

Psychosocial Work Factor and Withdrawal Behaviour among Medical Doctors in Teaching Hospitals in South-South, Nigeria

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Abstract: *This study examined the relationship between psychosocial work factor and withdrawal behaviour among medical doctors in teaching hospitals in south-south, Nigeria. The cross sectional survey was utilized and a population of two thousand and seventy-nine medical doctors was covered. A sample size of three hundred and twenty-seven (327) employees were drawn from the population. The simple random sampling technique was utilized on each of the selected firms. Data were gathered using copies of questionnaires and only two hundred and eighty-eight copies of questionnaire were retrieved and used. The retrieved data were analysed using the Pearson product moment correlation. The findings revealed that quality of leadership has negative relationship with absenteeism and tardiness. However, job demand was positively and significantly related with the two measures of withdrawal behaviour. It was concluded that psychosocial work factor in organisations influences the rate of withdrawal behaviour displayed by the medical doctors in the teaching hospitals. It was recommended amongst others that the management of the teaching hospitals should display high level of quality leadership to enhance positive work behaviour and thus reduce withdrawal behaviour among medical doctors.*

Key words: *Absenteeism, Employee Withdrawal Behaviour, Job Demands, Psychosocial Work Factor, Quality of Leadership, Tardiness*

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1.0 Introduction

Maintaining and keeping a talented employee and reducing their withdrawal behaviour is essential and beneficial to the health and wellbeing of the organisation. It is important to reduce withdrawal behaviour among doctors in this recent time resulting to high performance of the Nigerian health sector. This need has intensified in recent times owing to the outbreak of Corona Virus (Covid-19) pandemic in the early year of 2020 in Nigeria. Manalel and Joy (2016) contended a need to reduce withdrawal behaviour among employees because talented employees are the drivers of the present-day knowledge-based economy. Kaplan, Brandley, Lachman and Hayness (2009) defined withdrawal behaviour as an attributes and behaviour displayed by workers in the job when they decide for some reasons to participate less. Shapira-Lishchinsky

and Even-Zohar (2011) remarked that the ability of organisations to reduce withdrawal behaviour among medical practitioners will help boost the standard of patient care.

Oh (1995) contended that withdrawal behaviour are mostly reactions of workers because they are dissatisfied with the work. From the above assertion, it is assumed that enhancing the psychosocial work factor could boost one's satisfaction and thus reduce negative behaviour like withdrawal behaviour among employees in the workplace. The concern of psychosocial work factor is reflected in making work more human because of its impact on worker's health and satisfaction. Some scholars presented job demands, job control, co-worker support, reward, work-family conflict, schedule control, job security, quality of leadership, sense of community, role conflict, reward as the dimensions of psychosocial work factor (Williams, Buxton, Hinde, Bray & Berkman, 2018; Berthelsen, Westerlund, Bergstrom & Burr, 2020). Daphine (2019) addressed nurses' withdrawal behaviour from the standpoint of work environment and job satisfaction. A negative relationship was observed between work environment and job satisfaction on withdrawal behaviour. Despite the various attempts to address withdrawal behaviour in organisation using different constructs, there are dearth of work by scholars on how psychosocial work factor relates with employee withdrawal behaviour among medical doctors in teaching hospitals in South-South Nigeria. This study thus bridges these observed lacunas.

Statement of the Problem

In Nigeria, retaining highly talented medical personnel has been a critical issue over the years. Research has shown that doctors and nurses are continuously in search for better opportunities in the advanced countries. More unfortunately, many in charge of teaching hospitals do not really worry about the consequence of these continuous exits on the effectiveness and performance of the organisation. This is owing to the wrong philosophy held by many which assert that "soldier go, soldier come, barrack remain". The challenge of high withdrawal behaviour among medical doctors in Nigeria was observed in the survey carried out by Ihua and Nsofor (2018). From their survey, it was observed that 83% of doctors that filled the survey who are based in abroad are licensed in Nigeria. Shaw et al., (2005) argued that withdrawal behaviour among nurses reduces the excellence of health care of the patient. Withdrawal behaviour has a tendency to persist if the psychological and social needs of the employees are not well managed in the workplace. Daphine (2019) stated that it is essential to identify conditions that affect worker's satisfaction and wellbeing to address the issue of withdrawal behaviour. Psychological withdrawal among medical doctors is detrimental also to the achievement of the organisation. Norlund (2011) and Ceballos-Vasquez et al., (2015) noted that psychosocial work factor affects satisfaction and health of workers. However, despite several attempts to address the continuous rise in withdrawal behaviour, the problem persists. It is on this premise that this study examined how psychosocial work factor in terms of quality of leadership and job demands relate to withdrawal behaviour among medical doctors in teaching hospitals in South-South, Nigeria.

Objectives of the Study

The objectives of the study are to examine the relationship between:

- i. Quality of leadership and absenteeism among medical doctors in teaching hospitals in South-South, Nigeria.

- ii. Quality of leadership and tardiness among medical doctors in teaching hospitals in South-South, Nigeria.
- iii. Job demands and absenteeism among medical doctors in teaching hospitals in South-South, Nigeria.
- iv. Job demands and tardiness among medical doctors in teaching hospitals in South-South, Nigeria.

Research Questions

The following research questions are proffered as a guide in the study;

What is the relationship between:

- i. Quality of leadership and absenteeism among medical doctors in teaching hospitals in South-South, Nigeria?
- ii. Quality of leadership and tardiness among medical doctors in teaching hospitals in South-South, Nigeria?
- iii. Job demands and absenteeism among medical doctors in teaching hospitals in South-South, Nigeria?
- iv. Job demands and tardiness among medical doctors in teaching hospitals in South-South, Nigeria?

Research Hypotheses

The following null hypotheses served as tentative answer to the research questions;

Ho₁: There is no significant relationship between quality of leadership and absenteeism among medical doctors in teaching hospitals in South-South, Nigeria.

Ho₂: There is no significant relationship between quality of leadership and tardiness among medical doctors in teaching hospitals in South-South, Nigeria.

Ho₃: There is no significant relationship between job demands and absenteeism among medical doctors in teaching hospitals in South-South, Nigeria.

Ho₄: There is no significant relationship between job demands and tardiness among medical doctors in teaching hospitals in South-South, Nigeria.

2.0 Review of Related Literature

The study is anchored on expectation theory. The theory of expectancy was first in Vroom's theory of Valency –Instrumentality–Expectancy (VIE) (1964). In this theory, Valency stood for value, it was said that instrumentalities were the conviction that if one thing was done, it would lead to something else while expectations were said to lead to results. The Modern Expectations Theory states that all actions are based on the expectation that the two-polar pressure will be placed on the relationship between organisational employees. First, management is under pressure to recompense employees to their performance expectations and secondly, to make sure that employees meet employee expectations.

Four assumptions support the theory of expectation (Vroom, 1964). One hypothesis is that people join organisations in expecting their needs, motivations, and experience. Second, a mindful choice results in an individual's behaviour. Third, people want things different from the company. A fourth hypothesis is that people choose between alternatives to optimise their results. The organisation needs to understand the motivations of its employees, as what works for one person cannot work for another. The theory of expectancy also proposes that workers have several expectations. When such expectations are well satisfied, such enhances their psychosocial state which thus influences their withdrawal behaviour.

Operational Framework

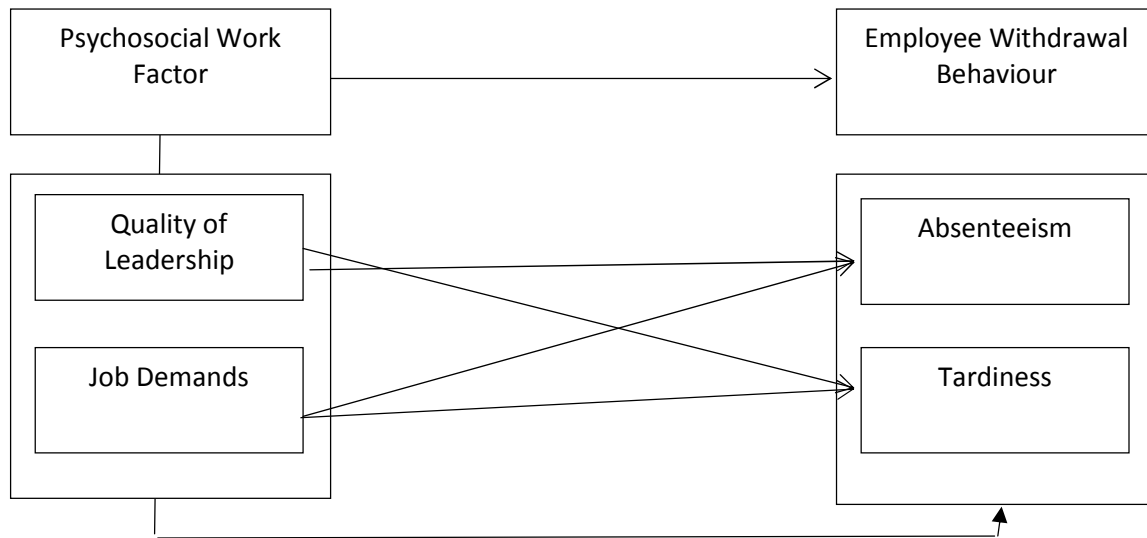


Figure 1: A Conceptual Model Showing the Link between Psychosocial Work Factor and Employee Withdrawal Behaviour.

Source: Adapted from Smith, Micich and McWilliams (2016).

Concept of Psychosocial Work Factor

Psychosocial work factor is defined as an interaction between work environment, content of job, conditions of organisation and abilities of workers that may influence health, work satisfaction and performance. Seigrist and Marmot (2004) described psychosocial work factors as the spectrum of opportunities for individuals to fulfil their well-being. The health impact of occupational stress factors may be mediated by psychological well-being, physiological excitement and risk behaviour (e.g. smoking cigarettes, excessive alcohol consumption) (Niedhammer, Goldberg & Leclerc, 1998). The physical workplace contextualises the layout and design of the office while psychological considerations include job, congruity, and supervisors' social support. Policy provided work arrangements and agreements reached with employers and unions in harmony with our human resources policies for staff arising from the industrial tools. Heavy workloads increases absenteeism, self-reported ill health, mental illnesses and anxiety (Arnold, 2003). In comparison, uncoordinated tasks can also increase tension and adversely affect well-being and job satisfaction (Mika, 2006).

The psychosocial aspect of work environment in current and future societies is widely seen as a major issue. They apply to interactions of conditions of working and environments, organisational conditions, working functions and material, initiative, the individual characteristics of workers and of their families (Vischer, 2008).

Quality of Leadership

Quality leadership in alignment with Feigenbaum (2007) is an arena where the philosophy for empowering and guiding the continuous pursuit or quest for excellence by workers throughout the establishment is on the basis of quality. Feigenbaum (2007) posited that it is about creating the domain of trust, honest communication, and openness to inspire the advancement of distinct quality improvement. The author argued that leaders explicitly have the responsibility to enhance the system, which denotes to ensure on a continuing basis, for employees to do a better job through greater satisfaction. Personal qualities required by a leader to carryout and retain development toward a quality management culture involves motivation, cognitive ability, drive, self-confidence, integrity, honesty, confidence, charisma, and knowledge (Puffer & McCarthy, 1996).

Leadership as a key constituent in every establishment which influences the firm's fortune and determine harmonious relationship that may exist amongst the employees. Leadership in firms is a process by which one exercises influence calculatedly over others to sharpen the rapport and behaviours of staffs in organisation (Ukaidi, 2016). In Yuki (1994), it was maintained that leadership idea varies considerably among scholar. Leadership is sometimes viewed in in relation to personal behaviour, individual traits, interactive influence and a blend of these. Leadership denotes an influence that is social, exhibited by someone to gain the support of different individuals in the attainment of a common objectives.

Job Demands

Job demand is an attribute of a task which requires sustained efforts. Further, it can be seen as the extent an organisation's working environment entails certain stimuli that requires some effort. If more effort is need to meet up with goals, job demand may have negative result (Al-Homayan, et al., 2013). Although job demands might not be negative, they can be job stressors in achieving goals because much work connected to higher cost is needed which gives negative responses such as anxiety, depression, and burnout. Job demands are divided into two, challenge job stressors and hindrance job stressors.

The term challenge job stressors are those stressors which can promote the personal growth of workers, career growth and may include high level of workload, time pressure and many responsibilities. Hence, they are viewed as positive stressors because of its characteristics abilities to reward the employee (Cohen-Charash & Spector 2001). The term "hindrance job stressors", refers to an unpleasant, undesirable, and excessive factors in the process of work which impede the ability of an employee to meet target with a specific job that an employee carry out, such as role overload, role conflict, and role ambiguity. Thus, they are viewed as negative aspects of job demands (Al-Homayan et al., 2013).

Concept of Employee Withdrawal Behaviour

Many organisations have incurred great expenses because of withdrawal behaviours (Lobene & Meade, 2013). Management of organisational usually desire to have more productivity and profits and reducing organisation costs. This desire is made futile by withdrawal behaviours because work hours are lost by staff to covering for absent employees, increasing their workload (Lobene & Meade, 2013). Enterprise may be at risk -losing profit when personnel do not report for their apportioned days. Organisation will therefore either become short-staffed or must pay additional employees' overtime to fill the vacancy. This becomes an additional cost unprepared for (Frick, Goetzen, & Simmons, 2013).

The works of Jones (2009); Gordon (2010); Onuoha and Ezeribe (2011) showed that workers not treated fairly have more chances of engaging in unexpected behaviours. especially when there is a feeling of entitlement associated with unfairness perceptions. Also, employee can display some unusual attitude in organisation because of a breach of contract by the employer (Bolin & Heatherly, 2001), perceptions of maltreatment (Chiu & Peng, 2008), feelings of disrespect, injustice, threat to self and frustration (Griffin & Leary-Kelly, 2004) and when the employee is in financial trouble or feel slighted (Finn, 2013). Timms et al., and Llies et al. (2012), Nguyen et al. (2013), and Zimmerman et al. (2012) discussed withdrawal behaviour to include employee tardiness, turnover intention and absenteeism since each behaviour represents some substantial removal or withdrawal from the place of work.

Absenteeism

No general definition of workplace absenteeism exist in literature. Hanebuth (2008) considers the absence of duties or responsibilities to be the usual trend, although Fodluck (2007) considers that the absence is not a workplace trend. Absenteeism means the absence of employee from work with no reason, agreement, or intent. Sternhagen (1972) describes absenteeism as not reporting on work for employees when work is expected, i.e. when the payroll is actually used. Lack of work was increasing in all the world, he said, despite the constructive programs that many businesses attempt to regulate absenteeism and delay. Patrick (2013) notes that unexcused absenteeism results in reduced productivity, low moral expectations, and increased burden on other workers. The employee and employer are affected by absenteeism at the workplace. Some researchers showed that absenteeism is negatively connected with job satisfaction and engagement, and an indicator of leadership questions such as the toxic working conditions. The presence at non-work includes, in part, annual leave, long-term service leave and associated leave from non-illness, such as parental leave or maternity leave. A wider concept of absenteeism requires no presence at work, where work is scheduled for attendance. This includes leave without sickness; many special leaves, such as leave of regret; and time lost in industrial conflicts. Bayram, Gursaka and Bilgel (2009) maintain that absenteeism violates the contract between the employer and the worker. It also constitutes an output deviation and a show of work problem (Bentley, 2013)

Tardiness

Tardiness affects organizational productivity and efficiency (Blau 1994; Steers & Rhodes, 1978) and absenteeism (Martocchi, 1992; Steers & Rhodes, 1978). A decrease in the morale and/or

work motivation of the colleagues of tardy or absent employees has also been showed (Jamal, 1984). Employee tardiness is defined as starting of work after the agreed starting time as approved by employee and employer (Adler & Golan, 1981).

There are several causes of tardiness that are preventable, one of which is linked to the personality of the employees. Delonzor (2002) in her studies classified workers who come late to as deadliners. They possess a habit of subconsciously being drawn to the adrenaline rush of finishing at the last minute. They are the procrastinators that need deadlines to keep motivated. Unfortunately, as they wait too long to begin, they always have trouble meeting the required time frame. Another category according to her classification are called the producers. Those are the people who try to do too much in too little time. This means they overburden themselves and become inefficient. The employee starting work late is intentionally or unintentionally communicating dissatisfaction or negative feelings with the employer. Low job satisfaction and a lack of organisational commitment contributes to the job withdrawal behaviour of lateness.

Empirical Review

The effects of organisational citizenry behaviour (altruism, courtesy, sports and general conformity) were investigated by Smith, Micih and McWilliams (2016) on employee withdrawal (turnover, absenteeism, and tardiness). Data was collected from employees (N=334), with (N=624) Data analysis showed that job satisfactions were related to the conduct of organisational citizenship and retroactively linked to the overall retirement behaviour of employees.

Different assumptions concerning the effects on withdrawal behaviour by people-oriented leadership, their restraint by subordinate and the relationship between withdrawal behaviour have been tested in a Peruvian Call Center (N = 255). Leóna and Morales (2018) Evidence showed an independence from unstated absenteeism from the intent of turnover, negative effects of people-oriented leadership on the intention for subordinated turnover regardless of subordinate employability, and interactive effects of leadership x employability on subordinate uncertified absenteeism. Based on the increasingly absent from highly employable subordinates and decreasing absenteeism among low-employment workers, people-oriented monitoring influences each other. Employees in call centres are susceptible to slowness, absenteeism and turnover as their jobs are low wage, low-skilled and cause high stress. Supervisors thus achieve better performance and reduced sales.

In Karachi's urban middle school, Malik Ladhani and Bhamani (2013) examined students' continuous lateness. The aim was to improve the timing by providing rewards and incentives to identified middle school students to observe each decline in their lateness. It also concentrated on encouraging and transforming parents' and teachers' behaviour to late school students. Design actions were implemented and eight students were selected to intervene in certain strategies. Then the intervention for the identify students was planned for six weeks and incentives were provided for them in due course. The post test was conducted using similar measures after the weeks of intervention. The data included two phases of observations, pre-operational and post-intervention observations by reviewing the attendance register. It was revealed that the late students in the post-intervention course were significantly changed. These results underline the significance of connection between institutional reward practices and student behaviour.

3.0 Methodology

The cross-sectional survey which is a type of the quasi-experimental design was used in this study. The accessible population was 2079 medical doctors from 5 teaching hospitals in South-South Nigeria owned by the federal government. Krejcie and Morgan (1970) was used to arriving at a sample size of 327. Thus, 327 questionnaires were distributed to employees in the 5 teaching hospitals. The simple random sampling technique was used. This technique was used because it gives a true representative of the entire population and reduces the tendency for researcher bias in selecting the sample case. The independent variable (psychosocial work factor) was measured in terms of quality of leadership and job demand. Quality of leadership was measured using 5 items (e.g., My immediate supervisor displays high leadership quality in my organisation) and 5 items were used in measuring job demand (e.g. In my organisation, I hardly have time to complete all my work tasks). Also, the dependent variable (Employee withdrawal behaviour) was measured in terms of absenteeism and tardiness Absenteeism was measured using a set of 5 items (e.g., I am often absent from work) and 5 items was used in measuring tardiness (e.g. In my organisation, I come to work late without permission) Items were rated on a 4-point Likert scale ranging from 1-strongly disagreed, 2-disagree, 3-agree, and 4-strongly agreed. The Pearson product moment correlation was used in analysing the bivariate hypotheses through the help of Statistical Package for Social Sciences (SPSS) version 25.0.

4.0 Result

327 questionnaires were distributed to respondent, however, only 296 (91%) copies were returned and only 288 (88%) were well completed and used for the study. The hypotheses test was undertaken at a 95% confidence interval, implying a 0.05 significant level. The decision rule is set at a critical region of $p > 0.05$ for acceptance of the null hypothesis and $p < 0.05$ for rejection of the null hypothesis.

Table 1: Quality of Leadership and Absenteeism
Correlations

		QUALITY OF LEADERSHIP	ABSENTEEISM
QUALITY OF LEADERSHIP	Pearson Correlation	1	-.671
	Sig. (2-tailed)		.000
	N	288	288
ABSENTEEISM	Pearson Correlation	-.671	1
	Sig. (2-tailed)	.000	
	N	288	288

From Table 1 a significant level $p < 0.05$ ($0.000 < 0.05$) is seen, this means a significant relationship between Quality of Leadership and Absenteeism exist. A correlation value of $r = -0.671$ implying a strong negative relationship between both variables. This entails that as one variable increases the other decreases, that is, a positive impact of quality of leadership result a corresponding decrease in the level of absenteeism. The study therefore observes a strong negative and significant association between both variables.

Table 2: Quality of Leadership and Tardiness

		Correlations	
		QUALITY OF LEADERSHIP	TARDINESS
QUALITY OF LEADERSHIP	Pearson Correlation	1	-.547
	Sig. (2-tailed)		.000
	N	288	288
TARDINESS	Pearson Correlation	-.547	1
	Sig. (2-tailed)	.000	
	N	288	288

The result of the analysis in Table 2 shows a significant level $p < 0.05$ ($0.000 < 0.05$), $\rho = -0.547$ between Quality of Leadership and Tardiness. A correlation value of $r = -0.547$ implying a negative relationship between Quality of Leadership and Tardiness. An increase in one variable decreases the other, that is, a positive impact of quality of leadership result a corresponding decrease in the level of tardiness of the employees. The study therefore observes a strong negative and significant association between Quality of Leadership and Tardiness.

Table 3: Job Demands and Absenteeism

		Correlations	
		JOB DEMAND	ABSENTEEISM
JOB DEMAND	Pearson Correlation	1	.680
	Sig. (2-tailed)		.000
	N	288	288
ABSENTEEISM	Pearson Correlation	.680	1
	Sig. (2-tailed)	.000	
	N	288	288

The above result shows a significant level $p < 0.05$ ($0.000 < 0.05$), $\rho = 0.680$ between Job demands and Absenteeism. This means a significant relationship between Job demands and Absenteeism exist. A correlation value of $r = 0.680$ implying a strong positive relationship between the two variables. Thus an increase in one variables leads to increases of the other, that is, an increase in job demands is followed by a corresponding increase in the level of absenteeism. The study therefore observes a strong positive and significant association between Job demands and Absenteeism.

Table 4: Job Demands and Tardiness

		Correlations	
		JOB DEMAND	TARDINESS
JOB DEMAND	Pearson Correlation	1	.514
	Sig. (2-tailed)		.000
	N	288	288
TARDINESS	Pearson Correlation	.514	1
	Sig. (2-tailed)	.000	
	N	288	288

Table 4 shows a significant level $p < 0.05$ ($0.000 < 0.05$), $\rho = 0.514$ between Job demands and tardiness. This means ta significant relationship between Job demands and Tardiness exist. A

correlation value of $r = 0.514$ implying a positive relationship between both variables. Thus an increase in one variables leads to increases in the other, that is, an increase in job demands result a corresponding increase in the level of tardiness. A positive and significant association between Job demands and Tardiness is observed in the study.

5.0 Discussion of Findings

Emanating from the findings of the field survey, the study realized the following.

Quality of Leadership and Absenteeism

Based on the bivariate analysis on the nexus between quality of leadership and absenteeism, it was observed that quality of leadership to relate significantly with absenteeism with P-value of 0.000 which was less than 0.05 level of significant ($p\text{-value} = 0.000 < 0.05$). Thus, the null hypothesis was rejected. However, the correlation outcome of $r = 0.671$ indicates that when quality of leadership in the teaching hospital increase, the deny of doctors displaying absenteeism reduces. The r-value of -0.671 shows that quality of leadership to a high extent influences absenteeism. The r^2 of 0.45 shows that a unit change in the quality of leadership will account for up to 45% variation in absenteeism rate. Thus, quality of leadership in the teaching hospital is very vital in tackling the challenge of absenteeism. This finding agrees with that of Tharenou (2006) which pose that the kind of leadership style displayed by organization can reduce absenteeism. Van Dierendonck (2007) highly recommended quality leadership in terms of transformational leadership style; giving employees responsibilities reduces absenteeism. Thus, quality of leadership reduces absenteeism among medical doctors. If an employee receives support from their leaders, this can provide an environment in which the employee attend work often (Van Dierendonck, et al. 2007).

Quality of Leadership and Tardiness

Result of analysis on how quality of leadership relates with tardiness revealed a noteworthy relationship between quality of leadership with tardiness, given a less p-value than the level of significance ($p=0.000 < 0.05$). The hypothesis which was given in null form was thus rejected and the alternate hypothesis was accepted. The correlation value (r) was -0.547. This indicate a negative relationship between quality of leadership and tardiness among doctors in the teaching hospitals in south-south, Nigeria. The negative relationship implies that the tardiness among medical doctors reduces when there is quality of leadership in place. In essence, poor leadership can intensify employee tardiness in the teaching hospitals. Furthermore, the r^2 was 0.299. This denotes that a unit change in quality of leadership in the teaching hospitals will account for up to 29.9% total variation in tardiness among the medical doctors. Hence, quality of leadership is a vital tool for reducing negative behaviour of tardiness in organisations. This finding concurred with that of Benkhoff (2007) and Laschinger and Finegan, (2002) which observed that if employees perceive their supervisor as competent and like their leadership style, they will be more satisfied and committed to the organization which thus reduces tardiness among the employees in the organization.

Job Demands and Absenteeism

Result of the fourth hypothesis on how job demands relates with absenteeism showed a p-value which was less than the significant level ($p=0.000 < 0.05$). This connotes that job demands relates significantly with absenteeism among medical doctors in teaching hospitals in south-

south, Nigeria. The null hypothesis was rejected and the alternate hypothesis was accepted. When the job demands is high without a corresponding resources in meeting up with such demands, such induces stress in the individual which could result in the display of absenteeism. The correlational value (r) was 0.680. This is to say that job demand has a strong positive relationship with absenteeism rate among medical doctors in the teaching hospital. An increase in job demands will thus result in high increase in absenteeism. Furthermore, the r^2 of 0.46 implies that a unit change in job demands will account for 46% total variation in absenteeism among the medical doctors in teaching hospital. Thus, one can assert that higher job demand is a contributory factor to the rise in the level of absenteeism displayed in organisation. This finding agrees with that of This finding agrees with that of Hekanen et al (2006) which observed that increase in job demands result in task difficulty, reduces enthusiasm and intensifies absenteeism in the workplace.

Job Demands and Tardiness

Drawing from the bivariate analysis as how job demands relates with tardiness, it was observed that there exists a substantial relationship between job demands and tardiness among medical doctors in teaching hospitals in south-south Nigeria. This is because the p-value of 0.000 was less compared to level of significance of 0.05 ($p-0.000 < 0.05$). In alignment with the decision role, the null hypothesis was rejected, and the alternate hypothesis was accepted. Tardiness increases among doctors when there is high job demand. Thus, increase in job demands will intensify the tardiness which is a negative behaviour in organisation. The correlation value (r) of 0.514 shows a high link between job demands and tardiness in organisation. The r^2 of 0.26 implies that a unit change in job demands among medical doctors in teaching hospitals, account for up to 26% total variation in tardiness. This finding agrees with that of Chen et al (2017) which remarked that job demands increases counterproductive work behaviour in the organization. Chen and Spector (1992) observed that job demands results in the display of negative work behaviour.

6.0 Conclusion and Recommendation

Withdrawal behaviours among medical doctors in the teaching hospital is detrimental to the success and wellbeing of the organisation and health sector in Nigeria. However, ensuring quality of leadership will help reduce the rate of absenteeism of doctors in the teaching hospitals. The higher the job demands, the higher the absenteeism among the doctors. Again, tardiness in among doctors can also be intensified by the level of job demand in the hospitals. When the job is highly demanding, such increases the tardiness in the teaching hospitals. Again, a positive organisational culture, enhances the psychological state of the employees which hence reduces their withdrawal behaviour in their organisations. Conclusively, psychosocial work factor in organisations influences the rate of withdrawal behaviour displayed by the medical doctors in the teaching hospitals. From the conclusion reached, the following recommendations are hereby proffered.

1. The management of the teaching hospitals should display high level of quality leadership to enhance positive work behaviour and thus reduce withdrawal behaviour among the medical doctors.
2. Job requirement of doctors should be structured in a way to avoid work overload, as such will help eliminates high absenteeism rate among the doctors in the teaching hospitals.

3. The positive psychological state of the medical doctors should be given some level of concerns by reducing activities that poses strain on the workers as such will help reduce turnover intention among the doctors.
4. The management of the teaching hospitals should also ensure that necessary requirements to carry out a particular job are given to the doctors to reduce job strain and withdrawal behaviour in the organisation.

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