MINIMIZING DEVIANT BEHAVIOR IN HEALTHCARE ORGANIZATIONS: THE

AFFECTS OF SUPPORTIVE LEADERSHIP AND JOB DESIGN

C. Logan Chullen
Krannert School of Management
Purdue University
403 W. State St.
West Lafayette, IN 47907-2056
Email: cchullen@purdue.edu
Phone: (618)927-5587

Benjamin B. Dunford
Krannert School of Management
Purdue University
403 W. State St.
West Lafayette, IN 47907-2056
Email: bdunford@mgmt.purdue.edu
Phone: (765)496-7877

Ingo Angermeier
Spartanburg Regional Healthcare System
101 East Wood Street
Spartanburg, SC 29303
Email: iangermeier@srhs.com
Phone: (864)560-6000

R. Wayne Boss
Leeds School of Business
University of Colorado at Boulder
Campus Box 419
Boulder, CO 80309
Email: wayne.boss@colorado.edu
Phone: (303)494-1718

Alan D. Boss
Robert H. Smith School of Business
University of Maryland
4463 Van Munching Hall
College Park, MD 20742
Email: aboss@rhsmith.umd.edu
Phone: (240)568-0892

Executive Summary

In an era when healthcare organizations are beset by intense competition, lawsuits, and increased administrative costs it is essential that employees perform their jobs efficiently and without distraction. Deviant workplace behavior among healthcare employees is especially threatening to organizational effectiveness, and healthcare managers must understand the antecedents of such behavior in order to minimize its prevalence. Deviant employee behavior has been categorized into two major types, individual and organizational, according to the intended target of the behavior. Behavior directed at the individual includes such acts as harassment and aggression, whereas behavior directed at the organization includes such acts as theft, sabotage, and voluntary absenteeism, to name a few (Robinson and Bennett 1995).

Drawing on theory from organizational behavior, we examined two important features of supportive leadership, *leader-member exchange* (LMX) and *perceived organizational support* (POS), and two important features of job design, *intrinsic motivation* and *depersonalization*, as predictors of subsequent deviant behavior in a sample of over 1,900 employees within a large U.S. healthcare organization. Employees who reported weaker perceptions of LMX and greater perceptions of depersonalization were more likely to engage in deviant behavior directed at the individual, whereas employees who reported weaker perceptions of POS and intrinsic motivation were more likely to engage in deviant behavior directed at the organization. These findings give rise to specific prescriptions for healthcare managers to prevent or minimize the frequency of deviant behavior in the workplace.

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Workplace deviance is voluntary behavior by employees that "violates significant organizational norms and, in so doing, threatens the well-being of the organization or its members, or both" (Robinson and Bennett 1995, 556). Deviant employee behavior can be directed at organizations (e.g., theft, sabotage, and voluntary absenteeism) or other individuals (e.g., harassment, bullying, and aggression; Robinson and Bennett 1995), but all forms of deviance are costly to organizations—up to $200 billion annually (Lloyd and Ogbonna 2006) in lost productivity, legal defenses, court settlements, and administrative expenses.

Deviant behavior is especially detrimental for healthcare organizations, because now more than ever, their effectiveness is driven by human capital (Ramanujam and Rousseau 2006). In a recent study, over three-quarters of CEOs identified "workforce issues" as a primary challenge in managing healthcare organizations (Prybil 2003). Moreover, in an increasingly competitive and financially challenged economic environment, healthcare organizations cannot afford the distractions and costs of administering disciplinary programs. Currently, U.S. health care organizations discipline thousands of employees each year. According to the Federation of State Medical Boards (2007), over 61,000 disciplinary actions against practicing medical physicians were reported from 1996 to 2007 with a 3.7% increase in the incidence of disciplinary action from 2006 to 2007. Similarly, according to the Healthcare Integrity and Protection Data Bank (2007), over 65,000 disciplinary actions against RNs and nurse practitioners were reported from 1996 to 2007 with a 4.3% increase in the incidence of disciplinary action from 2006 to 2007. Pulich and Tourigny have summarized why minimizing deviant behavior in the healthcare sector is so important: "with competition among health care organizations today it is imperative that employees perform their jobs as efficiently and effectively as possible… Deviant workplace

behavior is a serious threat to today's healthcare organizations because it violates organizational norms, jeopardizes goal achievement, and threatens the overall well being of patients and employees" (2004, 290, 301).

Yet deviant behavior in healthcare remains under researched and under managed (Pulich and Tourigny 2004; Robeznieks 2009). We are unaware of any empirical research aimed specifically at showing healthcare managers how to minimize or prevent such behavior. To address this gap, we draw on theory and research from organizational behavior to examine how an employee's perceptions of leadership, organizational management, and job design factors predict subsequent deviant behavior over a one-year period in a large U.S. healthcare organization.

Forms of Deviant Behavior

In a seminal paper, Robinson and Bennett (1995) classified employee deviant behaviors into two primary categories based on the intended target of the behavior: *organizational deviance* and *interpersonal deviance*. Organizational deviance refers to deviant behaviors directed at the organization, such as lateness, tardiness, and absenteeism, wasting organizational resources, and stealing from the organization. Interpersonal deviance refers to deviant behaviors directed at individuals, including gossiping, verbal abuse, harassment, and stealing from coworkers.

Leadership

Employees' perceptions of their relationships with their leaders have a considerable impact on their attitudes and behaviors such as job satisfaction, turnover intentions, and job performance (Gerstner and Day 1997). One critical leadership perception among employees is called leader member exchange or LMX (Graen and Scandura 1987), defined as employees' overall perceptions of the quality of their relationship with a given leader or supervisor. A high-

quality relationship is one in which employees perceive that leaders support them emotionally, trust them, and give them feedback (Dienesch and Liden 1986). Conversely, low-quality relationships are characterized by low levels of trust, limited support, and infrequent feedback (Dienesch and Liden 1986; Gerstner and Day 1997). Leader-member exchange theory posits that leaders treat different subordinates differently, depending on whether the latter are part of the in-group or out-group (Graen and Scandura 1987). "In-group" subordinates perform their jobs in accordance with the wishes of leaders and can be counted on by the supervisor to volunteer for extra work and responsibilities (Dienesch and Liden 1986). "Out-group" subordinates tend to avoid volunteer activities and are less likely to conform to the wishes of leaders (Deluga 1998).

According to social exchange theory, employee behavior is strongly influenced by the supportiveness of leaders (Blau 1964; Gouldner 1960). When employees observe that they receive support, trust, and other tangible and intangible benefits from their leaders, they develop an obligation to reciprocate with appropriate work attitudes and performance (Gouldner 1960). In contrast, when employees experience poor leader-member relations and receive inferior resources, responsibilities, and outcomes for the same job title, they are likely to reciprocate with negative behaviors. Several studies have shown that employees often engage in deviant behavior when they perceive that their supervisor treats them worse than their peers (DeMore, Fisher, and Baron 1988; Greenberg and Scott 1996; Gilliland 1993; Jermier, Knights, and Nord 1994; Skarlicki and Folger 1997). Therefore, we hypothesized that when employees perceive a lack of support, trust, and other tangible and intangible benefits from their leaders, they will reciprocate with an increased likelihood of disruptive and undesirable job behaviors directed at the individual. More specifically, employees who endure unfavorable differential treatment by their supervisor are likely to respond with negative behaviors such as improper personal

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conduct/insubordination. Similarly, employees who belong to the "out-group" are likely to respond to "in-group" peers with negative behaviors such as harassment because of perceived inequities in the reception of job resources and benefits.

> *Hypothesis 1: Employees reporting lower quality LMX relationships with their supervisor will be more likely to engage in deviant behavior directed at the individual.*

Organizational Support

In addition to leadership factors, research in organizational behavior demonstrates that employees develop distinct judgments about the supportiveness of their employer as a whole, and that these judgments have significant effects on their performance (Settoon, Bennett, and Liden 1996). One such judgment is perceived organizational support or POS, defined as employees' "global beliefs concerning the extent to which the organization values their contributions and cares about their well-being" (Eisenberger, Huntington, Hutchinson, and Sowa 1986, 501). POS perceptions are driven by numerous factors, but are largely influenced by organizations' human resource management (HRM) policies and practices (Allen, Shore, and Griffeth 2003).

In recent years, more health care organizations have implemented HRM practices that promote employee well-being, reasoning that such investments improve firm performance (Studer 2004). For example, one hospital helps employees balance work-life demands by organizing employee outings to amusement parks and athletic events as well as providing valet parking for staff members in their third trimester of pregnancy (Finkel 2008). Other employers offer educational assistance programs with some providing up to $2,500 per year for tuition reimbursement as well as loans of up to $15,000 ("Best Places," 2008a). These examples demonstrate that employee support programs have become increasingly common.

Organizational support (OS) theory draws on the social perspective and the reciprocity norm to explain how employees' POS affects their work attitudes and behaviors (Eisenberger et al. 1986). According to OS theory, when employees feel that their employer cares about their well-being and supports them, they develop feelings of trust in the organization and respond with increased commitment, persistence, and improved performance (Eisenberger et al. 1986). POS has been linked to key outcomes among healthcare employees including organizational commitment (Tansky and Cohen 2001), trust in management (Armstrong-Stassen and Cameron 2003), and job satisfaction (Burke 2003). POS has also been found to be associated with healthcare performance outcomes, such as nurses' perceptions of the quality of patient care they were able to provide and the adequacy of time they had to spend with their patients (Patrick and Laschinger 1993). All of these studies suggest that organizational support is an important factor in healthcare environments.

From organizational support theory (Rhoades and Eisenberger 2002; Shore and Shore 1995) we reason that when employees perceive that they are supported by the organization (i.e., the exchange is favorable) they will respond with positive cooperative behavior directed at meeting organizational goals. Conversely, when employees perceive a lack of support from their employer, they will be more likely to reciprocate by engaging in job behaviors that that are counterproductive or harmful to their organization, including absenteeism, unsatisfactory work performance, and violations of healthcare standards.

Hypothesis 2: Employees reporting lower levels of POS will be more likely to
engage in deviant behavior directed at the organization.

Intrinsic Motivation

Intrinsic motivation refers to the pleasure and satisfaction derived from performing an activity rather than from the external outcomes of that activity (Deci and Ryan 1985; Deci and

Ryan 2000). Intrinsically motivated employees work because they enjoy it (Kehr 2004). Intrinsic motivation has long been recognized as a major predictor of work-related behavior such as elevated levels of persistence, performance, and productivity (Guay, Vallerand, and Blanchard 2000).

Self-determination theory has been widely used to explain how intrinsic motivation affects behavior (Ryan and Deci 2000). A core premise of self-determination theory is that employees would rather originate their own behavior than be pawns of others (deCharms 1968; Deci 1971; Deci, Koestner, and Ryan 1999). Moreover, this theory posits that employees are naturally inclined toward learning and mastery (Deci 1971). Social contexts that satisfy these needs for autonomy and learning will enhance intrinsic motivation and improve work performance (Ryan and Deci 2000). Studies bear out these predictions, showing that intrinsic motivation is enhanced when employees feel greater opportunities for autonomy and mastery (Deci, Connell, and Ryan 1989).

To offer such opportunities, organizations provide numerous participative management and employee development practices. For example, hospitals have offered employees opportunities to share their thoughts with senior management by conducting periodic employee opinion surveys (Finkel 2008). Similarly, hospitals have shifted away from traditional, hierarchical leadership styles by establishing open-door policies between employees and executive management ("Best Places," 2008b).

Drawing on the motivation literature, we reason that less intrinsically motivated employees are more likely to engage in deviant behavior directed at the organization because they don't enjoy their work (Ryan and Connell 1989; Grant 2008), are not engaged in it, and are less likely to persist at it (Bazerman, Tenbrunsel, and Wade-Benzoni 1998). Accordingly, they

will likely respond to their organization with increased absenteeism and disregard for organizational policies.

>*Hypothesis 3: Employees reporting lower levels of intrinsic motivation will be more likely to engage in deviant behavior directed at the organization.*

Depersonalization

Burnout is a psychological response to work-related stress that consists of emotional exhaustion, depersonalization, and reduced perceptions of personal accomplishment (Maslach 1982; Maslach, Schaufeli, and Leiter 2001). Burnout among healthcare professionals such as nurses is linked to job dissatisfaction, family problems, and personal health issues (Song, Daly, Rudy, Douglas, and Dyer 1997). Burnout is also considered to be a leading contributor to serious problems in nurses' job performance and turnover (Song et al. 1997), with staff turnover a major reason for a worldwide nursing shortage (Persson 1993; Cameron 1994). Institutional costs of burnout in healthcare settings include poor morale, poor quality of care, increased staff stress, and loss of management potential (Maslach and Jackson 1996).

An important dimension of burnout is depersonalization, which is defined as the degree to which employees become emotionally detached from those around them (clients, customers, and co-workers), feeling negative, cynical attitudes toward them, and treating them as objects rather than people (Lee and Ashforth 1996). Depersonalization is the result of exposure to stress when other coping resources are not available (Leiter 1990; Maslach 1982).

Conservation of Resources (COR) theory explains how burnout develops, and also how it affects outcomes like job performance (Hobfoll 1988; Leiter and Maslach 2005). COR theory posits that employees have limited resources available to them for managing a wide array of work demands. When certain valued resources are lost or are inadequate to meet the demands of the situation, or when their investment exceeds their return, employees begin to experience forms

of burnout such as depersonalization. COR theory also asserts that performance decreases when employees burn out because they experience a critical depletion of resources such as motivation (Hobfoll 1989). When employees experience elevated levels of burnout they are less interested in social acceptance, less motivated to get along with others, and therefore less likely to cooperate with others on the job (Halbesleben and Bowler 2007).

Thus, according to COR theory, employees who are emotionally detached from and have negative, cynical views toward patients may be more prone to commit medical errors because they are less motivated to attend to the patients' needs. Additionally, depersonalized employees may take unauthorized short-cuts or seek to limit their involvement and cooperation with co-workers because they are less interested in social acceptance. We reason that employees who have diminished concerns for relationships and cooperation with others are more likely to engage in improper personal conduct/insubordination and harassment towards their peers and patients.

Hypothesis 4: Employees reporting higher levels of depersonalization will be

more likely to engage in deviant behavior directed at the individual.

Demographics

Some employee demographic characteristics including gender, age, and tenure have also been associated with deviant behavior in the workplace. Research shows that women are less likely to engage in workplace aggression than men (Glomb & Hulin 1997; Davis, LaRosa & Foshee 1992). However, research also shows that women have higher rates of absenteeism and tardiness than men (McKee, Markham, & Scott 1992; Scott & McClellan 1990). Evidence also suggests that older employees are less likely to engage in workplace aggression (Geen 1995), have lower absenteeism (Hui and Lee 2000) and theft rates than younger employees. Finally, results regarding the effects of tenure on workplace deviance have been mixed. In one study, workers with longer tenure in a public utility had higher records of absenteeism (Garrison and

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Muchinsky 1977), while in another study, manufacturing workers with shorter tenure were tardy more often (Bardsley and Rhodes 1996). Based on these findings, we included gender, age, and tenure as controls.

Methods

Participants and Procedure

A healthcare organization in the southeastern U.S. with approximately 5,000 employees and 318 departments provided the data for this study. Multiple sources of data were used for this project, including an employee opinion survey and archival (personnel file) data. The opinion survey provided the data on employee attitudes. The survey was administered online over a two-week period during June 2005, and all employees were asked to participate. We obtained responses from a total of 2, 572 employees, making our response rate 51.44%. Given varying levels of missing data in our hypothesized predictor variables of deviant behavior, we used pairwise deletion of missing data in our analysis, resulting in a final sample that consisted of between 1,924 and 2,254 employees. Employee deviant behavior and demographic data were obtained from the Human Resources department over a period of one year following the close of our employee opinion survey. Employee personnel files indicate whether or not any form of deviant behavior was recorded by the employee's direct supervisors during that year.

Measures

Independent Variables: Leader-member exchange was measured using the LMX-7 (Scandura and Graen 1984), a 7-item measure designed to assess the quality of exchange relationship between supervisors and subordinates. Responses were recorded using a 5-point Likert scale ($\propto$ = .82). **Perceived organizational support** was measured using an 8-item short scale (Eisenberger, Huntington, Hutchinson, and Sowa 1986) designed to assess employees' beliefs concerning the extent to which the organization values their contributions and cares about

their well-being. Responses were recorded using a 7-point Likert scale ($\propto$ = .89). **Intrinsic motivation** was measured using Hackman and Lawler's (1971) 3-item scale designed to assess employees' pleasure and satisfaction derived from performing an activity rather than from its external outcomes. Responses were recorded using a 7-point Likert scale ($\propto$ = .80). **Depersonalization** was measured using the 5-item depersonalization subscale of the Maslach Burnout Inventory (Maslach and Jackson 1981) designed to assess the tendency to view individuals as things or objects and to distance oneself from others.   Responses were recorded using a 7-point Likert scale ($\propto$ = .70).

Dependent Variable: Employee deviant behavior data were coded from employee personnel files according to Robinson and Bennett's (1995) typology. For employee deviant behavior directed at the individual, we coded the behaviors "personal conduct" and "harassment" as 1 if employees had a record of having engaged in such behavior in the one-year time period following the close of our employee opinion survey, and 0 if they had no such record. For employee deviant behavior directed at the organization, we coded the behaviors "unexcused absences," "unsatisfactory work performance," "failure to follow departmental policy," "failure to complete mandatory training," and "violation of health standards" as 1 if employees had a record of having engaged in such behavior in the one-year time period following the close of our employee opinion survey, and 0 otherwise. In this sample, the frequency distributions of the various types of deviant behavior were as follows: unexcused absences 39.94%, unsatisfactory work performance 19.10%, violation of health standards 19.25%, personal conduct 16.95%, and 4.76% for remaining behaviors including harassment and failure to follow departmental policy.

Control Variables. To address the possibility of spurious relationships, we controlled for gender, age, and tenure, inasmuch as LMX, POS, intrinsic motivation, and depersonalization may be related to both deviant behavior and these variables.

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Results

The descriptive statistics and correlations among all study variables are shown in Table 1. We analyzed the data using analysis of co-variance (ANCOVA) to examine the relationship between independent variables and deviant behavior outcomes (DB-O and DB-I) while accounting for variation in our demographic control variables. The ANCOVA results confirmed that in directions we expected, significant differences existed between employee deviant behavior directed at the individual for LMX and depersonalization, and that significant differences existed between employee deviant behavior directed at the organization for POS and intrinsic motivation. Table 2 reports F statistics and mean differences on each covariate for individuals who did and did not engage in deviant behavior. Significant associations between employee deviant behavior and each hypothesized variable can be seen in Figures 1 through 4.

[Insert Tables 1-2 and Figures 1-4 Here]

Moreover, as Table 2 demonstrates in support of our hypotheses, POS and intrinsic motivation were related to DB-O while LMX and depersonalization were related to DB-I. Additionally, we found cross-foci effects for LMX on DB-O and for intrinsic motivation on DB-I. Finally, we note that in post hoc analyses, we analyzed the relationship between deviant behavior forms and involuntary turnover using archival data provided to us by the host organization. ANCOVA results including our demographic control variables (gender, tenure and age) indicated that employees who engaged in deviant behavior directed at the individual (F= 88.38, p < .01) were more likely to be terminated than retained within 1 year following the survey, as were employees who engaged in deviant behavior directed at the organization (F= 137.92, p < .01). Stated differently, employees who engaged in deviant behavior directed at individuals were 18 times more likely to be terminated than those who did not. Similarly,

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employees who engaged in deviant behavior directed at the organization were 11 times more likely to be terminated than those who did not.

Discussion

In our sample, the likelihood of deviant behavior varied with leadership, organization, and work-related attitudes. Specifically, we found that employees' perceptions of the supportiveness of their leaders (LMX) were inversely related to subsequent deviant behavior toward those around them (DB-I), while perceptions of depersonalization showed a positive relationship. We also found that employee perceptions of the supportiveness of the organization as a whole (POS) and their levels of intrinsic motivation were inversely related to subsequent deviant behavior directed at the organization (DB-O).

Additionally, we found some cross-foci effects, for instance with LMX on deviant behavior directed at the organization and for intrinsic motivation on deviant behavior directed at the individual. The concept of displaced aggression (Dollard, Doob, Miller, Mowrer, and Sears 1939; Miller 1941) may explain why employees who have poor LMX relationships with their supervisor may also engage in deviant behavior directed at the organization. Displaced aggression suggests that people express hostility against convenient and innocent targets when they cannot retaliate directly against the source of provocation. For example, Mitchell and Ambrose (2007) argued that abused subordinates may express their anger against their organization (rather than their supervisor) when the supervisor is not available to retaliate against or when abused subordinates fear that direct retaliation might evoke further hostility on the supervisor's part. Furthermore, Liao, Joshi, and Huang (2004) argued that some employees may not differentiate clearly the between the sources responsible for their current attitudes and may view supervisors and coworkers as agents of the organization. Accordingly, employees low on

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intrinsic motivation may retaliate with deviant behavior towards other individuals believing that they are harming their organization in the process.

Our findings are meaningful given the importance of employee performance to organizational effectiveness (Ramanujam and Rousseau 2006), and also in view of the shortage of qualified talent in the healthcare industry. It is especially important for managers to identify employees who demonstrate the attitudinal characteristics that predict deviant behavior in light of our finding that employees who engaged in such behavior were more likely to be fired. The Society for Human Resource Management estimates that replacing lost workers costs organizations 30-50% of the annual salary of entry-level employees, 150% for middle-level employees, and up to 400% for specialized, high-level employees (Blake, 2006).

These findings lead to several practical implications for healthcare organizations. As a whole they suggest that managers should regularly monitor employee attitudes involving motivation, burnout, leadership, and organizational support. The more that relationships between supervisors and subordinates are based on mutual trust and loyalty, interpersonal affect, and respect for each other, the less likely employees are to engage in deviant behavior.

Intrinsic motivation also appears to play an important role in reducing the likelihood of deviant behavior. Indeed research indicates that giving employees a voice in decision making can enhance motivation and performance (Drucker 1954, 1974; Likert 1967; Spreitzer, Kizilos, and Nason 1997; Pascale and Athos 1981; Angermeier, Dunford, Boss, and Boss 2009). In the real world, people are faced with many choices every day. Organizations may enhance employees' feelings of autonomy and motivation through shared decision making, either through parallel structure practices, such as quality circles, survey feedback, or suggestion systems, or through work design power sharing practices such as job enrichment and redesign, self-managing work teams, mini-business units, and participation on decision-making boards and

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committees that enable employees to use and apply information and knowledge effectively (Bloom 2000; Angermeier, Dunford, Boss, and Boss 2009).

Lastly, organizations should seek to implement burnout intervention programs. Research examining the effectiveness of such programs suggests that burnout can indeed be reduced, particularly by training professionals to use coping skills such as relaxation techniques, cognitive restructuring, and social skills (Corcoran and Bryce 1983; Higgins 1986). Furthermore, the results of these programs may be strengthened through enhancing employees' social resources, such as support from supervisors and colleagues (van Dierendonck, Buunk, and Schaufeli 1994).

Limitations and future research. First, our focus on a single organization limits the generalizability of our findings. Future research should investigate the relative importance of different dimensions of ownership across a broad range of healthcare organizations and among a broad range of employee groups.

Second, we did not investigate all possible causal variables. Future research should investigate other constructs that may have important theoretical and practical implications in understanding why certain employees might be disciplined by their employer.

Third, although our use of archival measures of deviant behavior is an improvement over self-report measures (Stewart, Woehr, McIntyre, Bing, and Davidson 2009), we did not have access to information about the frequency or intensity of deviant behavior. Future research should incorporate the frequency as well as the form of deviant behavior.

Conclusion

A growing body of practitioners and researchers has acknowledged that the effectiveness of healthcare organizations is increasingly tied to their management of human capital (Prybil 2003; Ramanujam and Rousseau 2006). In an increasingly competitive and resource constrained environment it is essential to prevent or minimize "people problems." Thus, it behooves

healthcare organizations to understand the factors that contribute to deviant behavior, in order to address behavioral problems before they harm the organization. This study provides evidence that employees, who report stronger feelings of LMX and weaker feelings of depersonalization, were less likely to engage in deviant behavior directed at the individual, while employees who reported stronger feelings of both POS and intrinsic motivation were less likely to engage in deviant behavior directed at the organization. Our findings provide empirical evidence that supportive management practices and enriched work design can build a committed, productive workforce and reduce the occurrence of employee deviant behavior.

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Figure 1. Mean difference in LMX by whether the employee engages in deviant behavior directed at the individual
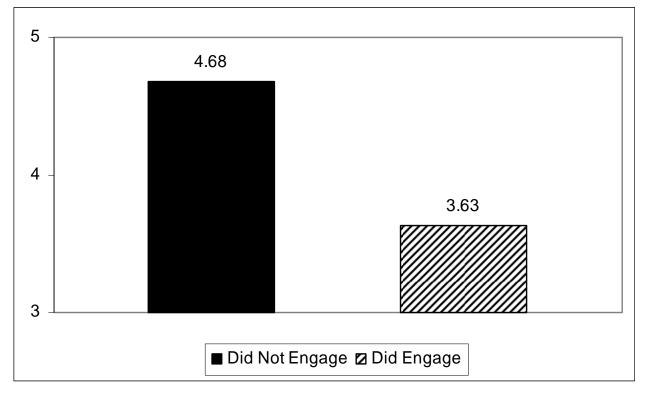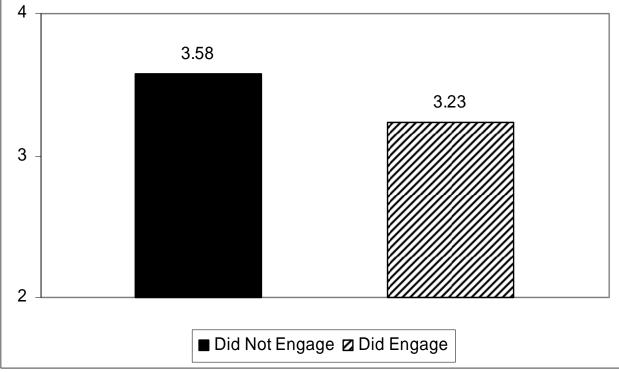
Figure 2. Mean difference in POS by whether the employee engages in deviant behavior directed at the organization
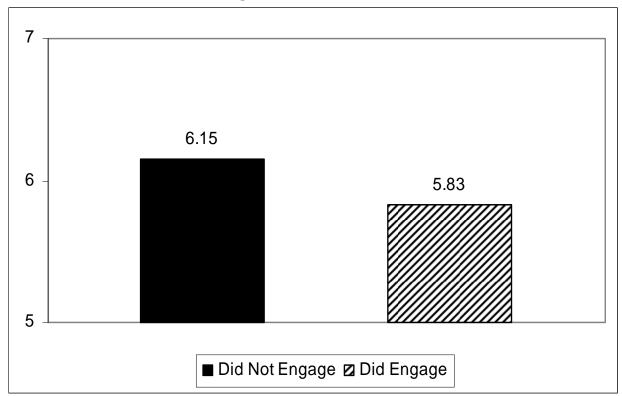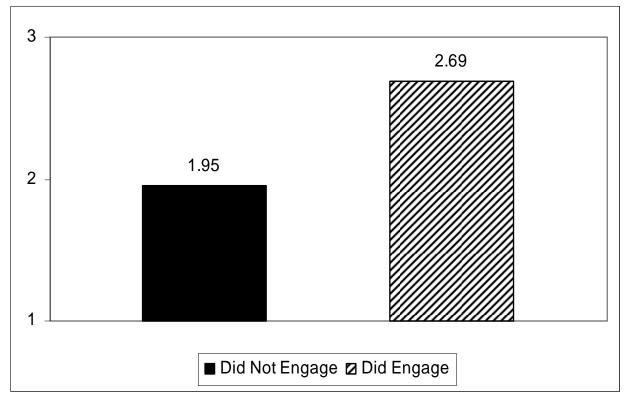
Figure 3. Mean difference in intrinsic motivation by whether the employee engages in deviant behavior directed at the organization

Figure 4. Mean difference in depersonalization by whether the employee engages in deviant behavior directed at the individual

Table 1. Means, standard deviations, and inter-correlations for study variables

Variable	M	SD	1	2	3	4	5	6	7	8	9	10
1. Involuntary Turnover	.03	.16	--									
2. Deviant Behavior- Individual	.02	.12	.22**	--								
3. Deviant Behavior-Organization	.05	.21	.18**	-.03	--							
4. Gender	.14	.35	-.01	.02	.00	--						
5. Age	40.50	11.04	-.11**	-.07**	-.09**	.01	--					
6. Tenure	7.25	7.52	-.11**	-.07**	-.08**	-.02	.42**	--				
7. LMX	4.66	1.20	-.08**	-.12**	-.10**	.06**	.13**	.12**	.82			
8. POS	3.56	1.27	-.05*	-.05*	-.06**	.05*	.14**	.12**	.53**	.89		
9. Intrinsic Motivation	6.14	1.13	-.08**	-.06*	-.05*	-.05*	.13**	.04	.24**	.25**	.80	
10. Depersonalization	1.95	.90	.05*	.07**	.01	.08**	-.05*	.00	-.23**	-.34**	-.25**	.70

Note: Where appropriate, scale reliabilities appear in italics along the diagonal. Gender coded as 1 = Male, 0 = Female.

$* p < .05$ (two-tailed), $** p < .01$ (two-tailed).

Table 2. Analysis of Covariance Results

	Deviant Behavior-Organization				Deviant Behavior-Individual			
LMX	15.87**				22.17**			
	(4.19, 4.68)				(3.63, 4.68)			
POS		4.23*				3.62		
		(3.23, 3.58)				(3.07, 3.56)		
Intrinsic Motivation			5.47*				5.30*	
			(5.83, 6.15)				(5.66, 6.14)	
Depersonalization				.177				16.29**
				(2.03, 1.96)				(2.69, 1.95)
Gender	7.72**	4.10	8.38**	13.36**	8.27**	4.26	8.23**	12.71**
	(.15, .13)	(.15, .14)	(.16, .13)	(.16, .13)	(.20, .14)	(.21, .14)	(.21, .13)	(.21, .13)
Age	12.25**	14.81**	25.06**	6.02**	12.87**	15.28**	25.92**	5.65*
	(35.89, 40.70)	(35.87, 40.70)	(36.08, 40.76)	(36.08, 40.79)	(34.90, 40.56)	(34.55, 40.57)	(35.73, 40.61)	(35.73, 40.64)
Tenure	9.50**	14.88**	2.18	2.94	9.31**	9.45**	.19	3.59
	(4.49, 7.35)	(4.56, 7.36)	(4.38, 7.36)	(4.38, 7.36)	(3.07, 7.28)	(3.03, 7.30)	(3.06, 7.28)	(3.06, 7.28)

Note: Values in cells are F statistics. Values below in parenthesis are mean scores on each variable for employees who engaged in, and those who did not engage in deviant behavior, respectively. Gender coded as 1 = Male, 0 = Female.

* $p < .05$ (two-tailed), ** $p < .01$ (two-tailed).

MINIMIZING DEVIANT BEHAVIOR IN HEALTHCARE ORGANIZATIONS: THE

EFFECTS OF SUPPORTIVE LEADERSHIP AND JOB DESIGN

Practitioner Application

J. Thornton Kirby, FACHE
President & CEO
South Carolina Hospital Association
1000 Center Point Road
Columbia, SC 29210-5802
803.796-3080
www.scha.org

On behalf of the many patients who receive care in U.S. hospitals each day, I want to commend you and your colleagues on your article, "Minimizing Deviant Behavior in Healthcare Organizations: The Effects of Supportive Leadership and Job Design." This body of work is sorely needed, and it comes at a time when most leaders have been adequately trained to motivate and praise high performers. However, we still need help with the deviant players in our organizations; they are the ones we find not merely vexing, but nearly impossible to manage.

We know "culture" exists in every organization, for better or worse. High performing organizations have demonstrated that cultural change is a critical ingredient to lasting organizational success. But "culture" is hard to measure, and even harder to manage. Much has been written and said about the positive impact of improving employee attitudes. Some have even measured the operational results of such improvements. But I hear far less about the organizational impact of managing deviant behaviors. By categorizing those behaviors and studying their root causes, you have advanced our understanding. By offering ideas for preventing deviant behavior, you have equipped us to make our nation's hospitals more productive. Most importantly, you have shown us how we can help our employees become more reliable caregivers for our patients. Addressing deviant behavior can indeed improve employee morale as well as organizational effectiveness.

As I reflect on the implications of your work, I find a compelling analogy to our nation's ongoing debate over the cost of health care. In our sophisticated health care economy, the challenges associated with cost reduction are complex, and solutions tend to be elusive. Yet one simple truth remains ever before us: the best way to reduce the cost of health care is to **prevent** illness whenever possible. Your study likewise makes clear the best way to limit deviant behavior that is so costly to healthcare organizations: we should simply prevent it.

I trust our colleagues across the nation will find this article enlightening. I hope they also find it empowering.