

Bridging the Gap: Exploring Nursing Supervisor Support Influence on Nurses' Work Alienation and Deviant Behaviors

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Abstract

Background: The strength of staff nurses' relationships with their supervisors may reduce both nurses' work alienation and their workplace deviant behaviors. **Aim:** This study aimed to explore the influence of perceived nursing supervisor support on nurses' work alienation and deviant behaviors at Zagazig University Hospitals. **Method:** A descriptive correlational research was designed with randomly selected 353 nurses from Zagazig University Hospitals. **Data collection tools:** Supervisor support scale, work alienation scale for nurses, and the workplace deviance questionnaire. **Results:** 40.5 % of nurses had a low perception of nursing supervisor support, 90.93% did not feel alienated at work, and 85% did not participate in deviant behaviors at work. Additionally, nursing supervisor support was shown to be statistically significantly correlated negatively with work alienation and workplace deviant behaviors (p -value > 0.001). **Conclusion:** Perceived nursing supervisor support had a significant influence on nurses' work alienation and their workplace deviant behaviors. **Conclusion and recommendation :** Perceived nursing supervisor support had a significant influence on nurses' work alienation and their workplace deviant behaviors. Nurse supervisors may reduce workplace deviant behaviors and job alienation among their staff by implementing educational programs. It is also advised to do further study in this field to determine the variables impacting workplace deviant behaviors and alienation at work

Keywords: Nurses, Perceived Nursing Supervisor Support, Work Alienation, and Workplace Deviant Behaviors.

Introduction

The most reliable indicator of a supervisor's supportiveness will be the nurses' perceptions of their contacts with them. Supervisors must also remove all barriers in their work with nurses and provide comments on their employees' work, as well as provide resources for their professional growth (Bermudez, 2020). Additionally, the level of supervisor support indicates how much employees feel their bosses care about their welfare and appreciate their jobs (Ramseur, 2018).

The perception of supervisor support is based on how employees, specifically direct supervisors of nurses, are perceived to be treated by the organization's agents. If subordinates are provided with the resources they need and get several forms of assistance, they believe that their superiors will appreciate and believe in them. Additionally, this perceived fairness gives workers hope that they will continue to receive fair treatment in the future (Hossny et al., 2022 & Yali, 2018). Supervisory

influence has also become more prevalent in the field of health leadership, which is defined as "leadership models and associated frameworks that support the physical and emotional well-being of followers" (Jimmieson et al., 2021).

Perceived supervisor support has positive effects that include job satisfaction and enhanced nurses' performance. According to the social exchange theory, when workers feel encouraged by their managers, they are more likely to perform well in return. When an employee feels that his supervisor is kind, helpful, and supportive, he/she eventually attempts to give back and contribute by doing his job duties and achieving the goals set by the supervisors. Likewise, according to research employing the social exchange lens, when a supervisor provides adequate support, employees feel pleased and reciprocate by producing high-quality output (Park et al., 2018).

There may be a way to lessen work alienation via perceived supervisor support at the workplace. An employee might be motivated by management's social support, which can also boost their self-esteem and feeling of belonging to the company. Conversely, insufficient support from managers may lead to depression in staff members, which in turn may exacerbate feelings of social exclusion and desolation. In addition, when mutual respect, trust, and support underpin social interactions between employees and supervisors, the chance of alienation decreases. Overall, the effectiveness of supervisor support may be a significant element in reducing employee alienation (Rund, 2021).

Work alienation is defined as the separation, detachment, and disconnection from the work-related world. Employees who feel alienated from their work are less motivated to do it, put less effort into it, don't perform as well as they should, and don't want to contribute to the organization. In other words, workplace alienation has highly negative effects on organization (Aydin et al., 2022). As well, employees who experience work alienation feel foreign in their workplace. Alienated people find it difficult to focus on their work and associated activities. An employee loses out on pleasure since their work includes requirements that are imposed and mandated and are not essential for fulfillment (Durrah, 2020).

Work alienation, which occurs when a person feels cut off from the work, he/she is performing, can happen when employees lose motivation and when their needs and expectations are not satisfied at work. It can be viewed as including the workers' interactions with the individuals, organizations, society, and environment that surround his or her place of employment. It is impacted by a range of factors, including working circumstances, managerial techniques, psychological restraints, task characteristics, and individual employee characteristics. As a result, work alienation has been a major problem in recent decades (Liu et al., 2022).

Work alienation is a psychological separation from work when an employee feels that there is a difference between perception and expectations regarding work conditions. This includes feelings of powerlessness, meaninglessness, and self-estrangement (Jun et al., 2015). *Powerlessness* refers to "the absence of independence that results in circumstances in which nurses have limited freedom

for controlling their work activities". *Meaninglessness* is the absence of a proper understanding of the relationship between the contemporary workings to which nurses contribute and the work more visible and social goals (Banifateme and Rasouli, 2011; Mohseni et al., 2011).

Self-estrangement: Emphasizes the fact that nurses do not enjoy their occupations and do not find them interesting. They can't establish the connection between what they need to do and the work that they do. As a result, they are unable to appreciate the pleasure that comes with achievement. Self-estrangement motivates the working environment to be a network for just giving external wants as rewards instead of a way of conveying their potential (Tan-Uçanok, 2016). Work alienation as a negative attitudinal variable has been related to workplace deviant behaviors (Kanten, and Erulker, 2013 Nair and Vohra, 2012).

Any form of behavior that violates the law, social culture, values, rules, traditions, norms, or customs is considered deviant workplace behavior. Deviant behavior in the workplace may take many forms, such as dysfunctional behavior, antisocial behavior, unproductive work practices, and organizational misbehaviors. Deviant behavior at work can have a variety of negative effects on nurses and the hospital itself, including decreased productivity, absenteeism, and subpar performance (Bayin, & Aydin, 2019).

Nurses who participate in workplace deviant behavior—an unfavorable behavior—may steal, sabotage, mistreat, or neglect their responsibilities. Interpersonal and organizational deviance are its two dimensions. *Interpersonal deviance* included making fun of coworkers, bosses, and subordinates, acting rudely, arguing, and using physical force. *Organizational deviance*, on the other hand, refers to actions that are directed towards the organization and includes actions like dishonesty, intentionally making mistakes, delaying work, not particular to work rimming, and ceasing to put effort into the job (Weng, 2019).

Deviant behaviors at work have many detrimental consequences for the organization as well as for nurses who may experience stress, which can lead to decreased efficiency, lost work time, high turnover, poor care quality, low performance, decreased productivity, increased absenteeism, and

decreased morale of nurses. As a result, this poses a serious and significant social and financial loss to organizations and their members. Organizations lose a lot of money when nurses fail to do their jobs well (Hashish, 2020).

The head nurse plays a critical role in decreasing work alienation and workplace deviant behaviors through training and ensuring the presence of high positive psychological capital, self-regulation, self-efficacy, optimism, and resilience, which are the most important nurses' resources to avoid violating a social norm, taking control of their emotions and thoughts, and achieving success (Saleh et al, 2021). A more self-regulatory nurse will be able to build successful relationships and succeed in their occupation (Saleh et al, 2020). Finally, when nurses perceive support from their supervisors and hospital; this will improve their performance and lead to less engagement in deviant workplace behaviors and work alienation (Raza et al., 2019).

Significance of the study

Today, in the complex healthcare setting, nursing supervisor support could be a crucial factor that affects the organizational behavior of all staff in the organization. Also, more work alienation damages the working relationships of nurses who should work as a team. Consequently, poor connections among nurses at work are likely to have an adverse impact on their performance. As a result, work alienation has negative effects on both the organization and the individual (Amarat et al., 2019).

Additionally, highly supportive supervisors can improve nurses' efficiency; however, less supportive supervisors are viewed as a barrier to nurses' success and can encourage their deviant behaviors, which can harm the organization's performance. In this aspect, the social exchange theory illustrates that more supervisor support can help individuals be more accountable and responsive to the organization; for example, with supervisor support, nurses can do their responsibilities better and so meet the organizational goals. In contrast, when nurses receive less support from their supervisors, they will not give their all to their jobs (Azim et al., 2020). As well, previous studies confirmed that supervisor support reduces workplace deviant behavior, as well as, employees

have been observed to be more prone to engaging in unproductive actions (Pandey et al., 2018).

Overall, this study is important for hospitals, nurses, and nurse supervisors because it may help to achieve a vision about the influence of staff nurses' perceptions of supervisor support on their work alienation and engagement in workplace deviant behavior, which will aid nursing supervisors in distinguishing and imagining when nurses are performing well or poorly at work.

Aim of the study

The purpose of this study was to explore the influence of perceived nursing supervisor support on nurses' alienation and deviant behaviors at Zagazig University work Hospitals.

Research questions

1. What is the level of nurses' perception regarding nursing supervisor support?
2. Do staff nurses feel alienated from their work?
3. Are staff nurses engaged in deviant behaviors in their workplace?
4. Are there relationships among perceived supervisor support, work alienation, and workplace deviant behaviors among staff nurses?
5. What is the influence of perceived nursing supervisor support on staff-nurses' work alienation?
6. What is the influence of perceived nursing supervisor support on staff nurses' engagement in deviant behaviors in their workplace?

Subjects and Method

Research design

For this research, a descriptive correlational approach was used.

Study setting

This research was carried out in all academic Zagazig University Hospitals which have two sectors with a total of eight teaching hospitals. There are four hospitals situated in the El-Salam sector; three of them provide complimentary healthcare services, while the fourth hospital provides cost-effective care. Additionally, four hospitals in the emergency sector offer free care. These hospitals have 2985 nurses to provide both outpatient and inpatient services.

Subjects

The researchers used a stratified random sample. The formula used to determine the number of nurses

necessary from each hospital is as follows; the number of nurses in each hospital multiplied by the desired sample size, divided by the total number of nurses in all hospitals. As a result, 353 nurses were randomly selected from the various hospitals as follows; Emergency Hospital (34 staff nurses), New-Surgical Hospital (80 staff nurses), Delivery and Premature Hospital (20 staff nurses), Internal-Medicine Hospital (70 staff nurses), El-Salam Hospital (40 staff-nurses), Cardiac and Chest Hospital (59 staff-nurses), Pediatric Hospital (40 staff-nurses), and El-Sadat Hospital (10 staff-nurses).

Sample size

The sample size of nurses was estimated by using a simplified formula published by Yamane (1967) [$n = N / 1 + N (e)^2$] with a 95% confidence interval, a 5.0% margin of error, and a total population size of 2985 nurses; the needed sample size was 353 nurses.

Tools of data collection:

Three instruments were utilized in the data-collecting procedure to accomplish the objectives of this research as outlined below:

Tool I: Supervisor support scale: This tool involved two parts as follows::

Part 1. Personal and job characteristics of staff nurses; the researchers designed this section to gather data about age, marital status, gender, educational qualification, years of experience, department, and working another job.

Part 2. This scale was created by Tharenou (2001) to assess how much nurses perceive that their nursing supervisors encourage them to participate in Zagazig University Hospitals' activities. It involved 13 items. The staff nurses' answers were evaluated using a five-point Likert scale, which ranged from a rating of 1 for strongly disagree to a rating of 5 for strongly agree. The total scores on this scale ranged from 13 to 65. The perception of nurses was rated as high if the percentage score was greater than 75%, moderate if it was within the range of 60 to 75%, and low if it was less than 60%. The instrument's reliability was assessed using the Cronbach alpha coefficient, which yielded a value of 0.94.

Tool II: Work alienation scale: A structured questionnaire established by Mottaz (1981) to measure work alienation among staff nurses. It contained 21 items categorized into three subscales, namely: Powerlessness (7 items), meaninglessness (7 items), and self-estrangement (7 items). The

nurses' replies were assessed using a five-point Likert scale, with the following values: 1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = always. The overall score of this tool ranged from 21 to 105. Staff nurses who scored 75% or more were alienated, whereas those who scored less than 75% were not alienated. The instrument's reliability was assessed using the Cronbach alpha coefficient, which yielded a value of 0.74.

Tool III: Workplace deviance questionnaire:

Bennett and Robinson (2000) created this instrument to assess the level of involvement of staff nurses in deviant behaviors inside the workplace. It involved 19 items, which were separated into two subscales: Organizational deviance (12 items) and interpersonal deviance (7 items). The items were evaluated using a five-point Likert scale, with the following ratings: 1 = never, 2 = occasionally, 3 = monthly, 4 = weekly and 5 = daily. The overall score of this tool ranged from 19 to 95. Nurses exhibited workplace deviant behaviors if their total percent score was $\geq 60\%$ and they did not exhibit workplace deviant behaviors if their total percent score was $<60\%$. The internal consistency of this instrument was evaluated using the Cronbach alpha coefficient, which yielded a value of 0.94.

Fieldwork

Data was gathered during the morning and afternoon shifts from May to July 2023. The researchers started the data collection process by providing a detailed explanation of the study's objectives to each participant, receiving their permission, and providing instructions on how to complete the questionnaire. The completion of the questionnaire sheet required a timeframe ranging from 20 to 35 minutes, based on the workload and any disruptions from other circumstances. Data collection for some participants was conducted by disseminating the questionnaire forms to the subjects, who then submitted them to the researchers upon completion. All data has been accurately recorded.

Pilot study

A pilot study was done on 10% of the study sample (34 nurses) to estimate the time required by each participant to complete the questionnaire sheets and evaluate the clarity of the tools used. The nurses who took part in the pilot study were not included in the main study population, and the required adjustments were implemented.

Content validity

Following the translation of the instrument into Arabic, data were gathered via the use of a self-administered questionnaire. The content and face validity of the study were validated by a jury consisting of 7 professors and assistant professors from the academic nursing staff at Zagazig University. The required adjustments were made per their perspectives.

Ethical considerations

Zagazig University Hospitals' Board and the Faculty of Nursing Ethics Committee gave their approval for the study's conduct (No. 5-2022). Before the intervention and data collection, the subjects provided verbal permission. Contributors received explanations on privacy, data concealment, study objectives, and research methodologies. It was voluntary to participate in the study. The researchers didn't face any limitations regarding the study.

Statistical analysis:

The data was gathered, organized, and subjected to statistical analysis using IBM Corp. Published in 2015. The software being used is IBM SPSS Statistics for Windows, specifically Version 23 Armonk, NY: IBM Corporation. The quantitative data were presented as the mean \pm standard deviation (SD), whereas the qualitative data were presented as frequencies and percentages. Pearson's correlation coefficient was calculated to evaluate relationships among the various research variables. A positive sign suggested a direct association, while a negative sign indicated an inverse correlation. Values near to 1 indicated a high correlation, while values close to 0 indicated a weak correlation. Multiple linear regressions are statistical models that are used to make predictions and provide an explanation of the connection between a dependent continuous variable and one or more independent variables. The tests were conducted using a two-sided approach. P-value < 0.05 was regarded statistically significant, p-value < 0.001 was considered statistically extremely significant, and p-value > 0.05 was considered statistically insignificant.

Results

Table (1) 53.8% of the staff nurses were 30 years old or older, with a mean age of 31.4 ± 6.9 . Additionally, the percentage of females among them was 86.1%, while the percentage of married

individuals was 79.6%. Furthermore, the highest percentages of staff nurses (55.2%, 48.7%, & 68.3%, 81.3%, respectively) had fewer than 10 years of experience, had a nursing school diploma, worked in medical and surgical units, and had another job.

Table (2) shows the distribution of mean scores for the different study variables as reported by the nurses studied. Based on the data shown in this table, the total mean score of nursing supervisor support was 24.7 ± 7.3 . Regarding work alienation domains, self-estrangement had the greatest mean score, while meaninglessness had the lowest (19.4 ± 4.2 & 16.5 ± 5.3 , respectively). As for workplace deviant behaviors domains, organizational deviance had the greatest mean score, whereas interpersonal deviance had the lowest mean score (19.7 ± 10.8 & 11.6 ± 6.2 , respectively).

Table (3) displays the prevalence of the different study variables as reported by the examined nurses. According to this table data, 40.5 % of studied nurses had a low perception of nursing supervisor support. Regarding work alienation, 90.93% of nurses had no experience of work alienation. As for workplace deviant behaviors, 85% of the studied nurses did not engage in any deviant behaviors in the workplace.

Table (4) demonstrates the correlation between the various study variables. As observed from this table, there were statistically significant negative correlations between nursing supervisor support as regards work alienation and workplace deviant behaviors among nurses, where p-value > 0.001 . However, there was a significant and positive correlation between nurses' work alienation and their engagement in workplace deviant behaviors, where the p-value < 0.001 .

Table (5) displays the influence of nursing supervisor support on nurses' work alienation. As obvious from this table, nursing supervisor support was responsible for 45% of the variation in staff nurses' work alienation ($R^2 = 0.45$). As a result, nursing supervisor support had a significant influence on work alienation experienced by nurses.

Table (6) illustrates the effect of nursing supervisor support on nurses' workplace deviant behaviors. It is clear from this table that nursing supervisor support was responsible for 42% of the variability in nurses' workplace deviant behaviors ($R^2 = 0.42$). As a result, nursing supervisor support

had a significant influence on nurses' workplace deviant behaviors.

Table (7) clarifies that there was a highly statistically significant relationship between nurses' educational qualifications and their perception regarding nursing supervisor support, with a p-value < 0.001. Also, there were strong and statistically significant relationships between nurses' workplace

deviant behaviors as regards their gender, marital status, the department they were employed in, and having another job, where p-values < 0.001, <0.05, <0.001 & <0.001, respectively. However, there was no statistically significant relationship between nurses' personal and job characteristics as regards their work alienation, where p-value > 0.05.

Table 1: Personal and Job Characteristics of the Studied Nurses (n = 353).

Personal and job characteristics	n	%
Age per years:		
▪ <30years	163	46.2
▪ ≥30 years	190	53.8
Mean ±SD	31.4±6.9	
Gender:		
▪ Males	49	13.9
▪ Females	304	86.1
Marital status:		
▪ Married	281	79.6
▪ Unmarried	72	20.4
Experience per years:		
▪ <10years	195	55.2
▪ ≥10 years	158	44.8
Mean ±SD	10.5±7.4	
Educational qualification:		
▪ Nursing school diploma	172	48.7
▪ Technical diploma in nursing	72	20.4
▪ Bachelor of nursing	109	30.9
Department:		
▪ Medical and surgical units	241	68.3
▪ Critical care units	84	23.8
▪ Operating rooms	28	7.9
Had another job:		
▪ Yes	287	81.3
▪ No	66	18.7

Table 2: Distribution of Different Study Variables' Mean Scores as Reported by the Studied Nurses (n=353)

Study variables	Maximum	Mean ±SD
Nursing supervisor support	65	24.7±7.3
Work alienation domains:		
• Powerlessness	35	18.7±3.9
• Meaninglessness	35	16.5±5.3
• Self-estrangement	35	19.4±4.2
The total mean score of work alienation	105	57.1±12.8
Workplace deviant behaviors domains:		
• Organizational deviance	60	19.7±10.8
• Interpersonal deviance	35	11.6±6.2
The total mean score of workplace deviant behaviors	95	35.4±20.8

Table 3: Prevalence of Different Study Variables as Reported by the Studied Nurses (n=353)

Study variables	n	%
Nurses' perceptions regarding nursing supervisor support:		
• High	118	33.4
• Moderate	92	26.1
• Low	143	40.5
Work alienation:		
• yes	32	9.06
• No	321	90.93
Engagement in workplace deviant behaviors:		
• yes	53	15.0
• No	300	85.0

Table 4: Correlation Matrix Between the Different Study Variables among the Studied Nurses (n=353).

Study variables	Nursing supervisor support		Work alienation	
	r	P	r	p
Work alienation	-0.453**	0.000		
Workplace deviant behaviors	-0.399**	0.000	0.628**	0.000

(r) Correlation coefficient ** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table (5): Regression Analysis to Study the Influence of Nursing Supervisor Support on Work Alienation among the Studied Nurses (n=353)

Predictor	Unstandardized coefficient		t	Sig.	R	R ²
	β	Std. Error				
(Constant)	54.385	2.656				
Nursing supervisor support	- 0.421	0.079	-5.310	0.0001**	0.67	0.45

β = regression coefficients, p=0.0001 *Statistically significant at P < 0.05 ** Highly statistically significant at P < 0.001

Table (6): Regression Analysis to Study the Effect of Nursing Supervisor Support on Workplace Deviant Behaviors among the Studied Nurses (n=353)

Predictor	Unstandardized coefficient		t	Sig.	R	R ²
	β	Std. Error				
(Constant)	48.792	4.111				
Nursing supervisor support	- 0.606	0.153	-3.969	0.000**	0.64	0.42

β = regression coefficients, p=0.0001 *Statistically significant at P < 0.05 ** Highly statistically significant at P < 0.001

Table (7): Relations between Personal and Job Characteristics of the Studied Nurses and Different Study Variables (n =353)

Variables	Nursing supervisor support			Work alienation			Workplace deviant behaviors		
	Mean	±	SD	Mean	±	SD	Mean	±	SD
Age (in years):									
▪ < 30	2-7.14	±	7.19	64.87	±	12.17	30.75	±	16.54
▪ ≥ 30	28.33	±	6.95	70.64	±	12.67	31.42	±	15.81
Independent t-test---P-value	1.545—0.693			4.267—0.540			0.380—0.679		
Gender:									
▪ Male	25.81	±	6.06	62.05	±	13.28	39.28	±	24.34
▪ Female	28.06	±	7.18	68.84	±	12.47	29.93	±	14.25
Independent t-test---P-value	1.956—0.397			3.314—0.184			3.613**—0.000		
Marital status:									
▪ Married	27.75	±	6.87	68.04	±	12.92	30.84	±	15.57
▪ Unmarried	27.89	±	7.93	67.77	±	12.13	32.23	±	18.41
Independent t-test---P-value	0.145—0.069			0.151—0.134			0.625*—0.04		
Years of experience:									
▪ < 10	27.36	±	6.85	70.61	±	12.91	31.05	±	14.97
▪ ≥ 10	28.30	±	7.25	65.87	±	12.26	31.16	±	17.05
Independent t-test---P-value	1.223—0.335			3.465—0.295			0.060—0.192		
Educational Qualification:									
▪ Nursing school diploma	27.50	±	6.39	65.38	±	14.92	28.26	±	10.54

▪ Technical diploma in nursing	26.62	±	7.23	67.77	±	12.45	31.86	±	18.23
▪ Bachelor of Nursing	29.82	±	6.87	70.02	±	11.45	31.75	±	15.46
ANOVA F test-----P-value	6.900**—0.001			2.804—0.062			1.326—0.267		
Department:									
▪ Medical and surgical units	27.71	±	7.37	68.72	±	13.04	29.23	±	13.96
▪ Critical care units	28.75	±	7.22	68.42	±	10.63	29.71	±	12.71
▪ Operating rooms	27.69	±	6.15	65.68	±	12.35	37.10	±	21.07
ANOVA F test-----P-value	0.242—0.785			1.728—0.179			7.485**—0.001		
Had another job:									
▪ Yes	28.43	±	6.96	69.14	±	12.48	29.73	±	14.21
▪ No	24.92	±	6.91	62.62	±	12.85	36.55	±	21.09
Independent t-test---P-value	3.546—0.902			3652—0.118			3.066**—0.000		

*Statistically significant at $P < 0.05$

** Highly statistically significant at $P < 0.001$

Discussion

The management process includes all aspects of managing people in organizations. One of the main management tasks is supervision, which describes the interaction between followers and leaders that produces revolutionary results and reveals their shared goals. As a result, supervisors must acknowledge that people are key parts of organizations and that they must be seen as synonymous with the organization. Consequently, supervisors who assist contribute to the accomplishment of nurses' objectives and may alleviate their work-related stress, decrease turnover rate, and improve teamwork and job satisfaction. Supportive supervisor behaviors include effective work-life management approaches, emotional support, practical support, and role modeling (Abd El-Aziz et al., 2017).

As a result, the purpose of this study was to explore the influence of perceived nursing supervisor support on nurses' work alienation and deviant behaviors at Zagazig University Hospitals.

In terms of perceived nursing supervisor support levels among staff nurses studied; the findings revealed that the highest percentage of staff nurses had a low perception of nursing supervisor support. This may be attributed to the insufficient communication between the supervisor and staff nurses, stemming from a combination of factors such as the aspiration for both internal and external change, heightened competitiveness, quick technology advancements, and the supervisor's lack of motivation to encourage the nurses. Furthermore, due to the shortage of nurses and the tremendous

workload, nursing supervisors do not adequately communicate with nurses and do not provide them the opportunity to address their concerns to find a solution together.

The current study's findings agreed with those of a previous study conducted by Weigl et al., (2016), who examined the relationship between supervisor support, emotional exhaustion, and depressive condition among staff nurses, in Germany, and discovered that staff nurses had a small level of supervisor support. Likewise, Asiri et al. (2022), who investigated the organizational support among nurses, in the Kingdom of Saudi Arabia, reported that staff nurses had a poor level of support. Conversely, the previous study's finding was contradicted by that of a previous study carried out, in Egypt, by Abd El-Aziz et al., (2017), to examine the relationship between perceived nursing supervisor support and turnover intention among staff-nurse, and they found that staff-nurses had adequate degree of nursing supervisor support.

Concerning work alienation among the nurses studied, the findings of the present study revealed that the majority of nurses did not have work alienation. This could be because staff nurses believe there is no difference between perception and expectations of their working environment. As well, this could be due to that the studied nurses have adequate independence which results in circumstances in which they have suitable freedom to control their work activities and feel more confident to offer their ideas.

Correspondingly, the previous finding agreed with that of a study carried out by Chen (2013), which assessed work alienation among

staff nurses, in China, and discovered that nurses had a low level of work alienation. Conversely, the previous study's findings disagreed with those of other previous studies, such as the one conducted by **You et al. (2022)**, in China, to examine the status of work alienation among staff nurses, and the other done, in Belgium, by **Lagios et al. (2022)**, where they investigated predictors and consequences of work alienation, and they reported that nurses had work alienation. Likewise, **Abd-Elrhaman et al. (2020)**, who examined work alienation and workplace deviant behaviors among nurses, in Egypt, discovered that nurses experienced work alienation.

As regards the mean scores of work alienation domains; the findings of this study revealed that self-estrangement had the greatest mean score, while meaninglessness had the lowest mean score. These findings could be attributed to the fact that the nurses studied do not appreciate their jobs or find them interesting. As well, they can't establish a connection between what they need to do and the work that they do. As a result, they are unable to appreciate the pleasure that comes with achievement. On the other hand, the studied nurses have a proper awareness of the relationship between the current workings to which nurses contribute and the more visible and social goals of the profession.

The current study findings were in the same line with those of other previous studies carried out by **Abd-Elrhaman et al. (2020)**, which found that meaninglessness represented the lowest mean score of work alienation. In contrast, these results were inconsistency with those of a study carried out by **Hassan and Hamed (2022)**, which studied the relationship between work stressors and alienation, in Egypt, and they reported that meaninglessness was the highest mean score of work alienation, whereas powerlessness was the lowest. Furthermore, **Mohamed et al. (2022)**, who examined the impact of perceived organizational injustice on staff nurses' work alienation, in Egypt, reported that powerlessness had the greatest mean score; however, self-estrangement had the lowest mean score of work alienation.

As for workplace deviant behaviors among staff nurses, the findings of the current study depicted that the majority of the studied staff nurses did not engage in workplace deviant behaviors. This might be a result of workplace control where hospital rules have received a lot of attention to successfully govern nurses' behavior, and they must be carefully included across the facility.

Correspondingly, the previous research findings were the same way as those of other previous studies, such as the one conducted by **Hashish (2020)**, which examined the relationship between nurses' perceptions of organizational justice and their workplace deviance, in Egypt, and the other done by **Sakr et al. (2022)**, which investigated ethical leadership, deviant behaviors in the workplace, and their relationship to perceived organizational support among nurses, in Egypt, and they found that the highest percentage of the nurses studied did not engage in the workplace deviant behaviors. As well, **Abd-Elrhaman et al. (2020)** revealed that the majority of staff nurses had negative work deviant behaviors. On the contrary, the previous study's findings contradicted those of a study carried out by **Hany et al. (2020)**, which assessed the relationship between organizational justice and workplace deviant behaviors among nurses, in Egypt, and they discovered that the highest percentage of staff nurses had high level of workplace deviant behaviors.

As for the mean scores of workplace deviant behaviors domains, organizational deviance had the greatest mean score, while interpersonal deviance had the lowest mean score. These findings could be attributed to the nurses who were studied frequently seeing their organizations as significant sources of authority and assistance. So, if they felt their organization was unsupported, did not care about their welfare, or did not value their contributions, they would feel more comfortable when reporting deviant behaviors against the organization than admitting deviant behaviors against their coworkers because they felt their coworkers lacked the authority to alter the unfavorable conditions at work. As a result, nurses could become dishonest, intentionally

making mistakes, delaying work, ceasing to put effort into the job, departing early, taking long breaks, destroying property, and fabricating work hours

The aforementioned study results were consistent with those of other previous studies, such as the one conducted, in Malaysia, by **Othman et al. (2022)**, to assess the causes of employee workplace deviant behavior, and the other carried out by **Hashish (2020)**, and reported that organizational deviance represented the highest mean score of the deviant behaviors' domains. Similarly, **Liu and Ding (2012)**, who assessed the relationship among interactional justice, perceived organizational support, general ethical judgments, and workplace deviance, in Taiyuan, found that the organizational deviance domain was greater than the interpersonal deviance domain. On the other hand, **Abd-Elrhaman et al. (2020)** found that the mean score for interpersonal deviance was the greatest, while the mean score for organizational deviance was the lowest.

As regards the correlations among the various study variables and the influencing effect of nursing supervisor support; the current study findings presented that there were statistically significant negative correlations between nursing supervisor support as regards work alienation and workplace deviant behaviors. Also, there was a significant and positive correlation between nurses' work alienation as regards their workplace deviant behaviors. Moreover, nursing supervisor support has a significant influence on nurses' work alienation and their workplace deviant behaviors. The observed results may be attributed to the fact that nurses who get support from their supervisors have psychological benefits, such as receiving positive feedback, fair treatment, and the necessary help to enhance their abilities and fulfill work requirements. Furthermore, it is hypothesized that an employee's mental well-being might be impacted by their trust in the organization, their self-assurance, and their view of their employer's commitment to acting ethically and justly. Supervisor support beliefs that have psychological implications may

effectively decrease nurses' deviant conduct in the workplace.

The aforementioned study results were the same way as the results of **Abd-Elrhaman et al. (2020)**, who mentioned that there was a statistically significant positive correlation between staff nurses' work alienation and their workplace deviant behaviors. As well, **Alias and Rasdi (2015)**, who investigated the organizational predictors of workplace deviant behaviors among the support staff, in Malaysia, reported that perceived supervisor support is the most accurate predictor of organizational and interpersonal deviance. Likewise, **Hall (2007)**, who assessed the relationship between registered nurses' outcomes and supervisor support in nursing care units, in the United States of America, noted that nurses who saw their supervisors as being supportive had further positive employment consequences and less undesirable effects, such as lower levels of work alienation.

In contrast, **Azim et al. (2020)**, who examined the effect of psychological contracts as a mediator in the relationship between organizational trust, supervisor support, and workplace deviant behavior in Malaysia, reported that supervisor support had no significant influence on workplace deviant behaviors. Similarly, **Ojo and Tamunoipiriala (2019)**, studied the organizational predators of workplace deviant behavior, in Nigeria, and they found that perceived supervisor support has no significant relationship with workplace deviant behaviors.

Concerning the relationship between personal and job characteristics as regards the various study variables; the results of this study indicated that there was a highly statistically significant relationship between staff nurses' educational qualification and their perception regarding nursing supervisor support. Also, there were highly statistically significant relationships between staff nurses' workplace deviant behaviors as regards their gender, marital status, the department they were employed in, and having another job. However, there was no statistically significant relationship between staff-nurses' work alienation as regards their personal and job characteristics. These

results could be attributed to the fact that the higher educated nurses become more experienced with the nursing supervisor's support and subsequently motivate their colleagues and provide support effectively for them. As well, nurses who are male, unmarried, and working in the operating rooms could have different respondents' propensity for interpersonal workplace deviant behaviors, so, they had more tendency toward engagement in these behaviors than others.

The previous study findings corresponded with that of a study carried out, in South Africa, by **Okeke et al. (2022)**, who reported that there were statistically significant positive correlations between staff-nurses' workplace deviant behaviors as regards their gender, marital status, location, and working condition. Likewise, **Jelavic and Glamuzina (2021)**, who examined types of deviant workplace behaviors, in Croatia, reported that there is a statistically significant difference between male and female respondents' propensity for interpersonal deviant behaviors in the workplace. Similarly, **Baharom et al. (2019)**, which examined the effect of demographic factors on deviant workplace behavior, in Pakistan, found a strong correlation between the quantity of deviant behaviors and marital status, suggesting that altering one's marital status will have an impact on the quantity of deviation.

As well, **Farhadi et al. (2015)**, which investigated the effect of demographic factors on workplace deviant behaviors, in Malaysia, stated that there were statistically significant associations between staff-nurses' engagement in workplace deviant behaviors as regards their marital status and gender. On the contrary, **Mohamed et al. (2022)**, clarified that there were positively significant relationships between staff-nurses' work alienation as regards their position and level of education.

Conclusion

There were statistically significant negative correlations between nursing supervisor support as regards work alienation and workplace deviant behaviors among nurses. As well, there was a significant and positive correlation between staff nurses' work alienation and their workplace deviant behaviors. Moreover, nursing supervisor support

was a significant predictor of nurses' work alienation and their engagement in workplace deviant behaviors. Subsequently, nursing supervisors must utilize supervisor support to identify the necessary knowledge and attitudes needed to minimize work alienation and workplace deviant behaviors among staff nurses.

Recommendations

The study suggested that nursing supervisors should have the proper training to give their staff nurses constructive criticism and enough support, which can increase work engagement and lower deviant behaviors.

A clear, open grievance system should be taken into account to enable nurses to provide feedback when they feel mistreated. If nurses can express their displeasure through a transparent procedure, this lowers the likelihood of deviation because no one will feel unable to voice theft happiness. Practicing managers to step in and handle these recognized issues that are likely to lead to work alienation and take preventive measures to ensure a dedicated workforce.

Nurse supervisors and hospital administrators are required to participate in ongoing training programs on innovative tactics for reducing workplace unfairness and work alienation.

Hospital management needs to outline a specific, open grievance process that nursing personnel must follow in the event of any abuse or complaints from their managers.

Implications for Nursing:

A lack of supervisory support may result in nurses' engagement in work alienation and deviant behaviors. These actions have negative consequences for both organizations and nursing performance. Therefore, Healthcare firms should constantly develop and provide training in nurse manager abilities such as empathy, recognizing employees' needs, and communicating and dealing with ethical quandaries. Managers should make up for it by consistently raising performance standards, valuing staff contributions, encouraging staff involvement in ethical issues, and emphasizing the impact of nurses' work on

improving the welfare of others while decreasing work alienation and workplace deviant behaviors among staff nurses.

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