

The Relationship between Workplace Ostracism and Nurses' Perception of Counterproductive Work Behaviors

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Abstract: **Background:** Workplace ostracism is stressful phenomena that damage physical and psychological wellbeing of nurses and effect on their behavior and lead to negative behavior, counterproductive work behaviors are such a form of negative behavior as a result of workplace ostracism. **Aim of the study:** Examine the relationship between workplace ostracism and nurses' perception of counterproductive work behaviors at Kafr El-Dawar General hospital. **Methods:** A descriptive, correlational research design was utilized in all inpatient (medical and surgical) units and Intensive Care Units at Kafr El-Dawar General hospital that is affiliated to ministry of Health and Population, for all staff nurses (N=278). **Tools:** two tools were used: Tool I: workplace ostracism questionnaire that consisted of two parts: 1) demographic characteristics data sheet and 2) workplace ostracism scale; Tool II: Counterproductive work behaviors checklist. **Results:** Staff nurses perceived moderate mean percent score for both total workplace ostracism and total counterproductive work behaviors. **Conclusion:** There was highly statistical significant relationship between workplace ostracism and counterproductive work behaviors at Kafr El-Dawar General hospital. **Recommendations:** Develop and disseminate workplace ostracism policy, develop fairness and supportive work environment and rewarding employees for supportive behaviors.

Keywords: Workplace ostracism, Counterproductive work behaviors, staff nurses.

1. INTRODUCTION

The health care environment is a sector of intense and continuous interpersonal contact, where service displayed depends greatly upon the satisfactory interaction, communication, and team work of different members of the organization. However many factors may lead to deliberately troubling interpersonal relationships with co-workers through actions such as avoiding contact with them at work or "repeatedly and intentionally not replying to someone who attempts to converse". One of them is workplace ostracism. Ostracism is a significant source of stress which deteriorate the relationship in work settings.^(1, 2)

In this respect, Ferris etal (2008)⁽³⁾ and Ferris etal (2017)⁽⁴⁾ defined the workplace ostracism as the level by which an employee observed that he/she is being excluded or ignored by the other employees.

Workplace ostracism for nurses may take many forms such as avoiding eye contact, leaving the room when an individual enters, and failing to respond to coworkers' greetings.⁽⁵⁻¹⁰⁾

Ostracized nurses are at the risk of deteriorated job performance, lower quality care for their patients, decrease affective commitment and work engagement, increased intentions to quit⁽¹¹⁻¹⁴⁾ and emotional exhaustion and decrease satisfaction.⁽⁶⁾ Yang and Treadway (2018)⁽¹¹⁾ mentioned that workplace ostracism lead to maladaptive behaviors, because it harm individuals' self-regulation processes and ultimately leads to counterproductive work behaviors and their aim to harm the organization.⁽¹⁵⁾

Some empirical research showed that when an employee feel ostracize he/she will be indulging their behaviors in a negative way and ultimately leads to counterproductive work behaviors and their aim to harm the organization.^(6,15,16)

Spector etal (2006)⁽¹⁷⁾ and Spector etal (2014)⁽¹⁸⁾ defined counterproductive work behaviors as the behavior that goes against the goals and objectives of organizations. It is the set of different behaviors that are opposed to mandated behaviors and can harm the employees, organization and its stakeholders such as; clients, coworkers, customers and supervisors.⁽¹⁷⁻²¹⁾

Counterproductive work behaviors consist of five dimensions including: (1) **abuse toward others:** which includes behaviors directed towards coworkers with a purpose to affect them psychologically and/or physically through threats. (2) **Production deviance:** consists of ineffective job performance that is done on purpose, failure to do work and failed to follow instructions. (3) **Sabotage:** which are behaviors that can damage or disrupt the organization's production or damaging property. (4) **Withdrawal:** that encompasses behavior which restricts time spent working to less than what is required by the organization. (5) **Theft:** which includes taking the belongings of employer without permission.^(17, 18, 21, 22)

Counterproductive work behaviors (CWBs) hinder productivity and organizational performance, and negatively affect organization's financial state and leads towards high turnover rate and increased absenteeism.^(6,23) Counterproductive work behaviors in any working environment create stress.^(23,24)

Taimur (2017)⁽¹⁵⁾ conducted a study examined the relationship between workplace ostracism and counterproductive work behaviors and revealed that there are significant relationship between workplace ostracism and counterproductive work behaviors. Therefore, it is important for nurse managers to develop policies regarding ostracism, as well as designing training programs that aim to enhance nurses' ability to cope with everyday frustrations and problems, enhance nurses' job satisfaction, retention and improve the quality of patient care and productivity.

AIM OF THE STUDY

This study aims to examine the relationship between workplace ostracism and nurses' perception of counterproductive work behaviors at Kafr El-Dawar General hospital.

RESEARCH QUESTION

What is the relationship between workplace ostracism and nurses' perception of counterproductive work behaviors at Kafr El-Dawar General hospital?

2. MATERIALS AND METHODS

I. Materials

1- Research Design:

A descriptive, correlational research design was be used in this study.

2- Setting:

This study was conducted at all inpatient (medical and surgical) units and Intensive Care Units (ICU) at Kafr El-Dawar General hospital (n=22). The hospital is the second largest hospital at El-Beheira Governorate, with bed capacity (278).

It is classified as follows: (1) **medical units** (n=7): medical, coronary, pediatrics, hematemesis, obstetrics and gynecology, burn and urology units; (2) **surgical units** (n=6): general surgery (A and B), orthopedics, ear, nose and throat, neuro-surgery and vascular units; (3) **intensive care units** (n=9): general ICU, pediatric, neonatal ICU, neuro-surgery ICU, coronary care unit, dialysis, toxicology, eclampsia and burn ICU.

3-Subjects:

All staff nurses who were available at the time of data collection and were work at the previously mentioned setting with at least one year of experience. (N= 270 nurses).

Tools of the study:**Two tools were used in this study:****Tool (I): Workplace Ostracism Scale (WOS):**

It was based on the work of Ferris et al (2008)⁽³⁾ and Williams (2009),⁽²⁵⁾ and was adapted by the researcher to measure the nurses' perception of workplace ostracism. It consists of 20 items, divided into two dimensions: (1) ostracism perception (10-item) and (2) personal effect of ostracism (10-item). Items number of (11, 12, 13, 15, 16, 17, 18) was reversed score. Responses was measured on 5-point Likert rating scale ranging from (1) strongly disagree to (5) strongly agree. The highest score indicates the higher workplace ostracism level. The overall score level range from (20-100), score was range, as follow: low \leq 20-33; moderate \geq 34-66; and high \geq 67-100.

Tool (II): Counterproductive Work Behaviors Questionnaire (CWBs):

It was developed by Spector et al. (2006),⁽¹⁷⁾ and was adapted by the researcher to assess nurses' perception of counterproductive work behaviors in their workplace. It consists of 33 items, categorized into five dimensions, namely: (1) abuse toward others (18-item); (2) production deviance (3-item); (3) withdrawal (4-item); (4) sabotage (3-item) and (5) theft (5-item). Responses was measured on 5-point Likert rating scale ranging from (1) never to (5) always. The higher scores representing higher incidence of CWBs. The overall score level range from (33-165). Score was range, as follow: low \leq 33-55; moderate \geq 56-110; and high \geq 111-165.

In addition to that, a demographic characteristics data sheet was developed by the researcher to elicit demographic data related to: age, working unit, gender, educational level, and years of both nursing and unit experiences and marital status.

II. Methods

1. An official permission for data collection was obtained from the Dean of Faculty of Nursing, Damanhur University, and the administrative authorities of the study setting at Kafr El-Dawar General Hospital after explanation of the purpose of the study.
2. The two tools were translated into Arabic language, and were tested for its content validity and translation by five experts from the field of the study. Accordingly some modifications were done.
3. A pilot study for the questionnaires was carried out on 10% of total sample size of nurses (n=27), who were not included in the study sample, to ascertain the relevance of the tool, to test the wording of the questions, clarity and applicability of the tools; to estimate the average time needed to collect the necessary data and to identify the different obstacles and problems that might be encountered during data collection. Based on the finding of the pilot study, no modifications were done.
4. The two tools were tested for its reliability, using Cronbach's Alpha Coefficient test where Workplace Ostracism Scale (WOS) ($\alpha=0.705$); and Counterproductive work behaviors checklist (CWB) ($\alpha=0.920$); which indicating good reliability.
5. Data collection was conducted by the researcher through hand delivered questionnaire to the staff nurses, after individualized interview with each nurse for about (5) minutes to explain the aim of the study and the needed instructions were given before the distribution of the questionnaire in their settings. Every nurse took about 15 to 20 minutes to fill the two tools. Data collection took a period of three months, starting from the beginning of March 2020 to the end of May 2020.

ETHICAL CONSIDERATIONS:

- The research approval was obtained from the ethical committee at the Faculty of Nursing, Damanhour University, prior to the start of the study.
- An informed written consent was obtained from the study subjects after explanation of the aim of the study.
- Privacy and right to refuse to participate or withdraw from the study were assured during the study.
- Confidentiality and anonymity regarding data collected were maintained.

Statistical analysis:

The collected data was organized, coded and analyzed by using the Statistical Package for Social Sciences (SPSS), version 22. The reliability tests were confirmed by using Cronbach's Alpha Coefficient tests. Level of significance was considered at P value

≤ 0.01 highly statistically significant and at P value ≤ 0.05 statistically significant. Scoring system for the two tools was modified from 1 to 5 point Likert-rating scale to overcome any error while treating the ordinal by summing items and "0" was treated for missing data.

Data were divided as: (1) Descriptive statistics: in the form of frequencies and percentages for qualitative variables, mean, and standard deviation for the quantitative variables. (2) Analytic statistics: Chi-square test, Pearson correlation coefficient test, Multiple Linear regression analysis and ANOVA. P value ≤ 0.01 highly statistically significant and P value ≤ 0.05 statistically significant.

3. RESULTS

The present study is mainly concerned with determining the relationship between workplace ostracism and nurses' perception of counterproductive work behaviors.

The results of the present study will be presented in the following order:

1. Demographic characteristics of staff nurses working at Kafr El-Dawar General Hospital.
2. Mean percent score of staff nurses' perceptions of workplace ostracism, working at Kafr El-Dawar General Hospital.
3. Mean percent score of counterproductive work behaviors perceptions among staff nurses, working at Kafr El-Dawar General Hospital.
4. Correlation matrix between staff nurses' workplace ostracism and their perception of counterproductive work behaviors.
5. Multivariate Regression analysis of the factors affecting the studied nurses' Ostracism at Kafr El-Dawar General Hospital.
6. Multivariate Regression analysis of the factors affecting the studied nurses' Counterproductive Work Behaviors at Kafr El-Dawar General Hospital.

Distribution of staff nurses according to their demographic characteristics.

Table 1 represents demographic characteristics of staff nurses, working at Kafr El-Dawar General Hospital. With respect to the nurses' age, it ranges from 25 to 54 years with a mean of 34.12±8.26. Moreover, less than two thirds (60.4%) of the nurses aged from 25 years to less than 35 years, while 15.9% of them aged 45 years and more.

As regard to gender, the vast majority (99.3%) of the studied nurses were females and around one third of them working either in the medical, surgical or intensive care units (32.6%, 34.1% and 33.3%) respectively.

Concerning nurses' educational qualification, 42.2% of the nurses had a secondary school of nursing diploma, while more than one quarter of them had either technical institute of nursing diploma or bachelor degree of nursing (29.6% and 28.1%) respectively. In relation to years of nursing and unit experiences, the highest percentage of staff nurses had from 1 to less than 10 years of nursing and unit experience (41.1%, 53.3%), respectively; whereas the minority had 30 years and more (8.9%, 2.2%), consecutively. Concerning marital status, the majority (91.5%) of the studied nurses were married.

Table (1): Demographic characteristics of staff nurses working at Kafr El-Dawar General Hospital.

| Demographic characteristics | | Total N=270 | |
|-----------------------------|-----------|----------------|---------------|
| | | No. | % |
| Age (years) | | | |
| ▪ 25- | | 163 | 60.4 |
| ▪ 35- | | 64 | 23.7 |
| ▪ ≥45 | | 43 | 15.9 |
| Min- Max | 25.0-54.0 | Mean ± SD | 34.12 ± 8.263 |
| Gender | | | |
| ▪ Male | | 2 | 0.7 |
| ▪ Female | | 268 | 99.3 |

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| | | |
|------------------------------------|-----------------|----------------------|
| Working unit | | |
| ▪ Medical | 88 | 32.6 |
| ▪ Surgical | 92 | 34.1 |
| ▪ Intensive Care Unit | 90 | 33.3 |
| Educational qualification | | |
| ▪ Bachelor degree | 76 | 28.1 |
| ▪ Technical Institute of Nursing | 80 | 29.6 |
| ▪ Secondary School of Nursing | 114 | 42.2 |
| Years of nursing experience | | |
| ▪ <10 | 111 | 41.1 |
| ▪ 10- | 70 | 25.9 |
| ▪ 20- | 65 | 24.1 |
| ▪ ≥30 | 24 | 8.9 |
| Min- Max | 1.0-40.0 | Mean ± SD |
| | | 14.41 ± 9.156 |
| Years of unit experience | | |
| ▪ <10 | 144 | 53.3 |
| ▪ 10- | 88 | 32.6 |
| ▪ 20- | 32 | 11.9 |
| ▪ ≥30 | 6 | 2.2 |
| Min- Max | 1.0-32.0 | Mean ± SD |
| | | 9.71 ± 7.752 |
| Marital status | | |
| ▪ Single | 17 | 6.3 |
| ▪ Married | 247 | 91.5 |
| ▪ Divorced | 2 | 0.7 |
| ▪ Widowed | 4 | 1.5 |

Mean percent score of staff nurses' perceptions of workplace ostracism, working at Kafr El-Dawar General Hospital.

Table 2 reveals that staff nurses perceived moderate mean percent score of total workplace ostracism (44.78%). All workplace ostracism subscales, namely perception of ostracism and Personal effects of ostracism also got moderate scores (37.62%, 51.94%), respectively.

Table (2): Mean percent score of staff nurses' perceptions of workplace ostracism, working at Kafr El-Dawar General Hospital. (N=270) .

| Workplace ostracism subscale | Min -Max | Mean ± SD | Mean Percent Score |
|---------------------------------|------------------|--------------------|--------------------|
| - Perception of ostracism | 11.0-30.0 | 18.81±3.849 | 37.62% |
| - Personal effects of ostracism | 13.0-34.0 | 25.97±4.333 | 51.94% |
| Total Work Ostracism | 31.0-61.0 | 44.78±5.649 | 44.78% |

Low mean percent score: 0-≤ 33.3%

Moderate mean percent score: 33.4-≤ 66.6%

High mean percent score: 66.7-100%

Mean percent score of counterproductive work behaviors perceptions among staff nurses, working at Kafr El-Dawar General Hospital.

Table 3 reveals that staff nurses perceived moderate mean percent score for total counterproductive work behaviors (38.70%); as well as for withdrawal and abuse towards others (45.35%, 41.60%) respectively, which got moderate mean percent score. While, theft, production deviance and sabotage, which got low mean percent score (32.52%, 31.60%, 29.80%) respectively.

Table (3): Mean percent score of counterproductive work behaviors perceptions among staff nurses, working at Kafr El-Dawar General Hospital. (N=270).

| Counterproductive Work Behaviors dimensions | Min -Max | Mean ± SD | Mean Score | Percent |
|---|-------------------|--------------------|---------------|---------|
| Abuse towards others | 20.0-79.0 | 37.44±12.26 | 41.60% | |
| Production deviance | 3.0-11.0 | 4.740±1.938 | 31.60% | |
| Withdrawal | 4.0-20.0 | 9.070±3.637 | 45.35% | |
| Sabotage | 3.0-9.0 | 4.470±1.830 | 29.80% | |
| Theft | 5.0-21.0 | 8.130±3.762 | 32.52% | |
| Total Counterproductive Work Behaviors | 37.0-131.0 | 63.86±19.19 | 38.70% | |

Low mean percent score: 0≤ 33.3%

Moderate mean percent score: 33.4≤ 66.6%

High mean percent score: 66.7-100%

The correlation matrix between staff nurses' workplace ostracism and their perception of counterproductive work behaviors.

Table 4 shows that there was positive statistically significant relationship between total workplace ostracism and total counterproductive work behaviors, where (P = 0.000). Additionally, it was found that there were positive statistical significant correlations between total workplace ostracism, ostracism perception and personal effect of ostracism, where (P = 0.000). Moreover, there were positive statistical significant correlations between total counterproductive work behaviors and abuse towards others, production deviance, withdrawal, sabotage and theft, where (P=0.000).

Furthermore, it was found that there were positive significant correlations between ostracism perception and personal effect of ostracism and total counterproductive work behaviors, where (P = 0.000). it was found that there were positive significant correlations between ostracism perception and (abuse towards others, production deviance, withdrawal and sabotage), where (P ≤ 0.05). while, there is no statistically significant relationship between ostracism perception and theft. There were positive significant correlations between personal effect of ostracism and all dimensions of counterproductive work behaviors (abuse towards others, production deviance, withdrawal, theft and sabotage, where (P=0.000).

Additionally, there were positive significant correlations between ostracism perception and personal effect of ostracism and also between ostracism perception and personal effect of ostracism. Moreover, there were positive significant correlations between all dimensions of counterproductive work behaviors.

Table (4): Correlation matrix between staff nurses' workplace ostracism and their perception of counterproductive work behaviors, working at Kafr El-Dawar General Hospital. (N=270)

| Items | | Ostracism perception | Personal effect of ostracism | Total workplace ostracism | Abuse toward others | Production deviance | withdrawal | sabotage | theft | Total counterproductive work behaviors |
|--|--------------|----------------------|------------------------------|---------------------------|---------------------|---------------------|------------|----------|--------|--|
| Ostracism perception | r | 1 | 0.410 | 0.643 | 0.169 | 0.310 | 0.364 | 0.217 | 0.074 | 0.244 |
| | P (2-tailed) | | 0.050* | 0.000* | 0.005* | 0.000* | 0.000* | 0.000* | 0.223 | 0.000* |
| Personal effect of ostracism | r | | 1 | 0.733 | 0.197 | 0.226 | 0.286 | 0.216 | 0.272 | 0.277 |
| | P (2-tailed) | | | 0.000* | 0.001* | 0.000* | 0.000* | 0.000* | 0.000* | 0.000* |
| Total workplace ostracism | r | | | 1 | 0.267 | 0.384 | 0.467 | 0.314 | 0.260 | 0.379 |
| | P (2-tailed) | | | | 0.000* | 0.000* | 0.000* | 0.000* | 0.000* | 0.000* |
| Abuse toward others | r | | | | 1 | 0.339 | 0.512 | 0.286 | 0.601 | 0.922 |
| | P (2-tailed) | | | | | 0.000* | 0.000* | 0.000* | 0.000* | 0.000* |
| Production deviance | r | | | | | 1 | 0.324 | 0.445 | 0.367 | 0.532 |
| | P (2-tailed) | | | | | | 0.000* | 0.000* | 0.000* | 0.000* |
| withdrawal | r | | | | | | 1 | 0.687 | 0.692 | 0.751 |
| | P (2-tailed) | | | | | | | 0.000* | 0.000* | 0.000* |
| sabotage | r | | | | | | | 1 | 0.668 | 0.584 |
| | P (2-tailed) | | | | | | | | 0.000* | 0.000* |
| theft | r | | | | | | | | 1 | 0.812 |
| | P (2-tailed) | | | | | | | | | 0.000* |
| Total counterproductive work behaviors | r | | | | | | | | | 1 |
| | P (2-tailed) | | | | | | | | | |

* significant P ≤ 0.05 ** Highly significant P ≤ 0.01 r = Pearson Correlation Interpretation of r: Weak (0.1-0.24) Intermediate (0.25-0.7) Strong (0.75-0.99) Perfect (1)

Multivariate regression analysis to illustrate predictors of workplace ostracism among staff nurses working at Kafr El-Dawar General Hospital.

Table (5) presents the results of multivariate regression analysis between workplace ostracism as dependent variables and abuse towards others, production deviance, sabotage, theft, withdrawal and total counterproductive work behaviors as independent variable. It was found that approximately 25.8% of the explained variance of workplace ostracism is related to counterproductive work behaviors, where the model is significant (F = 6.837, p = 0.000).

There was found that abuse towards others, withdrawal and total counterproductive work behaviors have significant effect on workplace ostracism (P= 0.008, P=0.000 and P=0.049) respectively.

The result of regression analysis displays that the contribution of withdrawal variable is relatively high ($\beta = 0.464$, $p \leq 0.01$). The interpretation of these coefficients are as follows; increase in each degree of withdrawal tends to higher the level of nurses' perception of workplace ostracism by 0.464 units ($p \leq 0.01$).

Table (5): Multivariate regression analysis of the factors affecting the studied nurses' ostracism. (N=270)

| Model | Unstandardized Coefficients | Standardized Coefficients | T | P-value |
|--------------------------------------|-----------------------------|---------------------------|----------|---------------|
| | B | β | | |
| (Constant) | 1.376 | | 2.121 | 0.035 |
| Age | -0.013 | -0.020 | -0.187 | 0.852 |
| Gender | -0.137 | -0.024 | -0.444 | 0.657 |
| Years of experience in the unit | -0.010 | -0.017 | -0.187 | 0.852 |
| Years of experience since graduation | 0.019 | 0.039 | 0.300 | 0.765 |
| Level of education | -0.010 | -0.017 | -0.245 | 0.806 |
| Working unit | 0.012 | 0.020 | 0.353 | 0.725 |
| Marital status | -0.105 | -0.078 | -1.388 | 0.166 |
| Abuse towards others | -0.178 | -0.207 | -2.683 | 0.008* |
| Production deviance | 0.102 | 0.092 | 1.339 | 0.182 |
| Sabotage | -0.196 | -0.138 | -1.566 | 0.119 |
| Withdrawal | 0.341 | 0.464 | 6.751 | 0.000* |
| Theft | 0.137 | 0.128 | 1.040 | 0.300 |
| Total counterproductive behaviors | 0.387 | 0.081 | 0.688 | 0.049* |
| ANOVA | | | | |
| Model | R² | df | F | P |
| Regression analysis | 0.258 | 13 | 6.837 | 0.000 |

a. Dependent Variable: workplace ostracism

b. Predictors: (constant age, gender, unit experience, Nursing experience, Educational level, working unit, marital status and total counterproductive work behaviors.

* Significant $P \leq 0.05$

** Highly significant $P \leq 0.01$

df= degree of freedom

F= One Way ANOVA

T=Independent samples t- test

R^2 = Coefficients of multiple determination

Multivariate regression analysis of the factors affecting the studied nurses' counterproductive work behaviors:

Table 6 portrays the regression analysis of the factors affecting the studied nurse's counterproductive work behaviors.

The table reveals that (R^2) value is 0.099 which means that only 9% of the variability in the counterproductive work behaviors is explained by the variables listed in the model. The same table shows that total workplace ostracism is the only factor affecting the counterproductive work behaviors (P= 0.000).

presents the results of multivariate regression analysis between counterproductive work behaviors as dependent variables and age, gender, unit experience, Nursing experience, Educational level, working unit, marital status and total workplace

ostracism as independent variable. It was found that approximately 25.8% of the explained variance of workplace ostracism is related to workplace ostracism, where the model is significant ($F = 3.574, p = 0.000$).

There was found that total workplace ostracism have significant effect on counterproductive work behaviors ($P = 0.000$).

The result of regression analysis displays that the contribution of total workplace ostracism is relatively high ($\beta = 0.233, p \leq 0.01$). The interpretation of these coefficients are as follows; increase in each degree of workplace ostracism tends to higher the level of nurses' perception of counterproductive work behaviors by 0.233 units ($p \leq 0.01$).

Table (6): Multivariate regression analysis of the factors affecting the studied nurses' counterproductive work behaviors. (N=270)

| Model | Unstandardized Coefficients | Standardized Coefficients | T | P-value |
|--------------------------------------|-----------------------------|---------------------------|--------|---------------|
| | B | β | | |
| (Constant) | 1.584 | | 2.469 | .014 |
| Age | -0.060 | -0.101 | -0.850 | 0.396 |
| Gender | -0.231 | -0.044 | -0.749 | 0.455 |
| Years of experience in the unit | -0.073 | -0.127 | -1.325 | 0.186 |
| Years of experience since graduation | 0.075 | 0.169 | 1.207 | 0.228 |
| Level of education | -0.074 | -0.136 | -1.771 | 0.078 |
| Working unit | -0.031 | -0.057 | -0.933 | 0.352 |
| Marital status | 0.027 | 0.022 | 0.361 | 0.719 |
| Total Ostracism | 0.215 | 0.233 | 3.949 | 0.000* |
| ANOVA | | | | |
| Model | R ² | df | F | P |
| Regression analysis | 0.099 | 8 | 3.574 | 0.001 |

a. Dependent Variable: counterproductive work behaviors

b. Predictors: (constant), age, gender, unit experience, Nursing experience, Educational level, working unit, marital status and total workplace ostracism.

* Significant $P \leq 0.05$

** Highly significant $P \leq 0.01$

df= degree of freedom

F= One Way ANOVA

T=Independent samples t- test

R² = Coefficients of multiple determination

4. DISCUSSION

Workplace Ostracism

The finding of the present study revealed that total workplace ostracism and its two subscales, namely: ostracism perception and personal effect of ostracism got moderate mean percent score. This could be related to increase patient needs, excessive workload on nurses which in turn leads to nurses immersed in work without talking to others, which some nurses interpret as being ignored, avoided, or treated as if they were not there. Moreover the nature of nursing work that does not allow enough time to build relationships, as well as there is no communication skills. This is supported by William et al (2017),⁽¹²⁾ who clarified that stressful work environment and workload on nurses, will ultimately lead to non-purposeful ostracism. Robinson et al (2013),⁽⁷⁾ clarified that stressful work environments and those in which members are geographically dispersed lead to unintentional workplace ostracism. In addition, Priola et al (2014),⁽²⁶⁾ and Liu, Ma (2021),⁽²⁷⁾ noted that minority of nurses may feel excluded even when organizations have formal policies emphasizing diversity and inclusive

This is supported by Zheng et al (2016),⁽²⁸⁾ who identified that the 66% of the respondents had received "silent treatment" from others. Moreover, Zimmerman et al (2016),⁽²⁹⁾ those reported that nearly two-thirds of employees reported being ostracized at work. Additionally, Ebrahim et al (2020),⁽³⁰⁾ who found that about two-thirds of the studied nurses had a moderate level of workplace ostracism. Also, Samo et al (2019),⁽³¹⁾ found that most of studied nurses had moderate score of workplace ostracism, and noted that, 64% of nurses ignored by their colleagues at the workplace, and 29% of them intentionally left the areas where they do not want to spend their time with colleagues.

On the other hand, this result is contradicted with Elhanafy et al (2022),⁽³²⁾ who noted that 92.5% of nursing staff had a low level of workplace ostracism. Chen and Li (2019),⁽³³⁾ who noted that half of studied nurses suffered from low workplace ostracism and study conducted by Gkorezis et al (2016),⁽³⁴⁾ who stated that most of studied nurses suffered from workplace ostracism at workplace. In addition, Xu et al (2020),⁽³⁵⁾ clarified that the majority of the participant reported high perception of ostracism at workplace and Zheng et al (2016),⁽²⁸⁾ noted that large percentage of nurses reported high workplace ostracism. Park et al (2018),⁽³⁶⁾ who noted that 97% of nurses reported being “ignored or excluded” by colleagues, and 80% reported having their “opinions or views ignored” by their supervisors. This was in addition to receiving more active forms of mistreatment, such as being subjected to criticism, gossip, unwarranted allegations, and threats of physical violence.

Counterproductive Work Behaviors

The present study illustrated that staff nurses perceived moderate mean percent score for total counterproductive work behaviors; as well as for withdrawal and abuse towards others. Whereas, theft, production deviance and sabotage, which got low mean percent score. This may be related to the painful experience of ostracism at workplace and feeling of not liked at work, which lead to engage nurses in such behavior. Some nurses engage in withdrawal behaviors to reduce conflict between those who reject them, in form of absent from work or came to work late and left work earlier than were allowed to. Other nurses express stress feeling from ostracism in form of harmful behaviors as abuse toward others, such as, started an argument with others at work and insulted other nurses at work.

This is supported by Gharai et al (2020)⁽³⁷⁾ and Shi et al (2018),⁽³⁸⁾ who stated that when nurses are ostracized by their colleagues, start to feel powerlessness, unhappiness, hostility, and unworthiness, which cause counterproductive work behaviors. This result is congruent with Roopa et al (2016),⁽³⁹⁾ who found that 49% of employees have counterproductive work behaviors and abusing toward others is the predominant behavior shown by nurses at workplace whereas, 23% of employees engage in theft dimension of CWBs, and only 18% of employees engage in production deviance behavior.

Furthermore, Oge et al (2015),⁽⁴⁰⁾ found that nurses are more likely to exhibit counterproductive work behavior as a result of organizational injustice in the establishment nasty rumors among other nurses, absenteeism, refusing to cooperate, withholding of efforts of the nurses, physical assault, withdrawal, and lying against other nurses. Also, Hany et al (2020),⁽⁴¹⁾ who indicated that most of nurses may engage in withdrawal CWB as an attempt to cope with low perceptions of justice, When employees feel that the rewards and outcomes they receive are distributed unfairly, deliberately performing work slowly or incorrectly.

This result is contradicted with Shaheen and Mahmoud (2021),⁽⁴²⁾ who identified that 86.7% of nurses had low level of Counterproductive work behavior and only 2.1% had high level of Counterproductive work behavior. In addition, Nagib and El-Said (2021),⁽⁴³⁾ who clarified that 56.9% of them have a low level of counterproductive work behavior.

In addition to, uchenna (2013),⁽⁴⁴⁾ who reported that majority of the participant had high counterproductive work behaviors. Abd-Elrhaman et al (2020),⁽⁴⁵⁾ portrayed that; the majority of staff nurses had negative work deviance behaviors. Also, Hany et al (2020),⁽⁴¹⁾ found that slightly more than two thirds (68.2%) of staff nurses had high workplace deviance behavior. Sarwar et al (2020),⁽⁴⁶⁾ indicated that most of studied nurse in order to protect themselves from further resource loss due to ostracism, they indulge in counterproductive behavior in form of service sabotage . Furthermore, Raman et al (2016),⁽⁴⁷⁾ who clarified that the level of counterproductive work behaviors among nurses can be considered to be low.

Relationship between workplace ostracism and counterproductive work behaviors

The present study illustrated that there were positive statistical significant correlations between total workplace ostracism and ostracism perception and personal effect of ostracism. This may be related to the perception of exclusion by supervisors, exclusion by nurses due to lack of knowledge regarding the work. Nurses busy by work due to heavy work load which may the victim of ostracism interpretation this as ostracism. At the end lead to anxiety, stress, decrease quality of nursing care, low self-esteem and increase turn over intention.

This finding was supported by Zhang et al (2017),⁽⁴⁸⁾ Jahanzeb et al (2018),⁽⁴⁹⁾ and Qian et al (2019),⁽⁵⁰⁾ who illustrated that workplace ostracism effect on a set of emotional distress, outcomes, including job tension, perceived stress and emotional exhaustion Obviously, being ostracized is emotionally uncomfortable. In addition, Nezelek et al (2015),⁽⁵¹⁾ also demonstrated that staff nurses exposed to workplace ostracism will be from different sources, as: they would experience a threat to their fundamental needs, including needs for belonging, self-esteem, control and meaningful existence.

The present study revealed that there were positive significant correlations between ostracism perception and personal effect of ostracism and total counterproductive work behaviors and all its five dimensions (abuse toward others, production deviance, withdrawal, sabotage and theft). This may related to lack of ethical conduct, don't obey organizational rules, stressful work environment and lack of experience of how to deal with hard situation. All of these encourage nurses to indulge in deviant behaviors, as well as counterproductive work behaviors.

This result goes in the same line with Liu (2019)⁽⁵²⁾ and Sarwar et al (2020)⁽⁴⁶⁾ found that workplace ostracism positively correlated with self-reported absenteeism and sabotage. Moreover, O'Reilly et al (2015)⁽⁵³⁾ found that workplace ostracism to be negatively related to in-role behavior in the workplace and stated that workplace ostracism would be perceived as fairly harmless, despite research indicating a greater psychological impact than workplace bullying. In addition, Jahanzeb et al (2020)⁽⁵⁴⁾ and Wesselmann et al (2018)⁽⁵⁵⁾ who found a significant relationship between workplace ostracism and counterproductive work behavior including cynicism.

In addition, Peng and Zeng (2017)⁽⁵⁶⁾ and Murat and Şirin (2023)⁽⁵⁷⁾ noted that the presence of workplace ostracism in a workplace results in performance decrease due to the counterproductive work behavior caused by alienation. Similarly, performance is also tied to turnover. Generally speaking low performance can make people to quit their jobs.

Moreover chung (2017)⁽⁵⁸⁾ Fatima (2016)⁽²³⁾ and xu et al (2017)⁽⁵⁹⁾ clarified that when employees perceived to be ostracized, they are more likely to engage in similar or escalated antisocial organizational behaviors as retaliation. In addition, Peng and Zeng (2017)⁽⁵⁶⁾ Yang and Treadway (2018)⁽¹¹⁾ and Yan et al (2014)⁽⁶⁰⁾ also demonstrated that the majority of research reveals that the relationship between workplace ostracism and antisocial organizational behavior is positive. Fiset et al (2017)⁽⁶¹⁾ also showed that antisocial responses, which constitute one aspect of counterproductive work behaviors, are another means by which ostracizees restore thwarted needs and diminished power in the workplace. Ren et al (2018)⁽⁶²⁾ demonstrate that ostracized individuals also respond more anti-socially than included individuals. Ostracized individuals respond aggressively toward another person regardless of whether this person ostracized them.

This result goes in the same line with Yan et al (2014)⁽⁶⁰⁾ and Chung (2017)⁽⁵⁸⁾ also confirmed that workplace ostracism has a significant positive effect on nurses' counterproductive work behaviors. Sarwar et al (2020)⁽⁴⁶⁾ who clarified that when nurses sense ostracism, which signals isolation from other nurses, a resource loss is perceived. In order to protect themselves from further resource loss, they indulge in counterproductive behavior in form of service sabotage.

The study supported with Shafique et al (2020)⁽⁶³⁾ revealed that ostracism is positively related deviant work behaviors of nurses. Also, they have discovered that workplace ostracism has a 51.7% impact on deviant work behaviors. And Koay's (2018)⁽⁶⁴⁾ research study revealed that workplace ostracism has a significant positive relationship with cyberloafing (a form of deviant work behaviors). Moreover Gurlek (2021)⁽⁶⁵⁾ noted that if an individual feels mistreated or ostracized, it would affect their psychological state. Therefore, employees tend to engage in deviant work behaviors as a counter behavior to cope with that psychological stress situation and cope with the social stressor of workplace ostracism.

Furthermore, Ferris et al (2017)⁽⁴⁾ Saifa et al (2021)⁽⁶⁶⁾ Wu et al (2016)⁽⁶⁷⁾ conclude that there were a positive statistically significant correlation between workplace ostracism and counterproductive work behaviors. In addition, Xia (2019)⁽⁶⁸⁾ who reported that there were a negative statistically significant correlation between workplace ostracism and work performance. Wesselmann et al (2013)⁽⁶⁹⁾ suggested that chronically ostracized individuals resort to behaviors focused on fulfilling power and provocation needs and therefore develop hostile cognitions, which can lead to aggressive behavior.

Zhu et al (2021)⁽⁷⁰⁾ and Zhang et al (2019)⁽⁷¹⁾ clarified that workplace ostracism can induce anger, leading to deviant and counterproductive work behaviors. Also, confirm the general strain theory, when an individual experiences a stressful event or situation, he or she will experience one or more negative emotions that induce non-adaptive behaviors. Anger is the most important negative emotion that leads to deviant behaviors.

In addition to Singh and Srivastava (2021)⁽⁷²⁾ who noted that workplace ostracism can induce counterproductive work behaviors by increasing employees' turnover intentions. When individuals perceive rejection from other people in the organization they gradually feel that they have less value and significance within the organization, leading to their tendency to leave the organization to find a new place to belong.

On the other hand, this result is incongruent with Scott et al (2015),⁽⁷³⁾ and Walasek et al (2019),⁽⁷⁴⁾ clarified that people who are ostracized increase their prosocial tendencies, through ingratiation and doing more for others as organizational citizenship behaviors. Moreover, Sommer et al (2021),⁽⁷⁵⁾ suggests that the relationship between ostracism and citizenship behavior is bidirectional and that citizenship behaviors protect people from experiencing ostracism.

In addition Yuan et al (2022),⁽⁷⁶⁾ showed that workplace ostracism had no influence on role-prescribed service behaviors, extra-role service behaviors and employee cooperation. Work engagement fully mediated the influence of workplace ostracism on role-prescribed service behaviors, extra-role service and employee cooperation. Haldorai (2022),⁽⁷⁷⁾ found that under high team identification, ostracism had a negative relationship with organizational deviance. The author suggests that this occurs because, when an employee identifies with their team, ostracism reduces antisocial behaviors because the employee wishes to restore their previous level of belongingness.

5. CONCLUSION AND RECOMMENDATIONS

CONCLUSION

The result of the present study concluded that there was highly statistical significant relationship between workplace ostracism and counterproductive work behaviors at Kafr El- Dawar General Hospital. In addition, the majority of nurses perceived moderate mean percent score of total workplace ostracism and moderate mean percent score of total counterproductive work behaviors.

There were no statistical significant relationship between demographic characteristics and total workplace ostracism. Additionally, there is statistical significant relationship between educational qualification, marital status and total counterproductive work behaviors. However, no statistical significant relationship were found between the other demographic characteristics and total counterproductive work behaviors.

RECOMMENDATIONS

Based on the findings of the present study, the following recommendations are suggested:

Hospital Administrators should:

- Create policies and procedures to reduce the occurrence of ostracism, organizations can take steps to reduce the negative impact of ostracism on targeted employees such as establish zero tolerance policy by hospital administrators and disseminate the policy through different channels of communications (e.g. publications, posters, websites, and newly hired nurses orientations...etc.) to nursing department members.
- Create supportive workplace environments through collaborative, cooperative performance evaluations, rewarding employees for supportive behaviors, and holding employees at all levels accountable for unsupportive behaviors.
- Identify early any unreasonable behaviors and situations that increase the risk of workplace ostracism behaviors and implement control measures to manage the risk.
- Ensure inclusiveness of hospital vision to respect and safety culture.
- Establish opening communication and complaint channels for nurses, and provide a standardized supervision and complaint mechanism guidance.
- Encourage nurses to put forward valuable opinions and suggestions to their superiors. Meanwhile, managers give reasonable feedback to the opinions, suggestions and complaints of nurses.
- Encourage nurses to actively adopt the right approach when they experience workplace ostracism, and seek help and support through correct ways to deal with it.
- Develop training program to increase nurses' knowledge on the harms of workplace ostracism and provide skills to respond to it.
- Allow opportunities for nurses to participate in decision making and problem solving through encouraging nurses to express their opinions and share in different organizational activities and committees.
- Availability of human resource workers in the hospital.

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Head nurses should:

- Create fairness work environment through express equal management and reduce discrimination among nurses.
- Enhance social skills trainings to reduce the incidence of workplace ostracism by promoting positive interactions.
- Create a good work environment for nurses through encourage them and offering them some allowances and bonuses for up to the good performances and prosocial behaviors
- Develop a culture that depresses ostracism with in workplace, such as limiting small circles, and motivating healthy and fair competition.
- Implement specific rules and regulations for the ostracized employees and those involved in counterproductive work behaviors.
- Provide training for keeping nurses away to be involved in workplace ostracism.
- Nurture positive organizational resources to help mitigate the potentially negative impact of workplace ostracism, such as fostering a work climate with a strong service orientation.
- Hold formal and informal gatherings that facilitate interpersonal understanding and interaction. (e.g., celebrating colleague's birthday)
- Develop interactive teaching sessions on disruptive behavior for the whole hospital, involving personnel from all disciplines and levels within the healthcare context.

Staff nurses should:

- Attend awareness workshops about how to deal with workplace ostracism behaviors, with the right emotional regulation strategy and helps to develop positive and healthy nurse patient relationship and different orientation programs, especially at their early career.
- Follow workplace ostracism policy and zero tolerance policy.
- When nurses cannot solve the problem of workplace exclusion, asking to help and support from the organization and supervisor to minimize the negative consequences brought by workplace ostracism.
- Reduce the degree of job alienation among nursing staff in the organization, through encouraging nursing staff to speak and participate in matters and issues of work.
- Participate in cooperative work which leads to a sense of loyalty, cooperation, and commitment toward the hospital.

Further research to be conducted:

- Factor affecting workplace ostracism.
- Investigate the effect of workplace ostracism in male and female nurses and patient care outcomes.
- Assess organizational strategies to prevent workplace ostracism occurrence.

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