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Perceived Distributive Injustice, the Key Factor in Nurse's Disruptive Behaviors: A Qualitative Study

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ABSTRACT

Introduction: Disruptive behaviors are one of the most topics affecting the wellbeing of organizations, therefore, it has become a significant research area. The purpose of this study was to determine experiences and perceptions of nurses who were involved in disruptive behaviors.

Methods: A qualitative study was conducted by using a conventional content analysis. The data was obtained through 15 unstructured and in-depth interviews with nurses in six hospitals of Tehran city, Iran. A purposive sampling method was used. All interviews were recorded, typed and analyzed simultaneously.

Results: The main theme obtained from the nurses' views and experiences analysis about disruptive behaviors were injustice and discrimination in hospitals including injustice in payments, work division, interactions, and judgment and evaluations.

Conclusion: It seems that the best way to prevent and correct the disruptive behaviors was to eliminate the perceived nurses' injustice feeling and establishment the justice and fairness in organizations.

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Introduction

The concept of disruptive behaviors has been received much attention in past two decades. Disruptive behaviors are one of the most topics affecting the wellbeing of organizational norms and performance, therefore, it has become a significant research area.[1] A disruptive behavior in the workplace has been defined as:" voluntary behavior that violates significant organizational norms and threatens the wellbeing of an organization and its members or both". Several types of disruptive behaviors have been studied in the scientific literature for example: verbal abuse, physical violence, intimidation, harassment, victimization, emotional violence and mistreatment at workplace, and etc. The variation and difficulties in the definitions of disruptive behaviors phenomenon may hinder the conceptualization in a more consistent way.[2]

Many researchers studied the causes of disruptive behaviors and determined that it is included individual, organizational, environmental, and social factors.[3,4] Some of these predictors may lead to some negative attitudes not directly resulted in disruptive behaviors. "The perceptions induce attitudes that cause behaviors" explained by Blau in the social exchange theory. In other words, personal negative attitudes, feelings, perceptions, and experiences can result in disruptive behaviors.[5]

In general, based on the social exchange theory, an individual is likely to try to reduce

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his/her inputs through some type of behaviors such as disruptive behaviors, if he/she feels that the organization is dealing with him/her unfairly and the social exchange with the organization has been damaged. Therefore, perceived organizational injustice is one of the causes of negative attitude towards the organization.[6-8] Organizational justice refers to the role of fairness and employees' perceptions about how the organizations deal with them in the workplace. In the literature, injustice defined as the lack of organizational justice.[9,10]

More studies described organizational injustice in three dimensions including distributive, procedural, and interactional injustice. The distributive injustice refers to one's perceived unfairness in his/her outcomes such as payments. The procedural injustice refers to unfairness of the procedures that are used to determine one's outcomes and decisions. The interactional injustice refers to "the inequality of the interpersonal interaction between individuals". Colquitt developed the concept of interactional injustice to informational injustice and interpersonal injustice.[11] Beyond the concept of each dimension of the organizational injustice, many studies showed its behavioral and functional outcomes.[12,13] For example distributive injustice affects attitudes about some issues such as satisfaction with payment, satisfaction with one's performance appraisal whereas procedural justice and interactional justice affect attitudes about the system for example organizational commitment and trust in authorities.[14] In the other words, much of attention to injustice is because of its important work-related consequences such as job satisfaction, organizational commitment, and organizational-citizenship behaviors, pay and benefits satisfaction, trust in management and commitment to support a decision.[15] For example, the relationship between organizational injustice and workplace sabotage was examined in a study and they found that injustice was the most common reason of sabotage.[16] Other studies revealed that some negative behaviors such as sabotage, theft, stress, cyberloafing, absenteeism, intention to quit, turnover, and retaliatory behaviors were significantly correlated with perceived organizational injustices.[17]

Studies in Iran showed that disruptive behaviors had high prevalence and serious threat to the delivery of services in both public and private sector.[18-20] The need to reduce disruptive behaviors in the workplace especially in Iran public healthcare systems can be overemphasized by its high prevalence and its negative impacts on organization, staff, and patients. Therefore, if the current level of disruptive behaviors in public healthcare service continues, certainly Iran public healthcare system will be placed at a bad situation in global health practices which demand high ethical behaviors. Since the minority of disruptive behaviors can have a huge effect on productivity, performance, and staff behavior in an organization, it seems essential to conduct a study that reflects the perspective and experiences of nurses who are perpetrators or targeted in disruptive behaviors. Because most studies in this field focusing on the prevalence and type of behaviors and its consequences and determined individual, organizational, environmental, and social factors have been as causes of these behaviors[3,19] but how these factors play a role in this accident has not been fully explored. So maybe the qualitative nature of this study and its data collection methods could provide new attitudes that may lead to create effective strategies for reducing the incidence and malicious consequences of these behaviors. Therefore, the purpose of this study was to determine experiences and perceptions of Iranian nurses involved in disruptive behaviors.

Materials and methods

A qualitative conventional content analysis approach[21] was used to discover participants' experiences. The study population was Iranian nurses in all nursing positions such as manager or clinical nurse. According to the subject of the study and its complexity, researcher tried to achieve a diversity of the participants. The recruitment process included the researcher presence in the field and description of the study for nurses, and then

choosing the participants based on inclusion criteria. Totally, 15 nurses were chosen based on purposive sampling technique. The inclusion criteria were full-time working, preparation for taking part, and having at least one year working experience. The study was conducted in six tertiary care hospitals in Tehran. Five nurses were chosen from two private and the remaining 10 nurses were worked in four public hospitals. Since the high rate of disruptive behaviors were observed previously in critical care wards,[22] all participants were chosen from intensive care units, including the general, open heart, surgical, and pediatric ICU, as well as critical care unit, post anesthesia care unit, and emergency room. The study ran between 2014-2015 until data redundancy occurred and a point of data saturation was achieved. While data saturation occurred, no new categories or codes were emerging and the study questions were answered.

Semi-structured interviews were used to collect the data. Interviews were conducted in a convenient place for the participants and mean time for interviews was 45 minutes. The interviews were begun with a general question, for example, "what comes to your mind by hearing the term 'Disruptive Behaviors'? " or "Based on your experiences, explain the event of disruptive behaviors you engaged with it? "Maximum variation in sampling has been done with the participants' gender, age, work experience, and type of wards.

The interviews were transcribed verbatim and the transcribed data were reviewed several times to obtain its full understanding. First, the text was reviewed and meaning units were abstracted and labeled with codes. Codes were sorted into subcategories and categories were comprised based on their similarities and differences. Consensus with all of the researchers was achieved with a continuous discussion about the process of coding and categorizing the data. The categories emerging were further reviewed and compared in order to identify superordinate themes. MAXQDA software 10.0 was used to help analysis and classification of the data. From data analysis, we obtained one main theme, four categories, and sixteen subcategories. Credibility and conformability were established through member checking. The report of the analyzed was returned to the participants in order to get the assurance that the researchers had portrayed their real world in codes and extracted categories.

The peer-checking method was engaged in improving the dependability of the findings. Prior to commencing the study, the authors purposefully avoided reviewing articles that might influence the processes of data gathering and analysis. Lastly, the transferability of the study was confirmed by precise description for other researchers to be able to carry out a similar study.

Ethical approval for the study was obtained from the Ethics Committee of Baqiyatallah University of Medical Sciences in Iran. Prior to the study, written informed consent was obtained and all participants were informed verbally about the aim of the study and that they could refuse to participate or withdraw from the interviews at any time. In addition, recording of interviews was done only by the participants' permission; they were informed that the audio files would be deleted after five years. So as to maintain the anonymity of the participants, numerical codes were used instead of names and only the main researcher conducted the interviews.

Results

Table 1 shows the demographic characteristics of the participants. Findings of our study indicated that "perceived organizational injustice and discrimination" was the key factor in forming nurse's disruptive behaviors. Four main-categories emerged from the data analysis included: "injustice in payments", "unfair work division", "unfair interactions", and "injustice judgment and evaluation". Each category included some subcategories (Table 2). As follows:

1. Injustice in payments

One of the causes of organizational injustice is discrimination in payments between two important groups of nurses and physicians in

Table 1. Demographic characteristics of the participated nurses

Variables	N (%)
Age[€] (years)	36.4 (6.4)
Gender	
Male	7 (46.6)
Female	8 (53.4)
Marriage status	
Single	4 (26.6)
Married	11 (73.4)
Educational level	
BS	9 (60)
MSc	6 (40)
Work experience[€] (years)	13.8 (6.3)

[€] Mean (SD) was reported

Table 2. Theme, main categories, subcategories and primary codes

Theme	Categories and subcategories	Primary codes
Perceived organizational injustice and discrimination		
	Injustice in payments	The large differences in payments to physicians and nurses, No fee increase with increased patient for nurses, More patients meant increased revenues for physician and increased work for nurse, Low salaries of nurses with high workload, Failure to pay on time, Reduced fee for irrational reasons
	Discrimination between physicians' and nurses' payments	
	Injustice in paying fee	
	Disproportionate of the workload with salary	
	Delay in payments	
	Reducing salary and benefits under different excuse	
	Unfair work division	Delegating every one's duties to nurses, High workload and shortage of nurses
	Assigning the duty of physicians to nurses	
	Responsiveness of nurses to everyone	
	Disproportionate to the workload and the staff number	
	Unfair interactions	Inadequate support from the managers and co-workers, Govern of informal relations within the organization, The absolute power of physicians, Lack of value to nurses and nursing profession
	Inadequate support	
	Favoritism	
	The paternalistic or physician-centered model	
	Disrespect for nurses	
	Ignoring nurses in treatment system	
	Injustice in judgment and evaluation	Inefficient evaluation, Lack of ratings personnel based on performance , Delays in encouraging, The absence of clear punishment guidelines
	Organizational injustice in judgment	
	Insufficient carrot and stick system	
	Ignoring meritocracy	

healthcare system. Discrimination in payments between physician and nurse, injustice in paying fee, reducing salary and benefits with different excuses, disproportionate of the workload with salary and delay in payments were the subcategories.

1.1. *Discrimination in payments between physicians and nurses*

Big difference in paying physicians and nurses in Iran's healthcare system leads to a sense of competition and jealousy and inappropriate interactions between nurses and physicians. In this regard, one of the participants states that: " *there's a kind of sense in nurses that they always want to oppose physicians, of course, it is not always their fault, may be many different items are involved, for example, nurses' salary is very low in compare with their workload, it is while physicians have very high salaries and nurses are seeing that they have a hard job with a very low salary, maybe this is the reason" (P 15).*

Their feeling of frustration and lack of receiving their actual payment according to their workload leads to negative interactions and finally disruptive behaviors. Payment

method in Iran's healthcare system is in the form of a combination of fixed monthly salary plus benefits that include payments based on performance, experience, employee's behavior, and etc.

1.2. Injustice in paying the fee

One of the clear cases of injustice in Iran's healthcare system is discrimination in the amount of reward and fee to physicians and nurses. Nurses' fee is very low in compare with their workload and the number of the patients; it is while physicians' fee is very high despite the fact that their workload is less than nurses. This significant difference causes nurses' discouragement, reluctant, lack of job satisfaction, and lack of commitment to the organization. In addition, lack of ranking nurses according to their professional and ethical competencies for receiving a fee and lack of fair division of this little fee among the nurses are the other cases of discrimination. One of the nurses in ICU states that: "*nurses are not categorized to be scored and our fee has been paid only based on the nurse's presence in the ward and that little fee is not paid fairly*" *(P6).*

1.3. Disproportionate of the workload with salary

Other factors causing sense of injustice in nurses includes; nurses' low salary in compare with a high number of patients and high workload and pressure. An ICU nurse who is talking about lack of financial incentive in nursing believes that nurses are considering God's satisfaction in doing most of the works, he states that; " *we are doing something for the patients and mostly we are considering God's satisfaction since comparing with our job, the salary is so low and it really can't be enough motivation for a nurse to do his/her job*"*(P6).*
A CCU nurse complains that; "*I am working for two shifts in Intensive units since 2008; I have worked in general ICU, CCU, open heart ICU, wards with very high stress and very heavy wards with morning-night-morning shifts; I'm in a private hospital for 15 nights and in a state hospital for 10 nights, it means 25 nights during a month, I have 5 nights off that I'm in the house; what do you think of my salary, how much does it compensate my efforts and work shifts? Never, it never compensates my efforts, if I could have enough salary with one shift; there was no need to have many work shifts*" *(P11).*

1.4. Delay in payments

Another factor which is influencing injustice is a failure to receive salary and benefits on time. One of the CCU nurses states that; "*there is no work motivation here, even for those who are working on contracts, it is four months that their salaries are delayed*" *(P9).*
Another participant states that; "*when we have job security, patient's admission may be easier for us? And what is our job security, it is when my fee is paid on time, you know you have a plan for your life, when your fee is not paid on time, it is not useful*" *(P14).*

1.5. Reducing salaries and benefits with different excuses

Other issue which was indicating organizational injustice, based on our participants' attitude, was reducing salaries and benefits with different excuses. One of the participants states that; " *has it ever happened to you that your salary is going to be paid 10 months later and 30 percent of your salary is reduced, it happened to me several times; it is 11 months that they have not paid my money, I say to the head of finance that "why don't you give us our salary", he says: "we do not have enough budget", then we see that the finance room has been colored three times in that year, I said that this is a kind of robbery*" *(P13).*

2. Unfair work division

Another important category in causing a sense of organizational injustice was unfair work division. All the nurses were dissatisfied with the assigning duty of other staff and the wards duties to them. Its subcategories included: assigning physician's duty to a nurse, nurse's responsiveness to everyone, and disproportion of the workload and the number of the staff.

2.1. Assigning the duty of physicians to nurses
One of the causes of a sense of injustice in nurses is assigning physicians' duties to them. Physicians' unreasonable demand regarding

their duty, they expect nurses to do their duties too; they have other unreasonable expectations, which made excessive pressure for the nurses. A CCU nurse states that: "*physicians expect us to prepare everything and they have to be relaxed, now all the file works are on us*" *(P 5)*.

2.2. Responsiveness of nurses to everyone

Another issue, which causes psychological pressure and causes a sense of injustice in nurses, is the necessity of nurses' responsiveness to all the problems of the ward, which is not among nursing duties. One of the nurses stated that: "*for example, there's a problem with hospital conditioning or facilities, firstly the patient complaints to the nurses as the first human force; patients do not see the chairman of the hospital, the network managers or even the physicians, the only person that they see in front is the nurses. Patients think that nutritional deficiencies, problems of hospital facilities, shortages of medical equipment and even failure of the devices are the nurses' fault and they ask nurses to solve the problem*" *(P4)*.

2.3. Disproportionate to the workload and the staff number

A large number of patients and the workloads and a small number of nurses, which lead to psychological pressure and work stress, are important factors causing a sense of injustice and emergence of disruptive behaviors and nurses' negligence in doing nursing duties. Regarding shortage of nursing force, one of the nurses states that: "*the main cause of these conflicts between staff is high workload by considering our available human force; unfortunately, we were always suffering from shortage of human force and this shortage of nurses is going to be a crisis; so that we are going to have more severe shortage of nursing staff in the next years, it should be considered that I'm not talking about a hospital, I'm talking about the country*" *(P4)*.

3. Unfair interactions

Another category, achieving from data analysis was unfair interactions including inadequate support, favoritism, the paternalistic or physician-centered model, and disrespect for nurses and ignoring nurses in treatment system.

3.1. Inadequate support

The nurses complained many times about the lack of support by nurses' superior authorities as well as support by the organization at the required time, the lack of supporting nurses against physicians, and also the lack of job security. One of the nurses talked about her experience regarding a physician's verbal insult at the presence of patients and colleagues, she stated that "*well, when the physician was insulting me, the supervisor was present… he saw my work and said that I was not wrong, however, he did not defend me at that time*" *(P5)*.

Regarding the lack of supporting nurses against physicians, the supervisor of one of the hospitals who was an infractions committee member stated that "*nurses have different complaints in different cases; unfortunately, if there is a problem with a physician and there's a complaint about him/her, the issue is completely cut out, it means the follow-up is not going to be continued*" *(P 15)*.

3.2. Favoritism

Another organizational unfair interaction is favoritism and unfair hidden and informal relationships. One of the nurses states that: " *I'm working many years and I accepted that maybe a head nurse has not a more friendly relationship with me, maybe he/she likes my colleague more, maybe that colleague is more acceptable for that head nurse, but what is really annoying me is the head nurses' discrimination among nurses; if he/she considers 10 work shifts for me, he/she is going to consider better work shift for my colleague, the discriminations are really annoying and cause more dissatisfactions*" *(P11)*.

3.3. The paternalistic or physician-centered model

Another organizational unfair interaction is physician-centered model in healthcare systems of Iran. Favoring physicians over nurses leads to the significant difference in the amount of payment between physicians and

nurses and greater support for physicians influences the nurses' attitudes about the physician-centered model. In their attempts to highlight the existing physician-centered model, the participants consistently compared their conditions with those of physicians. Also, in some cases physicians think that because of their powerful situation in organization, they should not being responsible about their behaviors and the organization authorities can't or even do not want to stand against them. The infractions committee member states that: "*it seems that physicians are free from every kind of follow-up; regarding the relationship between them and other colleagues, it happened in the operation room that the physicians bully nurses and they feel like a governor and nobody dares to oppose with them*" (P15).

3.4. Disrespect for nurses

The organization, senior managers, physicians, society, and the patients' disrespecting to nurses; in this regard, one of the nurses states that: "*always we are facing disrespecting in this field, the system has taken our organizational power, it looks at us as slave ants, the system considers you as a merely acting on orders. Our four years of academic education is not considered at all, even if you have M.Sc. or Ph.D, they ignore you, this is the fact, this is the system's approach*" *(P 10).*

3.5. Ignoring nurses in treatment system

Considering nurses in a lower rank, not enjoying a proper place, disrespecting nursing profession, and lack of observing nursing disciplines are other discriminations in the treating centers, which causes a sense of injustice in nurses.

4. Injustice in judgment and evaluation

Unfair judgments in the organization, inefficient carrot and stick system, and ignoring meritocracy were the other organizational injustice. One of the nurses stated that in a fight between a physician and a nurse, even though the physician insulted the nurse, the nurse was fired. One of the nurses stated that when a physician is insulting a nurse, the nurse has to be quiet against him/her because the nurse knows that the organization is not fair in this regard, and in their approach the physician is right, the nurse states that: " *physicians support each other, although I am right, my objection was not effective, I was quiet because of I was afraid*" *(P1).*

Discussion

Findings of the study are indicating that the most important organizational factor in forming nurses' disruptive behaviors especially verbal abuse and negligence in healthcare organizations is their perceived organizational injustice. It is while the importance of organizational injustice and its relationship with quality of people's working life have been shown in different studies.[9] Several empirical and descriptive studies have shown the relationship between various domains of perceived organizational injustice and disruptive behaviors.[9,23,24] Our participants' explanations are also confirming their findings. Organizational injustice perception had an independent significant influence on nurses' disruptive behaviors in healthcare organizations. This is not unexpected, because justice is very important factor in satisfying staffs' socio-economic needs. Engaging in disruptive behaviors may be an attempt by nurses in healthcare organizations to restore justice, whenever injustice is perceived. This result supported by the findings of Maureen et al., that injustice was the most common cause of sabotage.[16] The researcher explained that individuals were more likely to engage in retaliation when the source of injustice was intentional and they were more likely to engage in equity restoration when the source of injustice was distributive. Indeed, based on Adam's equity theory that explains how employees strive for fairness and justice in social setting, whenever injustice is perceived and they may engage in stealing and sabotage. Therefore, this could explain the role of injustice as an important predictor of disruptive behaviors among nurses in healthcare organizations.[16] Our

findings were also in consistent with the results of a study by Flaherty and Moses that found a significant influence of distributive, procedural, and interactive injustices on disruptive behaviors.[25]

According to our findings injustice in payments, which is indicating distributive injustice is one of the most frequent factors in causing perceived organizational injustice. Big differences in payments between physician and nurse, organization's delay in paying and reducing staff's salaries and benefits with different excuses are among the important issues in causing a sense of distributive injustice in nurses. Some studies are also indicating that nurses despite benefiting from academic education and important and basic skills are receiving less salary in compared with physicians in the same rank in many parts of the world.[26,27]

Also in another study regarding "organizational justice and social loafing in nurses" it has been stated that there is a direct relationship between all the dimensions of the organizational justice and social loafing in nurses, but there is a significant relationship between distributive justice and social loafing. These results are indicating that distributive justice is important for employees, so that managers should try more to create sense of distributive justice in the organization.[28]

Our participants believed that unfair interactions in healthcare organizations are another contributing factor in causing perceived sense of injustice. Inadequate support, favoritism, disrespecting nurses and ignoring them in the organization and especially the physician-centered model in healthcare systems are the important issues in creating an interactive injustice. The study of Valizadeh et al., which was done with the aim of discovering nurses' concern regarding inter-professional collaboration showed that discrimination is the main concern of the nurses regarding inter-professional collaboration and two main themes including authorities' unequal approach and shortage of respecting nursing as a profession are the most important issues in causing sense of discrimination in nurses.[29]

Beucreil and Baron in their description study regarding "perceiving systematic justice, effects of distributive, procedural and interactive justice" on 232 staffs of different organizations stated that staffs' perception of procedural and interactional justice in their organizations is positively related to their general perception of the available justice in their organization.[30] Other dimensions in the present study include organizational injustice regarding judgment and evaluation, which was more about the available policies in the organization and procedural injustice.

According to the participants' explanations, lack of efficient carrot and stick system, ignoring meritocracy, staff's performance and unfair judgments in the organization are other dimensions influencing the sense of perceived injustice in the organization. Results of qualitative study by Nikpeyma et al., also showed that in the participants' point of view, clinical nurses' performance evaluation system is dealing with some problems that influence justice in performance evaluation; it seems that for achieving the final aim of performance evaluation, which means improvement of quality of patients' care, we need to have a review and some changes in different wards.[31] It has been also stated in the study of Chu et al., that procedural justice, senior management support, dealing with work and job satisfaction has an important effect on nurses' behaviors in the organization.[32]

Conclusion

According to our findings, perceived sense of injustice in the organization was an important factor in forming nurses' disruptive behaviors. Our participants have felt and experienced all the dimensions of organizational injustice by heart; their long-term experience of injustice especially distributive injustice and their disappointment of having better conditions led to sense of alienation with the organization, job dissatisfaction, and lack of commitment to the organization; all these factors were the main

causes of disruptive behaviors and reduction of the staff's productivity in the organization. Considering the unpleasant outcomes and consequences of disruptive behaviors in the organization for the organization itself, staff and patients as the organizations' customers, it is recommended to the nursing and hospital managers as well as the health policies lawmakers to use the best way for preventing and correcting disruptive behaviors, which is considering justice and fair in the organization and removing staff's sense of injustice.

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Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

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