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Workplace Deviance in Public Sector Organizations: Evidence from Pakistan

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ABSTRACT

Deviant workplace behaviors have become an important area of research due to the recent revelation of high-profile corporate scandals. Scholars view that deviant workplace behaviors can be controlled when the factors that affect workplace deviance are properly understood. Therefore, this study is having two sections. Section one identifies the level of workplace deviance prevailing in the public sector hospitals of Pakistan, for which data was collected from 219 respondents in the understudy sector. Findings of this study show that workplace deviance exists in the understudy sector at a moderate level. Section two describes the factors that have the ability to influence the emergence of deviant workplace behaviors. Thus, this study searched for workplace deviance related articles available at the academic research databases such as Scopus and Web of Science. The keywords that were used for searching articles were “workplace deviance”, “organizational deviance”, “deviance” and “deviant behaviors”. This study outlines twenty-five factors that affect workplace deviance, thereby highlighting how workplace deviance can be minimized. Lastly, implications and suggestions for further research and practice are highlighted.

Keywords

Workplace
Deviance-
Public Sector
- Pakistan

JEL

Classification

I1, I12, I19

1. Introduction

After the revelation of several high-profile corporate scandals like Enron, WorldCom, and Lehman Brothers, workplace deviance has become an important issue to address. According to the report of Ethics Resource Center, fifty-two percent of employees have observed deviant workplace behavior (ERC, 2012) and previous literature shows that deviant workplace behavior lead towards diminishing stakeholders' return, augmented psychological distress, diminishing psychological

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well-being, higher turnover rates, and lower level of employees' job satisfaction (Penney & Spector, 2005; Appelbaum, Iaconi, & Matousek, 2007; Lu & Lin, 2014). Moreover, organizations lose around 5% of their revenues every year because of deviant workplace behaviors (ACFE, 2014). Thus, workplace deviance may cause significant organizational costs.

The previous literature also reports several forms of workplace deviance that exists in Pakistan's public sector organizations, such as, stealing official belongings, taking longer lunch breaks, employees' leaving office early, and frequent late arrival (Bashir, Nasir, Qayyum, & Bashir, 2012; Yasir & Khan, 2020; Shaheen, Abrar, Saleem, Shabbir, & Zulfiqar, 2021). In addition, corruption has almost become a norm in this sector. Matters like getting a gas connection, getting a contract to build a road, or reporting an issue to the police may not be entertained without bribing the officials and if one fails to do so, the case may remain pending for an unidentified period of time (Bashir, Khattak, Hanif, & Chohan, 2011). This shows that workplace deviance exists in this sector. Therefore, scholars and practitioners argue that it is important to examine the factors which cause the emergence of deviant workplace behavior and how it can be controlled (Nasir & Bashir, 2012; Ahmed, Kiyani, & Hashmi, 2013; Shahzad & Malik, 2014).

Because of its universal value, ethical issues are addressed in both non-western and western countries (Yasir & Mohamad, 2016; Khan, Yasir, Yusof, Bhatti, & Umar, 2017). But, in the developing countries, the demand for organizational ethics is not as high as compared to the developed countries (Lyon & Maher, 2005; Blackburn, Bose, & Haque, 2006; Yasir, Rasli, & Qureshi, 2017). In addition, Ahmed, Shad, Mumtaz, and Tanveer (2012) identified that the organizational ethical values of the West can be applied in a non-western society, therefore, top-management of the Pakistani organizations needs to assess their work environment based on ethical values already developed in the West as unethical behaviors like falsifying documents, theft, harassment, abuse, and several other deviant behaviors are common practices at the workplace all over the world leading towards negatively effecting organizational reputation and performance. Therefore, scholars and practitioners are compelled to find solutions for workplace deviance in order to limit its occurrence (Peng, Tseng, & Lee, 2011; Ferris, Spence, Brown, & Heller, 2012; Neves & Story, 2015; Yasir & Rasli, 2018; Moon, Morais, de Moura, & Uskul, 2020; Shaheen *et al.*, 2021).

Thus, it is necessary to study the factors that contribute towards workplace deviance. Therefore, objectives of the current research are to identify the level of workplace deviance that exists in the understudy sector and to further identify the factors that affect (negatively and positively) workplace deviance, thereby showing those factors that cause the emergence of workplace deviance and also highlighting those factors through which it can be reduced and controlled.

2. Literature Review

Increasing attention in the harmful effects of deviant workplace behaviors is due to the massive costs that organizations incur when employees are involved in bad behaviors, for instance purposefully neglecting supervisor instructions, theft, or falsification of documents (Biron, 2010; Guay, Choi, Oh, Mitchell, Mount, & Shin, 2016). The notion of deviance originates from previous studies on group norms (Sherif & Sherif, 1953). But, from the last two decades, the concept of deviant behaviors has attracted much more attention, than before (Bennett & Robinson, 2000; Biron, 2010; Thau & Mitchell, 2010; De Clercq, Bouckenoghe, Raja, & Matsyborska, 2014; Lian, Ferris, Morrison, & Brown, 2014; Zagenczyk, Restubog, Kiewitz, Kiazad, & Tang, 2014; Guay *et al.*, 2016; Yasir, Jamil, Adil, Hamayun, & Irum, 2017; Yasir & Khan, 2020).

Scholars define and term employees negative workplace behaviors in several different ways, such as *workplace deviance* or *deviant workplace behavior* (Bennett & Robinson, 2003), *antisocial behavior* (Giacalone & Greenberg, 1997), *workplace violence* (Neuman & Baron, 1998), *counterproductive behavior* (Spector & Fox, 2005), *bad behavior* (Griffin & Lopez, 2005), *workplace aggression* (Neuman & Baron, 1998, 2005), *workplace incivility* (Pearson, Andersson, & Porath, 2005), *mobbing/bullying* (Zapf, 1999; Einarsen, Hoel, Zapf, & Cooper, 2011), *organizational misbehavior* (Vardi & Weitz, 2003), *dysfunctional behavior* (Griffin, O'Leary-Kelly, & Collins, 1998), *corruption* (Lange, 2008), and *unethical behavior* (Kish-Gephart, Harrison, & Treviño, 2010). However, the main theme of these notions is the same, as they are harmful to the employees and the organization.

2.1 Workplace Deviance

Workplace deviance has been categorized into four distinct quadrants; (a) production deviance, (b) political deviance, (c) property deviance, and (d) personal aggression (Robinson & Bennett, 1995).



Figure 1: Dimensions of Workplace Deviance
Source: Robinson and Bennett (1995)

Figure 1 shows that organizational deviance includes those actions that are against the organization, for instance, sabotaging equipment's and/or wasting resources, however, interpersonal deviance includes such behaviors that cause harm to employees, for instance, verbal harassment and/or assault (Robinson & Bennett, 1995).

Initially, it was Hollinger and Clark who grouped employees' deviant behaviors into two broader behavioral kinds (Hollinger & Clark, 1982a; Hollinger & Clark, 1982b, 1983; Hollinger, 1986). The first was labeled as *property deviance*, this includes misuse of employer assets, for instance, theft, and property damage. The second category was labeled as *production deviance*, this involves behaviors that detract from production during working hours (e.g., sloppy work and drug use) and not being on the work as scheduled.

Sackett (2002) study suggested a hierarchical model, having general deviance factor at the top, with group factors namely organizational and interpersonal deviance below this general factor, and specific behavior domains, for instance, drug usage, absence, and theft, below these group factors. Lastly, Berry, Ones, and Sackett (2007) identified that the most widely used conceptualization of workplace deviance is the model proposed by Bennett and Robinson (2000).

2.2 Public Healthcare Sector

In Pakistan, the public healthcare sector is primarily overlooked due to inadequate budgetary allocation, corruption, political instability, and the absence of the will of the political leadership in order to improve the current condition of this sector (Khan, Nawaz, & Khan, 2015). The Pakistan Economic Survey (PES) 2018-19 shows that there are 1,279 public sector hospitals, whereas, basic health units are 5,527, dispensaries are 5,671, and rural health centers are 686 in the country. In addition, there are 220,829 doctors, 22,595 dentists, and 108,474 nurses, hence, providing a health facilities ratio of 963 individuals per doctor, 9413 individuals per dentist, and 1,608 individuals per hospital bed (PES, 2018).

The PES (2019) shows that the government had allocated Rs. 421.8 billion for the expenditure on the public healthcare sector (see Figure 2), thereby making it 1.1% of the GDP. Despite the government efforts and funds allocation, the desired health outcomes have not been achieved in the country due to several socio-economic factors like growing population, unhygienic environmental conditions, uneven distribution of health benefits, and poverty.

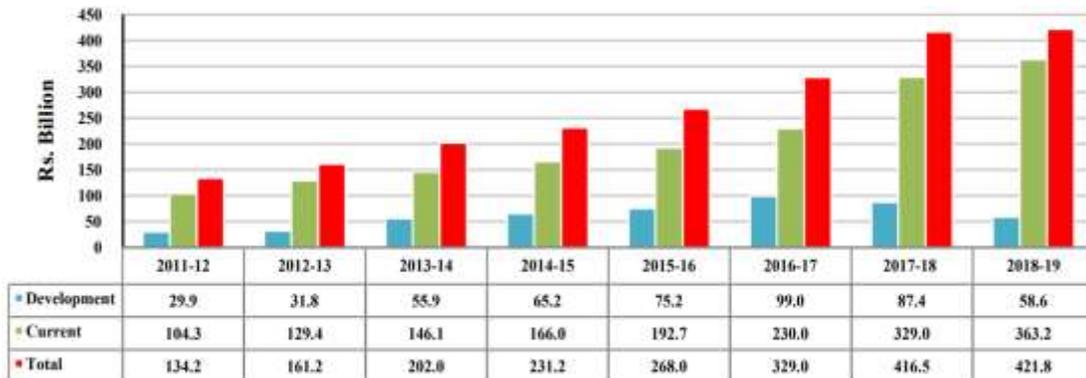


Figure 2: Expenditure on Public Healthcare Sector
Source: PES (2019)

Moreover, Pakistan Medical and Dental Council (PMDC) and Pakistan Nursing Council (PNC) are the registration and statutory regulatory authority for medical and nursing practitioners in the country. The Higher Education Commission (HEC) of Pakistan also plays an important role, for instance, issuing licenses to educational institutions and verification of degrees in the country. Furthermore, the National Bioethics Committee (NBC) was established in 2004 in Pakistan for the purpose of promoting ethical practices in the healthcare sector. Despite having such regulatory bodies in Pakistan, the healthcare sector of the country is still hampered by the non-existence of hospital ethics committees and the absence of courses related to ethics in the curriculum (Jafree, Zakar, Fischer, & Zakar, 2015). Moreover, PNC and PMDC have made ethics education compulsory but several nursing and medical institutions in the country do not teach compulsory courses in ethics (Shaikh & Humayun, 2012).

Thus, a large number (57%) of doctors are reported to have no knowledge of the code of ethics of PMDC (Imran, Haider, Jawaid, & Mazhar, 2015). Furthermore, corruption and poor governance are prevailing in the management of equipment and drugs (Naz, Khan, Daraz, Hussain, & Khan, 2012), and ethical compliance during clinical practices is not monitored in the public healthcare sector of Pakistan (Jafree *et al.*, 2015).

Moreover, doctors and nurses are reported to be absent for several days in the public sector hospitals of Pakistan (Saeed & Ibrahim, 2005). As, Callen, Gulzar, Hasanain, and Khan (2016) also found that 68.5% of doctors were absent during normal working hours in the understudy sector. In addition, ghost workers, violent work environment, conflicts, protests, poor governance, corruption, understaffed hospitals, and political interference are prevalent problems that exist in the public sector hospitals of Pakistan (Saeed & Ibrahim, 2005; Naz *et al.*, 2012; Yousafzai, 2015; Hamid, Kanwal, Bajwa, Khalid, & Muba, 2016; Hussain, Yusoff, Banoori, Khan, & Khan, 2016; Jafree, 2017). Thus, the level of workplace deviance is high in the public sector hospitals, however, only a few private sector hospitals follow a zero-tolerance policy towards workplace deviance (Shahzad & Malik, 2014). Hence, the overall public sector hospitals of Pakistan present an unimpressive picture, however, some developments are taking place during the last few years but still, the situation is not satisfactory.

3. Methodology

3.1 Section one

Sampling

In this study, data was collected through a convenient sampling technique from five public sector hospitals in Pakistan through questionnaires. 500 respondents (doctors and nurses) were given the questionnaire, and usable completed questionnaires were 219.

Measurement Instruments

The workplace deviance construct is assessed by using Bennett and Robinson (2000) measurement scale for deviant workplace behavior having nineteen items, with twelve items for organizational deviance and seven items for interpersonal deviance (Bennett & Robinson, 2000). But, in this study two of the items were removed from the scale based on the validity issue, that is (a) “dragged out work in order to get overtime” and (b) “falsified a receipt to get reimbursed for more money than you spent on hospital expenses”. Thus, the final questionnaire had seventeen items. Moreover, the workplace deviance scale was anchored at “1= never”, “2= rarely”, “3= sometimes”, “4= often”, “5= always”.

Section two

This study highlights the factors that have been previously investigated in relationship with workplace deviance and these factors are having the ability to influence workplace deviance. This study searched for workplace deviance related articles published between 2005 and 2019 at the academic research databases namely Web of Science and Scopus. The keywords that were used for searching articles were “workplace deviance”, “organizational deviance”, “deviance” or “deviant behaviors”.

4. Analysis

Section one

Initially, reliability analysis was conducted for the items of workplace deviance and the value of Cronbach alpha was .864, which is in the acceptable range (Sekaran, 2006). Furthermore, to answer the first research question. The means of the respondents’ responses were calculated to determine the extent to which workplace deviance is prevailing in the understudy sector. Table 1 depicts the results of the descriptive analysis which addresses research question one.

Table 1: Descriptive Statistics

Items	Mean	Std. Deviation	Skewness	Kurtosis
Interpersonal - D - 01	3.2009	.88608	-.406	-1.243
Interpersonal - D - 02	3.0913	.86251	-.091	-1.061
Interpersonal - D - 03	3.3288	.76124	-.382	-.776
Interpersonal - D - 04	3.3607	.82535	-.708	-.589
Interpersonal - D - 05	3.2557	.69626	-.312	-.777
Interpersonal - D - 06	3.2694	.81021	-.530	-.753
Interpersonal - D - 07	3.1781	.72332	-.210	-.091
Organizational - D - 08	3.2100	.83044	-.362	-.886
Organizational - D - 09	3.3973	.86321	-.823	-.669
Organizational - D - 10	3.3470	.93756	-.577	-.754
Organizational - D - 11	3.0228	.95995	-.171	-1.379
Organizational - D - 12	3.3425	.83313	-.522	-.802
Organizational - D - 13	3.3014	.91398	-.380	-1.120
Organizational - D - 14	3.3744	.90182	-.850	-.445
Organizational - D - 15	3.2420	.67107	-.419	-.385
Organizational - D - 16	2.4338	.63459	.414	-.063
Organizational - D - 17	3.2237	.69743	-.336	-.916
Variable	Mean	Std. Deviation	Level	
Interpersonal Deviance	3.2407	.53112	Moderate	
Organizational Deviance	3.1895	.47393	Moderate	
Workplace Deviance	3.2106	.45907	Moderate	

Note: N=219

To determine the level of workplace deviance prevailing in the understudy organizations, mean scores based on five points Likert scale were categorized into five levels as very low level, low level, moderate level, high level, and very high level. This method has been used in the previous literature (Alanazi & Abbod, 2014; Nazari, Pihie, Akmaliah, Idris, & Basri, 2014; Alshurman & Alkhateeb, 2015) in identifying levels of a different phenomenon which was based on the following equation.

$$\text{Category length} = \frac{\text{highest scale value} - \text{lowest scale value}}{\text{number of categories}}$$

= (5-1)/5 = 0.8

- Very low = 1 + 0.8 = 1.8
- Low = 1.8 + 0.8 = 2.6
- Moderate = 2.6 + 0.8 = 3.4
- High = 3.4 + 0.8 = 4.2
- Very higher = more than 4.2

Hence, the mean value of 1 to 1.8 indicating a very low level, 1.8 to 2.6 indicating a low level, 2.6 to 3.4 indicating moderate level, 3.4 to 4.2 indicating the high level, and more than 4.2 indicating a very high level of existence of workplace deviance. Moreover, results from Table 1 indicate that the level of workplace deviance and its components exists at a moderate level in the understudy sector.

Section two

Table 2 outlines the twenty-five factors that were extracted from the previous literature and are having the ability to influence workplace deviance.

Table 2: Factors affecting Workplace Deviance

S/N	Antecedent	Relationship	Dependent Variable	Source
1.	Abusive supervision	+	Workplace deviance	Mitchell and Ambrose (2007)
2.	Authentic leadership	-		Erkutlu and Chafra (2013)
3.	Basic need satisfaction	-		Lian, Ferris, and Brown (2012)
4.	Co-workers' solidarity	-		Itzkovich and Heilbrunn (2016)
5.	Depression	+		Zhu, Lyu, and Ye (2019)
6.	Emotional exhaustion	+		Mulki, Jaramillo, and Locander (2006)
7.	Employees' trust in leader	-		Mo and Shi (2015)
8.	Ethical climate	-		Yasir and Rasli (2018)

9.	Ethical ideology	-	Henle, Giacalone, and Jurkiewicz (2005)
10.	Ethical leadership	-	Mo and Shi (2015)
11.	Goal congruence	-	De Clercq <i>et al.</i> (2014)
12.	Injustice	+	Ferris <i>et al.</i> (2012)
13.	Job satisfaction	-	Darrat, Amyx, and Bennett (2010)
14.	Organization-based self-esteem	-	Ferris, Brown, and Heller (2009)
15.	Organizational commitment	-	Tepper, Henle, Lambert, Giacalone, and Duffy (2008)
16.	Organizational support	-	Liu and Ding (2012)
17.	Perceived organizational ethical values	-	Biron (2010)
18.	Personality	-	Guay <i>et al.</i> (2016)
19.	Psychological capital	-	Norman, Avey, Nimnicht, and Pigeon (2010)
20.	Psychological contract breach	+	Chiu and Peng (2008)
21.	Self-control	-	Bordia, Restubog, and Tang (2008)
22.	Socialized charismatic leadership	-	Brown and Treviño (2006)
23.	Work engagement	-	De Clercq <i>et al.</i> (2014)
24.	Work-family conflict	+	Darrat <i>et al.</i> (2010)
25.	Workplace sexual harassment	+	Zhu <i>et al.</i> (2019)

5. Discussion

The findings of this study are consistent with the prior literature which highlights that workplace deviance exists in the public sector organizations of Pakistan, for instance, theft, purposely ignoring supervisor's instruction, harassment, gossiping about the supervisor, corruption, blaming co-workers, and intentionally arriving late at work (Saeed & Ibrahim, 2005; Bashir *et al.*, 2012; Nasir & Bashir, 2012; Shahzad & Malik, 2014; Jafree *et al.*, 2015; Shaheen *et al.*, 2021). Specifically, deviant behaviors reported in the understudy sector are; verbal and physical violence (Shahzad & Malik, 2014; Jafree, 2017), bullying and mobbing behavior (Gadit & Mugford, 2008; Bano & Malik, 2013; Somani, Karmaliani, Farlane, Asad, & Hirani, 2015), corruption and bribery (Naz

et al., 2012; Haroon, 2014; Yousafzai, 2015), protests (Abbasi, 2014), non-reportage of errors and student nurses used as adjunct staff (Jafree *et al.*, 2015), sexual harassment (Shaikh, 2000; Somani, Karmaliani, Mc Farlane, Asad, & Hirani, 2015; Jafree, 2017), and absenteeism (Saeed & Ibrahim, 2005; Naz *et al.*, 2012). Thus, many forms of deviant workplace behaviors (interpersonal and organizational) exist in the understudy sector which needs to be minimized and controlled.

This study further identified several factors that have the ability to affect the occurrence of deviant workplace behaviors. The current study adds value to the existing body of knowledge and provides a literature review regarding the construct of workplace deviance. However, this study has some limitations such as the selection bias; as this study provided a single reference of a study for each factor that affects workplace deviance identified in Table 2. Though several other studies might be available on each factor, this study aimed to provide a single recent study available on the given factor. Moreover, it is possible that the authors may have overlooked relevant studies while reviewing the prior literature. Thus, there is a need for further research in order to highlight the factors that influence workplace deviance and how it can be controlled.

This study further implies that organizations must conduct ethics training and development programs for employees in general and supervisors in specific. The focus of these training programs should include themes like exhibiting concern for others, disciplining bad behavior, and communicating the significance of ethical behavior, thus emphasizing employees expected behavior. Moreover, top management of the organizations should start using social media campaigns as an awareness tool, specifically to create Facebook pages/groups and WhatsApp groups for their respective organizations in which ethical standards are consistently communicated, thereby emphasizing the importance and utilization of ethical conduct. Thus, establishing an ethical work climate in which individuals are more likely to refrain from deviant behavior. Hence, this study shows that organizations must consider promoting ethical workplace behavior and address the factors that contribute to the occurrence of workplace deviance, thus minimizing the occurrence of workplace deviance.

6. Conclusion

The findings of this study show that workplace deviance exists in the public sector hospitals of Pakistan at a moderate level. Thus, the level of workplace deviance in this sector needs to be controlled and limit. This study further identified several factors (see Table 2) through which the occurrence of workplace deviance can be minimized for instance ethical leadership, authentic leadership, and ethical climate. Lastly, this study also identified several factors that cause the emergence of workplace deviance, for instance, abusive supervision and injustice.

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