization's production, low staff performance and low productivity is greatly affected. These variables were not correlated in previous research. So, the researchers conducting this study to identify effect of occupational adjustment on nurses' counterproductive work behavior and job burnout because the nursing profession is important.

**Aim of the Study**

The aim of the current study was to identify effect of occupational adjustment on nurses' counterproductive work behavior and job burnout.

**Research Questions**

1. Is there is a difference between Minia Psychiatric Mental Health and Addiction Hospitals and Minia University liver center regarding to occupational adjustment, counterproductive work behavior and job burnout among staff nurses?
2. Is there is a relation among occupational adjustment, counterproductive work behavior and job burnout among personal data of staff nurses?
3. Is there effect of occupational adjustment on nurse's counterproductive work behavior and job burnout

**Subjects & Method****Research Design:**

The present study adopted the correlative descriptive design.

**Setting:**

This study was conducted at two Hospitals. Which were included Minia Psychiatric Mental Health and Addiction Hospital and Minia University liver center.

**Sample:**

Convenience sample of the present study included all staff nurses at Minia Psychiatric Mental Health and Addiction Hospital (56 nurses) and Minia University liver center (74 nurses). The total numbers were 130 nurses.

**Data Collection Tools:**

Three tools were utilized to collect pertinent data for this current study.

**Tool (I): Occupational adjustment**

It included two parts as following

**Part (1) Personal data sheet:** designed by the researchers. It was used to collect data about the personal data characteristics of the study participants. It included items related to age, gender, educational qualification and years of experience.

**Part (2) Occupational adjustment:** This tool was developed by **Atwa, (2002)**, it was used to assess the degree of occupational adjustment among nurses, which consists of 83 items with seven dimension "Nature and conditions of work (18 items), Salary and promotion (15 items), relationship with colleagues (16 items), relationship with officials and management (9 items), professional growth (9 items), Security and stability at work (6 items), labor productivity (10 items). Response choices were presented in a 3-point format ranging from 1 (not know) ,2 (Not appropriate) and 3 (Appropriate). Reliability coefficients for total scale .907.

The scoring system was calculated by summing all items in the scale. The higher score indicated there is

an occupational adjustment in the present setting, regarding the scoring of occupational adjustment it was as following: - low occupational adjustment from 1-82, moderate occupational adjustment from 83-165 and high occupational adjustment from 166-249

**Tool (II): Counterproductive Work Behavior Checklist:**

This tool was constructed by (**Spector et al., 2006**) , it was measure counterproductive work behaviors. It consists of 45 items, which include two factors including organization factor (22 items) and person factor (23 items). Participants were asked to indicate how often they had done each of the behaviors in their present job. Response choices were presented in a 5-point format ranging from 1 (never) to 5 (every day). Reliability coefficients for two factor and total scale .90, .81 and .93 respectively.

The scoring system was calculated by summing all items in the scale. The higher score indicated there is a greater counterproductive work behavior in the present setting, regarding the scoring of counterproductive work behavior it was as following: - low counterproductive behavior from 45-104, moderate counterproductive behavior from 105-164 and high counterproductive behavior from 165-225.

**Tool (III): Maslach's Burnout Inventory scale:**

This tool was designed by **Maslach & Jackson, (1981)**. It was used to assess the degree of burnout among nurses; and consisted of (22) items. The items were categorized under three dimensions as emotional exhaustion (8 items), depersonalization (8 items), and personal achievement (6 items). Response choices were presented in a 6-point format ranging from as 0= never, 1 = a few times a year or less, 2 = once a month or less, 3 = A few times a month, 4 = once a week, 5 = a few times a week, and 6 = every day. The scoring system was calculated by summing all items in the scale. The higher score indicated there is a greater burnout in the present setting, regarding the scoring of burnout: it was as following: - low burnout:( 0-43) Moderate burnout:( 44-88), and - Low burnout: (89-132).

**Validity of the study tools:**

The face validity of the current study tools was established by a panel of five experts in the field of Psychiatric and Mental Health Nursing as well as Nursing Administration from Faculty of Nursing, Minia University. Each expert panel was asked to assess the tools for its content, wording, length, coverage clarity, format and its general appearance. Based on their recommendation, all jury members agree that the current study tools were valid and relevant with the aim of the study, so no modification was done from the Jury panel.

**Reliability of the study tools:**

The reliability test was calculated by utilizing Cronbach's Alpha Coefficient for the analysis instruments, Cronbach's alpha coefficient was used to assess the internal accuracy of the study scales. The reliability values for the occupational adjustment were .86, the counterproductive work behavior was .91, while the job burnout was .88.

**Pilot study**

The pilot study was carried out on (10%) of the participants (13) nurses from the two hospitals to ensure the clarity and applicability of the tool's items, and to determine the time required to complete the tools. The results showed that the time spent in filling the tools was ranged between 30 -35 min. On the basis of the pilot study analysis no Reforms were done in the tools. So, number of the pilot study was included in the total number of the study sample.

**Procedure**

- Tools were translated into Arabic.
- After describing the purpose of the work, official permission was received from the Hospitals' directors.
- The researchers defined the purpose, nature and importance of the study in order to improve cooperation between participants in research implementation.
- After explaining the purpose of the study, each participant received oral consent.
- The questionnaires were processed separately by

the researchers during the data collection and explained to the participant nurses the questionnaires sheets in order to request their participation.

- The researchers waited until the participants finished the sheets.
- Data was collected for a period nearly two months from beginning of May to the end of June 2020.

**Ethical Considerations**

The nurses involved in this research were given verbal clarification of the purpose and objective of the current study. The nurses have been accorded the right to withdraw or to take part, and they have been told that their data and data will be utilized and used confidentially for the purposes of the study.

**Statistical design**

Computer software was used for the purpose of data entry and statistical analysis, the statistical package for social studies (SPSS), version 22. Suitable descriptive statistics were used such as frequencies, and percentages for qualitative variables, means, and standards deviations for quantitative variables. Correlation coefficient ( $r$ ) test was used to estimate the closeness association between variables. For all the tests used, statistical significance was considered at  $p$ -value  $<0.05$

**Results****Table ( 1 ): Percentage distribution of staff nurses personal characteristics (N= 130)**

Characteristics	No	%
<b>Age</b>		
• <29year	82	63.1
• -30 ≤39 year	33	25.4
• -≥ 40 year	15	11.5
<b>Mean+ SD</b>	29.4+7.68	
<b>Gender</b>		
• Male	34	26.2
• Female	96	73.8
<b>Educational qualifications</b>		
• Diploma	24	18.5
• Technical	40	30.7
• Bachelor	66	50.8
<b>Years of experience</b>		
• ≤6	58	44.6
• 7 ≤12	34	26.2
• ≥13	38	29.2
<b>Mean+ SD</b>	6.16+5.31	
<b>Hospitals</b>		
• Minia Psychiatric Mental Health and Addiction Hospital	56	43.1
• Minia University liver center	74	56.9

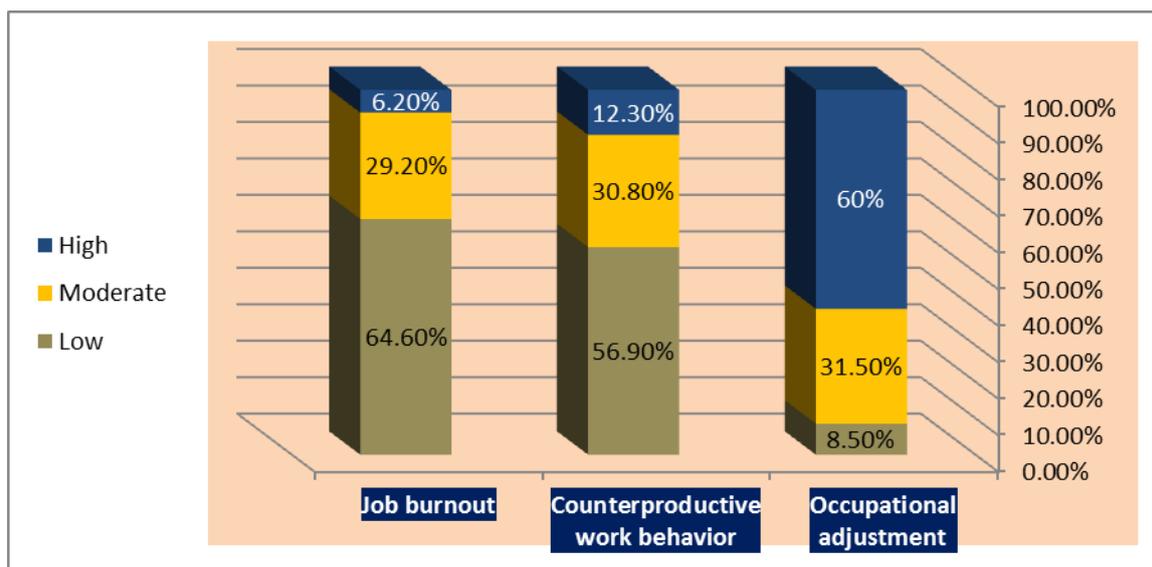


Figure (1): Percentage distribution of staff nurses regarding occupational adjustment, counterproductive work behavior and job burnout (no= 130)

Table (2): Comparison of staff nurses regarding occupational adjustment, counterproductive work behavior and job burnout according to their hospitals(no= 130)

Variables	Psychiatric Mental Health And Addition Hospital (N=56)						Minia university liver center (N=74)						X <sup>2</sup>	P value
	Low		Moderate		High		Low		Moderate		High			
	no	%	no	%	no	%	no	%	no	%	no	%		
occupational adjustment	4	7.2	25	44.6	27	48.2	7	9.5	16	21.6	51	68.9	7.82	.020*
counterproductive work behavior	25	44.8	24	42.7	7	12.5	49	66.2	16	21.6	9	12.2	7.22	.029*
job burnout	28	50	25	44.6	3	5.4	51	68.9	18	24.3	5	6.8	5.95	.052*

\* p≤0.05 (significant) \* Statistically significant difference

Table (3): Mean scores comparison among occupational adjustment, counterproductive work behavior and job burnout on the selected hospitals (N=130)

Variable	Minia psychiatric mental health and addition hospital	Minia University liver center	T test	P value
	Mean± SD	Mean± SD		
Occupational adjustment	242.7+56.3	277.2+72.7	1.86	.004*
Counterproductive work behavior	110.6+50.3	126.6+39.1	.968	.043*
Job burnout	43.1+23.5	45.1+29.7	2.26	.027*

\* p≤0.05 (significant) \* Statistically significant difference

Table (4): Relation between occupational adjustment, counterproductive work behavior and job burnout with personal data of staff nurses (N=130)

Personal data	Occupational adjustment						X <sup>2</sup> (p-value)	Counterproductive work behavior						X <sup>2</sup> (p-value)	Job burnout						X <sup>2</sup> (p-value)
	Low n=11		Moderate n=41		High n=78			Low n=74		Moderate n=40		High n=16			Low n= 79		Moderate n= 43		High n= 8		
	No.	%	No.	%	No.	%		No.	%	No.	%	No.	%		No.	%	No.	%	No.	%	
<b>Age</b>																					
• 20-29 year	5	3.8	23	17.7	54	41.5	9.32 (.041*)	52	40	23	17.7	7	5.4	8.80 (.012)*	57	43.8	23	17.7	2	1.5	13.3 (.006*)
• 30-39 year	4	3.1	9	6.9	20	15.4		18	13.8	9	6.9	6	4.6		18	13.8	12	9.2	3	2.3	
• ≥ 40 year	2	1.5	9	6.9	4	3.1		4	3.1	8	6.2	3	2.4		4	3.1	8	6.2	3	2.3	
<b>Gender</b>																					
•Male	2	1.5	4	3.1	28	21.5	10.2 (.004*)	26	20	4	3.1	4	3.1	8.92 (.010*)	26	20	8	6.2	0	0	5.63 (.052*)
•Female	9	6.9	37	28.5	50	38.5		48	36.9	36	27.7	12	9.2		53	40.8	35	26.9	8	6.2	
<b>Educational qualifications</b>																					
•Diploma	2	1.5	16	12.3	22	16.9	5.67 (.213) NS	20	15.4	16	12.3	4	3.1	4.34 (.353) NS	20	15.4	16	12.3	4	3.1	5.73 (.201) NS
•Technical	8	6.2	15	11.5	43	33.1		41	31.5	15	11.5	10	7.7		46	35.4	18	13.8	2	1.5	
•Bachelor	1	0.8	10	7.7	13	10		13	10	9	6.9	2	1.5		13	10	9	6.9	2	1.5	
<b>Years of experience</b>																					
•1- 6 yrs	5	3.8	18	13.8	35	26.9	8.23 (.075) NS	33	25.4	18	13.8	7	5.4	13.1 (.099) NS	36	27.7	18	13.8	4	3.1	4.93 (.288) NS
•7- 12 yrs	6	4.6	8	6.2	20	15.4		18	13.8	7	5.4	9	6.9		18	13.8	12	9.2	4	3.1	
•≥13 yrs	0	0	15	11.5	23	17.7		23	17.7	15	11.5	0	0		25	19.2	13	10	0	0	
<b>Hospitals</b>																					
•Psychiatric Mental Health and Addiction Hospital.	4	3.1	25	19.2	27	20.8	7.72 (.017*)	25	19.2	24	18.5	7	5.4	7.22 (.029*)	28	21.5	25	19.2	3	2.3	5.90 (.051*)
•Minia University liver center	7	5.4	16	12.3	51	39.2		49	37.7	16	12.3	9	6.9		51	39.2	18	13.8	5	3.8	

\* p≤0.05 (significant) \* Statistically significant difference

\*\*Highly Statistically significant difference

NS: No significant

**Table (5): Correlation between occupational adjustment, counterproductive work behavior and job burnout (N=130)**

Variable		Occupational adjustment	Counterproductive work behavior	Job burnout
<b>Occupational adjustment</b>	r	1	.569-**	.574-**
	P		.000	.000
<b>Counterproductive work behavior</b>	r	-	1	..728**
	P			.000
<b>Job burnout</b>	r	-	-	1
	P			

**Table (1):** Shows that (63.1%) of the staff nurses are in age group ranged between  $\leq 29$  years, (73.8%) of them are female. Also, (50.8%) are bachelor degree. Moreover (44.6%) of the participants sample have  $\leq 6$  years of experience. Finally regards to Hospitals, (56.9%, and 43.1%) respectively of them work in Minia University liver center and Minia Psychiatric Mental Health and Addiction Hospital

**Figure (1):** Presents that, (60%) of the studied sample have high level of occupational adjustment while, (56.9%) of them have a low level of counterproductive work behavior. Also, (64.6%) of the studied sample has a low level of job burnout.

**Table (2):** Illustrates that, high percent of the studied sample that have a high level of **occupational adjustment** (68.9%) working at Minia University liver center compare with Minia Psychiatric Mental Health and Addiction Hospital as (48.2%) with statistical significance difference ( $p = .020^*$ ). While, **counterproductive work behavior** was low at Minia University liver center staff nurses (66.2%) compare with Minia Psychiatric Mental Health and Addiction Hospital (44.8%) with statistical significance difference ( $p = .029^*$ ). Also, **job burnout** considering low among staff nurses working at Minia University liver center (68.9%) compare with Minia Psychiatric Mental Health and Addiction Hospital as (50%) with statistical significance difference ( $p = .052^*$ ).

**Table (3):** Clarifies that there are a statically significant differences between Minia Psychiatric Mental Health and Addiction Hospitals and Minia University liver center regarding to occupational adjustment, counterproductive work behavior and job burnout with ( $p = .004^*$ ,  $.043^*$  and  $.027^*$ ) respectively

**Table (4):** Shows that there are statistically significant differences between **occupational adjustment** with (age, gender, and hospitals) as ( $p = 0.041^*$ ,  $0.004^*$ , &  $0.017^*$  respectively). Also, there are statistically significant differences between **counterproductive work behavior** with (age, gender, and hospitals) as ( $p = 0.012^*$ ,  $0.010^*$ , &  $0.029^*$  respectively). Moreover, shows that there are statistically significant differences between **Job**

**burnout** and (age, gender, and hospitals) as ( $p = 0.006^*$ ,  $0.052^*$ , &  $0.051^*$  respectively).

**Table (5):** Illustrates that there are a negative correlation between staff nurses' occupational adjustment and counterproductive work behavior ( $r = .569-^{**}$  &  $p = .000$ ), there are a negative correlation between staff nurses' occupational adjustment and job burnout ( $r = .574-$  &  $p = .000$ ) Also, there are a positive correlation between counterproductive work behavior and job burnout ( $r = .728$  &  $p = .000$ ).

## Discussion

An significant component of the health system, which immediately impacts the standard of care rendered, was emphasized to the staff and their level of experience. Also, Nursing is an integral part of the workplace and particularly essential for the delivery of medical care. Nurses are included in the different units of the hospital administration as clinical staff and the environment of their work make them highly sensitive to burnout syndromes (Khamisa et al., 2013 & Lin, 2014).

The present study shows that (63.1%) of the staff nurses are in age group ranged between  $< 29$  years, (73.8%) of them are female. Also, (50.8%) are bachelor degree. Moreover (44.6%) of the participants sample have  $< 6$  years of experience. Finally regards to Hospitals, (56.9%, and 43.1%) respectively of them work in Minia University liver center and Minia Psychiatric Mental Health and Addiction Hospital

As regarding the total sample (both hospitals) (60%) of the studied sample have high level of occupational adjustment while, (56.9%) of them have a low level of counterproductive work behavior. Also, (64.6%) of the studied sample has a low level of job burnout. This could be attributed to that, Minia University liver center is a new building with good facilities, equipment, supplies and advantages, other hospital Minia Psychiatric Mental Health and Addiction is affiliated to general Secretariat with many advantages such as good hospital services ,facilities, available resources that require to perform tasks and appropriate salaries in addition that nurses may have

self-regulation on tasks for nursing and non-nursing responsibilities so the staff nurses in both hospitals are satisfied and have commitment to their workplace which in turn increase occupational adjustment, decrease stress and burnout.

This finding is congruent with **Li et al., (2014)** reported that Engagement and personality hardiness greatly contribute to an increased level of job burnout among staff nurses. There have also been other negative effects, including absenteeism and intentions on revenue, correlated with high burnout levels. These results are supported by **Cetinkaya et al., (2017)** who agreed on satisfaction factors affecting burnout. The same author displayed that when there is a higher nurse satisfaction, there will be lower nurse willingness to burnout their workplace.

**Ugwu et al. (2017)** found in this sense that workers are more likely to work in a detrimental way to show an unwillingness in handling other people, employees, colleagues, patients and clients to effectively control their emotions and burnout. This tends to suggest that an employee's ability to manage his/her emotion is an important virtue capable of reducing counter-productive work behavior.

The current study found that, most of the studied sample that have a high level of occupational adjustment working at Minia University liver center followed with nearly to half of nurses in Minia Psychiatric Mental Health and Addiction Hospital with statistical significance difference ( $p = .020^*$ ). This could be attributed to that; Psychiatric service is a physically and mentally demanding activity for nurses. Nurses are faced with professional work requirements as well as the possibility of abuse. Nurses were the most highly paid by violence in the workplace among health care workers. Violent assaults on nurses included factors like single job, patient lengths, control of the place of work, environmental pressure and professional training.

On the same context, **Vijay & Vazirani (2012)** found that psychiatric nurses are particularly subject to stressful situations. Therefore, it is likely that continuous and prolonged exposure to inevitable stressful workplace situations can lead to counter-productive work behavior. This is especially true if we consider the overall situation experienced by nurses at their workplaces. Indeed, their mood is always extremely low and they are increasingly subject to heavy and urgent working loads.

**Amiresmaili & Moosazadeh (2013)** confirmed that it is stressful for nurses to work in the critical department and to provide treatment to chronic patients which nurses are subject to extreme stresses, abnormal suffered and death, side-effects linked to treatment and long-term pain care. More than 70 conduct mild to moderate counterproductive work

and workload. Long-term job stress burnout may make nurses vulnerable in contrast to their colleagues who work in ambulatory environments.

The present study also found that, counterproductive work behavior was low at Minia University liver center staff nurses (66.2%) compare with Minia Psychiatric Mental Health and Addiction Hospital as (44.8%) respectively with statistical significance difference ( $p = .029^*$ ). This could be explained by that nurses working in liver care facilities are subject to low stresses compared to psychiatric nurses which may be emotionally exhausted due to dealing with psychiatric and addict patients.

In a similar study of **Uchenna, (2013)** that investigated the counterproductive work behavior among employees in emotionally demanding jobs, it was found that workers who indicated emotional exhaustion were more probable to be counter-productive behavior.

Also the current study found that job burnout considering low among staff nurses working at Minia University liver center (68.9%) compare with Minia Psychiatric Mental Health and Addiction Hospital as (50%) respectively with statistical significance difference ( $p = .052^*$ ). This may be caused by psychological conflict during dealing with psychiatric and addict patients, also the environment of work at Minia University liver center is a new building with good facilities, equipment, supplies and advantages which enhance nurses to work in less stressful environment and encourage nurses to stay in their hospital.

This result is in same line with **Ebrahimi et al., (2015) & Ntantana et al., (2017)** displayed that Organizational factors (organizational culture, organizational characteristics, and relationships within the organization), occupational status (stress of labor, overload of jobs, financial recompense, culture and the ability of employees to access authority) and employee factor, such as (personal data, demographic, behaviors, and attitudes of employee) are responsible for burnout. **Salvagioni et al. (2017)** also mentioned the association between work burnout and occupational factors. work affiliates, underbalanced work life, and too much workload that led to stress may be occupational factors.

This is in agreement with **Stuart, (2014)** who stated that nurses have continued to manage patients and families of all levels of society in the field of psychiatric care, and that they have to deal with multiple communication and complex interpersonal relations among different medical teams. Job accidents as well as patient verbal attacks would increase the burnout among psychiatric nurses. **Nantsupawat et al. (2017)** notes that psychiatric

nurses suffer from a lot of burnout because of their work's high emotional and physical requirements. Strong workloads for high burnout have been found.

In comparison, Chu, (2013) registered 231,652 licensed nursing workers in Taiwan according to statistical details dated May 2012, but only 136,567 active practitioners at a practical rate of 58.95 per cent. As a result, clinical nurses continue to have a workforce shortage, resulting in a large number of patients needing treatment, high job demands and too much work for nurses in practice. Nurses work too long hours and shifts chronically which leads to fatigue and a high risk of work burnout. In reality, **Schouteten (2016)** found numerous withdrawal behavior's, for instance absenteeism, as a result of job burnout. Specifically, sickness absenteeism as a major outcome of work burnout was observed.

The current study also found that, there were a negative correlation between staff nurses' occupational adjustment and counterproductive work behavior ( $r=.569^{**}$  &  $p=.000$ ) and, there are a negative correlation between staff nurses' occupational adjustment and job burnout ( $r=.574$ -&  $p=.000$ ). This could be attributed to that, when nurses adjusting to their work this decrease the chance for deviant behaviors in work which in turn decrease job burnout

This finding supported by **Omar et al., (2011)** who studied stress and job satisfaction as antecedents of workplace deviant behavior and considered that, job stress and job satisfaction as creators of workplace deviant behavior. In this regard **Hong & Lee (2016)**, which claimed that there are strong potential associations between occupational stress and two dimensions of burnout (i.e., emotional exhaustion and depersonalization) in a study on the media impact of emotional intelligence between emotional work, work stress, burnout and career intention.

In a study done by **Bolton et al., (2012)**, findings showed that the job burnout led to the prediction of contra productive actions substantially and positively. Also, (**Jung & Yoon, 2012**) added that, the close relationships found between the counter-productive work behavior and each of the three components of burnout and suggest that the more nurses suffer burnout the more the likelihood that they would exhibit counter-productive work behavior also raises. This result is in agreements with **Faheem & Mahmud, (2015)** who concluded that, there is powerful negative relationship between job burnout, distributive justice and workplace deviance.

In comparison (**Jaradat et al., 2016**) concluded that, no relevant association exists between human labor and counterproductive behavior of the workplace, burnout and job satisfaction of private hospital nurses. The effect of stress was found to be due to an

individual's chosen response to a situation that does not inherently have a negative impact on the performance of the job. It could be argued that the success of nurses in the private sector may be by other factors rather than by the work satisfaction, burnout or tension associated with the nurses. **Banks et al. (2012)** found, for instance, a slight but meaningful positive correlation between occupational adjustment and counterproductive work behavior.

### Conclusion and Recommendations

The findings of the current study affirmed that the highest studied sample have high level of occupational adjustment while low level of counterproductive work behavior and job burnout. The most of the studied sample that have a high level of occupational adjustment at Minia University liver center compare with Minia Psychiatric Mental Health and Addiction Hospital as. While, counterproductive work behavior was low at Minia University liver center staff nurses (compare with Minia Psychiatric Mental Health and Addiction Hospital. Also, job burnout considering low among staff nurses working at Minia University liver center compare with Minia Psychiatric Mental Health and Addiction Hospital.

Also, there were a negative correlation between staff nurses' occupational adjustment and counterproductive work behavior, there are a negative correlation between staff nurses' occupational adjustment and job burnout. Moreover, there are a positive correlation between counterproductive work behavior and job burnout.

**In light of the conclusions of this study, it was recommended that**

- Administrative support and services can be offered by in-service training programs and training opportunities that increase the overall level of occupational adjustment awareness.
- The hospital manager should regularly recognize the factors effect of occupational adjustment and develop successful strategies for improving employee satisfaction and enhancing work condition .
- Construction of the rewards system for the enhancement of the work of nurses.
- A research to assess the effects of the training program to enhance the retention of nurses and minimize nursing burnout syndrome.

### References

- **Amiresmaili, M., & Moosazadeh, M. (2013):** Determining job satisfaction of nurses working in hospitals of Iran: A systematic review and meta-analysis. Iranian journal of nursing and midwifery research, 18(5), 343.

- **Atwa M, E (2002):** Occupational Adjustment for Nurses working in the Governmental Hospitals and Its Relation with Personality Traits: Master thesis, The Islamic University-Gaza Deanery of Higher studies Faculty of Education Department of psychology.
- **Banks, G., Whelpley, C., Oh, I., & Shin, K. (2012):** (How) are emotionally exhausted employees harmful?. *International Journal of Stress Management*, 19(3), 198.
- **Bolton, L., Harvey, R., Grawitch, M., & Barber, L. (2012):** Counterproductive work behaviours in response to emotional exhaustion: A moderated mediational approach. *Stress and Health*, 28(3), 222-233.
- **Cetinkaya, F., Akbulut, Z., Dur, N., Eryalcin, O., & Korkmaz, M., (2017):** Analysis of Job Satisfaction and Burnout Level of Nurses in Different Generations. *International Journal of Caring Sciences*, Volume 10 | Issue 3 | Page 60
- **Chirico, F. (2016):** Job stress models for predicting burnout syndrome: a review. *Annali dell'Istituto superiore di sanita*, 52(3), 443-456.
- **Chu, C. (2013):** The impact of hospital nurses' emotional labor on job satisfaction and burnout. *Taiwan Gong Gong Wei Sheng Za Zhi*, 32(3), 266.
- **De Crom, N., & Rothmann, S. (2018):** Demands-abilities fit, work beliefs, meaningful work and engagement in nature-based jobs. *SA Journal of Industrial Psychology*, 44(1), 1-12.
- **Dehestani, M., Tarkhan, M., Abbasi, M., & Aghili, Z. (2012):** Efficacy of integrating stress coping skills training with detoxification on social adjustment of addicted women. *Addiction & Health*, 4(3-4), 127.
- **Ebrahimi, S., Firoozi, J., Jafari M., & Gudarzi, N. (2015):** Investigating the Relation of Organizational Factors and Burnout in Employees and Providing Solutions: A Study on Employees of Bank Melli Iran *Annals of Military & Health Sciences Research* Vol 13, No 3.
- **Elshaer, N., Moustafa, M., Aiad, M., & Ramadan, M. (2017):** Job stress and burnout syndrome among critical care healthcare workers. *Alexandria Journal of Medicine*. <http://dx.doi.org/10.1016/j.ajme.2017.06.004> Advance online publication.
- **Faheem, M., & Mahmud, N. (2015):** The effects of organizational justice on workplace deviance and job satisfaction of employees: evidence from a public sector hospital of Pakistan. *Mediterranean Journal of Social Sciences*, 6(5), 342.
- **Fox, S., & Freeman, A. (2011):** Narcissism and the deviant citizen: A common thread in CWB and OCB. In *The Role of Individual Differences in Occupational Stress and Well Being*. Emerald Group Publishing Limited.
- **Gharibzadeh, R., Kazemi, S., & Jaafari, S. (2017):** The impact of organizational Ambience and quality of work life of nurse's compatibility in 2016. *Education & Ethic In Nursing*, 6(3), 40-48.
- **Hartarto, A., Panjaitan, J., & Sumiyana, S. (2020):** A new method to empower organizational readiness for change in Indonesian SMEs. *Entrepreneurship and Sustainability Issues*, 8(2), 230.
- **Hong, E., & Lee, Y. (2016):** The mediating effect of emotional intelligence between emotional labour, job stress, burnout and nurses' turnover intention. *International journal of nursing practice*, 22(6), 625-632.
- **Jaradat, Y., Nielsen, M., Kristensen, P., Nijem, K., Bjertness, E., Stigum, H., & Bast-Pettersen, R. (2016):** Workplace aggression, psychological distress, and job satisfaction among Palestinian nurses: A cross-sectional study. *Applied nursing research*, 32, 190-198.
- **Jung, H., & Yoon, H. (2012):** The effects of emotional intelligence on counterproductive work behaviors and organizational citizen behaviors among food and beverage employees in a deluxe hotel. *International Journal of Hospitality Management*, 31(2), 369-378.
- **Khamisa N, Peltzer R. & Oldenburg B. (2013):** Burnout in relation to specific contributing factors and health outcomes among nurses: A systematic review. *International Journal of Environmental Research and Public Health* 10, 2214–2240.
- **Kim, H., & Yoon, S. (2018):** Effects of group rational emotive behavior therapy on the nurses' job stress, burnout, job satisfaction, organizational commitment and turnover intention. *Journal of Korean Academy of Nursing*, 48(4), 432-442.
- **Laschinger, H., Finegan, J., & Wilk, P. (2011):** Situational and dispositional influences on nurses' workplace well-being: The role of empowering unit leadership. *Nursing research*, 60(2), 124-131.
- **Li, A., Early, S., Mahrer, N., Klaristenfeld, J., & Gold, J. (2014):** Group cohesion and organizational commitment: protective factors for nurse residents' job satisfaction, compassion fatigue, compassion satisfaction, and burnout. *Journal of Professional Nursing*, 30(1), 89-99.
- **Lin H. (2014):** Revisiting the relationship between nurse staffing and quality of care in nursing homes: An instrumental variables approach. *Journal of health economics*, 37, 13-24.
- **Lu, H., Zhao, Y., & While, A. (2019):** Job satisfaction among hospital nurses: A literature review. *International journal of nursing studies*, 94, 21-31.

- **Makhdoom, I., Atta, M., & Malik, N. (2019):** Counterproductive Work Behaviors as an Outcome of Job Burnout among High School Teachers. *Bulletin of Education and Research*, 41(2), 79-92.
- **Molero Jurado, M., Pérez-Fuentes, M., Atria, L., Oropesa Ruiz, N., & Gázquez Linares, J. (2019):** Burnout, perceived efficacy, and job satisfaction: perception of the educational context in high school teachers. *BioMed research international*, 2019.
- **Nantsupawat, A., Kunaviktikul, W., Nantsupawat, R., Wichaikhum, O., Thienthong, H., & Poghosyan, L. (2017):** Effects of nurse work environment on job dissatisfaction, burnout, intention to leave. *International nursing review*, 64(1), 91-98.
- **Ntantana A, Matamis D, Savvidou S, Giannakou M, Gouva M, Nakos G. & Koulouras V. (2017):** :Burnout and job satisfaction of intensive care personnel and therelationship with personality and religious traits: An observational, multicenter, cross-sectional study. *Intensive and Critical Care Nursing* 1-7
- **Omar, F., Halim, F., Zainah, A., & Farhadi, H. (2011):** Stress and job satisfaction as antecedents of workplace deviant behavior. *Deviant Behavior*, 16, 17.
- **Ruotsalainen, J., Verbeek, J., Mariné, A., & Serra, C. (2014):** Preventing occupational stress in healthcare workers. *Cochrane Database of Systematic Reviews*, (11).
- **Salvagioni, D., Melanda, F., Mesas, A., González, A., Gabani, F., & Andrade, S. (2017):** Physical, psychological and occupational consequences of job burnout: A systematic review of prospective studies. *PloS one*, 12(10), e0185781.
- **Schouteten, R. (2016):** Predicting absenteeism: screening for work ability or burnout. *Occupational Medicine*, kqw161.
- **Spector, P., Fox, S., Penney, L., Bruursema, K., Goh, A., & Kessler, S. (2006):** The dimensionality of counterproductivity: Are all counterproductive behaviors created equal?. *Journal of vocational behavior*, 68(3), 446-460.
- **Stuart, G. (2014):** Principles and practice of psychiatric nursing-e-book. Elsevier Health Sciences.
- **Uchenna, C. (2013):** Counterproductive work behavior among employees in emotionally demanding jobs: the roles of perceived organizational support, job burnout, and age. *Nigerian Journal of Applied Behavioural Sciences*, 1, 105-114.
- **Ugwu, L., Enwereuzor, I., Fimber, U., & Ugwu, D. (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.
- **Vaezi, M., Vala, M., Souri, M., Mousavi, A., & Ghavamzadeh, A. (2016):** Emotional, social and occupational adjustment among oncology nurses. *International journal of hematology-oncology and stem cell research*, 10(4), 195.
- **Van der Heijden, B., Brown Mahoney, C., & Xu, Y. (2019):** Impact of job demands and resources on Nurses' burnout and occupational turnover intention towards an age-moderated mediation model for the Nursing profession. *International journal of environmental research and public health*, 16(11), 2011.
- **Vijay, M., & Vazirani, N. (2012):** A Comparative Study on Stress Among Nurses in Private and Public Hospitals in Mumbai. *BVIMR Management Edge*, 5(1).
- **Wei, F., & Si, S. (2013):** Tit for tat? Abusive supervision and counterproductive work behaviors: The moderating effects of locus of control and perceived mobility. *Asia Pacific Journal of Management*, 30(1), 281-296.
- **Zerwekh, J., & Garneau, A. (2017):** *Nursing Today-E-Book: Transition and Trends*. Elsevier Health Sciences.