

**THE EFFECT OF WORKPLACE CARE ON COUNTERPRODUCTIVE BEHAVIOR:
MEDIATED BY WORKPLACE ISOLATION**

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ABSTRACT

To explore the impact of workplace care on negative workplace isolation and counterproductive behavior, a research model was constructed based on the Social Exchange Theory and Social Identity Theory. Employing a questionnaire survey method, a total of 537 employees were surveyed. Structural equation modeling and regression analysis were employed for analysis. The findings revealed that workplace care negatively affects employee counterproductive behavior, workplace care negatively affects workplace isolation, workplace isolation positively influences employee counterproductive behavior, and workplace isolation serves as a mediator between workplace care and counterproductive behavior. This study contributes by delving into the relationship between workplace care and counterproductive behavior, unveiling the mediating role of workplace isolation. This research expands the theoretical framework of workplace psychology and offers organizations more specific and effective management strategies. In addressing workplace care, organizations should emphasize employees' emotional needs to reduce feelings of workplace isolation.

Keywords: Counterproductive Behavior; Workplace Care; Workplace Isolation.

1. INTRODUCTION

Taking into consideration factors such as workplace harassment, workplace isolation, and job stress, it is found that these elements collectively influence employees' intent to leave. Among these, workplace violence is the foremost concern among surveyed employees, encompassing "malicious exclusion or isolation" (66%) and "deliberate complication and problem creation" (20%). In response to these issues, individuals opt for indifference and patience, communication and collaborative solutions, or even proactively changing their work environment (Fu et al., 2017).

Workplace care and isolation may arise due to factors like new employees, personal traits, communication skills, and status. Instances of exclusion, isolation, and neglect might occur within the workplace, where both superiors and colleagues could exhibit intentional exclusion or isolation behaviors. Such behaviors can undermine employees' confidence and lead to psychological and emotional stress (Cai & Liu, 2017). A congenial workplace atmosphere and a spirit of teamwork, including positive coworker relationships, effective interpersonal communication, and supportive leadership, can alleviate job stress. Enhanced self-confidence aids in the smooth completion of tasks and the reduction of job-related stress.

Workplace care benefits organizations as employees perceive care from peers and superiors, coupled with company attention and management, resulting in internal satisfaction and contentment. Prolonged exposure to such care fosters a belief in reciprocation among employees, leading to positive behaviors like collaboration and the propagation of positive energy (Cacioppo

et al., 2006). When encountering challenges, employees receiving care and support experience reduced job stress. This sense of inner contentment often translates into trust and loyalty towards the organization, motivating behaviors advantageous to the organization. Research suggests a connection between employee loyalty and counterproductive behavior (Huo & Chang, 2019). Iqbal (2017) confirms the relationship between care and response, where care influences response behavior through employee loyalty.

Counterproductive behavior encompasses deliberate actions that harm the organization or its members, such as theft, absenteeism, and rumor-spreading, resulting in direct or potential harm to the organization, like decreased employee satisfaction and productivity. Understanding the antecedents of counterproductive behavior and implementing care measures are crucial for employee well-being and organizational performance.

In conclusion, this study poses the following questions:

Research Question 1: How does workplace care influence employee counterproductive behavior?

Research Question 2: How does workplace care influence workplace isolation?

Research Question 3: How does workplace isolation influence employee counterproductive behavior?

Research Question 4: Does workplace isolation mediate the relationship between workplace care and counterproductive behavior?

2. RESEARCH HYPOTHESES

Workplace care assists employees in dealing with challenges and stress at work (Zhao et al., 2022). When employees feel supported and understood by the organization, they are better equipped to handle difficulties and alleviate job-related stress, thereby reducing counterproductive behavior stemming from job pressure (Szostek, 2021). Furthermore, workplace care can foster emotional stability among employees, thus minimizing negative behaviors resulting from emotional instability (Szostek, 2019). Workplace care can ignite a positive attitude and emotional experience toward work, enhancing the sense of job significance (Schilbach et al., 2020). When employees perceive organizational attention and recognition, they are more likely to engage wholeheartedly in their tasks and take their responsibilities seriously, subsequently decreasing the likelihood of engaging in counterproductive behavior. Building on these premises, this study proposes the following research hypothesis:

H1: Workplace care negatively influences employee counterproductive behavior.

Colakoglu et al. (2022) suggest that organizations emphasizing workplace care often cultivate a positive work culture that accentuates teamwork and mutual support. In such a workplace culture, employees are more likely to experience a sense of belonging, thereby reducing the likelihood of feeling isolated. Brooks and Greenberg (2022) indicate that workplace care addresses the mental and physical well-being of employees, offering emotional support and assistance. Employees who receive such support are more likely to maintain a positive psychological state, diminishing feelings of isolation stemming from personal issues. Kustiawan et al. (2022) argue that workplace care can enhance employee engagement. When employees are satisfied and content with their work environment, they tend to foster positive relationships with colleagues and the organization, thus diminishing the potential for experiencing isolation. Based on these considerations, this study presents the following research hypothesis:

H2: Workplace care negatively influences employee workplace isolation.

When individuals perceive isolation in the workplace, it can lead to reduced engagement in their work and diminished trust in the organization's fairness (Sahai et al., 2021). Employees may feel undervalued and excluded, generating negative emotions and skepticism about organizational equity. These negative emotions might manifest as emotional instability, irritability, anxiety, and depression (Hunter & Chekwa, 2019). Moreover, individuals might adopt negative coping strategies, including retaliatory behavior. When individuals experience isolation and mistreatment, they might attempt to alleviate negative emotions and stress through responding and retaliating (Chekwa, 2018). Retaliatory behaviors could entail hostility towards colleagues, deliberate disruption of workflow, disclosure of confidential information, or actions detrimental to the organization's interests. Particularly for the current generation of employees born in the 1990s and 2000s, due to relatively affluent family backgrounds and a nurtured sense of autonomy, employees are more likely to proactively combat workplace mistreatment. However, such retaliatory actions are typically counterproductive and result in negative consequences for both the individual and the organization. In light of these considerations, this study posits the following hypothesis:

H3: Workplace isolation positively influences employee counterproductive behavior.

Workplace care not only enhances employees' emotional experiences and positive attitudes but also reduces negative states (Mao et al., 2019). The purpose of counterproductive behavior is to negatively impact the organization or harm other members. Gürlek's (2021) research indicates that when employees perceive care, they are more likely to exhibit positive work behaviors, willingly contribute to the organization, and refrain from responding to mistreatment through counterproductive actions. The positive emotions and trust instilled by workplace care can mitigate the tendency for employees to engage in counterproductive behavior, contributing to organizational harmony and stability (Zhao et al., 2022). Furthermore, workplace care can diminish employees' sense of isolation in the workplace (Szostek, 2019). When employees feel the care and support of the organization and colleagues, they are more likely to integrate into teams, strengthen their sense of belonging, and establish closer connections with colleagues. This enhanced interpersonal relationship effectively reduces the likelihood of employees feeling isolated at work, consequently reducing the opportunity for counterproductive behavior (Schilbach et al., 2020). Workplace care is not merely a unidirectional act of concern but also an active form of communication and interaction that fosters positive interpersonal relationships within the organization, enhancing teamwork and work efficiency (Andrade & Neves, 2022). Building on the above analyses, this study presents the following hypothesis:

H4: Workplace isolation mediates the relationship between workplace care and counterproductive behavior.

3. RESEARCH METHODOLOGY

3.1 Research Framework

Social Exchange Theory posits that individuals seek resource exchange and reciprocal relationships in social interactions. According to this theory, workplace care can be viewed as a resource, and employees meet their needs by receiving and perceiving support, subsequently offering positive returns to the organization, such as reduced counterproductive behavior. Workplace isolation, as an intermediary variable, illustrates how workplace care affects counterproductive behavior by diminishing feelings of isolation. The research framework, as depicted in Figure 1, is constructed accordingly.

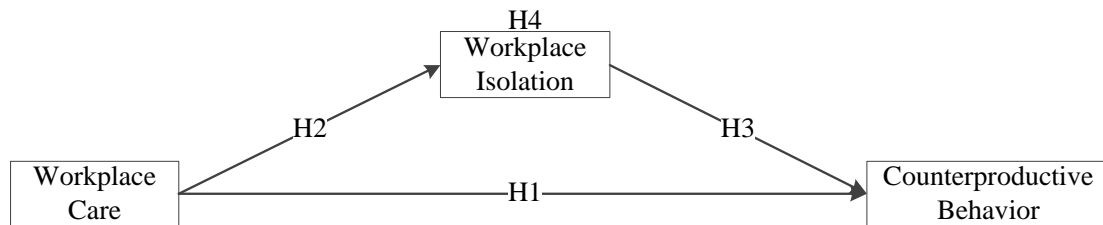


Figure 1 Research Model

3.2 Measurement Scales

Counterproductive behavior, as the dependent variable in this study, was measured using the scale developed by Bennett and Robinson (2000), which was adapted and translated. The original scale comprised 17 items. The Likert scale, employing a five-point scale, was used for scoring, with higher scores indicating a higher degree of counterproductive behavior. The α value for counterproductive behavior was 0.924, CMIN/DF=2.378, GFI=0.937, RMSEA=0.064, indicating good reliability and validity for the scale.

For the supervisor care dimension of workplace care, this study utilized the caring leadership scale developed by Tomkins and Simpson (2015), comprising a total of 15 items. The α value for workplace care was 0.882, CMIN/DF=2.987, GFI=0.912, RMSEA=0.072, demonstrating good reliability and validity for the scale.

The workplace isolation scale used in this study was developed by Johnson et al. (2012) and consisted of 12 items. A Likert scale with a five-point scale was used for scoring, where higher scores indicated a stronger sense of workplace isolation. The α value for workplace isolation was 0.917, CMIN/DF=2.876, GFI=0.939, RMSEA=0.069, indicating good reliability and validity for the scale.

3.3 Sample Collection

This study will target existing workers from various industries as survey respondents and will distribute questionnaires using convenience sampling to investigate the relationship between workplace care and counterproductive behavior. A total of 576 questionnaires were collected for this study. After excluding 39 invalid questionnaires with consistently consecutive responses or short completion times, there remained 537 valid questionnaires, yielding an effective response rate of 93.23%. Descriptive statistical analysis was first performed on these 537 questionnaires.

The sample used in this research was carefully selected to ensure its representativeness for the research objectives. Demographic characteristics of the participants were considered to ensure diversity and balance in the sample. The gender distribution of the sample was 258 males (48.04%) and 279 females (51.96%), indicating a relatively balanced gender ratio. In terms of age distribution, there were 142 participants below 25 years old (26.44%), 159 participants aged 26-35 (29.61%), 107 participants aged 36-40 (19.93%), 89 participants aged 41-50 (16.57%), and 40 participants above 50 (7.45%). The majority were concentrated in the 25-40 age range, especially the 26-30 age group, consistent with the target working population. In terms of educational background, the distribution included 119 participants with high school education or below (22.16%), 226 participants with an associate degree (42.09%), 115 participants with a bachelor's degree (21.42%), 58 participants with a master's degree (10.80%), and 19 participants

with a doctoral degree (3.54%). This diverse educational distribution facilitates a comprehensive analysis of variables. Regarding occupational status, the distribution included 271 regular employees (50.47%), 138 front-line supervisors (25.70%), 96 mid-level supervisors (17.88%), and 32 senior supervisors (5.96%), representing various hierarchical levels.

4. RESULTS

4.1 Correlation Analysis

In the provided table 1, descriptive statistics and correlation coefficients are presented for the variables under investigation. Workplace Care: The mean (M) of workplace care is 3.573, with a standard deviation (SD) of 0.879. Workplace Isolation: The mean of workplace isolation is 3.035, with a standard deviation of 1.074. There is a negative correlation between workplace isolation and workplace care, with a correlation coefficient of -0.500**. This indicates that as workplace care increases, workplace isolation tends to decrease. Counterproductive Behavior: The mean of counterproductive behavior is 2.869, with a standard deviation of 0.892. There are negative correlations between counterproductive behavior and both workplace care (-0.587**) and workplace isolation (0.499**). This suggests that higher levels of workplace care are associated with lower levels of counterproductive behavior, while higher levels of workplace isolation are associated with higher levels of counterproductive behavior.

Overall, these descriptive and correlation analyses provide an initial understanding of the relationships among the variables, indicating potential associations between workplace care, workplace isolation, and counterproductive behavior. Further analyses and modeling would be necessary to confirm and understand these relationships in more detail.

Table 1 Descriptive and Correlation Analysis

Variable	M	SD	1	2	3
Workplace Care	3.573	0.879	1		
Workplace Isolation	3.035	1.074	-0.500**	1	
Counterproductive Behavior	2.869	0.892	-0.587**	0.499**	1

Note: ** $p < 0.01$

4.2 Structural Equation Model

To examine the influence of workplace care on workplace isolation and counterproductive behavior, single-arrow paths are drawn from the latent variable of workplace care to the latent variables of workplace isolation and counterproductive behavior. To test the impact of workplace isolation on counterproductive behavior, a single-arrow path is drawn from the latent variable of workplace isolation to the latent variable of counterproductive behavior. Here, career care is not indicated by an arrow, as it is an exogenous variable. Workplace isolation and counterproductive behavior are represented by arrows, as endogenous variables. Residuals need to be added to the latent variables of endogenous variables, as illustrated in Figure 2.

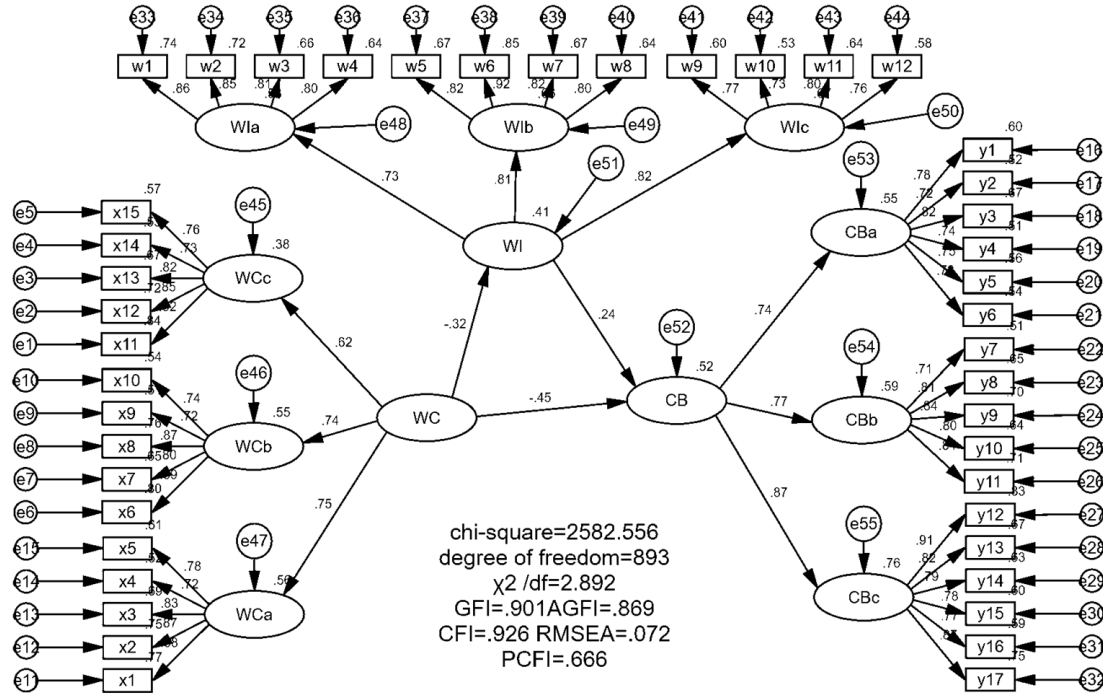


Figure 2 Path Analysis Diagram

Note: Workplace Care=WC; Counterproductive Behavior=CB; Workplace Isolation=WI

In the overall structural equation model, the χ^2/df ratio is 2.892, within the standard range. The goodness-of-fit indices are as follows: GFI = 0.901 (>0.9), AGFI = 0.869 (>0.8), CFI = 0.926 (>0.9), RMSEA = 0.072 (<0.08), PCFI = 0.666 (>0.5). Considering all these indicators, it can be concluded that the hypothesized theoretical model fits the data well. Thus, the overall model of the structural equation has been validated by the fit indices.

As shown in Table 2, workplace care significantly and negatively influences counterproductive behavior ($\beta = -0.454, p < 0.001$), supporting H1. Workplace care also exhibits a significant negative impact on workplace isolation ($\beta = -0.323, p < 0.001$), supporting H2. Additionally, workplace isolation has a significant positive influence on counterproductive behavior ($\beta = 0.237, p < 0.001$), confirming H3.

Table 2 Summary of Model Pathways

Path	β	SE	<i>t</i>	<i>p</i>	Results
WC→CB	-0.454	0.033	5.712	***	H1 support
WC→WI	-0.323	0.052	2.977	***	H2 support
WI→CB	0.237	0.051	2.065	***	H3 support

Note: *** $p < 0.001$; Workplace Care=WC; Counterproductive Behavior=CB; Workplace Isolation=WI

To observe the total effects and indirect effects among variables, the Bootstrap method in AMOS was employed to calculate the significance of each effect. Bootstrap was set to 5000 resamples with a 95% confidence interval, as shown in Table 3. In terms of indirect effects, the indirect effect of workplace care on counterproductive behavior is -0.077 and significant. This indicates that workplace care can indirectly influence employee counterproductive behavior through workplace isolation, suggesting that workplace isolation partially mediates the relationship between workplace care and employee counterproductive behavior. H4 is supported.

Table 3 Mediation Effect Test

Intermediary Path	Indirect Effect	<i>p</i>	CI 95%	
			Lower	Upper
WC→WI→CB	-0.323×0.237=-0.077	0.000	-0.225	-0.012

Note: Workplace Care=WC; Counterproductive Behavior=CB; Workplace Isolation=WI

5. CONCLUSION

This empirical analysis has revealed several key findings. Firstly, workplace care has a significant negative impact on employee counterproductive behavior. This result aligns with conclusions from scholars such as Mao et al. (2019), Szostek (2019), Schilbach et al. (2020), Gürlek (2021), Szostek (2021), and Zhao et al. (2022). It suggests that the higher the level of care employees receive in the workplace, the lower their engagement in counterproductive behaviors. Workplace care fosters a positive work environment and enhances employee experiences, thereby boosting motivation and satisfaction while reducing the occurrence of counterproductive behavior. This culture of care and support fosters trust and cooperation, creating a virtuous cycle that contributes significantly to organizational sustainability and stability.

Secondly, workplace care negatively influences employee workplace isolation. This outcome resonates with conclusions drawn by scholars such as Cacioppo et al. (2006), Hunter and Chekwa (2019), Kustiawan et al. (2022), Colakoglu et al. (2022), Brooks and Greenberg (2022), Andrade and Neves (2022), and Agyemang (2023). It implies that higher levels of workplace care correlate with lower degrees of workplace isolation. The presence of workplace care stimulates interaction and support among employees, enhancing their sense of belonging and identification and reducing feelings of isolation at work. This positive relationship and support network positively impact employee mental well-being and contribute to organizational stability and growth. Therefore, organizations should prioritize workplace care, cultivate a culture of care and support, and provide a conducive work environment and positive interpersonal relationships to mitigate workplace isolation.

Lastly, this empirical analysis has demonstrated that workplace isolation positively affects employee counterproductive behavior. This conclusion aligns with findings from scholars such as Chekwa (2018), Hunter and Chekwa (2019), and Sahai et al. (2021). It suggests that the greater the level of isolation employees feel in the workplace, the more likely they are to engage in counterproductive behavior. Higher levels of workplace isolation can exacerbate psychological and emotional issues among employees, decrease work motivation, and lead to avoidance of responsibilities and increased counterproductive behaviors. Consequently, organizations should address employees' sense of isolation in the workplace, foster positive interpersonal relationships and support networks, and provide a positive work environment and social support to reduce the likelihood of counterproductive behavior.

Moreover, this study has established that workplace isolation acts as a mediator between workplace care and employee counterproductive behavior. This outcome is consistent with conclusions from scholars like Mao et al. (2019), Szostek (2019), Schilbach et al. (2020), Gürlek (2021), Szostek (2021), Zhao et al. (2022), and Andrade and Neves (2022). Workplace care can indirectly mitigate employee counterproductive behavior by reducing workplace isolation. By diminishing employees' feelings of isolation, workplace care enhances their sense of psychological safety, social support, self-esteem, and confidence, as well as fostering positive emotions and job satisfaction. Indirectly, this leads to a decreased likelihood of engaging in counterproductive behavior. This finding underscores the significance of emphasizing employee care and support in organizational management, as it helps alleviate dissatisfaction and negative emotions among employees, thus maintaining organizational harmony and stability.

6. RESEARCH RECOMMENDATIONS

Based on the findings of this study, several research recommendations are suggested to further enhance our understanding of workplace dynamics and their effects.

Longitudinal Studies: Conducting longitudinal studies can provide insights into the long-term effects of workplace care and isolation on counterproductive behaviors. By tracking employees over an extended period, researchers can better understand how these variables evolve over time.

Cross-Cultural Analysis: Exploring the influence of workplace care and isolation across different cultural contexts can help determine whether the observed relationships hold true in diverse settings. Cross-cultural studies can provide valuable insights into the universality or context-specific nature of these dynamics.

Intervention Strategies: Investigate effective intervention strategies aimed at reducing workplace isolation and enhancing care. Developing and testing interventions such as workshops, training programs, or support networks can contribute to practical solutions for organizations to improve employee well-being and performance.

Mediating Mechanisms: Further delve into the underlying mechanisms that mediate the relationships between workplace care, isolation, and counterproductive behaviors. Understanding the psychological and behavioral processes through which these variables interact can provide deeper insights into their interconnectedness.

Organizational Context: Examine the impact of organizational culture, leadership styles, and policies on workplace care, isolation, and counterproductive behaviors. Analyzing how these factors interact with individual perceptions can offer a more comprehensive understanding of the dynamics at play.

Employee Voice: Investigate the role of employee voice and communication in mitigating workplace isolation and fostering a caring environment. Exploring how employees' ability to express concerns and suggestions impacts their sense of belonging and counterproductive behaviors is crucial.

In conclusion, these research recommendations aim to expand our knowledge of workplace care, isolation, and their implications for counterproductive behaviors. By exploring different dimensions, contexts, and mechanisms, researchers can contribute to the development of strategies that promote healthier work environments and enhance organizational effectiveness.

REFERENCES

- Andrade, C., & Neves, P. C. (2022). Perceived organizational support, coworkers' conflict and organizational citizenship behavior: The mediation role of work-family conflict. *Administrative Sciences, 12*(1), 20-34.
- Bennett, R. J. & Robinson, S. L. (2000). Development of a measure of workplace deviance. *Journal of Applied Psychology, 85*(3), 349-362.
- Brooks, S. K., & Greenberg, N. (2022). Mental health and psychological wellbeing of maritime personnel: A systematic review. *BMC psychology, 10*(1), 1-26.
- Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2006). Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses. *Psychology and Aging, 21*(1), 140-157.
- Cai, L. B., & Liu, B. (2017). The impact of workplace bullying on employee destructive behavior: The role of negative emotions and psychological resilience. *Psychological Technology and Application, 5*(1), 11-25.
- Chekwa, C. (2018). Don't be left out-fostering networking opportunities to reduce workplace isolation among ethnic employees in remote settings. *Journal of Competitiveness Studies, 26*(4), 217-235.
- Colakoglu, S., Chung, Y., & Ceylan, C. (2022). Collaboration-based HR systems and innovative work behaviors: The role of information exchange and HR system strength. *European Management Journal, 40*(4), 518-531.
- Fu, M. Y., Le, G. A., Ma, H. W. (2017). *Research on the Influence of Psychological and Social Safety Atmosphere and Team Negative Emotions on Workplace Bullying Behavior*. National Psychology Conference - Psychology and National Mental Health.

- Gürlek, M. (2021). Workplace ostracism, Syrian migrant workers' counterproductive work behaviors, and acculturation: Evidence from Turkey. *Journal of Hospitality and Tourism Management*, 46(1), 336-346.
- Hunter, D. & Chekwa, C. (2019). Workplace isolation among ethnic employees in remote work environments. *AIMS International Journal of Management*, 13(1), 23-38.
- Huo, Y. & Chang, H. (2019). Research on the relationship between ethical leadership and miners' counterproductive behavior. *Mining Safety & Environmental Protection. Jurnal Psikologi Industri Dan Organisasi*, 2(3), 183-190.
- Iqbal, C. S. (2017). Job insecurity and counterproductive behavior of call centers: The mediating role of affective commitment and moderating role of supervisor support. *Organizational Culture Management*, 14(1), 155-179.
- Johnson, R. B., Hertz, T. H., & Sin, H.-P. (2012). Psychological contracts and counterproductive work behaviors: Employee responses to transactional and relational breach. *Journal of Business and Psychology*, 27(3), 235-247.
- Kustiawan, U., Marpaung, P. A. R. D. A. M. E. A. N., Lestari, U. D., & Andiyana, E. (2022). The effect of affective organizational commitment, job satisfaction, and employee engagement on job happiness and job performance on manufacturing company in Indonesia. *WSEAS Transactions on Business and Economics*, 19(2), 573-591.
- Mao, C., Chang, C. H., Johnson, R. E., & Sun, J. (2019). Incivility and employee performance, citizenship, and counterproductive behaviors: Implications of the social context. *Journal of Occupational Health Psychology*, 24(2), 213-229.
- Sahai, S., Ciby, M. A., & Dominic, E. (2021). Workplace isolation amongst home-based teleworkers: Can psychological capital make a difference?. *Human Systems Management*, 31(2), 1-13.
- Schilbach, M., Baethge, A., & Rigotti, T. (2020). Why employee psychopathy leads to counterproductive workplace behaviours: An analysis of the underlying mechanisms. *European Journal of Work and Organizational Psychology*, 29(5), 693-706.
- Szostek, D. (2019). The impact of the quality of interpersonal relationships between employees on counterproductive work behavior: A study of employees in Poland. *Sustainability*, 11(1), 516-529.
- Szostek, D. (2021). Innovations in human resource management: Impact of demographic characteristics, quality of interpersonal relationships on counterproductive work behaviours. *Knowledge Management Research & Practice*, 21(1), 59-72.
- Tomkins, L., & Simpson, P. (2015). Caring leadership: A Heideggerian perspective. *Organization Studies*, 36(8), 1013-1031.
- Zhao, L., Lam, L. W., Zhu, J. N., & Zhao, S. (2022). Doing it purposely? Mediation of moral disengagement in the relationship between illegitimate tasks and counterproductive work behavior. *Journal of Business Ethics*, 179(3),