Original Article

Predictors of Counterproductive Work Behavior among Nurses: A Case Study of South Punjab

Mahrukh[1], Iram Batool[1], Huma Batool[1] and Iram Sohail Quraishi[2]

ABSTRACT

Objective: To investigate the role of burnout in predicting nurses' counterproductive work behavior and to explore the buffering role of forgiveness and emotional intelligence between burnout dimensions and counterproductive work behavior.

Study Design: Cross sectional study

Place and Duration of Study: This study was conducted at the 6 different public and private hospitals of Multan, Pakistan from January 2020 to March 2020.

Materials and Methods: A total 200 nurses (both sexes) with age ranges from 18-44 years participated in the study. After taking informed consent, demographic sheet along with four sets of instruments; Maslach Burnout Inventory (MBI), Counterproductive Work Behavior checklist (CWB-C), Forgiveness scale and Brief Emotional Intelligence scale (BEIS) were distributed among participants for collection of data. Data was analyzed using SPSS-23.

Results: Findings revealed that all dimensions of burnout significantly positively predicted CWB among nurses. No evidence was found regarding the indirect effect of burnout dimensions on CWB through forgiveness. Furthermore, emotional intelligence moderated the positive relationship between two burnout dimensions (emotional exhaustion and personal accomplishment) and CWB but not moderated the depersonalization and CWB relationship.

Conclusion: Findings suggests that emotional intelligence is a personal resource that organizations may foster in nurses to minimize emotional exhaustion and lack of personal accomplishment and its subsequent negative effect on CWB.

Key Words: Burnout, counterproductive work behavior, forgiveness, emotional intelligence, nurses

INTRODUCTION

Organizations seek highly motivated and dedicated employees who will help them in achieving their stated objectives and goals. Similarly, when employees join an organization, they are expected to have positive attitudes and work behaviors that will improve the organization's effectiveness and maintain its smooth functioning. However, it is not always the case, as employees have tendency to exhibit negative work behaviors known as "counterproductive work behavior" (CWB) [1,2].

1. Department of Applied Psychology, Bahauddain Zakariya University, Multan.
2. Department of Psychology, Institute of Southern Punjab, Multan.

Correspondence: Dr. Iram Batool, Associate Professor, Department of Applied Psychology, Bahauddain Zakariya University, Multan.
Contact No: 0334-3652222
Email: i.batool@bzu.edu.pk

Counterproductive work behavior (CWB) is employees' intentional behavior intended to harm organization and their members. It includes theft, lying, sabotage and verbal abuse [2]. Employees who engage in counterproductive work behaviors (CWB) do it deliberately, not accidently. These behaviors may have detrimental effect on the competitiveness and survival and of an organization. In health care setting, such activities put the wellbeing of an organization and employees in danger. For instance, low patient and employees' satisfaction, high turnover rates and higher hospital expenditures [3]. Despite the fact that many studies on CWB have been conducted in different settings [4,5] but few have attempted to investigate why nurses engage in counterproductive work behavior [6]. One reason that has been identified in recent years behind nurses' engagement in CWB is burnout [7].

Burnout is a concept consists of three dimensions including emotional exhaustion (depletion of emotional resources), depersonalization (callous attitude towards others) and reduced personal accomplishment (tendency to negatively evaluate one's work competency) [8]. Individuals whose job requires giving health support and care to those in need can experience burnout. The nursing profession represents such individuals who are vulnerable to burnout. Nurses are more prone to burnout because of the high physical and

emotional demands of their job [9]. Heavy workloads cause high level of burnout [10], while burnout is positively correlated with CWB [7]. The stressor-emotion model can be used to explain the process that leads to CWB. According to the model, stressful work environment provoke negative emotions and sense of helplessness in employees, which can lead to CWB [2]. In the light of this theory, nurses' exposure to emergency situations, unpredictable working conditions, patients' sufferings and deaths, long shifts, administrative burden, poor work settings and conflicts with coworkers and families of patients can cause them burnout [9,11]. Therefore, if we consider the nurses' experience at their workplace, it is likely that CWB will occur [6]. Given the importance to the CWB of nurses, current study investigated the burnout effect on CWB because in eastern culture this effect has been investigated among teachers, doctors, bankers and police officers but not among nurses.

Positive psychology has recently emphasized on the importance of positive psychological characteristics and capacities on the functioning of human. Furthermore, it affirms that personal resources improve the ability of individual to manage stress effectively help [12]. Similarly, according to conversation of resource theory, personal resources are characteristic of self that help individuals to deal with stress (i.e. burnout)[13]. Supporting these lines using nurses 'case, forgiveness and emotional intelligence as personal resources can help in depleting stress, may moderate the burnout (emotional exhaustion, depersonalization and lack of personal accomplishment) and CWB relationship. Forgiveness is a process in which an individual who has witnessed any offensive act takes deliberate steps to control negative feelings towards wrongdoer and refrain oneself from harm the wrongdoer[14]. It has also a potential to alleviate stressful feelings[15]. Whereas, Emotional intelligence (EI) is the capacity to understand other's feelings, ability to encourage oneself and manage emotions effectively in one's own life and in relationship with the others. It is also essential for reducing work-related stress[16]. Many studies identified that EI has negative relationship with stress[17,18].

Furthermore, employees with high emotional intelligence level tend to exhibit less CWB[19, 20].

MATERIALS AND METHODS

This cross sectional study was conducted at 6 different public and private hospitals of Multan, Pakistan. G power indicated that 176 sample size would be required for small effect size. Total 200 nurses aged between 18 to 44 years of both sexes were recruited by using convenience sampling method. Nurses with at least one year of experience were included in the study. Questionnaires were given to the nurses at their work place after they signed consent form and approval to complete them was taken from head and unit managers of the hospital. Furthermore, nurses' participation was anonyms and no incentives were offered. Nurses' demographic information (age, gender, sector) were collected through self-administrated questionnaire. Data related to nurses' burnout was gathered using 22 items Maslach burnout inventory developed by Maslach and Jackson [21]. The scale has 3 domains including emotional exhaustion (9 items), depersonalization (5 items) and personal accomplishment (8 items). Nurses' negative behavior was assessed using 10 items counterproductive work behavior checklist developed by Spector et al[22]. Forgiveness was assessed using 4 items forgiveness scale by Aquino et al. [16]. Emotional intelligence of nurses was assessed using emotional intelligence scale developed by Wong and Law[23]. Data was analyzed using SPSS version 23. Regression was analyzed to assess the effect of burnout dimensions on CWB. Moderation analysis was performed using Hayes' process macro to test the hypothesis.

RESULTS

The demographics of the sample were captured using descriptive statistics. Out of 200 nurses that took part in the study, 180 (90%) were female and 20 (10%) were male, while 63(31.5%) were from private sector and 137(63.5%) from public sector. The average age of nurses was 24.71 years (SD = 6.219). Correlation among study variables are presented in (Table 1).

Table No.1: Pearson correlation between emotional exhaustion, depersonalization, personal accomplishment, counterproductive work behavior, forgiveness and emotional intelligence

	Variables	1	2	3	4	5	6
1	Emotional exhaustion	1	.713**	.787**	.415**	-.043	-.305**
2	Depersonalization		1	.717**	.348**	-.211**	-.408**
3	Personal accomplishment			1	.407**	-.062	-.236**
4	Counterproductive work behavior				1	-.075	-.426**
5	Forgiveness					1	.400**
6	Emotional Intelligence						1

Results indicates that emotional exhaustion was significantly positively correlated with depersonalization (r=.713, p<.01), personal accomplishment (r=.787, p<.01) and CWB (r=.415, p<.01) while negatively correlated with forgiveness and significantly negatively correlated with emotional intelligence (r-.305, p<.01). Depersonalization showed significant positive correlation with personal accomplishment (r=.717, p<.01) and CWB (r=.348, p<.01) while significant negative correlation with forgiveness (r=-.211, p<.01) and emotional intelligence (r=-.408, p<.01). Results also showed that personal accomplishment was significantly positively correlated with CWB (r=.407, p<.01), negative correlated with forgiveness and significantly negatively correlated with emotional intelligence (r=-.426, p<.01). Furthermore, CWB was negatively correlated with forgiveness and significantly negatively correlated with emotional intelligence (r=-.426, p<.01). However, significant positive correlation was found between forgiveness and emotional intelligence (r=.400, p<.01).

Table 2: Standard Regression model explaining the impact of Burnout dimension on counterproductive work behavior

Predictors	B	S. E	β	T	P
Emotional Exhaustion	.342	.053	.415	6.416	.000***
Depersonali-zation	.505	.097	.348	5.218	.000***
Personal accomp-lishment	.393	.063	.407	6.268	.000***

Results indicate that all burnout dimensions were significant predictors of counterproductive work behavior (p<.001).

Table No.3: Moderation by forgiveness between burnout dimensions and Counterproductive work behavior

		Positive Youth Development	
		95% CI	
Variables	β	LL	UL
Constant	12.83	4.11	21.55
EE	.20	-.12	.53
Forgiveness	-.31	-.87	.23
Emotional exhaustion × Forgiveness	.01	-.01	.03
R²	.178		
ΔR²	.002		
F	14.17		
		Positive Youth Development	
		95% CI	
Variables	β	LL	UL
Constant	16.42	6.36	26.48

Depersonalization	.05	-.53	.64
Forgiveness	-.45	-1.07	.16
Depersonalization × Forgiveness	.03	-.01	.06
R²	.132		
ΔR²	.011		
F	9.93		
		Positive Youth Development	
		95% CI	
Variables	β	LL	UL
Constant	15.38	7.12	23.65
Personal accomplishment	.12	-.23	.48
Forgiveness	-.46	-1.00	.06
Personal accomplishment × Forgiveness	.01	-.01	.04
R²	.17		
ΔR²	.01		
F	14.14		

Results indicate that no moderation effect of forgiveness exists between any dimension of burnout and CWB.

Table No.4: Moderation by emotional intelligence between burnout dimensions and Counterproductive work behavior

		Positive Youth Development	
		95% CI	
Variables	β	LL	UL
Constant	10.40	-9.91	30.76
Emotional exhaustion	1.04**	.31	1.77
Emotional intelligence	-.01	-.31	.27
Emotional exhaustion × Emotional intelligence	-.01*	-.02	-.00
R²	.287		
ΔR²	.016		
F	26.37		
		Positive Youth Development	
		95% CI	
Variables	β	LL	UL
Constant	20.93	-4.91	46.78
Depersonalization	1.03	-.43	2.51
Emotional intelligence	-.14	-.50	.21
Depersonalization × Emotional intelligence	-.01	-.03	.01
R²	.221		
ΔR²	.003		
F	18.59		
		Positive Youth Development	
		95% CI	
Variables	β	LL	UL

Constant	9.31	-0.16	28.79
Personal accomplishment	1.34***	.50	2.17
Emotional intelligence	-.00	-.28	.28
Personal accomplishment × Emotional intelligence	-.01**	-.02	-.00
R^2	.30		
ΔR^2	.02		
F	28.31		

Results indicate that emotional intelligence buffered the positive effect emotional exhaustion, and personal accomplishment on CWB but not the depersonalization effect on CWB.

DISCUSSION

The purpose of this study was to assess the effect of burnout dimensions (emotional exhaustion, depersonalization and personal accomplishment) on CWB among nurses. Along with that, it also examined the role of forgiveness and emotional intelligence in moderating burnout-CWB relationship.

Results showed that all (three) burnout dimensions positively predicted CWB. This result corroborated with past findings [7, 24, 25]. Thus, it is concluded that job of nurses (e.g. long working- hours and face to face interaction with patients) drains them and this emotional bankruptcy resulting from work overload provides contextual signs that trigger burnout, which contributes to CWB.

No evidence was found regarding the indirect effect of burnout dimensions on CWB through forgiveness. This result contradicts the past findings [15, 26, 27]. However, one study could be the explanation for this result, which revealed that there is no connection between forgiveness behavior and forgiveness cognition. It means that just thinking about forgiveness is not enough to deter anyone from seeking revenge [28].

In terms of emotional intelligence's buffering role, findings showed that emotional intelligence moderated the emotional exhaustion and CWB relationship. This result supports previous finding [29] that emotional intelligence is made up of emotional and social skills, helping people deal effectively with environmental demands. This could also be explained on the grounds that high emotional intelligent people are better at knowing their own and other people's immediate feelings and they are more likely to use their feelings to reinforce positive behavior at workplace. On contrary, low emotional intelligent people behave rashly and unable to anticipate the effects of their actions.

Similarly, results also showed that emotional intelligence did not moderate the depersonalization and CWB relationship. This finding contradicts previous studies, who found negative relationship between emotional intelligence and depersonalization [30].

However, findings revealed that EI moderated reduced personal accomplishment and CWB relationship. This finding supports the previous finding [31]. Thus, it is concluded that emotionally intelligent nurses are more likely to experience positive emotions and develop more empathetic sensitivity, which leads them to deal effectively with patients or understand how they feel about things.

CONCLUSION

Nurses are more likely to develop burnout than other health care workers[32]. Our findings revealed that it a significant positive predictor of counterproductive work behaviors. Nonetheless, emotional intelligence is a personal resource that organizations may foster in nurses to minimize emotional exhaustion and lack of personal accomplishment and its subsequent negative effect on CWB. Findings highlight that nurses' emotions management skills can alleviate the negative effect of burnout on CWB. Therefore, it is recommended to develop emotional intelligence teaching package in an attempt to reduce the detrimental effect of burnout on nurses' behavior (e.g. CWB) as Jung and Yoon[33] said that emotional intelligence can be acquired or modified through training.

Author's Contribution:

Concept & Design of Study:	Mahrukh
Drafting:	Iram Batool, Huma Batool
Data Analysis:	Huma Batool, Iram Sohail Quraishi
Revisiting Critically:	Mahrukh, Iram Batool
Final Approval of version:	Mahrukh

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