

# Incidences of Workplace Deviance Behavior among Nurses

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*The present study addresses two fold objectives: to investigate acts of deviance and to examine the correlations between different demographic factors and acts of deviance among nurses. The study was carried out in hospitals located in Mumbai, Delhi and Chandigarh. Results indicate that the most frequently occurring acts of deviance are: loosing temper while at work, saying something hurtful to others and making fun of someone at work. The more striking finding is the use of illegal drugs or consumption of alcohol or tobacco while on duty. A few respondents discussed confidential information about hospitals and patients with unauthorized persons. Demographic factors such as age, gender, tenure, marital status indicated no significant relation with deviance.*

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## Introduction

In the light of the counterproductive incidents in the recent past and their ill after effects, there has been a surge of research and managerial interest in this area (Bennett & Robinson, 1995; Giacalone & Greenberg, 1997). Workplace deviance (WD) has been shown to be permeating in most sectors of the economy including manufacturing, retail, health care (Hollinger & Clark, 1983; Muafi, 2011). It is manifested in forms of changes in work punctuality, work attitude, performance, extended lunch breaks, tardiness, and many other incidences. The consequences of such behavior are critical because they can affect all levels of the organizations including decision-making, productivity, and financial costs (Appelbaum et al. 2007). Thus, WD is regarded as a cry for help and management's primal task is to recognize it and to take corrective action (Magyar, 2003).

## The Measure of Workplace Deviance

There is currently no common definition or terminology regarding WD

that is generally agreed upon (Robinson & Greenberg, 1998:3). In literature, deviant workplace behavior is used under different matronymics. Although the concepts are kindred, there may still be slim differences among them. The matronymics comprise organizational misbehavior, non-compliant behavior, antisocial behavior, workplace deviance, dysfunctional workplace behavior, counterproductive behavior, employee vice, workplace aggression, organizational retaliation behavior, and organization-motivated aggression (Peterson, 2002; Robinson & Greenberg, 1998).

For the purpose of this study, we have considered Robinson & Bennett's (1995) definition of WD. Inferring from Robinson & Bennett's (1995) definition, there are two aspects of WD. Firstly, deviant behavior is intentional and not committed by chance, and secondly it is a significant departure from the norms. Researchers like Hollinger & Clark (1983) proposed a typology in which counterproductive behaviors were classified into two comprehensive categories. The first is property deviance comprising acts concerning the misuse of employer resources including theft, property damage, and misuse of discount privileges. And the second category is production deviance which involves violations of norms concerning how the work is to be accomplished. This includes detracting from production (for example substance abuse, intentional slow) and from being on the job as slated (for example absence, long breaks). Robinson & Bennett (1995) further ex-

panded this conceptual framework by adding a group of interpersonal counterproductive behaviors. They defined interpersonal deviance as that which is "targeted at members of the organization and includes behaviors such as saying something hurtful or acting rudely towards a coworker" and organizational deviance, as that which "is directed towards the organization and includes actions such as stealing and withholding effort". As part of their research, they came up with a two-dimensional typology, one dimension segregating behaviors towards the organization from those towards other organizational members; the other dimension denoted a continuum from minor to serious offenses. This deviant behavior taxonomy is still used widely and the variation across severity and target dimensions suggested by it, aids further theory generation.

Researchers have studied the relation between specific variables and workplace deviance. Many researchers (for example Lee & Allen, 2002; Henle, 2005) have examined situational factors. Situational factors referring to the organizational social context perceived by people, which may be influenced by others in the organization. Robinson & Bennett (1997) proposed that deviant behavior is often the result of the "perceived specific event(s) that triggers or provokes the employee to

**Deviant behavior is often the result of the "perceived specific event(s) that triggers or provokes the employee to take a specific action".**

take a specific action”. Other researchers have examined personal characteristics to be predictors of deviant behavior (for example Henle, 2005). In this study we have examined demographic factors as predictors of deviant behavior.

### **The Present Study**

For this study, the hospital sector was chosen as the target sector as this is one sector where even the slightest deviance can be detrimental to the patient care. There are studies that examined positive deviance among nurses. However, a very few researchers have previously examined occurrence of negative deviance among nurses (Dabney, 1995; Lee & Allen, 2002). The present study has twin objectives to address i.e. to explore if the incidences of workplace deviance exists among the nursing staff and to what extent, and, how different demographic characteristics of the nursing staff such as age, experience, gender are correlated with workplace deviance?

Research has shown that males are more prone to counterproductive behaviors such as theft (Hollinger & Clark, 1983), and other forms of deviance than females (Mangione & Quinn, 1975). Other researchers have contradicted this (for instance Fagbohunge et al., 2012). Similarly, older employees tend to be more honest and engage less in theft vis-a-vis younger workers (Mangione & Quinn, 1975; Hollinger, 1986; Peterson, 2002). Higher tenure has been posited to be related to less property deviance (Hollinger, 1992; Appelbaum et al., 2007). It is likely that the employees with higher tenure will

act more ethically and the likelihood of engaging in deviance would be less (Appelbaum et al., 2005; Peterson, 2002). Employees who have “low-paying positions” are more likely to engage in acts of deviance (Peterson, 2002). Based on this literature, we hypothesize the following:

1. Male nurses are more likely to engage in acts of deviance as compared to the female nurses.
2. Older nurses are more likely to engage in acts of deviance as compared to the younger nurses.
3. Nurses with higher tenure in the profession are more likely to engage in acts of deviance as compared to the nurses who are “new to their job”.
4. Married nurses are more likely to engage in acts of deviance as compared to the unmarried nurses.
5. Nurses who have “low-paying positions” are more likely to engage in acts of deviance as compared to the nurses who have “high-paying positions”.

### **Research Methods**

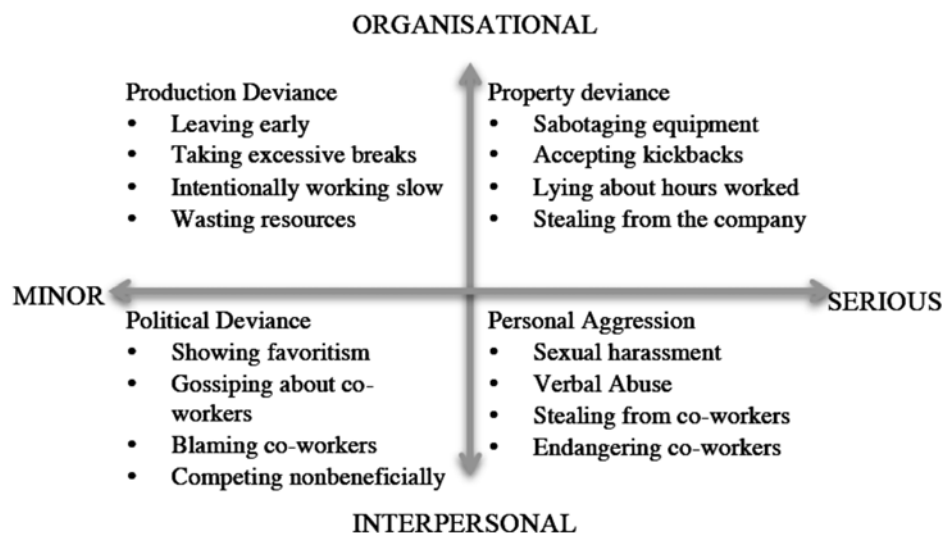
The present study was conducted in three phases. First, the study started with semi-structured interviews with 20 participants comprising nurses, doctors, patients to probe the occurrence of acts of deviance amongst nurses. Respondents concurred that the nursing staff, in general, shows some signs of deviance. Hurting others, lack of responsibility and accountability, negligence, insensitivity at work, lack of punctuality, working slow were some of acts of deviance among

nurses that emerged from the discussions. As one of the nurse respondents mentioned: “We work on a lot of constraints. Most of the time, materials are not present. Treatment gets delayed. Doctors and patients shout at us, ‘Why is nothing available in this hospital?’ We shout back”. Another respondent said: “We are overloaded. The class IV workers are contractual and untrained. They don’t work. Our work also suffers. We try following whatever doctor asks us to do. But sometimes we don’t understand fully or don’t have time to do it .....We are mostly on time. Sometimes due to personal reasons, late coming does take place.” The administrators also pitched in with their comments on the same: “There is no empathy in nurses. Even patients are like that, with so many medical cases of suing docs, nurses. Thus, there is an equal and opposite reaction by nurses. Nurses want to work the bare minimum, it is their philoso-

phy. They are not willing to accept responsibility in their own areas. There is a mismatch in their concept of role and responsibility, which could be an illusion, or due to unionism or due to the system itself.”

In the second phase, a pilot study on 70 nurses was carried out to test the measure of workplace deviance. WD was measured by a 28-item questionnaire used by Bennet & Robinson (2000) during their Study 2 while developing the workplace deviance scale. This scale measures the frequency of occurrence of deviant acts in a 5-point Likert Scale (1=Never, 5=Weekly). Based on suggestions of the hospital administrators, extra caution was taken to administer the survey with changes in language in a few questions as already specified above. It was decided to physically distribute the questionnaires to the nurses and collect them after a week to give them time and space to answer

**Figure 1 Workplace Deviant Behavior Typology**



Source: Robinson & Bennett (1995)

the questions within the confines of their own home, to prevent fear and time crunch from ruining the whole data collection exercise. Figure 1 presents the WD behavior typology as suggested by Robinson & Bennett (1995).

In the pilot study, it was seen that in most questionnaires, the workplace deviance scale had elicited a “Never” response in all the items. We realized self-reporting of the acts might be the reason for such responses. However research has corroborated that self-reports are accurate measures of behavior (Aquino et al., 1999), thus we went ahead with self-reporting to gauge answers to the questionnaire. However, tone of a few questions was slightly modified wherever necessary. For instance, instead of asking the deviance questions like “How often have you”, the tone was changed to “Have you ever” to make it sound less like a blame game.

### Post-Pilot (Main) Study

Sample selection for the study proved to be a difficult task keeping in view the sensitivity of the topic. Many hospitals refused to participate anticipating retaliating responses by nurses for conducting a study of this kind. Finally, permission was given by 3 reputed hospitals located in three major cities in India viz., Delhi, Mumbai and Chandigarh.

The survey instrument was administered to 300 nurses across three hospitals (100 each) after taking their formal consent to participate in the study. After the initial screening of the returned question-

naires, almost 97 were rejected due to asynchronous responses. After the data entry of 203 completed questionnaires, the data integrity check was done. The items were converted to standard scores and the outliers were deleted by examining the standard scores. The final number of valid questionnaires remaining was 192.

### Participants’ Demographics

The respondents’ age varied from 22 to 58 years. The average age of the sample was 34 years. 12.5% of the participants were male, and the rest were females. About 21% of the sample was unmarried. 30% nurses in the sample belonged to Grade 1 category, 64.7% belonged to Grade 2 the rest belonged to the ANS category<sup>1</sup>. The mean tenure in the organization of the sample was 10.58 years.

### Results

Before testing the hypotheses, we first estimated the measure validities in SPSS. We ran through the factor analysis because of the following reasons:

1. To test whether the workplace deviance scale can be used as a unified scale or not as the hospital context varies significantly from the manufacturing sector. Similarly the Indian context varies significantly from the western contexts where workplace deviance has been studied immensely.

<sup>1</sup> Three designation levels are defined for the nurses in Indian hospitals: Grade 1, Grade 2 and Auxiliary Nurses (ANS), that represented the level of nurses in the increasing order.

Table 1 Rotated Component Matrix of the Workplace Deviance Scale

Items	1	2	3	4	5	6	7	8	9	10
Made fun of someone at work	0.504					0.469				
Said something hurtful to someone at work	0.698									
Made a religious, or caste based remark at work		0.552					0.611			
Cursed at someone at work			0.659							
Played a mean prank on someone at work		0.844								
Acted rudely toward someone at work		0.660								
Publicly embarrassed someone at work						0.748				
Repeated a rumor, gossip about your hospital							0.790			
Ever called in sick when you were not			0.757							
Told someone that the place you work is horrible					0.429	0.603				
Lost your temper while at work	0.618									
Left work for someone else to finish								0.831		
Made an obscene comment at work		0.825								
Repeated a rumor or gossip about your doctor or other nurses								0.464		
Worked on a personal matter instead of work					0.755					
Left work early without permission				0.798						
Taken property from work without permission					0.797					
Spent too much time fantasizing or day dreaming			0.842							
Falsified a receipt to get reimbursed for more money than you spent				0.604						
Taken an additional or longer break than is acceptable at your workplace						0.504				
Come in late to work without permission	0.926									
Littered your work environment									0.864	
Neglected to follow your doctor's instructions	0.839									
Intentionally worked slower than you could have worked	0.862									
Discussed confidential information about the hospital/patients with an unauthorized person										0.930
Used an illegal drug or consumed alcohol or tobacco while on duty	0.483						0.436			
Put little effort into your work	0.835									
Dragged out work in order to get overtime				0.656						

2. The language of the scale was modified to certain extent, as mentioned above. Hence it made logical sense to test the validity of the scales.

The rotated component matrix of the scale indicates a 6 factor model explaining more than 50% variance (Table 1), the 4 factors being production deviance, political deviance, property deviance and personal aggression, as conceptualized by Bennet & Robinson (2000). The personal aggression factor was sub-divided into 2 factors viz. personal aggression serious and personal aggression very serious in degree of increasing seriousness of implications. This was validated through interviews. An additional sixth factor namely withdrawal, as conceptualized by Sackett (2003) came up covering 2 more items from the original 28-item scale. Though withdrawal behaviors may form a subset of production deviance, Spector et al. (2006) have

offered a slight distinction between both terms. Production deviance “is the purposeful failure to perform job tasks effectively the way they are supposed to be performed”, whereas withdrawal consists of “behaviors that restrict the amount of time working to less than required by the organization including absence, arriving late or leaving early, and taking longer breaks than authorized” (Spector et al. 2006).

### Descriptive & Reliability Statistics

Table 2 reports the descriptive statistics for the measures used, including mean, standard deviation, and Cronbach Alpha reliability of measures. The reliability measures of the scale was found to be in the acceptable range, between 0.698 and 0.789. The mean values indicate a low level of acts of deviance by the nurses.

**Table 2 Descriptive Statistics and Reliabilities of Study Variables**

Variables	Mean	Std. Deviation	Cronbach Alpha
Age	34.380	12.690	-
Tenure	10.580	9.510	-
Personal Aggression Serious	1.690	0.702	0.782
Personal Aggression Very Serious	1.390	0.621	0.761
Political Deviance	1.250	0.391	0.698
Production Deviance	1.380	0.682	0.789
Property Deviance	1.120	0.229	0.756
Withdrawal	1.260	0.385	0.698

### Incidence of Acts of Deviance

Table 3 shows the comparison between the deviance participation rates of the nurses in the present study with the deviance participation rates of respon-

dents of the Bennett & Robinson study in 2000, even though the target groups in the studies are different.

As the Table indicates, maximum respondents in Bennett & Robinson’s (2000)

**Table 3 Comparison of Participation Rates (engaged at least once in a year) with Participation Rates in Bennett & Robinson (2000) Study**

Statements	Participation Rate % (Present Study)	Participation Rate % (Bennett & Robinson 2000)
Made fun of someone at work	38	77.8
Said something hurtful to someone at work	44	55.2
Made an religious, or caste based remark at work	11	52.5
Cursed at someone at work	4	50.5
Played a mean prank on someone at work	5	35.7
Acted rudely toward someone at work	26	53.0
Publicly embarrassed someone at work	5	33.9
Repeated a rumor, gossip about your hospital	17	72.5
Ever called in sick when you were not	14	57.8
Told someone that the place you work is horrible	23	58.9
Lost your temper while at work	56	78.8
Left work for someone else to finish	23	48.6
Made an obscene comment at work	5	48.4
Repeated a rumor or gossip about your doctors or other nurses	23	69.1
Worked on a personal matter instead of work	16	84.3
Left work early without permission	6	51.9
Taken property from work without permission	7	51.8
Spent too much time fantasizing or daydreaming	1	77.4
Falsified a receipt to get reimbursed for more money than you spent	5	24.6
Taken an additional or longer break than is acceptable at your workplace	25	78.5
Come in late to work without permission	10	70.0
Littered your work environment	11	28.5
Neglected to follow your boss's instructions	19	60.6
Intentionally worked slower than you could have worked	5	54.1
Discussed confidential hospital/patient information with an unauthorized person	1	33.3
Used an illegal drug or consumed alcohol or tabaco while on duty	42	25.9
Put little effort into your work	14	64.0
Dragged out work in order to get overtime	7	26.0

study worked on a personal matter instead of work, whereas minimum respondents used illegal drugs or alcohol at work and falsified receipts. In the present study, maximum nurses exhibited the deviant behavior of losing temper at work (56%), minimum respondents discussed confidential information and day dreamed at work

(1%). According to the International Code of Ethics for Nurses adopted by the International Council of Nurses (ICN)<sup>2</sup>, the nurse is supposed to hold in confidence

<sup>2</sup> An international code of ethics for nurses was first adopted by the International Council of Nurses (ICN) in 1953. It has been revised and reaffirmed at various times since then.

personal information and use judgment in sharing this information. The other frequently occurring acts of deviance were: said something hurtful to others at work (44%), used illegal drug or consumed alcohol or tobacco while on duty (42%), took additional or longer break than what is acceptable (25%), created a rumor or gossip about doctors or other nurses (23%), and told someone that the place of work is horrible (23%).

The comparison between participation rates in WD in the current study and the participation rates reported in the original study of Bennett & Robinson (2000) shows that the participation rates in the later study is higher for almost all the deviant behaviors. For example 78% respondents in Bennett & Robinson's (2000) Study engaged in making fun of others as compared to 38% of respondents in the present study, 50% cursed others at work whereas a meager 4% did the same in the present study. The participation rates of day dreaming at work in Bennett & Robinson's (2000) study was 77%, whereas in the present study only 1% respondents were found to be engaging in this more than once in a year.

The difference in the responses may be attributed to the effect of social desirability response bias in self-report research. Social desirability of responses may goad the incumbents to project themselves as socially desirable. However, researchers have suggested that self-reporting is an accurate measure of behavior (Aquino et al.,1999), at least when respondents are granted anonymity. The difference in responses could also be at-

tributed to the nature of the nursing profession and culture of the country. Good nursing is defined by the nurses' ability to follow the policies, adherence to the Code of Ethics, practice according to Standard of Care in the profession. This may prevent the nurses from frequently engaging in acts of deviance. Hofstede's (1980) study on culture suggests that some countries in Asia possess a collectivistic culture whereas Western countries have an individualistic culture. Due to the collectivistic culture, it is possible that individuals would stay away from deviant behaviors in order not to spoil their interpersonal relationships. Thus it may be assumed that the reason for the dissimilarity could be attributed to difference in the context of the profession, cultural context, characteristics of the target groups or some other unexplored factors.

### Verification of Hypotheses

Table 4 presents the inter-item correlations among the sub-dimensions of the constructs used in the study.

**Demographic factors hardly impact the acts of deviance.**

As the table indicates demographic factors hardly impact the acts of deviance. Though not significant, age is found to be negatively related to WD. This may be since older employees tend to understand the consequences of their behavior and exert control over the same. This finds support in Dupré and Barling (2006), who suggested that no relation

exists between the variable age and deviance. Gender is insignificant in the study, corroborating researchers like Fagbohunge et al. (2012) and disproving findings of Hollinger & Clark (1983) and Mangione & Quinn (1975) who suggested that males are more prone to counterproductive behaviors than females. Researchers like Baron et al. (1999), Dupré & Barling (2006) have also been proved wrong whereas Douglas & Martinko (2001)'s study has been supported by the insignificance of gender with deviance. Tenure has shown no significant association with deviance, going against findings of Robinson & O'Leary-Kelly (1998), who posited that the employees with higher tenure will act more ethically and likely to less engage in deviance. Similarly marital status has also shown no significant association with deviance. Designation has shown no significant association excepting for negative and significant correlation with property deviance such as theft or destruction of facility or hospital's property etc.

### **Conclusion**

The study has indicated very interesting results. Maximum nurses exhibited the deviant behavior of losing temper at work, said something hurtful to others at work, used an illegal drug or consumed alcohol or tobacco while on duty, taking an additional or longer break

**Demographic factors such as age, gender, tenure, marital status have no significant relation with deviance.**

than the scheduled break, creating repeated rumor or gossip about doctors or other nurses, and spreading wrong publicity about the place of work.

The factor analysis of slightly modified WD scale has reduced workplace deviance to 6 factors, viz. personal aggression serious, personal aggression very serious, production deviance, political deviance, property deviance and withdrawal. Results from the bi-variate correlations indicate that demographic factors such as age, gender, tenure, marital status have no significant relation with deviance. Designation has shown significant negative correlation with property deviance. It indicates that when nurses occupy a senior grade, they are less likely to be engaged in property deviance such as theft, destruction of facility or hospital's property etc.

The results provide illuminating insights to the researchers and hospital administrations. Demographic factors hardly play a role in acts of deviance. It indicates that there are other correlates, e.g. personality, values and situational factors such as the climate of the hospitals, perception of nurses of organizational justice etc. that play an important role in inducing deviance behavior. Equipped with this knowledge, researchers in future should give more importance to these variables while studying deviance. In depth interviews with 10 nurses and 5 administrative staff indicate that lack of hygiene factors like proper working conditions of comfortable temperature, adequate space, optimum working hours, and the hospital environment characterized by lack of

empowerment, mutual respect, fair procedures and access to information are associated with psychological discomfort leading to higher level of stress, which escalates to deviance. Ensuring a fair and ethical working environment is likely to avert higher rate of incidence of deviance.

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