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Pathology of Administrative Violations: A Case Study in One of the Medical Sciences Universities of Iran

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ABSTRACT

Background: Nowadays, administrative violations are becoming a major problem for health care organizations. Therefore, the present study aimed to determine the type and extent of violations among staff working at a medical sciences university in Iran.

Methods: This Study was a cross-sectional as well as a descriptive study carried out in 2018. Data were gathered from the administrative violations investigation office of one of the medical sciences universities in Iran. All of the administrative violation records with a final verdict in 2017 were reviewed using the census method. Data entered into the Excel software V.2016, and $SPSS_{16}$ were analyzed using descriptive statistics.

Results: The most frequent reasons for committing the violations were personal and family problems (30 %), the prohibition to work by a spouse (11 %), illness (10 %), and intention to immigrate to another country (8 %). Other causes of administrative violations included heavy work shifts and night shifts; a sense of responsibility towards patients of other doctors; a defect in the doctor's timetable registration system; commuting problems; inadequate payment and benefits; lack of familiarity with workplace laws; delay in the payment of fee-for-service in comparison to doctors; and the decision to continue education.

Conclusion: Organizations need to develop an effective mechanism to prevent administrative violations and manage them efficiently. If a mechanism is not competently designed to investigate and identify the deviations and threats to organizational health, it can lead to violation of rights within the organizations.

Key words: Administrative violations, Human resources, Human resources management, University of Medical Sciences

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Introduction

Viable development and sustainability in the current competitive environment have led organizations to focus on human resource development because human resources are recognized as the most valuable assets of the organizations (1). Organizations, despite the type of function and variety in their performance, face many challenges such as optimizing the organizational structure, reengineering the processes and services, increasing productivity, improving quality, cost and revenue management as well as manpower management. Lack of effective control and management of these types of challenges can engage organizations with injustice and inequality, corruption, and increased malicious behaviors (2). Therefore, paying attention to the competitive environment among healthcare organizations in private and public sectors and the developments that have taken place in this area in the administrative-management system justify the need for efficient and effective human resources more than any other time (3).

The literature and the research conducted in recent decades indicate that social-occupational violations are not a new issue. The concept of job violation has been investigated in organizations since the mid-1900s. However, due to the obvious and dysfunctional economic and social costs associated with organizational violations (4), and because of the effects it always has had on organizational performance and reputation, it is a concept that has attracted several researchers to investigate this issue closely over time (5,6).

There are many definitions and categories for occupational violations and misconduct by many scholars; however, researchers have concluded that administrative violations are generally divided into four groups of financial deviations, administrative-organizational misconduct, and aggressive and political behaviors (6). In financial violations, such as embezzlement or theft, the person seeks to waste the government and organization resources to reach their personal goals. Violations such as attending the workplace with delay, leaving the workplace sooner and without permission, disclosure of information, non-implementation of organizational procedures are considered administrative-organizational violations (5, 7). Aggressive behaviors, which is another group of violations, aim to jeopardize individuals and organizations' reputation by carrying out activities such as aggressive and hostile acts, slander and defamation, harassment, and violence. Supporting a particular group that leads to other people's detriment is called political violations that include spreading rumors, blaming, and negative and unhealthy competition (7, 8).

According to a report by Carroll in 2017, there has been an increasing trend for fraud and corruption in global organizations since 2012. According to this report, physical and financial theft, conflict of interests, information theft, and workplace violence were the most common types of reported violations in the healthcare, pharmacy, and biotechnology sectors (9). Many studies have widely examined the normative and positive behaviors in the healthcare sector; however, less attention has been paid to negative behaviors or what is known as occupational violations. Results of published studies have shown that roughly 95 % of organizations face deviant behaviors, and 75 % of these deviant behaviors include theft and aggressive behaviors in the workplace that may be observed in the private sector as well (10-12). Furthermore, studies showed that although deviant behaviors at work are a major issue in most organizations, they are widely noticed in underdeveloped and developing countries with low literacy rates and more poverty (13).

According to the abovementioned facts, the rationale of the present study was to effectively develop professional ethics, manage individual-social deviant behaviors properly, pay attention to the quality of services delivered to the community, promote the professional performance of staff, manage the human resources, and increase the employees' satisfaction. All of these challenges require the

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use of scientific evidence to make informed decisions by health policymakers. Therefore, this study can provide a good understanding of the frequency of administrative violations, their causes, distribution, and management over time. Thus, the present study aimed to determine the type and extent of violations among the staff workers at a medical sciences university in Iran.

Materials and Methods

This was a cross-sectional and descriptive study conducted in 2018 to determine the type and extent of violations among staff workers at a medical sciences university in Iran. Data were gathered from the administrative violations investigation office of one of the medical sciences universities in Iran. All of the administrative violation records with a final verdict in 2017 were reviewed using the census method. Next, the required data were collected using a data-gathering form comprising of items developed according to the objective of the study. After obtaining the necessary permissions, all of the administrative violation records were read twice by two different members of the research team, and the relevant data in addition to the causes of administrative violations were extracted by coding. These causes were mentioned in their records by the staff themselves. Data were entered into Excel V.2016 and were analyzed using descriptive (Frequency, Percentage) statistics. The present study was approved by the ethics committee of Iran university of medical sciences (code: IR.IUMS.REC.1398.188).

Results

The researchers analyzed a total of 52 administrative violation records with a final verdict. 42.3 % of the records were related to nurses, and the rest were related to the other occupational groups. Moreover, 73.1 % of the records were for females, and the rest were related to males. Most of the study population (44.2 %) aged 30 to 39 years old. Married people had committed the most violations (90.4 %) in comparison to their counterparts. In terms of education, 48.1 % of the study participants had BSc, 23.1 % with a doctoral degree (including physicians and those with a Ph.D. degree), 17.3 % with an associate degree, and 9.6 % of them had a diploma. In terms of employment status, 90.4 % of the participants were officially employed, and the rest were contract employees. Moreover, 51.9 % of the study samples had a work experience of 1-10 years, 32.7 % with 11-20 years, and 15.4 % with 21-30 years (Table 1).

Results of the present study revealed that the main reasons for committing administrative violations included having personal and family issues (30 %), the prohibition of work by the spouse (11 %), illness (10 %), and intention to immigrate to another country (8 %) (Table 2).

Table 3 displayed that most of the administrative violations (72 %) were related to having unjustified absences alternately or sequentially. In 71 % of the reviewed records, people did not have any history of previous violations, 17 % with one case of violation, and 12 % had 2 cases of violations in their record.

The review of the primary verdicts announced by the board of directors on administrative violations reported that in 46 % of the cases, the verdict declared by the board was to fire the person from the organization.

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Table 1. Frequency Distribution of Administrative Violations Records by Demographic Variables

Variable	Occupational group	Frequency	Percentage
Job category	Physician	11	21.2
	Nurse	22	42.3
	Administrative staff	2	3.8
	Others	17	32.7
Gender	Female	38	73.1
	Male	14	26.9
Age (years)	20-29	2	3.8
	30-39	23	44.2
	40-49	12	23.1
	50-59	15	28.8
Marital status	Single	5	9.6
	Married	47	90.4
Education	Diploma and lower	5	9.6
	Associate degree	9	17.3
	BS.c	25	48.1
	MS.c	1	1.9
	PhD & M.D	12	23.1
Type of employment	Officially employed	37	71.2
	Contract	15	28.8
Work experience (years)	1-10	27	51.9
	11-20	17	32.7
	21-30	8	15.4

Table 2. Frequency Distribution of Causes of Administrative Violations

Causes of administrative violations	Frequency	Percentage
Heavy and night work shifts	5	5.26
A sense of responsibility for patients of other doctors*	2	2.1
Changing of the spouse's work to another city	4	4.21
Illness	10	10.52
Personal and family issues	33	34.73
Defect in the doctor's timetable registration system	2	2.1
Commuting to the workplace	2	2.1
Having over-friendly relationships with the clients	2	2.1
Following the doctor's orders**	2	2.1
Prohibition to work by the spouse	11	11.57
Intention to migrate abroad	8	8.42
Inadequate payment and benefits	4	4.21
Lack of familiarity with workplace laws	2	2.1
Job dissatisfaction	5	5.26
Delay in paying fee-for-service in comparison to physicians	2	2.1
Illness of a family member	4	4.21
The decision to continue education	2	2.1

*trying to help patients of other doctors without their doctor's permission
**for instance, a nurse follows the doctor's order even if it is not suitable for patient treatment

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Table 3. Frequency Distribution of Types of Administrative Violations

Clauses of article 8 of administrative violations	Types of administrative violation	Frequency	Percentage
Clause 1	Actions and behaviors contrary to the occupational or administrative aspects	1	1.81
Clause 2	Violation of relevant laws and regulations	1	1.81
Clause 3	Creating dissatisfaction with the client or not doing or delaying their legal affairs without reason	1	1.81
Clause 8	Leaving the service desk during office hours	1	1.81
Clause 9	Repetition in the delay of entry to the office or repetition of leaving the office without obtaining permission	1	1.81
Clause 10	Negligence in the preservation of property, documents, and public funds, and doing damage to state property	1	1.81
Clause 13	Failure to comply with the orders of higher officials within the scope of administrative duties	3	5.45
Clause 14	Underemployment or negligence in performing assigned tasks	1	1.81
Clause 21	Non-observance of the Islamic and religious aspects in the workplace	1	1.81
Clause 25	Any unauthorized use of employment or occupational position as well as facilities and government properties	1	1.81
Clause 29	Unplanned absences alternately or sequentially	42	76.36
Clause 33	Participating in sit-ins, strikes, illegal demonstrations, or incitement to sit-ins, strikes, and illegal demonstrations, and putting pressure on groups to elicit personal and illegal purposes.	1	1.81

Discussion

The aim of studies conducted in the field of human resources management is to provide evidence-based, suitable, and practical strategies for organization management (14). Consequently, investigating and studying the impact of human resources on health interventions and policies can be a basis for solving the shortage of scientific evidence and adopting human resources management strategies to achieve universal healthcare coverage (15). Healthcare organizations are now becoming the most active service organizations around the world. The healthcare sector is growing at an unimaginable speed and is connected with other sectors that affect the health of the community. Therefore, to carry out its responsibility to an optimum level, the health sector not only needs to pay attention to issues such as justice, access, and fair financial participation but also requires effective, accountable, and skillful clinical and non-clinical human resources (16, 17). Nowadays, administrative and occupational violations are becoming a major problem in health care organizations and may even affect the justice, accountability, spirituality, honesty, creativity, commitment, and competence of both the individuals and the organization (18).

The dynamics of each organization depend on its human resources; therefore, the adoption of various policies and laws by the leaders and managers of the organizations can either lead the staff towards committing deviant behaviors or preventing them from developing such behaviors within the organization (2). To overcome this inefficiency (organizational violations), healthcare managers must first identify them, then examine the determinants and effects of such deviant actions, and ultimately make acceptable and effective strategies to eliminate and reduce them. This study aimed to determine the type of organizational violations in one of Iran's medical sciences universities.

Considering that the method used in this study to collect the data was different from methods used in other studies, the authors could not completely compare the results of the present study with the other similar studies; however, this study could be

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the basis and pave the way for future research work. Similar results were claimed by researchers such as in 2012, Chirasha et al. (19), who pointed out that more than 75 % of employees in the organization were involved in violations such as theft, fraud, sabotage, and absence from the workplace. Another study disclosed that at least 95 % of the organizations experienced theft within the organization (4). Other studies have also indicated that about 50 to 75 % of the employees in organizations were involved with deviant behaviors. Some other studies have shown that more than 90 % of employees of organizations confessed to committing some types of violations (20). Therefore, it is crucial to identify types of violations and provide a supportive environment for staff so that they may confess to their violations. By practicing this, a healthy and accountable organization can be created both in the public and private sectors. The importance of accountability as one of the main goals of the health system with any system of mechanism and feature is a very important and valuable criterion for public and health policymakers. It requires the managers to work hard and mobilize all resources and facilities to improve organizational accountability (21). Literature review and witnessing the incidences occurring in the health sector show that improving the quality of health services at every level is an accepted strategy for understanding the current competitive environment. This can be recognized as one of the concerns of health care providers (22).

No organization can be successful in the present highly competitive environment without human resources. The human resources of any organization are believed to be the competitive advantage of that organization. Since all health care services in every health system are delivered by its human resources; therefore, human resources management plays a vital role in the success of health system in each country Evidence has shown that human resources have been the most important resources in providing quality and effective healthcare services (23, 24). In any organization, if human resources are satisfied with what they do and what they get in return from the organization, it is clear that the organization can provide more productive, innovative, and committed staff to deliver health care services (15). It should be noted that the current study did not have any serious limitation in terms of having access to the violation records of the staff. The research team was provided with a room within the organization to review the records thoroughly.

Conclusion

Based on the results of the present study, it can be concluded that organizations need to develop a proper mechanism to prevent deviant behaviors and manage them effectively. Not having a proper mechanism to investigate and identify such deviations can lead not only to the violation of rights within the organizations, reduce the responsiveness, satisfaction, and quality of health care services but also waste valuable human-economic resources, ultimately leading to a reduction in the efficiency and effectiveness of organizational activities.

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Conflict of interests

The authors have no conflict of interests relevant to this article to disclose.

Authors' contributions

Safari H and Rahmani H designed research; Khosravi B, Rajabi Gh and Asgari M conducted research; Panahi Tosanloo M and Habibi F analyzed data; and Khosravi B, Safari H and Rajabi Gh wrote manuscript. All authors read and approved the final manuscript.

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References

1. Tuzun IK, Kalemci RA. Workplace deviance and human resource management relations: A case study of Turkish hotel employees. Journal

[Downloaded from jebhpme.ssu.ac.ir on 2026-09-15]

[DOI: 10.18502/jebhpme.v5i1.5642]

of Human Resources in Hospitality & Tourism. 2018; 17(2): 137-53.
2. Malik P, Lenka U. Integrating antecedents of workplace deviance: utilizing AHP approach. Journal of Indian Business Research. 2018; 10(1): 101-22.
3. Pulich M, Tourigny L. Workplace deviance: strategies for modifying employee behavior. The Health Care Manager. 2004; 23(4): 290-301.
4. Sulaiman M, Bhatti OK. Workplace deviance and spirituality in Muslim organizations. Asian Social Science. 2013; 9(10): 237.
5. Berry CM, Ones DS, Sackett PR. Interpersonal deviance, organizational deviance, and their common correlates: A review and meta-analysis. Journal of Applied Psychology. 2007; 92(2): 410.
6. Cohen-Charash Y, Mueller JS. Does perceived unfairness exacerbate or mitigate interpersonal counterproductive work behaviors related to envy?. Journal of Applied Psychology. 2007; 92(3): 666.
7. Chen C-T, King B. Shaping the organizational citizenship behavior or workplace deviance: Key determining factors in the hospitality workforce. Journal of Hospitality and Tourism Management. 2018; 35: 1-8.
8. Soltani I. Management roles in staff Violations. Tadbir J. 2002; 13(126): 126.
9. Research Kc. Global Fraud & Risk Report. 2018.
10. Appelbaum SH, Iaconi GD, Matousek A. Positive and negative deviant workplace behaviors: causes, impacts, and solutions. Corporate Governance: The International Journal of Business in Society. 2007; 7(5): 586-98.
11. Henle CA, Giacalone RA, Jurkiewicz CL. The role of ethical ideology in workplace deviance. Journal of Business Ethics. 2005; 56(3): 219-30.
12. Rana H. Deviant workplace behaviour and organizational role stress in the corporate sector. 2015.
13. Nasir M, Bashir A. Examining workplace deviance in public sector organizations of Pakistan. International Journal of Social Economics. 2012; 39(4): 240-53.
14. Ones DS, Viswesvaran C, Schmidt FL. Realizing the full potential of psychometric meta-analysis for a cumulative science and practice of human resource management. Human Resource Management Review. 2017; 27(1): 201-15.
15. Taderera BH, Hendricks SJH, Pillay Y. Human resource for health reform in peri-urban areas: a cross-sectional study of the impact of policy interventions on healthcare workers in Epworth, Zimbabwe. Human Resources for Health. 2017; 15(1): 83.
16. Mustafa T, Zhou L, Abdullahi ZJ, Nisar N. Stimulating Work Ethics among Healthcare Professionals: A Challenge to Healthcare Human Resource Development in Pakistan. Canadian Journal of Applied Science and Technology. 2017; 5(2).
17. World Health Organization. Global strategy on human resources for health: workforce 2030. Global strategy on human resources for health: workforce 20302016.
18. Habibi nodeh F, Roozbeh A, Grey S, Rajabi Vasokolaee G, Panahi Tosanloo M, Khosravi B. Investigating the Effective Factors to Prolongation Time of Employees' Administrative Violations in The Ministry of Health and Medical Education: A Qualitative Research. jhosp. 2018; 17(3): 65-78.
19. Chirasha V, Mahapa M. An Analysis of the Causes and Impact of Deviant Behaviour in the Workplace. Journal of Emerging Trends in Economics and Management Sciences. 2012; 3(5): 415-21.
20. Bennett RJ, Marasi S, Locklear L. Workplace deviance. Oxford Research Encyclopedia of Business and Management. 2018.
21. Piroozi B, Mohamadi Bolban Abad A, Moradi G. Assessing Health System Responsiveness after the Implementation of Health System Reform: A Case Study of Sanandaj, 2014-2015. Iranian Journal of Epidemiology. 2016; 11(4): 1-9.

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[DOI: 10.18502/jebhpme.v5i1.5642]

22. Simonsen J, Hertzum M, Scheuer JD. Quality Development in Health Care: Participation vs. Accreditation. Nordic Journal of Working Life Studies. 2018; 8(3).
23. Saif NI, Sartawi KS. Relationship between human resource management practices and perceived performance of employees in Jordanian hospitals. Planning. 2013; 3: 1, p129-35.
24. Chaulagain N, Khadka DK. Factors influencing job satisfaction among healthcare professionals at Tilganga eye centre, Kathmandu, Nepal. International Journal of Scientific & Technology Research. 2012; 1(11): 32-6.

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