

WORK ENVIRONMENT AND WORKPLACE DEVIANT BEHAVIOUR IN NIGERIAN PUBLIC HOSPITALS

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Abstract: *Health care services are provided in Hospitals. Consequently, the performance of hospitals shapes health care delivery system. Over the years, the standard of health care services in Nigerian public Hospitals has been on the decline. Therefore, this study focuses on workplace deviant behavior and standard of Health care delivery in Nigerian public Hospitals. The objectives of the study were to: (i) identify workplace deviant behaviors often exhibited by health professionals in Nigerian public hospitals, (ii) assess the impact of workplace deviant behavior on standard of health care delivery in public hospital. The study relied on Differential association theory for its theoretical explanation. Survey design was adopted. Primary data were generated through the administration of questionnaire. A sample size of 120 health professionals were drawn using stratified random sampling. Chi-square was employed to test the hypotheses of the study. The result of the test of hypotheses established a relationship between workplace deviant behavior and low standard of health care delivery. The findings of the study were that: i) There is a relationship between work slowdown and gross patient number in public hospitals ($X^2c = 32.87$), ii) There is a relationship between favouritism and medical tourism in Nigeria ($X^2c = 31.82$). The study concluded that workplace deviant behavior has significant impact on health care delivery in Nigerian public Hospitals. Consequently, the study recommended that measures to minimize workplace deviant behaviors should be taken in order to improve the standard of health care delivery in Nigerian public hospitals.*

Keywords: *Workplace Deviant Behavior; Health Care Delivery; Public Hospitals; Health Professionals; Nigeria.*

1. Introduction

1.1. Background to the study

Deviant and unethical behaviors have been found in various work organization over time; unabated occurrence of such behavior among health professionals most especially in Nigerian public hospitals calls for serious attention. The need to provide a work environment where deviant workplace behavior will be non-existent or at best reduced to the barest minimum is sacrosanct as conducive work environment ensures the wellbeing of employees which invariably enable them exert themselves to their roles with

all vigor that may translate to higher productivity (Ajayi, 2019; Akinyele, 2007).

Kohun (1992) noted that work environment is made up of the totality of forces, actions and other influential factors that are currently and, or potentially contending with the employee's activities and performance. It is the sum of the interrelationship that exists within the employees and between the employees and the environment in which the employees work. According to Akinyele (2007), about 80% of productivity problems reside in the work environment of organizations. Also, Yusuf and Metiboba (2012) noted that the type of work environment in which employees operate determines the way in which such enterprises prosper. They asserted that improved work environment enhances employee's productivity. Work environment when appropriately designed, motivates employees toward higher productivity. A pleasant work environment is very important as an incentive for the most effective performance of employee.

Deviant workplace behavior on the other hand can be defined broadly as acts committed by organizational members that have, or are intended to have, the effect of damaging co-workers, managers, or the organization itself (Bennett & Robinson, 2003). It has also been defined as voluntary behavior that violates significant organizational norms and in so doing threatens the wellbeing of organization, its members, or both (Robinson & Bennett, 1995). Such behavior at work has received much attention over the past years in view of the sensational negative consequences associated with improper behavior in organizations. Deviance in the workplace is fairly prevalent and many employees at some point engage in such behaviors (Kaptein, 2011). Research on deviant behavior in organizations has shown that employees may engage in such acts to benefit themselves, to retaliate against the organization or to harm coworkers (Umphress, Bingham, & Mitchell, 2010).

Deviant behaviors in a health care related work environment negate the professional ethics of the medical profession. Such behaviors have serious consequences on service delivery and overall organizational performance. It is also inimical to qualitative health care delivery. More than ever, there is a need to reposition the health sector especially the teaching hospitals for optimal performance. There is a need to ensure that health facilities are in proper shape to cater for health needs of the citizens. There is a need for health professionals to abide by the ethics of their profession in conformity with organizational norms. There is also a need to ensure that the work environment is conducive for effective health care delivery. Against this background, this study examines work environment and workplace deviant behavior among health professional in selected teaching hospitals.

1.2. Statement of the problem

Medical ethics and Hippocratic Oath that prescribes the behavior of health professionals seems to be relegated to the background. Health professionals engage in workplace deviant behaviors such as negligence of

duty, lackadaisical or carefree attitude to emergencies, favoritism, tribalism, gossip, sexual harassment, sabotage, rumors-mongering, leaking confidential information of patient, theft of hospital equipment and materials, baby swap, absenteeism, work slowdowns, unauthorized appropriation of organizational materials to self, aggression, verbal attacks (insults), blaming colleagues, running personal business at work and so on (Ajayi, 2019). These behaviors no doubt have effects on health care delivery.

It can be argued that health care providers engage in a wide range of deviant workplace behavior because they have a strong influence over medical decisions. In making these decisions, health care providers sometimes act in ways that are not in their patients' best interests whether motivated by direct financial gain, increased prestige, and greater power or improved working conditions. Health care providers are also in a position to defraud patients in several ways. Most payment systems have to rely on the honesty of providers to state the kind of and intensity of services that have been provided. In addition, health facility officials sometimes accept kickbacks to influence the procurement of drugs, supplies, infrastructure investments and medical equipment.

The prevalence of deviant behavior in the workplace most especially among health professionals is a big challenge for health organizations. The attendant effects of this on overall organizational performance cannot be overemphasized as audible patient dissatisfaction at the various outpatient clinics are instructive and gives an insight into the fact that there is a serious problem in the system. This study therefore examines work environment and workplace deviant behavior in Nigerian public hospitals in order to rescue the health care delivery systems from a state of comatose and collapse.

1.3. Research questions

This research seeks to answer the following questions:

- i. What is the nature of work environment that characterizes Nigerian public hospitals?
- ii. What are the kinds of deviant behaviours often exhibited by health professionals in Nigerian public hospitals?
- iii. What is the effect of the observed nature of work environment on workplace deviant behaviours exhibited by the health professional?

1.4. Research objectives

The main objective of this research is to examine the influence of work environment on workplace deviant behavior in Nigerian public hospitals. Based on this, the specific objectives of this research are to:

- i. examine the nature of work environment that characterizes Nigerian public hospitals,
- ii. identify workplace deviant behaviours often exhibited by health professionals in Nigerian public hospitals,

- iii. assess the effect of work environment on workplace deviant behaviour exhibited by the health professionals at the public hospital.

1.5. Research hypotheses

The following Null (H_0) and Alternative (H_1) hypotheses were set and tested in this study:

- i. H_0 – Workplace design does not predispose work slowdown in Nigerian public hospitals.
 H_1 – Workplace design predisposes work slowdown in Nigerian public hospitals.
- ii. H_0 – Favouritism is not contingent upon leadership style in Nigerian public hospitals.
- iii. H_1 - Favouritism is contingent upon leadership style in Nigerian public hospitals.

1.6. The concept of work environment

Work environment refers to the manner and extent to which roles, power and responsibilities are delegated, controlled, and coordinated between employee and management (Robbins, 2008). The work environment is made up of the administrative, technological, political, economic, socio-cultural, and stakeholder factors. This environment provides multiple contexts that affect the organization, its performance, procedures and how it operates (Muhammad Ehsan Malik, Salman Nasser, & Muhamad Mudsar Ghafar, 2011). Work environment includes tools, materials, equipment, working conditions, action of co-workers, behavior of leaders, policies and objective of organization, availability of required information, time availability and others (Srivastava, 2008).

Work environment has significant consequences for both individuals and organization. The atmosphere in workplace has impact on employee's motivation, behavior, attitudes and potentials, which, in turn is predicted to influence organizational productivity (Adenike, 2011). In other words, the work environment is considered very important in the life of organizations due to its clear effects and relations to the various regulatory activities. It affects employees' satisfaction and performance and, thus, the success of the organization and its ability to continue (Al-Saudi, 2012).

Work environment describes a workplace, distinguishes the organization from other organizations and influences the behavior of people in the organization. The effect of work environment on the behavior of employees has been an important issue of discussion and analysis over the years. Earlier studies examined the effect of illumination, temperature, noise, and atmospheric conditions on productivity of the workers (Srivastava, 2008). The studies failed to take into account other work environment factors that affect behavior, productivity, and overall performance of organization. Workplace design needs to take into account a wide range of issues; creating better and higher performing workplace requires an awareness of how workplace impact

behavior and how behavior itself drives workplace performance. There is a relationship between work, the workplace and the tools of work. The work environment is an integral part of work itself; it performs different functions and employees work individually as well as interact with others; this requires different workplace solution (Chandrasekar, 2011).

Kyko (2005) distinguishes between two types of work environment, which are conducive and toxic work environment. Conducive work environment gives pleasurable experience to employees and enable them to actualize their abilities and behavior. This type of environment also reinforces self-actualizing behaviors. For instance, an irresponsible employee can change into a responsible employee in a conducive work environment. Toxic work environment gives unpleasant experiences and at the same time, de-actualize employees' behavior. This environment reinforces low self-actualizing behaviors and it leads to the development of negative traits of the employees' behavior. In toxic work environment, responsible and sensible employee can change into irrational and irresponsible employee as a survival strategy.

Stallworth and Kleiner (1996), argue that increasingly an organization's physical layout is designed around employee needs in order to maximize productivity and satisfaction. They argue that innovative workplaces can be developed to encourage the sharing of information and networking regardless of job boundaries by allowing communication freely across departmental groups. This position is real most especially in the hospital system where health professionals depended on each other for effective health care delivery. Medical doctors have to communicate with Nurses, Medical laboratory workers and the Pharmacists for proper diagnosis and treatment of ailments and diseases.

To achieve high levels of employee productivity, organizations must ensure that the physical environment is conducive to organizational needs facilitating interaction and privacy, formality and informality, functionality and cross-disciplinarily. Consequently, the physical environment is a tool that can be leveraged both to improve business results (Mohr, 1996), and employee well-being (Huang, Robertson & Chang, 2004).

1.7. Workplace deviant behavior

Behavior denotes the action of a person (Cooper et al., 2007). It varies with circumstances and could be individual or group based. Thus, behavior could be observed, repeated and measured. The actions of persons at workplace, good or bad, then constitute work behavior. In the workplace, employees engage either in organizational citizenship behavior (OCB), which increases organizational functioning (Podsakoff, Ahearne, and MacKenzie, 1997), or counterproductive work behavior (CWB), also known as workplace deviant behavior which impairs organizational functioning (Dunlop & Lee, 2004). Workplace deviant behavior refers to "any intentional act(s) on the part of an organizational member viewed by the organization as contrary to its legitimate interests" (Gruys & Sackett, 2003). Workplace deviant behaviors

can range from minor offences such as petty lies to serious offences such as embezzling millions from an organization. They can occur at either the interpersonal level or at an organizational level (Robinson & Bennett, 1995). Workplace deviant behaviors at the interpersonal level are behaviors that affect the employees within the organization and include acts such as sexual harassment, favoritism, gossip, and verbal aggression. At the organizational level, they are behaviors directed towards the organization and include behaviors such as absenteeism and misuse of the organizational assets. Several definitions of workplace deviant behavior portray a lack of attention to explicit and implicit organizational rules, policies and values. Equally striking is the fact that a behavior should be “premeditated and harmful” in order to qualify as workplace deviant behavior (Schat & Kelloway, 2000; Gruys & Sackett, 2003; Marcus & Schuler, 2004, Taylor, 2012).

In the view of Marcus and Schuler (2004), workplace deviant behavior is not merely deliberate but it is always destructive; it is not about sudden or unconscious behaviors. Marcus and Schuler (2004) noted that although individuals may intentionally engage in bad behaviors, they may not intend to cause harm. For example, an employee may deliberately miss a day of work with the private intention of attending to some personal business and not with the intention of negatively affecting organizational productivity. Taylor (2012) thus accentuates that workplace deviant behavior is any deliberate unacceptable behavior that has the potential to have negative consequences for an organization and its staff.

1.8. Theoretical framework

The role of theory in research cannot be overemphasized. Siegel and Senna (1988) defines theory as a statement that explains the relationship between social facts and concepts in a meaningful way. In a view to explain the concept of work environment, workplace deviance behavior the Differential association theory was employed.

The differential association theory is one of the important learning theories of deviance. It was developed by Edwin Sutherland and proposes that through interaction with others, individuals learn the values, attitudes, techniques, and motives for deviant behaviors. An important quality of differential association theory concerns the frequency and intensity of interaction. The amount of time that a person is exposed to a particular definition and at what point the interaction began are both crucial for explaining criminal activity. The process of learning deviant behavior is really not different from the process involved in learning any other type of behavior. Sutherland maintains that there is no unique learning process associated with acquiring non-normative ways of behaving (Scarpitti, Nielsen, & Miller, 2009).

According to Sutherland (1947) social patterns including deviance are learned through association with others, especially in primary groups. Due to the complexity of socialization, people are exposed to forces encouraging criminality as well as those supporting conformity. The likelihood that a

person will engage in deviant behavior depends on the frequency of association with those who encourage norm violation compared to those who encourage conformity. Within the confine of the work environment, employees have an opportunity to interact with colleagues who may encourage or discourage deviant behavior at the workplace. The frequency of such interaction or association goes a long way in determining the likelihood that an employee would engage in workplace deviant behavior. The applicability of Sutherland's theory of differential association is hinged on the fact that employees associate with colleagues at work and by this they may be exposed to forces encouraging deviant behaviors. The frequency of such association may encourage employees' involvement in deviant behavior.

One criticism leveled against this theory has to do with the idea that people can be independent, rational actors and individually motivated. The notion of an individual being a criminal or exhibiting deviant behavior based on his or her environment is problematic. This theory does not take into account personality traits that might affect a person's susceptibility to environmental influences.

1.9. Methodology

The survey research design was adopted for this study. Survey research design was found to be relevant because the study is non-experimental. It allows for the description, explanation and analysis of work environment and workplace deviant behavior. Furthermore, survey research design enable researcher to seek the opinion of representative sample of the population upon which conclusion, inferences and generalization could be made.

Quantitative data was collected based on the experience of the respondents. The independent or predictor variable is work environment while the dependent variable is workplace deviant behavior. The study population consists of health professionals selected from the University of Nigeria Teaching Hospital, Enugu. Purposive sampling technique was used to select the Hospitals used for this study. Also, the researcher used purposive sampling to select two major health professionals for this study namely; Medical Doctors and Nurses out of the numerous professional fields in hospitals. Medical Doctors and Nurses have the highest frequency of contact with patients on daily basis more than other health professionals; therefore they are in the best position to lay bare their minds on the nature of work environment and workplace deviant behavior in public hospitals.

Furthermore, the stratified random sampling technique was used to select elements from the population. The hospital used for this study has various departments (strata) from which medical doctors and nurses were selected at random. A random sample from each stratum was taken in a number proportional to the stratum's size when compared to the population. The register of the medical doctors and nurses were obtained from the management of the hospital. Numbers were assigned to professionals on the

register, and the table of random numbers was used to select the sample elements. Every element in the population has an equal chance of selection.

The Questionnaire was employed for collection of data. The questionnaire was used to elicit responses from professionals selected across various departments of the hospital. The data collected for this study were analyzed using descriptive and inferential statistics exemplified by frequency distribution, simple percentage and chi square.

1.10. Presentation of data and data analysis

The data generated from this study were collated and analyzed as follows:

Assessment of Workplace design

An examination of respondents assessment of workplace design shows that 20 respondents (16.7%) describe workplace design as excellent while 38 respondents (31.7%) describe the workplace design as good. More than half of the respondents (62) constituting 51.7 % describe the workplace design as poor. The details are displayed in table 1.1.

Table 1.1 Respondents assessment of Workplace Design:

Response	Frequency Distribution	
	N	%
Excellent	20	16.7
Good	38	31.7
Poor	62	51.7
Total	120	100

Source: Researcher's Fieldwork, 2019

The table above is an eye opener as it exposes a loophole in the workplace design of teaching hospitals. The fact that more than half of the respondents noted that the workplace design is poor shows that there is a need for policy makers to improve the design of the workplace. Maintenance of the structures on ground is necessary while there is a need to add more to the structures that are already in place. The number of patients trooping into the teaching hospitals on daily basis is more than what the structure can accommodate, it is therefore important to have an appropriate workplace design that is favorable for health care service delivery.

Leadership Style

The respondents were asked questions about the leadership style in the various teaching hospitals. A total of 59 respondents (49.2%) believe that Autocratic leadership style is in operation at the teaching hospitals. 19 respondents (15.8%) posited that the leadership style is Liberal, while 42 respondents (35.0%) observed that the leadership style in the teaching hospital is Democratic. Table 1.2 presents the details.

Table 1.2 Responses on Leadership Style

Response	Frequency Distribution	
	N	%
Autocratic	59	49.2
Liberal	19	15.8
Democratic	42	35.0
Total	120	100

Source: Researcher's Fieldwork, 2019

Table 1.2 draws attention to the fact that majority of the respondent considered leadership style in the teaching hospital as autocratic. This may be due to the fact that teaching hospitals are bureaucratic in nature and there is hierarchy of authority. Hence, authority and instructions flows from the superiors to subordinate. It may be difficult for a junior medical officer to query the decision of a consultant; such junior officer may assume that the consultant is autocratic. However, there are respondents who believe that leadership style in the hospitals is democratic and liberal.

The response of respondents presented in the frequency distribution table shows that management of hospitals have a lot to do in terms of getting health professionals involved in the decision making process. According to Fleet and Griffin (2006), leaders (management) shape the culture of organization; when managers' possess poor skills with people, deviant organizational cultures are the consequence. In situations where health professionals are involved in decision making process, it is difficult for them to violate such decisions because they are aware of it and were carried along in the formulation of such decisions.

Work slowdown among Health Professionals

An analysis of the rate at which respondent work slowly or slow work down intentionally shows that 31 respondents (25.8%) slow work down very often while 70 respondents (58.3%) work slowly often. However, 15.8% (19 respondents) does not work slowly often (see table 1.3).

Table 1.3 Work slowdown among Health Professionals

Response	Frequency Distribution	
	N	%
Very often	31	25.8
Often	70	58.3
Not Often	19	15.8
Total	120	100

Source: Researcher's Fieldwork, 2019

Favouritism among health professionals

An analysis of the extent at which health professionals exhibits favoritism in teaching hospitals shows that 42 respondents (35%) and 67 respondents (55.8%) believed that health professionals exhibit favoritism very often and often respectively. A few respondents 9.2% disagree with this position (see table 1.4)

Table 1.4 Responses on favoritism among Health Professionals

Response	Frequency Distribution	
	N	%
Very often	42	35
Often	67	55.8
Not often	11	9.2
Total	120	100

Source: Researcher's Fieldwork, 2019

Test of Hypotheses

Hypothesis I

H₀: Workplace design does not predispose work slowdown in Nigerian Public Hospitals

H₁: Workplace design predisposes work slowdown in Nigerian Public Hospitals.

Cross tabulation of Tables 1.1 and 1.3

Workplace design	Work slowdown			Total
	Very often	Often	Not often	
Excellent	1	7	12	20
Good	7	24	7	38
Poor	23	39	0	62
Total	31	70	19	120

$X^2_c = 32.87$

$X^2_t = 9.49$

Degree of Freedom (df) = 4

Significance level = 0.05

Remarks: Since the calculated chi square value (X^2_c) 32.87 is greater than table value (X^2_t) 9.49 then accepts H₁ and rejects H₀.

Hypothesis II

H₀: Favouritism is not contingent upon leadership style in Nigerian public hospitals.

H₁: Favouritism is contingent upon leadership style in Nigerian public hospitals.

Cross tabulation of Tables 1.2 and 1.4

Leadership Style	Favouritism			Total
	Very often	Often	Not often	
Autocratic	21	32	6	59
Liberal	5	11	3	19

Democratic	16	21	2	42
Total	42	67	11	120

$X^2c = 31.82$ $X^2t = 9.49$

Degree of Freedom (df) = 4

Significance level = 0.05

Remarks: Since the calculated chi square value (X^2c) 31.82 is greater than table value (X^2t) 9.49 then accepts H_1 and rejects H_0 .

Discussion of findings

An examination of the contingency table above reveals some interesting result concerning the relationship between Workplace design and Work slowdown. Deriving from the table, the chi-square result shows that workplace design predisposes work slowdown in Nigerian public hospitals. The conclusion arrived here is derived from the fact that the calculated chi-square is greater than the table value. This then means that the null hypothesis (H_0) is rejected, while the alternative hypothesis (H_1) is accepted. This supported Brill (1992); Stallworths & kleiner, (1996); Mohr, (1996) study in which physical design of workplace that meets the needs of employees encourage efficiency and productive behavior as against deviant behaviours.

Furthermore, the second contingency table reveals a relationship between Leadership style and favouritism. Deriving from the table, the chi-square result shows that Favouritism is contingent upon leadership style in Nigerian public hospitals. The conclusion is derived from the fact that the calculated chi-square is greater than the table value. This then means that the null hypothesis (H_0) is rejected, while the alternative hypothesis (H_1) is accepted. Therefore, favouritism is contingent upon leadership style in Nigerian public hospitals

Conclusion

The result of the findings in line with the objective of this study shows the nature of work environment that characterizes Nigeria Public Hospitals as one in which the workplace design predisposes workplace deviant behavior such as work slowdown among others. Workplace deviant behaviors often exhibited by health professionals were identified. This includes absenteeism, leaving work early, taking excessive breaks, intentionally working slow and wasting resources. Also, behaviors such as showing favoritism, gossiping about co-workers, blaming co-workers and competing none beneficially are found in public hospitals. Furthermore, this study assessed the effect of work environment on workplace deviant behavior exhibited by the health professionals in Nigerian hospitals. The result shows that work environment influence deviant behavior as favouritism was found to be contingent upon leadership style in Nigerian public hospitals.

Conclusively, this study shows that inconducive work environment influences workplace deviant behavior and generate negative consequences on health care delivery in Nigerian hospitals.

Recommendations

The following recommendations were made based on the findings of this study in order to improve work environment and curb workplace deviant behavior in Nigerian public hospitals.

- Management of public hospitals should make the work environment more conducive for health professionals by ensuring that the workplace design is in line with the best standard.
- Adequate office facilities for consultation, adequate bed spaces for patients, adequate number of professionals and equipments should be provided in the public hospitals.
- Top management officials of teaching hospitals should undergo periodic leadership trainings, and endeavour to transfer core organizational values down to the operational ranks.

References:

1. Adenike, A. (2011). Organizational Climate as a Predictor of Employee Job Satisfaction: Evidence from Covenant University. *Business Intelligence Journal*, 4(1), 151-165.
2. Ajayi, O.A. (2019). *Work Environment and Workplace Deviant Behaviour among Health Professionals in Selected Teaching Hospitals in Nigeria*. Unpublished Ph. D Thesis, submitted to Sociology Department, University of Ilorin.
3. Ajayi, O.A. (2008). *Brain Drain in the Nigerian Health Sector. A cross sectional study of the opinion of Medical Students in the University of Ilorin Teaching Hospital*. Unpublished M.Sc Thesis, submitted to Sociology Department, University of Ilorin.
4. Al-Saudi, M.A. (2012). The Impact of Organizational Climate upon the Innovative Behavior at Jordanian Private Universities as Perceived by Employees: A Field Study. *International Business and Management*, 5(2), 14-26.
5. Chandrasekar, K. (2011). Workplace Environment and its impact on organizational Performance in Public sector organization. *International Journal of Enterprise, Computing and Business System*, 1(1), 23.
6. Cheng B.S., Chou L.F., Wu T.Y., Huang M. P. & Farh J.L. (2004). Paternalistic leadership and subordinate responses: establishing a leadership model in Chinese organizations. *Asian Journal of Social Psychology*, 7: 89–117. 10.1111/j.1467-839X.2004.00137.x

7. Cooper, J., Heron, T., & Heward, W. (2007). *Applied Behavior Analysis*. New Jersey: Pearson Education
8. Dunlop, P.D. & Lee, K. (2004). Workplace deviance, organizational citizenship behaviour, and business unit performance: the bad apples do spoil the whole barrel. *Journal of Organizational Behavior*, 25, 67-80.
9. Gruys, M.L. & Sackett, P.R. (2003). Investigating the dimensionality of counterproductive work behaviour. *International Journal of Selection and Assessment*, 11 (1), 30-42.
10. Kohun, S. (1992). *Business Environment*. Ibadan: University Press
11. Kyko, O.C. (2005). *Instrumentation: Know Yourself and Others*. New York: Longman, 31(1), 4-8.
12. Mohr, R. (1996). Office Space is a Revenue Enhancer, Not an Expense. *National Real Estate Investor*, 38(7), 46-47.
13. Muhammad, E.M., Salman N., & Muhammad M.G (2011). Organizational effectiveness: A case study of Telecommunication and Banking sector of Pakistan. *Far East Journal of Psychology and Business*, 2(1), 21-28.
14. Podsakoff, P.M., Ahearne, M.; & Mackenzie, S.B. (1997). Organizational Citizenship Behaviour and the Quantity and Quality of Work Group Performance. *Journal of Applied Psychology*, 82 (2), 262-270.
15. Podsakoff, P.M., Mackenzie, S.B., Paine, J.B., & Bachrach, D.G. (2000). Organizational Citizenship Behaviours: A critical review of the theoretical and empirical literature and suggestions for future research. *Journal of Management*, 26, 513-56.
16. Robbins, S.P. (2008). *Essential of Management*, Pearson Education: Canadian Inc
17. Robinson, S.L. & Bennett, R.J. (1995). A typology of deviant workplace behaviors a multidimensional scaling study, *Academy of Management Journal*, 38 (2), 555-572.
18. Schat, A. C. & Kelloway, E. K. (2000). The effects of perceived control on the outcomes of workplace aggression and violence. *Journal of Occupational Health Psychology*, 4, 386-402
19. Scheuer, M.L. (2010). *Climate for Workplace Aggression: The Influence of Abusive Supervision, Organizational Factors, and Subordinate Predispositions*, Master Thesis, Northern Illinois University.
20. Siegel, L.J., & Sanna, J.J (1988). *Juvenile Delinquency, Theory, Practice and Law* 3rd ed New York: West publishing company
21. Srivastara, A.K. (2008). Effect of perceived work environment on employees' job behavior and organizational effectiveness. *Journal of the Indian Academy of Applied Psychology*, 34(1), 47-55
22. Stallworth, O.E. & Kleiner, B.H. (1996). Recent Developments in Office Design. *Facilities*, 14(1/2), 34-42.
23. Surowiecki, J. (2004). Intelligence vs. Wisdom: The Love of Money, Machiavellianism, and Unethical Behavior across College Major and Gender, *Journal of Business Ethics*, 82, 1-26.

24. Sutherland, E. (1947). *Principle of Criminology*. Philadelphia: J.B Lippincot
25. Swanson, R. (2000). Human Resource Development: Performance is the key. *Human Resource Development Quarterly*, 6(3), 2007-213
26. Tagiuri, R. & Litwin G, B. L. (1968). *Organizational climate: Explorations of a concept*. Division of Research, Graduate School of Business Administration, Harvard
27. Taylor, F. W. (1911), *Scientific Management*. New York, Harper
28. Umphress, E. E., Bingham, J. B., & Mitchell, M. S. (2010). Unethical behavior in the name of the company: The moderating effect of organizational identification and positive reciprocity beliefs on unethical pro-organizational behavior. *Journal of Applied Psychology*, 95,769-780.
29. Yusuf, N. & Metiboba, S. (2012). Work Environment and Job Attitude among Employees in a Nigerian Work Organization, *Journal of Sustainable Society* 1(2), 36-43.