

Study of the Job Demand, Control, and Support Model as a Predictor for Nurses' Counterproductive Work Behaviors, Job Satisfaction, and Turnover Intention

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ABSTRACT:

workplace psychosocial factors influence nurses' attitudes and behaviors. By examining the balance between job demands, decision-making control, and social support, the model helps predict important organizational outcomes, including counterproductive work behaviors, job satisfaction, and turnover intention among nurses.

Aim: To investigate the job demand, control, and support model to predict nurses' counterproductive work behaviors and job satisfaction at hospitals, Saudia Arabia.

Method: A descriptive cross-sectional, conducted at all inpatient departments of the 3 hospitals namely Huraymala General Hospital, Dawadmi General Hospital, and Dhurma General Hospital. In Huraymala General Hospital Home care, on 300 nurses using data collection tools namely Job Demands, Control, and Support Scale (JDCSS), Counterproductive Work Behavior Checklist, Mueller, and McClosky Satisfaction Scale (MMSS), and Turnover Intention Scale. **Results:** Less than half (45.7%) of them had a moderate level of job demands, (39.7%) who had a low level of job control, (58.7%) had low level for counterproductive work behavior, (52.3%), had low level of job satisfaction, there was a statistically significant relationship between total level of work-related support resources and level of total nurses' counterproductive work behaviors, job satisfaction and turnover intention at hospitals of the studied nurses at hospitals, Saudia Arabia as P value= 0.0001.

Conclusion: A substantial proportion of nurses reported moderate to low levels of job demands and work-related support resources, with the majority experiencing low job control, which contributes to workplace strain. These adverse working conditions were significantly associated with counterproductive work behaviors, diminished job satisfaction, and increased turnover intentions among nursing staff. The findings underscore the critical interplay

between job demands, available resources, and nurses' psychological and behavioral responses in the workplace.

Recommendations: Implement regular assessments of job demands and workload distribution among staff to identify overburdened nurses and redistribute tasks equitably to prevent burnout and counterproductive behaviors.

Keywords: Control, Job Demand, Job Satisfaction, Nurses' Counterproductive Work Behaviors, Support Model, Turnover Intention

and play a crucial role in delivering high-quality healthcare (Brouwer, André, & Renting, 2025).

Nurses in the organization may experience stress due to factors including poor management, nepotism, or a high workload. These kinds of stressors lead to the human resources of an organization engaging in actions and practices that obstruct its progress towards accomplishing its objectives (Babamiri, Heydari, Morteza pour, & Tamadon, 2022). Therefore, the utilization of a theoretical model known as the job demand control support (JDCS) model can serve as an enhancement to the forms of job stress that are now the most common in the workplace (Shabani, Jerie, & Shabani, 2023). The Job Demand-Control-Support (JDCS) Model offers a comprehensive framework for understanding how the work environment impacts nurses' behavior and well-being. (Brouwer, André, & Renting, 2025).

According to the job demand-control (JDC) model, a combination of job demands and job control describes one's psychological work environment. This approach eventually developed into the JDCS model, which is now extensively used to explain the factors that contribute to the amount of stress experienced by nurses working for various organizations (Llanos-Contreras, Ibáñez, & Prado-Gascó, 2023). The JDCS model explains the relationship between job features and nurses' mental health. The model suggests that nurses' well-being is negatively impacted by factors inherent to the workplace, such as long hours, a rapid workflow, an unclear role, and the emotional needs of clients and patients (Min & Hong, 2023).

Job demands refer to the physical, emotional, and

Introduction

Health care systems around the world are facing challenges of improving patient care quality, reducing waiting times and increasing the efficiency of patient care while also keeping costs from escalating out of control. Staff nurses face unprecedented challenges as health care organizations struggle to adapt to ever accelerating rates of change both internally with the external environment in which they are embedded (Wallace et al., 2025). Nurses form the largest sector of the healthcare workforce and have an instrumental role in achieving quality care outcomes (Yang, Zhen & Yao, 2024).

The workplace at healthcare facilities, as well as the working circumstances in healthcare careers, are frequently associated with obstacles such as interprofessional issues, hierarchies, high demands, frequent staff turnover, and high levels of stress. The chance for healthcare agencies to offer outstanding care to patients is hindered by a stressful, highly demanding work environment and working circumstances (Holm, Jönsson, & Muhonen, 2023). Nurses face unprecedented challenges as health care organizations struggle to adapt to ever accelerating rates of change both internally with the external environment in which they are embedded (Wallace et al., 2025).

Nursing sectors are an important part of healthcare organizations since they engage in direct patient interaction and deliver comprehensive nursing care in a proficient manner, despite all sorts of demands and challenges, while adhering to a high standard of care. Nurses are the predominant human resource in hospitals providing 24-hour care services, as they comprise the largest healthcare workforce

such as taking extended breaks, coming late or leaving early, being uncooperative with colleagues, displaying a lack of empathy toward patients, or even neglecting duties and making avoidable errors (Babamiri, et al., 2022).

Counterproductive work behaviors in nursing are often a reaction to negative workplace conditions rather than a reflection of personal failure. High job demands, lack of autonomy, poor leadership, and limited support can cause chronic stress, emotional exhaustion, and disengagement, which in turn increase the likelihood of CWBs. When nurses feel overworked, undervalued, or unsupported, they may begin to disconnect from their roles as a form of psychological self-protection. Factors such as burnout, job dissatisfaction, perceived injustice, and workplace conflict also serve as strong predictors of counterproductive behavior (Wei, Su, & Du, 2025).

The consequences of counterproductive work behaviors (CWBs) in nursing are far-reaching. They not only compromise patient care quality and safety but also disrupt team cohesion, lower morale, and increase organizational costs due to errors, absenteeism, and turnover. Additionally, a culture that tolerates or fails to address CWBs can further erode professional standards and foster a toxic environment (Atamba, Weng, Tariq, Popelnukha, & Qi, 2025). Job satisfaction refers to the degree of contentment and fulfillment an individual feels regarding their job role, responsibilities, and work environment. For nurses, job satisfaction encompasses emotional and psychological responses to factor (Tajeddini, et al., 2025).

The level of job satisfaction among nurses has significant implications for healthcare outcomes. Satisfied nurses are more likely to deliver high-quality care, remain committed to their profession, and exhibit higher morale and engagement. On the other hand, low job satisfaction can lead to negative outcomes such as burnout, absenteeism, counterproductive work behaviors, and increased turnover intention. Therefore, fostering job satisfaction through supportive policies, recognition, and investment

psychological requirements of a job. In nursing, this includes a fast-paced environment, long shifts, patient care responsibilities, administrative duties, and exposure to suffering and trauma. While moderate demands can be motivating, excessively high demands, especially without adequate support or control can lead to stress, burnout, and disengagement (Gonzalez-Mulé, Kim, & Ryu, 2021). Job control, also called decision latitude, refers to the degree to which employees can influence how and when their work is done. It includes both decision-making authority and the use of skills (Singh, Bhardwaj, Sharma, & Agrawal, 2023).

The third pillar of the model, social support, encompasses the emotional and practical assistance received from supervisors, colleagues, and the organization. Supportive leadership, open communication, teamwork, and encouragement can act as a buffer against the negative effects of job strain. In nursing, where collaboration is essential, strong support networks can increase resilience, reduce stress, and improve morale. When support is lacking, even manageable demands can become overwhelming, leading to poor performance and higher turnover intention (Chen, Yang, Ma, & Lu, 2023).

Social support, the model proposes that the interaction between job demands, job control (decision latitude), and social support determines workers' well-being and performance. The model has been widely applied in occupational health research, especially in high-stress professions like nursing, where these factors are often imbalanced (Sinanto, 2023).

When nurses face high job demands without sufficient control over their tasks or schedules and lack adequate social support, they are more likely to experience stress, frustration, and emotional exhaustion. This strain can lead to disengagement and maladaptive coping behaviors, manifesting as counterproductive work behaviors (Babamiri, Heydari, Mortezaipoor, & Tamadon, 2022). Counterproductive Work Behaviors (CWBs) refer to intentional actions by employees that harm the organization, its members, or its clients. In the context of nursing, CWBs can include behaviors

In the current study, the theoretical relationship between job demands, control, support, job counterproductive work behavior, job satisfaction, and turnover intention can be schematically diagrammed as shown in (Figure 1). The first independent variable in the present study is job demands, which comprise two factors, namely workload and time pressure. The second independent variable is job control, which comprises two factors: discretion in applying skills to do the job and authority to make job-related decisions. The third independent variable is job or work-related support, which comprises three factors, namely organization support, supervisor support and coworker support. Job stress was hypothesized to mediate the relationship between variables of job demands control, support, and quality of work life. In brief, as shown in Figure (1), job demand, control, and support are expected to produce a response from nurses at work such that job demands will make nurses feel counterproductive behavior, but job support will decrease it and promote job satisfaction as well decrease nurse turnover intention. For instance, the more demanding their job is, the more likely they are to experience turnover intention and lower job satisfaction. And with more work support, it is less likely they will experience counterproductive behavior and higher job satisfaction.

in nurses' professional development is essential for maintaining both a healthy nursing workforce and a high standard of patient care (Ihthesham, Alam, Ali, Ullah, & Zubair, 2025).

Turnover intention in nursing is strongly influenced by job satisfaction nurses who feel fulfilled, supported, and valued in their roles are less likely to consider leaving their positions. When job satisfaction is low due to high stress, poor management, limited career growth, or unsupportive work environments, nurses often begin to mentally and emotionally disengage. This disengagement can evolve into a desire to leave the job or even the profession altogether. Therefore, job satisfaction serves as a key protective factor against turnover intention, while dissatisfaction can be a powerful predictor of it (Krishnan, & Rathakrishnan, 2025).

Turnover intention is defined as a nurse's conscious and deliberate plan or inclination to leave their current job or employer within a certain time frame. It is not the act of leaving but rather the mindset or attitude that precedes actual turnover. This concept is critical in nursing workforce management because it serves as an early warning sign of potential staff loss, which can disrupt continuity of care and increase operational costs. Organizations that measure and monitor turnover intention can intervene before valuable nurses actually resign (Hajizadeh, et al., 2025).

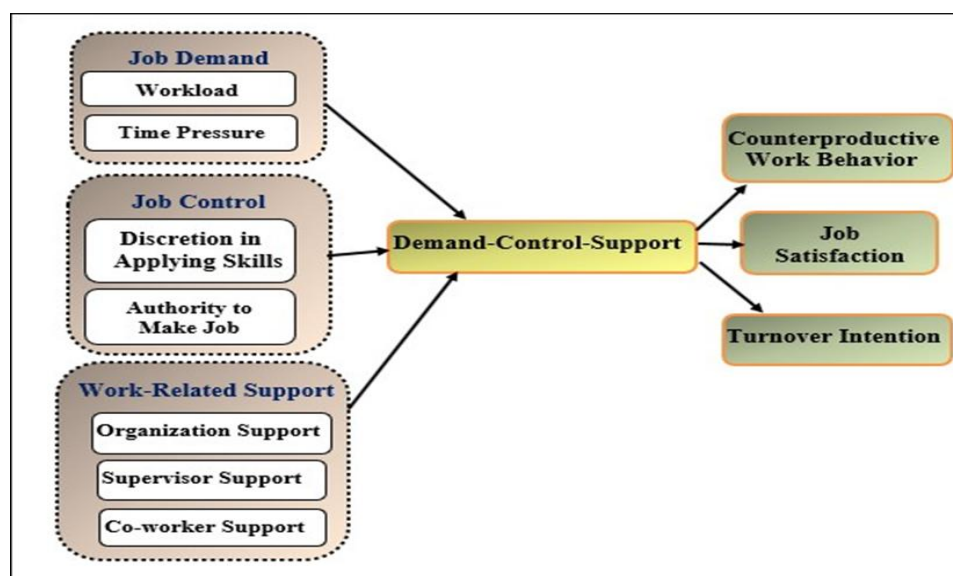


Figure (1). Conceptual Framework of the Study

exacerbates nursing shortage, increases nurses' workload, requires nurses to work longer shifts, and hence, dissatisfies them with their job. Moreover, it can negatively affect nurses' morale, productivity, and ability to fulfill patients' needs and provide quality care and impose high financial burden on health-care organizations (Ren, Li, Xue, Yin, & Li, 2024). Therefore, the present study aims to investigate the job demand, control, support model to predict nurses' counterproductive work behaviors and job satisfaction at hospitals, Saudia

Aim of the Study

This study aimed to investigate the job demand, control, and support model to predict nurses' counterproductive work behaviors and job satisfaction at hospitals, Saudia Arabia through:

1. Assess level of nurses' job demand at hospitals, Saudia Arabia.
2. Assess the level of nurses' job control at hospitals, Saudia Arabia.
3. Assess level of nurses' job support at hospitals, Saudia Arabia.
4. Assess the level of nurses' counterproductive work behaviors at hospitals in Saudia Arabia.
5. Assess level of nurses' job satisfaction at hospitals, Saudia Arabia
6. Assess level of nurses' turnover intention at hospitals, Saudia Arabia
7. Investigate the relationship between job demand, control, support, with nurses' counterproductive work behaviors, job satisfaction, and turnover intention.

Research Hypothesis

The specific research hypotheses were:

- H1.** Job demand correlates with nurses' counterproductive work behaviors, job satisfaction, and turnover intention at hospitals, Saudia Arabia.
- H2.** Job control correlates with nurses' counterproductive work behaviors, job

Significance of Study

Nurses play a significant role in the health care sector as they possess the distinct responsibility of engaging in direct interactions with patients and their relatives. Therefore, it is still imperative to arrange for the appropriate staff to carry out tasks in healthcare organizations. The provision of effective care necessitates the presence of adequately qualified nursing personnel and an optimal nurse-to-patient ratio, thereby fostering both nurse and patient safety. Nurses are now highly respected and valued members of the health care team, bringing their own body of knowledge and values to the health care process (Bakker, Demerouti, & Sanz-Vergel, 2023).

According to the DCS model, the presence of improper work environment factors such as excessive job demands, an inadequate level of job control, and a deficiency of social support in the work environment can lead to higher job stress and, therefore, unfavorable outcomes in nurses (Babamiri, Heydari, Morteza pour, & Tamadon, 2022). The DCS model posits that unfavorable characteristics within the work environment, such as elevated job demands, limited job autonomy, and insufficient social support, contribute to heightened job stress levels. Consequently, these elevated stress levels are associated with negative consequences experienced by nurses (Shdaifat et al., 2023).

Enhanced job satisfaction provides advantages for both nurses and organizations by mitigating nurse turnover rates, resulting in cost savings for organizations in terms of recruiting and training new personnel. Due to the advantageous implications associated with promoting job satisfaction for nurses, numerous healthcare institutions incorporate the assessment of nurses' work experience consistency as a criterion in evaluating hospital performance (Wong, 2024).

Nurses have the highest turnover rate compared with other health-care providers. High turnover has adverse effects on organizational efficiency, effectiveness, and productivity. Nurses' turnover can also negatively affect patients as well as those nurses who remain in the profession. It also

This study was conducted at all inpatient departments of the 3 hospitals namely Huraymala General Hospital, Dawadmi General Hospital, and Dhurma General Hospital. In Huraymala General Hospital Home care which provides different services with high quality such as Physiotherapy, Blood Bank, UCC, Nutrition, Palliative care, and Emergency cases was transferred to a higher center. While in Dawadmi General Hospital it contains X-ray, Physiotherapy, Hypnosis, emergency, and general surgery. Lastly Dhurma General Hospital is composed of different departments such as laboratory, sterilizing, X-ray, Outpatient clinics, Hypnosis, emergency Care.

satisfaction, and turnover intention at hospitals, Saudia Arabia

H3. Job support correlates with nurses' counterproductive work behaviors, job satisfaction, and turnover intention at hospitals, Saudia Arabia.

Method

Design

A descriptive cross-sectional correlational design was used because it assists in determining the interrelationship between the study variables within a short period of time during the study (Grove, & Gray, 2019).

Study Setting:

Hospital Name	Number of sections	Bed Capacity	Number of nursing staff
Huraymala General Hospital	9	100	94
Dawadmi General Hospital	24	200	250
Dhurma General Hospital	7	50	57

experience years, working unit, and number of working shifts.

The second part: This part was developed by **Karasek & Theorell (1990)**, which describes nurses job demands related to workload and time pressures in the workplace. It included five items.

The third part: It was developed by **Ganster (1989)** and aims to assess the extent of nurses' job control in the work environment. The tool comprises two distinct subscales.

The initial subscale has six items that pertain to the exercise of nurses' discretion in the application of their skills to perform their duties. The second subscale comprises three items that pertain to the extent of a nurse's authority in making decisions relating to their jobs.

The fourth part: It was developed by **Eisenberger, Huntington, Hutchison, & Sowa (1986)** to assess work-related support resources, which were measured by organization support (4 items), supervisor support (4 items), and coworker support (4 items). On a 5- point rating scale that ranged from (1) "strongly disagree" to (5) "strongly agree,"

Participants

The subject of the present study includes a convenience sample of nurses (n=300) who were available during data collection and responsible for patient care in various units. These nurses were selected based on their availability and had a minimum of one-year experience. They were asked to provide their opinions on the study variables included in the study.

Tools of data collection

The present study utilized four data collection tools, in particular the Job Demands, Control, and Support Scale (JDCSS), Counterproductive Work Behavior Checklist, Mueller, and McClosky Satisfaction Scale (MMSS), and Turnover Intention Scale.

Tool (I): Job Demands, Control and Support Scale (JDCSS)

The scale included four parts.

The first part: involved the collection of data pertaining to the personal characteristics of the participating nurses. These variables included age, gender, marital status, educational qualifications,

three categories based on a predetermined cut-off point, as follows:

- Low (<50%),
- Moderate (50%-70%),
- High (>70%).

Tool IV. Turnover Intention Scale

It was developed by Bothma & Roodt, (2013) to measure turnover intention among frontline nurses. It consists of six items as an example question from the questionnaire is "How often have you considered leaving your job?". Response of items was used by a five-point Likert-scale (1=never to 5=always).

The scoring system of the Turnover Intention Scale was classified into three categories based on a predetermined cut-off point, as follows:

- Low (<50%),
- Moderate (50%-70%),
- High (>70%).

Validity and reliability:

The study tools were tested for their face and content validity by five experts in the field of the study, and accordingly the necessary modifications were done. Reliability testing was done and judged by how the items that reflect the same construct yield similar results and were tested for its reliability by using Cronbach alpha test.

The face validity of the questionnaire was calculated based on experts' opinion. The reliability test of the study tools was done and judged by using the Cronbach alpha test to assess the internal consistency of the tools. The reliability of Job Demands, Control and Support Scale (JDCSS), Counterproductive Work Behavior Questionnaire, Mueller and McClosky Satisfaction Scale (MMSS), and Turnover Intention Scale were (0.832, 0.812, 0.872, and 0.788) respectively.

Pilot study

A pilot study was carried out for 10% (30) of the study participants to check and ensure the clarity and applicability of the tools in addition to

The scoring system of the Job Demands, Control and Support Scale was classified into three categories based on a predetermined cut-off point, as follows:

- Low (<50%),
- Moderate (50%-70%),
- High (>70%).

Tool II. Counterproductive Work Behavior Questionnaire

It was developed by Miles, Borman, Spector & Fox (2002). It aims to measure the frequency occurring of various types of CWB among staff nurses within the past three months. It consists of 32 items categorized into five subscale which are, abuse (17 items), production deviance (3 items), sabotage (3 items), theft (5 items), and withdrawal (4 items). Each statement response was considered based on five-point Liker scale from (1) never, (2) once or twice, (3) once or twice per month, (4) once or twice per week and (5) every day.

The scoring system of the Counterproductive Work Behavior Questionnaire was classified into three categories based on a predetermined cut-off point, as follows:

- Low (<50%),
- Moderate (50%-70%),
- High (>70%).

Tool III. Mueller and McClosky Satisfaction Scale (MMSS).

It was developed by Muller and McClosky (1990) to assess nurses' job satisfaction. This scale contains 31 items divided into eight subscales which are as follows: family/work balance (3 items); interaction (4 items); scheduling (6 items); extrinsic rewards (3 items); praise and recognition (4 items); work control and responsibility (5 items); professional opportunities (4 items); and co-workers (2 items). Each statement response were considered based on five points from Very Dissatisfied (1) to Very Satisfied (5).

The scoring system of the Mueller and McClosky Satisfaction Scale was classified into

Data was collected from January to June 2025 through a self-administered questionnaire that was distributed to nurses. The researcher provided an explanation regarding the objectives of the study and the proper method for completing the questionnaire sheets. The duration necessary to complete the questionnaire took about 30 minutes. The researcher was present all the time of data collection for any clarification. Returning the questionnaires acts as an indicator of the acceptance of nurses' participation in the study.

Data analysis

The collected data were coded, entered, tabulated and analyzed using SPSS (Statistical Package for Social Science) version 25 (IBM Corporation, Armonk, NY, USA). For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, which describes a categorical set of data by frequency, percentage or proportion of each category, comparison between two groups and more was done using Chi-square test (χ^2). For comparison between means of two groups of non-parametric data of independent samples, Z value of Mann-whitney test was used. For comparison between more than two means of non-parametric data, Kruskal-Wallis (χ^2) value was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Statistical significance difference was determined at 0.05 level using the appropriate regression test.

calculate the duration required for filling all questionnaires. All nurses who participated in pilot study were excluded from the study participants. Necessary modifications were made accordingly.

Ethical considerations:

Ethical approval was obtained from the Research Ethical Committee of the Faculty of Nursing, Mansoura University (*IRB: 679*). An agreement was obtained from the selected hospital for data collection. Agreement of staff nurses who meet the inclusion criteria to fill in the questionnaires and be part of the study was considered written informed consent from participants. The researcher was explaining the aim of the research to nursing managers to get better cooperation during the data collection of the research. Also, oral consent was obtained from each participant. They were informed about their rights to refuse participation or withdraw at any time, without giving any reason. They were assured that all obtained information was treated confidentially and was only used for the purpose of research. They also ensure that the study maneuvers do not entail any harmful effects on participants.

Data collection process:

Once official permission was obtained through the proper channel of communication from the director of the selected hospital, the questionnaire sheet was distributed to nurses.

Table (1): Personal characteristic of the studied nurses at three studied general hospitals, Saudia Arabia (n=300)

Characteristics	No	%
Age in years		
▪ 20-25	43	14.3
▪ >25-30	125	41.7
▪ >30-40	56	18.7
▪ >40-45	76	25.3
Mean $\pm$SD	32.11$\pm$6.72	
Gender		
▪ Male	81	27.0
▪ Female	219	73.0
Years of experience		

▪ 1- 5 years	93	31.0
▪ >5- 10 years	132	44.0
▪ >10-20 years	75	25.0
Mean $\pm$SD		8.12$\pm$4.64
Educational level		
▪ Diploma of Technical Institute Degree	25	8.3
▪ Bachelor of Nursing Science Degree	266	88.7
▪ Master of Nursing Science Degree	9	3.0
Marital status		
▪ Single	42	14.0
▪ Married	227	75.7
▪ Widow	22	7.3
▪ Divorced	9	3.0
Working department		
▪ Medical	105	35.0
▪ Surgical	34	11.3
▪ Emergency	76	25.3
▪ ICU	85	28.3

studied nurses' educational level 88.7% have bachelor's degree, and 44.0% of them had 5 - 10 years of experience with represents 8.12 ± 4.64 mean scores and most of them working in medial units (35.0%).

Table (1) illustrates personal characteristic of the studied nurses at three studied general hospitals, Saudia Arabia. In this table observed that 41.7% of the studied nurses had age ranged from 25 to less than 30 years old and most of them 73.0% were female and 75.7% were married. Concerning

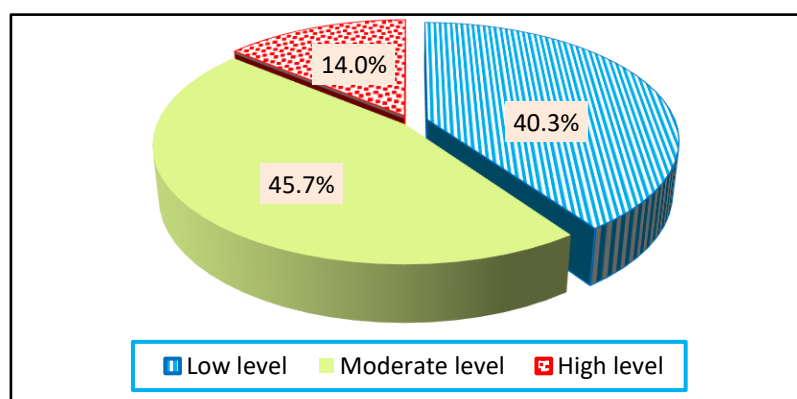


Figure (1): Levels of job demands as reported by the studied nurses (n=180)

a low level, while only 14.0% achieved a high level. This indicates that nearly half of the nurses perceived themselves at a moderate level, but a considerable proportion still fell into the low level, and only a small minority reached a high level.

Figure (1) shows the levels of job demands as perceived by the studied nurses. The figure illustrates the distribution of overall levels among the studied nurses. It shows that 45.7% of them had a moderate level, followed by 40.3% who had

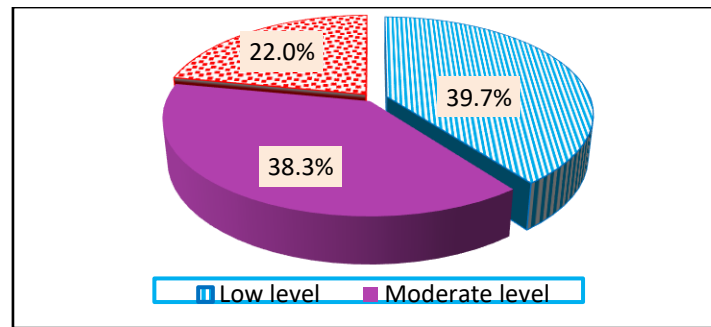


Figure (2): Level of job control as perceived by the studied nurses at three different studied hospitals, Saudia Arabia (n=300).

a low level, followed by 38.3% of them had a moderate level, while only 22.0% achieved a high level.

Figure (2) shows the levels of job control as perceived by the studied nurses. The figure illustrates the distribution of overall levels among the studied nurses. It shows that 39.7% who had

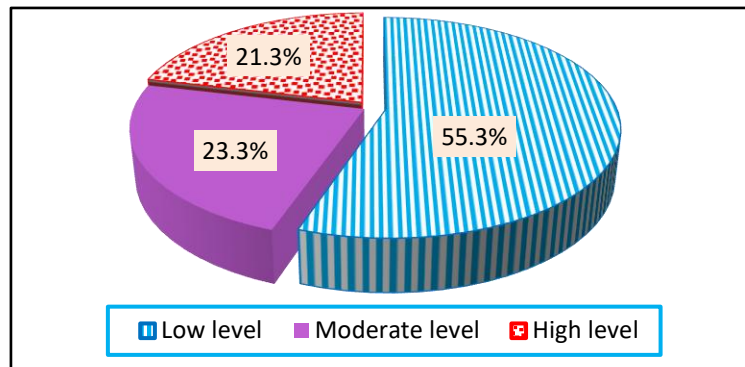


Figure (3): Level of work-related support resources as perceived by the studied nurses at three different studied hospitals, Saudia Arabia (n=300).

studied nurses (55.3%) have an low level of job control, whereas 23.3% of the studied nurses have a moderate level.

Figure (3) shows levels of work-related support resources as perceived by the studied nurses at three different studied hospitals, Saudia Arabia. The figure revealed that most of the

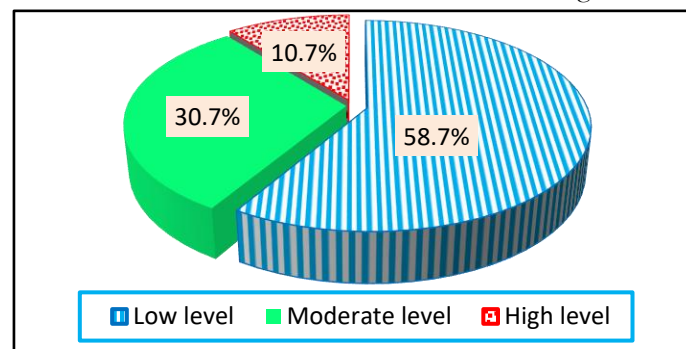


Figure (4): Levels of counterproductive work behavior as perceived by the studied nurses (n=300)

counterproductive work behavior, followed by 30.70% had moderate level, while only 10.7% had high level for abuse subscale.

Figure (4) shows levels of counterproductive work behavior as perceived by the studied nurses. In this figure observed that the highest level was 58.7% had low level for

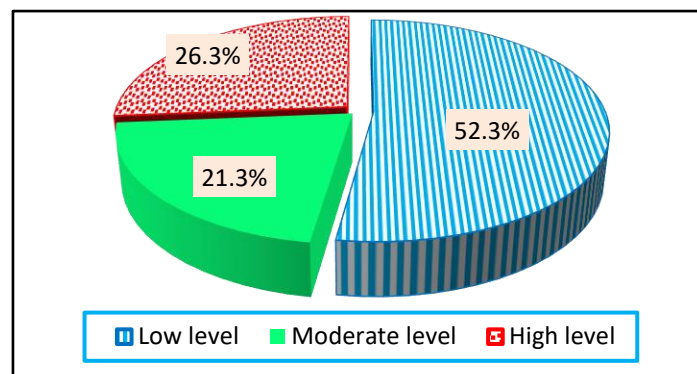


Figure (5): Levels of job satisfaction of the studied nurses at hospitals, Saudia Arabia (n=300).

was 52.3%, had low level of job satisfaction followed by 26.3% had high level of job satisfaction.

Figure (5) shows levels of job satisfaction of the studied nurses at hospitals, Saudia Arabia. In this figure it is observed that the highest level

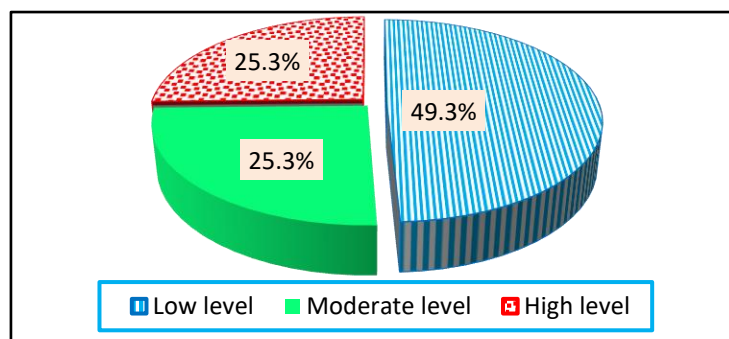


Figure (6): Level of turnover intention of the studied nurses at hospitals, Saudia Arabia (n=300).

level was 49.3%, had low level of turnover intention followed by 25.3% was high, and moderate level of job satisfaction.

Figure (6) shows level of turnover intention of the studied nurses at hospitals, Saudia Arabia. In this figure it is observed that the highest

Table (2): Relationship between total level of work-related support resources and level of total nurses' counterproductive work behaviors, job satisfaction and turnover intention at hospitals of the studied nurses at hospitals, Saudia Arabia (n=300).

Variables	Level of total work-related support resources at hospitals of the studied nurses						χ^2 test P value
	Low level (n=166)		Moderate level (n=70)		High level (n=64)		
	No.	%	No.	%	No.	%	
Total nurses' counterproductive work behaviors level							
• Low level	108	65.1	44	62.9	24	37.5	19.979 0.0001*
• Moderate level	48	29.9	18	25.7	26	40.6	
• High level	10	6.0	8	11.4	14	21.9	

Total nurses' job satisfaction at hospitals level							
• Low level	132	79.5	20	28.6	5	7.8	193.3740 .0001*
• Moderate level	29	17.5	30	42.9	5	7.8	
• High level	5	3.0	20	28.6	54	84.4	
Total nurses' turnover intention at hospitals level							
• Low level	121	72.9	12	17.1	15	23.4	101.5620 .0001*
• Moderate level	20	12.0	39	55.7	17	26.6	
• High level	25	15.1	19	27.1	32	50.0	

stress professions such as nursing (Maqbool, et al., 2024).

Regarding job control, finding of the present study revealed that shows that a large proportion of the studied nurses experienced low levels of job control and only a smaller proportion perceived a high degree of control over their work. This may be due to the fact that nurses in the studied hospitals may have limited involvement in decision-making processes related to patient care, scheduling, or organizational policies. Hierarchical management structures and physician-centered decision models commonly found in hospital settings can restrict nurses' autonomy and control over their work. As a result, many nurses may perceive low to moderate job control, which can reduce their sense of professional independence and negatively influence their motivation and job satisfaction. This finding implies that many nurses may feel restricted in their autonomy and decision-making capacity, which could affect their sense of empowerment and professional satisfaction.

The current findings are supported by Abadi et al., (2021) who conducted a study entitled with relationships between job satisfaction and job demand, job control, social support, and depression in Iranian nurses and reported that most nurses experienced low levels of job control, reflecting limited autonomy and restricted involvement in decision-making processes.

*Statistically significant ($P < 0.05$)

Table 2 shows relationship between total level of work-related support resources and level of total nurses' counterproductive work behaviors, job satisfaction and turnover intention at hospitals of the studied nurses at hospitals, Saudia Arabia. This revealed that there was a statistically significant relationship between total level of work-related support resources and level of total nurses' counterproductive work behaviors, job satisfaction and turnover intention at hospitals of the studied nurses at hospitals, Saudia Arabia as P value= 0.0001*

Discussion

The nursing profession is characterized by complex, demanding, and high stakes work environments that place substantial psychological and physical pressures on nurses. Contemporary healthcare settings often require nurses to manage heavy workloads, emotional labor, time pressure, and high responsibility for patient outcomes, all of which can influence their attitudes and behaviors at work. Understanding how organizational and psychosocial work factors shape nurses' responses has become a critical priority for healthcare leaders seeking to enhance workforce stability, care quality, and patient safety. Within this context, the Job Demand–Control–Support (JDCS) model has emerged as a robust theoretical framework for explaining how work characteristics affect employee well-being, motivation, and behavior, particularly in high-

support. Consequently, many nurses may perceive low levels of work-related support, which can hinder their capacity to cope with occupational stress and emotional demands.

The current findings are supported by Abadi et al., (2021), Relationships between job satisfaction and job demand, job control, social support, and depression in Iranian nurses. The study reported that a large proportion of nurses perceived low levels of social and supervisory support, which were significantly associated with adverse psychological outcomes. In align with the present findings, Li et al., (2025), Network of job demands–resources and depressive symptoms in critical care nurses: a nationwide cross-sectional study, found that limited job resources, particularly social support from supervisors and colleagues, were central factors linked to negative mental health outcomes among critical care nurses. Their findings reinforce the current results by highlighting that low perceived support resources are prevalent and detrimental in high-demand clinical settings.

According to Li, et al., (2025) mentioned that in nursing settings, the presence of supportive managers, collaborative colleagues, and a culture that values professional growth contributes significantly to enhancing nurses' resilience and professional quality of life. Thus, job resources serve as essential protective and motivational elements that sustain nurses' performance and promote positive patient care outcomes. Job resources as the positive aspects of the work environment that enable nurses to perform their duties effectively, manage stress, and maintain motivation and well-being

Along with this, Zhang, Huang, Zhao, Li, & Du (2025), Emotional exhaustion and turnover intentions among young ICU nurses: a model based on the job demands–resources theory, and reported that inadequate workplace support significantly increased emotional exhaustion and turnover intentions. This aligns with the current findings, suggesting that insufficient support resources are widely perceived by nurses and play a critical role in limiting their capacity to manage work-related stress effectively.

Furthermore, this result is similar with the study carried out by Pien, Cheng, Chou, & Lin (2021), who studied effect of work–family conflict, psychological job demand, and job control on the health status of nurses, and found that nurses commonly reported low levels of job control, particularly in relation to work scheduling and clinical decision-making. Their findings highlight that insufficient job control is a widespread issue in nursing practice and reinforces the current result that high levels of control are perceived by relatively few nurses.

Also, this is agreement with Rostami et al., (2021), who assess mental workload and job satisfaction in healthcare workers: the moderating role of job control, and demonstrated that job control among healthcare workers was predominantly low to moderate. They emphasized that limited job control intensified the negative effects of mental workload on job satisfaction. Furthermore, this result is

similar with the study carried out by Abadi et al., (2021), who assess the relationships between job satisfaction and job demand, job control, social support, and depression in Iranian nurses, and indicated that only a small proportion of nurses perceived high levels of job control. Their results suggested that hierarchical organizational structures and rigid policies limit nurses' autonomy, which is consistent with the present findings.

Regarding work-related support resources finding of the present study revealed that more than half of the studied nurses perceived a low level of work related support resources. This indicated that supportive resources from supervisors and colleagues may be insufficient for many nurses, potentially limiting their ability to cope effectively with work-related stressors. This may be contributed to the fact that heavy workloads, time constraints, and staff shortages may limit opportunities for effective communication, teamwork, and supervisory support within the work environment. Nurse managers and senior staff may be overwhelmed with administrative and clinical responsibilities, reducing their ability to provide consistent guidance and emotional

interactions. These professional values may discourage engagement in counterproductive behaviors, resulting in most nurses perceiving themselves as exhibiting low levels of such behaviors. As well as this may also be explained by the existence of organizational policies, disciplinary regulations, and supervision mechanisms within hospital settings that limit inappropriate or harmful behaviors.

Again, nurses at three studied hospitals may have several factors that lead to low counterproductive work behaviors such as effective training programs, strong organizational support, healthy workplace culture, and positive leadership styles that promote job satisfaction. Additionally, high levels of ethical, engagement, and collaboration among staff nurses may contribute to the reduction of counterproductive behaviors, fostering a more supportive and productive work environment. This is supported by Elliotthey, Hashish, & Mohamed (2024) who explore the relationship between work ethics and counterproductive work behaviors among nurses and testify to the mediating role of workplace ostracism in this relationship and found most nurses reporting low levels of counterproductive work behaviors.

As well as findings of the study is aligned with the research conducted by Ahmad, et al., (2024) who study occupational stress, job performance and role overload among nurses working in the healthcare sector and assured that nurses experienced a supportive and collaborative work environment resulted in lower levels of CWB among nursing professionals and staff nurses feel valued and recognized are less likely to engage in negative behaviors

Also, findings of the present study are supported by research of Bai, Zhang, Yu& Yao (2024) who indicated that nurses had lower level of CWB as a result of they have a higher job satisfaction. They pointed to nurse's fulfillment in their work and were typically less likely to exhibit counterproductive behaviors. Furthermore, Ahmed & Zhang (2024) revealed that more than two thirds of studied nurses expressed that strong leadership, and management practices can reduce

Overall, the results of the job demand, control, and support model highlight variations in nurses' perceptions of their work environment across the studied hospitals in Saudi Arabia. A large proportion of nurses reported low levels of coworker support, while many perceived job demands at a moderate level, and only a limited group experienced high job demands. Collectively, these findings suggest an imbalance within the work environment, where moderate demands coexist with limited control and support, underscoring the need for organizational interventions aimed at strengthening support systems and enhancing nurses' autonomy at work.

This may contribute to the fact that organizational emphasis may be placed more on task completion and service efficiency than on creating supportive and empowering work environments. While job demands appear to be generally moderate, insufficient job control and limited support resources may create an imbalance in the work environment. This imbalance can increase nurses' vulnerability to stress, dissatisfaction, and negative work outcomes, highlighting the need for organizational interventions that promote participative management, strengthen coworker and supervisory support, and enhance nurses' autonomy in clinical practice.

The current findings are supported by Abadi et al., (2021), Relationships between job satisfaction and job demand, job control, social support, and depression in Iranian nurses. The authors reported an evident imbalance between job demands and available job resources, where moderate work demands coexisted with limited job control and low social support. This supports the present results, confirming that such imbalance is a common characteristic of nursing work environments and contributes to unfavorable occupational outcomes.

The result of the present study revealed that more than a half of studied nurses had a low level of counterproductive work behavior. This may be attributed to the fact that nurses are guided by strong professional ethics and moral obligations that emphasize respect, compassion, and responsibility in patient care and workplace

Along with Ali et al. (2024), who examined moral distress and job satisfaction among nurses in tertiary care hospitals, reporting that high moral distress negatively affects job satisfaction. In alignment with Baglioni et al. (2024), who highlighted that job stress and mental health challenges among senior nurses are closely linked to low job satisfaction. Their findings support the current study's observation of predominantly low satisfaction levels among staff nurses. The current findings are supported by Bai et al. (2024), who reported that nurses' resilience and perceived gratitude mediate the relationship between stress and job satisfaction. In contexts where stress is high and resilience is low, nurses' satisfaction decreases, consistent with the current results.

Results of the current study revealed that nearly half of the studied nurses had a low level of intention of turnover, while only a small percentage exhibited a high inclination to leave their jobs. This may be attributed to the varying levels of job satisfaction, organizational support, and work conditions experienced by nurses, where those with better workplace environments and adequate resources demonstrate commitment to staying, while those facing burnout, inadequate compensation, or poor working conditions contemplate leaving. The moderate group likely reflects nurses weighing the benefits of their current positions against opportunities elsewhere, remaining undecided as they evaluate career alternatives.

According to Ekingen, Teleş, Yıldız, & Yıldırım, (2023) mentioned that high levels of work stress are associated with decreased job satisfaction among nurses. When nurses feel overwhelmed or unsupported, their motivation to remain in the profession diminishes, leading to higher turnover intentions. Stress can negatively affect the quality of patient care provided by nurses. Stressed nurses may experience difficulties concentrating, become unmotivated, or even engage in conflicts with patients. Additional prolonged exposure to work-related stress can lead to burnout, characterized by emotional exhaustion, depersonalization, reduced personal accomplishment and increased turnover intention

CWB and nurses feel supported by their supervisors, they are less likely to act counterproductively.

In the same vein, this result is similar with Elliethey, Aly Abou Hashish, & Elbassal (2024), Work ethics and its relationship with workplace ostracism and counterproductive work behaviors among nurses and found that nurses with strong adherence to professional ethics exhibited lower levels of counterproductive work behaviors. This may be due to the guiding influence of ethical standards in patient care and workplace interactions. In the same line, Mrayyan & Algunmeeyn (2025), who examined nursing leaders' ethical leadership, workplace ostracism, and nurses' counterproductive work behaviors and found that ethical leadership and supportive supervision significantly reduced counterproductive work behaviors among nurses. Their results indicating low levels of counterproductive behavior are prevalent.

Findings of the current study revealed that about half of the studied nurse exhibited low job satisfaction at three studied hospitals. This may be attributed to the demanding nature of nursing work, where heavy workloads and emotional strain often overshadow the intrinsic rewards of patient care. The predominance of moderate satisfaction likely reflects nurses experiencing both fulfilling and frustrating aspects simultaneously, while the substantial neutral response suggests ambivalence between professional meaning and systemic challenges such as staffing shortages and inadequate resources. The limited strong agreement indicates that current workplace conditions may not fully support optimal job satisfaction, pointing to gaps in organizational support and work-life balance.

This may be attributed to unfavorable working conditions such as heavy workload, staffing shortages, long working hours, and high job demands. In addition, limited opportunities for professional development, inadequate recognition and rewards, insufficient managerial support, and lack of involvement in decision-making may negatively affect nurses' satisfaction.

In alignment with these results, Andrews et al. (2024) investigated reducing turnover intentions among first-year nurses, finding that coworker support significantly decreased turnover intentions while enhancing workplace commitment, validating the current finding that work-related support resources meaningfully relate to nurses' retention intentions. Along with the current findings, Doruker et al., (2025) examined the relationship between work motivation, work performance, and turnover intention among surgical nurses, demonstrating that organizational support and motivational resources significantly reduced turnover intentions while improving job satisfaction, supporting the present study's observation of significant associations between support resources and retention outcomes.

The current study revealed that there was a statistically significant relationship between total nurses' Job Demand scores and total counterproductive work behaviors of the studied nurses at hospitals, Saudia Arabia. This may be attributed to the excessive workload, time pressure, and emotional demands placed on nurses, which can increase stress and frustration, thereby fostering negative coping behaviors in the workplace. High job demands may overwhelm nurses' adaptive capacities, leading to disengagement and a higher likelihood of counterproductive work behaviors.

In alignment with these results, Attaullah & Afsar (2021) examined workplace ostracism and counterproductive work behaviors in the healthcare sector with job stress as a mediator, finding that high job demands created stressful conditions that significantly increased nurses' engagement in counterproductive behaviors, validating the current finding that job demand levels meaningfully relate to workplace deviance. Their moderated mediation analysis confirmed that demanding work environments characterized by excessive pressures and insufficient recovery time predict behavioral responses that harm organizational functioning.

Along with the current findings, Atalla et al. (2025) explored the mediating role of nurses' vengeful

Align with current results a study done by Liu, Duan, & Guo, (2023) who conduct a study on turnover intention and its associated factors among nurses: a multi-center cross-sectional study and found moderate turnover intention in most nurses, especially related to workload, mental health, and income dissatisfaction. As well as a study done by Labrague, et al., (2020) who conduct a study on predictors of nurses' turnover intention at one- and five-years' time and found low to moderate turnover intentions at both one and five-year intervals, strongly associated with stress, poor work environment, and job dissatisfaction.

The current study revealed that there was a statistically significant relationship between total level of work-related support resources and level of total nurses' counterproductive work behaviors, job satisfaction and turnover intention at hospitals of the studied nurses at hospitals, Saudia Arabia. This may be attributed to the protective and buffering role that adequate work-related support resources play in mitigating workplace stressors, where nurses receiving strong supervisor support, peer collaboration, and organizational resources experience enhanced job satisfaction, reduced frustration-driven counterproductive behaviors, and greater commitment to remaining with their employer. Conversely, nurses lacking sufficient support feel isolated, overwhelmed, and undervalued, leading them to disengage through workplace deviance, experience diminished satisfaction, and actively seek employment elsewhere where better support systems might be available.

The current findings are supported by Modaresnezhad et al. (2021), who conducted a structural equation model analysis demonstrating that supervisor support significantly influenced job satisfaction and turnover intentions among mid-career nurses, with higher support levels predicting greater satisfaction and lower turnover intentions, directly corroborating the present study's identification of statistically significant relationships between work-related support resources and these workplace outcomes.

component of job demand, was significantly related to job satisfaction, particularly when job control was limited. In agreement with the present study, Donley (2021), who studied the impact of work environment on job satisfaction, emphasized that demanding work environments undermine nurses' job satisfaction by increasing pressure and role strain.

Regarding the relationship between total Nurses' Job Demand scores and total nurses' turnover intention, findings of the current study revealed that there was a statistically significant relationship between total nurses' job demand and nurses' turnover intention of the studied nurses at hospitals, Saudia Arabia. This may be attributed to the excessive workload, time pressure, and psychological strain imposed on nurses, which heighten stress and reduce their ability to cope effectively with job demands. Persistent exposure to such demands may lead nurses to consider leaving their positions as a means of preserving their well-being and work-life balance.

The current findings are supported by Lee (2022), who conducted a systematic review on nurses' turnover intention in nursing homes and found that high job demands, including workload and staffing shortages, were consistently associated with increased turnover intention among nurses. In align with this, Blytt et al. (2022) examined the association between shift work disorder and turnover intention among nurses and reported that demanding work schedules and physiological strain significantly elevated nurses' intentions to leave their jobs.

As well as this, Bowen Xue et al. (2024) conducted a cross-sectional study on decent work, work engagement, and turnover intention among registered nurses and found that unfavorable work conditions and excessive demands reduced engagement and heightened turnover intention. Besides, Xue et al. (2024) assessed mediation pathways and revealed that job demands embedded within poor decent work environments increased turnover intention indirectly through reduced job satisfaction and increased burnout. Finally, Hu et al. (2022) examined nurses' turnover intention in relation to hope and career identity

behaviors in counterproductive work behaviors, demonstrating that demanding workplace conditions under narcissistic leadership significantly increased counterproductive behavioral responses, supporting the present study's observation of significant associations between job demands and workplace deviance. As well as these observations, Low et al. (2021) investigated the impact of abusive supervision on counterproductive work behaviors among nurses, identifying that high job demands combined with poor supervisory practices significantly predicted increased engagement in organizational deviance, sabotage, withdrawal behaviors, and interpersonal aggression, directly reinforcing the current finding of statistically significant relationships between job demand levels and counterproductive conduct.

Regarding the relationship between total nurses' job demand and nurses' job satisfaction, findings of the current study revealed that there was a statistically significant relationship between total nurses' job demand and nurses' job satisfaction of the studied nurses at studied hospitals, Saudia Arabia. This may be attributed to the high workload, time pressure, and emotional strain associated with nursing roles, which can diminish nurses' sense of accomplishment and overall job satisfaction. Persistent job demands may exhaust nurses' physical and psychological resources, negatively influencing their satisfaction at work.

The current findings are supported by Abadi et al. (2021), who studied the relationships between job satisfaction and job demand, job control, social support, and depression in Iranian nurses, and reported a significant association between job demand and job satisfaction among nurses, indicating that increased job demands adversely influence nurses' satisfaction levels. In alignment with this, Kaihlanen et al. (2023), who studied job demand and job resource factors explaining stress and job satisfaction among home care nurses and demonstrated that high job demands were key stressors that negatively explained job satisfaction among home care nurses. Along with these results, Rostami et al. (2021), who studied the mental workload and job satisfaction in healthcare workers, found that mental workload, as a core

helps retain nurses by fostering a positive and manageable work environment.

Regarding the relationship between total job support and nurses' job satisfaction, results of the current study revealed that there was a statistically significant relationship between nurses' job support and nurses' job satisfaction of the studied nurses at hospitals, Saudia Arabia. This may be attributed to the presence of strong supervisory and peer support, which enhances nurses' sense of belonging, motivation, and confidence, thereby increasing their overall job satisfaction. Supportive work environments help nurses cope with stress and perform more effectively.

Along with these findings, Ahmad et al. (2024) investigated occupational stress, job performance, and role overload among nurses in the healthcare sector and reported that adequate job support mitigated the negative effects of stress and role overload, leading to higher job satisfaction. In agreement with the current study, Mirzaei, Rezakhani Moghaddam, & Habibi Soola (2021) examined psychosocial predictors of turnover intention among nurses during the COVID-19 outbreak and found that strong supervisory and peer support enhanced job satisfaction, which indirectly reduced turnover intentions. Finally, Cao et al. (2021) explored turnover intention among nurses in general hospitals in China and found that insufficient job support was associated with lower job satisfaction and increased intention to leave, emphasizing the importance of supportive work conditions in maintaining nurses' satisfaction. The current study revealed that there was a statistically significant relationship between the total level of job demand in the work environment and the level of total nurses' counterproductive work behaviors, job satisfaction, and turnover intention. This may be attributed to the overwhelming strain that excessive job demands place on nurses' physical and psychological resources, where high workload pressures, time constraints, and emotional exhaustion deplete their capacity for professional conduct and job satisfaction, leading to frustration-driven counterproductive behaviors and desires to escape through turnover. Along with behavioral outcomes, Valensiana & Sawitri

and found that high job strain and demanding work conditions lowered job satisfaction, which in turn significantly predicted higher turnover intention, further supporting the current study's findings.

Regarding the relationship between total Job Control scores and total nurses' counterproductive work behaviors, findings of the current study revealed that there was a statistically significant relationship between total nurses' Job Control scores and total nurses' counterproductive work behaviors scores of the studied nurses at hospitals, Saudia Arabia. This may be attributed to limited autonomy and decision-making power, which can increase frustration and reduce nurses' sense of responsibility and ownership toward their work. Insufficient job control may therefore encourage disengagement and the emergence of counterproductive work behaviors.

The current findings are supported by Ali Awad & Mohamed El Sayed (2023), who conducted a study among nurses after the COVID-19 pandemic to examine workplace ostracism and counterproductive work behaviors and found that unfavorable work environments characterized by limited support and reduced autonomy increased nurses' engagement in counterproductive behaviors, suggesting that insufficient job control may intensify negative workplace responses.

In agreement with the current results, Abo El Magd & Ali (2025) found that toxic leadership, which often limits nurses' decision-making authority and job control, significantly increased counterproductive work behaviors among nurses.

Regarding the relationship between total nurses' job support scores and total nurses' turnover intention, results of the current study revealed that there was a statistically significant relationship between total nurses' job support scores and total nurses' turnover intention scores of the studied nurses at hospitals, Saudia Arabia. This may be attributed to insufficient supervisory and peer support, which can increase stress and dissatisfaction, prompting nurses to consider leaving their positions. Adequate job support

substantial proportion of nurses reported moderate to low levels of job demands and work-related support resources, with the majority experiencing low job control, which collectively contributes to workplace strain. These adverse working conditions were significantly associated with counterproductive work behaviors, diminished job satisfaction, and increased turnover intentions among nursing staff. The findings underscore the critical interplay between job demands, available resources, and nurses' psychological and behavioral responses in the workplace. As such, it was concluded that enhancing supportive resources and optimizing job demands are essential strategies for improving nurses' work experiences, reducing negative workplace behaviors, and fostering organizational commitment. The study highlights the urgent need for healthcare organizations to implement targeted interventions that address these interconnected factors to create healthier, more productive work environments for nursing professionals.

Recommendations

For Head Nurses:

- Implement regular assessments of job demands and workload distribution among staff to identify overburdened nurses and redistribute tasks equitably to prevent burnout and counterproductive behaviors.
- Establish open communication channels and provide emotional support systems that encourage staff nurses to voice concerns about workplace stressors and resource inadequacies.

For Staff Nurses:

- Actively engage in professional development opportunities and training programs to enhance coping strategies for managing job demands and workplace stress.
- Utilize available support resources such as employee assistance programs, counseling services, and peer support groups to address work-related challenges and emotional strain.

For Future Research:

(2024) investigated turnover intention through the role of counterproductive work behavior and job stress, and found that high job demands created stressful conditions that simultaneously increased counterproductive behaviors and turnover intentions, validating the present finding that job demand levels significantly associate with both behavioral deviance and retention outcomes.

Besides job satisfaction mediating mechanisms, Yean et al. (2022) studied determinants of job dissatisfaction and its impact on counterproductive work behavior among university staff and found high job demands significantly predicted job dissatisfaction which then increased counterproductive behaviors, providing theoretical support for the current finding that job demand levels relate to both satisfaction and behavioral outcomes even in non-nursing contexts. Regarding the relationship between Nurses' job support and nurses' counterproductive work behaviors, results of the current study revealed that there was a statistically significant relationship between total nurses' job support at hospitals and nurses' counterproductive work behaviors of the studied nurses at hospitals, Saudia Arabia. This may be attributed to inadequate supervisory and peer support, which can increase nurses' feelings of stress, isolation, and frustration, thereby promoting counterproductive work behaviors. When job support is limited, nurses may respond to unmet emotional and professional needs through negative workplace behaviors. Along with this, Cohen & Liu (2021) examined the influence of personality traits and work settings on counterproductive work behaviors among nurses in China and revealed that restrictive organizational settings with low autonomy amplified counterproductive behaviors, emphasizing that insufficient job control at the unit level contributes to negative behavioral outcomes.

Conclusion

Based on the study findings, it was concluded that nurses working in Saudi Arabian hospitals experience considerable challenges related to job demands, resources, and workplace outcomes. A

- Explore the effectiveness of specific interventions aimed at increasing work-related support resources and job control in reducing counterproductive behaviors and improving retention rates among nurses.
- Conduct longitudinal studies to examine the long-term effects of job demands and resources on nurses' counterproductive work behaviors, job satisfaction, and turnover intentions over extended periods.

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