

Relation between Organizational Support and Deviances at Workplace from Nurses' Prespective

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Abstract

Background: Organizational support can create a positive and productive work environment help nurses to manage workplace related stressors and exhaustion. Deviances in workplace considered one of the main issues that effect on the care provided by nurses. **Aim:** This study aimed to determine the relation between organizational support and deviances at workplace from nurses' prespective. **Subject and Method; Design:** A descriptive-correlational design was used. **Setting:** The study was conducted at Tanta University Main Hospital. The following inpatient departments were included in the data collection: Pediatric, Medical, Obstetrics and Gynecology, Endemic, and Pediatric Surgery. Along with Neuro-Psychiatric, Cardiac, Medical, and Pediatric Intensive Care Units. **Subject:** A representative sample consisted of (460) nurses were selected by simple random sample. **Tools:** Two tools were used to collect the data. **Tool I:** Nurses' Perceived Organizational Support Structured Questionnaire. **Tool II:** Deviant Behaviors in Workplace Structured Questionnaire. **Results:** It shows that nearly all 99.1% of nurses had unsatisfactory level regarding organizational support. Also, nearly all 98.3% of them had minor level of prespective regarding deviant behavior. **Conclusion:** There was a positive statistical significant correlation between nurses' perceived organizational support and their prespective of deviant behaviors at workplace. **Recommendations:** Hospital administrators adopt educational strategies to increase nurses awareness of the problems associated with deviant behaviors and its consequences. Continually asses the level of perceived organizational support and prevalence of deviant behaviors at work.

Key words: Nurses, Organizational support, Workplace deviant.

Introduction

Nursing is a noble profession where nurses mix principles of health services with the art of caring to provide wellness of injured, diseased, and dying patients in different health care settings. ^(1, 2) Nurses play very vital role through providing wide range of health care services. They not only

follow instructions of doctors but also make sure that patients receive high quality care in ethical and organized manner. ⁽²⁾ Advocacy, promotion of a safe environment, research, participation in shaping healthcare policy and patients' education are also key nursing roles. Hospitals should provide support to nurses to carry out

their role in effective and efficient manner. (3,4)

Organizational support is required by all healthcare staff through their hospitals, to recognize how much their hospital caring about satisfying nurses' needs as well as nurses' wellbeing. Organizational support can create a positive and productive work environment which help nurses to manage workplace related stressors and exhaustion.(4) Perceived organisational support can be unpacked in two ways: A sense that the hospital appreciates nurses' efforts through accomplishment and appreciate nurses' contribution through **performance-reward expectancies**, which occur when organizational supports assess nurses in formative the organizations' willingness to reward nurses for improved determination and work-performance. (5)

A perception that hospital worried about nurses' well-being by **fulfills socio-emotional needs at workplace**, which socio-emotional needs requests esteem, appreciation, and association. So, the hospital management should understand that nurses, not only are assets for service, money or data, but also considered socio-emotional belongings that require appreciation, respect and support. Strengthening nurses' perception of organizational support is vital to the confirm of positive behaviour from nurses. (5) Nurses' perception of organizational support is dependent on intensity, frequency to achieve nurses' socio-emotional needs and existing of material, social rewards in exchange

for nurses' best efforts that develop more work satisfaction. (6)

Meanwhile, high levels of organizational support would; maintain positive orientation toward hospital, toughen prospects of nurses and motivating nurses to achieve hospital goals. Job dissatisfaction and turnover are common consequences of an unsupportive work environment. Thereby, reducing levels of organizational support will lead to existent of negative outcomes for example absenteeism, decrease in quality of nurse's performance, unable to handle stressful situation and experiences deviant behavior at workplace. (6) Deviances in workplace considered one of the main issues that effect on the care provided by nurses. Many hospitals understand that there are reasons for nurses to be treated inappropriately in the workplace as present in stressful work environments for a long time, disagreement between nurses and patient's families. (7,8)

A deviant workplace behavior has many unwanted consequences to nurses and hospital. When nurses feel supported and accepted by the hospital, the level of workplace deviance will be decrease and it help nurses in providing patients high quality of care. For that, nurses will care about the development of the hospital, strengthens nurses' responsibility to accomplish hospitals objectives, avoid behaving defiantly and perform their job well. In contrast, if nurses feel that their hospital does not provide adequate support that will lead to animation of deviant behavior. (7-9)

Organizations need to focus on workplace deviances behavior amongst nurses. It is critical that organisational support is put into operation effectively aimed at increasing organisational support and subsequently decreasing workplace deviances behavior, occupational stress and turnover intention. ⁽⁵⁾ **Bennett and Robinson (2000)** ⁽⁹⁾ divides workplace deviance into two types; first, organizational deviance; that can be production deviance which is a less severe form of deviance such as absenteeism, early leaving work and taking longer breaks. Property deviance, which is a more severe form of deviance, includes misrepresentation of working hours, theft and counterfeiting of accounts. Second, interpersonal deviance which may be a personal aggression that is a more severe form of deviance founded in sexual harassment, verbal harassment, sabotaging and threatening coworkers. Also, political deviance that is a mild form of deviance present as gossip, blame shifting and favoritism. ⁽⁹⁾

Significance of the study:

According to **Ugwu et al. (2017)** ⁽⁸⁾ deviant workplace behaviors are serious problem that widely observed between nurses who working in stressful environments characterized by heavy workload and disagreement between patient's families and colleagues. It can lead to experience of low job performance, burnout, turnover intent, dissatisfaction, and absenteeism. When organizational support and moral behaviors perceived by nurses in hospital, it can improve their performance, and this will lead to

less engagement in deviant workplace behaviors. ⁽¹⁰⁾ **Chen et al. (2017)** ⁽¹¹⁾ described nurses' perception of organizational support practices such as creating faire environment, implanting human resources, learning nurses' expectation and shape the sense of possession by nurses to promote colleague support in hospitals. So, these studies explore the relation between perceived organizational support and deviant workplace behaviors among nurses.

Aim of the study

This study aimed to:

Determine the relation between organizational support and deviances at workplace from nurses' prespective.

Research question:

- What are the levels of organizational support from nurses' prespective?
- What are the levels of deviances at workplace from nurses' prespective?
- What is the relation between organizational support and deviances at workplace from nurses' prespective?

Subject and Method

Design:

Descriptive - correlational research design was used in the present research.

Setting:

The study was conducted at Tanta University Main Hospital. The following inpatient departments were included in the data collection: Pediatric, Medical, Obstetrics and Gynecology, Endemic, and Pediatric Surgery. Along with Neuro-Psychiatric, Cardiac, Medical, and Pediatric Intensive Care Units.

Subject:

The study subjects consisted of a

representative sample (n=460) nurses from total population (1133) nurses were working in inpatient units and Intensive Care Units at the time of data collection and accept to participate in this study. The sample size was selected by simple random sample based on the following criteria: confidence level of error 5% type 1 error .05 and power test 95% of confidence on Epi-info. Software program.

Tools:

To achieve the purpose of this study, the following two tools were used.

Tool I: Nurses' Perceived Organizational Support Structured Questionnaire.

This tool was developed by Rhoades and Eisenberger (2002) ⁽¹²⁾ and modified by the researcher based on other related literature. ⁽¹³⁻¹⁵⁾It was used to assess nurses' organizational support. It consisted of two parts as follows:

Part one: Nurses' personal data included the following age, gender, marital status, education status, unit of work, years of experience, experience in current unit and number of training courses during last year.

Part two: Perceived organizational support structured questionnaire; it consisted of 36 items divided into two subscales as follow:

1. Performance-reward expectancies included 24 items.
2. Fulfillment of socio-emotional needs at work included 12 items.

Scoring system:

Nurses' responses were measured on a five points Likert Scale ranging from (5-1), where strongly agree (5), agree

(4), uncertain (3), disagree (2), and strongly disagree (1). The total score was represented in a varying level of nurses' perceived organizational support according to cut off point as follow ⁽¹⁴⁾:

- Satisfactory organizational support $\geq 70\%$.
- Unsatisfactory organizational support $< 70\%$.

Tool II: Deviant Behaviors in Workplace Structured Questionnaire:

This tool was developed by Robinson and Bennett (2000) ⁽¹⁶⁾ and was modified by the researcher based on recent relevant literature. ⁽¹⁷⁻¹⁹⁾It was used to assess nurses' perspective of deviant behaviors at workplace. It consisted of 25 items divided into two subscales as follow:

1. **Organizational deviance**
 - Production deviance included 7 items.
 - Property deviance included 7 items.
2. **Interpersonal deviance**
 - Personal aggression included 7 items.
 - Political deviance included 4 items.

Scoring system:

Nurses' responses were measured on a five points Likert Scale ranging from (5-1) where daily (5), several times a week (4), twice a month (3), once a month (2), and never (1). The total score was represented in a varying level of nurses' perspective of deviant behaviors as follow according to cut off points ⁽¹⁶⁾:

- Serious workplace deviance $\geq 30\%$
- Minor workplace deviance $< 30\%$

Method:

1. Official permission to conduct the study was obtained from the Dean of Nursing Faculty and the administrator of Tanta University

Hospitals and was submitted to the responsible authorities of the selected settings.

2. Ethical and legal consideration:

a. Approval of The Scientific Ethical Committee of the Faculty of Nursing Tanta University was obtained.

b. Nurses' consent to participate in the study was obtained after informed them about privacy of information obtained from them, nature of the study, their right to withdraw. A code number for participants was used instead of names.

c. Confidentiality and privacy was taken into consideration regarding data collection.

3. The tools were translated into Arabic and reviewed by supervisors and submitted to a jury of five experts in the area of specialty to check content validity and clarity of the questionnaires.

- According to experts' responses necessary modifications were done. The face validity value of **Tools I = 90.8%** and **Tools II = 86.0%**.

- Cronbach's Alpha Coefficient Test was done for tools reliability. Reliability for **Tools I = 0.811** and for **Tools II = 0.796**.

- A pilot study was carried out on (10%) of all subjects, 46 nurses to test the clarity, identify obstacles and problems that may be encountered during data collection and modification will be done.

- Data collection phase by the researcher; the data were collected from all different nurses. The researcher met nurses in small groups during their work shifts to distribute the questionnaires. The data was collected over a period of three months started from October 2021 to December 2021.

-Statistical analysis of the data was carried out and the collected data was organized, categorized, computerized, tabulated, analyzed, and calculated using IBM SPSS software package version 20.0. (Armonk, NY: IBM Corp). Qualitative data were described using number and percent. Quantitative data were described using range (minimum and maximum), mean, standard deviation. Significance of the obtained results was judged at the 5% level. The used tests were (Pearson coefficient).

Results

Table (1): Represent personal characteristics of nurses. The table reveals that the age of nurses ranged between 21 to 60 years with mean age 36.44 ± 11.85 . The highest percent (42%) of them fall in the age group ranged between 20 to ≤ 30 years. Majorities (84.8%) of nurses were females, and 56.1% of them were married. Additionally, more than half (57%) of nurses had Diploma Degree in Nursing and only 12% of them had Post Graduate Studies. Also, 16.3% of nurses were working in the Obstetrics and Gynecology unit and the same percent 13.0% of them were working in Medical unit, Pediatric unit and Neuro-Psychiatric Intensive Care Units.

Concerning, years of experience in the nursing profession of nurses were ranged between 1-15 years with mean 7.78 ± 4.49 and more than one third (35%) of them had from 5-10 years of experience. Nurses' years of experience in the current unit ranged between 1-15 years with mean 6.62 ± 4.53 and around half (43.9%) of them had <5 years of experience. Also, the number

of training courses during last year attended by nurses ranged between 1-4 with mean (1.99 ± 0.89), the highest percent (69.6%) of them had training courses and 73.1% of them had from 1-2 training courses during last year.

Table (2): Illustrates levels and mean of nurses' perceived organizational support subscales at workplace. The table shows that nearly all (99.1%) of nurses had unsatisfactory level regarding overall organizational support, with mean percent 47.14 ± 7.41 . Regarding performance-reward expectancies of perceived organizational support, around all (99.1%) of nurses had unsatisfactory level, with mean percent 46.27 ± 7.76 . Also, nearly all (97.2%) of nurses had unsatisfactory level regarding fulfillment of socio-emotional needs at work of perceived organizational support, with mean percent 48.89 ± 11.11 .

Table (3): Illustrates levels and mean of nurses' perspective of deviant behaviors at workplace. The table reveals that nearly all (98.3%) of nurses had minor level of prespective regarding overall deviant behavior with mean percent 14.40 ± 6.40 . Also all (100%) of nurses had minor level of prespective regarding organizational deviance with mean percent 9.17 ± 5.60 . Nearly more than three quarter (84.8%) of nurses had minor level of prespective regarding interpersonal deviance with mean percent 21.07 ± 10.18 . Nearly more than ten percent (15.2%) of nurses had serious level of prespective regarding interpersonal deviance with mean percent 21.07 ± 10.18 . Almost half percent (49.6%) of

nurses had serious level of prespective regarding political deviance with mean percent 29.87 ± 14.12 .

Table (4): Show the correlation between nurses' perceived organizational support and nurses' prespective of deviant behaviors at workplace. The table illustrates that there was a positive statistical significant correlation between nurses' perceived organizational support and nurses' prespective of deviant behaviors at workplace, where ($r = 0.232^*$, $p < 0.001^*$).

Table (5): Show the correlation between nurses' perceived organizational support and nurses' perception of deviant behaviors subscales at workplace. There was a significant positive correlation between nurses' perceived organizational support and total nurses' prespective of deviant behaviors at workplace. Also, there was a significant positive correlation between performance-reward expectancies, fulfillment of socio-emotional needs at work and total nurses' prespective of deviant behaviors at workplace ($r = 0.231$, 0.143).

Table (1): Personal characteristics of nursing staff (n = 460)

Nursing staff characteristics	Nursing staff	
	No	%
Age (years)		
20 ≤ 30	193	42.0
30 ≤ 40	115	25.0
> 40	152	33.0
Min. – Max.	21.0 – 60.0	
Mean ± SD.	36.44 ± 11.85	
Median	34.0	
Gender		
Male	70	15.2
Female	390	84.8
Marital status		
Married	258	56.1
Not married	202	43.9
Position of nursing staff		
Head nurses	47	10.22
Staff nurses	413	89.78
Educational status		
Diploma's degree	262	57.0
Bachelor's degree	143	31.1
Post graduate studies	55	12.0
The working unit		
Medical unit	60	13.0
Obstetrics & Gynecology unit	75	16.3
Endemic unit	40	8.7
Pediatric surgery unit	43	9.3
Pediatric unit	60	13.0
Neuro-Psychiatric ICUs	60	13.0
Cardiac ICUs	50	10.9
Medical ICUs	20	4.3
Pediatric ICUs	52	11.3

Continue: Table (1): Personal characteristics of nursing staff (n = 460)

Nursing staff characteristics	Nursing staff	
	No	%
Experience in nursing profession (years)		
<5	142	30.9
5 – 10	161	35.0
>10	157	34.1
Min. – Max.	1.0 – 15.0	
Mean ± SD.	7.78 ± 4.49	
Median	8.0	
Experience in current unit (years)		
<5	202	43.9
5 – 10	149	32.4
>10	109	23.7
Min. – Max.	1.0 – 15.0	
Mean ± SD.	6.62 ± 4.53	
Median	5.0	
No. of training courses during last year		
No	140	30.4
Yes	320	69.6
1-2	234	73.1
3-4	86	26.9
Min. – Max.	1.0 – 4.0	
Mean ± SD.	1.99 ± 0.89	
Median	2.0	

Table (2): Levels and mean of nursing staff' perceived organizational support subscales at workplace (n = 460)

Nursing staff' perceived organizational support subscales	Levels of nursing staff' perspective				Mean score of nursing staff' perspective			
	Satisfactory (≥70%)		Unsatisfactory (<70%)		Mean Score		% Score	
	No.	%	No.	%	Min. – Max.	Mean ± SD.	Min. – Max.	Mean ± SD.
Performance-reward expectancies	4	0.9	456	99.1	52.0 – 96.0	68.42 ±7.45	29.17 – 75.0	46.27 ±7.76
Fulfillment of socio-emotional needs at work	13	2.8	447	97.2	21.0 – 52.0	35.47 ±5.33	18.75– 83.33	48.89±11.11
Overall	4	0.9	456	99.1	74.0 – 147.0	103.88 ± 10.67	26.39 – 77.08	47.14 ± 7.41

Interpretation of mean: Satisfactory mean (≥70%), Unsatisfactory mean (<70%)

Table (3): Levels and mean of nursing staff' prespective of deviant behaviors at workplace (n=460)

Deviant behaviors subscales	Levels of nursing staff' prespective				Mean score of nursing staff' prespective			
	Serious ($\geq 30\%$)		Minor ($< 30\%$)		Mean Score		% Score	
	No.	%	No.	%	Min.– Max.	Mean \pm SD.	Min.– Max.	Mean \pm SD.
Organizational deviance	0	0.0	460	100	14.0 – 27.0	19.13 \pm 3.14	0.0-23.21	9.17 \pm 5.60
Production deviance	33	7.2	427	92.8	7.0 – 20.0	11.39 \pm 2.85	0.0-46.43	15.67 \pm 10.16
Property deviance	0	0.0	460	100	7.0 – 12.0	7.75 \pm 1.08	0.0-17.86	2.66 \pm 3.86
Interpersonal deviance	70	15.2	390	84.8	11.0 - 35.0	20.27 \pm 4.48	0.0 - 54.55	21.07 \pm 10.18
Personal aggression	21	4.6	439	95.4	6.0 – 20.0	9.30 \pm 2.55	0.0-58.33	13.74 \pm 10.62
Political deviance	228	49.6	232	50.4	5.0 – 20.0	10.97 \pm 2.82	0.0-75.0	29.87 \pm 14.12
Overall	8	1.7	452	98.3	25.0-61.0	39.40 \pm 6.40	0.0- 36.0	14.40 \pm 6.40

Interpretation of mean: Serious workplace deviance ($\geq 30\%$), Minor workplace deviance ($< 30\%$)

Table (4): Correlation between nursing staff' perceived organizational support and nursing staff' prespective of deviant behaviors at workplace (n=460)

Deviant behaviors	Nursing staff' perceived organizational support	
	r	P
Nursing staff' prespective of deviant behaviors	0.232*	<0.001*

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Table (5): Correlation between nursing staff' perceived organizational support and nursing staff' perception of deviant behaviors subscales at workplace (n = 460)

Nursing staff' prespective of deviant behaviors at workplaces		Nursing staff' perceived organizational support		
		Performance -reward expectancies	Fulfillment of socio-emotional needs at work	Total
Organizational deviance behaviors	r	0.208	0.114	0.202
	p	<0.001*	0.015*	<0.001*
Production deviance	r	0.206	0.111	0.200
	p	<0.001*	0.017*	<0.001*
Property deviance	r	0.061	0.038	0.062
	p	0.190	0.416	0.187
Interpersonal deviance behaviors	r	0.184	0.124	0.190
	p	<0.001*	0.008*	<0.001*
Personal aggression	r	0.019	0.088	0.058
	p	0.679	0.059	0.218
Political deviance	r	0.274	0.118	0.250
	p	<0.001*	0.012*	<0.001*
Total Tool II	r	0.231	0.143	0.232
	p	<0.001*	0.002*	<0.001*

r: Pearson coefficient

*: Statistically significant at $p \leq 0.05$

Discussion

Support required by nurses at all hospital levels. When nurses perceive organizational support, this can enhance their sense of well-being, raise positive work behaviors, improve their autonomy in patient care and do their best to increase productivity. (20, 21)

Deviant behavior is a life-threatening workplace manifestation that requires serious attention from top management of the hospital. (8)

According to, the levels of nurses' perceived organizational support at workplace, the current study result clarified that nearly overall nurses had unsatisfactory level regarding perceived organizational support at workplace.

This can be due to the nurses were unsatisfied regarding the performance reward, not fulfillment of socio-emotional needs at work and had no opportunity to grow on their job. These results may due to lack of supportive role of the hospital management to nurses.

This result was support by **Badwan et al. (2022)** (22) and **Khrais et al. (2018)** (23) they reported that the perceived organizational support level were under average among nurses. Also, this result was agreed with **Maan et al. (2020)** (24) who revealed that from one thirds of nurses to more than half of them had low level of perceived organizational support.

These results were inconsistency with **Cheng et al. (2020)** ⁽²⁵⁾, **Prakosa et al. (2019)** ⁽²⁶⁾ and **Yahya et al. (2017)** ⁽²⁷⁾ they revealed that most nurses had a moderate and high level of perceived organizational support.

Concerning to level of performance-reward expectancies, the current study results showed that the majority of nurses had unsatisfactory level regarding performance-reward expectancies subscale of perceived organizational support. This may be due to inadequate level of organizational support provided for nurses. That occurs when the hospital management not concerned about pay and reward nurses for their best efforts and performance.

These results go in the same line with **Eltoukhy(2022)**⁽²⁸⁾who demonstrated that more than two thirds of the nurses weren't satisfied with their rewards. This result was supported by **Kurtessis et al. (2017)** ⁽²⁹⁾ they stated that high perceived organization support important, so the hospital need to increase performance-reward expectations and expectation of nurses that the greater efforts would be rewarded as in promotions or praise.

Regarding level of fulfillment of socio-emotional needs at work, the findings of the current study revealed that the majority of nurses had unsatisfactory levels regarding fulfillment of socio-emotional needs at work. This may be due to majority of nurses' view that their hospital not really cares about their health, take advantage of them if there were opportunity to do and prefer to lay off the job rather than transfer to a new one.

This result was supported by **Caesens and Stinglhamber (2020)** ⁽³⁰⁾ they explained that unpredicted result might also be assumed that the nurses having low socio-emotional needs, a high level of perceived organizational support may be perceived negatively. While, the research by **Maszura and Novliadi (2020)** ⁽³¹⁾ showed that the nurses, who feel the value, care and support by their hospital would develop a feeling of belonging and have an emotional attachment.

Concerning, the levels of nurses' prespective of deviant behaviors at workplace. The current study results reported that, nearly all of nurses had minor level and minimal percent of them had serious level of total deviant behaviors at workplace. This finding can be due to the majority of nurses at Tanta University Hospitals had minor level of organizational and interpersonal deviance behavior at workplace. In order to avoid blame, nurses also, appear that underestimated the low level of workplace deviance and unreported presence of deviance. Moreover, majority of nurses handled challenges at work professionally and refused to replace their negative emotions in work-related situations.

These results were in the same line with **Yasir and Jan (2022)** ⁽³²⁾ they founded that prevalence and incidence rate of workplace deviance behavior were below the average. Also, these findings were supported by **Jafari et al. (2019)** ⁽³³⁾ they revealed that the workplace deviance behavior and its dimensions were in low level.

According to, nurses' prespective regarding deviant behaviors at

workplace. The current study results showed that, minority of nurses suffered from deviant behaviors at workplace monthly and very minimal percent of them had deviant behaviors at workplace twice a month. This may be related that nurses avoid reporting about workplace deviance to escape blame. Also, deviant behaviors in the workplace are considered as taboo topics in the working place and discussing these subjects may create serious problems with the management. The study results were supported by **Kakemam et al. (2021)** ⁽³⁴⁾ they founded that the deviant behavior at workplace of nurses was significantly lower than the average. While **Mohamed et al. (2018)** ⁽³⁵⁾ explained that a better understanding of the factors that influence workplace deviance, that would make the organization able to reduce the occurrence of deviance. Concerning level of organizational deviant behavior, the current study result illustrate that all of nurses had minor prespective level at workplace. This can be justified despite the low level of organizational deviant behavior, but its existence is considered a problem. So, the nurses viewed their organizations as sources of strength and control. If the organization didn't assist them, they felt more ease to report deviation to the organization rather than their colleagues because they believe that their colleagues are powerless to improve the negative working conditions. This result agreed with study conducted by **Promsri (2018)** ⁽³⁶⁾ who stated that the total score of deviant workplace behavior and each dimension were in a

low level especially the score of property deviance was very low. The findings were in discordance with **Kakemam et al. (2021)** ⁽³⁴⁾ which they argued that the mean values of organizational deviance were higher than the values of interpersonal deviance and nurses which reported about existence of organizational deviance behaviors slightly higher than interpersonal deviance.

The current study result showed that, low percent of nurses suffered from organizational deviance behaviors monthly and minor percent of them had organizational deviance behaviors twice a month. This may be the result of organizational deviance behavior which involves irregular action such as leaving early, taking long breaks and lying about hours worked. This result might be explained by the reasoning that organizational variables were more likely to explain organizational deviance, and individual-related variables were more prone to explain interpersonal deviance.

The study findings established by **Marasi et al. (2018)** ⁽³⁷⁾ explained that the particular organizational structure aspects have more influence on organizational deviance than interpersonal deviance. This result was consistent with **Abou Hashish (2020)** ⁽³⁸⁾ who stated that nurses reported organizational deviance behaviors slightly higher than interpersonal deviance and organizational deviance mean was in higher rate than interpersonal deviance mean.

The current study results concerning level of interpersonal deviance behavior stated that the majority of nurses had

minor level. The minority of nurses had serious level of prespective regarding interpersonal deviance. This can be justified as nurses were show respect to their hospital and colleagues and refuse to participate in this kind of behavior. The existence of workplace deviant behaviors between nurses even in minor level considers a serious problem. Hence, it's vital to know the causes of deviant behavior and find a solution. Also, great importance has been placed on hospital policies that must be carefully included in order to successfully direct nurses' behavior.

The study findings were supported by **Jafari et al. (2019)** ⁽³³⁾ they revealed that the workplace deviance behavior and its dimensions were in low level. Also, the study result accompanied by **Alias and Rasd (2015)** ⁽³⁹⁾ founded that the perceived organizational support was the strongest predictor in explaining interpersonal and organizational deviance among support staff in a selected government organization.

According to, nurses' prespective regarding interpersonal deviant behavior at workplace. The current study results illustrate that, low percent of nurses suffered from interpersonal deviance behaviors monthly and minimal percent of them suffered from interpersonal deviance behaviors at workplace twice a month. This can be justified as some nurses might tend to engage in interpersonal rather than organizational deviant behaviors if they perceive the absence of support from their organization. Also, the hospital considers one of the most significant social organizations that provide

healthcare services, exclusively connected with human life so the slightest neglect and violation at work can bring irreparable harms to patients.

Furthermore, these results were supported by **Bayin et al. (2019)** ⁽⁴⁰⁾ they showed that organizational deviant behaviors in nurses were higher than individual deviant behaviors. Based on the findings, organizational variables were more likely to account for organizational deviance whereas individual variables can explain interpersonal deviant behaviors. Additionally, they founded that the organizational deviance in nurses was significantly lower than the average.

According to, correlation between nurses' perceived organizational support and nurses' prespective of deviant behaviors at workplace. The current study results clarified that there was a positive statistically significant correlation between nurses' perceived organizational support and nurses' prespective of deviant behaviors at workplace. This can be justified as while present high or low level of organizational support by nurses, refused to engage in such deviant behavior especially on organizational deviance. Also, those nurses as part of our society rejects the deviant behaviors and don't permit it controlled by moral and religious.

A study conducted by **D'Silva et al. (2020)** ⁽⁴¹⁾ founded that the deviant behavior showed by nurses was the result of negative attitudes and negative perceptions toward the organization. Establish that deviant behavior at work was increasingly becoming a threat and costs to the organization. Meanwhile,

D'Silva et al. (2020) ⁽⁴¹⁾ revealed that the religious community can influence nurses in reducing their deviant behavior at the workplace. This finding was inconsistent with Sakr et al. (2022) ⁽⁸⁾ and Dar and Rahman (2019) ⁽⁴²⁾ they founded that there was statistically significant negative correlation between deviant workplace behavior and perceived organizational support level. Perceived organizational support has a negative impact on work deviant behavior.

Furthermore, the correlation between nurses' perceived organizational support and nurses' perception of deviant behaviors subscales at workplace. The current study results show that there was a significant positive relation between nurses' perceived organizational support and total nurses' prespective of deviant behaviors at workplace. This can be justified due to nurses does not connect level perceived organizational support to engage in deviant behavior. Specifically, the subject of the measurement was extremely sensitive, and it wasn't easy for nurses to admit such behaviors fearing the negative consequences.

The result of the study conducted by Hashish (2019) ⁽⁴³⁾ they showed that nurses who perceived organizational justice don't do deviant workplace behaviors. Also, they reported that nurses would respond negatively to leaders' mistreatment by engaging in behaviors that were harmful to individual and the hospital.

While, these result weren't in the same line with Alias and Rasd (2015) ⁽³⁹⁾ they founded that the organization was negatively correlated with both

organizational and interpersonal deviance and the magnitude are moderate. Also, that the perceived organizational support was the strongest predictor in explaining organizational and interpersonal deviance among support staff in a selected government organization.

Organizational support help nurses to minimize their workplace related stressors depression, exhaustion, decrease their misbehavior and increase their effort for the sake of organization. Thus, it is confirmed that performance-reward expectations and socio-emotional needs of nurses shouldn't be neglected by organization. ^(8,44)

Conclusion and Recommendations

Conclusion

Based on the finding of the present study, it was concluded that:

There was a positive statistically significant correlation between nurses' levels of perceived organizational support and their prespective of deviant behaviors at workplace. Majority of nurses had unsatisfactory levels regarding performance-reward expectancies and fulfillment of socio-emotional needs at work. Nearly all of nurses had minor prespective level of the deviant behaviors, while, more than ten percent of them had serious prespective level regarding interpersonal deviance.

Recommendations

Based on the results of the present study the following recommendations were suggested:

For hospital administrators:

- Continually assess the level of perceived organizational support.
- Regularly assess the prevalence of deviant behaviors at work.

-Inspire educational strategies to increase nurses awareness of the problems associated with deviant behaviors and its consequences.

For nursing manager:

- Provide productive responses when nurses achieve their tasks such as offering promotions them to increase their capabilities and job satisfaction.
- Listen to nurses' ideas in order to support positive teamwork and develop feeling of obligation.

For nurses:

- Maintain teamwork and assistance among nurses to achieve different job assignments.
- Participate in decision-making in their unite level.

For further research:

- Investigate factors contributing to occurrence of deviant behaviors among nurses in hospital.

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