Correlative study between counterproductive behaviour, ethical behaviour, physical health, mental health and perceived stressors in a multinational company from Romania

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Abstract

This research highlights the existence of a relationship between ethical behavior and mental health, ethical behavior and physical health at work in a multinational company from Romania. Method: Participants were 32 randomized employees from a subsidiary of a multinational organization age between 22 and 51 years old. The instrument: CAPES questionnaire (Anitei & Chraif, 2010), measuring: counterproductive behaviour, ethical behaviour, physical health, mental health, perceived stressors. Results confirmed the first two hypotheses (p<0.05). Findings show that ethical behaviour may correlate with physical and mental health but employees can give desirable answers depending on their self-perception of counterproductive behavior and stressor at workplace.

1. Introduction

The literature shows a wide classification of counterproductive behaviors, due to the dynamics of organizations, extensive areas of activity, specifics of interpersonal relations, and many others. Thus, in an organization we can see ethical and civic behaviors, as well as counterproductive behaviors with negative effects within the relational sphere of work performance or on the company's image. These negative behaviors differ in terms of the target, number of people involved, the level that is achieved, age of behavior author, frequency, impact, position held, type of personality. One of the first classifications of counterproductive behaviors was

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conducted by Ruch and Newstrom, who constructed on this basis a measuring instrument for counterproductive work practices, Gruys, (1999) and Sackett (2002) cited by Chraif (2008a, 2008b, 2010) identified 87 forms of counterproductive behavior in specialty literature. After one year Gruys and Sackett (2003) compiled a list of 250 counterproductive behaviors, which were then reduced to 66, classifying them in 11 categories.

Given the perceived stress in organizations Bliese & Jex (1999) focused on the effects of stress and its forms of manifestation at an individual level, saying this depends on the perception of organizational environment and individuals differ precisely by this.

According to studies on stress, it was revealed that numerous changes in the dynamics of organizations such as changes in the social environment, highlight the importance of identifying the actual level of stress in a company (Smith, 2000). The best empirically supported indicator affected by the consequences of occupational stress is mental health (Lazlo, 2008).

Numerous studies prove the existence of a significant relation between work stress and the indicators of mental health such as depressive syndrome (Stavem et. al.,2003, Neculai et. al., 2007), anxiety (Steven, 2003), “vital exhaustion” (Preckel et. al., 2005), the level of life satisfaction (Strauss-Blasche et. al., 2002) or negative mood (Strauss-Blasche et. al., 2002). Stress affects other individual dimensions such as sleeping (circadian rhythm, sleeping schedule, etc.), the subjective evaluation of well-being (Ostry, 2003, Stavem et.al., 2003), somatic problems (Kittle and Leynen), muscular and skeletal problems (Tsutsumi et.al., 2003) or migraines (Muhonen și Torkelson, 2004).

2. Objectives and hypotheses

2.1. Objective

- to highlight counterproductive behavior in a multinational organization;
- to demonstrate the existence of a relationship between ethical behavior and mental health, ethical behavior and physical health at work;
- to show a relationship between counterproductive behavior and stress in an organization.

2.2. Hypotheses

- There is a statistically significant correlation between ethical behavior at the work place and physical health;
- There is a statistically significant correlation between ethical behavior at the work place and mental health;
- There is a statistically significant correlation between counterproductive behavior at the work place and perceived stressor;

3. Method

3.1. Participants

Participants were 32 randomized employees from a subsidiary of a multinational organization age between 22 and 51 year old, production, payment, sales, quality, etc. They are professionally active individuals, employees of a subsidiary of a multinational food industry and individual professional development. Subjects were randomly selected from all departments: purchasing, production, billing, sales, quality, etc.
3.2. Instruments

Instruments: CAPES questionnaire (Anitei & Chraif, 2010) assessing the following dimensions: counterproductive behavior, ethical behavior, physical health, mental health, and stressors perceived.

3.3. Procedure

Participants were informed by the manager of the company, through subordinates, about the study and they manifested their consent to participate in it. Subjects were randomly selected from all departments of the organization. The questionnaires took on average 45-50 minutes. The questionnaire was distributed in printed form, individually, accompanied by instructions for completing an answer sheet. From the outset, subjects were clearly informed about the fact that they could ask for clarifications, where necessary. Finally, they were thanked for attending the study.

3.4. Experimental Design

The research is based on a non-experimental design. Dependent variables are: physical health, mental health, counterproductive behavior, ethical behavior, perceived stressors.

4. Results

After collecting the data, the Kolmogorov-Smirnov test has been applied for verifying the data distribution of the variables: physical health, mental health, counterproductive behavior, ethical behavior, perceived stressors. According to the results (p>0.05) the data are normal distributed for all the variables.

Table 1. Descriptive statistics

| Variables (centiles)          | Mean | Standard deviation |
|------------------------------|------|--------------------|
| Mental health                | 56.11| 9.35               |
| Psychical health             | 44.27| 13.57              |
| Perceived stressors          | 74.11| 6.29               |
| Counterproductive behaviour  | 23.40| 2.09               |
| Ethical behaviour            | 64.35| 6.370              |

In Table 1 can be seen descriptive statistics of dependent variables: physical health, mental health, counterproductive behavior, ethical behavior, perceived stressors. The means are measured in percentile.

Table 2. Correlation matrix between the dependent variables (N=32)

| Variables (centiles) | Mental health | Psychical health | Perceived stressors | Counterproductive behavior | Ethical behaviour |
|----------------------|---------------|------------------|---------------------|---------------------------|------------------|
| Mental health        | 1.00          |                  |                     |                           |                  |
| Psychical health     | .80**         | 1.00             |                     |                           |                  |
| Perceived stressors  | .19           | .36*             | 1.00                |                           |                  |
| Counterproductive behaviour | .081 | -.27             | -.33                | 1.00                      |                  |
| Ethical behaviour    | .55**         | .74**            | .42**               | -.052                     | 1.00             |

In Table 2 the correlation matrix shows statistically significant correlation between dependent variables. Hence, there are statistically significant correlations between the variable psychical health and mental health.
(r=0.80; p<0.01); mental health and Ethical behavior (r=0.55; p=0.001<0.01); Ethical behavior and Psychical health (r=0.74; p=0.001<0.01); Psychical health and Perceived stressors (r=0.74; p=0.041 <0.05) and Ethical behaviour and Perceived stressors (r=0.42; p=0.017<0.05). These findings confirm the first (There is a statistically significant correlation between ethical behavior at the work place and physical health) and the second (There is a statistically significant correlation between ethical behavior at the work place and mental health) hypotheses (p<0.05).

As it can be seen in table 2 the third hypothesis couldn’t be confirmed “There is a statistically significant correlation between counterproductive behaviour at the work place and perceived stressor” (p>0.05).

5. Conclusions

This research is focused on highlighting possible correlations between the variables physical health, mental health, counterproductive behavior, ethical behavior, perceived stressors. Previous international studies showed correlation between stress, the immune system, and health and illness (Stein & Miller, 1993), organizational work stress interventions at workplace (Kompier, & Kristensen, 2005) stressor, ethical behavior positive as predictors of counterproductive behaviour (Chraif, 2008a; 2008b). Also correlations between identity structures variation and mental health were found (Vasile, 2012). The findings (table 2) confirmed the first two hypotheses about statistically significant correlation between ethical behavior at the work place, mental health and physical health (p<0.05). Furthermore, the third hypothesis have not been confirmed (p>0.05). Hence, a possible answer could be the avoidance of the employee to answer to the perceived stressor and counterproductive behavior questions. This avoidance might be normal from employee point of view because they try to offer positive answer as the company management and legislation request at the work place.

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