Mansoura Nursing Journal (MNJ) Vol. 9. No. 2 – 2022
Print ISSN: 2735 – 4121 Online ISSN : 2735 – 413X

Original Article

Nursing Practice Environment and Counterproductive Work Behavior among Staff Nurses at Gastroenterology Center-Mansoura University

1 Yasmeen Ali El-Shahawy, 2 Ahlam El-Shaer, 3 Asmaa Moustafa Abdel-Ghani

1 (B.SC. in Nursing) Nursing specialist, Gastroenterology Center, Mansoura University
2 Professor, Nursing Administration, Faculty of Nursing, Mansoura University
3 Lecturer, Nursing Administration, Faculty of Nursing, Mansoura University

1.ABSTRACT

Background: Creating healthy nursing practice environment that free from negative behaviors such as counterproductive work behavior is a major responsibility of healthcare organization. Counterproductive work behavior might hinder healthcare organization from achieving such healthy environment because it has multiple negative impacts to nurses and organization**Aim**: Investigate the relationship between nursing practice environment and counterproductive work behavior among staff nurses at Gastroenterology Center Mansoura University. Method: Descriptive correlational design was utilized, included 174 staff nurses working at Gastroenterology Center Mansoura University. Data was collected by using two tools, nursing practice environment questionnaire, and counterproductive work behavior questionnaire**. Results**: Revealed that the highest mean percentage (72.08%) was related to collegial nurse physician relationships as a characteristic of nursing practice environment. While, the lowest mean percentage (63.94%) was related to nurse participation in hospital affairs. As well as, the highest mean percentages of counterproductive work behavior were related to abuse and withdrawal, while the lowest perception was related to sabotage. Also, there was a highly statistically significant negative correlation between nursing practice environment and counterproductive work behavior. **Conclusion**: Nursing practice environment was mainly characterized by good relationship and collaboration between nurses and physicians, adequate policy and planning around patient care. Also, counterproductive work behavior had low level of occurrence among staff nurses. This means good nursing practice environment decreased counterproductive work behavior among staff nurses. **Recommendations**: Providing the chance for staff nurses to share in policy decisions. Designing and implementing strategies to reduce CWB by adopting zero tolerance strategies.

Keywords: Counterproductive work behavior, Nursing practice environment, Staff nurse.

2.Introduction:

Nursing practice environment has received a great deal of attention recently for the sake of improving patient safety and continuing lack of nurses **(Menard, 2014).** A major obstacle to the retention of nurses is an unhealthy practice environment caused by negative behaviors resulted from a range of workplace reasons including patients, families, doctors, and co-workers. One such deviant behavior is counterproductive work behavior which has multiple negative impacts to nurses and their organization including increased turnover, diminished productivity, lowered job satisfaction, and increased burnout **(Brehm, 2019).**

In nursing research, the labels workplace, work environment, and nursing practice environment have been used alternately. Workplace refers to the actual location where nurses work, while work environment and nursing practice environment involve additional management practices, interactions, resources, procedures, and other administrative characteristics. The work environment is relevant to entire surroundings in any occupation (including nursing), but the term nursing practice environment is particularly for nurses, as it reflects the practical nature of their vocation **(Ambani, 2017).**

The Nursing Practice Environment (NPE) is the factors that contribute to or minimize a nurse's capacity to offer high-quality care and practice nursing professionally **(Lowe, 2019).** It is a workplace where rules, processes and systems are organized to match the objectives of the organization while also providing individual satisfaction **(AbuAlRub, El-Jardali & Abu, 2016).** Understanding the practice environment delivers the chance to assess and mark regions where change may be essential to maintain or recruit nurses and improve patient care **(Dos Santos Alves, da Silv & de Brito Guirardello, 2017).**

Nursing practice environment consists of five factors which include: nurse participation in hospital affairs; refers to involvement of nurses in policy decisions, internal governance and committees. Nursing foundations for quality of care; highlights a high standard of patient care. It

includes the existence of enough strategy and preparation around patient care, and appropriate quality assurance programs. Nurse manager ability, leadership and support of nurses; emphasizes the effect of nurse manager on the environment in which nurses give patient care. Staffing and resource adequacy; sadly, nurses frequently quit unfavorable work conditions by leaving the unit or the organization altogether. Collegial nurse-physician relations; it means when negative nurse-physician relations are present negative consequences for nurses are expected, including job dissatisfaction and increased turnover intention **(Brehm, 2019).**

The organizational characteristics of the NPE play a crucial role in nurses and patient outcomes **(Brofidi, Vlasiadis & Philalithis, 2018).** A positive NPE contributes to increase nurses' job satisfaction, retention, attraction and lower risk of job stress and burnout which in turn favor the improvement of healthcare quality **(O'Hara, Burke, Ditomassi & Lopez, 2019).** Additionally, NPE has been shown to influence patient outcomes as reducing the rate of mortality, patients' fall incidences, nosocomial infections and medication errors, while poorer NPE has been linked to higher levels of job discontent, intent to leave and burnout among nurses which is extremely costly to healthcare organizations. Also, it may contribute to negative behaviors that are known as Counterproductive Work Behaviors (CWBs) **(Ugwu, Enwereuzor, Fimber & Ugwu, 2017).**

Counterproductive work behavior is an intended conduct which disrupts important organizational customs and engenders the organization or its members, or both". According to target, there are two dimensions of CWB: interpersonal and organizational. The interpersonal CWB includes immoral behaviors aimed at people inside the organization such as treating impolitely or making fun of others. The organizational CWB consists of unhealthy behaviors targeted at the organization, such as taking extended breaks or working slowly on purpose **(Dirican & Erdil, 2019).**

Counterproductive work behavior can also be divided into five subscales, or dimensions. These dimensions are: Abuse against others: involves destructive behaviors directed against colleagues or the organization that affects them either physically or emotionally such as threatening, or affecting the individual's ability to work competently. Production deviance: refers to the intended failing to accomplish a work assignment in the precise manner that is required. As it is not directly performed to hurt another person, production deviance is often a more passive activity than abuse. Sabotage: points to the ruining or destruction of physical property of an organization or people inside it. Sabotage, as abuse, is a more active, planned activity aimed at injuring specific objectives. Withdrawal: is characterized by actions that reduce the amount of time spent at work to less than what the healthcare allows. For example, arriving late or leaving early. Theft: involves taking materials or other organizational possessions without permission **(Weber, 2019).**

There are numerous reasons for counterproductive work behaviors in the work setting. Nurses may be unsatisfied with their job, annoyed with their superiors or colleagues, or they just may want to know if they can get away with it **(Geraghty, 2019).** Counterproductive work behavior is triggered by stressors in the workplace such as job constraints, role ambiguity, interpersonal conflict and heavy workload. The emergence of CWB in a work setting could be attributed to a stressor-strain framework in which nurses exposure to workplace stressors trigger their negative responses. Thus, CWB is a behavioral pressure that emerges as a result of facing different stressors in their work setting **(Moon & Hur, 2018).**

Significance of the Study:

Gastroenterology center deals with many dangerous and complex conditions such as liver transplantation, esophagus, gastric and colon surgeries that require high-level nursing care by staff nurses. This needs to provide the staff nurses with a suitable work environment free from heavy workload, interpersonal conflict and job stress. Poor work environments adversely affect the nurses' performance, patient safety and patient care outcomes. When a nurse has a negative exchange relationship with the organization they may be more likely to participate in some negative behaviors such as counterproductive behaviors that are viewed in sabotage, theft of property, absenteeism, coming late, poor quality of work and abuse of sick leave. This can affect nearly all aspects of the center from day-to-day interactions of the staff to the total cost. So, the aim of this study was to investigate the relationship between nursing practice environment and counterproductive work behavior among staff nurses.

Aim of the Study

This study aimed to investigate the relationship between nursing practice environment and counterproductive work behavior among staff nurses at Gastroenterology Center Mansoura University.

Research Questions:

- **RQ1**: What are the characteristics of the nursing practice environment?
- **RQ2**: What are the counterproductive work behaviors among staff nurses?
- **RQ3:** Is there a relationship between nursing practice environment and counterproductive work behavior?

3. Methods

Study Design:

Descriptive correlational research design was used to accomplish the aim of the present study.

Study Setting:

This study was carried out at Gastroenterology Center Mansoura University which offers an extensive variety of health service at Delta region. This center is equipped with recent international equipment and instruments, with bed capacity of 130 beds. It consists of two buildings and there is another building still under construction dedicated to liver transplantation. It includes operating rooms, intensive care units, internal departments, medical units, endoscopy unit and radiology unit.

Subjects:

All available staff nurses during the time of data collection and who had at least one year of experience and willing to participate in this study. Their total numbers were (174) staff nurses covering all units of hospital.

Tools of Data Collection

Two tools were utilized to gather data for this research:

Tool (I):

Practice Environment Scale of the Nursing Work Index (PES-NWI): It was developed by **(Lake, 2002)** to assess nursing practice environment. It consists of two parts:

Part (1): Personal characteristics of staff nurses and it includes: age, sex, marital status, education qualification, and years of experience.

Part (2): It consists of (31 items) covered five subscales: nurse participation in hospital affairs (9 items), nursing foundations for quality of care (10 items), nurse manager ability, leadership, and support of nurses (5 items), staffing and resource adequacy (4 items) and collegial nurse-physician relations (3 items). Each statement response was considered based on four-point Liker scales from (1) strongly disagree, (2) disagree, (3) agree, and (4) strongly agree.

Scoring System: Poor nursing practice environment (<50%), moderate nursing practice environment (50%-75%) and good nursing practice environment (>75%).

Tool II:

It was developed by (Spector, Fox & Domagalski, 2006) to measure the frequency occurring of various types of CWB among staff nurses within the past three months.

It is composed of (32 items) covered five subscales which are: abuse against others (17 items), production deviance (3 items), sabotage (3 items), withdrawal (4 items), and theft (5 items). Each statement response was considered based on five-point Liker scale from (1) never, (2) once or twice, (3) once or twice per month, (4) once or twice per week and (5) every day, with higher scores representing higher engagement in CWB.

Scoring system: low level of counterproductive work behavior (<50%), moderate level of counterproductive work behavior (50%-75%) and high level of counterproductive work behavior (>75%).

Validity and reliability:

Validity of the face and content was established by a panel of five experts from the faculty of nursing at Mansoura University who reviewed the tools for relevancy, accuracy, comprehensiveness, application, and simplicity of use, and modifications were made based on their feedback. The corrections were related to grammatical language and rephrasing of some sentences. Also, the personal characteristics were modified by adding two characteristics (marital status and unit). Some examples were added to further clarify some sentences. **Reliability** test of the study tools, nursing practice environment and counterproductive work behavior were tested by Cranach's Alpha. Reliability was computed and found ($\alpha = 0.85$), ($\alpha = 0.70$) respectively.

Pilot study:

A pilot research was done on 10% of the study sample's staff nurses (19). They were randomly selected and excluded from the total sample. It was done to assess the clarity, feasibility of the questions and to determine the time required

to complete the study tool. Staff nurses who shared in the pilot study were removed from the total sample, and necessary modifications were done according to their responses.

Ethical Consideration:

Formal approval has been attained from the Research Ethics Committee of Faculty of Nursing, Mansoura University. The official permission to conduct the research was secured by the hospital's authorized administrator, the participation was voluntary. The confidentiality and anonymity of the subject were ensured by encoding all data. The privacy of the participants was secured. The confidentiality of the obtained data was maintained and the results were used as an element of research for future publication and education.

Field work:

The researchers collected data through interviewing staff nurses to explain the study aim and ask for their participation. The researcher distributed a questionnaire to each subject in the study, either individually or in groups, during work hours in morning and afternoon shifts. The purpose of the study as well as how to submit the questionnaire was explained by the researcher. Nearly 20 minutes were given to fill out the questionnaire sheets. The researcher was present during filling to clarify any ambiguity and answer any questions. The researcher checked each filling questionnaire and ensured its completeness. The number of questionnaire sheets collected from staff nurses per day ranged from 7-8 sheets. The researcher went to the hospital 3 days a week. Data collection took two months from the beginning of April to the end of May 2020.

Statistical analysis:

The acquired data were organized, tabulated and statistically examined using SPSS software (Statistical Package for the Social Sciences, version 26, SPSS Inc. Chicago, IL, USA). The normality assumption was accepted. Therefore categorical variables were represented as frequency and percentage. The mean and standard deviation were used to represent continuous variables. The independent t-test was used to compare the two means of continuous variables. The Pearson correlation coefficient test was used to examine the relationship between two continuous variables. Multiple linear regression analysis was conducted to investigate the independent variable of counterproductive work behavior (dependent variable). Statistically significant was considered as (p-value $\leq$ 0.01 &0.05).

4. Results:

Table (1): Personal characteristics of the studied staff nurses revealed that, the total studied sample were (174) staff nurses. More than half (59.8%) of staff nurses were in the age group (20-30). Most of them (81.6%) were females. The majority (72.4%) of them were married. More than half of them (53.4%) indicated a technical degree as their highest completed nursing degree. While staff nurses had a wide range of years of experience as a registered nurse, more than third (40.8%) of them had years of experience more than 10 years.

Table (2): Shows nurses' perception of nursing practice environment. More than half (54.6%) of staff nurses agreed about nursing practice environment. Most of staff nurses agreed and strongly agreed with collegial nurse-physician relations and nursing foundations of quality care (78.2% &72.4%) respectively. Following by (61.5%) & (61%) respectively for nurse manager ability, leadership, and support of nurse and staffing and resource adequacy. On the other hand, nurse participation in hospital affairs was the least subscale of NPE to be agreed and strongly agreed with (58%).

Figure (1): Expounds mean percentages ranking of nurses' perception of nursing practice environment. Collegial nurse-physician relations was the highest mean percent (72.08%) followed by nursing foundations for quality of care subscale with mean percent (69.28%), while the lowest perception was for nurse participation in hospital affairs with mean percent (63.94%%), followed by nurse manager ability, leadership, and support of nurses with mean percent (64.35%).

Figure (2): Displays perception levels of nursing practice environment among the studied staff nurses at Gastroenterology Center Mansoura University. (70.7%) of studied sample had moderate perception level of nursing practice environment and (19.5%) of them had good level, while (9.8%) of them had poor level of perception.

Table (3): Illustrates the perception of counterproductive work behavior among the studied sample. The majority (87.9%) of the studied sample never engaged in all counterproductive work behavior subscales. Only (0.6 %) of them were engaged every day.

Figure (3): Articulates mean percentages ranking of nurses' perception of counterproductive work behavior. Abuse was been perceived as the highest mean percent (26.96 %) among the studied sample, followed by withdrawal (24.35 %). On the other hand, sabotage was perceived as the lowest

mean percent (21.67%), followed by theft with mean score (22.28 %).

Figure (4): Demonstrates perception levels of counterproductive work behavior among the studied sample. Most staff nurses had low level of CWB (96.6%).

Table (4): Illustrates correlation between subscales of nursing practice environment and counterproductive work behavior. Statistical significant negative correlations were found between two characteristics of NPE (nursing foundations for quality of care and nurse participation in hospital affairs) with three types of CWB (abuse, productive deviance and sabotage) and the total CWB. Also, theft, abuse, production deviance and sabotage had statistical significant negative correlation with the total NPE. There was a high significant negative correlation between overall NPE characteristics and over CWB types was at Gastroenterology Center Mansoura University.

Figure (5): States that there was highly statistically significant negative correlation between nursing practice environment and counterproductive work behavior as perceived by the studied sample (p-value= 0.004).

Table (1): Personal characteristics of the studied staff nurses (n=174)

Variables	n	%
Age years		
▪ 20-30	104	59.8
▪ 30-40	37	21.3
▪ >40	33	19.0
Mean±SD	31.89±8.47	
Gender		
▪ Male	32	18.4
▪ Female	142	81.6
Marital status		
▪ Single	42	24.1
▪ Married	126	72.4
▪ Divorced	6	3.4
Level of education		
▪ Diploma degree	32	18.4
▪ Technical degree	93	53.4
▪ Bachelor degree	49	28.2
Experience years:		
▪ 1-5	68	39.1
▪ 6-10	35	20.1
▪ >10	71	40.8
Mean±SD	11.41±9.47	

Table (2): Nurses' perception of nursing practice environment (n=174)

Nursing practice environment subscales	**Strongly disagree (1)**		**Disagree (2)**		**Agree (3)**		**Strongly agree (4)**	
	N	%	N	%	N	%	N	%
A. Nurse participation in hospital affairs	17	9.8	56	32.2	87	50.0	14	8.0
B. Nursing foundations for quality of care	11	6.3	37	21.3	106	60.9	20	11.5
C. Nurse manager ability, leadership, and support of nurses	19	10.9	48	27.6	95	54.6	12	6.9
D. Staffing and resource adequacy	21	12.1	47	27.0	85	48.9	21	12.1
E. Collegial nurse-physician relations	16	9.2	22	12.6	103	59.2	33	19.0
Overall nursing practice environment	17	9.8	42	24.1	95	54.6	20	11.5

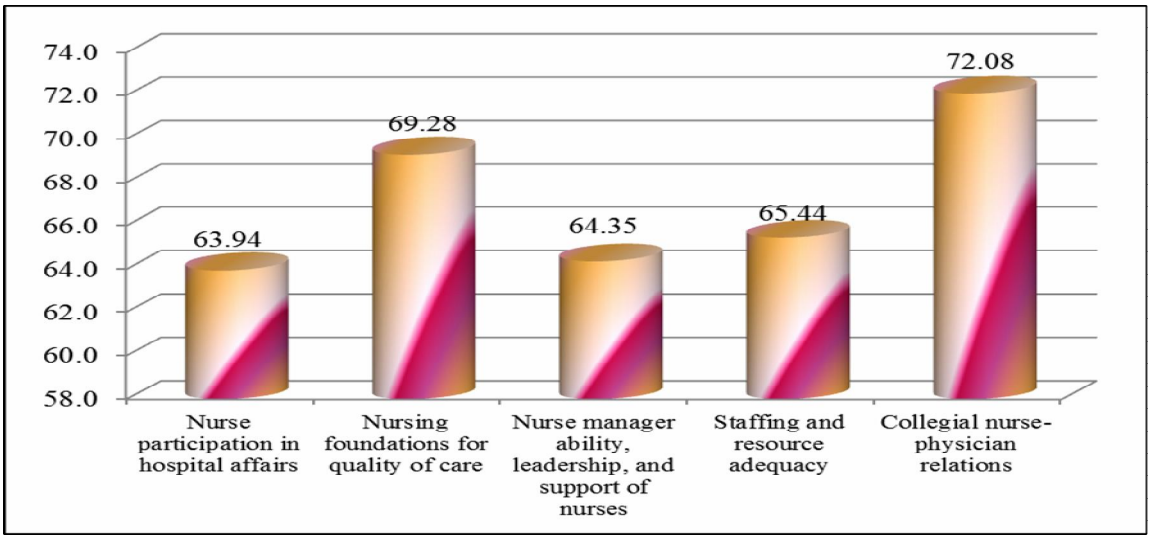

Figure (1): Mean percentages ranking of nurses' perception of nursing practice environment (n=174)

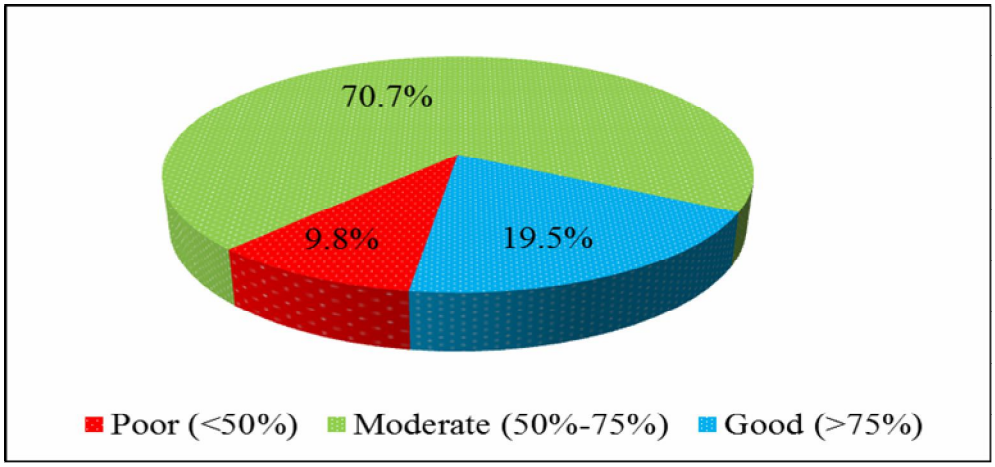

Figure (2): Levels of nurses' perception of nursing practice environment (n=174)

Table (3): Nurses' perception of counterproductive work behavior (n=174)

Counterproductive work behavior subscales	Never (1)		Once or twice (2)		Once or twice per month (3)		Once or twice per week (4)		Every day (5)	
	n	%	n	%	n	%	n	%	N	%
A. Abuse	136	78.2	26	14.9	5	2.9	3	1.7	4	2.3
B. Production deviance	155	89.1	12	6.9	3	1.7	3	1.7	1	0.6
C. Sabotage	167	96.0	2	1.1	2	1.1	3	1.7	0	0.0
D. Theft	160	92.0	10	5.7	3	1.7	0	0.0	1	0.6
E. Withdrawal	144	82.8	26	14.9	2	1.1	2	1.1	0	0.0
Overall counterproductive work behavior perception	153	87.9	15	8.6	3	1.7	2	1.1	1	0.6

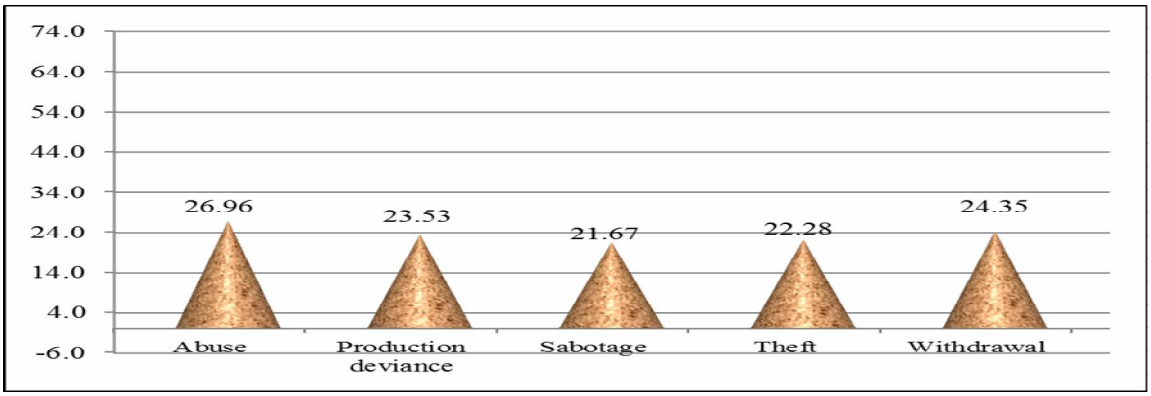

Figure (3): Mean percentages ranking of nurses' perception of counterproductive work behavior (n=174)

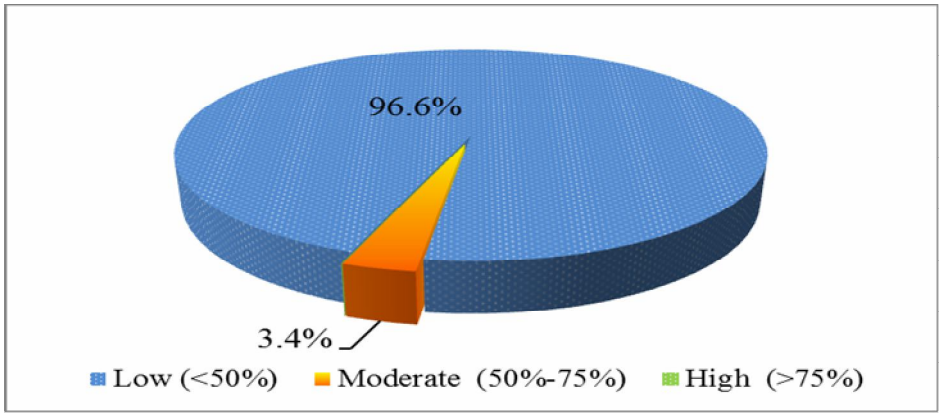

Figure (4): Levels of nurses' perception of counterproductive work behavior (n=174)

Table (4): Correlation between subscales of nursing practice environment and counterproductive work behavior (n=174)

	Counterproductive work behavior subscales											
Nursing practice environment subscales	Abuse		Production deviance		Sabotage		Theft		Withdrawal		Overall counterproductive work behavior	
	r	P	R	p	r	P	R	p	R	P	R	p
Nurse participation in hospital affairs	-0.21	**0.005****	-0.24	**0.001****	-0.24	**0.001****	0.14	0.06	0.07	0.31	-0.22	**0.002****
Nursing foundations for quality of care	-0.20	**0.008****	-0.22	**0.003****	-0.16	**0.03***	0.09	0.21	0.09	0.22	-0.21	**0.006****
Nurse manager ability, leadership, and support of nurses	0.14	0.06	-0.01	0.88	-0.05	0.47	0.14	0.07	0.06	0.42	-0.12	0.09
Staffing and resource adequacy	0.13	0.07	-0.12	0.10	-0.11	0.16	0.14	0.07	0.03	0.69	-0.14	0.06
Collegial nurse-physician relations	0.12	0.08	-0.05	0.49	-0.08	0.08	0.08	0.28	0.06	0.41	0.10	0.17
Overall nursing practice environment perception	-0.22	**0.004****	-0.19	**0.01****	-0.18	**0.02***	-0.15	**0.05***	0.06	0.38	-0.22	**0.004****

* Statistically significant (p ≤0.05) / ** highly statistically significant (p ≤0.01)

Figure (5): Correlation between nurses' perception of nursing practice environment and counterproductive work behavior (n=174)

5. Discussion

A professional nursing practice environment is required to ensure and sustain high quality patient care. Nowadays counterproductive work behavior is considered one among the main serious pervasive and destructive issues facing today's healthcare organizations. Hence, there is a need to provide a positive NPE where CWB will be non-existent or at best reduced to the barest minimum.

Regarding to nursing practice environment, most of staff nurses agreed and strongly agreed with collegial nurse-physician relations and nursing foundations for quality of care as characteristics of good nursing practice environment and they ranked as the highest. This may indicate that nurses and physicians at Gastroenterology Center were working together with mutual respect, trust and collaborated for the benefit of their patients. Most studied nurses had technical and bachelor degrees in nursing, and have the experience to communicate effectively with others health care providers. Moreover, nurses work for a long time with other healthcare providers, this enhanced the social relation among them; this was reflected on the harmony and cooperation between them.

Also, this may be attributed to effective patient care strategy and planning, as well as suitable quality assurance processes. Furthermore, this result may be due to the fact that nurses who work in university hospitals are responsible for teach nursing students and ensuring a good practice environment. So, they are more likely to be more familiar with 'nursing foundations' chiefly in establishing nursing diagnosis, maintaining up-to-date nursing care plans, and being able to implement nursing care focused on nursing theories.

This finding was corresponding with a study conducted by (**Ibrahim, Elsayed & Metwally, 2019)** who examined the effect of professional NPE and psychological empowerment on nurses' readiness for change, and discovered that the collegial relationship between nurses and doctors was the highest perceived domain among all domains of NPE followed by nursing foundation for quality of care.

Another similar research conducted by **(Ambani, 2017)** who analyzed the nursing practice environment and job outcomes in Saudi and revealed that in both public and teaching hospitals, collegial nurse-physician relations and the foundations for quality of care were the highest ranked subscales. The results from the public hospital showed that collegial nurse-physician relations subscale was the greatest followed by foundations for quality of care, while the ranking was inverted in the teaching hospital.

On the contrary, this finding was disagreed with **(Kim, Capezuti, Boltz, & Fairchild, 2009)** who examined the NPE and nurse-perceived quality of geriatric care in hospitals and revealed that collegial nurse physician relationship was found to be the highest domain that nurses disagreed with. In addition, it was mismatched with a study conducted by **(Gasparino, Martins, Alves & Ferreira, 2020)** who assessed the validation of the practice environment scale among nursing technicians and aides and found that the nurses and doctor relationship needed solutions to improve communication and collaboration between them, as it was the lowest domain to be perceived by technicians and aides.

The current study revealed that most of staff nurses disagreed and strongly disagreed with nurse participation in hospital affairs and nurse manager ability, leadership, and support of nurses as characteristics of nursing practice environment. In addition, they ranked as the lowest. This may be due to less opportunity of the staff nurses to share in hospital decision-making, policy decision, nursing committees, inadequate opportunities for advancement for staff nurses, and dissatisfaction regarding management's responsiveness to nurse concerns. Also, nurse manager may not highly visible and accessible to their staff when they need their consultation on daily problems and to provide them immediate feedback, positive reinforcement and recognition.

This finding was identical with a study conducted by **(Gasparino, et al, 2019)** who tested the evaluation of the professional practice environment of nursing in health institutions and revealed that the participation of nurses in hospital affairs obtained the most unfavorable evaluation in the perception of the participants. Furthermore, this was conformable with a study performed by **(Cengiz, Yoder& Danesh, 2021)** about perioperative nurses' perceptions of their nursing practice environments and detected that the level of involvement of nurses in hospital policy decisions was the most undesirable characteristic of NPE.

Conversely, this finding contradicted with a study performed by **(Mouro, Tashjian, Bachir, Al-Ruzzeih & Hess, 2013)** about comparing nurses' perceptions of governance related to hospitals' journeys to excellence status in the middle east, and indicated that nurses at magnet-eligible hospitals believed that decision-making is shared between nursing administration and staff nurses. Nurses in these facilities praised their participation in all aspects of the nursing career. In addition, it was disagreed with the study conducted by **(Dordunoo, Chu, Yeun, et al, 2021)** who examined the impact of practice environment and resilience on burnout among clinical nurses and revealed that the highest perception of NPE was related to nurse manager ability, leadership, and support of nurses.

The finding of the current study showed that the studied staff nurses had moderate perception level toward NPE. This finding may indicate the performance of nurses' practices with more autonomy, greater control over the environment. Also, it could be due to nurses and doctors work well as a team and collaborate for the care of their patients, and they work in a place which has established very clear anticipations for professionalism, the standard of care, and patient outcomes by integrating continuous enhancements into the daily provision of care, offering updated care plans, and giving opportunities for ongoing training.

This result was supported by the study of **(Ibrahim, Elwekel, Osman& El-Gilany, 2020)** that assessed nurses' work environment and psychological capital and revealed that half of the studied nurses perceived their work environment as a mixed environment that sometimes good and sometimes poor. Moreover, this result was confirmed by **(El-Deeb, Fakhry& Abed-Aleem, 2021)** who examined the relationship between work environment and horizontal violence among staff nurses and discovered that the highest percent of the studied staff nurses reported an average perception of NPE.

In contrast, this result interfered with the study conducted by **(Lambrou, Merkouris, Middleton & Papastavrou, 2014)** who assessed the relationship between nurses' perceptions of their professional practice environment and job satisfaction and detected that studied nurses perceived their working environment as toxic and this is because of low characteristics supporting professional. Furthermore, the present study results conversed with a study conducted by **(Baddar, Ezzat & Bassiuni, 2008)** about nurses' perception toward hallmarks of the professional nursing practice environment and the findings of that study indicated that nurses' perception for the professional nursing practice environment was below average.

Regarding to counterproductive work behavior (CWB), the finding of this study indicated that abuse as CWB dimension had the highest mean percentage and ranked as the first type of CWB. This may be due to stress, aggression, or social norms. It may be due to personal factors or situations such as financial problems, which may face some nurses resulting in stress that could cause abusive behaviors such as arguing with, ignoring, or blaming others. Also, negative stance by management or nurse manager toward someone who previously engaged in abusive behavior may result in repeating it as there were no deterrent positions.

The study result was analogous with **(Sypniewska, 2020)** who examined CWB and organizational citizenship behavior, and **(Dajani, Zaki, Mohamed & Saad, 2017)** who assessed perceived organizational injustice and CWB, and both of them revealed that abuse was the most common CWB as reported by the staff. The same result as a study conducted by **(Roopa, Nanjundeswaraswamy & Swamy, 2016)** about an exploratory study on CWBs of nurses and found that the highly occurring behavior was abuse against others.

However, this finding interfered with a study conducted by **(Zheng, 2019)** who assessed CWB with explicit and implicit measures of conscientiousness, agreeableness, and emotional stability and detected that abuse was the lowest occurred between CWBs.

Following abuse as the highest perceived CWB dimension in the current study was withdrawal behavior came next. This may be because of withdrawal is passive in nature, so it is

not likely to be noticed and punished, and it involves purposely taking actions aimed at decreasing the amount of time spent on achieving one's tasks. For instance, as being deliberately late for work, reducing working time, lengthening breaks, or taking days off in an illegal way and pretending illness.

This fining was matched with a study carried out by **(Bibi, Karim, & ud Din, 2013)** who examined workplace incivility and counterproductive work behavior and revealed that withdrawal was the second most common occurred behavior after abusive behavior as domains of CWB. Also, a study conducted by **(Kulualp, & Koçoğlu, 2019)** about the open door to prevent counterproductive work behavior, and found that withdrawal and abusive behaviors were ranked as the highest between all CWB domains.

On the other side, sabotage was ranked as the lowest dimension between CWB subscales. This may be due to fear from legal accountability as damaging property is likely to be seen and result in penalties. Most of staff nurses had never committed wasting hospital materials or supplies or damaging them on purpose, or intently dirtied their hospital.

This finding was comparable with **(Rauf & Farooq, 2014)** who assessed adaptation and validation of CWB checklist and **(Dajani, Zaki, Mohamed & Saad, 2017)** and both determined that sabotage was the most uncommon behavior among the sample as it was more likely to be punished on because it is not passive in nature.

On the other hand, **(Bolton, Becker & Barber, 2010)** who assessed the big five trait predictors of differential CWB dimensions, and **(Roopa, Nanjundeswaraswamy & Swamy, 2016)** who assessed an exploratory study on CWBs of nurses and both studied discovered that the lowest occurring behavior was production deviance not sabotage.

Theft behavior was perceived as the least among CWB dimension subscales, after sabotage. This may be due the presence of effective punishing policies and procedures regarding theft. If there were no penalties to nurses' theft, others would continue to steal because they think they won't be penalized. Also, it may reflect the efficient control over inventory with preventive measures, and, or, good morale at the hospital. It may also due to their religious ideology that forbids some negative behaviors including theft.

This finding was matched with the study conducted by **(Bibi, Karim & ud Din, 2013)** who explored workplace incivility and CWB and another study of **(Kulualp & Koçoğlu, 2019)** who studied the open door to prevent CWB and both studies determined that theft was between the two lowest perceived subscales of CWB.

The study results revealed that the studied staff nurses' perception of CWB was low level of occurrence due to less job stressors that caused CWB, such as workload, interpersonal conflict, and organizational constraints such as shortage of the staff and resources. Unlike most university hospitals that receive emergency patients, Gastroenterology Center doesn't receive them. Therefore, staff nurses in Gastroenterology Center had less workload compared to other staff in university hospitals. Also, with the presence of positive relationship between nurses and doctors, as reported by staff nurses, interpersonal conflicts are less likely to occur. And because large number of staff nurses reported the adequacy of the staff and resources, less organizational constraints is predicted. As a consequence, staff nurses were less likely to engage in CWB.

This result was matched with a study performed by **(Ali, Ali & Zaki, 2021)** who examined the effect of occupational adjustment on nurse's CWB and job burnout, and the study of **(Elsayed & Abo Habieb, 2019)** that assessed the role of negative affectivity behavior on incidence of counterproductive workplace behavior among nurses. Both of them discovered that CWB was not common between nurses as it wasn't discovered often in the organization.

In contrast, this result was inconsistent with the study conducted by **(Ebrahim & Eldeep, 2020)** who examined workplace ostracism and CWBs among nurses found that more than half of studied nurses had moderate perception level of CWB. Also, the study of **(Weber, 2019)** that examined job crafting as a moderator of the relationship between job stress and CWB and detected that participants were involved in CWB at an average level.

Regarding correlation between study variables as perceived by staff nurses, there had a highly statistically significant negative correlation between nursing practice environment and CWB. It means that, when there is a good NPE, the incidence of CWB will decrease and vice versa. The NPE of the studied nurses is characterized with an appropriate atmosphere of collaborative working between the nurses and the physicians; presence of active staff development programs and quality assurance programs; providence of clinically competent nurses to work with; assignments of

patient care promote continuity of care; presence of suitable support services; and sufficient staff number. These positive characteristics may hinder nurses from behaving negatively in the hospital. As nurses barely wasted or damaged supplies or materials of their hospital on purpose or even took something belongs to others. These CWBs, with the presence of the positive features of NPE, were less likely to happen.

This finding matched with a study conducted in Turkey by **(Küçük, 2019)** who examined the impacts of toxic organizational climate, narcissistic leader and workplace envy on individual outcomes of counterproductive work behavior, work exhaustion and contextual performance, and deduced that the toxic organizational climate has a positive effect on counterproductive work behavior. The mean score of toxic organizational climate scale remarked the moderate level of toxic perception of organizational relations. The results emphasized that when employees perceive toxic climate in their organization to be, they show more counterproductive work behavior.

Moreover, there was a corresponding study conducted by **(Adekeye & Ajayi, 2020)** who assessed the work environment and workplace deviant behavior and reported that work environment influence deviant behavior. Also, **(Houck, 2018)** who studied workplace bullying, nurse practice environment and patient outcomes detected that bullying was negatively linked to the practice environment condition at the hospital.

Conversely, this finding was inconsistent with the study conducted by **(El-Deeb, Fakhry & Abed-Aleem, 2021)** who discovered a statistically significant positive correlation between overall score of work environment and horizontal violence. And, a statistically significant relationship was discovered between horizontal violence and 4 subscale of work environment as nurse participation, nursing foundation for quality of care, efficiency and head managers of nursing and support nurses, the adequacy of human resources and sources as dimensions of work environment.

Nurse participation in hospital affairs had statistically significant negative correlations with overall CWB, mainly abuse, production deviance and sabotage. It means that when nurses are allowed to be involved in policy decisions and hospital committees, participate in the hospital's internal governance, have adequate power and authority, and where there is career development and clinical ladder opportunity, the less likely they are to engage in abuse (threatening, making harsh comments, disregarding an individual, or declining the individual's capacity to work effectually), production deviance (intentional failing to accomplish work assignments in the manner they are expected to be done),and sabotage (purposely damaging of the organization's physical property or ruining the belongings of employees).

In addition, nursing foundations for quality of care had also statistically significant negative correlations with overall CWB subscales, especially abuse, production deviance and sabotage. It means that when nurses had a high standard of patient care, effective policy and planning around patient care, and suitable quality assurance methods, they are less likely to be involved in abuse, production deviance or sabotage.

This study also revealed that, total NPE subscales, had negative correlation with theft, production deviance, sabotage and abuse which indicates that when there is positive NPE, the nurses are less likely to engage CWB including; stealing supplies or other organizational belongings, purposely failing to perform assignments, destroying hospital physical property, making threats, or ignoring others.

6. Conclusion:

Nursing practice environment was mainly characterized by good relationship and collaboration between nurses and physicians, adequate policy and planning around patient care. Also, counterproductive work behavior had low level of occurrence among staff nurses. This means good nursing practice environment decreased counterproductive work behavior among staff nurses.

7. Recommendation:

Based on the findings of this study, it was suggested that:

- Providing the chance for the staff nurses to share in policy decision, and hospital and nursing committees.
- Listening and responding to the staff nurses concerns and involve them in the internal governance of the hospital.
- Continuing education programs for nurses should include topics about CWB and its preventive measures to decrease its negative outcomes.
- Designing and implementing policies to reduce CWB in the hospital environment.
- Implementing zero tolerance policies that clearly indicate the sorts of unacceptable conduct.

8.References:

- AbuAlRub, R., El-Jardali, F., Jamal, D., & Abu, N. A. R. (2016). Exploring the relationship between work environment, job satisfaction, and intent to stay of Jordanian nurses in underserved areas. *Applied nursing research*: ANR, 31, 19-23.
- Adekeye, D. S., & Ajayi, O. A. (2020). Work environment and workplace deviant behaviour in Nigerian Public Hospitals. Rev. *Universitara Sociologie, 24*.
- Ali, R. M. N., Ali, H. D., & Zaki, S. M. (2021). Effect of occupational adjustment on nurse's counterproductive work behavior and job burnout. *Assiut Scientific Nursing Journal, 9(24), 51-61.*
- Ambani, Z. A. (2017). The nursing practice environment and job outcomes in Saudi Hospitals.
- Baddar, F. M., Ezzat, H. A., & Bassiuni, N. A. (2008). Nurses' perception toward hallmarks of the professional nursing practice environment.
- Bibi, Z., Karim, J., & ud Din, S. (2013). Workplace incivility and counterproductive work behavior: Moderating role of emotional intelligence. *Pakistan Journal of Psychological Research, 317-334.*
- Bolton, L. R., Becker, L. K., & Barber, L. K. (2010). Big Five trait predictors of differential counterproductive work behavior dimensions. *Personality and individual differences*, *49*(5), 537-541.
- Brehm, S. N. (2019). The impact of practice environment on workplace incivility in hospital settings (Doctoral dissertation, Grand Canyon University).
- Brofidi, K., Vlasiadis, K., & Philalithis, A. (2018). Assessment of the nursing practice environment in Greek Hospitals: a cross-sectional study. *Journal of Research in Nursing, 23(6), 535-545.*
- Cengiz, A., Yoder, L. H., & Danesh, V, 2021. Perioperative nurses' perceptions of their nursing practice environments.
- Dajani, D., Zaki, M. A., Mohamed, D., & Saad, M. (2017). Perceived organizational injustice and counterproductive behavior: The mediating role of work alienation evidence from the Egyptian public sector.
- Dirican, A. H., & Erdil, O. (2019). The influence of ability-based emotional intelligence on discretionary workplace behaviors. *Journal of Human Behavior in the Social Environment,* 1-14.
- Dordunoo, D., An, M., Chu, M. S., Yeun, E. J., Hwang, Y. Y., Kim, M., & Lee, Y. (2021). The impact of practice environment and resilience on burnout among clinical nurses in a tertiary hospital setting. *International journal of environmental research and public health, 18(5), 2500.*
- Dos Santos Alves, D. F., da Silva, D., & de Brito Guirardello, E. (2017). Nursing practice environment, job outcomes and safety climate: a structural equation modeling analysis. *Journal of nursing management*, 25(1), 46-55.
- Ebrahim, A. M. S., & Eldeep, M. N. (2020). Workplace ostracism and counterproductive work behaviors among nurses. *Egyptian Journal of Health Care, 11(3), 641-649.*
- El-Deeb, A. M. K. E. S., Fakhry, F .S., & Abed-Aleem, M. M. (2021). The relationship between work environment and horizontal violence among staff nurses at Port Said General Hospitals. *Port Said Scientific Journal of Nursing, 8(2), 58-75.*
- Elsayed, N., & Abo Habieb, E. (2019). The role of negative affectivity and incivility behavior on incidence of counterproductive workplace behavior among nurses. *Mansoura Nursing Journal, 6(1), 213-225.*
- Gasparino, R. C., Ferreira, T. D. M., Carvalho, K. M. A. D., Rodrigues, E. S. A., Tondo, J. C. A., & Silva, V. A. D. (2019). Evaluation of the professional practice environment of nursing in health institutions. *Acta Paulista de Enfermagem, 32, 449-455.*
- Gasparino, R. C., Martins, M. C. P., Alves, D. F. D. S., & Ferreira, T. D. M. (2020). Validation of the practice environment scale among nursing technicians and aides. *Acta Paulista de Enfermagem, 33.*
- Geraghty, S. M.(2019). Examining Perceived Organizational Injustice as a Moderator in the Relationship of Dark Tetrad Personality Traits to Counterproductive Work Behavior.
- Houck, N. M. (2018). Workplace Bullying, Nurse Practice Environment, Patient

Outcomes: A Descriptive Study (Doctoral dissertation, Duquesne University).

- Ibrahim, I. A., Elwekel, N., Osman, Z. H., & El-Gilany, A. H. (2020). Nurses' work environment and psychological capital: Predictors of workplace bullying. *Egyptian Journal of Health Care, 11(3), 92-103.*
- Ibrahim, S. E., Elsayed, S. H., & Metwally, F. G. (2019). Effect of professional nursing practice environment and psychological empowerment on nurses' readiness for change. *Zagazig Nursing Journal, 15(2), 168-188.*
- Kim, H., Capezuti, E., Boltz, M., & Fairchild, S. (2009). The nursing practice environment and nurse-perceived quality of geriatric care in hospitals. *Western Journal of Nursing Research, 31(4), 480-495.*
- Kulualp, H. G., & Koçoğlu, C. M. (2019). The open door to prevent counterproductive work behavior: ethical leadership. *Revista Anais Brasileiros de Estudos Turísticos-ABET, 9(1, 2 e 3).*
- Lake, E. T. (2002). Development of the practice environment scale of the nursing working index. *Research in Nursing and Health, 25(3), 176-188.*
- Lambrou, P., Merkouris, A., Middleton, N., & Papastavrou, E. (2014). Nurses' perceptions of their professional practice environment in relation to job satisfaction: A review of quantitative studies. *Health Science Journal.*
- Laschinger, H. K. S., Finegan, J., & Wilk, P. (2009). New graduate burnout: The impact of professional practice environment, workplace civility, and empowerment. *Nursing Economics*, *27*(6), 377.
- Lowe, M.A. (2019). An exploratory study of the perceived organizational support, coworker
social support, the nursing practice environment, and nurse demographics on burnout in palliative care nurses.
- Menard, K. I. (2014). Collegiality, the nursing practice environment, and missed nursing care.
- Moon, T. W., & Hur, W. M. (2018). Go home and kick the dog: Spillover effects of experienced coworker incivility on customer-directed counterproductive work behavior. *Journal of Service Theory and Practice*, 28(5), 554-575.
- Mouro, G., Tashjian, H., Bachir, R., Al-Ruzzeih, M., & Hess, R. (2013). Comparing nurses' perceptions of governance related to hospitals' journeys to excellence status in the Middle East.
- O'Hara, M. A., Burke, D., Ditomassi, M., & Lopez, R. P. (2019). Assessment of MillennialNurses' Job Satisfaction and Professional Practice Environment. JONA: *The Journal of Nursing Administration,* 49(9), 411-417.
- Rauf, K., & Farooq, A. (2014). Adaptation and validation of counterproductive work behavior checklist (45 and 32). *International Journal of Novel Research in Humanity and Social Sciences, 1(1), 39-49.*
- Roopa, D. N., Nanjundeswaraswamy, T. S., & Swamy, D. R. (2016). An exploratory study on counterproductive work behaviors of nurses. *International Journal of Engineering and Management Research (IJEMR), 6(3), 685-692.*
- Spector, P. E., Fox, S., & Domagalski, T. (2006). Emotions, violence and counterproductive work behavior. *Handbook of workplace violence, 29-46.*
- Sypniewska, B. (2020). Counterproductive work behavior and organizational citizenship behavior. Advances in cognitive psychology, 16(4), 321.
- 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.*
- Weber, M. A. (2019). Examining job crafting as a moderator of the relationship between job stress and counterproductive work behavior *(Doctoral dissertation, Southern Illinois University at Carbondale).*
- Whelpley, C. E., & McDaniel, M. A. (2016). Self-esteem and counterproductive work behaviors: a systematic review. *Journal of Managerial Psychology*.
- Zheng, J. (2019). Predicting counterproductive work behavior with explicit and implicit measures of conscientiousness, agreeableness, and emotional stability