

**PSYCHOLOGICAL FACTORS PREDICTING WORKPLACE DEVIANCE
BEHAVIOUR AMONG NURSES IN THE PUBLIC HEALTH SECTOR IN
LAGOS**

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ABSTRACT

This study examined the extent to which work locus of control and perceived organizational justice predict workplace deviant behaviour. Participants were 300 nurses (Male = 123; female = 177) randomly selected from public hospitals in 3 local government areas in Lagos. Their ages ranged between 21-58 years ($M_{age} = 36.5$; $SD = 9.32$). They responded to measures of work locus of control, perceived procedural and distributive justice, and workplace deviance behaviour. Results of the multiple regression showed that work locus of control significantly predicted workplace deviant behaviour in such a way that employees who were susceptible to external locus of control tended to exhibit workplace deviant behaviour than those who displayed internal locus of control. Workplace deviant behaviour reduced with employees' perception of organizational justice. Male nurses manifested higher deviant behaviour than their female counterparts. The policy and practice implications of these results were highlighted.

Keywords: Locus of control, justice, deviance, nurses, public health, Lagos.

INTRODUCTION

Employee behaviour at work go a long way to determine the success or failure of organisation in which they work. Some of these behaviours; such as citizenship behaviours, job and organisational commitment are socially desirable, while others such as workplace deviant behaviour may be viewed by many as improper or outside normal conventions of acceptability. Workplace deviant behaviour refers to voluntary behaviour of organisational members that violates significant organisational norms, and by so doing, threatens the well-being of the organisation and/or its members or both (Robinson and Bennett, 1995). These behaviours can take a variety of forms, including, but not

limited to: aggression, bullying, sexual harassment, interpersonal conflict, sabotage, intentional absenteeism, theft, wasting time and/or materials, spreading rumours, refusing to cooperate, and physical violence (Penny & Spector, 2005; Gruys & Sackett, 2003).

Though the term, 'workplace deviant behaviour' has been investigated under various names, including counterproductive behaviour (Mangione & Quinn, 1974); antisocial behaviour (Giacolone & Greenberg, 1997); and workplace deviance behaviour (Robinson & Bennett, 1995). Despite terminology differences, this line of research generally examines a common set of behaviour and often uses identical measurement scales.

Irrespective of the term being used, workplace deviant behaviour entails a constellation of employee behaviours that deviate from organisational norms espoused by the dominant administrative coalition. Such behaviours are counterproductive or destructive to organisational effectiveness. Workplace deviant behaviour is one of the most serious problems facing organisations today (Fagbohunge, Akinbode & Ayodeji, 2012).

Workplace deviant behaviour can be distinguished from other potentially deviant behaviours in at least two ways: 1) it is volitional, and 2) has harmful intentions. Therefore workplace deviant behaviours do not include behaviours that are accidental or behaviours that are not under a person's control.

Previous studies have identified two dimensions of workplace deviance; the identified dimensions are organisational and interpersonal deviance, depending on whether the organisation is harmed or the individuals. The first type, organisational deviance, refers to deviance behaviours targeted at the organisation, such as theft, sabotage, lateness, leaving early, and withdrawal of effort from work. The second type, interpersonal deviance refers to deviant acts directed towards co-workers, supervisors, and subordinates in the workplace. They may be expressing behaviours like making fun of others, acting rudely and physical aggression. Interpersonal and organisational deviances are the two forms of workplace deviance, which are directed differently, however, both cause harm to the organisation. These two behaviours may occur simultaneously, singly or even sequentially. They both have consequences for individuals, organisations, and society at large.

The need to reduce deviant behaviour in the workplace, especially in the Nigerian public health sector can be overemphasised due to its negative impacts on the organisation, employees and patients (Muafi, 2011). Even when deviants constitute a minority in organisation, their actions can be colossal if not checked and such deviant act can also have detrimental effects on the organisations, users or beneficiaries of the organisation's services. Employees who are targets of deviance may experience more turnover, damaged self-esteem, increased fear and insecurity at work, psychological and physical pains. The victims of interpersonal deviance are more likely to suffer stress related problem and show relatively decreased productivity, lost work time and a relatively high

turnover rate and all these behaviour had negative financial implication on the organisation (Appelbaum, Iaconi & Matousek, 2007). Consumers of organisation's services who are victim of employees deviant behaviour may also take legal action against the organisation, apart from the financial cost to the organisation, it also has implication on organisational reputation.

Previous studies have identified a multitude of factors that contribute and sustain deviance behaviours in the workplace. Robinson and Bennett (1995) showed the existence of three distinct research trends on workplace deviant behaviour; they are; studies in which deviance is conceptualized as a reaction to experience at work; studies that examine deviance as reflection of employee's personality, and studies that investigate deviances as adaptation to social context at work. Generally, deviance can best be predicted by considering a combination of both individual characteristic and organisational situation.

In Nigeria, it has been realised over the years that deviant behaviour has constituted a serious threat to delivery of services in both public and private sector and this has led the past and present government in Nigeria to invest billions of naira on anti-deviant behaviour agencies and institutions, the central objective of these governmental actions were targeted at ensuring and putting in place an ethically decent society in order to curb deviant behaviour in public and private organisations. Despite the huge amount being spent by government on deviant behaviour, studies has shown that theft, fraud, sabotage, acting rudely and arguing, remained some of the fastest growing behaviours among the workgroups in the country in the recent years (Fagbohunge *et al.*, 2012).

Deviant behaviour are all evident in our government agencies and private organisations, as evident in habitual lateness to work, loafing, buck-passing, bribery, corruption, embezzlement or misappropriation of public funds, misuse of government property, abuse of power and office among other unethical behaviour which have constituted serious threat to delivery of quality service in these organisations (Osezua, Abah & Daniel, 2009). If the current level of deviance in public health care service should continue unabated, Nigerian public healthcare service stand at disadvantage in global health practices which demand high ethical behaviour and Nigerians may continue to seek for health care service in neighbouring countries, even in some countries that look up to the country for leadership and aids. For even when deviants constitute a minority in the organisations, their impact on productivity, performance, and staff morale can be colossal.

Many of the past and present governmental actions targeted against deviant behaviours in the country have failed in achieving their primary goal of significantly reducing deviant behaviours in organisations for many reasons. One of such reason is that these actions are political motivated, rather than based on empirical investigations. Therefore, the actions could only achieved political goals. It may not be surprising then that despite all the laws and actions against deviant behaviours in public organisations,

deviant behaviours may continue to be on the increase in among health workers in public hospitals in Nigeria

Studies have revealed that deviant behaviour can be predicted by considering a combination of both individual and workplace situation (Robinson & Bennett, 1995; Robinson & Greenberg, 1999; Appelbaum & Shapiro, 2006; Flaherty & Moss, 2007; Ng & Feldman, 2008) rather than on political consideration. The present crisis in our public health service may not be an exception; it is a reflection of many precipitating factors including individual characteristics, such as work locus of control, sex and age, and workplace factors, such as organisational injustice.

Researches investigating the relationship between work locus of control and workplace deviance has been consistent. For instance, Perlow and Latham (1993) in a sample of direct health care workers discovered that people with external locus of control were found to be more likely than people with internal locus of control to physically abuse nursing home patients. Heacox (1996) found that locus of control was positively related to aggression against others, with externals showing more aggression, while Fox and Spector (1999) found that work locus of control was also positively associated with counterproductive (deviant) behaviour. Other study too have found a significantly relationship between locus of control and ethical decision making process.

Internal locus of control was found to be positively associated with ethical decision making process, while external locus of control was negatively associated with ethical decision making process (O'Fallon & Butterfield, 2005). Sprung (2011) reported that work locus of control is predictive of counterproductive work behaviour above and beyond the control variables (sex, age, and job tenure) in the hypothesized direction. Studies on work locus of control and workplace deviant behaviour indicate that significant relationship exists between the two, to the extent that people scoring high on external locus of control seem to be more likely to engage in deviant behaviours than people scoring high on internal locus of control.

In organisational setting, justice is very important to individuals. Deviant behaviour in organisational setting could also be a response to inequitable treatment in the workplace. Organisational justice or fairness perceptions have been shown to influence the display of workplace deviant behaviours. Employees watch the way rewards and sanctions such as money, decisions about promotions, training, trips, transfers and dismissals are allocated. These allocations can be viewed as fair or unfair. If employees perceived an organisation and its leaders as fair and supportive, employees are less likely to engage in acts of workplace deviance, however, if inequity is perceived, intending to restore their sense of equity, employees may revert to deviant behaviours (Appelbaum, Iaconi & Matousek, 2007). Perceived justice has been associated with workplace deviant behaviours targeted at individuals and the organisation, such as production slowdown and property deviance (Flaherty & Moss, 2007).

Maureen, Seabright and Schminke (2002) examined the relationship between organisational justice and workplace sabotage. They found that, justice was the most common source of sabotage. The study went further by explaining the relationship between source of injustice and reaction to it. When the source of injustice was intentional, individuals were more likely to engage in retaliation, and when the source was distributive, individuals were more likely to engage in equity restoration. They concluded that injustice has an addictive effect on severity of sabotage.

Adams' (1965) equity theory explains how people strive for fairness and justice in social exchanges or give-and-take relationship. This theory is based on Festinger's cognitive dissonance theory. According to Festinger (1957), people are motivated to maintain consistency between their cognitive beliefs and their behaviour. Perceived inconsistencies create cognitive dissonance (psychological discomfort), which in turn, motivates corrective action. Accordingly, when victimised by unfair social exchanges, our resulting cognitive dissonance prompts us to correct the situation. Corrective action may range from a slight change in attitude or behaviour to stealing to extreme case of trying to harm someone. For instance, experts believed that employee theft, which costs American business about \$120 billion a year, represents an employee's attempt to even the score (Nelson, 1996). The action of nurses in public health care centres, such as diverting hospital's properties for private use, diverting clients to personal clinics, stealing drugs and other unethical activities could be explained using Adam's equity theory.

Field studies on equity support propositions derived from Adam's equity theory. For example, perceived organisational justices are positively related to pay and benefit satisfaction, job satisfaction, organisational commitment, trust in management, and commitment to support a decision (Martin & Bennett, 1996; Sapienza & Korsgaard, 1996). Other studies further revealed that lower absenteeism, intention to quit, and turnover were significantly correlated with perceived organisational justices (Sweeney & McFarlin, 1993; Dailey & Kirk, 1992). Peoples resisted and acted negatively when they reported feeling of injustices (Leck, Sanuders & Charbonneau, 1996).

There is a long-established belief that females including business persons and students are more ethical than males, hence less likely to engage in deviant behaviour compared to men. In empirical research there are often no differences discovered between women and men, but when there are differences, women are more ethical than men (O'Fallon & Butterfield, 2005). Women are more likely to hold higher values resulting in lower likeliness to engage in unethical and deviant behavior (Appelbaum *et al.*, 2005). Males engage in aggressive behavior in the workplace than females (Appelbaum *et al.*, 2007). Reviewing 14 studies that examined gender, Ford and Richardson (1994) found that seven of those studies show that females do act more ethically than males.

There are three different approaches to explaining why there are gender differences in ethical decision-making and subsequent workplace behaviour. In the first place, socialization theory is used to explain gender differences. It is argued that differences between men and women could result from early socialization through institutions such as family and schools, and through gender specific role requirements such as being a wife or husband. Whereas women place greater emphasis on interpersonal relations, caring, and doing work well, men place greater emphasis on competitive success and extrinsic rewards such as financial rewards and status. Since men are more interested in competitive success than caring about others, they are more willing to engage in unethical and deviant behavior in order to achieve their goals. Secondly, gender differences are explained as the result of men and women using different ethical frameworks in their ethical decision-making (Loo, 2003). Thus, men and women tend to use different orientations when facing ethical dilemmas. Women seem to view ethical dilemmas with empathy and compassion, whereas men view such dilemmas with justice and fairness (Valentine & Rittenburg, 2007). Finally, the role of moral situations is used to explain gender differences. Empirical results show that men may make more ethical decision in situations, where the moral intensity was extreme. The situation was either unethical or obviously ethical. When the situation was somewhere in between, women were more likely to make the more ethical decision (Loo, 2003).

The fundamental determinant of all clients' experience in any hospital is the quality of nursing care received. It is, therefore, required that hospital should have some sense of hospitality. Unlike pleasure which brings clients to hotels, pain is the primary motivating factor why many people seek hospital services. Therefore, it is the uttermost duty of all stakeholders in health care business, particularly nurses, in order to create conducive hospital environment for patients.

Health, as defined by the world health organization (WHO, 1946) is; a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity as widely assumed. This definition encapsulates the holistic dimension of the needs of individuals seeking health-oriented services as a fundamental human right which is universal in nature. Even though critics have argued that this definition is utopian, inflexible and unrealistic, for the fact that the word 'complete' in the WHO's definition of health makes it highly unlikely that anyone would be healthy for a reasonably period of time (Ustun & Jacob, 2005). This does not in any way make it less important. Caring is a basic requirement for the attainment of sound health, irrespective of angle from which one is looking at it. The term 'health-care' is still globally adopted to describe health-related services rendered to the general populace which ultimately determines their quality of life. This ultimately reveals the core value of nursing care as an integral component of healthcare.

Nurses are very important stakeholder in attainment of sound health and nursing is a unique profession in the health team that recognizes the practice of the profession as a public trust. This puts a responsibility on the profession and the practitioners to protect the public trust, by giving qualitative healthcare service in a friendly environment. This trust has made standard setting a crucial aspect of the functions of the Nursing and Midwifery Council of Nigeria as the statutory body charged with the responsibility of

regulating the standards of professional nursing and midwifery education and practice in Nigeria. This was to maintain ethical practice among practitioners and reduce the occurrence of frequent deviant behaviours in health institutions. Nursing standards are derived from health core values which include respect for the dignity of persons, integrity in service, compassion, tolerance, intellectual and psychomotor competencies and accountability.

Due to increase in unethical behaviours of most nurses particularly in the public sector, the Nursing and Midwifery Council of Nigeria recently developed a standard of practice document which was published in 2010. This was designed to inform and educate nurses and midwives on the acceptable standards of nursing practice which is in line with global and local standards as well as health needs. Some of the guiding philosophy and concepts in this standard document include holistic nature of man and right to life and dignified death, right to comprehensive nursing care, multidisciplinary nature of the health care system, and the autonomy of the nursing profession which makes a nurse responsible and accountable for her actions (Jemilugba, 2011).

Unfortunately, the standard of nursing practice is gradually falling from what it used to be in the past. This is even evident from our day to day experiences in the clinical areas and in some of our training institutions. Many patients have been lost due to cases of clinical negligence at Nigerian public hospitals. Today, the impact of negative attitude to work by health care providers, particularly the nurses in public and private hospitals in Nigeria, is particularly worrisome. Studies have shown that attitudinal problem, which are unethical and deviant in nature is at every level of care. There is no exemption; all cadres of healthcare providers are guilty of this negative attitude, even at the slightest provocation and Nigerians seeking medical care in hospitals daily have their fair shares of the worrisome trend even in the face of the most life-threatening emergencies (Obinna, 2011).

It does not follow, whether a dying patient is in for emergency room treatment, routine doctor's appointment, a laboratory test, or any appointment for that matter, the negative attitude seems to have become a way of life, doing more harm than good to the health sector. It appears health workers tend to quickly forget they are in business only because of the patient – "to care for patients, to ensure that the human person is maintained in the best possible state of good health in terms of their mental, physical and spiritual well-being". Health institution is losing its focus of genuine concern for patients; they now consider the patient a nuisance. They see them as too demanding, a bother and waste of their time. Perhaps this explains why Nigeria records significant number of patient deaths even before they are attended to at the various hospitals.

Former Health Minister, Professor Babatunde Osotimehin, once remarked that health workers were largely responsible for the death of patients recorded in various health centres across the country in 2009. In 2011, a 26-year-old pregnant woman reportedly lost her life at the University of Abuja Teaching Hospital apparently due to the negligent attitude of health workers at the health institution (Obinna, 2011). The woman was said to have arrived the hospital hale and hearty hoping to have her baby in one piece, unfortunately, she was said to have fallen off a theatre table during labour, sustaining head injuries in the process. She developed a complication and died on the fourth day. The negligent and deviant work behaviors of health workers in public

hospitals in Nigeria may be associated with perceived injustice and work locus of control.

Hypotheses

1. Work locus of control will significantly predict deviant behaviour among nurses.
2. Perceived injustice will significantly predict deviant behaviour among nurses
3. Male nurses will significantly manifest deviant behaviour than their female counterparts.

METHOD

Design and participants

This study adopted cross-sectional survey design. The participants were 300 nurses, selected from public hospitals in 3 local government areas in Lagos State. They were of 123 males (59%) and 177 females (41%), with an age range of 21 to 58 years ($M_{age} = 36.5$; $SD = 9.32$). With regard to marital status, 135 (45%) were married; 160 (53.3%) single, and 5 (1.7%) were divorced. In terms of years in service, 221 (73.7%) had served less than 10 years, 54 (18%) had served between 11-20 years, and 25 (8.3%) had served more than 20 years.

Measures

Work locus of control was measured with an 8-item work locus of control scale developed by Spector (1988). Items in the scale assess employee beliefs about their control at work in general. Half of the items reflect an external locus of control, while the other half reflects an internal locus of control. Each item consists of six response choices ranging from 1 (disagree very much) to 6 (agree very much). The author reported coefficient alpha of .81 for the scale. For this study, the reliability coefficient was .75. High scores (below 17) represent externality and low scores (17 and above) represent internality.

Perceived organisational justice was assessed using an 18-item perceived procedural and distributive justice scale by Fox *et al* (2001) adapted from Moorman (1991) organisational justice scale. 12 out of the 18 items were adapted from Moorman (1991) procedural justice, while the other six items were from the Distributive Justice Index, developed by Price and Mueller (1986). The scale has a Cronbach's alpha of ($\alpha = .96$). The reliability coefficient for the present study was .68. Responses were on a 5 point scale Likert format, ranging from 1 (very unfairly) to 5 (very fairly). The distributive and procedural justice scales were combined to produce an overall measure of justice. Lower scores on the scale represent perceived organisational injustice.

Work deviant behaviour was measured with a 19-item work deviant behaviour scale developed by Bennett and Robinson (2000). The scale was used to measure

organisational workplace deviance and interpersonal deviance. The author reported the internal reliability of .81 and .78 for organisational and interpersonal sub-scales respectively, while reliability coefficients for the present study were .77 and .75 for the two sub-scales. 12-item measure organisational workplace deviance, while the other 7-item measured interpersonal workplace deviance. Participants were asked to indicate the frequency of their engagement in the event described in the statement using a 7-point Likert scale, where 1 = never and 7 = daily.

Procedure

The participants were randomly selected from general hospitals, local government clinics, maternity centres and teaching hospitals within 3 selected local government areas in Lagos State. The participants were provided with information and purpose of the study. Participation in the study was voluntary. The scales were distributed to those who were willing to participate in the study. Out of the 450 questionnaires distributed, 300 were duly completed and used for analysis.

RESULTS

To test hypotheses 1 and 2, a multiple regression analysis was conducted. The results are shown in Table 1.

Table 1:

Multiple Regression on Work Locus of Control and Organisational Justice

Predictors	β	R	R^2	F
		.50	.25	49.07**
Work locus of control	.36*			
Perceived organisational justice	-.31*			

Note: * $p < .05$. ** $p < .01$. $N = 300$.

The results in Table 1 show that work locus of control significantly predicted workplace deviant behaviour such that deviant behaviour was associated more with external than internal locus of control ($\beta = .36, p < .05$). This result supported hypothesis 1. A significant inverse relationship existed between perceived organisational justice and workplace deviant behaviour such that low workplace deviant behaviour was with associated perceived justice. Hypothesis 2 was, therefore, supported. Work locus of control and perceived organisational justice jointly contributed 25% to employees' work deviant behaviour.

The level of gender differences in work deviant behaviour were tested with a t-independent test. The results are shown in table 2.

Table 2:

Summary of t-test on Workplace Deviant Behaviour

Gender	<i>N</i>	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	<i>P</i>
Male	177	81.11	8.99	298	21.35	<.001
Female	123	56.73	10.68			

The results in Table 2 reveal that male nurses exhibited a significantly higher level of workplace deviant behaviour than female nurses [$t(298) = 21.35, p < .001$]. Hypothesis 3 was supported by this result.

DISCUSSION

As expected, the results supported the stated hypothesis. That is, having internal or external work locus of control significantly predicted whether an employee will engage in workplace deviant behaviour or not; likewise nurses' perception of justice in public health sector significantly predicted engagement in workplace deviant behaviour. These findings supported past studies. For instance, Perlow and Latham (1993) discovered that direct health care workers with external locus of control orientation were found to physically abuse nursing home patients than those with internal locus of control orientation. Heacox (1996) found a positive relationship between locus of control and aggression against others, with externals showing more aggression.

The finding is also consistent with Fox and Spector's (1999) perspective on work locus of control and counterproductive behaviour (deviant behaviour), that work locus of control were positively associated with counterproductive behaviour, while externals engaged more in deviant behaviour compared to internals. The rationale behind this may not be unconnected with the fact that when faced with poor performance and obstacles, internals are more likely to blame themselves, looking at their own behaviour in order to see what they can do better to improve. Externals, on the other hand, will be more likely to blame external factors such as other people, such as patients or the situation they were put in, supervisor, seeing the situation outside of their control.

Thus, internals see outcomes as a result of their own actions and potentially under their control; externals, on the other hand, see outcomes as results of factors that are external to themselves and beyond their control and more likely to engage in deviant behaviour unlike those high on internal locus of control. If this assertion is valid, it

would therefore corroborate past findings that when faced with frustration, individual with external locus of control are more likely to react in deviant ways, compared to individual with internal locus of control (Spector & Fox, 2002). Sprung (2011) submitted that higher scores on work locus of control scale would be positively associated with counterproductive work behaviour; as higher work locus of control scores indicate an external orientation. Thus, the higher a person score on external work locus of control, the more likely they seem to engage in deviant behaviour.

Organisational justice perception had an independent significant influence on nurses' workplace deviant behaviour in public health sector. This is not unexpected, because justice is very important in fulfilling employees' socio-economic needs. Engaging in deviant behaviour may be an attempt by nurses in public health sector to restore justice, whenever injustice is perceived. This result supported Maureen *et al.*'s (2002) findings that injustice was the most common cause of sabotage. The study explained further, that when the source of injustice was intentional, individuals were more likely to engage in retaliation, and when the source of injustice was distributive, individuals were more likely to engage in equity restoration.

Relating this to Adam's (1965) equity theory, which explains how people strive for fairness and justice in social setting, employees may engage in stealing and sabotage whenever injustice is perceived. This explains why justice could be an important predictor of deviant behaviour among nurses in public health sector. The study was also consistent with Flaherty and Moses (2007) findings who found a significant influence of distributive, procedural and interactive justices on workplace deviance.

The result further revealed a significant joint influence of work locus of control and perceived organisational justice on workplace deviant behaviour. Work locus of control and perception of organisational justice joint predictive of about 25% of workplace deviance behaviour. This finding implies that work locus of control and perceived organisational justice not only had joint predictive influence on workplace deviant behaviour, but stronger and unique influence. This result was supported by Nasir and Bashir (2012). The researchers concluded that there can be more than one factor responsible for workplace deviance, but the most important are organisation injustice, locus of control and job satisfaction.

The result of this study strongly supported hypothesis 3. Male nurses significantly manifest deviant behaviour more than their female counterparts. Male nurses had a mean score of 81.1 compared to their female counterparts of 56.7. This finding is also not unexpected, our culture being a men culture, an average man would want to prove that they are in control and exert some level of assertiveness compared to their female counterparts. Whenever there is any form of threat to this control and level of assertiveness, the end result may be deviant behaviour. This finding is consistent with study carried out by Anwar *et al.* (2011) among male and female employees; with males being more deviant at workplace than females. The finding is further supported by O'Fallon

and Butterfield (2005), in which women were found to be more ethical than men, and engaged less in deviant behaviour compared to their male counterparts and Ford and Richardson (1994) who reviewed 14 studies on gender, there were no gender differences on seven of the 14 studies, while the other seven showed that females do act more ethically than males, therefore less likely to engage in deviant behaviour compared with their male counterparts.

The result also found a strong support in different approaches that try to explain why there are gender differences in ethical decision-making and subsequent workplace behaviour. Such approaches include different socialization process for men and women, use of different ethical frameworks in ethical decision-making situation, and morality in different situations (Loo, 2003; Valentine & Rittenburg, 2007).

CONCLUSION

Actions of individual within organisation affect the organisation, the users/ consumers of organisational services and organisational corporate image. Present and previous studies have shown that work locus of control and perceived organisational justice have significant influence on workplace deviant behaviour. The implications of the findings are numerous. But emphasis will be laid on how nurses work locus of control orientation and perceived organisational justice could influences their engagement in deviant behaviour.

The present study had implication for recruitment and organisational policies. When recruiting, organisations can develop tests that could detect potential employee locus of control orientation and therefore eliminate potential deviant even at entry level, while study could also be conducted for those already in the job, to detect those scoring high on locus of control, the organisation can then organise training for such employees as this will go a long way in reducing deviant behaviour in life saving and humanitarian organisation.

Secondly, organisations should establish a strong and consistent culture of fairness, in training, promotion, equal opportunity for career advancement, discipline, and reward among others. once employees perceived their organisation as fair in distributing organisational resources and the procedures adopted in doing this, they will engage less in deviant behaviour. In addition to that, male nurses should undergo more training programmes and workshop on conflict management in organisations, as this group of workers is more prone to workplace deviant behaviour compared to their women counterparts.

This study is exclusively restricted to nurses in public health sector, this is a major limitation, another limitation which could also affect the generalisation of this study is that the sample are all from public hospital and all in Lagos. It is therefore suggested that future study should spread across all other health workers, in public and private health sector for wider generalisation.

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