

The Organizational Revenge Intention in Nurses: Is the Organizational Justice Perception Effective?*

Hemşirelerde Örgütsel İntikam Niyeti: Örgüt Adalet Algısı Etkili mi?

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Abstract

Aim: This descriptive and correlational study aims to determine whether nurses have organizational revenge intentions and evaluate the effect of organizational justice perceptions.

Method: The study was conducted on 526 nurses who accepted to participate in the research. The participants work in three hospitals: one university and two Ministry of Health hospitals. The data were collected using a personal information form, the Organizational Revenge Intention Scale (ORIS), and the Organizational Justice Perception Scale (OJPS). Institutional permissions and ethics committee permissions were obtained for the research. Data were collected from June 2015 to March 2016. Data were analyzed using the Cronbach Alpha Coefficient, frequency and percentage distribution, descriptive statistics, Pearson Product-Moment correlation analysis, Simple Linear Regression analysis, and t-test.

Results: As a result of the evaluation of the research data, it was determined that nurses perceived injustice in "distribution justice," but their organizational revenge intentions were low. In addition, it was determined that there was a negative relationship between all dimensions of nurses' perception of organizational justice and organizational revenge intention, especially "interactional justice" and general organizational justice perception and organizational revenge intention. It was revealed that the interactional justice perceived by the nurses was effective on their organizational revenge intention by 2% and the general organizational justice perception by 1%.

Conclusions: As a result of the research, it was revealed that the perception of organizational justice has a very low effect on the organizational revenge intention of nurses.

Keywords: Nursing, revenge intention, organizational justice perceptions, organizational revenge.

Öz

Amaç: Bu araştırma, hemşirelerin örgütsel intikam niyetine sahip olup olmadıklarını belirlemek ve örgütsel adalet algısının intikam niyeti üzerindeki etkisini değerlendirmek amacıyla tanımlayıcı ve ilişki arayıcı tasarımda gerçekleştirilmiştir.

Yöntem: Araştırma, bir üniversite iki Sağlık Bakanlığı hastanesi olmak üzere toplam üç hastanede görev yapan ve araştırmayı kabul eden 526 hemşire üzerinde gerçekleştirilmiştir. Araştırmanın verileri, Kişisel Bilgi Formu, Örgütsel İntikam Ölçeği ve Örgütsel Adalet Algısı Ölçeği kullanılarak toplanmıştır. Araştırma için kurum izinleri ve etik kurul izni alınmıştır. Veriler Haziran 2015 ile Mart 2016 arasında toplanmıştır. Veriler, Cronbach alfa katsayısı, frekans ve yüzde dağılımı, tanımlayıcı istatistikler, Pearson Momentler Çarpımı korelasyon analizi, Basit Doğrusal Regresyon analizi ve t testi ile analiz edilmiştir.

Bulgular: Araştırma verilerinin değerlendirilmesi sonucunda hemşirelerin, "dağıtım adaleti" konusunda adaletsizlik algıladıkları ancak örgütsel intikam niyetlerinin düşük olduğu belirlenmiştir. Bununla birlikte hemşirelerin örgütsel adalet algısının tüm boyutları ile örgütsel intikam niyeti arasında negatif yönde bir ilişkinin olduğu, özellikle de "etkileşimsel adalet" ve genel örgütsel adalet algısı ile örgütsel intikam niyeti arasında anlamlı bir ilişkinin bulunduğu belirlenmiştir. Hemşirelerin algıladığı etkileşimsel adaletin onların örgütsel intikam niyeti üzerinde %2, genel örgütsel adalet algısının ise %1 oranında etkili olduğu ortaya çıkmıştır.

Sonuç: Araştırma sonucunda örgütsel adalet algısının hemşirelerin örgütsel intikam niyeti üzerinde çok düşük düzeyde etkili olduğu ortaya çıkmıştır.

Anahtar Sözcükler: Hemşirelik, intikam niyeti, örgütsel adalet algısı, örgütsel intikam.

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Introduction

In general, employees' ignored and unspoken problems in human relations can cause negative emotions and attitudes such as stress, conflict, and injustice. Individuals overtly or covertly follow topics such as pay, others' acts towards them, and managers' actions and determine whether they are being treated fairly. Thus, they have organizational justice perceptions and act accordingly (Osgood, 2017).

When individuals feel aggrieved due to injustice, they expect management to intervene. Otherwise, they seek out ways to secure justice on their own (Akin, Özdevecioğlu & Ünlü, 2012; Işkın, 2018). In such cases, they may commit extraordinary and illegal actions and even hurt their managers and colleagues. One such action is revenge. Revenge can be manifested overtly or covertly, passively or actively, verbally or physically, and directly or indirectly (Osgood, 2017; Özer, Songur, Kar, Top & Erigüç, 2014).

Revenge is defined as retaliation or retribution for a misdeed or turning embarrassment into pride. It can involve hurting or humiliating others or causing the same harm to the counterparty (Bordia et al., 2014). It manifests itself as detrimental, offensive, destructive, and complicated, and it involves strong emotions about and reactions to unpleasant situations in professional life (Koç, 2016; Osgood, 2017).

The desire for revenge is regarded as a basic human emotion like happiness, joy, pleasure, grief, anger, etc. (Lindebaum & Geddes, 2016; Osgood, 2017; Zdaniuk & Bobocel, 2012). Revenge intention is triggered by injustice, accusations, or violence against employees, who then become motivated by anger to seek revenge to restore their honor and justice (Bies & Tripp, 2005; Koç, 2016; Osgood, 2017).

In work environments, actions related to revenge harm both interpersonal relationships and organizations; they can be significant threats to efficiency and productivity (Şantaş, Akbolat & Sağlam, 2019). Theft, anti-social behavior, aggression, sabotage, misuse of breaks, retaliation, swearing, being rude, neglecting duties, violence, halting social relationships, not giving enough support, humiliation, shaming, abuse, conflict, refusal to help, and spreading gossip are acts of revenge that harm interpersonal relationships (Akin et al., 2012; Bordia et al., 2014; Osgood, 2017). Not following the rules, intentional misconduct, quitting jobs, poor performance, sabotaging organizational activities, refusing responsibilities, concealing information, sabotaging devices, tools, and equipment, wasting time and resources, disobedience, espionage, and suing are also harmful acts of revenge (Medeiros & Alcapadipani, 2016; Osgood, 2017; Roy, Bastounis & Poussard, 2012; Tripp & Bies, 2009).

Although vengeance is thought to offer a sense of relief, it has a contrary effect. Pursuing revenge drives individuals to focus on the negative and negative self-perceptions, leading to poor mental health (Akin et al., 2012; Little, Simmons & Nelson, 2007). Pursuing revenge takes up time and energy and makes it difficult for people to focus on their jobs. It leads to individual problems such as hatred, nervousness or apathy, poor stress management, physical ailments (sleep disorders, etc.), mental disorders (loss of trust, anxiety, absent-mindedness, depression, mania, etc.), self-harm or suicidal ideations, and reduced motivation. It also causes organizational problems such as high employee turnover rates, abuse, job dissatisfaction, exaggerating small problems, job stress, resignation, and reduced activity and productivity (Akin et al., 2012; Şantaş, Uğurluoğlu, Özer & Demir, 2018; Yıldırım, 2019).

The revenge model developed by Bies and Tripp (2005) identifies the organizational factors related to revenge as organizational justice, forgiveness, power effects, honor, social cognition, conflict resolution, negotiation, motivation, leadership, and communication (Bies & Tripp, 2005; Tripp, Bies & Aquino, 2007). The most important factor in revenge intention is perceived injustice (Bordia, Kiazad, Restubog, DiFonzo, Stenson, & Tang, 2014; Osgood, 2017; Usta, Karalar & Demiralay, 2019). Individuals think that justice is served and equality is restored when they take revenge on people or institutions that have harmed them (Akin et al., 2012; Koç, Kiray & Özdemir, 2020; Zdaniuk & Bobocel, 2012).

The organizational justice perceptions are employees' judgment about their attitudes and behaviors towards themselves and whether the processes in the distribution of tasks and rewards are done fairly (Çetin, Basım & Karataş, 2011). Their organizational justice perceptions are not very high for a variety of reasons (Altan, 2014; Çıtak & Bayrak Kahraman, 2021; Özdemir, 2019), and this is reflected in their attitudes in a negative way toward their co-workers or institutions, disregard for rules, values, and norms, and seeking revenge (Arı, Gülova & Köse, 2017). Such attitudes are very important in healthcare, which has a highly variable structure. Nurses have a significant role in healthcare and facilitate coordination

among team members. Therefore, such attitudes regarding the quality of service, productivity, the success of healthcare staff and institution, peace in the work environment, job satisfaction, and motivation are not expected (Dong et al., 2020). However, there are limited studies on whether nurses have revenge intentions due to perceived injustice (Tekin & Kaya, 2021). Clarifying whether nurses' organizational justice perceptions affect their organizational revenge intentions and how much effect they have will provide an insight into nurses' potential harmful acts towards patients or patient relatives, co-workers, other healthcare staff, their managers, and institutions. This will also help management take precautions so as not to encounter these negative situations.

Methods

Aim and Design: This study aimed to determine whether nurses have organizational revenge intentions and to evaluate the effect of organizational justice perceptions on them. This is a descriptive and correlational study.

Population: The study population consisted of nurses from one university hospital and two Ministry of Health hospitals. Of the 1093 nurses, 607 were working in the Ministry of Health hospitals, and 486 were in the university hospital. No specific sampling method was used in the study, and all the nurses were contacted on the data collection dates.

Instruments: The data were collected using a personal information form, the Organizational Revenge Intention Scale (ORIS), and the Organizational Justice Perception Scale (OJPS).

Personal Information Form: This form consists of 13 items concerning the nurses' personal attributes (workplace, age, gender, marital status, etc.), professional attributes (education level, department, professional experience, position, etc.), and items related to organizational justice and revenge intention.

The Organizational Revenge Intention Scale (ORIS): Akın et al. (2012) tested the Turkish validity and reliability of this scale, which was developed by Wade (1989). This is a 5-point Likert-type (never=1 and always=5) and 5 items scale. The Cronbach's alpha reliability coefficient of the scale was 0.83 in the study by Akın et al. (2012) and 0.81 in our study. The scale is evaluated using the total score, and the score increases as the revenge intention increases (Akın et al., 2012).

The Organizational Justice Perception Scale (OJPS): Özmen, Arbak, and Özer (2007) tested the Turkish validity and reliability of this scale, which was developed by Colquitt (2001). It has 20 items in three subscales (distributive, procedural, and interactional justice).

Distributive justice is concerned with people's view of the fairness of distributing resources between individuals. The procedural justice point of view spotlights the decency of the assessment methodology used to decide evaluations. Interactional justice is an idea that worries the view of representatives about the treatment they have gotten amid the use of organizational approaches (Khan et al., 2017).

The items are scored on a 5-point Likert-type scale (never=1 and a great deal=5). The original Cronbach's alpha reliability coefficient of the entire scale was 0.94, and the reliability coefficients of its subscales were between 0.86 and 0.94. However, in this study, its reliability coefficients were between 0.86 and 0.92, and 0.91 for the entire scale. The scale is evaluated using mean subscale scores (Özmen et al., 2007).

Data Collection: Data were collected from June 2015 to March 2016. The researcher tried to contact all the nurses (N=1093), but only 892 could be contacted. 793 voluntarily participating nurses were first instructed about the study in face-to-face interviews; they then filled out the scales. The scales that were not completely filled out were not evaluated. Therefore, the data were evaluated based on 526 nurses who filled them out completely. Although the participation rate was 88.9%, the response rate to the scale was 66.3%.

Data Analysis: The data were computerized and assessed by an expert using statistics software. The data were analyzed using Cronbach's alpha coefficient, frequency and percentage distributions, descriptive statistics, Pearson's product-moment correlation coefficient analysis, basic one-way regression analysis, and the t-test. The correlation values are reported as: 0.00 to 0.25=very weak, 0.26 to 0.49=weak, 0.50 to 0.59=medium, 0.70 to 0.89=high, and 0.90 to 1.00=very high.

Ethical Considerations: Before the study was conducted, written permissions were obtained from the scale owners and the institutions. Ethical approval was also obtained from the Ethical Committee (Date: April 10, 2015; Approval number: 08). The nurses were informed about the study and told that their information would be kept confidential and used for research purposes only as required by the protection of privacy and confidentiality.

Results

Of the nurses, 67.5% worked in the Ministry of Health hospitals, 62% were aged between 20 and 30 years, and 76% were females. Of them, 57.8% were married, 44.5% were university graduates, and 26.2% worked in internal units. Of the nurses, 86.6% worked as service nurses, 50.2% had less than five years of institutional experience, and 42% had less than three years of experience in their current positions.

Table 1. Distribution of the nurses' opinions about organizational justice and revenge intention (N=526)

The opinions about organizational justice and revenge intention	n	%
Being treated fairly in the workplace		
Yes	222	42.2
No	304	57.8
Individuals said to treat them unfairly		
Nurse colleagues	54	10.3
Head nurses	52	9.8
Health care services managers	188	35.7
Doctors	138	26.2
Other employees	95	18.0
Desire for revenge		
Yes	181	34.4
No	345	65.6
Attitude towards individuals who are causing the desire for revenge*		
Forgiving	11	6.1
Ignoring	34	18.9
Doing nothing	19	10.6
Repressing their feelings about them	26	14.4
Expressing emotions verbally	30	16.1
Filing a complaint	11	6.1
Thinking about resigning	20	11.1
Thinking about changing units	14	7.8
Hampering the counter party's work	6	3.3
Other attitudes	10	5.6

*Numbers and percentages were calculated based on the nurses (n=181) who expressed a desire for revenge.

The majority of the nurses (57.8%) said that they were not treated fairly in their workplaces. Of them, 35.7% said that health care services managers were not treating them fairly, and 26.2% said that doctors were not treating them fairly. However, 65.6% of the nurses did not desire revenge, 18.9% chose to ignore the people who caused their desire for revenge, and 16.1% said they expressed their emotions verbally. Of them, 14.4% said they repress their desire for revenge, 10.6% said they do nothing, and 11.1% said they think about resigning (Table 1).

The mean scores were 11.24±4.47 for the distributive justice subscale, 18.14±6.31 for the procedural justice subscale, 27.35±8.72 for the interactional justice subscale, and 56.73±15.08 for the organizational justice scale, respectively. The mean organizational revenge intention scale score was 11.85±4.88.

Table 2. Correlation values between the Organizational Justice Perception Scale (OJPS) and the Organizational Revenge Intention Scale (ORIS) (N=526)

Variables	Organizational Revenge Intention Scale Total	
	r	p
Distributive justice	-.046	0.294
Procedural justice	-.022	0.608
Interactional justice	-.151	0.001*
Organizational justice scale total score	-.110	0.011**

*p<0.01; **p<0.05; r: pearson correlation coefficient

The correlation analysis between the OJPS and ORIS determined a negative and weak correlation between distributive justice ($r=-.046$, $p=0.294$) and procedural justice ($r=-.022$, $p=0.608$) subscales and organizational revenge intention; however, the correlation was not significant (Table 2).

There was also a negative, weak but significant correlation between interactional justice ($r=-.151$, $p=0.001$) and general organizational justice ($r=-.110$, $p=0.011$) (Table 2). This result indicates that organizational revenge intention decreases as interactional and general organizational justice perceptions increase.

Table 3. Regression analysis results for the Organizational Revenge Intention Scale

Variable	β	Standard Error	Beta	t	p
Organizational Revenge Intention					
Constant	14.156	.693		20.435	0.000
interactional justice	-.084	.024	-.151	-3.491	0.001*
R=.151	R ² =.023				
F(1,524)=12.187	p=0.001*				
Constant	13.873	.824		16.836	0.000
Organizational justice Perception	-.036	.014	-.110	-2.538	0.011**
R=.110	R ² =.012				
F(1,524)=6.441	p=0.011				

*p<0.01; **p<0.05; β : Standardised regression coefficient; R²: variance

There was a weak but significant correlation between interactional justice and organizational revenge intention ($R=.151$, $R^2=.023$, $p=0.001$). Interactional justice perception accounted for 2% of the nurses' organizational revenge intention variance. The standardized regression coefficient (β) and t-test results indicated that interactional justice perception affected the nurses' organizational revenge intention at a low level (Table 3).

There was a weak but significant correlation between the nurses' organizational justice perception and organizational revenge intention ($R=.110$, $R^2=.012$, $p=0.011$). The organizational justice perception accounted for only 1% of the nurses' organizational revenge intention variance. The standardized regression coefficient (β) and t-test results indicated that organizational justice perception affected the nurses' revenge intention at a low level (Table 3).

Discussion

In their professional lives, people expect their organizations to be fair. When they perceive an injustice, they expect it to be corrected. If the injustice is not resolved, they may try to resolve it on their own through revenge (Akin et al., 2012; Zdaniuk & Bobocel, 2012). Organizations need to maintain organizational justice to prevent undesirable and uncontrollable attitudes and protect themselves from the harm caused by acts of organizational revenge.

In the field of healthcare, nurses usually perceive organizational injustice (Arı et al., 2017; Hashish, 2020; Mohammadi, Hanifi & Varjoshani, 2020), and they can have negative emotions, feelings, and attitudes toward their co-workers, managers, and institutions (Ghasi, Ogbuabor & Onodugo, 2020; Terzioglu, Temel & Uslu Sahan, 2016). However, there are few studies investigating whether nurses have organizational revenge intention due to these negative emotions and whether the injustice they perceive affects it. This study found that many nurses said they were not treated fairly in their workplaces and thought that healthcare services managers and doctors were not treating them fairly. However, many of the nurses still did not have a desire for revenge. Nearly half of those who desired revenge exhibited organizational silence, such as ignoring the perpetrators, repressing their feelings, and doing nothing. Some of them expressed their feelings verbally or considered resigning. These results support nurses' organizational revenge intention and organizational justice perception findings.

This study found that the nurses' organizational justice perception was moderate. They perceived the most injustice in distributive justice and the least in interactional justice. It also determined that the nurses' organizational revenge intention was low. The nurses' moderate level of organizational justice perception indicates that their organizational justice perception should be improved in the institutions where they work. It is good that nurses do not have revenge intentions at high levels. They are expected to show certain attitudes to ensure justice like other workers (Yetim & Erigüç, 2018). However, the results of this study indicate that head nurses should take notice of and precautions against attitudes such as organizational silence and considering resigning from the institution. Another study conducted in faculty of economics and administrative sciences found a significant correlation between research assistants' desire for organizational revenge and resigning from their jobs (Özer et al., 2014). This study found that most of the nurses did not engage in harmful behaviors such as hampering the counterparty's work, which is a positive result for the productivity of the institutions since the nurses who had revenge intentions did it personally without affecting others.

Other studies have concluded that trainers and physical education and sports teachers were more likely to seek revenge than they were to forgive (Güllü & Şahin, 2017) and that this was the case for teachers, too (Nayir & Kepenekçi, 2016). However, in this study, nurses' intention to get revenge was low. This may be due to their profession's high level of empathy and the following reasons: most of them are young females with less experience and those who have undergraduate degrees. Another study found that male and postgraduate degree holders were more likely to seek revenge, supporting this idea (Taşkın, 2019).

This study's results regarding the nurses' organizational justice perceptions are similar to those in the relevant literature. Other studies have also concluded that nurses' distributive justice perception was lower than the other OJPS subscales (Arı et al., 2017).

The nurses' low organizational injustice perception may have affected their low organizational revenge intention. Regarding the correlation between organizational justice perception and organizational revenge intention, there was a negative correlation between all the subscales of organizational justice and organizational revenge intention. Thus, organizational revenge intention decreases as organizational justice perception increases. The study found a significant correlation between general organizational justice perception and interactional justice based on interpersonal relationships. The nurses' organizational revenge intention was affected at a rate of 2% by interactional justice perception and 1% by general organizational justice perception. Thus, organizational justice perception affected nurses' organizational revenge intention at a low level. These results are consistent with findings regarding nurses' opinions about organizational justice and organizational revenge intention and other studies conducted in different fields. Other studies also indicate that organizational justice perception levels negatively affect organizational revenge intention and acts of revenge. In other words, as organizational justice perception increases, organizational revenge intention and acts of revenge decrease because the desire for revenge originates from injustice, and low levels of organizational justice lead to revenge intention and acts of revenge. Furthermore, organizational injustice causes academics to seek organizational revenge—especially those who take up administrative positions (Işkın, 2018; Tatarlar & Çangarlı, 2018).

Study Limitations, Difficulties, and Strength: The study results are limited to the statements of the participating nurses working in the hospitals of one city. Due to the topic of the study, the nurses were hesitant to participate and express their thoughts. This reduced the number of participants. Since there are only a few studies on this topic in the literature, it was difficult to discuss the study results. For this reason, other studies in different fields were used to discuss the results. However, this study is one of the leading studies on this topic, so it will contribute to the nursing literature and guide future research.

Conclusion and Suggestions

This study found that the nurses' organizational justice perception was moderate and that they perceived the most injustice in distributive justice and the least in interactional justice. Their organizational revenge intention was low. In this respect, nurses' organizational justice perception had a weak and negative effect on organizational revenge intention.

This study's results suggest that head nurses should maintain distributive justice and general organizational justice to reduce organizational revenge intention. The nurses' organizational revenge intentions and their causes should be analyzed thoroughly using qualitative research practices to collect more detailed information on the topic. The topic should also be investigated using different samples from other hospital groups and regions.

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