Perceptions of organizational value and unethical/deviant behaviors among lecturers in Archeology and Religion and Cultural Studies
An intervention study

Joseph Nnaemeka Chukwuma, PhD[a], Moses Onyemaechi Ede, PhD[b], Ifeoma Salome Chukwuma, PhD[b], Eddy M. Izueke, PhD[c], Joy Nneka Uchenye Ejikeme, PhD[d,*], Chinyere Isaac Madukwe, PhD[d], Christopher N. Ibenwa, PhD[e], Nnadi Fabian Uzochukwu, PhD[e], Michael Chigozie Anyaehie, PhD[a], Obiageli Kay Nkechi Omali, MA[f], Christian Ikechukwu Nnadi, PhD[e], Nnamdi Ugochukwu Ijeudo, PhD[e], David C. Ononogbu, PhD[e], Omaka Kalu Ngele, PhD[e], Robert Nyakuwa, PhD[g] [ORCID], Andrew Nnabuchi Ogbochie, PhD[c]

Abstract

Background: Understanding an organization's ethical standards assists employees in abiding by stipulated rules and regulations and reduces the prevalent rate of inappropriate behaviors. Unfortunately, some workers do not know and as a result, they become dysfunctional, affecting their professional identities. Given this, scholars have called for psychoeducational strategies that coach workers to improve their perceptions. With this in mind, we investigated the impact of psychoeducational coaching on workplace ethical perceptions and deviant behaviors among lecturers in Archeology and Religion and Cultural Studies.

Methods: A group randomized control design was adopted, and a sample of lecturers was assigned to intervention and control groups using a simple allocation sequence method. Three dependent measures were used to assess the participants' irrational beliefs, work values, and deviant behaviors before the intervention, after, and 2 months later as a follow-up test. Data collected were cued into SPSS version 28. A multivariate analysis was performed to test postulated hypotheses at .05 probability level.

Results: The results showed that rational-emotive behavior occupational coaching has a significant impact on reducing unethical work values and work-deviant behaviors among lecturers in Archeology and Religion and Cultural Studies. The finding of this study justified the effectiveness of rational-emotive behavior therapy (REBT) approaches in treating irrational beliefs that occasioned work-deviant behaviors among the employees.

Conclusion: It is concluded in this study that rational-emotive behavior occupational coaching is beneficial and effective in decreasing unethical work values and work-deviant behaviors among lecturers in Archeology and Religion and Cultural Studies. Therefore, REBT practitioners should liaise with lecturers in Archeology and Religion and Cultural Studies to advance the practice of REBT in workplaces.

Abbreviations: ERIBS = employee rational and irrational beliefs scale, OVS = organizational Values Scale, REBT = rational-emotive behavior therapy, SMS = short message service, SPSS = Statistical Packages for Social Sciences, WDBS = Work Deviance Behavior Scale.

Keywords: Archeology and Tourism, deviant behaviors, occupational health coaching, REBT, Religion and Cultural Studies, workplace ethical perceptions

1. Introduction

Studying phenomena entails developing a critical understanding of its underlying meaning or its etymological perspective. The phenomenon in question is referred to be "religion and cultural studies." The program places a strong emphasis on applying Christian truth to Africa's cultural context. Students are taught

[a]Department of Philosophy, University of Nigeria, [b]Department of Educational Foundations, University of Nigeria, [c]Department of Public Administration and Local Government, University of Nigeria, [d]Humanities Unit, School of General Studies, University of Nigeria, [e]Department of Religion and Cultural Studies, University of Nigeria, [f]Department of Archaeology and Tourism, University of Nigeria, [g]Harare Institute of Technology, University of Stellenbosch, Zimbabwe.

* Correspondence: Joy Nneka Uchenye Ejikeme, Humanities Unit, School of General Studies, University of Nigeria (e-mail: joy.ejikeme@unn.edu.ng).

the fundamental theological tenets of Islam and other global religions, with a focus on Christianity. The program's main goals are to give students the necessary information, perspectives, values, and abilities related to religion and cultural studies. Given the foundations, the religion and cultural study programs have placed students, and, possibly for university graduates, it is expected that they build positive value systems and avoid inappropriate behaviors. These will inform their operational standards. The operation of socially directed activities is determined by a variety of elements that make up the institution. These activities with a social orientation are managed by human factors.

On the other hand, the use of physical remnants to investigate the past of humans is known as archaeology. Anything that humans made, altered, or utilized can be included in these remnants. Archaeologists are interested in learning about the daily routines, political systems, interpersonal relationships, and beliefs and values of people. Understanding how these beliefs influence the value systems and behaviors in the workplace deserve to be studied. Knowing lecturers' interpretations of values and behaviors calls for empirical qualitative and quantitative studies.

Promoting positive work attitudes among the employees has been a source of concern to researchers. Most organizations recently witnessed some unacceptable and unethical work attitudes like deviant behaviors among the employees[1,2] Ibekwe and Inyanga[3] argue that ethics in the business community is a code of conduct or a set of rules of correct conduct in the sense of things one must do in order to avoid trouble with the law. As a set of conduct, it determines all acceptable right types of attitudes and effective communication in the workplace.[4] Doing that, how employees work is being regulated by the standards of operation.[5] This shows that ethical values or norms are obviously established to maintain borderline, curtail staff measures, maintain a work-friendly environment, and good human relationships among the professionals and clients to achieve worthwhile goals.

All the employees are expected to conduct their duties fairly and honestly, maintaining the best practices and strong commitment to sound ethical and professional standards of the organization, guiding the stakeholders within the industry to comply with applicable laws and regulations, and reaffirming and clarifying individual and corporate members' rights and obligations. Contrary to the organizational standards or rules of conduct is deviant behavior. Being deviant could be a result of negative perception. Some of them have rigid thoughts about how they want to respond to organizational customers, neglecting the organizational ethical principles and regulations. Cases abound where staff may wish to do business within the same organization.

Like other countries, Nigerian workplaces have a standard that workers are expected to obey. School staff is expected to abstain from verbal and physical assaults of students, coemployees, and other stakeholders. They are enjoined to abstain from discrimination but treat all students equally regardless of age, sex, religion, ethnicity, color, language, or disability. Contrary to the set standards, the literature reviewed indicated that some employees working in the bank and school engage in erratic and unethical behaviors capable of undermining organizational goals.[6,7] These acts have continued to promote deviance in schools and banking institutions.

A behavior devoid of good is a bad act or an illegal act punishable by law. Another study posits that unethical behavior is not accepted in any professional world.[8] This statement is not exceptional, especially among the employees in the schools and banks. The unethical behaviors include withholding customers' balance, negligence, conflict, sexual abuse, quarreling among members, lack of commitment to duty, absenteeism, and lateness to duty.[9,10]

Individual inability to meet up as required by the organizational code of conduct and home assignment could predispose individual employees to engage in unacceptable conduct within the domains of his/her primary assignment. This could also undermine the successful growth of the organization and increase the psychosocial dysfunctionality of the person if not addressed urgently. Thus, such psychological distress emerging from the workplace and its effect on individual-related family problems could be regarded as an important factor responsible for negative attitudes toward work life.[11] This implies that some deviant and pessimistic behaviors exhibited by workers in the workplace could be associated with employees' negative perceptions.[2]

Available evidence has remarked on the prevalence of unethical behavior among workers across the discipline. Shulman[12] reported the incidence of deviant behavior among workers in Texas and Florida, 21% was reported stealing, 22% reported calling coworkers insulting names, 37% made fun of coworkers accents, and 12% prepared and intentionally served contaminated food to people. Also, in an evaluation conducted by the United States Chamber of Commerce, the study reveals that 35% and 75% of employees engages in deviant and unethical act.[13] In Australia, a study revealed that 31% and 35% of employees directly attack supervisors.[14] In Nigeria, deviant behaviors cases have been reported among educational employees.[15] Given this, it is practically impossible to neglect giving attention to such an affected population since the impact could endanger the quality of service delivery of the organization.

Thus, evidence-based therapy has been remarked to be effective in treating deviants and unacceptable behaviors among educators.[2,16] Similar studies reported the effectiveness of rational emotional behavioral intervention in treating occupational dysfunctions among employees.[15,17,18] In the same vein, this study applied the same principles for altering irrational beliefs influencing unethical and deviant behaviors in schools. Bearing in mind that it is possible that if the workers are reoriented and disoriented using principles of rational-emotive behavior therapy (REBT), it restructures their pessimistic beliefs about the workplace. There is no doubt the undue influence of the work environment could make workers vulnerable to distress[19] and inappropriate behaviors. Thereby exposing them to irrational beliefs and unethical behaviors.[2,16] Therefore, the occupational health approach of REBT was adopted in this study to test the effect on workers' ethics and deviant behaviors.

Occupational health approach of REBT is a practical-based and psychoeducational strategy aimed at altering and changing irrational beliefs to realistic and productive beliefs. The approach was first used by Ogbuanya et al[17] to change irrational beliefs of organizational dysfunctional thoughts. Based on the significant impacts, different studies have confirmed the benefits.[20] Given the improved organizational growth and quality of work life among the populations working, it becomes necessary to extend it to other workers in different workplaces. This is because the organizational core and shared value are set to enable people to live as one in relative peace, improves healthy living, and cope with life challenges.[21]

The occupational health approach shares assumptions that helping individual employees alter their irrational thoughts and erroneous beliefs would produce a functional organization. It is believed that irrational thoughts and erroneous beliefs generate unhealthy interpretations of realities. It assumed that demandingness creates maladjustment, leading depressed state.[22,23] In other words, any employee who holds erroneous or irrational beliefs regarding situations will automatically achieve below expectations.[24] Thus, if the challenging situation is interpreted irrationally, the employee would be vulnerable to different challenging situations including deviant behaviors in his/her working environment. Thus, we opine that unethical and deviant behavior among employees occurs once a situation is wrongly interpreted. Given this, Ekwueme et al[15] posit that whenever irrational beliefs are dominated, emotional disorder continues. This follows the underlying principle of REBT, which

maintains that irrational cognitions play a significant role in causing emotional distress and self-defeating behaviors among the individual.[25]

Prior research findings have established the existing relationship between erroneous thoughts and unhealthy behaviors that could induce poor service output.[2,15,26] This is in line with REBT propositions that people can react emotionally and behaviorally in a healthy or unhealthy way to setbacks, mistreatment, and bad luck. Based on existing studies, it is evident that illogical beliefs give rise to negative emotions, various pathological disorders, and a variety of maladaptive behaviors that compromise mental well-being.[27] As the predictive variable causes negative work ethics and deviant behaviors, we argued that delivery of REBT-based coaching to workers sharing destructive, unrealistic thoughts would improve the standard of work life. Hence, the current study examined the effectiveness of the occupational health approach of REBT in changing workplace unethical and deviant behaviors among lecturers in Archeology and Tourism, Religion and Cultural Studies. Hypothetically, we assumed that there would be a significant decrease in work ethics scores of participants exposed to the occupational health approach of REBT compared with the comparison group at posttest and follow-up, respectively. There will be a significant effect of the occupational health approach of REBT in reducing the negative perception of deviant behaviors of participants in the REBT group compared with their counterparts. There will be a significant interaction effect of group and gender with regard to work ethics and deviant behaviors.

2. Materials and Methods

2.1. Procedure

From the beginning of this study, we distributed fliers to schools and banks creating awareness for our proposed research. In the fliers, we specify that workers in Archeology and Tourism, Religion and Cultural Studies were invited to participate in this study. The emails and WhatsApp numbers of the research team were included. A few days later, 187 people freely shared their contacts with us, indicating interest in participating. The letter distributed contained the following points: participation in the program is voluntary; must have been in the service for at least 5 years; must not have received any psychological treatment within the last 2 years; and must not be on probation. Those who met the study criteria were invited to participate in the study via short message service and WhatsApp inbox. Meanwhile, those who did not meet the study criteria were dropped. Those that indicated interests were assessed prior to the treatment to ascertain the baseline data using dependent measures, including the employee irrational beliefs scale. After the baseline condition assessment, 111 people were identified with negative work value perception and deviant behaviors. Following this, we adopted sequence allocation to determine respective groups. The number that met the study criteria were divided into 2 viz, intervention (n = 56 participants) and control (n = 55 participants) groups, using simple random allocation sequence GPower 3.1 software by Faul et al.[28] As the process of participant recruitment is going on, we took adequate care to eliminate selection bias during participants' recruitment and randomization by concealing the allocation sequence from the study participants and research assistants. Equally, we blinded the data analyst until the analysis was completed by concealing most of the details in the instrument that could reveal the group that received the actual treatment intervention. All these attempts were in a bid to eliminate possible bias that participants might negatively interpret.

Thus, intervention was given to the participants in occupational health approach of REBT. The group was exposed to a 12-session intervention program aimed at addressing irrational belief remarked among the organizational employee,

which have predispose them into exhibiting deviant behavior in their various working place. The module was organized as follows: in sessions 1 to 4, the therapist focused on general introduction, establishment of therapeutic relationship, principles and guiding rules among the participants, the conceptual meanings of workplace deviant behavior, and irrational beliefs. Sessions 5 to 7 focus on familiarizing the participants with rational-emotive family health intervention, purpose, and approach. Sessions 8 and 9 focus on assisting the participant to identify and clarify irrational thought and unhealthy beliefs that induces psychoemotional distress in a working place. Sessions 10 and 11 deal with helping the participant discover how to recognize normal beliefs and rational self-statement with automatic and wholistic disputation of irrational thought, which has been identified as the cause of emotional distress and replacing those irrational/unhealthy emotions with rational and healthy ones so as to cope up with the challenges of psychological distress and enjoy psychological and emotional healthiness. Finally, session 12 focused on the revision of the previous exercise and termination. At the end of the 12-week program, participants in the intervention group were informed that they would be reconvened again for other important assignments.

While understanding the participants had irrational beliefs about work values and unethical behaviors, a cognitive restructuring technique was applied to dispute the pessimistic operational views. Specifically, the disbelief about themselves and the workplace that led to poor practice, low productivity, and negligence of professional duties was targeted and disputed accordingly. Also, participants were exposed to the process of controlling self gradually. How to take conscious control of bodily functions that were previously believed to be uncontrollable. The participants in intervention group were further assigned to 3 subgroups where each person was asked to see self in a 2-way mirror, which allowed them to see and alter their positions and facial expressions. At this point, the coaches instruct them to view the person standing in the mirror as a deviant. As they do that, some automatically start releasing emotions (catharsis). The therapists used electromyography, a computer monitor/sensor that lets participants view their bodies, use feedback to control their physiology healthily and see how stress affects physiology. This technique assisted them and the therapists in monitoring how they felt about the unethical work behaviors and values. This was to achieve biofeedback. Others included motivational enhancements, problem solving, reinforcement, and so on. The researchers equally sent reminder message to all the participants. This is to mark a month follow-up assessment to determine the retention level of the participants over the interventions they received.

2.2. Intervention

In line with the previous research, the current study adapted the occupational health manual modified by Ede et al[2] to address unethical and deviant behavior in the workplace orchestrated by irrational beliefs. The manual was modified giving the nomenclature surrounding both the populations and the environment with the sole aim of assisting lecturers and bankers to decrease the level of irrational belief that orchestrated an undue of unacceptable and deviant behaviors that is against the ethics of the organizations. It also aimed at assisting the employee in acquiring REBT skills and techniques for them to deal with distorted perceptions affecting their workplace environments. Thus, the program was designed to run through a 12-week period of 12 therapeutic sessions of 1 hour at each meeting and a 2-week follow-up test conducted after 2 months. The therapeutic technique employed includes mood relaxation, cognitive restructuring, disputation exercise, and stretching, following a similar procedure employed by previous researchers.[15,20]

2.3. Occupational therapists

The experts that delivered intervention to the participants in the experimental group were 2 females and 1 male. They were experts in counseling psychology and had practiced cognitive therapy for over a decade. The REBT treatment manual was given to them a month before the commencement of the intervention program to study and make possible suggestions and corrections. Their corrections added quality to the intervention package.

2.4. Measures

2.4.1. Work Deviance Behavior Scale.
Work Deviance Behavior Scale was developed by Bennet and Robinson.[29] The instrument was developed as a measure to checkmate deviant behaviors among individuals in a workplace. The instrument is a 19-item scale, subscaled into 2 major item scales viz: 12-item scales and 7-item scales. The 12-item scale focused on assessing deviant behaviors that are directly harmful to the organization (organizational deviance). The 7-item scale focuses on deviant behaviors that are directly harmful to other individuals within the organization (deviant behaviors that affect individuals directly). Participants were asked to rate how often they engaged in each behavior, from 1 (never engaging in the behavior) to 7 (engaging in the behavior daily). The highest score of the response indicates high engagement in workplace deviant behavior and a low score indicates less engagement. The unit average of organizational deviance (0.81α) and interpersonal deviance (0.78α) scale scores were used to compute the overall workplace deviance among school employees.[29] In this study, the internal consistency was measured as 0.82α. The validity of the instrument Work Deviance Behavior Scale has been validated in the following studies, for example, workplace deviant behaviors among school employees.[15]

2.4.2. Organizational Values Scale.
A 24-item self-report measure (Organizational Values Scale) that measures how organizational employees interpret the significance of their values to the workplace for which they worked.[30] Six measuring categories (Autonomy, Conservatism, Hierarchy, Egalitarianism, Harmony, and Mastery) are constructed from the 24 items. The participants' responses ranged from 0 (not important at all) to 10 (extremely important). The reliability of the scale was 87 utilizing Guttman lambda. A past study demonstrated that the scale is very valid and reliable using Nigerian employees.[16] In this study, we found an internal consistency of 0.76 using the current population.

2.4.3. Employee rational and irrational beliefs scale.
This study adopted the employee rational and irrational beliefs scale.

The instrument has 30-item scale with sole aim of measuring attitudes and beliefs among the employees. The instrument was developed by Digiuseppe et al.[31] Four irrational beliefs of the employee were considered as follows: demandingness, awfulizing, global evaluation, and frustration tolerance. The items of the instrument were rated in a 4-point Likert scale of strongly disagree (1 point), disagree (2 points), agree (3 points), and strongly agree (4 points). The internal consistency of the instrument in this study was measured as 0.82α. The reliability of the instrument has been demonstrated as follows: in a study conducted in United Kingdom, the scale was 0.78 Cronbach alpha[32]; in Iran, 91% reliability was reported[33]; in Nigeria, 0.88 Cronbach alpha was reported in a study conducted among the staff in University Medical Centers.[1] A similar internal consistency (0.87) was found in this study.

2.4.4. Ethical approval and participants.
The study participants were 111 lecturers in southeast, Nigeria. Permission to conduct this study was granted by the research team leader's university research ethics committee. This was to comply with the ethical standard as enshrined in the code of the American Psychological Association for conducting studies involving human beings. Consent to participate was declared by the participants. However, there was oral information encouraging the participants to withdraw once the individual wished to. The study participants were also assured of anonymity both during and after the program.

3. Results

The results in Table 1 present the outcome of participants who received an occupational health approach of the REBT program. The result shows no significant baseline difference between the participants in the intervention arm and comparison arm as measured by work value scores, $F(1, 110) = 5.711$, $P = .019$, $d = 2.99$. The postintervention reveals that there was a significant impact of the occupational health approach of REBT in improving the work value of the participants, $F(1, 110) = 275.887$, $P = .01$, $d = 2.99$. Two months later, the test (follow-up) shows that the significant impact of the occupational health approach of REBT in improving the work value of the participants was maintained, $F(1, 110) = 369.860$, $P = .01$, $d = 3.34$.

The results in Table 2 are the outcome of participants who received an occupational health approach of REBT program. At the pretest, the result shows no significant baseline difference between the participants in the intervention arm and comparison arm as measured by work-deviant behaviors scores, $F(1, 110) = 0.011$, $P = .915$, $d = 2.99$. The postintervention reveals that there was a significant impact of the occupational health approach of REBT in improving the work-deviant behaviors of

---

Table 1

The effect of occupational health coaching on work values.

Source	Dependent variable	Type III sum of squares	df	Mean square	F	Sig.	Cohen d
Group	OVSPretest	209.576	1	209.576	5.711	.019	
	OVSPosttest	13,045.878	1	13,045.878	275.887	.000	2.99
	OVSFollowUp	15,620.220	1	15,620.220	369.860	.000	3.34
Gender	OVSPretest	581.552	1	581.552	15.847	.000	
	OVSPosttest	1154.253	1	1154.253	24.410	.000	
	OVSFollowUp	1146.246	1	1146.246	27.141	.000	
Group * gender	OVSPretest	503.128	1	503.128	13.710	.000	
	OVSPosttest	148.238	1	148.238	3.135	.079	
	OVSFollowUp	344.581	1	344.581	8.159	.005	

OVS = organizational Values Scale.

a. R squared = .182 (adjusted R squared = .159).
b. R squared = .752 (adjusted R squared = .745).
c. R squared = .797 (adjusted R squared = .792).

Table 2

The effect of occupational health coaching on work deviance behaviors.

Source	Dependent variable	Type III sum of squares	df	Mean square	F	Sig.	Cohen d
Group	WDBSPretest	.297	1, 110	.297	.011	.915	
	WDBSPosttest	3227.321	1, 110	3227.321	180.008	.000	2.80
	WDBSFollowUp	5098.030	1, 110	5098.030	267.384	.000	3.43
Gender	WDBSPretest	32.184	1, 110	32.184	1.233	.269	
	WDBSPosttest	32.622	1, 110	32.622	1.820	.180	
	WDBSFollowUp	18.058	1, 110	18.058	.947	.333	
Group * gender	WDBSPretest	9.090	1, 110	9.090	.348	.556	
	WDBSPosttest	22.339	1, 110	22.339	1.246	.267	
	WDBSFollowUp	39.415	1, 110	39.415	2.067	.153	

WDBS = Work Deviance Behavior Scale.

a. R squared = .019 (adjusted R squared = -.009).

b. R squared = .674 (adjusted R squared = .665).

c. R squared = .757 (adjusted R squared = .750).

the participants, $F(1, 110) = 180.008$, $P = .01$, $d = 2.80$. Two months later, the follow-up test shows that the significant impact of the occupational health approach of REBT in improving the work-deviant behaviors of the participants was maintained, $F(1, 110) = 267.384$, $P = .01$, $d = 3.43$.

4. Discussion

Sustaining and restoring the vibes of an institution through reengineering the elements motivated this study. Part of the organs that build the institutional system is the attitudes of the workers. Therefore, reorienting the consciousness of manpower is a strategic step in sustaining values. Following this, this study found that rational-emotive behavior occupational coaching has a significant impact in reducing unethical work values and work-deviant behaviors among lecturers in Archeology and Religion and Cultural Studies. The finding of this study justified the effectiveness of REBT approaches in treating irrational beliefs that occasioned work-deviant behaviors among the employees. The significant improvement of this intervention is a clear indication that workers who have received the REBT principles would change their work attitude. Making acceptable value systems take its place in the Nigerian work environment. Interestingly, this study showed a long-term significant impact in improving the work value and reducing work-deviant behaviors of the lecturers.

Thus, the finding of this study is consistent with other research on the effectiveness of REBT approach[34] on family values among parents of children with visual impairment, in improving quality of life among parents.[35] The present study supports a past study that reported the reduction of irrational beliefs due to exposure to the REBT approach.[36] Hence, the effectiveness of therapeutic relevance in increasing higher levels of adaptation, adjustment, and treating work-deviant behavior among the employees to maintain good mental healthiness in both the home and workplace is recognized.

However, prior research has shown that employees could possibly exhibit irrational thinking in their course of discharging duties.[2,16,19] Such irrational belief is not limited to customers who must always respect me, the job is so stressful that married couples cannot do it else the family is jeopardized; I can't make a good future home should I continue with this job.[37] Also, when their expectations are lacking it could lead to psychological distress, depression, frustration, tension, and irritability, which negatively affects not only the employees' mental health but also service output and delivery.[38–40] All these irrational thoughts and their subsequent erroneous belief could be a result of a disconnection between their cognitive representation of the events or circumstances found within their workplace and the supposed existence or situation suitable for the ideal workplace for the employee.

Given that workplace demands place distressful situations, the employees create their own negative emotions because they often interpret their situations in a certain way in which their dysfunctional reactions stem directly from their beliefs. Therefore, it is important to expose employees to occupational health interventions that will have significant impacts on their cognitive and behavioral changes. This study has indicated a significant benefit of psychotherapeutic intervention.[41,42]

In terms of occupational practitioners, the utilization of REBT in fostering occupational well-being is very important, thus, lecturers in universities should engage themselves in practicing the components of REBT. It will help them to have positive thoughts about where they are working for. Practicing REBT will sustain and restore the dignity of labor in organizations, especially in educational settings where students expect positive compliance from lecturers. Lecturers with irrational beliefs are recommended to study cognitive and behavioral skills to know how to deal with them. Also, REBT practitioners in universities should assist them, if not, they will continue to engage in unethical and deviant behaviors that could lure them to workplace hazards. Lecturers in Religious studies should also incorporate some religious strategies into REBT skills to dissuade colleagues from unethical behaviors, as it is noticed that some lecturers practice acts that are forbidden in workplace settings. Following this, lecturers in Religious Studies could introduce REBT to religious curriculum. This will facilitate the teaching and learning of REBT principles in schools.

The practice of REBT could also be deepened by incorporating African culture into it. This could be effectively done by engaging Archeologists, especially behavioral Archeologists. There is no doubt that deviation from organizational conduct and values affects African values for humans. In African culture, especially in Nigeria, sexual abuse, physical abuse, bribery, and corruption are forbidden. Meanwhile, some lecturers get themselves involved in such acts. In the future, archaeology may contribute to rational-emotive studies by expanding the understanding of the roles that African cultures and environments play in influencing and expressing emotions, as well as by adding a sense of contextual historicity to the rational-emotive literature. Some historians of emotion have suggested that it would be more fruitful to concentrate on common emotional meanings, values, and norms rather than examining unique personal emotional experiences.[43] Some people in the African context are still doubting the role of emotions in occupational well-being and therefore exhibit deviant behaviors. By deepening REBT principles in the field of Archeology, some experts in culture will be exposed to an understanding of the controversy about emotions. We are happy that in the recent past, a series of related advances in archaeological theory during the 1980s and 1990s led archaeologists to believe that meaning,

experience, and emotion may be found in the archeological past. There is currently a dearth of research on the archaeology of affect and emotion. A number of archaeologists with expertise in both prehistoric and historical periods have also advocated for a heightened understanding of the role that emotion played in imbuing historical human experience with force and significance.[44,45] Building the principles of emotion, cognition, and behaviors into practice of African culture and other archeological dimensions will propagate quality practice in the activities of archeology lecturers in universities.

5. Limitations

Although, this study achieved its stated hypotheses some methodological weaknesses were recorded. First, the measure adopted in this study for evaluation is quantitative, neglecting qualitative measures. Hence, the researchers suggested other measures like observation, interviews, and focus group discussions be used to provide qualitative data that could assist in strengthening the quantitative measures.

Finally, the issues related to insecurity challenges and the high rate of economy orchestrated by steady dollar increases affected the cost of transportation and other items used during the program. All these accounted for the limitation of the current study. Hence, we suggest that subsequent studies should ensure that issues related to security and transportation fairness are properly addressed with the participants early enough.

6. Conclusion

The result of this study showed that REBT is effective in treating deviant behavior orchestrated by irrational belief. The findings have added value to the existing empirical literature on the effectiveness of REBT among different populations including employees in an organization. Thus among the participants exposed to intervention, the effectiveness of REBT was clearly validated when compared with their counterpart group in the control group. The study results equally showed that the effectiveness of the intervention was maintained. Thus, additional research is required to validate the impact of REBT in decreasing irrational beliefs that predisposed employees to deviant behavior in their various workplaces.

Author contributions

Conceptualization: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Joy Nneka Uchenye Ejikeme, Christopher N. Ibenwa, Michael Chigozie Anyaehie, Nnamdi Ugochukwu Ijeudo, Andrew Nnabuchi Ogbochie.

Data curation: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Joy Nneka Uchenye Ejikeme, Christopher N. Ibenwa, Nnadi Fabian Uzochukwu, Michael Chigozie Anyaehie, Nnamdi Ugochukwu Ijeudo, David C. Ononogbu, Andrew Nnabuchi Ogbochie.

Formal analysis: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Eddy M. Izueke, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Michael Chigozie Anyaehie, Omaka Kalu Ngele.

Funding acquisition: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Eddy M. Izueke, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Christopher N. Ibenwa, Nnadi Fabian Uzochukwu, Michael Chigozie Anyaehie, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, Nnamdi Ugochukwu Ijeudo, David C.

Ononogbu, Omaka Kalu Ngele, Robert Nyakuwa, Andrew Nnabuchi Ogbochie.

Investigation: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Eddy M. Izueke, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Christopher N. Ibenwa, Nnadi Fabian Uzochukwu, Michael Chigozie Anyaehie, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, Nnamdi Ugochukwu Ijeudo, David C. Ononogbu, Omaka Kalu Ngele, Robert Nyakuwa, Andrew Nnabuchi Ogbochie.

Methodology: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Eddy M. Izueke, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Nnadi Fabian Uzochukwu, Michael Chigozie Anyaehie, Christian Ikechukwu Nnadi, Nnamdi Ugochukwu Ijeudo, Omaka Kalu Ngele, Andrew Nnabuchi Ogbochie.

Project administration: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Eddy M. Izueke, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Nnadi Fabian Uzochukwu, Michael Chigozie Anyaehie, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, David C. Ononogbu, Omaka Kalu Ngele, Andrew Nnabuchi Ogbochie.

Resources: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Eddy M. Izueke, Joy Nneka Uchenye Ejikeme, Nnadi Fabian Uzochukwu, Michael Chigozie Anyaehie, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, David C. Ononogbu, Omaka Kalu Ngele, Robert Nyakuwa, Andrew Nnabuchi Ogbochie.

Software: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Joy Nneka Uchenye Ejikeme, Nnadi Fabian Uzochukwu, Michael Chigozie Anyaehie, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, David C. Ononogbu, Omaka Kalu Ngele, Robert Nyakuwa, Andrew Nnabuchi Ogbochie.

Supervision: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Christopher N. Ibenwa, Nnadi Fabian Uzochukwu, Michael Chigozie Anyaehie, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, Nnamdi Ugochukwu Ijeudo, David C. Ononogbu, Omaka Kalu Ngele, Robert Nyakuwa.

Validation: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Eddy M. Izueke, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Christopher N. Ibenwa, Nnadi Fabian Uzochukwu, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, Nnamdi Ugochukwu Ijeudo, David C. Ononogbu, Omaka Kalu Ngele, Robert Nyakuwa.

Visualization: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Eddy M. Izueke, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Christopher N. Ibenwa, Nnadi Fabian Uzochukwu, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, Nnamdi Ugochukwu Ijeudo, David C. Ononogbu, Omaka Kalu Ngele, Robert Nyakuwa.

Writing – original draft: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Eddy M. Izueke, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, Omaka Kalu Ngele, Andrew Nnabuchi Ogbochie.

Writing – review & editing: Joseph Nnaemeka Chukwuma, Moses Onyemaechi Ede, Ifeoma Salome Chukwuma, Joy Nneka Uchenye Ejikeme, Chinyere Isaac Madukwe, Christopher N. Ibenwa, Obiageli Kay Nkechi Omali, Christian Ikechukwu Nnadi, Nnamdi Ugochukwu Ijeudo, David C. Ononogbu, Robert Nyakuwa, Andrew Nnabuchi Ogbochie.

References

[1] Areji AC, Ede MO, Agbo CO, et al. Testing the impact of occupational intervention on professional ethics and values of Staff in University Medical Centers. Medicine. 2023;102:e34171.

[2] Ede MO, Okeke CI, Adene F, et al. Perceptions of work value and ethical practices amongst primary school teachers, demographics, intervention, and impact. Psychol Rep. 2023;126:380–410.

[3] Ibekwe C, Inyanga J. Ethics in business: the marketing perspectives. J Bus Finance. 2001;1:120–27.

[4] Pryce J. Work values: a formidable domain within the context of people's lives. ETropic: Electro J Stud Trop. 2014;13:3311.

[5] Omisore BO, A. OA. Work ethics, values, attitudes and performance in the Nigerian public service: issues, challenges and the way forward. J Public Adm Gov. 2015;5:157–7104.

[6] Anuku D. Impact of corporate governance on organizational performance in the Nigerian banking industry. A dissertation submitted to the faculty of management sciences, Delta State University, Asaba Campus, in partial fulfillment for the award of degree of master of science (MSc) degree in management. 2017. Available at: https://www.delsu.edu.ng/clt/IMPACT%20OF%20CORPORATE%20GOVERNANCE%20ON%20ORGANIZATIONAL%20PERFORMANCE%20IN%20THE%20NIGERIAN%20BANKING%20INDUSTRY.pdf [access date November 12, 2023].

[7] Obinwanne CO. Work and leadership ethics in selected hotels in Owerri, Imo state, Nigeria. Int J Multidiscip Res Dev. 2015;2:14–6.

[8] Oseni AI. Unethical behavior by professional accountant in an organization. Res J Finance Acc. 2011;2:106–11.

[9] Baker TL, Hunt TG, Andrews MC. Promoting ethical behaviour and organizational citizenship behaviours: the influence of corporate ethical values. J Bus Res. 2006;59:849–57.

[10] Letsa L, Frempong F, Mensah C. Perceived organizational justice and unethical work behaviour among hotel Employees in Accra: the role of gender and marital status. AJHTM. 2019;3:2021.

[11] Sahile Y, Yitayih S, Yeshanew B, et al. Primary health care nurses attitude towards people with severe mental disorders in Addis Ababa, Ethiopia: a cross sectional study. Int J Ment Health Syst. 2019;13:26.

[12] Shulman T. Biting the hand that feeds: the employee theft epidemic. 2005.

[13] Barry CT, Frick PJ, Killian AL. The relation of narcissism and self-esteem to conduct problems in children: a preliminary investigation. J Clin Child Adolesc Psychol. 2003;32:139–52.

[14] Case J. Employee Theft: The Profit Killer. Del Mar, CA: Routledge, John Case and Associates; 2000:14.

[15] Ekwueme HU, Ede MO, Eze EC, et al. Impact of occupational health coaching on irrational career beliefs and workplace deviant behaviors among school employees: implications for educational administrative policy. Medicine (Baltimore). 2023;102:e33685.

[16] Abiogu GC, Ede MO, Agah JJ, et al. Effects of rational emotive behavior occupational intervention on perceptions of work value and ethical practices: implications for educational policy makers. J Rational-Emotive Cognit-Behav Ther. 2021;39:638–71.

[17] Ogbuanya TC, Eseadi C, Orji CT, et al. Effects of rational emotive behavior coaching on occupational stress and work ability among electronics workshop instructors in Nigeria. Medicine (Baltim) 2017;96:e6891.

[18] Ogba FN, Onyishi CN, Ede MO, et al. Effectiveness of SPACE model of cognitive behavioral coaching in management of occupational stress in a sample of school administrators in South-East Nigeria. J Rational-Emotive Cognit-Behav Ther. 2019;345–68.

[19] Ugwu FO, Onyishi IE. The moderating role of person-environment fit on the relationship between perceived workload and work engagement among hospital nurses. Int J Afr Nursing Sciences. 2020;13:100225.

[20] Abiogu GC, Ede MO, Amaeze FE, et al. Impact of rational emotive behavioral therapy on personal value system of students with visual impairment: a group randomized control study. Medicine (Baltimore). 2020;99:e22333.

[21] Snyder CR. The past and possible futures of hope. J Soc Clin Psychol. 2000;19:11–28.

[22] Ellis A. An introduction to the principles of scientific psychoanalysis. Genet Psychol Monogr. 1950;41:147–212.

[23] Macavei B. The role of irrational beliefs in the rational emotive behavior theory of depression. Available at: https://www.researchgate.net/publication/291967937_The_role_of_irrational_beliefs_in_the_rational_emotive_behavior_theory_of_depression [access date May 23, 2005].

[24] Brown JD, Marshall MA. Self-esteem and emotion: some thoughts about feelings. Pers Soc Psychol Bull. 2001;27:575–84.

[25] Ellis A. How to Live With—and Without—Anger. Secaucus, NJ: Citadel Press; 1977.

[26] Muafi J. Causes and consequences of deviant workplace behavior. Int J Innov Manage Technol. 2011;2:123–26.

[27] Turner MJ. Rational Emotive Behavior Therapy (REBT), irrational and rational beliefs, and the mental health of athletes. Front Psychol. 2016;7:1423.

[28] Faul F, Erdfelder E, Lang AG, et al. G*Power 3: a flexible statistical power analysis program for the social, behavioral, and biomedical sciences. Behav Res Methods. 2007;39:175–91.

[29] Bennett RJ, Robinson SL. Development of a measure of workplace deviance. J Appl Psychol. 2000;85:349–60.

[30] Porto JB, Ferreira MC. A scale of organizational values framed on Schwartz's theory of cultural values. Psicologia: Teoria e Pesquisa. 2016;32:1–10.

[31] Digiuseppe R, Leaf R, Exner T, et al. The development of a measure of rational/irrational thinking. Paper presented at the September World Congress of Behavior Therapy. Edinburgh, Scotland; 1988.

[32] Turner M, Miller A, Youngs H. The role of irrational beliefs and motivation regulation in worker mental health and work engagement: a latent profile analysis. PLoS One. 2022;17:e0272987.

[33] Halan HF, Pakdelbonab M. Study the role of mangers' irrational beliefs on employees' job burnout. J Appl Sci Agric. 2013;8:172–78.

[34] Ede MO, Okeke CI, Chinweuba NH, et al. Testing the efficacy of family health-model of REBT on family values and quality of family life among parents of children with visual impairment. J Rational-Emotive Cognit-Behav Ther. 2022;40:252–77.

[35] Uzodinma UE, Ede MO, Dike IC, et al. Improving quality of family life among Christian parents of children with low vision in Nsukka catholic diocese using rational emotive family health therapy. Medicine (Baltimore). 2022;101:e27340.

[36] Omeje GN, Ede MO, Amadi K, et al. Intervention for burnout and irrational beliefs in parents of couples seeking a divorce: a critical reflection of Igbo-African marital discord. Medicine (Baltimore). 2023;102:e34221.

[37] David D, Montgomery GH, Macavei B, et al. An empirical investigation of Albert Ellis' binary model of distress. J Clin Psycholology. 2005;4:499–16.

[38] Ogakwu NV, Ede MO, Agu PU, et al. School-based intervention for academic stress management and school adjustment among industrial technical education students: implications for educational administrators. Medicine (Baltimore). 2023;102:e32547.

[39] Onasoga OA, Ogbebor SO, Ojo AA. Occupational stress management among nurses in selected hospital in Benin city, Edo state, Nigeria. Eur J Exp Biol. 2013;3:473–81.

[40] Onawumi AS, Dunmade IS, Ajayi OO, et al. Investigation of work-related health hazards prevalent among metal fabrication workers in Nigeria. Eur J Eng Technol. 2016;4:1–0.

[41] Mahfar M, Senin AA. Managing stress at workplace using the rational-emotive behavioural therapy (REBT) approach. International Conference on Human Resource Development. India; May 5-6, 2015.

[42] Ugwuoke CU, Ede KR, Ede MO, et al. Family health therapy for treating anxiety symptoms in flood victims. Medicine (Baltimore). 2023;102:e33574.

[43] Tarlow S. The archaeology of emotion and affect. A Rev Anthropol. 2012;41:169–85.

[44] Gosden C. Aesthetics, intelligence and emotions: implications for archaeology. In: De Marrais E, Gosden C, Renfrew C, eds. Rethinking Materiality: The Engagement of Mind With the Material World. Cambridge, UK: McDonald Inst. Monogr; 2004:33–42.

[45] Harris O, Sørensen TF. Rethinking emotion and material culture. Archaeol Dialogues. 2010;17:145–63.