

# Workplace Ostracism and Counterproductive Work Behaviors among Nurses

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## Abstract

**Background:** The workplace ostracism phenomenon is taking more attention in the eyes of social researchers and also different studies verified that it has a adverse effect on organizational outcome and also individual behavior and performance. **Research Aim:** To evaluate workplace ostracism and counterproductive work behaviors among nurses **Methodology:** A cross sectional design was conducted at Damanhour university hospitals (medical/surgical units and Intensive Care Units (ICU) at Itai El baroud central hospital, Kom Hamada central hospital, Damanhour fever hospital and Damanhour chest hospital), Beni suef university hospital & fever, chest and Ophthalmology hospitals. The subjects were 349 nurses. A self-administered questionnaire containing three parts (Demographic characteristics, Workplace Ostracism Instrument, counterproductive work behaviors) **Results:** The present study revealed that more than half of studied nurses had moderate level of counterproductive work behaviors. While, one quarter of nurses had low counterproductive work behaviors. About two thirds of studied nurses had moderate level of workplace ostracism. While, one fifth of nurses had low workplace ostracism. **Conclusions:** There was high positive correlation between counterproductive work behaviors and workplace ostracism at p value <0.01. **Recommendation:** Provide training courses for nurses about ostracism behavior and team work. Further researcher about assessing perception of head nurses related ostracism and counterproductive behavior.

**Keywords:** Ostracism, Counterproductive, Behaviors, Nurses

## Introduction

Government hospitals, as a significant social setting, offer nurses the chance to interact and communicate with other health team and patients. Despite social interaction had many benefits, the outcomes not always positive since some organizational employees are intentionally kept in isolation (Jahanzeb et al., 2020). This phenomenon is named ostracism, which denotes to “the extent to which a nurse perceives that she is excluded or ignored by others. Researchers stated that 66% of workers in the USA have suffered from ostracism at the workplace (Xia et al., 2019).

Ostracism is a widespread phenomenon amongst nurses in government sector hospitals who always need perfect interaction to achieve their jobs efficiently (Ali et al., 2020). Therefore, when nurses ostracised by their colleagues, start to feel powerlessness, unhappiness, hostility and unworthiness, which

ultimately cause counterproductive work behaviors (Gharai et al., 2020).

Counterproductive work behavior (CWB) is nurses’ behavior that drives in contrast to the sincere interests of an organization. Also well-defined as an intentional undesirable behavior that has the potential to cause adverse consequences to an organization (Helle et al., 2018). CWB leads to destruction of possessions, waste time and resources, unfortunate actions, etc. It has a major destructive effect on societies and their employees (Karatuna et al., 2020).

Ostracism caused employees’ psychological burden as emotional exhaustion, work tense and these pressures could upset their work and cause work conflict (Zhao & Xia, 2017). Nurses sensed ostracised behaviors from other staff caused participate in lower quality care for patients, have many chances for the declined affective commitment, job performance and intentions to quit and work engagement. Ostracism leads to feelings of

social pain alike physical pain (*Shi et al., 2018*).

### Aims

This study aimed to evaluate workplace ostracism and counterproductive work behaviors among nurses through:

- Assessing workplace ostracism among nurses
- Assessing counterproductive work behaviors among nurses
- Assessing the relation between workplace ostracism and counterproductive work behaviors

### Research questions:

- What is the level of workplace ostracism and counterproductive work behaviors among nurses?
- Is there relation between workplace ostracism and counterproductive work behaviors?

### Methods:

**Research design:** A cross sectional design was utilized from October 2019-February 2020.

**Research Setting:** The study was carried out at medical/surgical units and Intensive Care Units (ICU) at Itai El baroud central hospital (N=218), Kom Hamada central hospital (N=131), Damanhour fever hospital (N=117), Damanhour chest hospital (113), at Beni suef university hospital, fever hospital (N=169), chest hospital (N=144) and Ophthalmology hospital (N=106),

**Subjects:** Convenience sample included nurses who worked in the above mentioned settings and who provided care for patients regardless of their age, gender, qualification, and experience.

### Sample Size:

The estimated sample size was 349 nurses, while the total number of available nurses was 1898. The calculation of sample size done based on power analysis

**The sample size was calculated based on:**

$$N = \frac{N \times p (1-p)}{\{N-1 \times (d^2 \div z^2)\} + p (1-P)}$$

- Type I error with significant level ( $\alpha$ ) = 0.5.
- Type II error by power test (1-B) = 90%.

(*Suresh & Chandrashekar, 2012*).

### Data Collection:

Data was collected through a self-administered questionnaire translated to Arabic language, containing three parts developed by the researchers:

**Part I:** Demographic characteristics of the subjects such as age, gender, marital status, qualifications, experience and working units

**Part II:** Workplace Ostracism Instrument (WOS):

This was developed by **Ferris et al., 2008** and used to the nurses' perception of workplace ostracism. It consisted of 20 items, divided into two dimensions: ostracism perception (10-item) and personal effect of ostracism (10-item).

Responses were measured on a 3-point Likert scale ranged from (1) disagree to (3) agree for negative items and vice versa for positive items. The overall score would therefore range from (20-60). Score ranged, as follow: low 20-33; moderate 34-47; and high 48-60

**Part III:** Counterproductive Work Behaviors Questionnaire (CWBs):

It was developed by **Spector et al, 2006** and adapted by the researcher to assess counterproductive work behaviors of nurses in their workplace. It consisted of 33 items, categorized into five dimensions, namely: abuse toward others (18-item); production deviance (3-item); withdrawal (4-item); sabotage (3-item) and theft (5-item). Responses will be measured on 3-point Likert rating scale ranged from (1) never to (3) always for negative items and vice versa for positive items. The overall score level ranged from (33-99). Score ranged, as follow: low 33-55; moderate 56-78; and high 79-99.

### Pilot Study:

The pilot study was conducted with 25 nurses who represent 10% of nurses at the previously mentioned settings in order to test the applicability of the constructed tools and the clarity of the included tools. The pilot also served to estimate the time needed for each subject to fill in the questionnaire.

A group of experts in the administrative nursing departments ascertained the content's validity; their opinions were elicited regarding the format, layout, consistency, accuracy, and relevancy of the tools. Reliability testing was carried out to test the reliability in terms of Cronbach's Alpha for Workplace Ostracism Instrument Scale = .835 and Cronbach's Alpha for Counterproductive Work Behaviors Questionnaire = .829

**Data collected** from the studied sample was revised, coded, and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of mean and S.D. A linear regression model is a linear approach to modeling the relationship between a scalar response and one or more explanatory variables. Pearson's correlation coefficient is the test statistics that measures the statistical relationship, or association, between two continuous variables

#### **Ethical considerations:**

Each nurse was informed about the purpose and benefits of the study in the first part before participation at the study, where every one can't be starting the questionnaire without consent to participate in data collection in the current study. The nurses were assured that all data was used for research purpose only and each one was informed of the rights to refuse participation in the study or withdraw at any time before completing the questionnaire with no consequences.

#### **Results:**

**Table 1.** Showed that mean age and experience of studied nurses was  $33.90 \pm 7.84$  and  $13.84 \pm 5.87$ , respectively. Also, detected that 83.1% of studied nurses were female, 63% of them were married and 43% of studied nurses worked at medical units. Related educational level, 47.3% of studied nurses had technical high school of nursing.

**Table 2.** Revealed that mean score of ostracism perception domain was 18.45 with SD 4.71, minimum score was 12 and Maximum was 24. While, related personal effect of ostracism domain, mean score of it was  $17.89 \pm 3.72$  and minimum & maximum scores were 11 & 23

respectively. Finally, mean score of total scale was  $37.00 \pm 5.97$ . While, Revealed that mean score of Abuse toward others and Production deviance domains were  $28.86 \pm 5.67$  and  $3.87 \pm 1.24$ , respectively. Also, mean score of total scale was  $47.7 \pm 10.3$ .

**Figure 1.** Showed that 61.9% of studied nurses had moderate level of workplace ostracism, 15.8% of them had high level. While, 22.3 of nurses had low workplace ostracism.

**Figure 2.** Showed that 61% of studied nurses had moderate level of counterproductive work behaviors, 13% of them had high level. While, 26% of nurses had low counterproductive work behaviors.

**Table 3.** Demonstrated that the results of multiple regression analysis between workplace ostracism as dependent variable and nursing experience, working unit, educational level and counterproductive work behaviors as Predictor, where the model is highly significant ( $F=6.999$  and  $P$  value =  $0.001^{**}$ ). Also, specified that, there was negative significant statistical effect from nursing experience at  $p$  value  $<0.05$ . Also, there was slight positive significant effect of working unit at  $p$  value  $<0.05$ . Meanwhile, there was high positive significant effect of Counterproductive work behaviors of the studied nurses on workplace ostracism at  $p$  value  $<0.01$ . On the other hand, there was high negative significant effect of educational level on workplace ostracism at  $p$  value  $<0.01$ .

While, related multiple regression analysis between counterproductive work behaviors as dependent variable and Age, nursing experience, working unit, educational level and Workplace ostracism as Predictor, where the model is highly significant ( $F=6.732$  and  $P$  value =  $0.003^{**}$ ). Also, indicated that, there was negative significant statistical effect from nursing experience at  $p$  value  $<0.05$ . Also, there was slight positive significant effect of age, working unit at  $p$  value  $<0.05$ . While, there was high positive significant effect of total workplace ostracism of the studied nurses on total counterproductive work behaviors at  $p$  value  $<0.01$ . On the other hand, there was high negative significant effect of educational level on total counterproductive work at  $p$  value  $<0.01$ .

**Table 4.** Detected that there was high positive correlation between counterproductive work behaviors and workplace ostracism at  $p$  value  $<0.01$ .

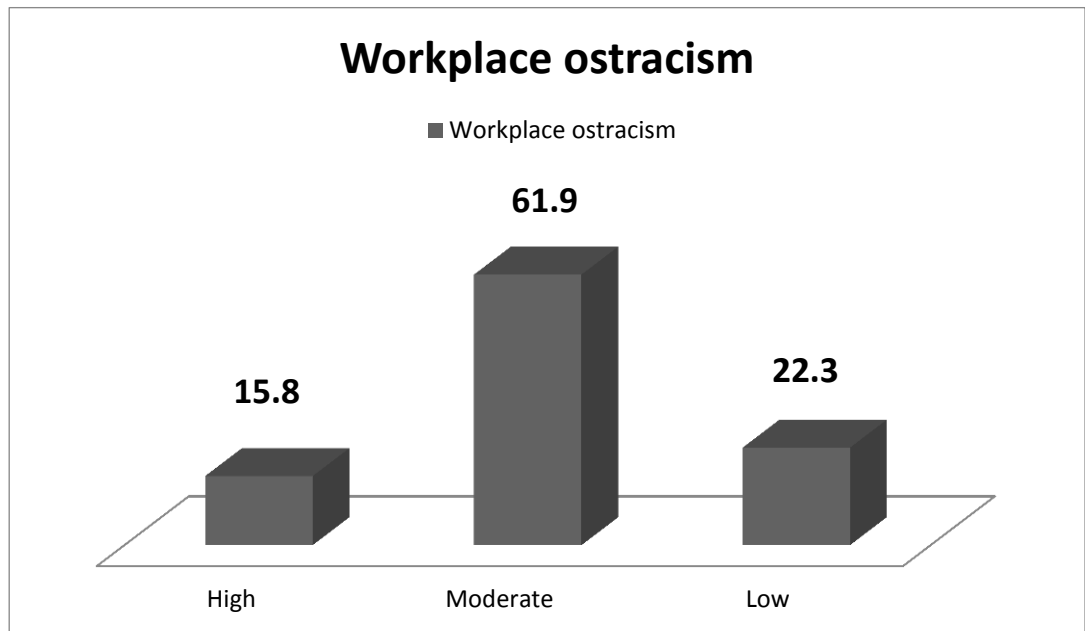
**Table (1):** Distribution of the studied nurses according to their demographic data (n=349).

| Items                              | N                   | %    |
|------------------------------------|---------------------|------|
| <b>Age (year)</b>                  |                     |      |
| 20-<30                             | 120                 | 34.4 |
| 30-<40                             | 111                 | 31.8 |
| ≥ 40                               | 118                 | 33.8 |
| <b>Mean SD</b>                     | <b>33.9 ± 7.84</b>  |      |
| <b>Gender</b>                      |                     |      |
| Male                               | 59                  | 16.9 |
| Female                             | 290                 | 83.1 |
| <b>Marital status</b>              |                     |      |
| Single                             | 118                 | 33.9 |
| Married                            | 220                 | 63   |
| Divorced                           | 5                   | 1.4  |
| Widow                              | 6                   | 1.7  |
| <b>Working unit</b>                |                     |      |
| Medical                            | 150                 | 43   |
| Surgical                           | 97                  | 27.8 |
| Critical unit                      | 65                  | 18.6 |
| Outpatient                         | 37                  | 10.6 |
| <b>Educational level</b>           |                     |      |
| Diploma of Nursing                 | 101                 | 28.9 |
| Technical High School of Nursing   | 165                 | 47.3 |
| Bachelor of Nursing                | 83                  | 23.8 |
| <b>Years of nursing experience</b> |                     |      |
| <10                                | 112                 | 32.1 |
| 10-<20                             | 102                 | 29.2 |
| ≥ 20                               | 135                 | 38.7 |
| <b>Mean SD</b>                     | <b>13.84 ± 5.87</b> |      |

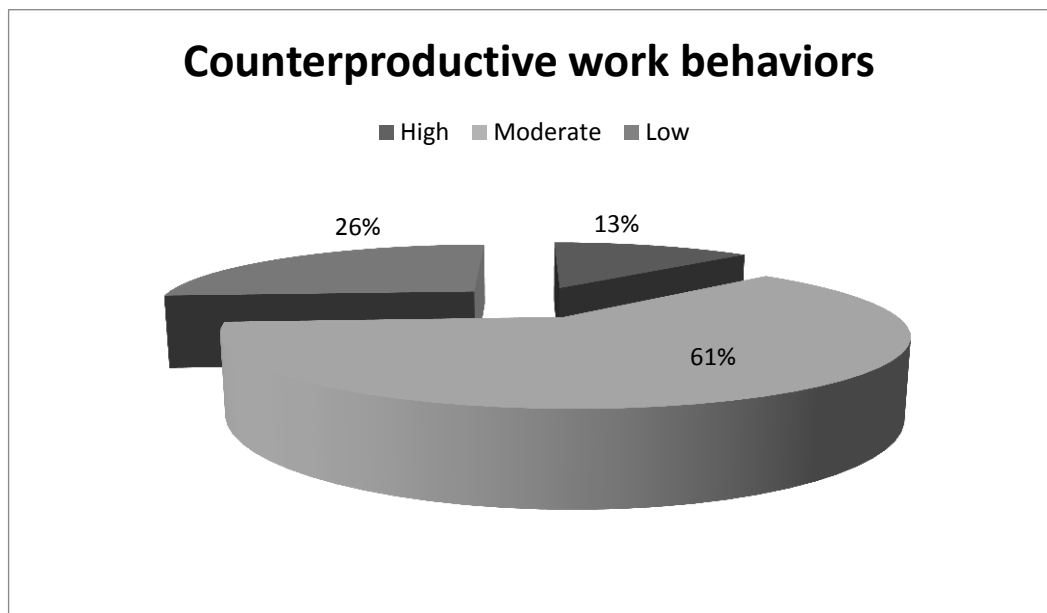
**Table (2):** Mean scores of the studied nurses according to workplace ostracism and counterproductive work behaviors (n=349).

| Items                               | Items | Min | Max | Mean SD     | Mean Percentage |
|-------------------------------------|-------|-----|-----|-------------|-----------------|
| Ostracism perception domain         | 10    | 12  | 24  | 19.11±2.99  | 63.7%           |
| Personal effect of ostracism domain | 10    | 11  | 23  | 17.89±3.72  | 59.6%           |
| Total workplace ostracism           | 20    | 23  | 45  | 37.00±5.97  | 61.7%           |
| Abuse toward others                 | 18    | 21  | 38  | 28.86±5.67  | 53.44%          |
| Production deviance                 | 3     | 3   | 6   | 3.87±1.24   | 43.00%          |
| withdrawal                          | 4     | 4   | 11  | 6.12±2.04   | 51.00%          |
| sabotage                            | 3     | 3   | 6   | 3.81±1.14   | 42.33%          |
| theft                               | 5     | 5   | 7   | 5.11±0.99   | 34.06%          |
| Total counterproductive behaviors   | 33    | 34  | 66  | 47.77±10.36 | 48.25%          |

**Figure (1):** Percentage distribution of the studied nurses according to total workplace ostracism (n=349).



**Figure (2):** Percentage distribution of the studied nurses according to total counterproductive work behaviors (n=349).



**Table (3):** Multiple Linear regression model related workplace ostracism and counterproductive work behaviors

|   | Unstandardized Coefficients | standardized Coefficients | T     | P. value |
|---|-----------------------------|---------------------------|-------|----------|
|   | B                           | $\beta$                   |       |          |
| <b>Dependent Variable: workplace ostracism</b>              |                             |                           |       |          |
| Nursing experience  | -.161                       | .095                      | 2.102 | .026*    |
| Working unit  | .190                        | .1233                     | 2.786 | .011*    |
| Educational level   | -.295                       | .239                      | 4.693 | .009**   |
| Counterproductive work behaviors                            | .346                        | .291                      | 6.022 | .005**   |
| ANOVA: F 6.999 p value <0.001**                             |                             |                           |       |          |
| <b>Dependent Variable: counterproductive work behaviors</b> |                             |                           |       |          |
| Age   | .162                        | .114                      | 1.862 | .032*    |
| Nursing experience  | -.201                       | .129                      | 2.465 | .028*    |
| Working unit  | .192                        | .108                      | 2.104 | .030*    |
| Educational level   | -.279                       | .196                      | 5.063 | .008**   |
| Workplace ostracism   | .334                        | .276                      | 6.880 | .005**   |
| ANOVA: F 6.732 p value .003**                               |                             |                           |       |          |

**Table (4)** Correlation between studied variables

| Workplace Ostracism Instrument | r. | Counterproductive Work Behaviors |
|--------------------------------|----|----------------------------------|
|                                |    | p                                |

## Discussion

Regarding workplace ostracism, after analyzing the data the current study revealed that, about two thirds of studied nurses had moderate level of workplace ostracism While, one fifth of nurses had low workplace ostracism. Mean score of ostracism perception domain was  $18.45 \pm 4.71$ , While, mean score of personal effect of ostracism domain was  $17.01 \pm 3.66$ . Finally, mean score of total scale was  $35.46 \pm 6.82$ . These results may due to the observed differences in the level of age, educational level and years of experience, as is evident in the demographic characteristics table, which causes ostracism and disagreement between them as a result of the difference in the way of thinking. These results supported with the study conducted by **Gkorezis, Panagiotou & Theodorou, 2016** who stated that most of studied nurses suffered from workplace ostracism at workplace. While, in cohort with the study performed by **Chen & Li, 2019** who reported that half of studied nurses suffered from low workplace ostracism.

According counterproductive work behaviors, the present results demonstrated that more than half of studied nurses had moderate level, less than one fifth of them had high level. While, one quarter of nurses had low counterproductive work behaviors. These results may due to work stress, increased workload, lack of supplies, failure to work through a team work, and also high level of ostracism. These results agreement with the study by **Ali & Johl, 2020** who revealed that studied nurses more likely to react with counterproductive work behavior with a low level of political skills. Also, inconsistent with **Yao, 2019** who stated that around two thirds of studied subjects had low counterproductive work behavior.

Concerning the linear regression model of workplace ostracism specified that, growing of nursing experience lead to decline ostracism. Critical units increased level of ostracism. Meanwhile, there was high positive significant effect of counterproductive work behaviors of the studied nurses on workplace ostracism at p value <0.01. Improving at educational level of

nurses decrease level of ostracism. These results regular with the study performed by **Haj Hasan Gharaei, 2020** who reported that there were statistically significant relationships between ostracism and employment status, university of education and nurses' current physical disorders. But, irregular with **Sarwar et al., 2020** who detected that there was high significant correlation between age and workplace ostracism.

Relating to the linear regression model of counterproductive behavior, critical units increased counterproductive behavior of nurses. While, there was high positive significant effect of total workplace ostracism of the studied nurses on total counterproductive work behaviors at p value <0.01. On the other hand, growing at nursing experience and educational level of nurses decreased counterproductive behavior. These results similar with the study performed by **Lawal et al., 2019** who demonstrated that no gender difference was found in CWB among supporting staff. Age, pay satisfaction and intent to leave significantly predicted counterproductive work behavior with age. Meanwhile, irrelevant with the study by **Ugwu et al., 2017** who presented that there was high significant correlation between gender and counterproductive behavior and no correlation with nurses' age.

Concerning correlation between studied variables, there was high positive correlation between counterproductive work behaviors and workplace ostracism at p value <0.01. These results supported with the study conducted by **Shafique et al., 2020** who showed that workplace ostracism positively influences negative attitudes and behaviours at the workplace, such as job tension and different behaviour, and negatively affects positive workplace attitudes and behaviours. Likewise, **Chung and Yang, 2017 and Yang & Treadway, 2018** who stated that workplace ostracism increased counterproductive behaviors. In addition, **Chung, 2018** who reported that workplace ostracism is a stressor and psychological empowerment can mitigate the negative effects of ostracism on behavioral outcomes. Also, supported with **Fatima, 2016** who stated that ostracism positively affect counterproductive work behavior.

## Conclusion

To conclude, the present study more than half of studied nurses had moderate level of counterproductive work behaviors. While, one quarter of nurses had low counterproductive work behaviors. About two thirds of studied nurses had moderate level of workplace ostracism. While, one fifth of nurses had low workplace ostracism. There was high positive correlation between counterproductive work behaviors and workplace ostracism at p value <0.01.

## Recommendation

- Future researchers are directed to explore the same study by using longitudinal study and are also advised to focus on a comparative study of private and public hospitals.
- Provide training courses for nurses about ostracism behavior and team work.
- Further researcher about assessing perception of head nurses related ostracism and counterproductive behavior.

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