



Assessing The Impact Of Abusive Supervision On Counterproductive Work Behavior Among Healthcare Workers

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Abstract

Background: Abusive supervision is the subordinates' perceptions of the extent to which their supervisors engage in the sustained display of hostile verbal and nonverbal behaviors. Also, abusive supervision hurts the organization causing lower levels of satisfaction, commitment, and counterproductive work behavior. **Aim:** Assessing Healthcare workers' perception level regarding abusive supervision, assessing the level of Healthcare workers' counterproductive work behavior, and finding out the influence of perceived abusive supervision on counterproductive work behavior among Healthcare workers. **Research design:** A descriptive correlational study design was used. **Setting:** The study was conducted at the Saudi German Hospital in Makkah, KSA. **Subjects:** (171) HCWs out of (300) participated in the study. **Tools of data collection:** Abusive supervision scale and counterproductive work behavior scale. **Results:** The majority (94%) of the studied participants perceived a high level of abusive supervision, and only 2% of them perceived a low level of abusive supervision from their supervisors. Also, less than two-thirds of them (65%) had moderate counterproductive work behavior, while only (15%) of the study participants had high levels. **Conclusion:** There was a strong positive relation between Healthcare workers' perceived abusive supervision and their counterproductive work behavior. **Recommendations:** healthcare managers must take corrective disciplinary approaches, actions, and strategies against supervisory abusive behavior and counterproductive behavior. Healthcare managers have to provide the employees with a favorable healthy professional work environment, which helps to overcome any counterproductive work behaviors.

Keywords: *Abusive supervision, counterproductive work behavior, HCWs.*

Introduction

Abusive supervision has recently evolved to be considered as a big threat to subordinates' commitment, and counterproductive work behavior, and has proved to be a killing agent for creativity and innovation. In the 21st century, evidence about the various causes, consequences, and coping strategies for abusive supervision has flourished. The exposure of many employees to organizational authorities' abusive action may include receiving harsh criticism, ridicule,

promise breach, privacy invasion, or silent treatment. Supervisory abusive behaviors phenomenon is called abusive supervision (1). Supervision is the activity of overseeing the subordinates at work to ensure that the work is performed as required. Supervision plays an important role in the management setup. In supervision, designated staff members help subordinates learn to make the best use of knowledge and skills, and to develop their abilities to achieve organizational goals. It is a continuous process in which the supervisor helps the staff member achieve the purpose (2).

The supervisors' responsibility for work progress and productivity in the organization is the cornerstone of their work performance that relies on conducting basic management skills including planning, organizing, staffing, directing, controlling, decision-making, problem-solving, delegation, and training new employees. Supervisors are also responsible for performance management activities including setting goals, observing and giving feedback, addressing performance issues, firing employees, and ensuring conformance to organizational policies and regulations (3). On the other hand, supervisors may be involved in abusive supervision to achieve definite goals. Supervisors who are involved in such behaviors may not intend to harm their subordinates, they may commit abusive supervision actions to elicit high subordinate performance, send a clear message to subordinates, or discourage other subordinates from engaging in certain behaviors in the future (4).

Abusive supervision is the repeated negative behaviors of supervisors carried out deliberately or unconsciously, with intentions to harm, cause humiliation, and distress to subordinates with whom they supervise. The terms supervisory bullying and abusive supervision are used interchangeably (5). It is concerned with sustained displays of nonphysical forms of hostility performed by supervisors against their direct reports. Public derogation, undermining, and explosive outbursts are considered examples of behavior that fall within the abusive supervision content domain. Abusive supervision key features include ongoing manifestations of hostility rather than discrete episodes and those abusers may or may not intend to cause harm (6).

Abusive supervision may result in unfavorable outcomes for employees such as, including lower levels of job satisfaction, psychological and mental health issues, physical health issues, work-family conflict, increased turnover intentions, high job strain, job burnout, increased blood pressure, decreased organizational commitment, decreased self-efficacy, increased aggressive behaviors, and lower overall performance (7). It can also impair subordinates' well-being and health (8). Additionally, it can motivate employees to engage in counterproductive behavior that may be harmful to coworkers (9).

In any workplace, leaders should be careful about the impact of their organization's structure and work climate on the levels of their abusive supervision. Also, leaders should establish policies, procedures, and practices to enhance the organization's mistreatment-reduction climate that discourages and prevents abusive supervision. Counterproductive work behavior (CWB) can be defined as individual dysfunctional behaviors that voluntarily violate organizational formal and informal norms as prescribed by procedure, policy, and rules, thereby threatening the well-being of members and the organization itself (10). Counterproductive work behavior may be divided into two types; the first type is according to its severity ranging from minor to severe. Minor such as lateness, or talking with other workers instead of working, and other incidents, such as a physical assault, would be classified as severe (11). The second type according to the target, such that the behavior may be harmful to an individual's (interpersonal CWB) or the organization's well-being (organizational CWB).

Crossing these two dimensions results in four quadrants in which to classify (CWB) behavior. These are labeled as production (CWB) (low severity, organizational target, e.g., leaving early or taking too many breaks), property (CWB) (high in severity, organizational target, e.g., stealing or accepting kickbacks), political (CWB) (low in severity, individual target, e.g., gossiping or counterproductive competition), and personal aggression (high in severity, interpersonal target, e.g. verbal abuse or sexual harassment) (12). Despite counterproductive work behavior has increasingly become a serious problem in today's organizations and has been reported to significantly affect both individual and organizational effectiveness and performance; numerous organizations have ignored and not yet prepared to cope with this problem seriously (13).

Accordingly, organizational Counterproductive work behavior should be focused on researchers, academics, and professionals because of its negative impact on organizations in terms of productivity loss, a decrease in job satisfaction, a lower level of organizational commitment, and poor performance (14). In recent years, counterproductive work behavior (CWB) become increasingly prevalent in the workplace and subordinates' CWB harms corporate interests and negatively affects the organization (15, 16). Moreover, CWB leads to the destruction of possessions, waste of time and resources, and unfortunate actions and it has a major destructive effect on societies and their employees (17).

Prior studies have linked abusive supervision to CWB among healthcare workers (HCWs), whereby HCWs who experience abusive supervision display a tendency to engage in CWB (18). Abused HCWs may feel frustrated when their supervisors spend more time criticizing them than mentoring them for advancement. Equity theory and social exchange theory have emphasized the importance of social comparison in evaluating outcomes. For example, when someone receives favorable treatment, he/she will respond favorably (i.e. positive reciprocity), whereas one who receives unfavorable treatment will respond unfavorably. Thus, CWB surfaces when an employee modifies his or her input to restore equity as a reaction to the perceived injustice of abusive supervision (19).

Therefore, if HCWs are dissatisfied with the valuation of outcome fairness (e.g. being mistreated or abused), they will change their behavior to even the score and restore equity. Organizations should use fair procedures to select, promote, reward, and discipline their employees, ensuring that criteria for raises, promotions, and punishments are communicated to employees. Research has shown that involving employees in decision-making processes and keeping them informed of organizational policies and procedures is a best practice for organizations. Also, incentives should be used to reward ethical behaviors that are valuable to the organization (20).

Researchers presented great interest in abusive supervision and related behaviors. Abusive supervision has several deleterious consequences for organizations and their members. The consequences associated with abusive supervision include subordinates' job dissatisfaction, poor performance, counterproductive behavior, and decreased productivity which has a dangerous effect on organizations. Currently, organizations are more interested in reducing counterproductive work behavior because these counterproductive work behaviors ultimately lead them to more difficulties to attain desired results and employees also started to perform less because of aggressive behavior which they faced from their supervisors.

Therefore, this study aimed to assess abusive supervision and its influence on counterproductive work behavior among HCWs by assessing HCWs' perception level regarding abusive supervision, assessing the level of counterproductive work behavior among HCWs, finding out the influence of perceived abusive supervision on counterproductive work behavior among HCWs.

Subjects and Methods:

A descriptive correlational design was used to achieve this study. A descriptive study is research used to provide a picture of the current state of affairs. The correlational study is used to investigate the relationship among variables and to identify the prediction of future events from present knowledge (21).

This study was conducted at the Saudi German Hospital in Makkah, KSA. One hundred and seventy-one (171) out of three hundred (300) HCWs who are working in the above-mentioned setting participated in the study. The inclusion criteria are HCWs with at least one year of experience in the current position. A simple random sampling technique was used for selection. The study subjects' size was determined based on a 95% confidence level and $p = 0.5$ is assumed.

Data collection tools:

First tool: Abusive Supervision Scale (ASC):

This scale was used to assess HCWs' perceptions regarding abusive supervision. It was developed by Tepper, (2000) (23) and modified by the researchers, and it consisted of two parts: Part (I) aimed to collect data about personal and job characteristics of studied participants including age, gender, marital status, years of experience in the current position, qualification and attending training course related to abusive supervision. Part (II); consisted of 15 items such as my boss ridicules me, puts me down in front of others, and invades my privacy. A scoring system was assessed on a five-point Likert scale ranging from strongly agree (5) to strongly disagree (1).

The scores of the statement of each component were summed up, and converted into percent scores. The respondent perception of abusive supervision was considered low if the total percent score was less than 60% and considered moderate if the total score ranged from 60-75% and it was considered high if the total score was more than 75%.

Second tool: Counterproductive Work Behavior Scale (CWB):

It was developed by Spector et al., (2006) (24) and modified by the researchers. It is used to assess counterproductive work behavior among HCWs. It consisted of 33 items, categorized into five dimensions, namely: abuse toward others (18-item); production deviance (3-item); withdrawal (4-item); sabotage (3-item), and theft (5-item). A scoring system was measured on a 3-point Likert rating scale ranging from (1) never to (3) always. The scores of the statement of each component were summed up, and converted into percent scores. The respondent level of counterproductive work behavior was considered low if the total percent score was less than 60% moderate if the total score ranged from 60-75% and high if the total scores were more than 75%.

The validity of tools was examined for face and content by a panel of jury groups. This group consisted of seven professors specialized in healthcare management. The jury group examined tools carefully to judge their clarity, comprehensiveness, and accuracy. Their opinions were elicited about the tools' layout, components, and scoring system. According to jury opinions, the researchers modified minor items from the tools such as rephrasing some items and rearranging some items to be more accurate and clearer. Data collection tools were assessed its reliability by measuring their internal consistency by using Cronbach's Alpha Coefficient test. The result was (0.88) on the counterproductive work behavior scale and it was (0.99) on the abusive supervision scale.

The pilot study was done on 18 HCWs. This number represents 10% of the total study sample. The pilot study aimed to investigate the applicability of the study tools, and clarity of language, and test the feasibility and suitability of tools. It also estimates the time needed to complete the forms by each subject and identifies potential obstacles that may be encountered during data collection. The time to fill the tools took around 15-25 minutes. There is no modifications were made so the study subjects included in the pilot were included in the main study sample.

Data collection started from the beginning of February to May 2022. The researchers met the head of each department to identify a suitable time to collect the data from the HCWs. The researchers represented themselves to HCWs in the workplace, explained the aim of the study and components of the questionnaires distributed the sheets to HCWs in their work settings at different times, and attended during the filling of the questionnaires to clarify any ambiguity and answer any questions.

Official permissions to conduct the study were obtained from pertinent authorities. The researchers explained the aim of the study and its implications to the hospital medical directors to get their approval and seek their support before the conduct of the study. In addition, agreement was obtained from the director of the hospital. Then the researchers met the

head of each department to explain the aim of the study, the expected benefits and results of the study, and to obtain their approval and seek their support. The subjects were informed about the study's aim and their rights to participate or refuse or withdraw at any time without giving any reason and the collected data was kept confidential and used for research only.

The statistical package for social sciences (SPSS version 28.0) was used to analyze data for this study using the frequencies and percentages for non-numerical data, means and standard deviations (Means \pm SD), and range for parametric numerical data. Cronbach's Alpha coefficient test was calculated to estimate the reliability of the tools by measuring internal consistency. Also, using statistics in the form of a chi-square test to investigate the relationship between two variables but when the expected count is less than 5 in more than 20 % of cells; Fisher's Exact Test was used. Pearson correlation coefficient test (r) was used to conduct the correlation matrix. Statistical significance was considered at P-value <0.05 and high Statistical significance was considered at P-value <0.001 .

Results:

Table (1) demonstrates that more than one-third (35.1%) of the studied participants had ages ranged from 25 to less than 35 years old, more than two-thirds (69.6%) of the HCWs were females, the great majority (94.2%) of them were married, less than half (40.9%) of them had a bachelor's degree, more than half (56.7%) of them had five to ten years of experience in their units, and less than half (46.2%) of them had experience ranged from five to less than ten years in their field.

Table (2) reveals that almost all (99.4 %) of HCWs had a high perception that their supervisors weren't giving them credit for jobs requiring a lot of effort. Also, the majority (97.1%) of HCWs had a high perception regarding their supervisors' ridiculing them, telling them their thoughts or feelings are stupid, giving them the silent treatment, blaming them to save himself/herself embarrassment, and breaking promises he or she makes. Only, (8.8%) of them had a high perception that their supervisors put them down in front of others.

Figure (1) describes that the majority (94%) of the study participants had a high perception level regarding abusive supervision from their supervisors. Only, (4% and 2%) had moderate and low perception levels respectively.

Table (3) illustrates that less than one-quarter (17 %) of HCWs had high counterproductive work behavior regarding sabotage and theft dimensions, and less than one-third (31.6%) of them had low levels regarding the withdrawal dimension of counterproductive work behavior.

Figure (2) identifies that only less than one-quarter (15%) of the study participants had high counterproductive work behavior levels.

Meanwhile, less than two-thirds of them (65%) had a moderate level of counterproductive work behavior.

Table (4) validates that there was a highly statistically significant strong positive correlation between abusive supervision and all dimensions of counterproductive work behavior.

Table (5) explains that there were significant relationships between the total level of perceived abusive supervision and all personal data of HCWs except gender.

Table (6) shows that there were significant relationships between the total level of counterproductive work behavior and participants' unit experience ($\chi^2= 12.37, p= .002$), and all experience ($\chi^2= 15.52, p= 0.00$).

Table (7) demonstrates that there was a highly statistically significant positive correlation between total HCWs' perception level of abusive supervision and their total counterproductive work behavior.

Personal data	No.	%
Age		
<25	30	17.5
25 <35	60	35.1
35 <45	40	23.4

Table (1): Personal Data of studied participants (n= 171).

>45	41	24
Mean \pm SD	35.22 \pm 3.41	

Gender

Male	52	30.4
Female	119	69.6
Marital status		
Single	10	5.8
Married	161	94.2
Divorced	0	0
Widowed	0	0

Qualification

Diploma inspecialty	50	29.3
PhD	45	26.3

Unit experience

Bachelor degree	70	40.9
Master degree	6	3.5
Less than 5 years	27	15.8
5 years to 10years	97	56.7
more than 10years	47	27.5
Mean± SD	9.24± 3.25	

Experience in their field

Less than 5 years	27	15.8
5 years to 10years	79	46.2
more than 10years	65	38
Mean± SD	7.89± 2.87	

Table (2): HCWs’ perception of abusive supervision (n= 171).

Abusive supervisionMy supervisor:	HCWs’ perception level ofabusive supervision					
	Low < 60%		Moderate 60-75%		High > 75%	
	No.	%	No.	%	No.	%
1. Ridicules me	3	1.7	2	1.2	166	97.1
2. Tell me my thoughts or feelings are stupid.	2	1.2	3	1.7	166	97.1
3. Gives me the silent treatment.	0	0	5	2.9	166	97.1
4. Puts me down in front of others.	5	2.9	151	88.3	15	8.8
5. Invades my privacy.	5	2.9	141	82.5	25	14.6
Abusive supervisionMy supervisor:	HCWs’ perception level ofabusive supervision					
	Low < 60%		Moderate 60-75%		High > 75%	
	No.	%	No.	%	No.	%
6. Reminds me of my past mistakes andfailures.	0	0	20	11.7	151	88.3
7. Doesn't give me credit for a job requiring a lot of effort.	0	0	1	0.6	170	99.4
8. Blames me to save himself/ herself embarrassment.	0	0	5	2.9	166	97.1
9. Breaks promises he/she makes.	0	0	5	2.9	166	97.1
10. Expresses anger at me when he/she is mad for another reason.	5	2.9	5	2.9	161	94.2
11. Makes negative comments about me to others.	5	2.9	139	81.3	27	15.8
12. Is rude to me.	5	2.9	10	5.8	156	91.3
13. Does not allow me to interact with my coworkers.	0	0	15	8.8	156	91.2
14 Tells me I’m incompetent.	0	0	21	12.3	150	87.7
15. Lies to me.	0	0	155	90.6	16	9.4

Figure (1): HCWs’ total perception level regarding abusive supervision (n= 171).

Table (3): Counterproductive work behavior among studied participants (n= 171).

Counterproductive work behavior dimensions	Low < 60%		Moderate60-75%		High > 75%	
	No.	%	No.	%	No.	%
Abuse toward others	35	20.5	109	63.7	27	15.8
Production deviance	34	19.9	122	71.3	15	8.8
Withdrawal	54	31.6	101	59.1	16	9.4
Sabotage	40	23.4	102	59.6	29	17.0
Theft	44	25.7	98	57.3	29	17.0

Figure (2): Counterproductive work behavior level among HCWs (n= 171).

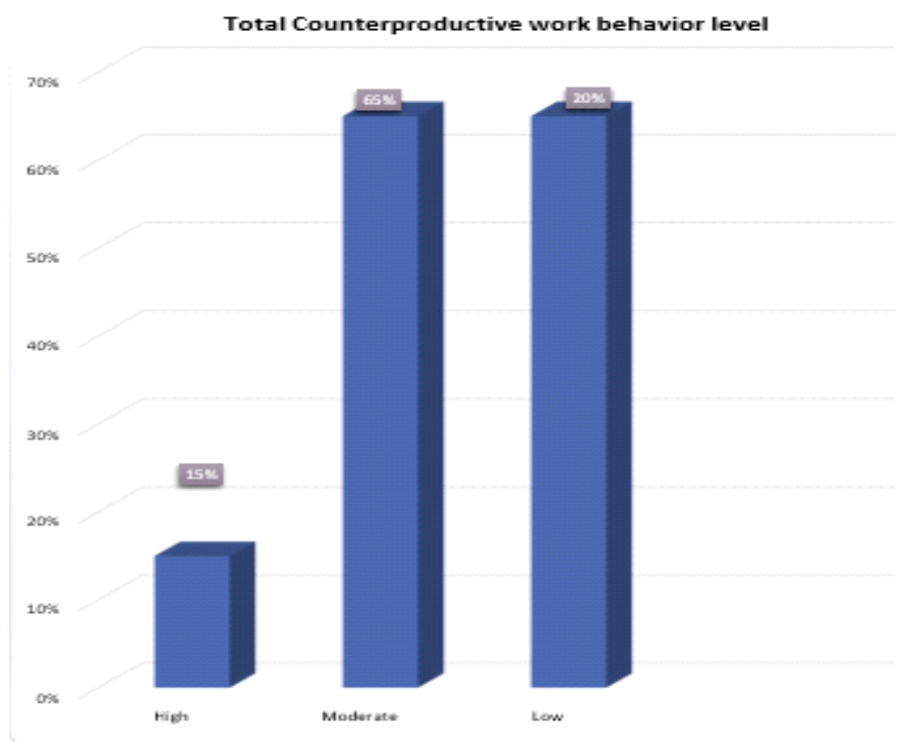


Table (4): Correlation between HCWs’ perception level of abusive supervision and level of counterproductive work behavior (n=171).

Abusive supervision	Counterproductive work behavior									
	Abuse toward others		Production deviance		Withdrawal		Sabotage		Theft	
	R	P	R	P	R	P	R	P	R	P
1. Ridicules me	0.566	0.002**	0.975	0.025*	0.671	0.000**	0.485	0.009**	0.485	0.009**
2. Tell me my thoughts or feelings are stupid.	0.457	0.015*	0.603	0.000**	0.235	0.000**	0.603	0.001**	0.603	0.001**
3. Gives me the silent treatment.	0.671	0.000**	0.579	0.000**	0.603	0.000**	0.658	0.000**	0.528	0.004**

Abusive supervision	Counterproductive work behavior									
	Abuse toward others		Production deviance		Withdrawal		Sabotage		Theft	
	R	P	R	P	R	P	R	P	R	P
4. Puts me down in front of others.	0.658	0.000**	0.750	0.000**	0.579	0.000**	0.466	0.012*	0.485	0.009**
5. Invades my privacy.	0.466	0.012*	0.423	0.000**	0.750	0.000**	0.380	0.046*	0.566	0.002**
6. Reminds me of my past mistakes and failures.	0.380	0.046*	0.235	0.000**	0.423	0.000**	0.485	0.009**	0.457	0.015*
7. Doesn't give me credit for a job requiring a lot of effort.	0.485	0.009**	0.603	0.000**	0.235	0.000**	0.658	0.000**	0.671	0.000**
8. Blames me to save himself/herself embarrassment.	0.603	0.001**	0.540	0.000**	0.603	0.000**	0.311	0.002**	0.658	0.000**

9. Breaks promises he/she makes.	0.528	0.004**	0.613	0.000**	0.671	0.000**	0.579	0.000**	0.466	0.012*
10. Expresses anger at me when he/she is mad for another reason.	0.307	0.112	0.651	0.000**	0.658	0.000**	0.750	0.000**	0.235	0.000**
11. Makes negative comments about me to others.	0.456	0.015*	0.593	0.000**	0.466	0.012*	0.423	0.000**	0.603	0.000**
12. Is rude to me.	0.678	0.000**	0.511	0.000**	0.380	0.046*	0.235	0.000**	0.540	0.000**
13. Does not allow me to interact with my coworkers.	0.669	0.000**	0.579	0.000**	0.566	0.002**	0.566	0.002**	0.613	0.000**
14. Tells me I'm incompetent.	0.728	0.000**	0.750	0.000**	0.457	0.015*	0.457	0.015*	0.651	0.000**
15. Lies to me.	0.492	0.008**	0.511	0.000**	0.671	0.000**	0.671	0.000**	0.593	0.000**

Table (5): Relationship between HCWs’ personal data and job characteristics data, and perception of abusive supervision (n=171).

Personal data	Total HCWs' perception of abusive supervision level						Chi-square test	
	Low N=3		Moderate N=7		High N=161			
	No.	%	No.	%	No.	%	χ ²	P
Age								
<25	2	66.7	3	42.8	25	15.6	8.103	0.004*
25 <35	1	33.3	2	28.6	57	35.4		
35 <45	0	0	1	14.3	39	24.2		
>45	0	0	1	14.3	40	24.8		
Gender								
Male	2	66.7	2	28.6	47	29.2	1.93	0.17
Female	1	33.3	5	71.4	114	70.8		
Qualification								
Diploma in specialty	1	33.3	3	42.8	46	28.6	8.10	0.004*
PhD	2	66.7	2	28.6	41	25.5		
Bachelor degree	0	0	1	14.3	69	42.9		
Master degree	0	0	1	14.3	5	3		
Marital status								
Married	1	33.3	5	71.4	149	96.8	19.04	0.000**
Single	2	66.7	2	28.6	12	70.6		
Divorced	0	0	0	0	0	0		
Widowed	0	0	0	0	0	0		
Unit experience								
Less than 5 years	0	0	4	57.1	22	13.7	10.88	0.004*
5 years to 10 years	2	66.7	3	42.9	92	57.1		
more than 10 years	1	33.3	0	0	47	29.2		
Experience in their field								
Less than 5 years	2	66.7	3	42.9	22	13.66	85.94	0.000**
5 years to 10 years	1	33.3	4	57.1	74	46		
more than 10 years	0	0	0	0	65	40.4		

Table (6): Relationship between HCWs’ personal data and job characteristics, and their counterproductive work behavior (n=171).

Personal data	Counterproductive work behavior						Chi-square test	
	Low N=34		Moderate N=111		High N=26			
	No.	%	No.	%	No.	%	χ ²	P
Age								
<25	25	73.5	27	24.3	4	15.4		

25 <35	2	5.9	27	24.3	4	15.4	.75	.39
35 <45	3	8.8	30	27.1	8	30.8		
>45	4	11.8	27	24.3	10	38.4		
Gender								
Male	4	7.7	7	13.5	41	78.8	1.03	.31
Female	3	2.5	31	26.1	85	71.4		
Qualification								
Diploma in specialty	1	2.9	25	22.5	6	23.1	.034	0.85
PhD	7	20.6	13	11.7	15	57.7		
Bachelor degree	20	58.8	73	65.8	5	19.2		
Master degree	6	18	0	0	0	0		
Marital status								
Married	27	79.4	111	100	23	88.5	2.15	0.14
Single	7	20.6	0	0	3	11.5		
Divorced	0	0	0	0	0	0		
Widowed	0	0	0	0	0	0		
Unit experience								
Less than 5 years	0	0	80	72.1	13	50	12.37	0.002*
5 years to 10 years	7	20.6	20	18	13	50		
more than 10 years	27	79.4	11	9.9	0	0		
Experience in their field								
Less than 5 years	0	0	27	24.3	0	0	15.52	0.000**
5 years to 10 years	7	8.8	52	46.8	20	76.9		
more than 10 years	0	0	32	28.9	6	23.1		

Table (7): Correlation between total HCWs' perception level of abusive supervision and their total level of counterproductive work behavior

Items	Total HCWs' perception of abusive supervision	
	R	P
Total counterproductive work behavior	0.603	0.000**

R: Pearson coefficient

(**) highly statistically significant at $p < 0.001$

Discussion

It is serious in a dynamic environment there is a need to supervise employees in a way that will be helpful to the organizations to improve their performance and to keep on their employees.

Supervisor roles become very critical in this dynamic environment due to their direct or indirect interaction with employees. Without supportive supervision, it is identified that employees more engage in CWB. Abusive supervision has become an important trend in the last decades especially in the healthcare field, which affects the productivity of employees. Supervision has a tremendous effect on influencing the employee's behavior toward the achievement of individuals and organizational performance (25). Moreover, supervisors can increase trust with their subordinates by providing information, and thereby making themselves vulnerable to their staff, and modeling trust by making the first move – this creates the basis for staff trust (26).

Regarding abusive supervision, the finding of the present study revealed that almost all (99.4%) of the study participants had a high perception regarding their supervisors not giving them credit for a job requiring a lot of effort item, the majority (97.1%) of studied participants had a high agreement about that their supervisors ridicule them, tells them their thoughts or feelings are stupid and gives them the silent treatment. From the researchers' point of view, supervisors may think that the less control and flexible leadership is present, the less deviation is observed in the work. The present study disagreed with Frazier & Bowler, (2015) (27) who reported that when healthcare managers have a realistic perspective about themselves, they become more accept others' ideas, and provide employees with benefits for their contributions which in turn have a great feeling about their jobs. In the same respect, Epitropaki et al., (2017) (28) reported that supervisors are the first and most important source to give feedback to employees at work, and when interacting with subordinates, the supervisor's actions are the most direct representation of his/her feedback for the subordinates regarding role expectations. Additionally, when a supervisor represents good leadership behavior during interaction with their subordinates, such as acknowledging employees' contributions. However, when a supervisor suppresses, or ridicules his/her subordinates, suggesting that the supervisor has a lower creative role expectation of his/her followers, this will make employees doubt their new ideas, and thoughts, which hinders the development of highly creative role identity (29, 30).

The findings of the present study revealed that the great majority (94%) of the study participants had a high level of abusive supervision from their supervisors. This result may be due to the supervisor not being aware of abusive

supervision behaviors and considering their behaviors good for the work and for the organization. This current study disagrees with Dongyuan (2020) (1) who found that a minority of the studied sample had low abusive supervision from their supervisors. Furthermore, the present study results disagree with the results done by Xu et al., (2021) (31) who reported that abusive supervision was at a moderate level among respondents, and this led to subordinate silence.

Also, this current study is contradictory to Lyu et al., (2019) (32) studied abusive supervision and turnover intention: Mediating effects of psychological empowerment of HCWs and found that the majority of the studied sample had low levels of abusive supervision from their supervisors. Moreover, this study is incongruent with Abou Ramdan & Eid (2020)

(30) who conducted a study about "Toxic Leadership: Conflict Management Style and Organizational Commitment among Intensive Care Staff" and found that only a few of the studied participants high levels of abusive supervision from their supervisors.

The present study demonstrated that only less than one-quarter of the study participants had high counterproductive work behavior levels. Meanwhile, less than two-thirds of them (65%) had a moderate level of counterproductive work behavior. This result may be attributed to a lack of fair practices, low financial rewards, work stress, increased workload, and also a high level of ostracism which leads to job dissatisfaction. In contradiction with the study findings Abou Hashish, (2019) (33) found that the level of counterproductive work behavior was low.

On the same line, the result supported by Perera et al., (2021) (2) demonstrated that more than half of the studied participants had a moderate level, less than one-fifth of them had a high level, and only 20% of the studied participants had low counterproductive work behavior.

These results disagreed with the study by Ali & Johl (2020) (4) who revealed that studied participants were more likely to react with counterproductive work behavior with a low level of political skills. Also, inconsistent with Yao (2019) (34) who stated that around two-thirds of studied subjects had low counterproductive work behavior.

The present study revealed that less than one-quarter of the studied participants had highly counterproductive work behavior regarding sabotage and theft dimensions. This may be due to individuals who have low self-control in the face of potentially detrimental consequences that figure prominently in the display of CWB such as theft, sabotage, and aggression. In addition, aggressive and counterproductive workplace behavior occurs more readily when individuals with low self-control also suffer from high levels of trait anger.

Moreover, the result of Lipinska-grobelny (2021) (5) who studied organizational climate and counterproductive work behaviors – the moderating role of gender, agreed with the present study results and found that assessed low level of responsibility in the organization is associated with a high level of sabotage and theft, that involved retaliation against the organization, expression of dissatisfaction and opposition. On the contrary, Baysala et al., (2020) (6) analyzed the relationship between organizational commitment and counterproductive work behavior and found that low percent only (2%) of the study sample had high counterproductive work behavior regarding sabotage and theft dimensions. And added that this was due to ignoring the human factor that caused several problems such as absenteeism, job dissatisfaction, and lack of improving the sense of belonging.

The present study also indicated that less than one-third of the studied participants had low levels regarding the withdrawal dimension of counterproductive work behavior. This result may be due to withdrawal behaviors such as coming to work late without permission, staying home from work, and saying they were sick when they weren't these behaviors expose

HCWs to reducing their salaries. On the same line, the result of Lipinska-grobelny (2021) (5) added that withdrawal is described by passivity, and is most strongly related to work organization and leadership quality.

Baysala et al., (2020) (6) also recorded less than a quarter (24.8%) had low levels of withdrawal dimension including behaviors such as using the break times longer, absenteeism, coming to the job late, or leaving the job earlier.

The current study revealed that there were significant relationships between the total level of perceived abusive supervision and all personal data of HCWs except gender. This result may be attributed to most leaders being female, who tend to value mental acuity and consideration and characteristically monitor their behavior during supervision. Leaders are also ground-level supervisors whose power and authority are not absolute or highly centralized. Thus, they may restrain themselves from abusive supervision. This result was supported by Tepper and Simon (2017) (35) who found that significant relationship between the total level of abusive supervision and participants' age and marital status.

Regarding the Relationship between HCWs' personal data and job characteristics, and their counterproductive work behavior, results demonstrated that there were significant relationships between the total level of counterproductive work behavior and participants' unit experience and all experience in their field. This may be related to the feeling of being more experienced in organizations with a combination of feelings of injustice and lack of adequate organizational support causing them to develop negative feelings toward their supervisors and institutions. HCWs who are experiencing negative emotions and are not receiving help can have a significant impact on excellence and the quality of patient care and may commit counterproductive work behaviors to feel more compensated.

The result of the present study supported by Carpenter, Whitman, & Amrhein, (2021) (18) found the same results that there is a statistically significant relation between HCWs' experience in their units, their total experience, and their counterproductive work behavior. Also, Chen et al. (2020) (19) who studied work engagement, emotional exhaustion, and counterproductive work behavior supported the present study results. In addition to, Wurthmann, (2020) (16) studied

how group and perceiver traits affect collective blame following counterproductive work behavior. Their findings highlighted that when the employee had more experience in organizations or had more experience in their profession, the possibility of counterproductive work behavior increased. This may be related to increasing their knowledge of the organization's rules and standards, type and characteristics of work, organizational climate, and organizational jargon in addition to other organizational factors, such as work pressure, leadership style, excessive control, lack of policies to deter these behaviors lead HCWs to counterproductive work behaviors.

Regarding the relation between abusive supervision and counterproductive work behavior, there was a statistically significant positive correlation between total abusive supervision and total counterproductive work behavior among the studied participants. From the researchers' point of view, this may be due to employees mostly engaging in negative behaviors due to the perception of injustice by the organization and hostile behavior from the supervisor. In the same respect, the results reported by Ali, et al., (2020) (4) indicated that there was a significant positive relationship between counterproductive work behavior and abusive supervision in organizations. This finding indicated that when HCWs are abused by their supervisors; HCWs exercise their maximum efforts to show negative behaviors as counterproductive work behavior. Conclusion:

In light of the present study findings, it is concluded that the majority of the studied participants perceived a high level of abusive supervision. Meanwhile, less than one-quarter of the study participants had high counterproductive work behavior levels and less than two-thirds of them had moderate levels of counterproductive behavior. Moreover

There is a statistically significant positive correlation between perceived abusive supervision and counterproductive work behavior among HCWs.

Recommendations:

Because of the study findings, the following recommendations are suggested: Hospitals have to take corrective disciplinary approaches, actions, and strategies against supervisory abusive behavior and counterproductive behavior. Healthcare managers have to provide the employees with a healthy work environment, which helps to overcome any counterproductive work behaviors. Future research can be conducted: Examining the influence of counterproductive work behavior on job performance and productivity.

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